

2-1991

TIPS, Volume 10, No. 5, 1991

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TIPS

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Volume 10, No. 5
February, 1991

TRAINING INSTITUTE
PUBLICATION SERIES

Syracuse, New York
13244-2280

In this issue, the leading theme will be drugs, though we will only feature general (mostly prescription) medicinal drugs, and psychoactive drugs of the type that are prescribed or given by physicians and service providers. The street scene and its illegal drugs, and the legal normative drugs (alcohol, etc.) will have to wait for another issue. We will also have something to say about World War III, i.e., the Persian Gulf oil war.

Psychoactive Drugs Administered Legally, Usually by Prescription

The TI has, since the late 1970s, conducted a workshop which is now two days long, and is now entitled "An Analysis & Critique of the Dominant Contemporary Paradigm of Human Service as Technology, Followed by Illustrative Analyses of the Psychoactive Drug & Behavior Modification Cultures." Among other things, this event examines the entire issue of psychoactive drugs and their use with devalued people in some detail. This TIPS coverage is not a recapitulation of that part of our workshop, but a coverage of recent drug news that is just a sampling of the kind of source material on which the above workshop draws.

The amazing thing is that even the most critical studies of prescription psychoactive drug use hardly ever mention the total number of deaths caused directly or indirectly by these drugs. In our opinion, the number of people in the US whose lives end prematurely every year because of these drugs can hardly be lower than 100,000.

Some Basic Facts & Data

*Per capita pill consumption is about 5 times greater in France than in the US, and the French are also the largest consumers of tranquilizers and sleeping pills in Europe. About 1 million such prescriptions are written in France every day. About 9% of the population is dependent on drugs for a night's rest, largely middle-aged women, and especially those who are lonely and divorced. (Parade, 23/4/89)

*According to a television news report on a Minneapolis-St. Paul ABC affiliate on April 1, 1989, Minnesota has the third highest rate of prescription use of cocaine, the second highest rate of prescription use of amphetamines, and the sixth

highest rate of prescriptions of Ritalin (for hyperactive children) in the US. These figures are remarkable, considering that Minnesota is a largely rural state, much less "advanced"--i.e., less decadent--than other parts of the country, and with a long reputation of social consciousness and progressive social practice.

Hype, Lies & Mythology in Drug Promotion

*The promotion of psychoactive drugs has been drenched in lies, false promises, deception, denial and cover-up from the first, and there is no reason to expect this to change. Sections other than this one will contain additional exposure of this.

The typical cycle of a mind drug (and many others as well) is as follows. (a) The drug is announced with great fanfare by its producer, and ascribed with miraculous powers. The media--both professional and popular--swallow all this wholesale. This is the craze phase of a drug. (b) In time, it is discovered that the drug is less effective than claimed, or even ineffective. (c) Not only that, but the negative effects of the drug become apparent. (d) At point b and c, cover-up, denial and deception sky-rocket, because now, the promoters are no longer fooling themselves, but lying. (e) Eventually, at least some of the truth can no longer be dammed up, and breaks through, though often only in part. (f) Nonetheless, this is usually sufficient to cause users to withdraw their enthusiasm and support. (g) Sometimes, a much more modest and circumscribed ongoing use of the drug may evolve, and it may enter into the mainstream of non-miracle drugs with certain uses. (h) However, when one miracle drug exits from the miracle pedestal, new miracle drugs are put in its place, and the cycle continues. There is no end in sight because of the prevailing context of religious hope in a materialistic healing science/technology. Thus, no matter how often the false hopes fade, new false hopes of the same genre take its place.

One amusing phenomenon on the psychoactive drug scene is that the "side effects" of a drug are commonly denied until suddenly another drug comes out that can be promoted with a claim that it has fewer side effects--then suddenly, a big campaign is on that promotes the new drug for its fewer side effects when, previously, the very presence or severity of the side effects had been persistently denied.

*After first not having taken seriously the side effects of psychoactive drugs, such as tardive dyskinesia, drug advocates now interpret tardive dyskinesia as being "harmless--a tongue may wag, an arm may flap." Furthermore, they interpret this devastating impact on people as an example of "benefits outweighing the risks." (Discover, 4/1988, p.52) This is yet one more example how deception almost invariably accompanies violence.

*We need to become aware of one of the strategic response patterns of the human service imperium to the dramatic unveiling of its previous offenses in the use of psychoactive drugs. And that is that they allow that there have been some misuses and excesses, and that the correct response is something that one might call "improved prescription practice," as even proclaimed by the subtitle of a 1988 book, Psycho-active Drugs: Improving Prescribing Practices (Ghodse & Khan, 1988). One of the things one may hear as part of this strategy is that dosages should be somewhat reduced. We should be clearly aware that this strategy totally avoids the real and overarching issues

*Valium is one of these drugs that has been taken by scores of millions of people and done much harm, bringing many of them to dependency and death. Now the prime maker of Valium, Hoffman-LaRoche, has come out with a new drug, flumazenil, that in effect is an antidote to the class of drugs to which Valium belongs. There is great irony in this, but it is not widely recognized in the shrink world. What remains to be seen is what damage this drug will eventually be found to do. (Discover, 10/88)

*A new sedative, Versed, made by Roche, has commonly been used as a form of anesthesia for minor medical procedures, but has caused a large number of deaths

which the firm had failed to report to the Food and Drug Administration. Roche had been trying to get physicians to switch prescribing from their own drug Valium (on which the patent was running out) to Versed, conveying the impression that the drugs were equivalent. A tape recording revealed that Roche officials were privately literally laughing at the fact that they managed to fool the medical profession into believing that Versed was no more potent than Valium, and that some people on Versed went into cardiac arrest (Health Letter, 6/88).

