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TIPS

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Once again, this is an issue covering a variety of topics, because too much such material has accumulated to allow emphasis on a single theme.

TIPS Subscriptions as Gifts

Have you ever thought of giving a TIPS subscription as a gift? Such a subscription could be given to friends, to people one thinks should become familiar with what TIPS covers even if they are not friends, and/or on special occasions such as Christmas/Hanukkah. In fact, to certain enemies, one might want to give TIPS as a form of torture. In that case, we are prepared to keep the donor's identity anonymous. Otherwise, we would be prepared to send a gift notice with the first issue of a subscription.

Human Service News

Good News

*Ben Anderson, mildly retarded, lived for 10 years at the Greene Valley institution for the retarded in Tennessee (where the TIPS editor once worked). There he exhibited aggressive, disruptive and tantrum-like behavior of great intensity and frequency. It proved resistant to various behavioral "intervention" programs for years, and only became somewhat manageable whenever he was put on psychotropic drugs. In 1984 he was transferred to a group home--and something happened that the personnel involved described as nothing less than a "metamorphosis." Within less than two months, a "new person" emerged, his previous maladaptive behaviors almost totally disappeared, and he became cooperative and self-directed. This new behavior pattern continued for the 9 months that elapsed prior to the story being published in the Voice of the Valley (Fall '85). This vignette once more underlines (a) how much more potent Social Role Valorization can be than human service technologies that are used in a "disembodied" fashion, i.e., without a meaningful context, or in the presence of overriding negative conditions; and (b) how often such technologies are used as inferior substitutes for what is really needed. (Source item from Wanda Bowers who used to work for the TIPS editor.)

*In recent years, since the social-darwinistic notions about Down Syndrome have declined, people have begun to hold higher expectations of children with the syndrome, and as a result, their average IQs have gradually increased. Once considered only "trainable," if that, many more are now considered "educable." We can assume that if intensive early education were provided in the proper context, this upward trend should still continue.

*The 11/86 issue of Down Syndrome News had a heartwarming article on five families who had twins with Down Syndrome, with pictures of each of the sets of twins. When one considers that children are so often aborted when parents even as much as suspect that they might have Down Syndrome, and when in pregnancies in which a mother is carrying both a child with and a child without Down Syndrome, it is now common to perform abortions of the one twin with Down Syndrome, we might contemplate what one of the parents said about her twins: *"There is never one moment that I regret having Kim and Karen. It is simply impossible not to love them, and that love and affection is multiplied a hundredfold. I do from time to time worry about what will happen to them when they get older or in the event that I would not be able to care for them."*

*Handicapped people lead much better lives in Sweden than in North America, so much so that in a recent study, handicapped and non-handicapped people rated their life experiences to be approximately the same (PLN, 9 & 10/86).

*A state regulatory commission in Nebraska has permitted a taxi cab company in Nebraska City to charge a 33% reduction on taxi fares to clients of the regional mental retardation service in the hope that this would encourage their employment in that they would more readily be able to get to and from their places of work, not to mention that it might also assist in integrating the clients in other ways in the community (Lincoln Star, 25/7/86; source item from Rachel Janney).

*The Supreme Court of Canada ruled in 10/86 that the decision to sterilize someone--at least for non-therapeutic, and thus contraceptive, purposes--cannot be made by anyone other than the affected person. In other words, authorization for such sterilization is not transferable to parents, guardians, institutions, and not even to the courts themselves. Specifically, the ruling stated that the principle of parens patriae does not extend to this kind of decision (Information Exchange Bulletin, 11/86).

*One of the reasons why there are so many homeless poor--not just those who have been dumped out of institutions, but merely low-income individuals and families--is because of the shortage of affordable housing. So often, what used to be poor neighborhoods are being "gentrified" for middle- and upper-income people, and therefore, poor people are left with either the streets or single room occupancy (SRO) hotels. In fact, the government may be willing to subsidize a poor family to live in a single hotel or motel room, which can be tremendously expensive--upwards of \$1000 a month--but not be willing to subsidize such a family in a much less expensive apartment, let alone one that rents for \$1000 a month.

In response, Innovative Housing, a non-profit corporation, has been formed in Marin County, CA (one of the wealthiest counties in the nation), devoted to providing housing for homeless people, including single-parent families (14/12/86 CBS Evening News). It enables poor and homeless people to find housing, often by sharing it. The agency has bought, and leases, houses and apartments in nice, middle-class neighborhoods, rather than poor and dangerous ones, and often thereby addresses not only the person's need for a home, but also their need for companionship and fellowship. The agency plans to build housing in 1987, as well as buy and lease it. This way, it will be able to design housing with special features for communal living, including extra-large kitchens and soundproof rooms.

The news also reported on two programs in the depressed industrialized areas in England where there is now very high unemployment, whereby unemployed and homeless people have been helped to rehabilitate housing, first for themselves, and then for others. In one instance, they have made a formerly rundown and abandoned housing complex livable, and are now occupying it at very low rents. In another project, the people have not only made sub-standard housing livable, but in doing so, have learned building and construction trades, and are now reportedly finding employment in making sub-standard housing livable for other people as well.

Unfortunately, the program also reported on a development in Santa Monica, CA, where a county psychiatrist "walks a beat" among the street people in that city, offering to talk with them, and telling them that help is available if they want it. While he certainly is to be commended for engaging himself with people whom the other human service agencies have washed their hands of, it is a little ludicrous to imagine that of all the many things such people need, what they get offered is "talking" and, most likely, drugs. (Source item from Susan Thomas)

*Many physicians believe that one of the best treatments of mental depression is physical exercise rather than drugs, and whatever it takes to improve physical fitness (Healthwise, 10/86). We suspect that they are right.

*In 1984, for the first time, more psychology PhDs were awarded to women than men.

*Here is a slightly edited version of a conversation between a Dutch author and a retarded person that we commend to our readers for their contemplation, adapted from a Dutch book entitled Portraits by L. Stilma, reviewed by Heshusius in the November 1986 issue of Exceptional Children.

A: "Do you know the latest top ten?"

B: "No, I don't." (A must be disappointed. What else is there to talk about? He clearly wants to entertain B this afternoon.)

A: "Shall we play a game of checkers?"

B: "I have to confess I don't know how." (A is amazed, and he thinks deeply.)

A: "Then shall we go swimming together? You can borrow a bathing suit from the house parent."

B: "I can't swim." (A displays pity now, instead of amazement. But all is not lost.)

A: "Then we will go walking for a couple of hours."

B: "An hour is all I can go, for I have a weak back." (A's disappointment, amazement, and pity now turn into deep compassion. Not to know the top ten... not able to play checkers...no swimming...no more than a short walk...)

A takes B's hand and says, "It doesn't matter really. Here, we are always kind to people like you!"

Later B says to himself: "And then I go walking with him, this child with Down Syndrome, together, one hour, through the woods, hand in hand."

We wager that most readers were very surprised to discover, in the last line, that the retarded person is the one who knew everything, wanted to do everything, and felt pity for his deprived non-retarded companion.

Bad News

*Within 5 pages of a single issue (10/10/84), Science carried three articles on genetic engineering. One noted that the US National Institute of Health had turned down a request to make permanent certain prohibitions against recombinant DNA germ line alterations. Another article reported that NIH was moving to re-define recombinant DNA technology so as to refer only to genetic modifications used with

foreign DNA, but not with rearrangements of the genes within an organism. Obviously, this would remove a great deal of such work from more stringent regulatory oversight. The third article reported that a 1986 international biological weapons convention in Geneva was "dominated" by concerns that new generations of deadly biological weapons would be developed by genetic engineering technologies. Nowhere was the connection between these developments noted, or the fact that once one legitimizes this type of work at all, then no matter what good may come of it, it will be used for great evil that can very easily totally overwhelm the good. In fact, it could end all or much of human life on earth.

