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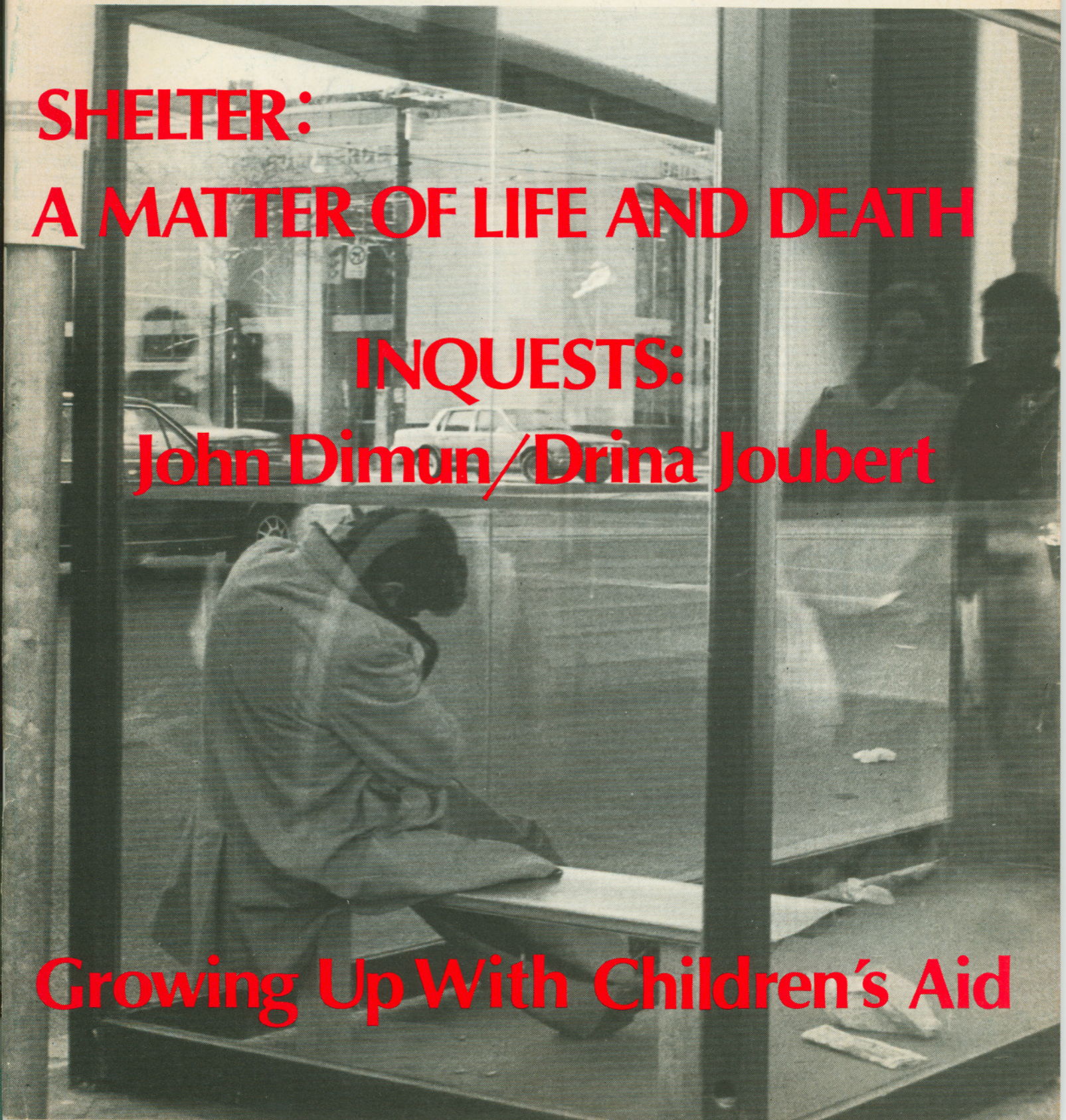
phoenix rising

THE VOICE OF THE PSYCHIATRIZED



SHELTER: A MATTER OF LIFE AND DEATH

INQUESTS: John Dimun/Drina Joubert

Growing Up With Children's Aid

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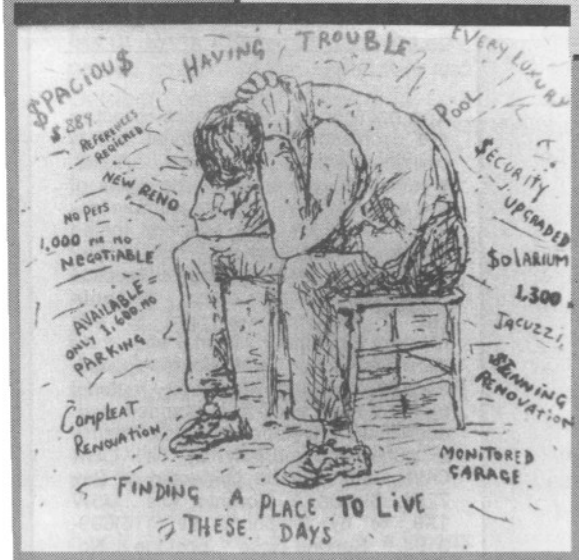
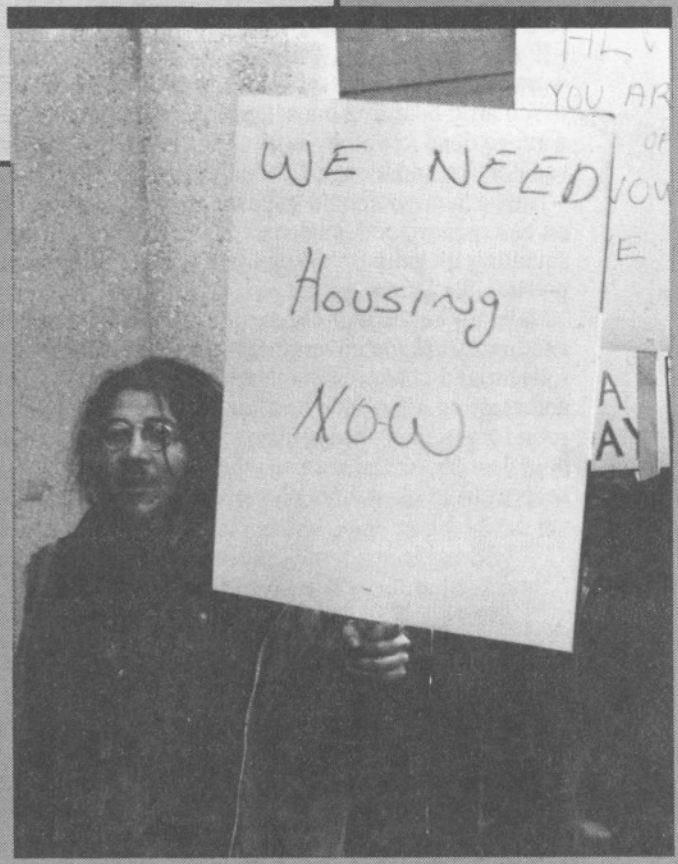
INSIDE

SHELTER: A MATTER OF LIFE AND DEATH





EDITORIAL

According to the literature of the United Nations' International Year of Shelter for the Homeless, a billion people on this planet — a quarter of the world's population — have no place to live.

Here in Canada, conservative estimates based on social service agency statistics say that about 100,000 people are homeless, most of them living in big cities. The situation in Toronto is typically desperate.

The real estate business is booming. Vacancy rates are way down; rents are way up. Poor people are being kicked out of boarding and rooming houses and cheap apartments so that the properties can be converted into luxury rentals or condominiums. Affordable housing lies vacant while speculators wait for prices to rise still higher.

Many of the homeless in North America are Native people, refugees and immigrants, handicapped and elderly people, single mothers, runaways and kids who've been kicked out, unemployed workers and, of course, the psychiatrized.

Psychiatrists brain-damage us, often for years on end, and then release us into the community. Institutionalized, demoralized, drugged out, and labeled sick, we are expected to be able to find employment, or get welfare or disability payments, and find housing. And when we can't, the blame is placed on our "mental illness."

But the truth is that the few jobs available to ex-inmates usually pay minimum wage, or less; not enough to pay rent and still eat. As for welfare, you can't get on it if you don't have an address, or get an address if you can't get any money. And anyone who's tried surviving on welfare alone knows it's not enough to live on, anyway.

If you *are* lucky enough to have an income you may well pay most of it to live in unsafe, badly-maintained, cramped crowded, vermin-infested housing — which you can then be kicked out of at any time, on the whim of a landlord whose only interest is profit.

If you're less lucky, you may end up back in the "hospital," to be warehoused for the rest of your life. Or you could find yourself living in a psychiatric boarding house, group home, or nursing home, where the damage done to you by institutions is maintained through drugging, squalor, intimidation and despair.

Then again, you could get away from it all, sleep on the street, and subsist on emergency food handouts. In the winter, you could look forward to squatting illegally or holing up in packed, filthy hostels — or dying of exposure, like Drina Joubert.

Maintaining the real-estate industry and keeping the rich living in comfort and luxury are the government's only real housing priorities. Election time rolls around, and politicians start making noises about helping the homeless and creating affordable housing. But, like other election promises, these are soon forgotten. Token efforts to placate the psychiatrized, the poor and the homeless should be seen as what they are: a scam whose only intent is to keep us from questioning an intolerable reality.

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 tell us if you would like your name withheld if your letter is printed.*

Improvements ignored

Dear Friends:

It's been some time since I have been in touch with you so I figured it's time I dropped you a line.

I am still incarcerated here at St. Thomas on a Warrant of the Lieutenant Governor. I am now into my seventh year here and, from the look of things, will be here for some time yet.

I had a board of review in September of 1986. Everyone else who appeared in front of the September and October boards has received an answer. Three inquiries have been made as to why my answer has not been returned, and I have been told that a decision has not yet been made. To me, this is an unreasonable amount of time, especially when the hospital and the board's own independent psychiatrist recommended that I be given more freedom. I feel the board is being over-cautious and holding me back because of my past, and paying no attention to the changes I have made.

I strongly feel that psychiatry is being abused and is used as a means to justify placing people in psychiatric hospitals and storing them there like vegetables in a root cellar.

I have worked in the community for the past two years and have driven my car to and from work with no problems. I have been doing volunteer work for the past six months with no problems.

I admit I have a bad past, but surely the improvements I have made should count for something. The past cannot be changed but the present and future can, with the insight into myself that I now have.

I get tired of hearing the standard psychiatric excuse for holding people: "they are a danger to themselves and others." Anyone who drives a car is a danger to themselves and others — therefore maybe everyone who drives should be incarcerated.

There are so many injustices committed in the name of psychiatry that it would take miles of paper to write them down. There really are no channels where these injustices can be aired and looked into. Patient advocates in most cases seem interested only in creating a good relationship with the administration of the hospital where they work. Members of Parliament are too busy arguing with the opposition to really inquire as to what is going on as after all, we are only "mere mental patients," who don't know what we are talking about.

I am concerned not only about Warrants but also about involuntary patients, both in the hospital and in boarding homes.

Yours truly,

Gary L. Genereaux
St. Thomas, Ontario

Praise from inside

Dear Friends:

I hope your magazine is still happening because it is the best voice I have heard struggling against the abuses in the psych world. I am a prisoner at Mission Medium Security Institution in British Columbia. Prior to this, I was at another facility where, while I was on the Prisoner's Committee, I had our group subscribe to *Phoenix Rising*. The magazine was passed around to rave reviews by the guys — many of whom had had horror experiences at Penetang, RPC (Regional Psychiatric Centre, Abbotsford) and similar places, and had never heard that side of their world expressed.

There seems to be a trend toward an increasing psychiatrization of the prison "correctional system," and more and more prisoners are referred to RPC to be stamped with their Good Housekeeping seal of approval. The prisoners need to have access to *Phoenix Rising* and, although I'm not on the committee here, I would ask your collective to send a subscription. I will make sure the magazine is passed around. Keep up the struggle. Until the line between crazy and normal is washed away and we have the understanding to appreciate all shades, and until society itself isn't such a sick place to live, *Phoenix Rising* is essential.

Stay strong.

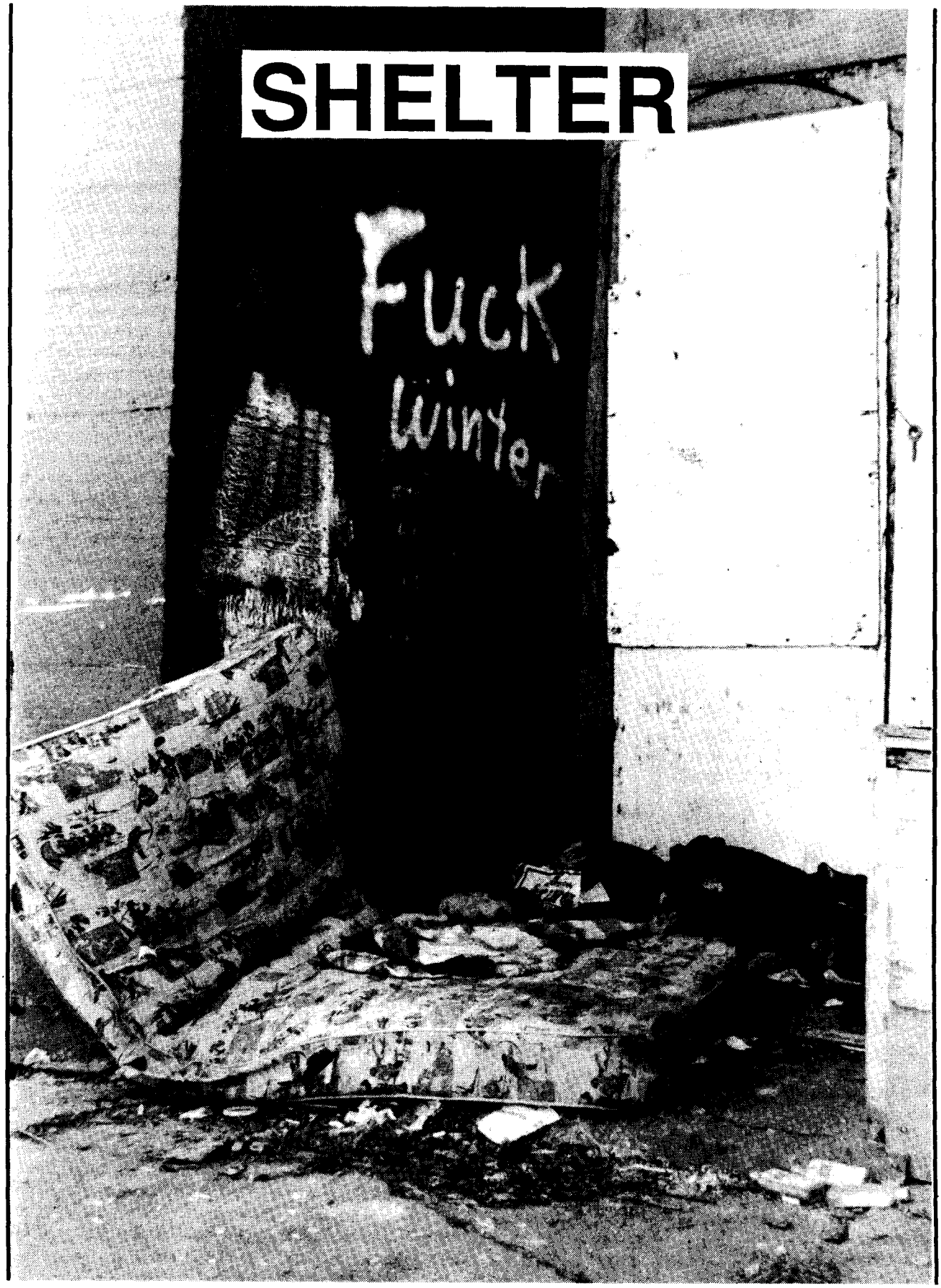
John Abbott
Mission, British Columbia

Correction Notices

Our apologies to Heather Duff, Al Todd and J. Toews, whose poems appeared in our winter 1986 issue, but whose names did not appear in the list of contributors.