*Lithium has been promoted, and been reported to be of benefit, for a remarkably wide variety of "disorders," including among them mania, "bipolar disorder," (recurrent) depression, unstable personality disorder, alcoholism, aggression, premenstrual syndrome, and cluster headache. Yet how deceptive drug studies can be was dramatically underlined by a 10-year retrospective study (Langee, 1990) of a group of severely and profoundly mentally retarded institutionalized persons who had been on lithium carbonate. They had been put on the drug because their behaviors had "not been responsive to other medications or treatments." In other words, being on lithium for 10 years came on top of having been on other drugs for who knows how long. Furthermore, apparently not considered was the fact that behavioral problems may have been extensively the result of having been subjected to institutional conditions for so long, and who knows what other social wounds and rejections before and during that. Yet further, those subjects who subsequently improved in their behavior were labelled "lithium responders," implying that their behavior had improved as a result of the drug--a classical "post hoc ergo propter hoc" error of logic. However, it also turned out that it was the older subjects who were most likely to improve, and this could easily have meant no more than that they were getting elderly, "burned out," and possibly that their brain vitality had been destroyed. After all, it is a well-known fact that many people with behavioral problems become more pliable in their later years.

*A survey of 35,000 retarded persons in New York State found--perhaps surprisingly--that these retarded people were more likely to be put on psychoactive drugs if they were in young adulthood or maturity rather than at the other age ends, in more restrictive residential settings, if they were more severely retarded, and had certain psychiatric diagnoses attached to them.

*An article in Science (2 Dec. 88) noted that malaria parasites have become resistive to treatment by the major anti-malarial drug, but that its effectiveness can be restored if a second drug is taken in conjunction, namely one of the tricyclic anti-depressant drugs. The summary of the article said that this anti-depressant can be "used safely," and not one word was said that the drugs in this family have numerous unpleasant side effects, a number of them major--including death. But then, at least, the malaria would be cured.

*After decades of denying or downplaying the deleterious side effects of psychoactive drugs, the shrink world has decided to make the best of it by coining a new name and syndrome, namely "neuroleptic malignant syndrome." Hardly anyone had heard this term prior to 1988, but overnight the term has been catching on, and almost certainly so because it has been cast into syndrome language and purged of connotations that drugs are at fault. Note that the name implies that there is something wrong with the person's nervous system without revealing how it happened. The "syndrome" is also a bit deceptive in subsuming only some of the more serious acute symptoms of psychoactive drug intoxicification, though there are many other symptoms in between acute intoxicification and end states, such as tardive dyskinesia, that endure permanently after a person has been taken off a drug.

*The entire medical mind-drugging scene rests on a house of cards, not only in regard to hype, but also in regard to science and competence. Very little is known about how drugs affect mind, and the vast majority of medical prescribers know little

about pharmacology. That includes even (or especially) psychiatrists. The majority of practicing physicians as of 1988 had only one course in pharmacology during their whole medical education (SHJ, 25/7/88), despite the fact that drugs are by far the leading medical treatment modality. Nor are the drug sales people particularly knowledgeable themselves. Less than 5% of them have had pharmacology training. Unlike several decades ago, most of them have only had a BA degree in liberal arts (SHJ, 26/7/88).

*Psychologist Dr. Stephen Breuning had been known as just about the foremost authority on psychoactive drug prescribing to retarded people. One of his major findings, widely quoted, was that retarded people were given too many of these drugs, and that they had a very deleterious effect. In 1983, concerns arose that Breuning's work was largely faked. After a series of acrimonious investigations, the US National Institute of Mental Health concluded the same thing and urged that Breuning be prosecuted for misappropriation of federal funds over a 10-year period. This became one of the major science scandals of the 1980s. In 9/88, after years of shenanigans and denial, Breuning pleaded guilty to scientific fraud. The case has multiple tragic elements. While the research data were phony, we know that the phenomenon he reported is, in fact, the truth. Indeed, things are even much worse than he reported. But because Breuning and his research is now so profoundly discredited, this could give ammunition to the pro-drugging people. One difference between our approach and his, as well as that of the "scientific" community, is that we know all of this without needing the formal, expensive and long-term research studies to tell us. This underlines the difference between orientation to truth coupled to a genuine empiricism versus a false research culture and cultus which discredits any conclusions not based on formal manipulations within the contemporary western scientific paradigm.

*Just how worthless some of the common psychoactive drugs can be was brought out by not just one but a series of studies which showed that as (in)effective as "cognitive therapy" can be presumed to be, it proved to be either as effective, or more effective, in the treatment of unipolar primary affective disorder (depression) than such popular anti-depressant drugs as Imipramine. Combining the two forms of treatment did not lead to additional benefits. (See summary in Perspectives in Psychiatry, 7/1984).

*It is an interesting paradox that certain tranquilizers are called "minor," even though they are the ones that are commonly preferred by street drug users for their powerful kicks.

*"Researchers" now claim that they can and should "cure" so-called jet-lag with a pill. We predict disaster. The TIPS editor controls jet-lag by entering with mental determination upon the time schedule that prevails at the end of a trip, and has therefore encountered no more than minor problems.

*There has even been a drug developed (clonidine) to help smokers quit smoking. In some ways, clonidine is to nicotine what methadone is to heroin. However, a placebo by itself also proved effective with a significant proportion of smokers (This Month in Mental Health, 6/88).

*As of 1988, pharmaceutical companies spent about \$2.5 billion a year on product promotion in the US (SHJ, 26/7/88).

*As mentioned, we estimate that there can hardly be fewer than 100,000 deaths per year (in the sense of life abbreviations) due to prescription mind drugs. Yet official (National Safety Council) figures in 1985 admitted to only 3600 deaths from all medicinal drugs or medications combined. This underlines the imperial pattern of grossest deception. "Tell me 5,000 Jews are being killed, and I can believe that; tell me 5 million are being killed and that I can't believe."