*The US National Academy of Sciences, which is as high-level and prestigious a scientific body as there exists in the US, released a report entitled "Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing." Its reports are extremely influential, particularly in their impact on governmental actions and legislation. The report acknowledged that teen pregnancy was out of control, concluded that it was futile to promote chastity, and that all one could aspire to was to prevent pregnancies, and if that required abortion, then so be it. (All of this is precisely the same line taken by Planned Parenthood.) The panel which produced the report was chaired by a professor of medicine at Harvard. It appeared that despite its claim to objectivity and reliance on evidence, the panel has swallowed all of the stereotypical and prevalent popular notions. For instance, it downplayed the likelihood that abortions cause severe emotional problems to the women who have them. It also endorsed the recent policies that have excluded parents from a voice in their minor daughters' abortion decision, and even from being notified. It is very hard to see how that is a scientific issue at all.

*We have mentioned previously that salmonella has evolved towards very sturdy strains that are more and more difficult to combat. In Britain, the same thing has happened, and salmonella poisoning is now the cause of death of many devalued people. Even hospital kitchens are often unhygienic and sources of infection. In one British hospital, 19 elderly people died from salmonella poisoning in 1984. Oddly enough, such kitchens do not have to meet the same stringent regulations applied to other catering establishments (Source item from Chris Gathercole).

*It is little known that Canada relies on 5000 Caribbean migrant laborers to perform seasonal farm and stoop labor for which Canadians either have not the stamina or the motivation. The laborers began to be recruited in 1966 and are mostly young adult males. They work under conditions which have been described as "captivity," have very little contact with Canadians, and are outside all sorts of protective provisions. Should they develop medical conditions, get out of line, and also at the end of the season, they are promptly shipped home again (Globe & Mail, 2/10/86).

*Tens of thousands of citizens of the state of New York have their public assistance benefits suddenly terminated for reasons other than a change in their financial or eligibility status. Commonly, it has something to do with mail having gotten lost. This puts them into an emergency situation where they have to scramble for all sorts of other programs until the problem is solved and they are reinstated. This entire phenomenon has been given the name "churning," and it certainly keeps the post-primary production human service workers busy and employed while putting the poor very much through something analogous to a butter churner (Hunger Action; source item from Ann O'Connor).

*New York State set up a structure to examine possible changes in the state's administration of the SSI system, i.e., the federal pensions for handicapped people. The schema is called CRAPS, which stands for Committee to Review Alternative Payment Structures. What good can come of that? (Source item from Betty Pieper.)

*Asbestos, dioxin, bubonic plague and mental cases. There are all sorts of mighty efforts underfoot now to classify the work of various human service workers as "hazardous duty," and in some instances to get persons on such hazardous duty extra pay. For instance, in New York State, workers can qualify for hazardous duty designation if they work in "mainstream" settings containing "dangerous and assaultive clients," or in units classified as "special"--such as "autism units." One of the absurdities to contemplate here is just what dangerous and assaultive clients are doing in "mainstream" settings in the first place, particularly if they are known to be so dangerous that those who work there can be classified as being on hazardous duty. This practice attaches a devastating image to clients, particularly of course those who are not violent at all. As of 1/87, 10,000 NY state employees have been ruled eligible for extra "hazardous duty pay" averaging \$750 a year. Among those who qualify are any attendants who are in direct client contact with mental health admission units operated by the NY Department of Mental Health. In the Greater Syracuse area, 14 services run by the State Office of Mental Retardation have already been thusly classified, including some very ordinary and relatively small group homes. Surprisingly, so far, the only hazards are clients. In the future, work with toxic substances, infectious diseases or physical dangers may also be ruled hazardous (This Month in Mental Health, 11/86).

*More imperial pretentions unmasked. A 7-year study of the US Federal Bureau of Investigation (FBI) showed that 74% of its criminal history files were "inaccurate, incomplete, or ambiguous," and that as a result, millions of people have been turned down for jobs, in most cases apparently without knowing that their records were being scrutinized by potential employers, and that these records were defective (SHA, 19/10/86).

*Lies, lies, lies. Now that some women have decided to have babies later in life, scientists have come along (Science, 26/9/86) to "prove" that they need not worry about lowered fertility, and that contrary to previous research, the drop-off in ability to conceive after age 30 would be much less than had been reported earlier.

*At a cost of \$30,000, infertile couples can buy babies from "surrogate mothers" in Buffalo, NY.

*A young woman who was married to a sterile man pretended to be in love with another young man, and moved in with him. Once she got pregnant she returned to her husband. Her young lover initiated legal proceedings to assert his paternity with its attendant rights. However, when the child was born and appeared to have serious handicaps, he dropped his efforts to claim the child as his own.

*Traditionally, child placement agencies have at least in theory aspired to place foster and adoptive children with families that have some concordance with the child's identifying characteristics, including religious faith. US federal law, probably in the name of equality, now requires that children be placed by foster care agencies without regard to religion, which then is really a way of undermining the child's religion and a failure to capitalize on an important bond. Furthermore, this law requires that foster children be given "meaningful access" to family planning information, services and counselling--a requirement that conceals incredible problems (NCR, 12/12/86).

*Apparently, the New Hampshire Department of Social Services has decided to formally institutionalize the endless shuffling about of foster children, because in 1986, it launched a new policy of issuing duffle bags in any of 3 colors to children when first placed into a foster home. The department announced that "this new service...is just one small way the department is reaching out to foster children to help make their transition into care that much less stressful." (Source item from Carl Cignoni via Guy Caruso)

*In civil war-riven Angola, about 20,000 civilians have lost limbs to land mines planted by rebels among crops and roadways. In some villages, 100 people may lack an arm or a leg (Time, 29/9/86).

*In about 60% of research studies on Down Syndrome, the sex of the subjects is not reported at all. This suggests that even researchers specializing on this condition still hold unconsciously to the idea that people with Down Syndrome are "all alike," and possibly are not even part of the human race (APA Monitor, 11/86).

*Another interesting detoxification of atrocities committed by human service workers against clients is that if the workers belong to a union, then once the abuse gets investigated, it may be defined by the union as a "labor dispute" rather than a crime, and may end up in labor arbitration rather than in the courts of society.

*Unfortunately, a drug has been developed that is closely related to Valium and the minor tranquilizer Librium which, when taken by a person who is imbibing alcohol, will prevent some of the psychologically debilitating symptoms of intoxication, but does not prevent the concomitant assault of alcohol on all sorts of body organs and processes. Thus, the person could be profoundly intoxicated from drinking while still being able to function relatively normally. One can easily see what disaster it would be if this drug were made available. People could now drink themselves to death without getting drunk, and without having to worry about impairment in their driving. Further, rather than reducing alcohol intake, it would probably lead to an increase. Some drug firms have shied away from producing this drug commercially, but others cannot be expected to have any scruples (Science, 5/12/86).

*According to a major study in Time (1/12/86), there is an ever-increasing population of Negro young men (perhaps as many as 50% in some cities) who do not find their way into the mainstream of the culture, and whose life is one of anomie, violence, crime and drugs. Many come from broken families, but at any rate they are rarely capable of constituting an enduring family, but instead go about fathering children without commitments. They do poorly in school, usually drop out, and have very few employment prospects. Even jobs that they might be able to fill they often disdain from a misplaced sense of pride, which puzzles their own elders. Also, unlike formerly, their models are no longer peers who have made it into the middle class, but kingpins from the world of drug-pushing and crime. Also, the economy has rendered their labor superfluous. For women from the same subculture, this means that there are very few marriageable males around, condemning them either to promiscuity, celibacy, or motherhood (often multiple motherhood) without a man around. Unfortunately, the article told about a Chicago foundation that provides counseling for such youths, as if that would address their problem. A spokesperson admitted that this functions merely as a pressure valve, meaning that on behalf of the empire, this may achieve a reduction in violence while really not doing anything otherwise constructive for their clients.