We also apologize to Carla McKague and Harvey Savage, whose new book *Mental Health Law in Canada* (see review in this issue) we announced as *Mental Law in Canada*. Ouch!

SHELTER



Living – and Dying – on the Street

How the social service industry failed Drina Joubert

A report by Ryan Scott

Go to any government agency, or for that matter, to most private charities, and you will find yourself enmeshed at once in a bureaucracy so tangled and oppressive, or confronted with so much moral arrogance and contempt, that you will be driven back out onto the streets for relief.
—Peter Marin, "Helping and Hating the Homeless," Harper's, January 1987

Every winter a handful of people die of the cold on Toronto's streets. Last year, one of those people was Drina Joubert. A coroner's inquest was held. Politicians made placating noises. It's embarrassing to have the poor dying in the streets. We do, after all, have a dazzling array of social programs, with community colleges churning out social workers almost as fast as McDonald's does burgers. And surely the poor should be dying out of sight, in the flophouses and boarding homes that have become our new back wards.

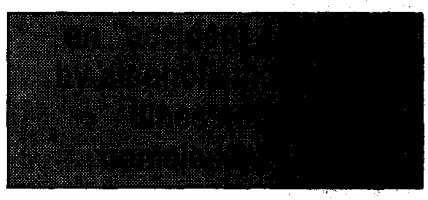
Drina Joubert died of exposure in December 1985, in the back of an abandoned pick-up truck behind a downtown rooming house. All the major newspapers carried stories of the former model, complete with before-and-after pictures. Poverty was not cited as a cause of her death. Neither was the failure of the helping professions.

Downwardly Mobile

A portrait of Joubert emerged from the impressions of the 34 witnesses who testified at the inquest. She was born in South Africa in 1944. She had been educated in private schools and spoke four languages. Her photograph had been plastered on South African billboards, and she had been offered movie roles. In 1970, she emigrated to Canada with her mother. In 1983, her mother developed a brain tumour and Joubert lost her apartment and started living on the street. During the last 18 months of her life, she spent 367 nights in hostels, including 61 in Street Haven, Toronto's first hostel for women.

Peggy Ann Walpole, a founder and the executive director of Street Haven, stressed that what was needed was not more hostels, but better incomes, decent long-term housing and coordinated support services.

Bill Bosworth, a member of The Affordable Housing Not Hostels Coalition, is one of the directors of Homes First, a private non-profit corporation



that operates a 77-unit building for low-income singles. Building more hostels, Bosworth said, is like "pouring money down a sink-hole." He added that "money is being wasted [on certain forms of social support] because permanent housing is not there."

Crown lawyer Mary Hull noted that Joubert was "completely demoralized" by the hostel system, which she suggested should be cleaned up and made more secure. However, much of the testimony focused on the fact that Joubert took refuge in a truck. According to her friend Barbara Shinton, Joubert had wanted privacy and "a place of her own." Shinton added that the lack of a home made control of Joubert's alcoholism difficult. "She would get better, but the environment didn't change." Another friend, Mary Talasko, said Joubert was finicky about hygiene, and pointed to such common hostel problems as overcrowding, sickness, lack of privacy, theft, assault and intimidation. Joubert had also complained about conditions in boarding houses and the restrictions of group-home living. She had lived in a Houselink community home for only three days before being asked to leave. She was said to be uncooperative and unable to get along with people.

She had been incarcerated at the Queen Street Mental Health Centre on two occasions, after threatening suicide. Vasundhara Srinivason, a psychiatrist at Queen Street, made this succinct comment: "There's nothing odd about [wanting a place of her own] except she couldn't afford it." Pat Capponi of the Parkdale Activity and Recreation Centre added that people are "going back [to psychiatric institutions] because of conditions outside."

In 1985, Joubert had to report to a probation officer, Gina Antonacci, for having assaulted a police officer. Antonacci testified that she knew Joubert was living in an abandoned truck and had become increasingly upset about having no place to live. At the time of her death, Joubert's name was on a waiting list for subsidized housing. Antonacci said Joubert "didn't have the strength to fight anymore."

The jury deliberated for nineteen hours before presenting its verdict. The cause of Joubert's death by exposure was determined to be an "acci-

dent caused by alcoholism, mental illness and homelessness."

In its introductory remarks, the jury stated that "Clearly, the bureaucracy designed to help the most disadvantaged among us has become unresponsive to the needs of the people it was created to serve. It is fragmented and inefficient." It was suggested that the women who habitually frequent Toronto's shelters be identified, and each assigned a case-management worker who would find her long-term housing, access social services, provide help with skills development and monitor her finances. A network of drop-in and crisis centres was suggested. Predictably, these much-needed facilities were seen as being administered by mental health professionals.

The most draconian recommendation was originally made by the coroner (formerly a practising psychiatrist), and later echoed by the jury: that "no patient may be discharged from Queen Street Mental Health Centre until an appropriate place is found for the patient to live," and further, that psychiatrists should lean toward involuntary aid. But extending the use of mental hospitals as affordable housing for the poor is not an acceptable solution. People whom society has marginalized do not need further damage at the hands of institutional psychiatry.

Regarding hostels, the jury recommended increased training for staff, and extending hostel hours by increasing the daily hostel allowance for single women. It also suggested that "No one who is in residence in one hostel must be required to leave that hostel to move to another hostel." Increased funding was recommended for 416 Dundas East, a drop-in centre formerly frequented by Joubert, so that its hours could be extended. The jury also called for such centres to have support services on call.

Records should be kept of all people seen by the Addiction Research Foundation, the jury continued. But given the current hysteria about drug use, such records could be abused by the state to ferret out undesirables.

It was further recommended that the Premier make one ministry responsible for the development of supportive housing programs. Right now, that responsibility is split between the Ministries of Municipal Affairs and Housing, Health, and Community and Social Services. The aim of this recommendation was to improve hostel efficiency, reduce overcrowding, and alleviate staff shortages. The hostels could be restored to their original function of "shelter during crisis" by the development of long-term housing.

The jury insisted that its recommendations could be paid for out of existing budgets, or through redirecting money by axing inefficient social programs. But who defines "inefficient"? The professionals, or the people using the service?

The coroner's verdict concluded with the presentation of a new and innovative concept. The jury stated that "We are convinced that housing is not even half the solution. We believe that this group of disadvantaged people are probably undereducated and lack basic employer-required skills." It went on to suggest a program that would make subsidized housing available on the condition that the tenant attended school. There would be income support and improved housing for good students. It was suggested that the program would be self-financing in four to five years, due to reduced welfare payments and new income tax sources.

People whom society has marginalized do not need further damage at the hands of institutional psychiatry.

Homeless people are seen as an uneducated, unskilled rabble of misfits with bad habits, who should be helped. Joubert herself certainly didn't fit into this stereotype, having been educated in private schools.

Many of us have worse habits than she did, but we have homes, and so are not subject to the same degree of unsolicited help.

Dubious Memorial to Drina Joubert

Drina Joubert House opened on October 20, 1986 — less than a year after Joubert's death. The house is operated by Street Haven, a hostel for single women, where Joubert often slept. But Joubert House is more than just a place to sleep. It offers six Street Haven residents a package deal that includes the services of a full-time support worker, Kay Ashford. Ashford offers help with budgeting and life skills, and sets up medical and dental appointments and psychiatric assessments. Job training and educational upgrading can also be arranged.

A prospective resident is required to work out a contract with the staff, detailing life goals and strategies and agreeing to house rules. These rules include attending weekly house meetings, displaying sufficient motivation, and not using street drugs or alcohol. In return, the woman is given a private bedroom with shared living room, kitchen and bathroom. Meals are available next door at Street Haven, or can be prepared in the house — a volunteer takes residents grocery shopping on Wednesday mornings.

Allyson Hewitt, Street Haven's manager of volunteer services and public relations, describes Joubert House as "second-stage housing" — a step between the hostel and independent living. She emphasizes that the program is designed for women who are "not capable of independent living," many of whom have drug, alcohol and psychiatric problems.

Hewitt describes the process of arranging a psychiatric assessment for a resident: a staff worker identifies a problem and brings her observations to a staff meeting at Street Haven, recommending a psychiatric assessment. After discussion, unless anyone objects, an appointment is made with Central Link — a satellite of the Queen Street Mental Health Centre. The resident is taken to her appointment, and any drugs prescribed are dispensed by Street Haven. Hewitt adds that "many of them could benefit from a little medication."

But what if years of homelessness, hunger and futility on the hostel circuit have made some women unpleasant, suspicious and angry? Surely they are entitled. Dulling their perception of their rage, which may be the best resource they have, is doing them further injustice.

Officially, a resident has the right to refuse the psychiatric assessment without being forced to leave Joubert House. But if she does refuse, is her refusal not likely to be seen as lack of motivation, or a sign that the program is not working for her? Staying at the house costs a reasonable 25 percent of her income. Her only alternative might be paying 90 percent of it to live in a vermin-infested hovel — if she were lucky enough to find anything in her price range. Can she refuse treatment at the risk of expulsion?

Joubert House provides highly supportive housing for a few women. But there is a danger that the support may be directed more to the caregivers' needs than to those of the homeless.

Drina Joubert desperately wanted a place in the world, and to be left alone. She needed the flexibility to move in and out of a program. Would Joubert House have been an alternative for her?

Coalition granted full standing at inquest

The general public's perception of homelessness is largely determined by how the media reports it. People can shape public opinion and pressure governments to act by influencing press coverage. One of the most effective times for cultivating the media is when one of the homeless dies in the street.

Three weeks before the inquest into Drina Joubert's death, Beric German of the Toronto Union of Unemployed Workers called NDP MP Dan Heap's office and suggested a meeting of interested parties. For the duration of the inquest, people who live in hostels joined forces with church groups, community workers, hostel staff and politicians in The Affordable Housing Not Hostels Coalition. The coalition's goals were to publicize the plight of the homeless, generate public mobilization and press coverage, and have a voice in the inquest.

Partly because the coroner realized that its members could be directly affected by the jury's recommendations, the Coalition was granted full standing at the inquest. This meant that it was allowed to call witnesses to testify, to cross-examine witnesses, and to make recommendations directly to the jury.

On the first day of the inquest, the coalition held a rally at All Saints' Church (which operates a hostel and a volunteer-staffed community nursing centre), followed by a march to City Hall.

Dan Heap's executive assistant, Lee Zaslofsky, represented Heap on the coalition. Zaslofsky says that "rather than focusing on Drina Joubert's weaknesses and problems, we wanted to focus on the system that was denying her housing. A lot of people have problems with drinking but don't die of exposure on the street." People who do die on the street are homeless and poor. The Coalition steered the press away from questions like "how drunk was she that night?"

According to Zaslofsky the group was concerned that the jury would come out with recommendations "compelling people to accept the crummy housing that we are offering them." Instead, the jury acknowledged that poor people have legitimate reasons for refusing bad housing; that they are not just "recalcitrant misfits."

The Coalition — whose lawyer, Pat Sheppard, emphasized that a big part of the problem was the shortage of housing for singles — was happy with the jury's recommendations. Says Zaslofsky "a better appreciation of the problem of homelessness in Toronto dates from the time of the inquest, especially in the media."

The creation and actions of the coalition are an inventive example of how activists can influence media portrayal, public opinion, and the recommendations of coroners' juries. We can only hope that the coalition's initiative will have an effect on government action.

Trapped in Hostel Hell

by Ryan Scott

"We're people too, just like those rich people. We shouldn't have to live on the streets like stray dogs."

Homeless men and women have been shamelessly flaunting their poverty in Nathan Phillips Square, the public area in front of Toronto's City Hall. At night, they sleep on the concrete benches surrounding the square, in full view of the respectable citizens of Toronto the Tidy. They have even been seen huddled around the Peace Flame. When a few of the bolder vagrants used the flame to cook their dinner, local politicians were enraged.

Most of our elected officials were content to complain about the eyesore and nuisance created by the homeless — the square is a showpiece for visiting American tourists, and one must consider what is on display. Alderman Tony O'Donohue felt he had to do something. Told that the people in the square had no place to live, O'Donohue said that was nonsense; on any given night, a few hostel beds would be empty. He added that, if the vagrants lacked cab-fare to get to the empty beds, he would provide a van and driver to transport them to the hostel of their choice. Anyone refusing to go would be at the mercy of the police.

Assistance causes the problem

Having no home should not mean being forced to accept the kinds of accommodation and services that are presently being offered. Often it's the kind of "assistance" that is available that causes the problem in the first place, especially if you are an ex-inmate. An institution incapacitates you physically and emotionally, and then discharges you, with no resources, into a hostile world. You may well have lost your job (or welfare or family benefits), your friends, and your home in the process of being hospitalized.

You could end up sleeping on a construction site, or in a doorway, alley, park, abandoned car or building, the stairwell of a government building, a bus shelter — anywhere that people will leave you alone. Or you could sleep in a hostel.

*

Hostels are not homes. They are intended to provide short-term emergency accommodation. Hostels for single men evolved in the early 1900s in response to the need to house a growing migratory workforce. Most have a maximum stay of one or two weeks. That used to be long enough to find work and a room to rent. Unskilled jobs are now harder to find. Most pay minimum wage, which is not enough to rent a room. Affordable rental accommodation has practically vanished from large North American cities over the past ten years.

Toronto, either directly or through purchase-of-service agreements, operates about 25 hostels, with a total of 2,500 beds. In 1987, 15,000 people will use those beds. It used to be that most hostel residents were older, single men. Now 50 percent of people using hostels are under 25. Single men, single women, families (including but not limited to single parents with children), disabled people, elderly people and the psychiatrized all use hostels. More people need the services of the hostel system than ever before, and need them for longer periods of time. So the hostels are forced, by default, to take on the role of subsidized housing.

No fixed address

As a homeless person obliged to leave one hostel, often all you can do is move on to the next. This forced transience is exhausting, and wears down your confidence. According to Jim Hart of Evangel Hall, a mission of the Presbyterian Church, "homelessness affects more than just your living situation — by lowering your horizons, it attacks who you are and who you can become." You begin to feel that you have no hope for a place of your own, no opportunities. Hart also points out that you usually can't vote without an address. "You lose the feeling that you belong in the community." With no place to invite friends to, your chances for socializing or having a lover are severely limited.