The Destruction of Children & Their Minds Via Prescription Psychoactive Drugs

*According to educational authorities, hyperactivity has become a fast growing epidemic among children. Stupidly, the National Institutes of Health claim that the problem probably involves genetic, neurological and biochemical factors. Equally stupidly but predictably, the main response is drugs: an estimated 750,000 American children have been put on amphetamine-type drugs in 1988, and the number is expected to reach a million very soon. On the one hand, one should fully expect our poor procreative and child-rearing practices to result in less socialized or more damaged children, but on the other hand, almost any child problem is apt to be attributed to a defect within the child, and often is interpreted to be "hyperactivity." Yet at one Chicago hyperactivity clinic, 40% of the children brought there for presumed hyperactivity were not hyperactive, but many children are put on drugs nonetheless. The good news is that some parents are beginning to sue physicians, school districts and teachers for the drugging. Some states are notorious for drugging school children, such as Georgia, Michigan, Utah and Maryland. Unlike with most psychoactive drugs that are more apt to be given to devalued people, it is particularly the children of the more affluent suburbs who get put on amphetamine-type drugs, probably because these kinds of parents see drugs as a quick fix to their academic ambitions for their children (Time, 16/1/89).

*Of children who get put on drugs because they are allegedly hyperactive, between 25-40% either get worse or do not get better, and the rest who allegedly get better are often either merely subdued, or would also have improved as a result of a placebo, as research has shown. In fact, a review of several hundred studies indicated that 40% of the children rated as improved also improved in response to a placebo. Yet more depressing is the finding that "hyperactive" children rated as improved in response to drugs make very little greater progress than if not on drugs. Taking all these findings together, and combining them with yet other findings on behavioral kinds of interventions, yields the overwhelming conclusion that behavioral regimens are vastly superior to anything else.

In addition to all of that, most children definitely dislike being on these drugs, some of them because of the so-called side effects of which they are aware, and others because of the stigma of being "on the pills," and yet others because of both reasons.

Media coverage of the wide use of Ritalin in the early 1970s precipitated a storm of controversy, but the impact was only a temporary slowing down of the increased drugging of children. In a 1987 study, 6% of elementary school students in Baltimore county were found to be on stimulant drugs, and the overall national estimates were that close to 1 million children in the US were on such drugs (Kohn, 1989).

*An Atlanta parent filed a \$125 million class action suit against the local board of education and the American Psychiatric Association, charging that they approved of the amphetamine-related drug Ritalin as a way of handling "normal childhood behavior." Other suits have been filed along similar lines. The fact is that such drugs have been massively misused against children for decades, and probably nothing less than a huge penalty award is likely to change this.

*The mother of a mentally retarded adolescent said that after her son reportedly exposed himself in a parking lot to some children, the shrink world put him on a tranquilizer (Trilofil). The mother, a simple, poor woman of limited education, gave the normative, common sense response to this stupidity, namely: "Why would they put him on drugs for that?"

*In the US, almost 200,000 children under age 3 receive a drug of the phenergan family every year despite label warnings against use of this drug with young children. The drugs are used as sedatives, and to treat nausea, vomiting, colds and

allergies. Among other things, these drugs may produce sudden infant death; and in people of all ages, they may produce some of the classical symptoms of central nervous system damage, including Parkinsonism and tardive dyskinesia. Nonetheless, these drugs have been released in the US from prescription to over-the-counter sales (Health Letter, 9/89).

*Yet another drug atrocity is that a drug (desmopressin acetate, or DDAVP) is being promoted for bed-wetting by children. So instead of waking up a child once or more times a night to go to the bathroom, children by the millions may soon be put on this drug (or others) for years. The drug costs \$160 a month, but many insurance plans cover it, but at least the children of the poor are apt to be spared this additional assault (USN&WR, 8 Jan. 90).

*Relatively rarely considered or reported is that breast-feeding mothers who are on any kind of drug are apt to pass on drug substances to their babies, and this is also true of mothers who take tranquillizing-type drugs.

The War Against the Elderly Via Prescription Psychoactive Drugs

In this section, we are only covering the effects of these drugs that are given to elderly people that are identified primarily as psychoactive ones. The larger context of inappropriate and erroneous medical drugging of the elderly is yet another horror story.

*Older Americans constitute about 12% of the US population, but consume 35-40% of sedative-hypnotic drugs, in most cases by prescription (APA Monitor, 5/89, p. 26).

*One University of Connecticut survey of non-institutionalized elderly people found that over half were receiving mind or mood-altering drugs (SHJ, 25/7/88).

*Almost any kind of drug may cause at least temporary mental debility in old people, and oddly enough, drugs that are prescribed or taken to combat mental or emotional problems are among the greatest offenders (Health Gazette, 10/89).

*Among seniors interviewed in Michigan, 16% were found to be on psychotropic drugs, 7% reported taking five or more drinks every day or nearly every day, and 100% were on some kind of drug or other--71% of them on prescription medications. About a quarter of the sample was taking four or more prescription medications at once.

*61,000 older adults suffer symptoms of Parkinsonism as a result of drugs, and 163,000 suffer impaired mentation (SHJ, 25/7/88).

*In early 1990, the US National Institute on Aging released a study that 200,000 hip fractures occur in the American population over age 65 each year, costing \$7 billion in health care. The study also found that close to half this population had psychoactive drugs prescribed to them, and that these were a major contributor to the hip fractures because of the mental debility that they induced. Thirty percent of people in this age range received the more long-lasting tranquilizers, which increased their risk for hip fracture by 70% (AARP Bulletin, 3/90).

*Even the pharmaceutical industry admits that 1/6 of all hospital admissions in the US of people over 70 are for the treatment of negative drug reactions (SHJ, 25/7/88). As of 1985, adults 60 years or older who made up about 11% of the population received more than 1/3 of all anti-psychotic drugs and major tranquilizers. In fact, 60.5% of the drugs prescribed for nursing home residents over 65 were for the major tranquilizers, and 17.1% were for minor tranquilizers (SHJ, 25/7/88).