*According to a Canadian government survey, 12.8% of the adult Canadian population reports some level of physical and mental impairment (Information Exchange Bulletin, 9/86).

*Contemplating studies that indicate that prisoners emerge from the correctional system trained in crime, that substantial proportion of people in hospitals get hurt there, and that children in big city schools fall further behind in expected achievement level every year, McKnight (1985) said that we have set up crime-making correction systems, sickness-making health systems, and stupid-making school systems.

McKnight (1985) also believes that in communalities, knowledge transmission heavily leans on the medium of "story-telling." In contrast, imperial structures rely on formal studies or "reports." All of this may also help us understand why imperial structures try to force counting on communities, while communities tend to resist "the foreign language of studies and reports because it is a tongue that ignores their own capacities and insights. Whenever communities come to believe that their common knowledge is illegitimate, they lose their power and professionals and systems rapidly invade their social place" (McKnight, 1985).

*Chlamydia, on which we reported several years ago, and which then many readers had never heard of, has rapidly become the most runaway sexually transmitted disease of all, at least in terms of numbers of people affected. So far at least, it impacts primarily on women. There are hardly any initial symptoms, but in time, intractable infectious disorders of the reproductive system develop. While early treatment is relatively simple, the condition later is very resistive to treatment and can result in sterility or all sorts of reproductive problems.

*It is estimated that between 13 and 18 million people die from starvation-related deaths every year in the world.

*There are a lot of things we disapprove of. Here are a few recent ones that have come to our attention.

In Holyoke, MA, a church building has been instituted specifically to serve as an ecumenical worship center for handicapped people (NAMRP, 11/86). This will draw handicapped people away from their other churches so that they can meet with each other. This almost makes a person's handicap more central than the person's membership in a denomination or even congregation.

We disapprove of the new euphemism "challenge" for handicap. Similarly, we do not approve the name of the set of doll figures "for challenged kids" recently put on the market by the Mattel company in CA.

We do not approve of a new proposed symbol of access of settings to the handicapped, a raised fist (Disability Rag, 11 & 12/86). Among some handicapped people and their advocates, there is a truly stupid segment that believes that they are going to get somewhere by taking an aggressively confrontational, adversarial, and outright hateful approach. All this can accomplish is that it might be cathartic, but it is bound to elicit yet further rejection and hatred from the public. (Source item from Mark Johnson)

We draw attention to how ridiculous the word "intervention" usually is when used as a euphemism for some kind of a human service. In fact, in some quarters, the word intervention has virtually replaced the term human service. At Syracuse University, there is even a course taught called "Intervention Research," which deals with approaches in counseling, psychotherapy, special education, etc.

Residential News--Mostly Bad

*The more one learns about the history of the Woodlands institution for the mentally retarded in British Columbia, the sadder it gets (Canada's Mental Health, 1980, 28(3), 21-22). Over its 100 year history, 1800 of its residents died, and for some reason or other, up till 1958, were not buried near their families but in an adjacent institutional cemetery. During the 1970s, a nursing home, the Queens Park Hospital, was constructed next door, and its officials felt that the adjacency of a cemetery was "inappropriate." In 1977, they managed to have the provincial government decommission the cemetery. The grave stones were removed, the land was converted to a park, and the only reminder of the dead buried beneath was a memorial plaque. In 1985, a child playing in the yard of her family home not far away turned over one of the slabs of the front yard pathway of the home, and discovered that it was a tombstone. It turned out that all 100 of the pathway slabs were tombstones from the

Woodlands cemetery. An investigation revealed that another local nursing home administrator had acquired the Woodlands cemetery headstones and made them into the pathway of that home which he owned at the time. Said he, "As far as I was concerned, they were just slabs of cement." Interestingly, a senior administrator of Woodlands said that the story should not have been made public because it might do emotional damage to the parents of the people who have been buried in the cemetery. The multiple meanings of this story, all of them negative, are absolutely staggering. (Source item from Judy Snow)

*The Ontario Minister of Community and Social Services has admitted that the province's institutions for the retarded have relied excessively on mechanical and chemical restraints, and on physical punishment with gadgets such as electric cattle prods. However, he was not prepared to forbid such cattle prods altogether. They had been used as part of behavior modification programs endorsed not only by psychologists but also by leading psychiatrists and social workers. The minister gave himself a shock with one of these prods and concluded that they were too painful, and said that he would ask the Ontario Research Foundation (!) to develop a new type of less painful prod. It is remarkable to consider that the ministry said that it had surveyed behavior modification programs across North America and found none using "more sophisticated equipment" than Ontario (Globe & Mail, 4/9/86; source item from Fred Harshman).

*We are informed that the small Caribbean island nation of St. Lucia is using an old fort (that still has cannon on it) as a psychiatric institution. Also, a punishment meted out to nurses in general hospitals for some sort of misconduct is to assign them for one month of work in this mental institution.

*According to the APA Monitor (12/86), there is a new policy of the MA Department of Mental Health that says that retarded people in its facilities may have sex with each other in private if there is no abuse and no violation of rights, and as long as the two participants are of "equal cognitive ability." In other words, it sounds to us like two people with IQs of about 20 may have sex with each other even though they may have very little discretion about anything in life, but two persons with IQs of 20 and 40 respectively may not because they are not equal enough. The policy is staggering in its stupidity, decadence and cowardice.

*There are reports that at least one of the shelters run by the DC Coalition For the Homeless employs people with criminal records who beat up on the homeless guests of the shelter. The shelter had been established as an alternative to another one that supposedly was poorly run. (Clipping from Marilee Fosbre)

*HMS Homeless? Governmental authorities in England have come up with a new plan on where and how to accommodate homeless people, namely to buy a ship, moor it in a London harbor, and put the people on it. There was much criticism of this plan, some of it satirical, such as referring to the plan as the "HMS Homeless." It was also pointed out that this plan would permit the establishment of an overcrowded floating slum which would not violate any housing regulations because there are none such for ships, and that this plan would create a new class of boat people. Of course, British shipping firms are very interested in this because so much of their floating stock is idle. (Source items from Kristjana Kristiansen)

Bad Crazes & Craze Syndrome News

*Anything that scientists announce pertaining to what happens at the time to be a "craze syndrome" must be taken with several grains of salt. This includes the announcement (Science Digest, 9/86) that a protein has been discovered in the brains of people with "Alzheimer's Disease" that is not found in the brains of other people.

*Gunnar Dybwad recently noticed that before everybody jumps on the "elderly retarded" bandwagon, why not do some of the things desperately needed for adult retarded persons? Dybwad also made fun of the "Alzheimerization" of the retarded, and questions rhetorically why retarded people should be let out of institutions if they will merely turn around and "get Alzheimer's."

*We are warning our readers that yet another "syndrome" may receive craze attention, and that is Rett Syndrome. The syndrome appears only in females, causes mental impairment in them, and is claimed by some "experts" to possibly be the single most common cause of mental handicap in girls, and that a large proportion of girls diagnosed as autistic may have Rett Syndrome. Even though they have no evidence for it, they are implying that this syndrome is the result of a dominant mutation on the X chromosome that is lethal in males. Supposedly, the children are normal for the first 6-18 months and then deteriorate rapidly. Unfortunately, virtually any symptom of degeneration and any number of other impairments, including epilepsy, constipation, poor circulation, and teeth grinding, have been interpreted as being part of the syndrome. This means that since one cannot diagnose the condition through genetic studies, any young female having any abnormal symptoms may conceivably be said to have Rett Syndrome. Already there is a Canadian Rett Syndrome Association with headquarters in Toronto (Information Exchange Bulletin, 9/86).