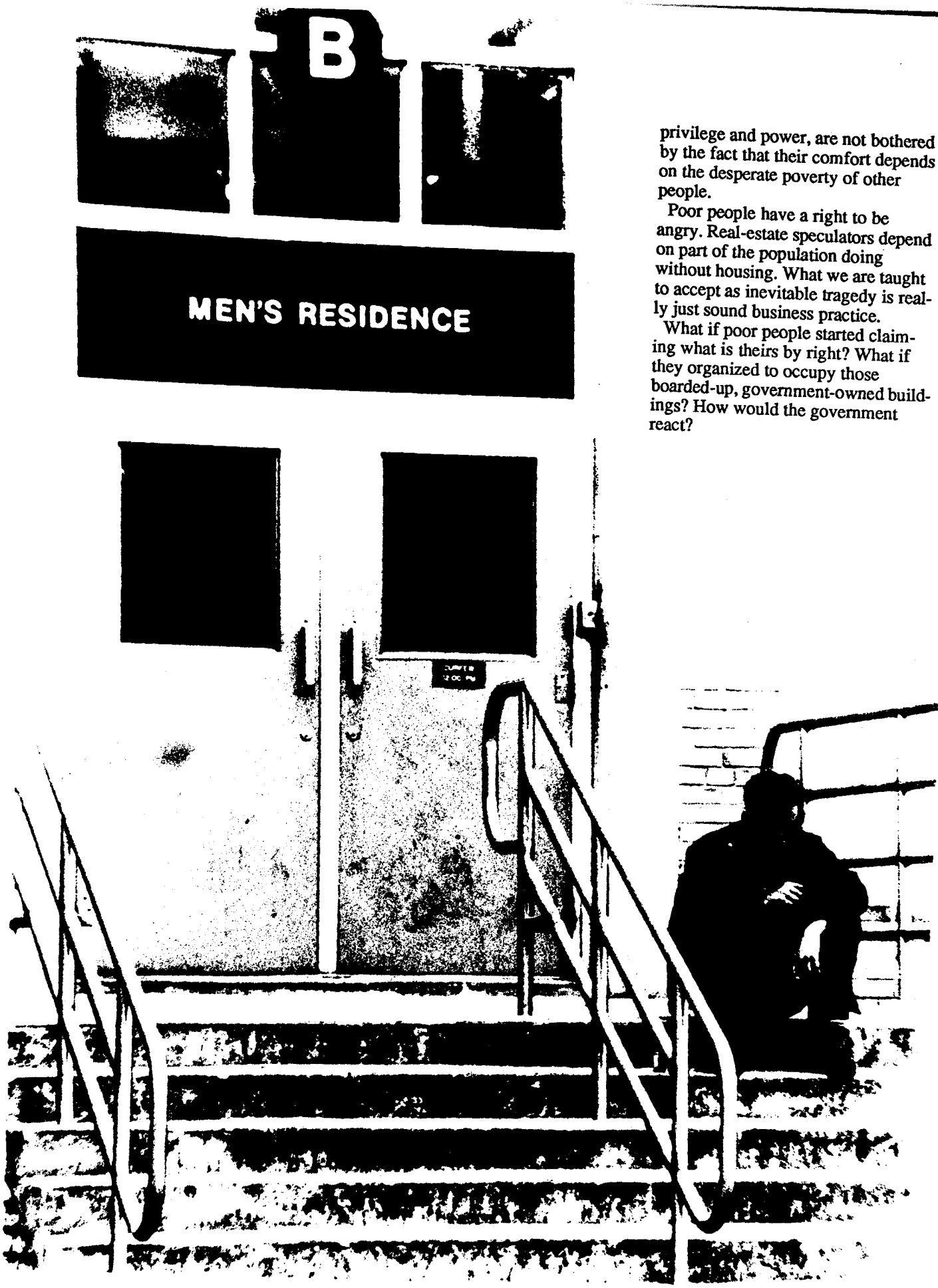
Hostels operate on a first-come-first-served basis — there is competition for beds in the better hostels. You must check in by a certain time and observe numerous regulations during your stay. You must leave early in the morning. Your quarters are often cramped, with as many as 50 beds to a room. You have no privacy.

Hostels are noisy, intimidating, and sometimes violent. With no place to keep your personal possessions, you may well have them stolen. Some hostels require that you hand over your money for safekeeping during your stay. Sometimes they don't return it all. Many beds are infested with lice, fleas, or crabs. Overcrowding and lack of ventilation promote the spread of disease. The stress of hostel living, and the lack of control over your life, are made worse by health problems. With no fixed address and no telephone, you're not likely to get a job. You can't get money from welfare without an address, and you can't get an address without money. So you're trapped in the hostel circuit.

Maliciously wasted space

Many who are trapped condemn hostel living as unfit for human beings, an indignity they are forced to accept if they don't want to live on the street. In December 1986, a man who had been sleeping in the doorway of an empty, boarded-up apartment building died. The building, Walnut Hall Apartments, is government-owned — only one of many examples of (maliciously) wasted space in Toronto.

The government has all the resources it needs to alleviate the homelessness crisis, now. What it doesn't have is the political will. Politicians pay lip-service to the rights of the homeless, but in practice easily dismiss the lives of people who, more often than not, can't vote. People who take for granted not only food and shelter, but



privilege and power, are not bothered by the fact that their comfort depends on the desperate poverty of other people.

Poor people have a right to be angry. Real-estate speculators depend on part of the population doing without housing. What we are taught to accept as inevitable tragedy is really just sound business practice.

What if poor people started claiming what is theirs by right? What if they organized to occupy those boarded-up, government-owned buildings? How would the government react?

Growing up with Children's Aid

A radical critique from someone who's been there

Interview by Irit Shimrat

"Vincent Ribald," 21, spent several years of his life in various living situations as a ward of the Children's Aid Society.

How did you get into the Children's Aid scene?

There's so many complicated things ... I had to leave home because of family problems. A police officer was called to my house for a very large "domestic," for the twentieth time, or whatever. As usual, they separate the couple. My mother went to the kitchen, I went to my bedroom. The policeman walked into my room and saw it was in ghastly condition: there was half a door; paper and junk all over the floor; drawings and scratchings on the wall. The room was a wreck. He looked around and said, "Kid, you're disturbed — you ought to be inside Thistletown. And if you don't get out of this place, one of you is going to get killed." He didn't take me out of the house; he just said that I should leave. Then he left, and me and my mother were alone again. She was insane at the time.

I knew a game was going on: Vince is being watched. And we all know he's quite an intelligent kid, so let's see when he decides that he wants to help himself. Here I was, loyal to my family — you know, there was undertones of this everywhere. Just in the way a cop will look at you. You realize that someone is waiting for you to make a sign that you are willing to seek help.

This friend of my mother's, an alderman, came around and said, "There's a group called Friends of Schizophrenics, and if you go to them, they might be able to help you." He looked at me like, "Vince, if you say no to this, we're not going to help you at all," you know? So I realized that this was the game right here. So I said, "Yes. I need help," thus receiving an open invitation to get the hell out of the house and live with other people.

I went to live with two schoolteachers, friends of my parents, who had three children themselves. Quite simply, I didn't fit in. The kids were really sheltered. The parents said, "if you'd got here earlier, we might have been able to help you. But now, in order to help you, we're going to have to send you to Children's Aid." That's how I wound up in a Children's Aid group home.

It was a bad place to live. It was dangerous, and it was very degrading. This group home was called an Admission Assessment House. Anybody under sixteen years old who left home — they didn't commit a crime other than just running away — was put in this place: for an overnight crash, for a three-month stay, to be assessed, or whatever. There would be fights. Kids who just came out of homes where they were severely beaten were put in there because people didn't know, or didn't care, or actually didn't have any place to put them. And kids who left home because Dad was an insane idiot who didn't like their face, and forced them to leave. Upper-middle-class kids from suburbia. Lower-class kids from suburbia. You just don't put a blend like that inside of a room.

What about the staff?

The staff worked eight-hour shifts. There were two or three people on each shift. The hilarious thing was, these people, who were in control, were training to be social workers. This was their way of getting their degree. They were just there to get that piece of paper. They'd sit around and give orders, talk to each other, laugh, punish. They made sure the kids went to school every day. Made certain that the paperwork was done.

How did they punish?

Things like removal of stars; they would give stars for good behaviour. They really treated us like complete idiots, you know? There I was, fourteen years old, trying to earn *stars* from these people; being sent to my room if I was bad. A fifteen-year-old girl who's been out on the street or who had to take responsibility for her dad or her mother — had to pay the rent, had to work to support the family — has experienced the world. But these people would treat kids like that as if they were eight years old — no, some eight-year-old kids are brilliant! As if they were idiots — as if they didn't know anything. They never respected any of our thoughts. In fact, they never really listened. They were not very intelligent; they thought it was fun to sit around and give orders all day. Working there was basically an ego trip.

Were there more boys or more girls while you were there?

No surprise — more girls. Nothing against women. But women are more often treated like idiots. Especially if they're young. Because Daddy has some pretty stupid ideas of what a young girl should be. And if she's not living up to his image, there's something wrong with her. So Daddy thinks, "she's embarrassing me," or fears he's not a proper father — whatever he's thinking — and he's got to find some way of getting her out of the house.

Sometimes it's sex. An awful lot of girls who wind up in these places have suffered incest from their parents — and it's not talked about.

I've heard of kids being sexually abused by the staff, too; it's quickly hushed up. I was fortunate, I never got put in a place like that. But it was annoying enough being a guinea pig for people who wanted to become child-care workers.

How long were you there?

Three months. Then they managed to get in touch with a foster home out in the suburbs where I could go and live. I went for an overnight visit and everybody acted real sweet and kind, that kind of BS. But believe me, it was a very huge act. I said yes. I moved in. They had three other foster kids and two kids of their own. It was probably the best situation I had, in the context of Children's Aid. I had my own room. But they were very strange people. It really makes you wonder about the middle class. I mean, you got to realize that in the family that I came from ... my dad was an extremely strange individual, my mother was schizophrenic — at least, that's what they called her. Whatever. There's a whole argument there in itself. But the point is, there was no love between them at all. I never saw love in my family, so I never really believed it existed.

And the funny thing is, I go into this middle-class home that was supposed to be normal, so loving and caring, and I see this. And I thought, "So this is love? This is what love is all about? I don't see this ethereal substance, love, anywhere here. What is this?"

First of all, they drank. It was such a wooden existence. Get this — the best part — her idea of a hard day's work was waking up at eleven, sitting around watching TV for an hour and a half. And then she would drink some coffee [laugh]. And after that she would watch the soaps. And then she might come down and fry an egg. Go back upstairs to bed, watch some more soaps till about four o'clock. Then if she felt like it she might make some dinner. Then she watched more TV.

The guy wasn't really around much.

I had my own room. But they were very strange people.

And when he was around, he was arguing with her. He was a very nice guy, but not very bright. She wore the pants in the family. It was just hilarious — exactly the opposite of what my bio said I should have.

How do they come up with this bio?

They throw some psych tests at you. You move blocks around; they show you a picture and you describe the story in the picture; they do the Rorschach test. They ask you to draw something, and watch you draw. They check your vocabulary, your general knowledge. And from that, they decide various things about you. And that goes down on a piece of paper.

The psychiatrist there was an uptight kind of guy, in a strange way, and distant. It was scary because he'd look at you and say he knew all about you. By every appearance he seemed to be this very nice, caring man. But then you realize that even if he was, there would be very little he could do. He gave out a bio, to the best of his ability, and that was your label for the next three years, or however long you stayed there. That's what got distributed to the people in the foster home before you moved in.

Do you think foster homes are better than group homes?

Usually. But people get into some really strange foster homes, heavy-duty Christian families that say you have to do this and you have to do that. You have to go with us to church. If the kid just came away from parents who were religious fanatics, as I'm certain quite a few of the kids had — my mother was quite a religious fanatic at the time, and so was I. If a kid like that goes into one of these places, it would just screw the kid up more.

I was fortunate — I wasn't in a lot of different foster homes. But I met many kids who had been bopped around quite a lot. Myself, I was in the one foster home for two and a half years.

Later I lived in Independent Care. You go to school, and they leave you alone. They won't give you money if you don't go to school. There's a house, and there's a guy called a Role Model, who sits over the house. And whoever else is dumped there, who's been in the Aid long enough. Kids who decide they *do* want to go on, who have been in the institution long enough that they realize how to be good little boys, or pretend they are.

Were most of the kids going to school?

No. Most of the kids in the place were good actors. People are incredibly good actors. I mean, my mother's a raving schizophrenic, and she would go down to the Queen Street and just act up a "normal" storm like you wouldn't believe, you know? I mean, long before I got pulled out of my house, I would have social workers coming in, and we would play them like violins. It was just disgusting. This one woman would come in, and you would look at her, and you would just know from the TV exactly how to treat her. And the funniest thing is that it *worked!* [laugh]

Did you have to deal with psychiatrists as well as social workers while you were in Children's Aid?

Yeah. I went to a shrink for two and a half years. Psychiatry is in the dark ages. I mean, I got a few insights. But you can get that from reading a book. At times I would go in there and he would fall asleep while I was talking to him. He got his 40 bucks an hour and society got 40 bucks worth of guilt eased off its conscience. When I was in the fucking Admission Assessment, it leaked out that it was costing them $100 a day, per child, to keep that place open.

The problem is, when it comes to kids and parents, we have these ridiculously high standards, and a lot of parents feel guilty because they're not raising their kids up to the standards. I work in an office now, and there's this woman there who has a picture of her family on her desk, and right beside it is a picture of the Cosbies. Where do people get their role models from? The Cosbies don't even exist. They're actors. This is a *script*. This is not reality. We don't even know what reality is. We have this really high expectation of ourselves as parents, and use our kids to compete with one another. And when they don't do very well, society goes, "oh my god, were not doing a good job. Maybe we're not perfect." So they have to do something about this. Middle-class North America has more money than brains. So they keep themselves distant from a problem by throwing money at it.

And a lot of people make a lot of money off people feeling guilty.

The only reason I went into that foster home was this mother wanting to prove that she was supermum, and that her husband would be crazy to leave her. She was so deathly afraid of him leaving her, because she was such a nothing. And money. Those are the two reasons. It certainly wasn't anything else. And this thing called love that I was supposed to believe so much in, I never saw that anywhere. I'm still looking for it.

I felt so responsible when I was at home. I felt like I wanted to help — but I didn't know how. And nobody wanted to face the situation. I mean, they knew something was fucked up in our house long ago. My mother became a schizophrenic when I was very young. And when they interviewed my dad, they told our relatives they had the wrong person in the hospital.

Both my mother and my dad were, in certain ways, extremely naive people. They met, and their naivetes matched. They had this really weird image of what the other sex should be. And when somebody sort of fit that jigsaw puzzle, the proteins locked up, and out of that wonderful situation, I was created. When you have such mindless fantasy dominating a marriage, and when that bubble bursts and there's nothing underneath those fantasies, it really makes you wonder what keeps people together. There's a certain point of view you get from experiencing that. My parents kissed once when I was ten years old and I thought, what are they doing? It was a joke. And the only reason she stayed with him, and this is the most hilarious thing, was for the kids' sake. She was just afraid to grow up. And so was he.

And school was such a pain in the ass. I guess institutions in general are just ... I don't like the people who run the government. Not just because they're in power, but because their lives have been so different from mine. They've never seen a situation where middle-classness, or whatever is the way you're supposed to live these days, doesn't work. They don't understand it. They think that we're wrong and they're right because they have all the *things* in the world.

The kind of people who raise the kids who are going to go into power never experience really heavy things. And the people who do experience the heavy things see a lot of what's wrong with society. But nobody wants to invest much in people who have problems, who aren't popular.

How did you get out of Independent Care?

They cut me off. Told me I had two months to go out there and get a job. They still paid for my health insurance and guitar lessons after I left, which helped me out. I had a window-washing job. Then I was on unemployment benefits.

I lived with my sister for a while. I was paying $250 a month to live in a little tiny room in this falling-down rooming house. Then I found a really

And this thing called love that I was supposed to believe so much in, I never saw that anywhere.

cheap place. I used a brilliant method to get it: I threw an ad in the paper, in the Musicians Wanted column. I wound up living with some punk rockers. But the guy who was renting the place threw me out because he wanted my room for the winter. And probably he didn't like me.

Now I'm living with a friend of mine, a musician. We managed to rent a little tiny two-bedroom shack in the suburbs. It's a piece of shit and we're paying $900 a month for it. I've got a band in my bedroom. We practise in my bedroom.

Would you say that Children's Aid is better than nothing?

For some kids it's worse than nothing. For most it's better. My sister went through a lot of troubles. She was too old to get into the Aid. My mother couldn't support her. She couldn't handle school any more. She had no money. She had a manic-depressive boyfriend. They moved into a flat in his father's place and both had really shitty jobs. My mother got a welfare check and the three of them lived together. But that didn't work out, either.

Sooner or later, you learn to make the welfare system work for you. You won't get very far, but you won't fall down either, you'll get by. Some people learn to play it so well that they manage to have a car and get into the right kind of house somehow. They have kids. Then the cycle repeats.

There's only so much the system can do. Middle-class people run the system. A lot of them don't have any idea what it's all about. It's like the blind leading the blind, but they're blind in different ways.

What they should do is say, "Look, kids, you've been forced to become independent at a very young age. We can't pretend that hasn't happened or that you don't know what you're doing. We have to let you go out there and learn for yourselves. You realize, because of what you've gone through, that adults are not these infallible human beings. And you're not willing to listen to us just because we say so."

Give us 25 bucks a day, how much is that? Plus whatever job we can get. And we'll learn what life is about. Keeping the kids sheltered longer and longer just delays the main event.

We don't have a good system yet. We haven't learned a lot. I'm not saying it's a big conspiracy against people, that some slimy guy decided this is how it should be. It's just that it's all we know. We've still got a ways to go.

Some group homes are terrible. There's no way of saying, "the people who run them have to be able to do this, this, and this." They'll take anybody they can get, because nobody wants teenagers, you know? So you get people who are in it for the money. But basically I'd rather they be there than not be there. So please keep spending the money. If that's all you want to do, at least don't stop doing that.