*The pharmaceutical firms have been putting out an increasing number of drugs that claim to have a beneficial impact upon the mentality of elderly people. However, these claims have to be considered strictly speculative at best, cynical at worst, insofar as they cannot yet be considered established by the criteria of rigorous research designs and cross-validation.

*Among the mind drugs which the firms have promoted especially for elderly people is Haldol. It commonly renders elderly people demented.

*After the drug Hydergine had been on the market for over 30 years, and had been promoted for the treatment of mental deterioration in the elderly, a 1990 study, which reportedly was more carefully designed than any previous ones, showed it to be not merely totally ineffective for people said to have mild to moderate "Alzheimer's disease," but to actually accelerate mental deterioration. In 1984, Hydergine had been the 11th most popular prescription drug in the world, and in 1986, nearly 750,000 prescriptions for it had been written. The manufacturer, who had funded the study, refused to continue further funding of it (Health Letter, 12/90).

Actually, no one should be surprised about the finding since the drug is related to the ergot toxin that drives people mad.

*In one survey of prescription drug administration in Massachusetts nursing homes (JAMA, 25/11/88, APA Monitor, 5/89), it was discovered that nursing home residents were prescribed an average of 8.1 different drugs a month and received 4.7 of these. 65% of residents were prescribed at least one psychoactive drug, and 20% received two or more. While only 15% of the residents were diagnosed as psychotic, 26% had anti-psychotic drugs prescribed for them. About 8% received sedative drugs explicitly known to be inappropriate for elderly patients because of their side effects. 61% of residents who received anti-depressants had no diagnosis of depression, and the anti-depressant drug most commonly chosen was one known to be particularly inappropriate for elderly people.

The Clozapine (Clozaril) Craze in Schizophrenia

*In a previous issue, we warned of the euphoric promotion of the new psychoactive drug, Clozapine (Clozaril), marketed in Europe as Leponex. There was yet another euphoric article on the drug in the journal of the New York State Office of Mental Health (5/88), with only a minor mention that the drug suppresses white blood cell production and has already caused deaths. The drug is now marketed as being superior to other drugs against schizophrenia, and not causing tardive dyskinesia as the other anti-psychotic drugs have, and as even reversing its symptoms, i.e., thus presenting itself as one drug that combats the ill effects of others that previously had been equally euphorically promoted.

In the US, the producer of Clozapine, Sandoz Pharmaceutical Corp., has sold the drug only in conjunction with a medical monitoring plan at the cost of \$25 per day. Sandoz has promoted this as a virtually miraculous "new treatment" of schizophrenia that is a "significant advance," and that Sandoz expects to become a "model" for other "beneficial but potentially dangerous drugs." Clozapine is to be administered only to people who have previously "failed to improve on standard...neuroleptics, such as Thorazine and Haldol." (Louisville Courier Journal, 10 Sept. 89; source item from Wayne Marshall.) Our advice: expect more of the same of the usual disasters.

While Clozapine causes a catastrophic decrease in infection-fighting white blood cells, yet during the short time it has been on the market, it has gotten rave reviews as benefitting 30% of recalcitrantly schizophrenic people. We wonder whether this is how it will all be soon interpreted: "You wouldn't believe how much better Joe got before he died. It was worth it." To us, it sounds once more as if death is the cure for the insane who resist the miracles of modern medicine and the lies of shrinkery.

Amusingly, a vast lawsuit has been placed against Sandoz for its restrictive control of the drug. In effect, people are clamoring to give or get the drug without strict medical supervision. They may get their wish!

The Prozac Craze in Depression

*In January 1988, the antidepressant drug, Prozac, was introduced as being safer than competing medications against depression, and almost overnight it became the leading antidepressant with sales of approximately \$700 million in 1990, allegedly because it had fewer side effects than other antidepressants. The manufacturers succeeded in recruiting glowing media stories about this new "miracle drug," including cover stories in Newsweek and New York. However, by mid-1990, reports began to surface that this drug--which is supposed to get people away from depressed suicidal moods--actually induced an irresistible suicide compulsion in a certain proportion of people. Furthermore, as is also routinely the case, the drug quickly became overprescribed and given to people for things such as to help them stop smoking or to lose weight.

Some people ridicule the idea that Prozac can dispose toward suicide, but it is not difficult to imagine possible mechanisms. Three examples follow. (a) A drug could disorient rather than orient people. Psychoactive drugs do that all the time. (b) It could depress rather than elevate mood. This too happens frequently. (c) Many drugs--including many not used primarily for psychoactive effect--cause nightmares, and these could push some people toward suicide.

*In many major newspapers, weeklies and other media, Prozac has made headlines as a "hot yuppie upper," "miracle diet pill," and of help in obsessive-compulsive and eating disorders. Amazingly, by Spring 1990, there had been no studies yet on its effects beyond 6 weeks in people with "depression"! As with all these drugs, there are all sorts of "side effects." Also, as is the case so often, drugs are often given with Prozac to combat the side effects (Health Letter, 6/90).

*As an aside to the above and other sections, we might note that as recently as 1985, a N.J. shrink guru had announced that if he combined propranolol with desipramine, 93% of patients with anxiety attacks would become liberated therefrom.

*In ca. 1987, yet another new anti-anxiety drug appeared on the market (buspirone, or Buspar) that is claimed to be "very effective without being addictive." Since virtually every single claim for psychoactive drugs have proven to be false or exaggerated in the past, we again warn readers to be skeptical. (Between Borderlines, 12/87).

The Clomipramine/Anafranil Craze in Obsession/Compulsion

Psychoactive drug crazes tend to be deadly ones, and another recent one is the claim that the new drug Anafranil is effective with obsessive-compulsive behavior, from which up to 5 million Americans are claimed to suffer. Some shrink circles believe that this behavior results from brain abnormality having something to do with serotonin, but of course we have heard serotonin invoked for all sorts of mental states for decades. As usual, we will only get the full story on the devastating "side effects" of this drug in years to come.