*Decades ago, serious efforts were underfoot to base psychiatric diagnoses on theories as to the underlying psychopathologies that gave rise to them. For instance, even in the early 1900s, Bleuler had very sophisticated theories as to what schizophrenia was, and how it manifested itself in primary and secondary symptoms, and that one should not mistake the symptoms for the more underlying disorder. It is remarkable to note how psychiatry has regressed from this approach and increasingly is listing as psychiatric disorders isolated symptomatology as if they were disorder entities. Thus, the 60 disorders recognized by the APA in 1952 have grown to 230, with more being clamoured for. For instance, there is such a thing as "restless legs disorder" (coded 780.52) which means that while one is sleeping, one's legs sometimes jerk. If one is poor at arithmetic, one has 315.10 arithmetic disorder--at least that is what is currently being proposed for the revision of the American Psychiatric Association's Diagnostic and Statistical Manual which is faithfully used by all of American shrinkdom. All this gives lay folk even more fuel for ridiculing the shrink empire. (E.g., Newsweek, 13/10/86.)

*Somebody has dubbed the recent craze about having one's urine tested for drugs the "jar wars." It is very popular among candidates for public office to challenge each other to "step outside" and "take the test" right then. It's a bit remindful of a favorite contest of little boys: seeing who can pee the farthest.

Drugs--Mostly Bad News

*There is something not quite right about using terms such as "substance abuse" or even "chemical substance abuse." First of all, everything is a substance or a chemical, and substance or chemical abuse might just as lief refer to having sexual relations with an automobile or a tree. The reason these euphemisms have arisen is probably because people have managed to seek intoxication from so many things ranging from glue to prescription drugs to street drugs. We propose that a new term be used that cuts through all this nonsense and names things for what they are, and we believe that the term "dope abuse," or "dope addicted," or "dope-hooked," though a little declass e, has just the right culturally normative meaning.

*Drugs other than alcohol also contribute heavily to traffic accidents. During 1985, about 50 million Valium prescriptions were written. It is now believed that Valium may contribute to a significant proportion of automobile accidents. Blood tests showed that 10% of accident victims in TX, and 20% in Oslo, Norway, had been on Valium. As with drunken drivers, people on valium do not recognize the impairment in their functioning. Unfortunately, alcohol-detecting tests administered on the scene of an accident or shortly thereafter do not identify Valium and other drugs. By the way, the response of the imperial powers to these new insights is to accelerate efforts to develop tranquilizers that have no sedative effects, rather than to get people to cease relying on these drugs (Science Digest, 9/86).

*During 1976-1977, there were more emergency treatments for Valium than for any other drug (54,400). In contrast, heroin/morphine emergencies were in 4th place with 17,000. The number of emergency admissions for drugs that are supposed to calm people down was rather remarkable, numbering 9,300 for Librium and 6,100 for Thorazine.

*Western drug firms have launched a huge advertising effort at the Third World, in order to sell them largely ineffective or low-effective drugs, which is very evil considering what these nations need. For instance, more money is spent in the Philippines on Vick's Vaporub than on any number of life-saving medicines. About 70% of the drugs sold in the Third World are useless or even worse. E.g., in Kenya, where diarrhea is the leading cause of infant mortality, a drug is widely advertised against diarrhea even though it lacks effectiveness. At stake is something like a staggering \$100 billion a year.

*It is believed that the majority of drug abuse takes place not with street drugs but with prescription drugs (SHJ, 9/12/85).

*They got the crooks but not the hoods. Human service agencies by the thousands administer excessive doses of psychoactive drugs which result in the premature deaths of perhaps as many as 100,000 people per year. All this is legal, and indeed, the public spends vast sums supporting this drug habit of human service workers whom a friend of the TIPS editor who had spent most of his life in institutions called "hoods."

In 1982, a non-profit agency called Concern for the Handicapped was established in NJ. A bunch of crooks infiltrated the organization and (a) persuaded it to establish chapters across the state, (b) soon outnumbered the original members of the organization, and (c) took it over. The organization solicited money for handicapped people through canisters and newspaper advertisements and the crooks used it as a front for a \$150,000 a week drug ring. In turn, the organization provided some very minimal transportation for handicapped people and organized some discussion groups. The crooks got nailed, 39 being arrested in 8 counties of the state--but the hoods or idiots who make a living by spreading death and oppression by means of legitimate psychoactive prescription drugs are still free and thriving.

*A documentation of a number of reports of deaths due to over-medication by psychoactive drugs was carried in the January 1981 issue of Institutions, Etc. (1981, 4(1), 6-7). Between 1973 and 1976, an astonishing total of 1285 residents of state-run residential facilities died in CA alone, and questionable drug administrations were implicated in at least 120 of these. Choking deaths, especially of elderly residents, as a result of drug action were reported from a number of TX institutions.

One interesting claim is that some psychoactive drugs precipitate seizures, which in turn results in the administration of anti-epileptic drugs on top of the original psychotropic ones.

There are also reports that the onset of tardive dyskinesia often goes unrecorded in a person's medical record, which contributes to failure to take defensive action. Yet between 1957 and 1974, tardive dyskinesia had been reported in more than 100 publications based on observations from at least 2000 cases.

*A medical researcher claimed that an arthritis drug promoted world-wide by the Swiss drug company, Ciba-Geigy, not only caused 10,000 deaths but was probably less effective than aspirin. He claimed that both the US Federal Drug Administration and the drug company were aware of the problem but suppressed the evidence (UPI, in SHJ, 29/12/83).

*The human organs most likely to be involved in the detoxification of psychoactive drugs are the kidneys and the liver. Thus, people placed on heavy and/or sustained doses of such drugs are highly at risk of dying of renal and liver failure.

*Christopher Dugan was placed into the "special treatment unit" of a downstate NY psychiatric center where he reportedly attacked a therapy aide. A psychologist who had recently been trained in restraints, and in turn was training other personnel in it, threw a bed sheet over Dugan's head, and then up to eight staff persons wrestled with him to "take him down." Though already on high dosages of neuroleptic medications, he was given a shot of Haldol which appeared ineffective, and then another shot of sodium amytal which was the maximum recommended dose, whereupon "he appeared quieter" and was placed in a camisole. "Shortly thereafter it was noted that he was lifeless." The official cause of death was, believe it or not, "paranoid schizophrenia, agitation, cardiac arrest occurring while in restraints." Even though to us, this is an ancient story the like of which we have many examples, and have reported some of these in TIPS, an official investigation by the state's Quality of Care Commission essentially exonerated the human service and merely conceded that the "medications might have contributed" to the death (Quality of Care, 3-4/85).

Two studies investigated restraint and seclusion deaths in NY State psychiatric centers between 1979-1982. It is provocative to consider that it was found that one most frequent cause of death associated under such conditions followed a client's assault on a staff member. Agitation by itself, or assault on another patient, was much less likely to result in something or other which in turn resulted in, or was correlated with, the client's death (Quality of Care, 3-4/85).

*The anti-depressant drug Meritol has been used by about 14 million persons world-wide (in 80 countries) since 1976. When it became available in the US in 7/85, 100,000 prescriptions of it were written in short order, and yet it was jerked off the market within a year because of its "side effects," which also killed some people. The drug was finally taken off the market in the other countries in early 1986. The drug is made by the same French firm that has been developing the abortifacient RU486 (CAC Newsletter, 28/2/86; source item from John Morris)

*I used to have the DTs, then they treated me for it, and now I have TD. According to Brown and Funk (J. Health & Soc. Psych., 1986), the single biggest iatrogenic disorder (i.e., caused by medical efforts) of our day turned out to be tardive dyskinesia (TD). Latest figures are that 25% of the patients on neuroleptic drugs have or get TD, but this figure may further increase if prescribing practices do not change drastically. TD may appear within mere weeks after a drug is taken, but one particularly tragic phenomenon is that the symptoms often do not become evident until medication is withdrawn, at which point the choice is between continuing to take the drug and being assured of a vicious case of TD later, or quit the drug and get a lesser case now. One of the major culprits is Thorazine. Within only 8 months of its appearance in the US, the drug had already been given to about 2 million patients. Early reports of TD were received with considerable skepticism and criticism by psychiatry, and at best interpreted as rare occurrences, though by 1968, it was recognized at least in certain reality-oriented quarters of psychiatry as the single most pervasive side effect of anti-psychotic medication. Yet in the mainstream of

psychiatry, denial has continued even until now, accounting not only for the belated professional response, but for the pervasiveness of the condition. One psychiatric mythology that prevailed for a long time was that the symptoms of TD were merely part of the craziness of the person at issue. One study noted that absolutely nothing had had an effect on the prescribing of neuroleptic drugs, "neither scientific articles, presentations at professional meetings, dire warnings in the Physicians' Desk Reference, or published guidelines." In 1977, one authority on psychoactive drugs who was one of the earliest warning voices about the seriousness of TD, reported that he found that the average daily dosage of neuroleptic drugs prescribed in a well-known psychiatric institution actually increased after he had given a lecture on the issue, and had met with the physicians to impress upon them the urgency of reducing medications.