Thanks, Vince. Is there anything else you want to say?

Hi, mom.

Lead on, untamed spirit,
You're from the beginning, the past, now, tomorrow,
forever.

Soft like the wind, fierce like a hurricane, glow
of a candle warm, burning inferno of an angry volcano.

I love it, I hate it, I love it. I hold on like one
who is about to lose their soul, I throw it
away like a worthless piece of garbage. Then I hold it
in my arms and stroke and protect it with the reverence of
a mother to her newborn.

Precious you are, and then nothing, and
then again so sweet, I hold you, I hold you.

I'm ready for to go with you,
I'm ready for to fly.

My wild nothing, nothing spirit follows,

Lead on, untamed one.

Carole Stubbs

Boarding Hose T

Did John Dimun really die as the resf a "se

Analysis *an Sco*

More interest was shown in John Dimun after he died than when he was alive.

At the coroner's inquest called to investigate his death, a five-person jury listened attentively to the testimony of about 50 witnesses and examined about as many exhibits. Twelve lawyers defended the differing interests of the parties involved. The jury sat for almost a month and patiently pieced together Dimun's story. After deliberating for a day and a half, it produced 20 recommendations designed to prevent such deaths as Dimun's from occurring in the future.

John Dimun died of bronchopneumonia, a severe lung infection, on September 4, 1986. He was 45 years old, stood five feet, eight inches tall, and weighed only 98 pounds. He died in Channon Court, the rundown Parkdale boarding home where he had spent the last four years of his life. Fifty-five other people were living there at the time, almost all of them former psychiatric inmates. Channon Court was privately owned, yet funded by the government. Between 1983 and 1986 the Ministry of Health gave its owners $400,000 to pay for staff, improve food quality, and free their money to improve the building. The residents, who were paying rent, benefited very little from that money. The house has now been taken over by Houselink Community Homes. (The next issue of *Phoenix* will feature an interview with Lea Caragata, Houselink's director, about what's in store for Channon Court's residents.)

Dimun had been labeled both mentally ill and retarded. After his parents died in the 1970s, he was placed in a series of institutions and group homes. But he valued his independence and did not like the restrictions of group-home living. Group homes usually have many rules, including early curfews seven days a week, prohibitions against visitors, and compulsory attendance at sheltered workshops or other highly structured (and often exploitive) day programs.

People First, the advocacy group for and of people who have been labeled retarded, was granted standing at the inquest, and was represented by lawyer Carla McKague. The organiza-

House Tragedy

he resuf a "self-chosen, inappropriate lifestyle"?

Analysis b *yan Scott*

tion's president, Patrick Worth, is developmentally hanidcapped and has lived in group homes. Worth testified that he had "no personal life" in group homes, and that "there was always someone to answer to." He said that he did not recommend institutional life, regardless of whether the institution was a hospital or a group home. Worth — who now works with the Advocacy Resource Centre for the Handicapped, teaching handicapped people in institutions about their rights — described his five years in a vocational program "packaging diapers, twist-tying dolls and sorting screws" as a waste of time. John Dimun spent ten years in such a program before he quit.

In 1980, Dimun was released into the community to live in a boarding home under the supervision of an Adult Protective Service Worker (APSW) employed by York Community Services, a non-profit agency funded by the Ministry of Community and Social Services. An APSW's duties include advocacy, monitoring medical and dental care, counselling, and being a trustee for small amounts of money. Dimun's medical care was also administered by York Community Services. He was injected with a powerful major tranquillizer or "anti-psychotic" drug, Modecate, every two to three weeks, under the order of his doctor, Russell Springate.

Springate appears to have been uninterested in Dimun's physical health. Regular physical examinations were not done, and most of Springate's notes consisted of vague references to Dimun's mental state. (This kind of neglect of a patient's physical health is common when doctors are treating someone they have decided is crazy.) Asked if Dimun knew why he was getting regular injections of Modecate, Springate replied "I think he understood that the needle kept him well — that he would have been more aggressive without it." Dimun frequently asked the nurse who gave him his injection, "What for? What for?" In fact, the drug was being used as a chemical straitjacket to keep Dimun tolerant of the deplorable conditions in which he lived, and of his abject poverty.

Springate did examine Dimun on

Different points of view

• Asked if he had considered evicting the ex-psychiatric patients and housing other people, Mr Hall, one of the owner's of Channon Court at the time of Dimun's death, replied, "No, because of the type of house it was and the type of people who lived there. The two seemed to go together."

• When it was stated that one of the reasons the Channon Court kept getting funded was that there was no place else for residents to go, Debi Mauro, senior official in the Ministry of Health, said, "No that's not the whole truth of it. To be candid with you, one of the options — and it was not a good option — would have provided room at the Queen Street Mental Health Centre."

• From Carla McKague's address to the jury on behalf of People First: "Even placed in Channon Court — a place most of you would not find tolerable for a week — [Dimun] retained a joy in life.... I ask you to consider whether that joy would have survived if his freedom had been curtailed"; "Let the John Dimuns decide where they want to live and how they want to run their lives; instead of limiting them, wipe the Channon Courts and the subsistence-level allowances off the face of the earth and make the choices available to people like John that we would want for ourselves -- decent, humane, and loving...."

September 4. He recognized that Dimun was seriously ill and recommended that he be treated in hospital. Dimun refused to go. Springate said he planned to have him committed to hospital the next day using a Form 1 (which enables police to take an individual to a psychiatric institution for five days' "assessment"). However, such a procedure could not legally have been used to forcibly treat a lung infection. Later that day, Dimun fell and struck his head. An ambulance was called. It left without him after he refused to go. That evening, he collapsed again. A doctor from Advanced Health Services (an organization of doctors who do housecalls and are available 24 hours a day) was summoned, and tried unsuccessfully to revive him. According to the pathologist, even if Dimun had cooperated on the day of his death and gone to the hospital, he would probably have died anyway. Treatment would have had to begin at least a week earlier to have saved his life.

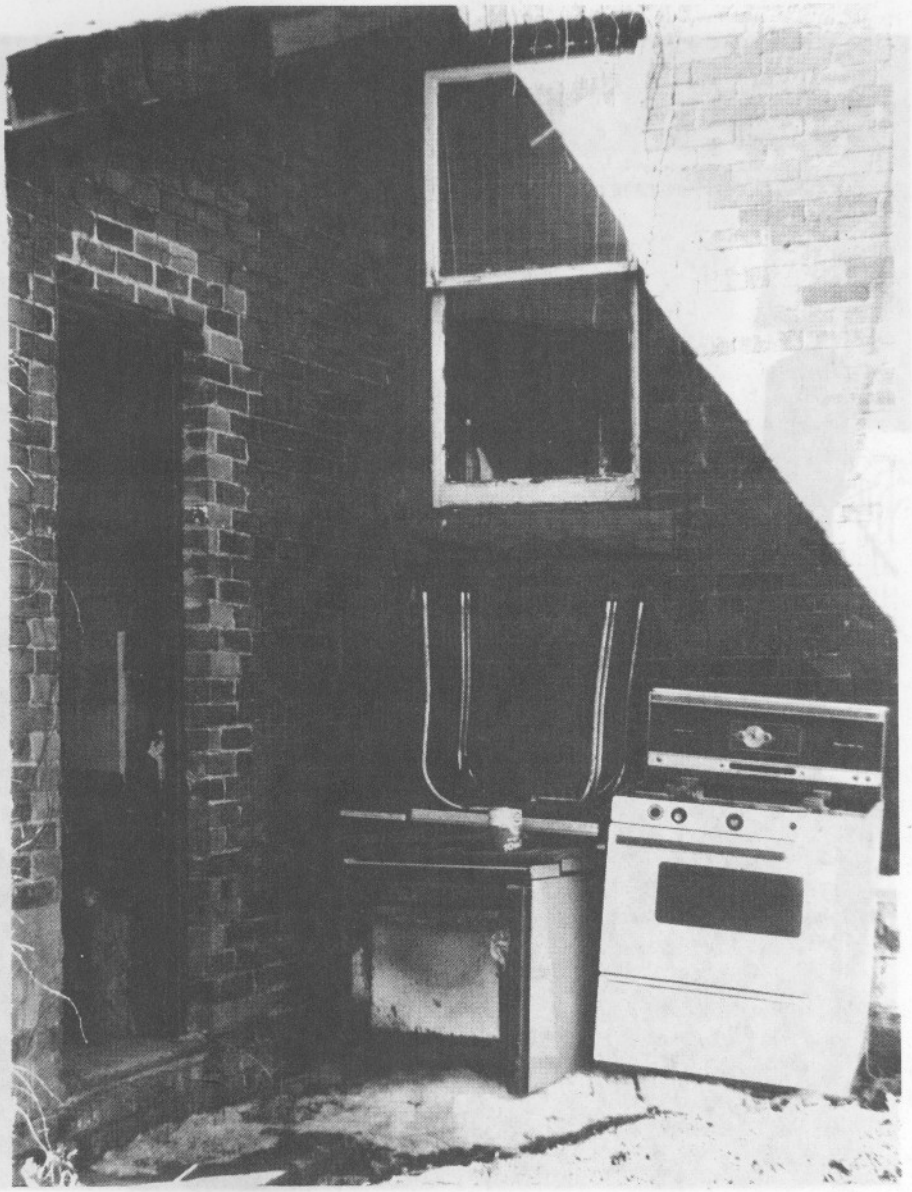
Many factors in Dimun's environment conspired to create the conditions in which a deadly lung infection could fester. Poor, handicapped, and drugged, he lived in an overcrowded, squalid boarding house. Filth, cockroaches, rats, poor ventilation and bad food were part of the package. He was a chain smoker who often smoked butts he picked up off the street.

Why did no one notice how sick Dimun was? Pat Capponi, Dimun's friend at the Parkdale Activity and Recreation Centre, where he regular-

... even if Dimun had cooperated on the day of his death and gone to the hospital, he would probably have died anyway.

The Jury's Recommendations

- that the province encourage, through increased funding, "diverse" and appropriate supportive housing for the socially disadvantaged through non-profit and/or government organizations
- that the province foster and fund an adequate number of innovative social and day programs to offer life skills and meaningful activities
- that the Ministry of Health establish guidelines for doctors and Adult Protective Service Workers for the medical treatment of the developmentally handicapped who may not be capable of looking after themselves
- that the *Landlord and Tenant Act* be extended to include boarding-home residents
- that the city of Toronto close boarding homes that fail to correct serious breaches of the housing standards bylaw, and that the province consider enacting similar legislation
- that the Ministry of Community and Social Services raise the salaries of Adult Protective Service Workers, reduce their caseloads to a maximum of 25 clients and eliminate client waiting lists
- that government agencies funding social service programs demand more accountability



ly spent part of his day, testified that "Sickness is the norm in Parkdale. If you are surrounded by healthy people, then when somebody is sick, it stands out. But in Parkdale ... you don't stand out." Dimun did have people who cared for him, like Capponi and Ambrozine Russell, the cleaning woman at Channon Court. But his friends were helpless in the face of Dimun's poverty and the system that forced him to live the way he did.

Dimun subsisted on $436 a month from family benefits, of which $237 went for room and board, $41.50 for a public transit pass. The jury's verdict stated that he died "by natural causes induced by a self-chosen inappropriate lifestyle." His lifestyle was not a choice. It was dictated by his poverty.

It became apparent during the inquest that no one had taken the time to explain to Dimun his need for medical treatment. People just assumed that he could not understand. When Springate was asked if he discussed the results of his examination with Dimun on the day of Dimun's death, he replied, "Yes. I immediately told Raul (Dimun's APSW) that John had a major lung problem."

On the third day of the inquest, the coroner excluded the jury. Counsel expressed concerns about the scope of the inquest. Pleas were made to "narrow the side issues" and eliminate certain lines of questioning altogether. After considerable argument about the relevance of evidence on housing, support services, informed consent and the treatment of psychiatric inmates, the coroner decided that "the scope [of the inquest] does not include the treatment and care of ex-psychiatric patients." Specifically, the coroner did not want to hear about Modecate.

The jury, having been excluded during this discussion, continued to ask embarrassing questions about "irrelevant" issues. But McKague's repeated attempts to bring up the role that Modecate played in Dimun's death were unsuccessful. On July 2, 1986 — more than two months

before his death — Dimun went to St Joseph's Hospital Health Centre, complaining that something was stuck in his throat. An x-ray showed an obstruction in his lungs. Dr Steve Blitzer noted during the examination that Dimun had no gag reflex. During his testimony, Blitzer explained that the gag reflex serves to prevent food, saliva or vomit from getting into the lungs. Once in the lungs, any of these could set up the conditions for a severe lung infection.

Suppression of the gag reflex is a known side effect of Modecate. Another is the creation of immature blood corpuscles, which makes it easy for infection to start and difficult for the body to fight it. Pneumonia is a common cause of death among people taking phenothiazines such as Modecate.

No one remembered Dimun complaining of feeling sick, even on the day of his death. When asked how he was, he said he was "fine." Frederick Zugibe, a coroner in New York state who investigated and wrote about sudden deaths of psychiatric patients on phenothiazines, has noted that "Our cases involving ... pneumonia in which there were no complaints of the usual symptoms associated with the condition may also be explained on the basis that the perception of pain is altered by tranquillizers, not only by their synergistic effect with analgesic drugs, but because they retard the process of interpretation of pain. Even an animal in pain makes some type of perceptible signal such as whining, but if tranquillizers are administered, this response may be suppressed." Zugibe also specifically noted a case involving a patient on Prolixin (called Modecate in Canada)

The jury's verdict ... he died "by natural causes induced by a self-chosen, inappropriate lifestyle."

who died unexpectedly of the same kind of pneumonia that killed Dimun.

Sometimes what a coroner's inquest leaves out is more important than what it includes. Modecate should have been implicated, at least indirectly, as a cause of John Dimun's death. In the coroner's opening address to the jury, he said, "We speak for the dead to protect the living." Perhaps it would have been more apt if he had said, "We speak for the dead to protect our ass."

Up to the time of his death, John Dimun was being cared for by a community worker, a nurse and a doctor. They felt that they were doing a good job. Dimun didn't slip through the cracks in the system as some have suggested. He was being cared for exactly as the system was designed to care for him. And his death was caused by a combination of poverty, neglect and, quite possibly, psychiatric "treatment."

... McKague's repeated attempts to bring up the role that Modecate played in Dimun's death were unsuccessful.

Dimun didn't slip through the cracks in the system.

Legal Issues in Psychiatric Boarding Homes

by Pat Capponi

There are few minority groups in Ontario, or in Canada, whose rights are as thoroughly and insidiously compromised as those of deinstitutionalized psychiatric patients who have been consigned to privately operated boarding and lodging homes. People who had been told every day for years that they were sick and in need of protection, medication and control suddenly found themselves standing on the other side of the door with a bus ticket and the address of a room or of the Salvation Army, expected to appreciate the benevolence of the state. The cost of providing hospital care — hundreds of dollars a day — was dramatically reduced to the seven dollars a day that would keep a person in a boarding home.

Various people saw the huge profit potential in buying big old houses and turning them into psychiatric homes, offering beds and three meals a day. There was no shortage of residents, no real regulation, no serious attempt at health or building inspection. They were housing people no one else wanted — problem people, usually without nosey interfering relatives. So, with the collaboration of therapists and civic and provincial governments, the deinstitutionalized client found that life could indeed get a lot worse.

Things have not improved in the past decade and a half. Human and legal rights have been subjected to continuous abuses as landlords of boarding homes realized they were a law unto themselves. It should be noted that most owner/operators feel hard done by; they feel persecuted by frequent media exposure of abuses in the homes, and they feel they don't get nearly enough money for the services they provide.

It is in fact true that they do provide a service — to the government and to hospital professionals, not to ex-patients. They keep the deinstitutionalized off the streets, out of sight and out of mind; and out of coroner's court, where bleeding-heart liberals might question the results of Ontario's efforts to treat patients in their own communities.

What rights have been removed from the deinstitutionalized?