US News & World Report (18/6/90) also reported "new hope" through Clomipramine for up to 5 million Americans "who cannot control aspects of their behavior or thinking," but added that it does not always work, and therefore, "many will still need psychotherapy"--as if that worked!

Even Science (1 Sept. 89) and the American Psychological Association Monitor (12/89) joined the craze and reported on the alleged cure of trichotillomania through Clomipramine. This dreadful condition is said to afflict millions of people, almost all of them women. What is it? The habit of pulling, tearing or tugging at one's

hair, which in extreme cases renders people baldish, while in mild cases clogs up bathroom drains. The habit is supposed to be the behavioral analogue to the verbal expression that one feels like tearing out one's hair. Yet this absurd de facto deathmaking was proposed by a researcher at the National Institute of Mental Health no less, and on the basis of studies of only 13 women, not to mention that even if it had been done on 13,000 women, it would still be an absurd and unconscionable level of address (Science, 1 Sept. 89).

Discover, a major US periodical on science for the educated public, devoted a major article in its June 1990 issue to trichotillomania. We are told that there are about 2 million people in the US, 90% of them women, who "have" this. Some not only pull out the hair of their scalps, but also of eyelashes and pubic area. As is so common these days, the article interpreted the condition as being a bodily disease resulting from faulty body chemistry, reflected even in the title of the article, "Chemistry of Compulsion." The article went so far as to state that "obsessive-compulsive behavior...now appears to be firmly grounded in biochemistry." (Obsessions are the thoughts one cannot easily get rid of, and compulsions the driven behaviors that one engages in.) There are also reports now that the frontal lobes of obsessive-compulsive people are usually active if examined by brain scans. Also, believing themselves on firm biological grounds, a genetic basis has already begun to be invoked for the alleged biochemical imbalance, supported by reports that obsessive-compulsive behavior tends to run in families--which of course should not be surprising. A subsidiary theory is that obsessive-compulsive behavior is something like a genetically programmed evolutionary throwback to primitive grooming and hoarding activities, such as one finds in many animals.

Not surprisingly, the article exalted the anti-depressant drug Clomipramine as showing dramatic effectiveness in many of the people with this habit. The claim to success of this drug in stopping otherwise allegedly uncontrollable compulsions has of course fueled the materializing and medicalizing craze. Since there are said to be another 5.5 million people in the US with uncontrollable obsessions or compulsions, these all are now promising candidates for the drug. Two other drugs have now also been identified that are said to have similar beneficial effects.

One of the effects of Ritalin on many children is that it precipitates behaviors said to be obsessive-compulsive--for which they may be given drugs such as Clomipramine!

Seizure Drugs

*Even though phenobarbital was once widely prescribed as a sleeping pill, and has been prescribed as an anti-convulsant for many decades now, its impact on the intelligence of the adults who take it over long periods has never been established, even though there are strong indications that the drug impairs the intelligence of children who take it on a prolonged basis (Time, 19. Feb. 90).

*One study (Chadsey-Rusch & Sprague, 1989) found that mentally retarded people were kept on anti-convulsant drugs because they exhibited maladaptive behaviors that might have had nothing to do whatever with the epilepsy that they may or may not have had. They may have been kept on these drugs on the assumption that their maladaptive behavior was somehow derived from their epilepsy, but on a deeper level, personnel may also have applied drugs unconsciously as a way of punishing misbehavior, but with a solid-sounding rationale. Irony upon irony: we put children who are not very smart on drugs that make them more stupid--just like we put senile elderly people on dementia-making drugs, depressed people on depression-making drugs, and people with twitches on twitches-making drugs.

*Long-term use of anti-convulsive drugs may result in deficiencies in folic acid and vitamin D, especially if the diet is marginal to begin with. In an institution for the mentally retarded, Cole et al. (1985) found that 20% of the residents had a folic acid deficiency, and 17% were deficient in riboflavin. This is particularly

remarkable considering that unlike smaller residences, institutions of any size usually have nutritionists on staff.

*Good news on the seizure and psychoactive drug front. In the past, when someone with seizures who had been put on anti-convulsants had a recurrence or increase of seizures when the anti-convulsant was discontinued, the person was often interpreted to continue to need the drug. It now appears that the increasing seizure activity may have been due to drug withdrawal effects rather than seizure susceptibility itself. According to an article in the 11/88 American Journal on Mental Retardation, people with a record of seizures that are currently under control with phenobarbital may discover that they can very gradually phase out the phenobarbital without a higher risk of seizures than a control group. With other anti-convulsants, the withdrawal may have to be even more gradual. All of this means once again that it may be possible to liberate more people from dependence on psychoactive drugs.

Other Horror Stories of Destructiveness of Psychoactive Drugs

*One thing that needs to be recognized both about the psychoactive drugs that diminish people's functional capacities, and about physical restraints, is that they constitute a transfer of control from a person at issue to another outside party. It is well-known that when they lose control, many people will withdraw, lose their resistance against disease, and therefore get sick and/or demented.

*The kind of nerve damage that results in tardive dyskinesia can also cause tardive dystonia (where a person's posture is locked abnormally sideways), as well as symptoms which might be called tardive Tourette syndrome.

*Chouinard, G. (1989). Factors affecting the course of tardive dyskinesia: A ten-year follow-up study (Research report). Montreal: McGill University, Department of Psychiatry. (Abstracted in Canada's Mental Health, 1990, 38(1), p.23) This book reports a 10-year follow-up of 98 people who had been diagnosed as schizophrenic and treated with psychoactive drugs on an outpatient basis between 1975-1985. Some of these already had tardive dyskinesia in 1975, 30% more developed it by 1980, and 23% more by 1985. One conclusion was that clients who showed signs of Parkinsonism in response to the drugs were the ones later apt to develop tardive dyskinesia, which of course is nothing more than self-explanatory in that the signs of Parkinsonism tell us that the brain is under assault, and some Parkinsonisms really consists of the same kinds of symptoms as those of tardive dyskinesia.