In instances where TD appeared, the physicians on the scene often failed to record the observations, denied the existence or prevalence of the syndrome, and even disciplined staff members who persisted in recording the symptoms on clients' charts. An institution in one litigation reported that none of its clients had TD, while an independent court-ordered review found that up to 40% of them did.

Brown and Funk (1986) concluded that one reason why the condition was not acknowledged earlier was that the research studies addressed to it systematically chose data and methods that minimized the problem. Even today, physicians are more apt to tell patients that they might experience a dry mouth than that they might get TD for life.

Rather symbolically, the phenothiazines of which chlorpromazine (Thorazine) and other drugs were constituted had earlier been used as an insecticide--much like the prussic acid gas used by the Germans in their gas chambers in institutions and concentrations camps had first been used as a pesticide.

*Even when haloperidol was given to "autistic" children in doses low enough not to cause sedation, 20% of the children nevertheless developed "abnormal involuntary movements" if the drug was given over a prolonged period (AJMD, 5/86).

*Even some of the personnel in a state psychiatric unit for children in Syracuse, NY thought that the children were routinely put on drugs because of a staff shortage. An investigation discovered that the unit was top-heavy so that there was not enough hands-on personnel for the children, but it rejected the charge in regard to drugging with the unintendedly hilarious argument that the "medication practices" were "completely and unequivocally within generally accepted medical practices." In other words, everybody else dopes up little children, and therefore it is okay here too (SHJ, 21/10/86).

*A 1986 book published by Grune and Stratton is entitled Ethics in Mental Health Practice. Amazingly, none of its chapters are devoted to the ethical problem of excessive use of a psychoactive drug.

*In some locales, and apparently in Finland routinely, drugs are administered to mentally retarded women in order to regularize their menstrual cycles, virtually exclusively for the sake of management convenience. Further, the drugs are sometimes administered to teenagers as young as 15 years of age (Mólsa, 1986).

*Rapid progress has been made on "drug implantation," whereby slow long-term release devices would be implanted in a person's body that might release a drug over a period of one or more years. Drugs now ready for such implantation, or likely to be ready soon, include abortifacients, contraceptives, tranquilizers, drugs that achieve a "chemical castration" of males and that are already used with some sex offenders, insulin, anti-cancer drugs, and substances which turn the person against

addicting drugs. Questions are now arising such as the following: will there not be a natural tendency to try to implant such drugs into societally devalued people, competency impaired ones, and captive populations, and will there not be at least a covert form of coercion in many such instances, if not an out-and-out explicit one? (Philadelphia Inquirer, 28/5/86; source item from David Schwartz)

*In CA, a physician operating a detoxification center for people addicted to drugs was charged with 11 counts of manslaughter for over-prescribing drugs to his patients (AP, in SHJ, 30/4/83).

*Unintentionally, the Garfield cartoon of 22/6/86 provided a splendid spoof on the ridiculous claim of the shrink world that a lot of people with mental problems suffer from a tranquilizer deficiency, much as someone might suffer from an iron deficiency. Garfield the cat had a terrible unsatisfiable urging, and eventually concluded that the mailman content of his blood was getting low, and remedied the deficiency by biting a mailman.

Mixed News

*How lavish hospitality can backfire, because "real street people don't eat quiche." In a number of our training events, where we cover the common wounding experiences that characterize the lives of societally devalued people, we explain that the vast majority of such persons are impoverished in the world of their experience: they have only been exposed to the narrowest slice of life, and especially not life in valued society. One somewhat unexpected result of this impoverishment we discovered recently is that a number of people thusly wounded prefer the devil they know, so to speak, to having their experiential world broadened. For instance, a service that offers meal hospitality to people of the streets has on occasion served meals consisting of somewhat ethnic or exotic foods, or made with health-food-type ingredients. There has been almost uniform disdain of these dishes by the guests, who prefer such "standard" fare as meat and potatoes, hot dogs and beans, and lots of bread. One poor man of the street culture even told us that he didn't like real mashed potatoes or real eggs, but preferred the artificial kind-- "you know," he said, "the kind they serve you in mental hospitals and jails." Still, one doesn't want to blame the victim, and justify serving poor devalued people out on the streets the same lowly fare they became accustomed to in institutions and jails.

*There are now a number of localities or small regions in the US which no longer have any retarded citizens in state institutions (source information from Michael Hogan). However, nation-wide, more people with mental handicaps now live in nursing homes than lived in state institutions at their peak, about 30 years ago.

*Residents of small "Intermediate Care Facilities for the Mentally Retarded" (a sort of federal quasi-nursing home funding category) are expected to be able to evacuate the facility on their own, while the same requirement is not imposed on larger ones. The federal Health Care Financing Administration has been enforcing transfer of residents from smaller to larger facilities because of this issue. However, one is amazed to learn that people who are able to evacuate a facility are failed if they use canes or crutches, because they are then designated as "non-ambulatory." Some smaller facilities have actually stood up against government and refused to send residents back to large institutions, and some of these have in consequence been penalized by decertification, and their Medicaid funding has been terminated (LINK, 8/85; source item furnished by John Morris).

*Regulations in NY State require that handicapped residents of community residences be able to exit in 2.5 minutes with minimal verbal or physical prompts. A 1984 study found that a 30-year old blind profoundly retarded person could be trained in 2.5 hours to exit from his dwelling under fire alarm conditions in 28.5 seconds! Contrast this with the following: Syracuse University issued a 4+ page bureaucratic set of guidelines on how to get handicapped people out of university buildings under emergency and other situations. Interspersed in these instructions were 10 telephone number of parties to call under various types of conditions.

*On 14/12/86, CBS presented a film, "Promise," about a man who had promised his dying mother to take care of his mentally disturbed brother. This proving to be very difficult, the film ended with the handicapped brother being put in an institution. Many people found the film not particularly helpful to the cause of handicapped people. The very next morning, the TV program "Good Morning America" presented a true story about a farmer who found a disturbed youngster in his chicken coop, took him in, and enabled him to lead a normal life. Thus, reality proved more instructive than fiction.

*The National Alliance for the Mentally Ill, a relatively new voluntary association of friends and family members of mentally disordered people, is experiencing rapid growth and, after many decades of absence of a meaningful citizen movement in that domain, it may very well become a vital (counter) force. The association has been experiencing explosive growth, and stood at approximately 32,000 family memberships by Summer 86, while still continuing to grow. Unfortunately, there are also danger signals on the horizon already. The organization may be putting excess hopes on medical research, and may focus its efforts excessively in that direction. For instance, one appeal in one of its recent newsletters implied that if only more people donated their brains to science, the problem of mental disorder might be solved. Also, members may begin to disproportionately pursue plans for safeguarding the future of their mentally incompetent friends and relatives--something many organizations have done before them and are continuing to do, with many mistakes and very few success stories. Also, the 1986 national convention was dominated by addresses by professionals, and the organization itself received the Nathan S. Kline medal, even though Kline had been one of the biggest promoters of deathmaking through psychoactive drugs. (Source item from Debi Reidy.)