* the right to receive and open their own mail (we are told by owners that chaos would ensue if ex-patients were allowed to receive their own cheques. They would blow all the money and not pay the rent. Thus the

owner keeps the one mailbox locked, opens mail addressed to the boarders, and cashes all cheques — deducting room and board, and doling out the leftover discretionary funds as and if he chooses)

* the right to basic acceptable standards of repair and cleanliness (city inspectors won't act against substandard, roach- and rat-filled boarding homes. The city's position has been that if it applied the standards everyone else has to live by, it would result in the closure of many homes and the subsequent homelessness of many of the deinstitutionalized)

* the right to be protected by the *Landlord and Tenant Act* (without which protection residents can be evicted on a whim, and landlords can raise the rates whenever they feel the economic pinch)

* the right to shelter during daylight hours (many boarding homes demand that residents leave their rooms immediately after breakfast and not return until supper-time)

* the right to security of the person (in a significant number of cases, owner/operators rule by force: baseball bats, fists, hired "heavies." If the police are called in, the owner becomes the persecuted soul, the sweet-talking caretaker of a bunch of crazy people no one could ever believe)

* the right to be free from sexual assault (too often male operators go into the rooms of female residents at any hour of the day or night, without knocking or asking permission. Therapists collaborate with them by not believing accusations: psychiatric patients, especially females, are considered to have a tendency to fantasize, lie, and make false accusations. Operators soon learn they can do whatever they like, with impunity, and many take advantage of this unique position)

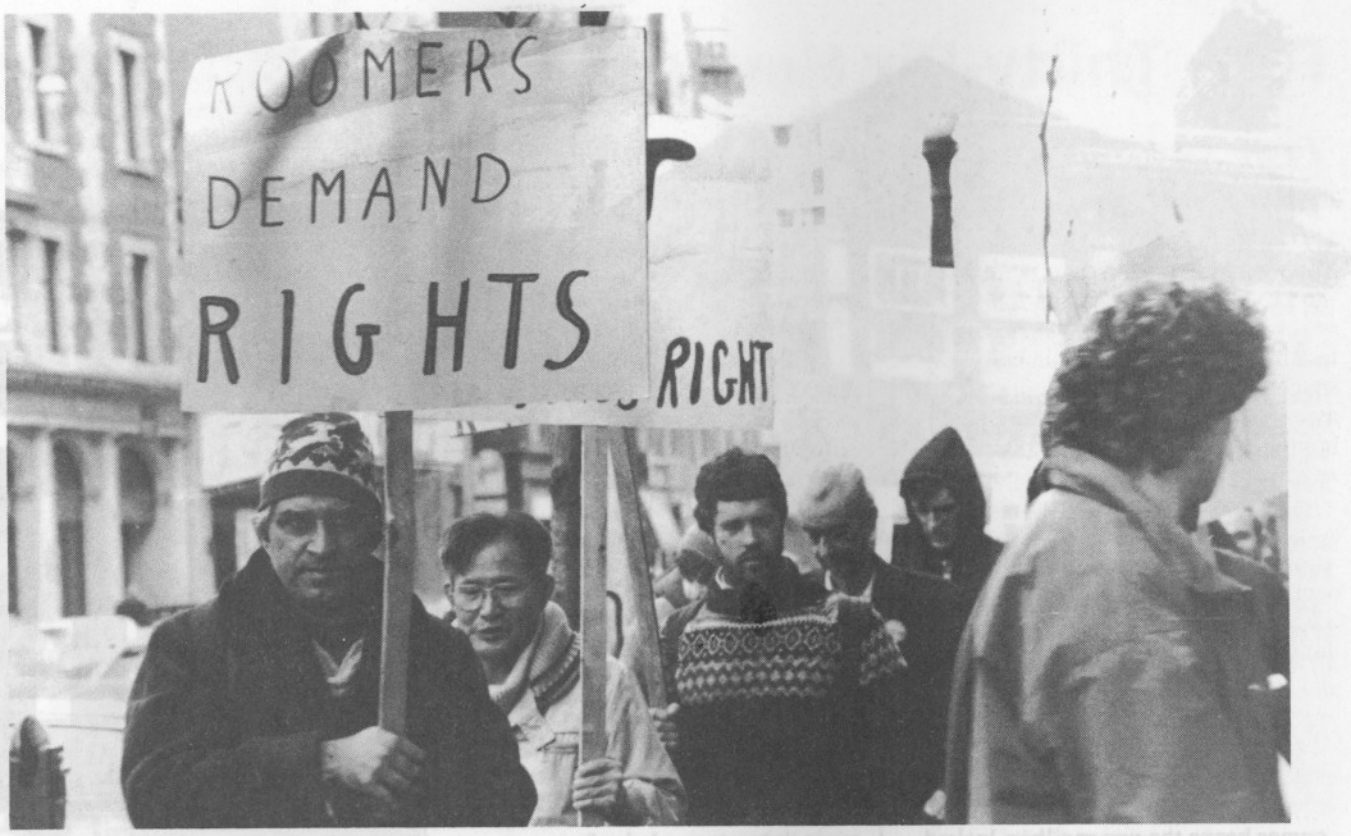
Professionals who tell us that most operators are decent, beleaguered people trying their best to do an impossible, thankless job are helpful allies to the operators, but not to the ex-patients encased behind these new, stronger walls.

The implication, of course, is that the cost of extending human and legal rights to the deinstitutionalized is too high; that such a step would be too radical. Operators claim that it is in the patients' own best interest not to give them rights they can't handle; rights the operators feel would infringe on their ability to "care for" people no one else wants.

It is indeed an outrageous situation when basic rights are viewed as anti-therapeutic; when a whole segment of society is denied legal protections and interventions; when the voices of the exploiters and their collaborators carry more weight than the rule of justice, human rights, and reason.

— excerpted with permission from *Just Cause*, summer 1986

Various people saw the huge profit potential in buying big old houses and turning them into psychiatric homes ...



Angry Roomers Protest

by Irit Shimrat

Last February, about 60 noisy protestors (including several members of ON OUR OWN, Toronto's ex-psychiatric patients' self-help organization) turned out to a Roomers' Association demonstration outside the office of the Minister of Municipal Affairs and Housing, Alvin Curling. Association spokesperson John Hogan told *Phoenix* that the protesters' objective was to pressure Curling to provide protection for roomers and boarders under the *Landlord and Tenant Act* (LTA), and decent, affordable housing for low-income singles.

Hogan explained that roomers and boarders who are threatened with eviction when landlords want to raise their rents have no legal recourse. They have no security of any kind, and often have to do without heat or hot water, since landlords will tell them that, if they don't like the conditions, they can get the hell out. He pointed out that ex-psychiatric inmates, who often occupy these houses, are particularly vulnerable to sexual and other kinds of harassment by landlords.

The Ministry refused to include protection for roomers and boarders under the LTA early in 1986, saying that the matter needed to be studied by the Ontario Task Force on Roomers, Boarders and Lodgers. The task force came to the conclusion that there was a serious, province-wide problem. Now the Ministry wants to do *another* study. Naturally, the Roomers' Association is frustrated by these stalling tactics.

Shouts of "Alvin! Come out!" "We want action now!" and "No more studies!" disrupted the quiet afternoon for shoppers and businessmen entering the ritzy shopping mall where the Ministry office is located. Eventually, Curling did emerge for a brief consultation with the picketers, who presented him with a huge "invoice" demanding 10,000 housing units and stating that "failure to comply with this notice will result in more evictions and continued second-class status for approximately 420,000 Ontario residents." Curling asked what he could do for the demonstrators. They told thim they couldn't continue to live on promises. They would have to wait, said Curling, and beat a hasty retreat.

The Roomers' Association has about 200 members in the Toronto neighbourhood where it began, and is encouraging the formation of similar groups in other areas with a concentration of boarding and rooming houses. There is also a roomers' and boarders' association in the Ottawa-Carleton region. Hogan pointed out that housing has only recently become a high-profile issue and that, unless roomers and boarders can be protected by the LTA, even doubling the number of housing units now available will only result in that many more people being open to eviction.

Zoning Our Housing Out

by Ryan Scott

Zoning and the rezoning process are used as a tool of discrimination against ex-psychiatric inmates. Senseless bylaws based on prejudice severely limit the housing options available to us. The "not in my neighbourhood" attitude is deeply entrenched, partly because a policy of wholesale deinstitutionalization has come into effect without community resources having been developed to back it up. Inmates have been released into communities unable and unwilling to meet their needs. In response, many residents' groups have pressured local politicians, not only to uphold repressive housing bylaws, but to invent new and even worse ones. Clamouring about rape and pillage, damage to their neighbourhoods and lower property values, these groups cause considerable hardship by preventing the reintegration of former inmates.

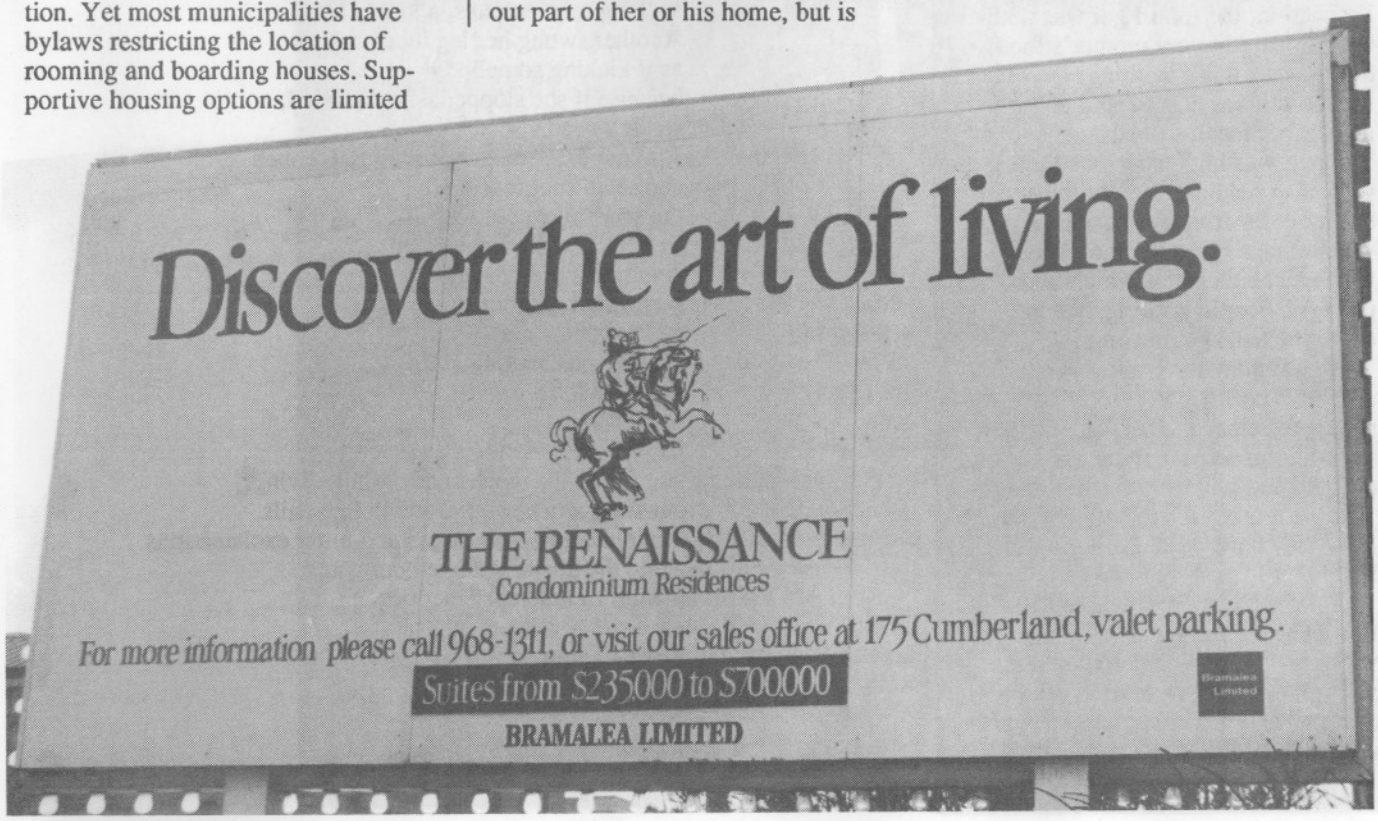
Many of us are poor and therefore can only afford shared accommodation. Yet most municipalities have bylaws restricting the location of rooming and boarding houses. Supportive housing options are limited by prohibitions on group homes. Other, more inventive solutions to the critical housing shortage are quashed at the planning stages, or during the rezoning process, by mean-spirited interventions and protests.

Houselink Community Homes, for example, intends to convert Channon Court into small apartments with on-site support staff. But Parkdale resident groups — even though they have long complained about this rambling eyesore of a boarding house, in which several ex-psychiatric inmates have died — attempted to block approval of the project at the rezoning level.

One fast and cheap way to ease the shortage of rental housing is to allow people to create apartments, or rent rooms, in "single-family" houses. Yet many municipalities have strict zoning bylaws that prohibit this kind of development. A homeowner whose children have left might welcome the income provided by renting out part of her or his home, but is prevented from doing so. Misguided local councils oppress both financially strapped seniors and single adults.

Mississauga City Council enacted a bylaw in January 1987 forbidding more than three unrelated persons from sharing a dwelling. Such bylaws have not stood up in court in the past but, as the council pointed out, someone must have the resources to take them to court. Other municipalities are considering the same kind of restrictions. With rental accommodation in such short supply that people are dying on the street, this kind of legislation is criminally irresponsible.

Legislative change can only come with a change in entrenched attitudes and opinions at the community level. Until housing is seen as a basic need and human right, the times and resources of our housing activists will go to battling malicious bylaws and narrow-minded home-owners. Our energy would be better spent developing affordable and adequate housing.



Life in the City

True story

by Buck Jones

November

Dear Mike:

I went out of my room on Friday, November 14. When I came back, the bed was in the middle of the room and there were things missing: two pair of boots, two bags of clothes, and some books. Now it is Monday, and these things are still missing, and there is no heat in my room. I would like to sue the people that run this house.

This room is not even fit to live in. And the food is another thing. I come into the house and the lady gives me cold food for the meal. My friend Danny and I are paying $350 for one month. I get $501 per month. Where is the other $151 for the rest of the month? I don't even see the cheque for this amount.

Yours truly,

Buck

February

When I moved out of my first place, I had to pay the landlord two months' rent in advance. Then when I moved in, the food I got was nothing compared to my mother's food. Sometimes, thinking things over in the room I was at, I looked at the newspaper for furnished rooms to let. The rent was high, so I asked my worker to help me. He got me a room not far from the hospital.

Sometimes I come home to cold food and cold coffee, which is disgraceful. People walking up and down the halls get me angry.

Last Saturday the cook was beaten up with a coffee pot. It took 20 stitches to close the cut. The man who did this terrible thing was charged and put away for life.

The rent used to be $340 a month. Now they have jacked it up to $358. I feel that I cannot pay this amount.

I have got a lady out where I live. Her name is Clem. she lives there with me and 22 other people. Some sniff glue; some smoke pot; others drink wine. Of course, who buys the wine? Me!!

In Therapy

I
The body
that fleshy aquarium
the soul swims in,
multicolour fish
of different moods.
Fascinated we follow
the curve of path
and sometimes eye to eye
we confront each other:

II
In the therapy room
a patient has cracked the aquarium;
I was denied the pleasure
of underwater movement
staring instead at
the boarded-up space.
Doctors daily observed our bodies' behaviour:
I sat stiff, voiceless,
sucking on cigarettes, a lonely act.
Another swung her leg incessantly
as if kicking somebody
because if she stopped, she confided,
she felt dead.
Another exposed her arms slashed open
and sewn shut repeatedly,
the scars puckered worms
from elbows to wrists.
Another could not say
two words without stuttering
and spitting,
another sat catatonic, bloated
in his own flesh.

III
Not for us the mechanics of daily living:
our fears and angers drove in like nails.
In the therapy room, cries and bitter exclamations
while the doctors hooked our souls
to their rudimentary theories.