A big irony these days is that there have been so few people in recent decades with a diagnosis of schizophrenia who have not been put on psychoactive drugs that it is virtually impossible to constitute any kind of retrospective control group, and quite possibly not even a prospective one.

*Halcion is made by Upjohn, and has been promoted since 1982 against jet lag and as a sleeping pill. The name plays on the world halcyon, which means happy or golden, as in "The halcyon days of yore." It soon became the world's single most prescribed sleeping pill--but also soon, thousands of reports of adverse effects came in, including delirium, bizarre and aggressive behavior, psychosis, seizures, and so on. The US FDA decided not to make these public, until forced to do so by the public press. Only then did it confront the fact--which it had long known--that Halcion had some very bad "side effects"--the worst in its class of drugs (to which Restoril also belongs). Among other things, it can cause memory loss for things that happen after one has taken the drug, and some people even become virtually psychotic from the drug. Also, and rather bizarrely, people may even experience insomnia because they have taken Halcion against insomnia! This reminds us of the drugs prescribed against temporary facial tics that produce permanent facial tics. However, none of this elicited an FDA ban (USA Today, 25/9/89; Health Letter, 1/90). The Nader offshoot, the Health Research Group, said (Health Letter, 7/90) that no one should take Halcion.

*Phenylpropanolamine (PPA) was rated safe and effective by the FDA for use as an appetite suppressant. However, there had not been a single well-controlled study on this! It was also approved in combination with caffeine to counteract the fatigue or depression associated with dieting. Even in recommended doses, PPA causes high blood pressure, and in people with other medical problems, it does all sorts of bad things, such as heart problems, kidney disease, and muscle damage. Yet it is precisely obese people who do have all sorts of health problems for which PPA can be a poison. It can also cause amphetamine-like effects (as does "speed"), including psychotic ones. Indeed, PPA is commonly put into illegal amphetamine-look-alike drugs. Caffeine can aggravate all this, and use of PPA in higher-than-recommended doses is life-threatening. Yet PPA is found in Alka-Seltzer Plus Cold Medicine, Contac, Bayer Children's Cold Tablets, Bayer Children's Cough Control Syrup, 4-Way Cold Tablets, Dimetapp and Triaminicin. Health Letter (1/91) (by a Nader group) says that PPA should not be used for any reason!

*Amphetamine-related drugs are commonly prescribed (or sometimes used without prescriptions) to suppress appetite, and thus help people lose weight. However, at least one such drug (Fenfluramine, also given to "autistic" children) has been found to damage nerve cells in rats. One possibility is that people who take these drugs may suffer mental losses decades later. Unfortunately, Ritalin is in the same family of drugs, and has been used in millions of children to either reduce their hyperactivity or to supposedly improve their learning capacity (Science, 6 Jan. 89). No wonder so many children grow up stupid these days.

*In recent years, we have known of several people who required hospitalization for health problems, and who got doped into near-unconsciousness in order to make things easier for nursing personnel. Of course, this is an extremely dangerous practice in that it often depresses the vitality of patients and increases their risk of death, results in very complicated interactions with other drugs that are unpredictable and almost invariably very harmful rather than beneficial. Recently, we learned of one additional consequence of this practice, and that is that if such people who have been thusly doped recover, they often have very little remembrance of what happened to them, how bad things had been for them, or how neglectfully they had been treated.

*At least 70 different medications can cause symptoms that might be diagnosed as "depression," 94 drugs can cause psychotic symptoms, 106 can cause confusion or delirium, and at least 67 can cause, or worsen, dementia (Health Letter, 8/89). When people display mental symptoms as the result of drugs, a normative response is to give them more drugs of the psychoactive kind to combat the symptoms, which normally makes things worse, sometimes right away, sometimes over the long run.

*Some people who get put on prescription psychoactive drugs end up beginning to act like street dope addicts, and some manage by hook or by crook to get the drugs that they crave, often by presenting themselves to multiple physicians, faking symptoms to get prescriptions, etc.

*Another very sad tendency in psychoactive drug use is for a person to continue to receive massive doses of such drugs even when years and years of experience have shown that the person is not responding positively to them. An example is a woman who, for almost her entire life, has been on mind-altering prescription medications, including tranquilizers, anti-depressants, and lithium. It is staggering to consider that it was only when she was 64 years old that a physician discovered by accident that a high-protein low-carbohydrate hypoglycemic diet brought her more benefits than all these decades of mind-destroying drugs (Quality of Care, Summer 1986).

*New York State Commission on Quality of Care. (1986). Medication practices in New York State Developmental Centers: A post-Willowbrook report on practices at five developmental centers. Albany, NY: Author. According to a 1986 report by the New York State Commission on Quality of Care for the Mentally Disabled, which reviewed the drugging of clients in 150 randomly selected residents at 5 developmental centers (institutions) throughout New York State, "physicians' rationales for medication decisions were often either lacking or incompletely documented;...routine checks for adverse side effects of medication were...frequently not recorded; and...routine monthly medication reviews often failed to specify the actual effects of the medications on resident behavior and/or seizure control, or to evaluate whether a drug-free trial might be warranted to assess the continued benefits of a medication...Medication errors are not universally reported by staff." The study found that physicians failed to document a diagnosis of seizure for people who were given anticonvulsant drugs, as well as to justify placing people on other psychoactive drugs. Changes in people's drug regimens were absent in as much as 1/3 of the patients reviewed. Where the drug practices violated state guidelines, physician rationales for violation of these procedures were missing in almost half of the instances. The report claimed that the use of periodic drug-free times to safeguard against the unwarranted continuation of psychoactive drugs was "practically nonexistent." Monitoring practices to assure the safety of psychoactive drugs were described as very limited. A very serious concern was that regular monitoring for side effects was not documented in 43% of the cases reviewed. The Commission claimed that its review made it fear a "substantial under-reporting of medication errors," in good part because of almost total reliance on staff self-reporting of such errors.