*Family Friends is a new program somewhat similar to Foster Grandparents, except that it is focused on supporting families who have a retarded child at home. As in the Foster Grandparent program, the elderly friends receive a payment, which is unfortunate in that they are, on the one hand, interpreted as being volunteers, while on the other hand, we do not expect friends to be paid to be friends (GOARC Gazette, No. 8 & 9, 1986).

*A Toronto-based group reviewed more than 120 studies from four countries, and concluded that school-based sex education programs have very little impact upon the sex behavior of the students. They conclude that perhaps a greater effect would be had by educating parents instead (8/86).

*Hundreds of people were unknowingly subjected to radiation as part of experiments of various US governmental agencies during a 30-year period between the 1940s and the 1970s. A congressional subcommittee called these experiments "the kind of demented human experiments conducted by the Nazis." (AP, in SHJ, 25/10/86)

*Personal attributes or skills particularly likely to enhance the social image of a handicapped person may include physical attractiveness, good social skills, and the image of being an athlete (APA Monitor, 8/86, p. 24). This makes it doubly-sad that the Special Olympics so relentlessly image-degrades the "realness" of the athleticism of the event.

*The National Down Syndrome Society has been lobbying the US postal service to honor people with Down Syndrome with a commemorative stamp. Unfortunately, the design which they promoted is a picture drawn by a person with Down Syndrome that projects an extremely infantile image, revolving around patriotic themes that look like they were drawn by a child roughly in the first grade (GOARC Gazette, No. 6, 1986).

*No job area has been growing faster, percentage-wise as well as numberwise between 1982-85, than computer jobs of various types, from service technicians to analysts. Closely behind them were legal assistants, which of course bodes ill. Third behind them were physical therapy assistants. If we ignore a few occupations which suffered great percentage declines but only very small numerical declines, the biggest declines were among farm laborers and "private household workers," which probably means mostly maids. Surprisingly, college and university faculty have also experienced dramatic numerical declines. We should note that the explosive growth of phony human afflictions almost always involves conditions in which the mind plays a role, such as Alzheimer's Disease, learning disability, gambling compulsion, depression, and even such things as inability to hold a job. In contrast, it is much more difficult to create fake physical abnormalities. One would be laughed away if one tried to define somebody with four limbs as an amputee, or someone with slight shortsightedness as blind. Accordingly, we consider it much less perverse when we see the growth in the number of physical therapists than we see the growth of psychotherapists, or even social workers, case managers and psychologists.

*We were very much impressed seeing the title of an article in Rehabilitation Literature (Summer 86): "The Liberation of Disabled Persons in a Technological Society." This title seemed to promise much, particularly since one rarely sees the term "liberation" in connection with human services. But we were taken aback to read the subsequent subtitle: "Access to Computer Technology." Thus, once more, technology is seen as liberator of devalued and depressed people.

*There is a new book out entitled The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions. It has been widely publicized, and on seeing the title, one would think that it would deal with the abuses which the shrink world is inflicting on its clients, particularly through prescription psychoactive drugs. However, this is not so. Instead the book documents the participation of the medical profession in governmental torture in a number of countries in South America and elsewhere, and about half of the book is devoted to the participation of psychiatry in the interpretation of political dissidence in Russia as insanity, and the psychiatric imprisonment of such dissidents. It is probably always easier to look at abuses abroad rather than at home, much like Northerners for so very long decried racial discrimination in the South without perceiving such discrimination in the North.

*It is time to introduce the concept of "human service snake oil" to refer to some of the outrageous, deceptive, preposterous and exaggeratedly interpreted practices which are virtually normative in human services today.

*Ed Goldman sent us a clipping from the wedding announcements page of a CT newspaper which showed a picture of a bridal couple in wheelchairs getting married, announcing among all sorts of other culturally normative details that after returning from their honeymoon at a nearby hotel, the couple were residing at the "New Britain Memorial Hospital." To which Goldman remarked: "Ain't coming home grand?"

*We are told that the Fernald institution for the mentally retarded near Boston had 2300 staff members not long ago when it had 800 residents.

*Links (11/86) published an article with a headline that took us a long time to figure out. It said, "NAPRFMR Testimony Opposes Virginia Proposal to Approve Capital Punishment in MH/MR Homes." After reading the headline, and then the article, intently, prolongedly and repeatedly, we finally realized that it was about "corporal" rather than "capital punishment," but we cannot help wonder how such an unconscious slip could have occurred. This article was drawn to our attention by Griff Hogan who also let it be known that "no noose is good news" (11/86).

*Evans (1983) tells the story of a retarded man who said he felt terrible about being called "retard" "merely because he was nearsighted."

Neutral News

*In late 86, we saw an ad of the McLean Hospital in MA that "researchers working on schizophrenia and manic depression are in urgent need of brain tissue." (Source item from Debi Reidy)

*In TI workshops, we sometimes use the phrase "purple people" in order to symbolize some of the outlandish special-interests or purportedly discriminated groups that one sometimes hears about. Sometimes, we also use the term in order to refer to a hypothetical devalued group, when we do not want to use a specific known example. Imagine our surprise when at one of our recent workshops, one participant's name actually was Purple, so that there were real Purple people at the event.

*According to our Japanese acquaintances, the archaic Japanese ideogram for a retarded person, perhaps more equivalent to our old term "idiot," is a combination of the signs for "white" and "knowledge," i.e., something equivalent to the concept of "blank slate" or "empty mind."

*A writer (Fishbein) in 1932 listed the most likely names of prostitutes to be: Eva May, Emmie Lou, Frances Jeune, Helen Janice, Kathryn Ann, Beatrix, Elza, Cecile, Cecille, Ethyle Clair, Sadye, Ada Dolores, Estelle, Mae, Gladys, Gloria, Hazelle, Helyn, Hannelte, Myrtle, Jean Jonnie, Georgette, Arline, Kathlyn, Adoline, Marjorine, and Neoma.

*The Life & Death of Cavanaughism or Rude Awakening

I once had an idea
A scheme and a plan
That would cure all the oppressed
Who live in the land

I called for a meeting with myself
I even invited Me the Oppressed
Myself came in numbers
Me came himself

I was halfway through speaking
Myself was under I's spell
Me interrupted
Not dissent I pray tell

Me pointed out
The untruth of the plan
But I kept on speaking
Myself slipped from I's hand

Me left the meeting
Myself followed out the door
I could not believe it
I tried to say more

I crumbled the papers
I threw the plan to the floor
I joined Me the Oppressed
Myself and Truth out the door

Bill Cavanaugh, August 31, 1986

The above writer, who had been much beset by human services, penned this poem at our 8/86 5-day workshop in MA on "How to Function With Moral Coherency in a Disfunctional Service World."

AIDS

*A 6/86 conference convened by the US Public Health Service estimated that between 1986-1991, there will be 235,000 new US AIDS cases, counting only the people who now are already infected with the virus, and the number of deaths from AIDS is predicted to be about 54,000 in 1991. How many additional infections might actually take place during this period was not addressed, but some authorities believe it may be as many as 1.5 million. At this point, it is estimated that 20-30% of those infected will come down with the full-fledged syndrome. The number of children with AIDS is predicted to increase 10-fold. The projected medical costs of all this are said to be staggering, with unpredictable consequences to the health care system overall, as well as public attitudes. Most people have gotten the idea that one of the high-risk behaviors is sex with multiple partners, but it is now clear that the risk is also high for having sex with a partner who has had multiple partners (Science, 2/7/86).

*Even the most severe forecasts about the impact of AIDS still imply that AIDS will be defeated within 5-10 years (Newsweek, 2/4/86). One hardly ever hears it mentioned that AIDS may never be defeated. In fact, Newsweek has stated outright "that most Americans...are betting on a scientific breakthrough to deliver America from the epidemic." This attitude reflects the idolatrous modernistic assumptions of our age that science and technology can gain the upper hand on any problem.