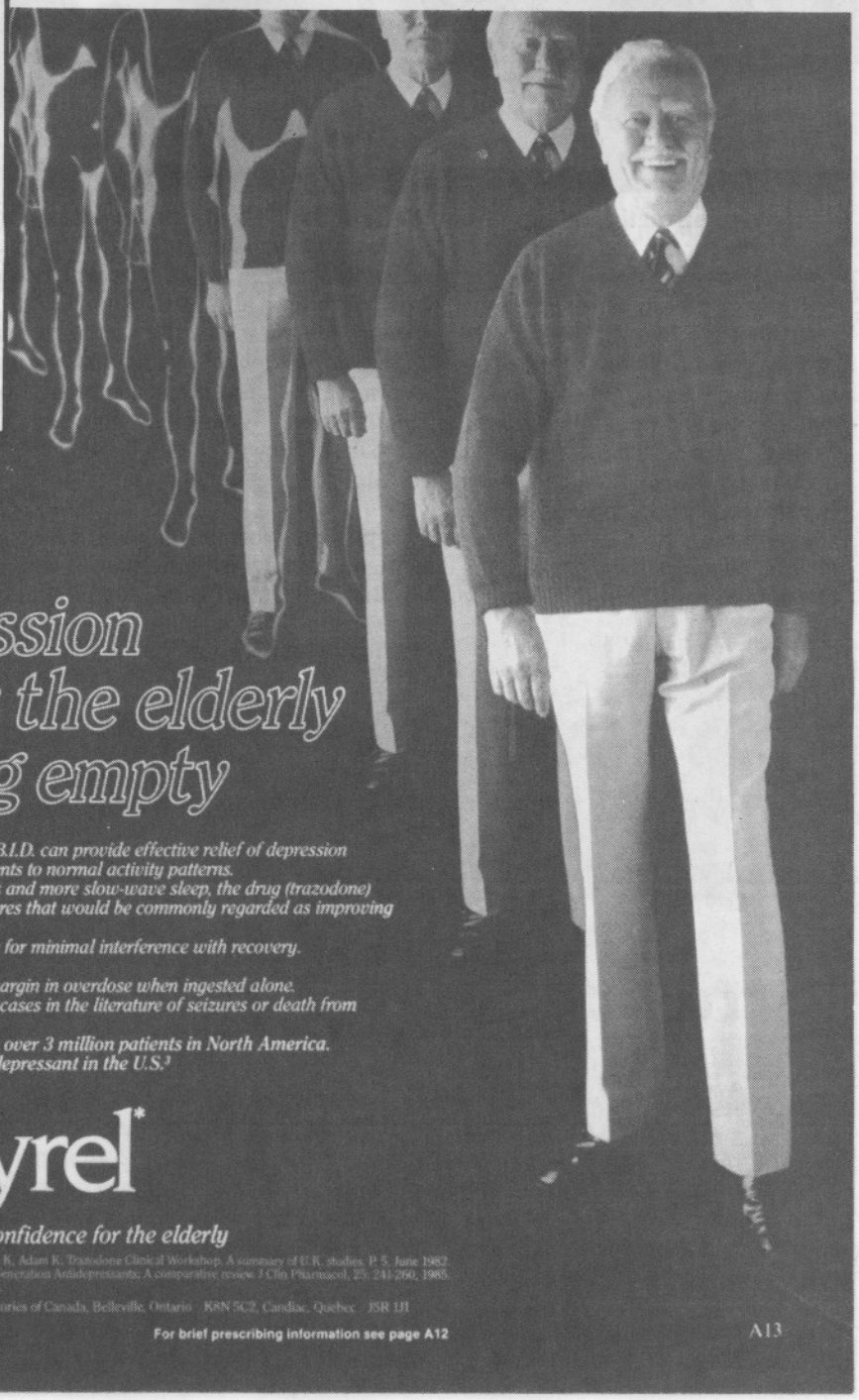
Anne Cimon

This ad comes from the June 1986 *Canadian Journal of Psychiatry*

What *do* you do "when depression leaves the elderly feeling empty"? Well, why not pump them full of Desyrel? Desyrel can cause deviation of heart rate, grand mal epileptic seizures, impairment of mental and/or physical abilities, "retardation," impaired memory, blurred vision, shortness of breath, jaundice, priapism (uncontrollable penile erection), urinary retention, muscle twitching and numbness, slurred speech, anorexia and — just in case all *that* doesn't add excitement to life on the ward or in the nursing home — cardiac arrest. Desyrel *commonly* causes drowsiness, nausea, vomiting, headache and dry mouth. Interestingly, it can also produce anger, hostility, hallucinations, delusions and paranoia!

Now if that doesn't get rid of that "empty feeling," nothing will.

phoenix pharmacy



When depression leaves the elderly feeling empty

- *Desyrel 50 - 100 mg B.I.D. can provide effective relief of depression returning elderly patients to normal activity patterns.*
- *"...with fewer arousals and more slow-wave sleep, the drug (trazodone) [DESYREL] has features that would be commonly regarded as improving the quality of sleep."[1]*
- *Low side effect profile for minimal interference with recovery.*
- *Reduced cardiac risk.*
- *Unsurpassed safety margin in overdose when ingested alone.*
- *"To date, there are no cases in the literature of seizures or death from trazodone overdose."[2]*
- *4 years experience in over 3 million patients in North America.*
- *Most prescribed antidepressant in the U.S.[3]*

Desyrel*

(trazodone HCl)

A prescription of confidence for the elderly

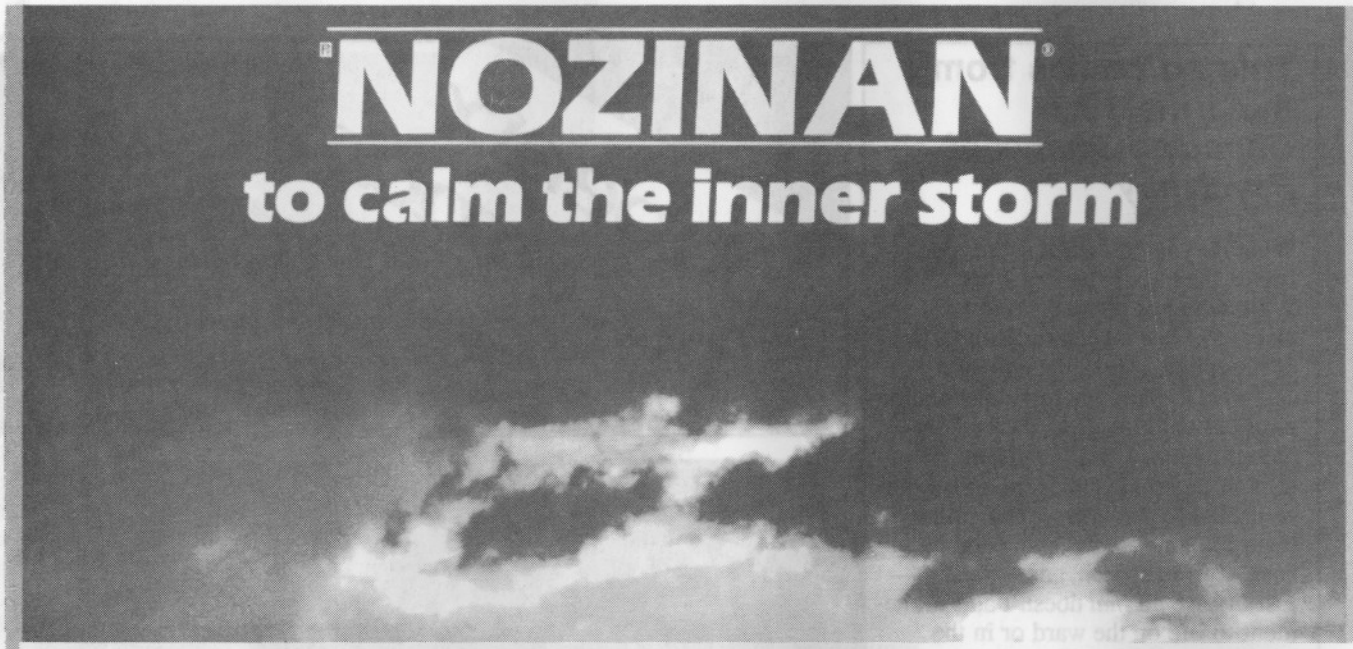
1. Oswald I, Montgomery I, Morgan K, Adam K: Trazodone Clinical Workshop. A summary of U.K. studies. P. S. June 1982.
2. Goodyer I.F, Sireer J.T: Second Generation Antidepressants; A comparative review. J Clin Pharmacol, 25: 241-260, 1985.
3. Data on file, Bristol Laboratories.

* T.M. Auth. User: Bristol Laboratories of Canada, Belleville, Ontario K8N 5C2, Candiac, Quebec J5R 1J1

PAAB

For brief prescribing information see page A12

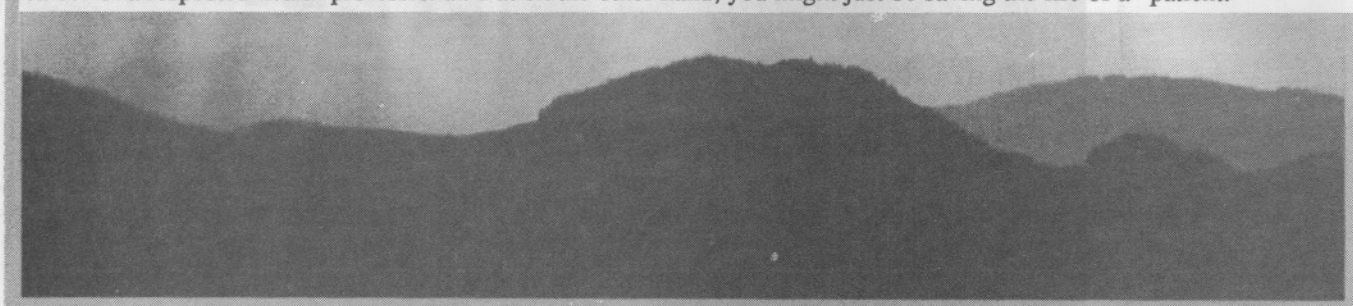
A13



This very attractive ad, also from the June 1986 *Canadian Journal of Psychiatry*, sure makes Nozinan sound like a handy tool for the therapist beset by "aggressive psychotic patients." Pity the shrink who has to deal with such annoyances as "excessive motor activity" in his recalcitrant charges. It's perfectly understandable that the poor overworked fellow has enough problems without agitated inmates giving him a bad time.

We all know that shrinks do a hell of a hard job. So it's hardly surprising that they don't have time to read the boring stuff in small print on the next page. If they did, they would know that Nozinan causes dry mouth, blurred vision, drowsiness, urinary retention, constipation, abnormal rise in heart rate, abnormal drop in blood pressure and, occasionally, liver dysfunction and something called "agranulocytosis." What's that, you ask? The *Bantam Medical Dictionary* defines it as "a disorder in which there is a severe acute deficiency of certain blood cells (neutrophils) as a result of damage to the bone marrow by toxic drugs or chemicals. It is characterized by fever, with ulceration of the mouth and throat, and rapidly leads to prostration and death."

If you know shrinks who are treating people with Nozinan, do them a favour. Tell them that it's a toxic chemical with the potential to kill people in ways that might be pretty embarrassing to explain to the authorities. You could save the career of a respected health professional. But on the other hand, you might just be saving the life of a "patient."



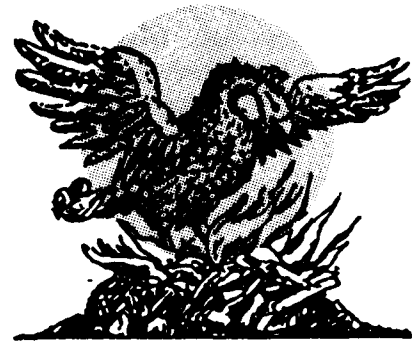
Predictable sedation across the spectrum of psychiatric disorders

Nozinan, a well-established neuroleptic, can quickly calm aggressive psychotic patients.[1,2] At low doses, its sedative and hypnotic properties can rapidly relieve insomnia and mild agitation, while higher doses are indicated for control of aggressiveness and excessive motor activity.
Nozinan is available in several dosage forms and strengths, for all degrees and types of agitation.

RHÔNE-POULENC PHARMA Inc.
8580 Esplanade
Montreal, Quebec
*authorized user

RHÔNE-POULENC

Women in a state at Workshop



mad news

Women and the State — a Conference for Feminist Activists, held in Toronto at the Ontario Institute for Studies in Education (OISE) in February and sponsored by OISE's Department of Sociology in Education, featured a workshop called Rights of the Psychiatrized.

The participants sat in a circle and told our names and what we did for a living (or why we were at the workshop). There were ten counsellors; three social work students; a psychotherapist; a social worker; a community literacy worker; a teacher of feminist therapy; a mental health worker; a psychiatric nurse; eight people, several of them university students, who were "interested in the issue of women and mental health"; and a total of six self-identified ex-inmates, including us *Phoenix Rising* folks. All participants were white. After the introductions, the "facilitator" asked if anyone would like members of the press (us) to leave. Well, we were lucky. We got to stay.

Kali Grower, a staff member at a residence for ex-inmates, (See "My Brother's Place", Vol.6, No.2), was invited to the workshop as a representative of the Ontario Coalition to Stop Electroshock. She talked about the coalition's history and struggles, and spoke of its fear that proposed mental health legislation in Ontario is going to make it easier to incarcerate people against their will if they have been incarcerated in the past. She urged feminist groups to join the Coalition, pointing out that many more women than men are shock victims.

Cris Devon, also an invited speaker, is a staff member of Margaret Fraser House, a halfway house for psychiatrized and/or homeless women. She explained that the house has ten beds, five for women referred by hospitals, and five for women off the street. The women must have a psychiatric history or "emotional problems," and can stay for six months to a year. The house is government-funded and claims to provide both advocacy and "services" to residents. But Devon questioned how much power and control residents have over their own lives. She observed that, although some staff members use the risk of funds being cut off as an argument against radicalism, in fact the criteria for continued funding are only that the house remain financially solvent and meet its own program objectives. The collective is free to move in a radical direction, but can't come to a decision to do so.

Each resident is assigned a social worker. There are weekly house meetings to discuss conflicts among residents, and staff does "one-on-one" work to help the women cope with their supposed emotional problems. One participant pointed out that it sounded a lot like being hospitalized.

Asked whether Margaret Fraser House lets residents withdraw from psychiatric drugs, Devon said that the women need to work with their doctors if they want to do that — meaning that the only person a resident can go to if she wants to get off psychiatric drugs is the doctor who has put her on them.

It was the first speaker on the agenda, Susan Horley, who was the most powerful. Horley, a staff member at Margaret Fraser, spoke about her own experience of having been locked up, and about some of the things she had learned: that people saddled with psychiatric labels don't have different problems than others, just different ways of reacting to stress; that such terms as "schizophrenia" are offensive and demeaning; that life in an institution causes incompetence. She recalled being locked into a tiny isolation room where going to the bathroom was a privilege not likely to be granted. She said there was no justification for such physical interventions as incarceration, shock, drugging, or the use of restraints.

On the subject of feminist therapists, Horley said that they appeared to see women as belonging in one of two groups: those who could be helped by feminist therapy, and those who were "psychotic" and had to be hospitalized. She also emphasized that most psychiatrized women are poor, and do not have access to alternative kinds of therapy. She spoke of such problems as psychiatrists labeling women's complaints of physical abuse as symptoms of mental illness.

She concluded by saying that it was her anger — which the shrinks had tried so hard to squelch — that got her out of the institution she was in. And that psychiatry kills, not only by overdrugging, but by the absolute degradation of human beings.

Horley spoke honestly and impressively. Nevertheless, *Phoenix* found it disturbing that every one of the invited speakers was a "caregiver." Sure, it was good for all those academic and social-work types to hear Horley's story. But it would have been better if her story could have been shared with, and confirmed by, more of the victims of psychiatry.

Why were residents of Margaret Fraser House not asked to attend the conference? Why was there not one person there who had been subjected to shock treatment? Why was no one from either ON OUR OWN (Toronto's ex-patients' self-help organization) or *Phoenix Rising* invited? We

asked most of these questions. The answer? "It was an oversight."