Unfortunately, as usual, while the Commission documents serious problems, its proposed solutions are still of the same technical nature that is one of the major reasons for the breakdown in contemporary medicine, viz., including such things as greater training for physicians, new agency policy guidelines, and new and better documentation for client records.

*A study of psychoactive drug prescriptions in mental health facilities in New York State found that after a person has been a client for about 6 months, there is a dramatic increase in the number and variety of psychoactive drugs that are prescribed to the person, including drugs which are clearly given only on a purely speculative or random basis, such as anti-convulsants to people without a record of seizures. Apparently, what is happening is that patients who failed to get better elicited frantic behavior from the psychiatrists who begin to almost randomly prescribe drugs in various combinations. Furthermore, even as clients get increasing varieties and numbers of such drugs, the doses are also increased. Of course, research on "wild" combinations of drugs is virtually impossible to conduct in any valid fashion (This Month in Mental Health, 10/88).

*Weep for psychiatry and its victims. The NYS Commission on Quality of Care documented (July 1988) a classical example of the way psychoactive drugs have commonly been used. Ramon Luz started to become an intermittent client of the mental health system at age 18. In 6/84, at age 31, he was voluntarily admitted to the NY City municipal hospital where he was diagnosed as "bipolar manic depressive, manic type," and put on Lithium (a major anti-depressant) and Navane (an anti-psychotic). Within a month, he was transferred to the Bronx Psychiatric Center and diagnosed as "chronic undifferentiated schizophrenic," taken off Lithium, kept on Navane, and additionally placed on Haldol (a major tranquilizer) and Cogentin (a drug meant to offset the deleterious Parkinson-like neurological symptoms caused by tranquilizers). Later, Navane was discontinued but Serenil (a major tranquilizer) was added.

In 9/84, Luz was transferred to the Rockland Psychiatric Center, where Serenil was soon discontinued, but the extremely powerful and dangerous tranquilizer Prolixin was added, with Haldol and Valium (a minor but addicting tranquilizer) "as needed." In 12/84, it was speculated that Luz might have epilepsy, and tests were called for.

In 3/85, he contracted colitis, and got various medications for it. Soon, Prolixin was discontinued but Mellaril (a major tranquilizer) was added--for a month, then it was discontinued and Serentil reinstituted. In 4/85, a very high dose of Prolixin was started up again via injections, without any recorded rationale. Tegretol (one of the most dangerous anti-convulsants) was also started, though the tests for epilepsy requested earlier had never been done.

In 5/85, Luz was placed into a new and supposedly highly specialized "secure unit" at Rockland. The psychiatrist in charge of the unit ordered six drugs: Tegretol, Cogentin, Ativan (a tranquilizer) by injection, Lithium, Prolixin by injection, and Benadryl (an anti-histamine that is also a sedative and, like Cogentin, is given for anti-Parkinson effects). In succeeding months, additional "medication" changes were made without recorded rationales. Not surprisingly, Luz was experiencing worsening effects from all these drugs, and was repeatedly put into restraints. He went downhill fast--so he was given 12 electro-convulsive shock treatments in 2/86. On three occasions between 11/85 and 1/86, he was also given sodium amytal (a sedative) and during his shock "treatments," he was given atropine (an anti-spasmodic). Around the end of his shock treatments, two of his drugs were exchanged for Clonopin (an anti-convulsant) and Inderal (an anti-hypertensive), without recorded rationale.

In 3/86, Luz must have had an insight, because he refused his "medications"--whereupon a new course of Prolixin injections was forced upon him, which was illegal because of his voluntary status. Within days, the injections were escalated to daily doses--upon which Luz got violent. The psychiatrist noted that Luz was "out of control"--but showed "no (drug) side effects." In 4/86, Benadryl, from which he had been taken off earlier, was reinstituted, but Luz was then "extremely regressed"--so he was also put back on a Tegretol and Moban (a major tranquilizer) combination. In 5/86, Moban was increased, and Clonopin reinstituted at four times the recommended dose, but his response was recorded to be "very inadequate." He was given Ativan injections, and put into restraints and seclusion. Although Luz had no record of sexual aberrations, he was soon put on Provera (a female hormone derivative sometimes given to oversexed or sexually uncontrolled males) which also has mental impacts. By early 6/86, Luz was on nine drugs with little or no recorded rationales, and most likely with little or no rationales in the minds of any of the "experts" on the scene: Tegretol, Ativan, Prolixin, Clonopin, Moban, Provera, and Elavil (an anti-depressant), Benadryl and Cogentin. No connection was made between the fact that Luz was described as "weepy" and "very depressed," and that the Provera alone that was one of his nine drugs is known to cause depression as one of its "side effects."

Luz was to die on 9 June 1986. In the morning, he became agitated, was put in restraints for four hours and given an Ativan injection, followed by seclusion. By 4 p.m. he was found to be "...somewhat..unresponsive." His chest was pumped, but vital signs disappeared within 10 minutes. Further resuscitation efforts proved futile.

Ironically, the death was categorized as "sudden and unexpected." For once, a local coroner pronounced the true cause of death: "acute respiratory arrest due to drug intoxication due to a multiple drug synergism." Several investigations were conducted at great expense, probably consuming several ten-thousand dollars and affording well-paid employment to many people. These investigations concluded that Luz had been drugged "at random," and "with little or no documented rationale."

What was done to Luz is not far off from what the Menges of the world do. But there is more. Three senior actors of shrinkdom wrote letters disagreeing with the coroner's conclusion: (a) the psychiatrist who then was deputy director of the Nathan S. Kline Institute for Psychiatric Research in New York State that pioneered many psychoactive drug uses; (b) the chief of the Analytical Psychopharmacology Laboratory at the same institute; and (c) a professor of psychiatry at the University of Wisconsin. To us, this is equivalent to the lack of confession and repentance that was displayed by virtually all Nazi functionaries and medical killers.