*Just how likely it is that an AIDS vaccine will be discovered is controversial. Some people who are gung-ho about the capacities of medical science think that it is right around the corner, while others who are very impressed by the slippery nature of AIDS are much less sanguine (if you pardon the pun.) Be that as it may, it has now come into the open that even if an AIDS vaccine could be produced, no commercial firms may want to produce it because they consider it a near-certainty that someone will sue them for zillions of dollars, and bankrupt them (Science, 5/9/86).

*The AIDS virus mutates so rapidly that virus isolates from a single patient were found to have undergone many changes when the persons were repeatedly tested. What seems particularly frightening is that even after undergoing this process of evolution, the different stages of a virus of a particular person were still more similar to each other than to the AIDS viruses of another person. This means that human beings can be infected by an incredibly wide range of AIDS viruses. This rate of change is more than a million times greater than that for other DNA genomes. It also means that people who have been infected are extremely heterogeneous in regard to the virus they carry. On account of these things, AIDS may prove something like a moving target, with treatment very elusive.

*How AIDS affects the brain is becoming increasingly clear. The virus directly infects the brain, so that 60% of adults with the condition eventually develop dementia, and apparently an even greater proportion of children develop neurological problems. In children, abnormal mineral deposits develop in certain blood vessels of the brain, resulting in calcification. Also, there often is brain atrophy. In some, development at first proceeds normally and then slows down progressively, and may even end in regression. Some children who started out with normal intelligence but developed AIDS because they suffer from hemophilia and received tainted blood can go downhill mentally very quickly. One reason why not 100% of children show mental impairments is that they may die from other impacts of AIDS before their mind is devastated. What is not yet clear is whether the brain damage in the children is due to the AIDS virus itself, other kinds of infections, or metabolic or hormonal disturbances. Even in adults, brain atrophy as a result of AIDS can progress at a remarkable speed. Very gross atrophy can take place, and be detected on a CAT scan, within 6 months (Science, 6/6/86).

*Bad news for monkeys. Scientists have found a way to induce, or at least approximate, AIDS in monkeys. This is good news for AIDS sufferers, but certainly not good news for monkeys who may now be subjected in large numbers to AIDS in order to permit people to lead promiscuous lives. How unnecessary a condition such as AIDS is has been made dramatically clear in the dramatic cutback in promiscuity among homosexual males.

*An editorial in the British Medical Journal raised the possibility that AIDS may be acquired in swimming pools and whirlpools under certain conditions: not enough disinfectant in the water, a bather has broken skin (a lot of people have some kind of skin break somewhere most of the time) and practices which permit large amounts of water to get in contact with one's mucous membranes, which might happen in a number of ways, as through the swallowing of large amounts of waters as some small children do, or taking in of water and spitting it out again as some swimmers do when they use certain strokes (Healthwise, 10/86).

*Now that a number of women have been found to have contracted AIDS by being the recipients of artificial insemination, some clinics have had to destroy their sperm banks because they had failed to screen their donors for AIDS. A peculiar phenomenon that surfaced was that homosexual men who abhor heterosexual relations may be quite willing to donate their sperm for artificial insemination (The Interim, 9/85).

*In Miami, 20-25% of the prostitutes have been found to be infected with AIDS.

*Los Angeles county and the US government jointly funded the production of a pamphlet aimed at halting the spread of AIDS among drug abusers. The major thrust of its advice dealt with how to keep the needles clean, and how to inject safely (AP, in SHJ, 22/8/85).

*A modern ship of fools? In 1983, the state of FL chartered a jet airplane in order to fly a man who had AIDS to San Francisco. Reportedly, the state was trying to dump the person. It even sent a physician, social worker and a nurse along on the plane (AP, in Des Moines Sunday Register, 9/10/83; news item supplied by Mike Robinson). FL vigorously denied the dumping charge.

*Rather peculiarly, NY's Governor's Office of Employee Relations has distributed 200 audio cassette tapes on AIDS to people who are blind or visually impaired (JOMR & DD, 5 & 6/86).

*A confirmed carrier of the AIDS antibody was charged with assault with intent to murder for spitting at 4 police officers in Flint, MI (SHJ, 7/12/85).

*We venture the prediction that if a great many more people get AIDS, old TB centers will be pressed into use for them.

*AIDS can be expected to accelerate the tendency towards "euthanasia," or at least deathmaking, insofar as the money that will be made available for health care will be further diluted because a larger number of people will need care. Furthermore, the health system has all but admitted that it cannot afford to employ heroic treatment measures for people with AIDS because "it will just cost too much money" (Newsweek, 24/11/86).

*A NY AIDS specialist has said that we should cease pouring hundreds of millions of dollars into AIDS research, and instead concentrate on prevention because "AIDS is 100% preventable." "It is a behavioral disease" (SHJ, 3/4/86).

*Some physicians are now invoking a "right not to know" in withholding from patients the knowledge that they have AIDS and/or that they will soon die (Newsweek, 24/11/86).

*In another manifestation of a post-primary production society, the US government handed out almost \$10 million in grants to the various states in 5/86 to combat AIDS--and the states with the lowest incidences of AIDS got the highest amounts (AP, in SHJ, 21/5/86).

*In Federal courts, it is currently being litigated whether having AIDS is a "handicap." If it is, people with AIDS would be protected by federal anti-discrimination legislation. If not, such legislation would not apply to them. Conceivably, the ruling might affect other contagious conditions such as TB.

Charity, Charities, & "Charity"

*A pretty face and a comely shape have been the prerequisites for raising money for the "Spastic Centres" of Australia in years past. Ironically, the envoy the Miss Australia Quest sends out into the community to raise money for the Centres perpetuates the image of the perfect body that the advertising media have created for us to aspire to--an image "disabled" people must battle in order to gain access to the media. Few of us can meet the standards of the "slim, high cheek-boned female with clear, bright Estee Lauder eyes and the six-foot broad-shouldered sport-, woman-, and business-conquering male that are thrust down our throats at every turn on the screens and pages of our televisions and newspapers." The organizers of the Miss Australia Quest, well aware of the problems handicapped people have had in gaining access to the media, nonetheless have insisted that they are justified in choosing

"attractive" young women to raise money. Said Quest manager Lisa Stewart, "The Quest has got to be a business. Miss Australia must be appealing to the media. The entrants talk in the community about breaking down the barriers. They are the greatest ambassadors disabled people have got" (Link, 10/83).

*According to an investigative reporter, only \$15.3 million of the more than \$90 million raised by the Muscular Dystrophy Association's telethons have gone to services (Disability Rag, 11 & 12/86). If this is true, it shows yet once more where clownery will get you. \$8.2 million were spent on covering the cost of the telethon itself. Another \$15.2 million went for other "fund raising costs." In other words, more money was spent on raising money than people with MD ended up getting. Over \$21 million went to run the central office of MDA, with its executive director being paid \$145,000 in salary and benefits, another high official \$124,000, and three others about \$70,000 apiece. \$8.5 million went to increase the investment portfolio of MDA, \$9 million was held back, and \$15.8 million went for research.

*The hedonistic young adults of today are less willing to give to charity than their parents used to be at the same age. It will be interesting to see if this trend continues, because it would have far-ranging impacts upon voluntary associations and services dependent upon voluntary giving. Furthermore, the more people earn, the smaller a percentage of the income do they give away. Those who earn the least, i.e., under \$10,000, give the most, namely about 3%. However, overall giving has been rising rapidly, more than doubling in 10 years. Corporations account for only about 10% of what individuals give (Time, 7/86).