A tense and inconclusive session followed. The social work and mental health professionals wanted to discuss the ethics of state funding. The handful of ex-inmates present — especially we *Phoenix* shit-disturbers — wanted to talk about the harm done by mental health and social work professions.

We got a few good shots in, and managed to disrupt the intended agenda. But alas, I doubt we got anyone to give up social (control) work and join the fight for freedom.

— Irit Shimrat

NEWSFLASHES

Two more important reasons to stay away from shrinks

According to the 1986 Ontario Health Insurance Plan fee schedule, a shrink in this province gets $104 *every time he certifies an involuntary admission,* and the same amount *every time he certifies someone as incompetent.*

Mad Money

Toronto's mental health programs will have been awarded $562,000 by the Ministry of Health. Plans for spending the money include an extension of existing rehabilitation services, and canoeing and skiing expeditions for people with "psychiatric disabilities." Some "clients" will be taught camping and organizational skills so that they can be trained as assistants. (Will they be paid?) New community rehabilitation workers will be hired to "provide assessment, counselling and referral services." Looks like a lot of the dough is going to pay professionals to keep ex-inmates under their control.

On the bright side, ON OUR OWN, the Toronto self-help group, will get $25,000 to help operate a drop-in centre that won't be run by "mental health" types.

Advocacy Paper for Pens

The Globe and Mail reports that George Dowse, who has spent the past ten years in Toronto jails, is starting a national newspaper, to be called *The Prisoner's Voice*, intended as a network for information for federal prison inmates. The paper will tell prisoners what their rights are and what they can do to help themselves, and will "emphasize the good works of inmates while in prison or on pass programs."

Dowse hopes to market the newspaper in school libraries as well as to inmates and their families and to assistance organizations. Dennis Curtis, a spokesman for Corrections Canada, says that wardens would be reluctant to let the paper into their prisons if it leveled allegations against individual prisoners or guards.

Announcements

Let's Network

To: Ex-Psychiatric Inmates and Anti-psychiatry Activists
From: The Mabel White Group, Box 428, Buffalo, NY 14222
Subject: Ex-psychiatric Inmates' Communication Network For Human Rights and Against Psychiatric Oppression

Dear Ex-inmate:

•We are concerned that the Madness Network, which has been our main link in the International Network,may stop publishing. We need a strong, diverse network to accomplish our goal of abolishing psychiatry.

•We believe in Universal Individual Sovereignty: that *everyone born has the right to the support needed to unfold their human potential.* We have found psychiatry harmful to physical health and to the realization of one's potential.

•The power of psychiatry is growing, funded by our money through taxes. Psychiatry is reaching into more and more lives with its drugs and dependence entrapment. Its growth especially threatens the poor, the powerless, the different and the confused. We advocate people's own power over and responsibility for their own lives. We want psychiatry abolished!

We believe that everyone who wants psychiatry abolished has a responsibility to find at least one other like-minded person in their area and to meet with them at least once a week to write letters and plan actions that build the network and confront psychiatry. We want these groups to visit and communicate with distant groups for network growth and maintenance.

Do you have the will to do this? If you do, send us your name and address.

The Mabel White Group is willing to coordinate this network with addresses. Each member group can send regular information on its anti-psychiatry activities. Your news is valuable!

In sovereignty and solidarity,
Don Johnson and John Howe

More Signatures Needed

The Ontario Coalition to Stop Electroshock thanks the many *Phoenix* readers who signed and returned copies of their petition on behalf of the Canadians tortured in CIA-backed brainwashing experiments by the late D. Ewen Cameron. But the Coalition is trying to collect 5,000 signatures, and still needs many more. If you still have a copy of the petition, please get as many signatures as possible on it and send it in. If you don't have a copy but know people who would like to sign it, you can make up your own petition. These are the Coalition's demands: that the Canadian government release to the Cameron's Canadian victims all the incriminating evidence it has against the CIA's involvement; that the Canadian and US governments admit their legal and moral responsibility to the victims; and that both governments pay the victims reparations. Send petitions to The Ontario Coalition to Stop Electroshock, Box 7251, Station A, Toronto, ON M5W 1X9. Thank you for your support.

SHOCK WAVES

Damned lies and shock statistics

Electroshock "therapy" (ECT) continues to be not only legal but widely practised in Ontario, and now there's a new set of government guidelines in place to help perpetuate this deadly practice.

Ministry of Health statistics reveal that provincial psychiatric hospitals gave 455 inmates a total of 2,805 shock "treatments" in a twelve-month period ending in 1985. Psych wards in general hospitals did considerably more damage, giving a total of 11,862 shocks to 1,093 inmates (738 women and 355 men — a typical gender ratio for shock — including 382 people more than 60 years old). The grand total is 14,667 shocks administered to 3,898 people in one year.

Of the inmates shocked in general hospitals, 620 were diagnosed "psychotic," 143 "neurotic." Fifteen were shocked for "organic brain syndrome" — even though shock *causes* brain damage.

Don Wasylenki, chief psychiatrist at Whitby Psychiatric Hospital, has assured the government's Standing Committee on Social Development that it is "very rare" for teenagers to be subjected to shock. But 60 inmates between the ages of fifteen and nineteen were shocked in general hospitals between 1982 and 1985. Figures for kids under fifteen who may have been shocked are not available.

For some mysterious reason, the Ministry has never published the causes of death of psychiatric inmates in its annual mental health stats. But eleven inmates receiving shock between 1982 and 1985 are officially recorded as having died during that time. One was under 24, three between 45 and 59 years of age, and five were over 60. The Ministry says it "doesn't know" if shock killed these people or contributed to their deaths. Perhaps it doesn't want to know. Or maybe it just doesn't want *us* to know.

A shrink gets $43.30 from the Ontario Health Insurance Plan for administering *one shock treatment*; his anesthetist gets $20.32. That's $63.62 for "professional fees" alone. It doesn't include nurses' fees or drugs used. Between 1978 and 1985, Ontario taxpayers spent more than four million dollars in health insurance payments to professionals to give 110,680 shocks.

The Ministry of Health has recently produced seven pages of guidelines, entitled "Use of Electroconvulsive Therapy in Provincial Psychiatric Hospitals," drafted by a special committee of bureaucrats and psychiatrists. The section called "Patient Information about ECT (Sample)" is two and a half pages long, and rife with distortions, omissions and outright lies.

According to these guidelines, patients are to be told that ECT is "one of the most effective ways of treating depression and certain other conditions." In fact, 50 years of research have produced no evidence that ECT is effective, therapeutic, or safe. Furthermore, the medication used is said to produce "muscular relaxation," whereas in reality it is a muscle paralyzer derived from a root poison. Called succinylcholine, this drug paralyzes all your muscles so you can't breathe. The "series of generalized muscular contractions ... modified or 'softened' by muscle relaxant medication" to which the text refers are actually grand mal brain seizures, with the visible bodily movements toned down by the drug. No mention is made of the fact that artificial respiration is always necessary immediately before and after the seizure is induced. The guidelines say that the patient is "asleep" after being shocked. The truth is that the inmate goes into a coma.

Fatalities are said to be "very rare." But 400 shock-related deaths have been reported.

The guidelines state that "occasionally a mild degree of [memory] loss may persist ... rarely, pronounced memory deficits occur. The majority of patients treated with ECT do not find these memory changes of great importance.... Other patients ... have continued to complain about their poor memory function for prolonged periods of time... The impairment of memory [is] largely temporary...." In the real world, however, permanent memory loss of many personal experiences is the rule, not the exception, and indicates irreversible brain damage.

It is also claimed that the results of shock are "usually gratifying," and of course, they are. To the doctors. But for shock victims, the results often include reduction or loss of ability to learn, to concentrate, to read and to create.

The criteria for "informed consent," in the December 1986 ECT Review Committee Report require that inmates be told that electroshock is "controversial." Yet no mention is made of this requirement.

This "patient" misinformation is intended for general distribution to psychiatric inmates. It will result in thousands more people being lied to about shock, and allowing themselves to be pressured into consenting to have their brains burned. "For their own good," of course.

For free copies of these guidelines, write to The Ministry of Health, Health Information Centre, 9th Floor, Hepburn Block, Queen's Park, Toronto ON M7A 1S2.

— Don Weitz

Exposing psychiatric torture

Torture is illegal. Psychiatric torture is a crime against humanity and must be stopped. I am soliciting personal or eyewitness accounts of abuse and/or forced psychiatric treatment in psychiatric institutions, psychiatric wards of general hospitals, and "treatment" or "special handling" units in prisons, across Canada.

Your personal account(s) should include as much of the following information as possible:

1. Name and address of torture victim

2. Name and address of institution

3. Name and position of physician (or other staff) who administered the forced treatment (against the victim's will or without informed consent)

4. Type and nature of forced treatment (drugging, shock, psychosurgery, "aversion therapy," solitary confinement, etc.)

5. Effect of treatment (brain damage, memory loss, medical emergencies, pain and suffering, etc.)

6. Death occurring during or shortly after treatment (date and official cause of death)

7. Duration of treatment (exact dates)

8. Reason(s) given for treatment

9. Refusal of or resistance to treatment

10. Legal status in institution (voluntary admission, involuntary committal, Warrant of the Lieutenant Governor; Warrant of Remand — court or criminal; prison sentence, etc.)

11. Name and address of witness(es)

12. Public hearing or court appeal (if any)

I will give this information, with your *written and signed consent,* to Amnesty International (AI) in London, England. (AI is an independent and internationally respected organization that investigates cases of torture of political prisoners all over the world, and advocates for their release.) Send the information (and your permission for me to pass it on to AI) to: *Don Weitz, 100 Bain Avenue, 27 The Maples, Toronto, Ontario M4K 1E8.*

If you would prefer to send this information to AI yourself, send it to: *Ian Martin, Secretary General, International Secretariat, Amnesty International, 1 Easton Street, London WC1X-8DJ, England.*

All letters or personal stories sent to me or to AI should be dated, typed (double-spaced), signed, witnessed, and include a self-addressed and stamped envelope. Unsigned letters or personal stories will be returned unanswered, but signed material will be answered as soon as possible. Thank you very much.

—Don Weitz

Toto, too?

Kansas Governor John Carlin has signed into law a bill making it easier for Kansas residents, especially "street people," to be committed to psychiatric institutions against their will. A "mentally ill person," previously defined as someone found to be dangerous to self and others, is now defined as someone "suffering from a severe mental disorder, who lacks capacity to make an informed decision about treatment and who is likely to cause substantial harm to self or others." (Information courtesy of Ralph H. Darding of Lansing, Kansas.)

Slave wages

The Globe and Mail reports that the Ontario Ministry of Labour is investigating claims that patients at the Penetanguishene Mental Health Centre, home of Oak Ridge, are doing full-time factory work and other work within the institution, for which they are paid 80 cents to $1.05 an hour. The minimum wage in Ontario is $4.35 per hour.

The Cure for Incompetence

The status of a Whitby Psychiatric Hospital patient seeking to avoid forced drug treatment was abruptly changed from incompetent/involuntary to competent/voluntary last winter, when his lawyer, Carla McKague, sought an injunction to stop the treatment. McKague had intended to use the case in a *Charter* challenge to the validity of a section of the *Mental Health Act* that allows the forcible treatment of psychiatric inmates. Said McKague, "We seem to have discovered a marvellous cure for mental incompetence — start a competency hearing."

Oak Ridge to be replaced — but by what?

Following an April 1 demonstration, co-sponsored by the Ontario Coalition to Stop Electroshock and My Brother's Place, to demand that Oak Ridge be shut down, Health Minister Murray Elston announced that the repressive, maximum-security psychiatric "hospital" is to be replaced by two smaller institutions, one closer to a large urban centre, and one at Penetanguishene, where Oak Ridge is now located. He did not, however, mention when we can expect this replacement to happen, or go into details about how the replacements would be better than Oak Ridge, where coercion, intimidation and horrible living conditions are the main means of "treatment" for prisoners. (See Denis McCullough and Bonnie Burstow on Oak Ridge, Vol. 6 No. 2)

At the press conference following the demonstration, Jack Wild spoke movingly of the six years he spent being shuffled from ward to ward in Oak Ridge, after being charged with a minor crime he does not remember committing. In addition to being drugged with neuroleptics, he was given about 100 shock treatments, and his head "still plays tricks" on him. When he moved into My Brother's Place, added Wild, he wouldn't let anyone near him. It took him quite a while to learn to "mix with people" again. To this day, if anyone wearing a uniform comes near him, his impulse is to run the other way. And what does Wild think of psychiatry? "You can get more from a hug and by someone saying they love you."

(Several board and staff members of My Brother's Place, which has been a haven to Wild and other ex-psychiatric prisoners, have resigned due to pressure to tone down their anti-psychiatry stance. The full story will be in the next issue of *Phoenix*.)

On paper, all sorts of changes have already been made at Oak Ridge, but in fact, the institution continues to abuse inmates. The demonstration was held on April Fool's Day because defendants advised by lawyers to plead not guilty "by reason of insanity" are made fools of by the "justice" system, and end up indefinitely incarcerated in hell-holes like Oak Ridge.

Ontario's attack on our rights

Bill 7, an act to amend certain Ontario statutes to conform to the equality rights provisions in the Canadian *Charter of Rights and Freedoms,* received royal assent on December 18, 1986. It included amendments affecting the *Mental Health Act* in the areas of restraint, right to refuse treatment, and access to psychiatric records.

The revised *Act* also centralizes the Ontario Regional Boards of Review, and increases the centralized board's jurisdiction to include hearing reviews in which a patient has been found "incompetent" to make treatment decisions, or to examine her/his clinical records. The board can also review the informal status of persons twelve to sixteen years old. The process of appealing a review board decision has been streamlined.

In addition, the following changes have been made to the *Act* under Bill 7:

• A person picked up by police or subject to an order of a Justice of the Peace is to be taken for "examination" forthwith, not automatically held for assessment.

• The period for psychiatric assessment is reduced from 120 hours to 72 hours.

• Provincial psychiatric facilities must now notify inmates in writing to advise them that they have been found incompetent to make treatment decisions, to access their clinical records and/or to manage their estates.

• Patient advocates are to advise involuntarily committed inmates of such findings of incompetence, in addition to advising them of their right to a hearing before the review board.

• "Informal patients" twelve to sixteen years old are to be advised of their right to a review board hearing regarding their status and of their right to refuse treatment, and provided, if desired, with the information and assistance needed to help them get in touch with a lawyer.

• Restraint can be used only on a short-term basis, in emergency situations in which an involuntary inmate or an inmate being held on a Form 1 may cause serious bodily harm to her/himself or others. The use of restraint must be clearly documented, including an explanation of why restraint is necessary, and the detailed recording of drug type, method of administration and dosage if chemical restraint is used.

• An inmate not found incompetent to do so can apply to examine and copy (for a fee) her/his clinical records, and ask for corrections where errors or omissions have occurred. The inmate can attach a statement reflecting her/his disagreement with the records if corrections are not made. Anyone receiving a copy of such records, or who has received a copy within a year of the time the corrections or statement of disagreement are made, is to be sent a copy of the corrections or statement.

• An inmate found incompetent to examine her/his clinical records may challenge such a finding before the review board, or get her/his "nearest relative" to consent on her/his behalf to disclosure of the records.

• The review board can determine whether access to clinical records would result in harm to the treatment or recovery of the inmate, or cause serious physical or emotional harm to a third party.

• A person sixteen years old or more, if not found to be incompetent, is deemed old enough to refuse treatment and to examine her/his clinical records.

• Counsel for an inmate found incompetent can examine and copy her/his client's records without consent from a relative or approval of the hospital administrator, if such examination is deemed not to have the potential to cause harm to the inmate's treatment or to another person.

• Treatment orders are limited to a duration of three months.

• A review board decision must be handed down within a day, and its written reasons within two days.

• The "nearest relative" can now be a current common-law spouse, and can no longer be an estranged legal spouse.

Bill 190, which went through second reading on February 12, 1987, gives much more serious cause for alarm. This regressive piece of legislation (which Carla McKague says "takes us back to the dark ages") seeks to deprive a competent inmate (or an inmate's "nearest relative") of the right to refuse treatment other than electroshock.