*There has been a dramatic growth of "women's funds," which are efforts to build up funds to disburse on efforts to address women's needs, in response to the rising poverty among women and children and the perceived failure of traditional philanthropy to respond to this. (Source item from Doug Mouncey)

*We reported before on some of the ridiculous antics of organizations that try to make the "final dreams of dying children come true." One such organization, called the Genie Project, was charged with having spent only \$10,000 out of \$237,000 raised in 1984 on its stated purpose (AP in SHJ, 25/9/85).

*We were pleased to learn recently (Universitas, Summer 1986) that in Chile, doctors often give their patients money rather than the other way around.

Signs of the Times

*Primal scream therapy has penetrated the culture so deeply that at Syracuse University there are annual screaming days at the end of the academic year at which people all over the campus scream as loud as they can, for hours at a time, messages such as "send me beer," "let me out of here," "I should have got an A," "I want to go home," and "Mom, send money." The bad news is that these same people usually play the radio so loud that they experience hearing losses early in life; the good news is that by screaming like that, they will lose their voices.

*Conferences and publicity about loss or grieving have sprung up like grass. Considering that nowadays, unlike formerly, many fewer people die early or suddenly, what does it all mean? At one time, people attended funerals frequently, perhaps even several times a year, of others who had been close to them. Now that this is a rare occurrence, does it mean that people have unlearned age-old natural response patterns and need to take courses in them? Or does it mean that in a crazy and decadent world on its last legs, people have a pervasive sense of unexplicated despair and loss that they displace onto a category of event that actually occurs very infrequently in their lives?

*In IA, a kooky young man who had a strong desire to ogle nude young women pretended that he was looking for models, and for this purpose had to photograph them in the nude; 50 gullible young women promptly took it all off and posed for him. Interestingly, an IA law says that anyone getting somebody by deceptive means to bare their private parts to the inspection of another is guilty of the same class of offense as picking their pockets--a simile that for some reason we find amusing (AP, in Cedar Rapid Gazette, 2/8/86; source item from John Morris).

*Random House received a manuscript for a book on moral philosophy entitled Telling Right From Wrong. The editors were very impressed and scheduled it for publication, but then they received a glowing letter of endorsement which turned out to be a forgery. In order to assure publication, the author had forged the letter as if it had come from the chairperson of the philosophy department at Harvard University. Upon discovering the forgery, Random House was very much in a quandary as to what to do, especially since the author showed no remorse, and even bragged about his deception. It is noteworthy that the author has held numerous positions in NY governmental offices, was once director of the New York City Office of Civil Defense, and had previously written a book on A Guide to Changing the System. (Source item submitted by Joe Osburn)

*Another sign of our times, though one that we are not quite sure what to make of, is a board game put out by Milton Bradley entitled "A Question of Scruples." In this game, players are confronted with questions that are purported to pose "ethical dilemmas," which the player must answer and on which the player may be grilled by fellow participants who may vote whether they believe that the player's answer is really what s/he would do. Examples of some of the "ethical dilemmas" are: "You don't have seat belts for all the toddlers you are driving to the puppet show. Do you leave your own children without belts?" "A neighbor is on vacation and gives you the key to the house to collect the mail. When inside do you wander around the house beyond what is necessary?" "Your brother-in-law is unfaithful to your sister. Do you tell your sister about his infidelity?" "You and your mate expect loyalty and honesty from one another. One night, out of town, you have a fling. Do you tell?" The game was invented by a Canadian professor and journalist who wanted to see if societal values had changed in the 15 years since he had attended college. The president of Milton Bradley notes that "Many games are reflections of the times." (Source item The Valley Advocate, 25/8/86; submitted by Bob Agoglia)

*One can now buy a portable transmitter called a "child guardian" that can be strapped to a child, and that sends an alarm to a monitor carried by a second person, such as a parent, in a purse or pocket, if the child strays beyond a range of 100 feet or if someone tries to remove the transmitter from the child. The device also has an alarm button that the child can press when it senses danger. The device is apparently marketed primarily for the peace of mind of parents who fear that their child might be abducted. (Source item from Elizabeth Carmichael)

Deathmaking via Abuse &/or Low Quality in Human Services

*In November 1981, the Chicago Sun Times ran an investigation of the mental institutions in IL. In the previous four year period, over 300 residents had died in five IL mental institutions. Some of these deaths occurred under peculiar circumstances: some victims were under restraint, some froze to death on the grounds, some got mangled on near-by railroad tracks, some drowned in rivers, some died from otherwise unusual causes such as asthma and appendicitis, etc. Some appear to have been victims of violence, and there were signs suggesting that residents may have been tortured and slain by personnel on the scene. Even as all this was happening, yearly institutional costs per resident were at about \$40,000. As in many other states and institutions, the efforts to shed light on these death rates have been of a nature which easily permit a conclusion that there has been indifference and cover-up (Institutions Etc., 1/82).

*The Comprehensive Older Americans Act of 1978 required every state to set up an "ombudsman" program for nursing homes. The program used volunteers to function as the "ombudsman," and federal funds paid for staff to coordinate them. If one were naive, one might think that a watchdog scheme were set up to combat nursing home abuses, but as is so often the case, the realities fell far short of the image. The program has been somewhat fitful, and in some cases, local authorities did not go along with it at all. In such cases, the volunteers discovered that the federal government "decertified" them, in which case they lost all standing vis-a-vis the nursing homes. Area Offices of Aging that were supposed to administer the program sometimes decided to put their funds elsewhere. Furthermore, there often simply were not enough volunteers to cover the vast domain of nursing homes. In the Greater Syracuse Area, one of the volunteers said that everybody in the local nursing home scene was afraid to report shortcomings: residents, families and staff (SHJ, 16/7/86).

*A friend recently told us a rather gruesome vignette. In a nursing home, a nurse's aide was observed becoming very impatient with a very aged lady who had a catheter in her hand, and apparently forgetting that visitors were about, she smacked the elderly woman right on the needle in the woman's hand. When the woman winced and cried out, the aide acted as if it had been an accident, saying something to the effect of, "Oh my gosh, did that hurt you? I'm so sorry." We believe that what is at work here is unconscious devaluation of the kind which motivates bad things, even deathmaking, being done to people without their being perceived as such. With very debilitated and elderly people, there is probably an underlying attitude that they should "get their dying over with," and their long periods of dependency and need for nursing care are probably deeply resented. In fact, many such workers may resent the fact that they have to do this kind of work at all. Studies have shown that a large proportion, perhaps as many as 70%, of nursing home workers would really rather do something else if only they could.

*According to a 9/86 report by the Woods Gordon Management Consultants, morale among the nursing home inspectors of Ontario was very low because of the poor conditions of Ontario nursing homes and the weak regulations to do anything about it. In the same month, the Nursing Home Residents' Complaints Committee that had been set up by a previous government reported that it found deplorable conditions in the 183 homes that it visited during a one-year period. Among other things, it reported that some homes spent as little as Canadian \$2.10 per day on food. A third report, sponsored by Concerned Friends of Ontario's Citizens in Care Facilities, said that the quality of nursing home care amounted to "criminal negligence." (Information Exchange Bulletin, 11/86)

*Jerome Miller, the editor of Augustus, said (No. 9, 1986) that in his extensive experience with children's institutions, he has concluded that when abusive conditions come to public attention, that the only thing that is exceptional about them is that they have become public. He then proceeded to enumerate a most painful list of abuses of which he has learned in just a few months' time, and added that he can only describe them as routine. He likens them to a situation of children being held hostages by hostile strangers. In fact, he says that abuse is essential if order is to be maintained in an institution, and the only question left is whether the abuse is conducted in a formalized fashion, or takes place informally and chaotically, perhaps by clients themselves. Yet in some states, it now costs as much as \$70,000 a year to institutionalize a child.

*In 1985, there was a 12.8% death rate among the clients of the psychiatric centers of the State of NY. This is a higher rate than some institutions in England had in the late 1800s. Even the state itself admitted that over 400 of the deaths were of a dubious nature and required further investigation. (Source information from William Cliadakis).