Under Bill 190, the review board's current ability, introduced in 1978, to override the legal refusal of a particular course of treatment on the grounds that such treatment would improve an inmate's mental condition — which clearly contravenes the *Charter* — remains intact.

If Bill 190 is passed, even those of us who are no longer inmates must live in fear.

Officially, Bill 190 would allow a person deemed competent upon or before admission to a psychiatric facility to choose a representative who would act on the person's wishes, where known, or otherwise in the person's "best interest" (defined in terms of whether the person would improve with treatment), should the person later be found incompetent to make decisions respecting treatment, records, or her/his estate. (It is always wise to put your wishes respecting treatment in writing in the form of a Statutory declaration. A "rights

advisor" may be able to help you contact a lawyer who could help you do this.)

In reality, however, such a representative's refusal of "treatment" on one's behalf *could be overturned by the review board.* (Obviously, this invalidates the entire concept.) Moreover, the new substitute decision-maker provision would apply to all inmates *including former inmates,* although the review board could only override treatment decisions if the inmate was involuntary, or being held on remand or under a Warrant of the Lieutenant Governor. (This clearly contravenes the section of the *Charter* that gives people not deemed dangerous the right to live freely in the community.) Also, an "informal patient," outpatient or former inmate found incompetent has no right of review of this finding.

Horribly, Bill 190 defines "having the ability to understand the subject matter in respect of which consent is required" (the *Mental Health Act*'s interpretation of "competence") as "having the ability to understand the nature of the illness for which treatment is proposed and the treatment proposed." In other words, a refusal of medication supposedly meant to "cure schizophrenia," on the grounds that you do not believe there is any such illness, could in itself be grounds for you being found incompetent.

Even if this Orwellian bill is not passed, the provisions in Bill 7 fail to address fundamental human rights problems in the *Mental Health Act.* For example, reducing the period of assessment ignores the facts that *any* period of groundless incarceration is unconstitutional, and that a person being held for assessment is not notified of her/his rights and does not in fact have any right to a review board hearing during assessment. Another inequity in the *Act* as amended by Bill 7 is that the "nearest relative" clause excludes people of the same sex who live together.

Since members of the psychiatric profession are, at best, slow to absorb the idea that psychiatric inmates have rights, and since they have a real interest in keeping us dependent on the psychiatric system, civil litigation may be the only recourse for people wishing to contest Ontario laws not conforming to the *Charter.* Concerned inmates should see their patient's rights advisors or patient advocates if they want to start a civil proceeding for damages after receiving "treatment" against their will.

Psychiatrists want to safeguard their own power, not inmates' rights. Inmates live in a coercive environment where involuntary committal and forced treatment with brain-damaging medications are supposed to create "therapeutic" conditions.

If Bill 190 is passed, even those of us who are no longer inmates must live in fear of being subjected to involuntary "treatment." As survivors of psychiatry, we know that being out on the street is better than being forcibly brain damaged.

Please help us oppose Bill 190. Phone or write to Ian Scott (Attorney-General of Ontario, 18 King Street East, 18th Floor, Toronto, ON M5C 1C5), Murray Elston (Minister of Health, 10th Floor, Hepburn Block, 80 Grosvenor Street, Toronto, ON M7A 2C4), David Peterson (Ontario Premier, Room 281, Legislative Building, Queen's Park, Toronto, ON M7A 1A1) and/or your Member of Provincial Parliament. Let your voice be heard!

—Donna Lyons

Hospital coughs up

Ontario Supreme Court judge Nicholson McRae has ordered the Welland County Hospital to pay $450,000 to the surviving family members of Gordon Ivan Jinks, a man who died in the hospital's psychiatric wing in 1983. Jinks was 50 years old. McRae found that the hospital had failed in "a duty to protect" Jinks, who died by drowning in a bathtub due to a hypotensive reaction to drugs prescribed for his "mental illness" during the ten days he had been hospitalized. $5,000 of the money is to be paid by Thoppel Abraham, Jinks' doctor, for the "pain and mental distress" he caused the widow by telling her Jinks had committed suicide! McRae concluded that the statement had been made "because this would look better for the hospital."

Bigoted boss found cruel

In 1984, Dolph Boehm of Hamilton, Ontario, labeled a "slow learner," complained that David Woods, his employer at National System of Baking Ltd., was harassing him at work — initiating what was apparently the first case involving workplace harassment related to a handicap or disability to hit the courts in Canada.

This year, the lengthy complaint process and public hearings have finally borne fruit: National has been ordered to pay Boehm, who now works for another company, almost four thousand dollars in general damages, lost wages and interest.

Woods had regularly abused and criticized Boehm, calling him "stupid," a "retard" and a "crybaby." Boehm is quoted in the *Globe and Mail* as saying that he hoped "taking a stand as a handicapped person will make society and business start treating us with respect like everyone else."

Bad Tidings for Prisoners

The Ontario government is taking over what was, until now, a federally run psychiatric institution within Kingston Penitentiary. According to a provincial Ministry of Health official Gilbert Sharpe, prisoners incarcerated here "will be accorded every right that every other psychiatric patient in Ontario is given." Sharpe feels this will "improve things for prisoners," allowing the centre to treat convicts it previously couldn't.

The psychiatric centre will also be opening a "chronic maintenance unit" in which to lock away "brain-damaged, socially inept or retarded" prisoners. The official idea is to protect them from sexual abuse by other prisoners. (Sexual offenders are kept in a separate ward.)

What all this means, of course, is that Kingston shrinks can now get their hands on (and presumably shock, drug and physically restrain) "difficult" prisoners who have thus far not been subject to psychiatric torture.

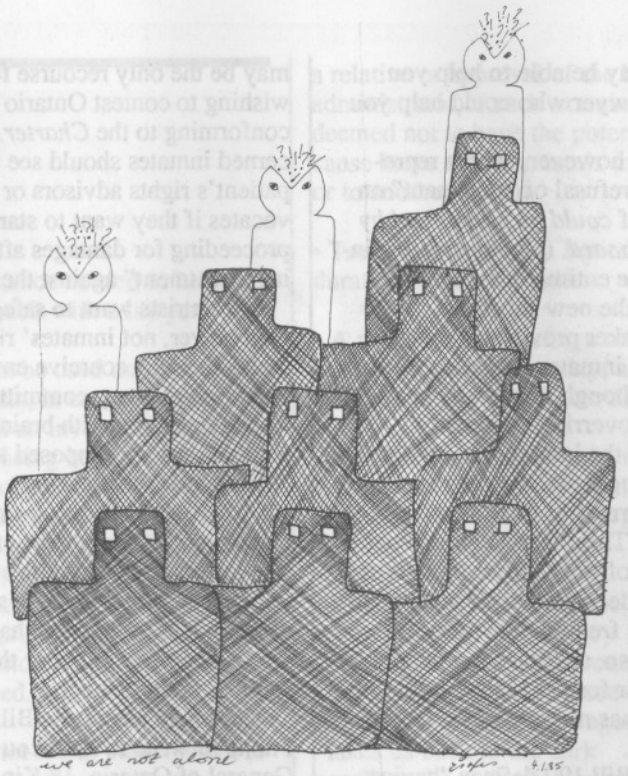
Inmate freed by court

In August 1986, Thomas Foran was incarcerated in Lakehead Psychiatric Hospital, a provincial institution in Thunder Bay, Ontario. His family, his psychiatrist and his family doctors all believed that, if released, Foran would return to his "slovenly" street lifestyle, and continue smoking marijuana. Lakehead psychiatrist, James O'Doherty labeled him "schizophrenic." Discovering that O'Doherty planned to commit him, Foran became angry and hit a locker, then smashed the glass in the hospital's front door while trying to escape.

A September review board, though admitting that Foran was not a threat to others, ruled that he should remain locked up against his will, agreeing with O'Doherty's opinion that his release would result in "imminent and serious physical impairment" to himself.

Last winter, Foran, represented by lawyer Bruce E. McKay, appealed the review board's decision to a District Court. McKay argued that Foran was unjustly being denied his freedom and should immediately be released. Judge Patrick Fitzgerald agreed that O'Doherty, the Lakehead staff and the review board had no evidence to support the claim that Foran was a danger to himself, and Foran was released (he is now an outpatient at Lakehead). Lakehead's Psychiatric Patient Advocate, Ann Morrison, supported Foran's case, and feels the decision was an important one. States Morrison in the January 16, 1987 *Lawyer's Weekly*, "There's got to be some evidence indicating that the person may actually come to the harm that is indicated. In Mr Foran's case ... the evidence was that he was not taking care of himself in the way that everyone else approved...."

Phoenix congratulates Foran, Morrison and McKay on this decision, which we hope will set a precedent supporting a person's right to be free from involuntary committal in the absence of hard evidence of imminent danger.



Psychiatric Corruption in Nova Scotia

Despite the fact that incarceration is a criminal matter, the Nova Scotia law governing involuntary admission to psych wards and mental hospitals is contained in the *Nova Scotia Hospitals Act*, a civil statute governing the administration of provincial hospitals. A person may be incarcerated as a psychiatric patient on the say-so of two doctors.

Furthermore, these doctors, who may have seen a person only in passing, can decide to commit her/him to involuntary hospitalization, basing their judgement on hearsay obtained in private from a third party, called the "informant." People being committed are not allowed to know what has been said about them, and so cannot defend themselves against libel.

Once hospitalized, a "patient" (inmate) is processed through a "treatment program" (a system resembling an assembly line) by a "treatment team" (staff members) doing its "job" (doing their trips on the person). Nothing the person says about her/himself or anything else is likely to be taken seriously by the staff. Reports are written about the person which she/he is not allowed to see, and the staff talks about the person behind her/his back.

It seems that the doctors and other staff are not informed about the 1979 revision to the *Act* stating that people are not to be treated against their will, since they are *still* forcing "treatment," usually consisting of dangerous drugs, on people who refuse it.

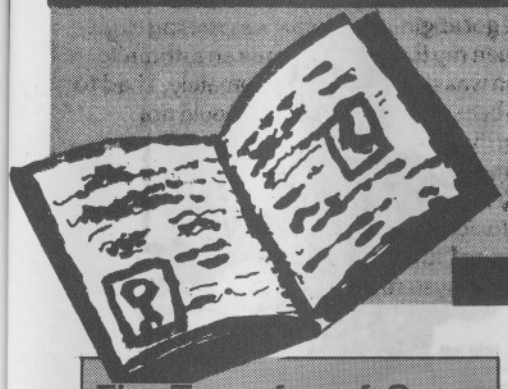
Staff continually remind uncooperative inmates of how "ill" they are, until they succumb to the pressure to become docile (and usually confused) pawns of the "treatment team," at which point staff tells them how much "better" they're getting.

In substantiating their claim that an inmate is "ill," staff may misquote the inmate, cite libellous statements made by informants, or insist that the fact that the inmate is hospitalized proves that she/he is ill.

The inmates never know when they will be released, and staff assume that all inmates will become social services clients (be unable to get a job, and have to live on welfare) after being discharged.

All this makes it abundantly clear that Nova Scotia's "mental health" system is unjust, incompetent and illegal, and that Canada is no longer a democracy.

— A. Dockrill



THE BOOKWORM TURNS

The Transfer of Care: Psychiatric Deinstitutionalization and Its Aftermath

by Phil Brown

London: Routledge and Kegan Paul, 1985

Review by Fred Zimmerman

The Transfer of Care examines how mental patients in the United States have been moved from state hospitals to community mental health centres, outpatient clinics, general and private psychiatric hospitals, and boarding and nursing homes. The author, an assistant professor of sociology at Brown University, punctures the psychiatric establishment's assertion that this transfer occurred solely for benevolent reasons. Instead, he argues, psychiatric practices result from three structural forces: the political economy of the psychiatric and larger social system; the inertia of psychiatric institutions; and the self-interest of the mental health professions.

Brown examines the formulation and implementation of psychiatric policy in the United States after World War Two. The new community mental health centres, which turned out to be controlled by professionals instead of the community, reflect society's repressive class and gender structures. The lives of former residents of state hospitals usually continue to be regimented by day hospitals, rehabilitation programs, or sheltered workshops. A new custodial private sector of nursing and boarding homes has developed, offering few recreation facilities, heavy drugging and, often, health and fire hazards.

Its last three chapters are the book's strongest part. These deal with biological psychiatry, the patients' rights movement, and the future of the psychiatric system. Brown shows how psychiatry increasingly emphasizes a biological model of distress in order to protect its image as a "medical" specialty. Obviously, this model diverts attention from social causes of behaviour. Brown is sympathetic to the patients' rights movement, which he credits with having more impact than professionals will admit. He examines professional attempts to co-opt reform, and warns that "meaningful advocacy must challenge the mental health system." He believes that putting more money into the present psychiatric system would do little good, and that the system must be pushed by external change agents.

Unfortunately, Brown sometimes uses such medical-model terms as "mentally ill" and "psychotic," and at one point states that "there are some cases where forcible treatment may be necessary." Further, he writes in a tedious, academic style and seems compelled to cite clouds of data and references. But this weakness may help the book gain recognition in academic circles.

The Transfer of Care could have a positive impact on social scientists and even (dare I hope?) some mental health professionals. Its positive aspects far outweigh its flaws.

Mental Health Law in Canada

by Harvey Savage and Carla McKague

Toronto: Butterworth's, 1987

Review by Michael Berman

Mental health law has taken on a new significance since the *Charter of Rights* was implemented in Canada. *Mental Health Law in Canada* is a refreshing new text by Carla McKague, of Ontario's Advocacy Resource Centre for the Handicapped, and Harvey Savage, of the Ombudsman's office. Both authors have had extensive experience in private legal practice.

The book explores in detail both law and policy, covers both civil and criminal subjects, and includes a review of Lieutenant Governor's Warrants. There is a chapter on patients' rights dealing with such important issues as mail, personal clothing and the right to vote.

One chapter gives a fascinating account of McKague's successful protection of a woman from forced shock treatment — a case that resulted in much publicity for the issues of forced treatment and the use of shock, and in the Provincial Study and Review of ECT.

Another chapter is devoted to legal means by which lawyers can find redress for victims of psychiatric abuse, illustrated by a case in which a doctor was convicted for illegal and intrusive medical examination of disabled teenagers in Kingston, Ontario.

Anybody curious about how the courts work will find many answers in this book. The authors are to be complimented on their treatment of the courts, human rights commissions and tribunals, lawyers, doc-

tors and psychiatrists. They also explore the thorny issue of competency, and look at possible changes in future legislation. The conflict between state paternalism and individual liberty is examined, and the struggles of the newly enfranchised anti-psychiatry movement are juxtaposed with the activities and powerful interests of the medical and psychiatric establishments.

Horrific forms of forced "treatment" and imprisonment of "psychiatric patients" have existed for centuries. This book provides a map that we can use to understand and perhaps improve the system. Without doubt this is the most comprehensive exploration of issues related to mental health law, services and philosophy ever written in Canada. It does have minor flaws. The opening chapter on human rights legislation, which involves extremely complex legal concepts, may scare off the fainthearted, and may have been better placed elsewhere. Also, although the introductory remarks imply that the book is intended for the lay person, its depth and detail may make it too difficult for casual readers.

Nevertheless, *Mental Health Law in Canada* is a bold new addition to research and writing in an area long hidden from public scrutiny, and casts a bright light on difficult social issues.

Bravo!

Room of One's Own, a quarterly journal devoted to creative and critical writings by women, invites submissions for a special issue: "Working for a Living," to be published Summer 1988. Poetry, short fiction, graphics and reviews (query first for reviews) should be sent with SASE to "Working for a Living," *Room of One's Own*, P.O. Box 46160, Station G, Vancouver, B.C. V6R 4G5. Deadline: 30 November 1987.

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ENEMIES OF SCHIZOPHRENIA

* There is **no such thing** as schizophrenia.

*People who perpetrate the myth of schizophrenia don't help the supposed sufferers.

*Making it easier to put people away in the care of accredited professionals means making it easier to cause them permanent brain damage.

*We must create alternative places for people whose behaviour has become intolerable to those around them. Places staffed by people who have been through the mill themselves, and will not do the kind of damage professionals do.

Enemies of schizophrenia. With enemies like this, who needs friends?

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