If all this could happen at a specialty unit in a state service that prides itself on one of the longest-standing and most expensive state research efforts on psychoactive drugs, one can only imagine what happens elsewhere.

By the way, the 1946 book, The Snake Pit (of which a movie was made later), was based on the author's experiences at Rockland. Not much seems to have changed since its early days in the 1930s.

*People who became dependent on tranquilizers in Britain have begun suing giant drug firms such as Roche and Wyeth in what some authorities believe may turn out to be one of the biggest legal suits in 20th century Britain (Observer, 17/12/89; source item from Craig Newnes).

*Many developed countries are a few years behind the United States in copying its developments—including its perversions. Interesting, seeing our perversions happen does not keep them from being eagerly copied. All this is exemplified by the recent news that in West Germany, people are now catching up on the kind of use of prescribed psychoactive drugs which the US first experienced about 10 to 15 years ago. Thus, between 1960 and 1980, the consumption of prescribed psychotropic drugs increased almost ten-fold in W. Germany, with more than 20% of the population taking such drugs on a long-term basis, including 6% of juveniles between 12 and 20. So far, not much has been learned, in that 36% of parents believe that there is nothing wrong with popping stimulants into their children, and 20% do pop them sedatives (Amerika Woche, 29/10/83).

*Mårtenssen, L. (undated; apparently 1986). Should neuroleptic drugs be banned? Unpublished manuscript. (Malmö, Sweden; US Distribution: Alice M. Earl, Psychiatric Survivors of Western Massachusetts, PO Box 60845, Longmeadow, MA 01116-0845, USA). One of the few medical scientists who has come out strongly against the use of neuroleptic drugs is Dr. Lars Mårtenssen (undated), from Sweden. (Neuroleptic is another word for psychoactive.) He claims that it must be assumed as a certainty that these drugs cause brain damage even if there are no symptoms thereof over the short run. The rationale for this statement is that when a brain is damaged gradually and in small increments, it takes a lot of damage before clinically abnormal functions manifest themselves--and these we most certainly do see. Martenssen calls for an outright ban of neuroleptic drugs.

Even in supposedly tranquil Sweden with its remarkable social and medical programs, about 1.2% of the population received neuroleptic drugs every single day during the mid-1980s.

The Issue of Control Over Drugs & Client Self-Determination

*The psychiatric profession has always fought tooth and claw against letting people under its control have any say whatever about being drugged. In this battle, it has lost a few decisions, and won a few.

*In 1989, a victim of forcible psychiatric drugging won a suit (all the way through the CA. Supreme Court) that declared that voluntarily admitted patients had a right to refuse drugs, and that such drugs could only be administered to them with their informed consent. Three powerful organizations then combined forces to overturn this decision: the California Psychiatric Association, the California Alliance for the Mentally Ill (which consists mostly of family members of the mental disordered, and which has a strong pro-drug and pro-institution bias), and thirdly, the entire pharmaceutical industry of the US. These companies made a major financial commitment to lobbying the California legislators on their behalf (San Francisco Bay Guardian, 4 July 90). For our purposes here, the latter is most revealing and offensive because it underlines again the evil that is at work here and that would pursue the maximum drugging for the maximum number of people for its own gain.

One response of the medical profession, hospitals, institutions, and nursing homes has been to "decertify" mental patients who refuse psychoactive drugs, which

means that they will no longer receive state funding for mental treatment. This is, of course, a crude bludgeoning of the public to force it to reverse the court's decision through legislation. Further, pharmaceutical firms are making contributions to those organizations that are trying to override the court through legislation.

*As of 1989, more than 20 states had passed laws that permitted coercive psychiatric drugging of people. These laws commonly rely on a mechanism of "involuntary commitment" which ironically lets a person live as an "outpatient." Thus, we have a class of "involuntarily committed outpatients" who are forced to maintain themselves under a prescription drug regimen under the threat that if they will not do so, they will be hauled into involuntary incarceration as "inpatients." (Clearinghouse on Human Rights & Psychiatry, 6/89; source item from Lynn Breedlove).

*One of the worst perversions of prescription psychoactive drugs occurred in Louisiana where officials have been trying to force such drugs on a mentally-deranged murderer who had been sentenced to death so that he might get sane enough to be executed (AP, in SHJ, 13/11/90). This episode also underlines the false hopes so many people have in these drugs. Apparently, officials are not aware that if they force the drugs on the man, he might become absolutely and permanently demented.

*The Americans with Disabilities Act which passed the US Senate in 1989 contains a peculiar twist. Impairment due to psychoactive drugs prescribed by physicians is a legitimate impairment covered by the act, while the same impairment suffered from drugs taken without a prescription is not. In other words, you are only bona fide "disabled" if a doctor has done it to you. (Drawn to our attention by David Schwartz.)

*In some jurisdictions, the law demands that only nurses can administer medications. This can of course become quite a problem when there is a shortfall of nurses, but it could also be good news for people who are on psychoactive prescription drugs because there may be no one around who is permitted to administer them.

*Further bearing out our previous fears, the National Alliance for the Mentally Ill seems to be developing into a major menace. According to one report, it attempted (unsuccessfully) to have the license of anti-psychiatry psychiatrist Peter R. Breggin removed because he criticized the use of neuroleptic drugs on an Oprah Winfrey show (APA Monitor, 6/88).

*To its credit, the American Psychological Association--the single biggest organized group of psychologists in the US--has come out in favor of people being allowed to refuse to take prescribed psychoactive drugs, even when they have been involuntarily admitted to a shrinkery (APA Monitor, 8/88).

Miscellaneous News on Psychoactive Drugs

*Some of the viewers of the NBC soap opera "Days of Our Lives" demanded tranquilizers upon the screen death of a character (SHJ, 27 May 82).

*It is ironic that on the one hand, psychopharmacology is used so massively as to make millions of people (mostly devalued ones), dead across the world, while at the same time the Office of Mental Health of the state of New York proudly announced that a series of lectures and discussions on psychopharmacology was being carried live via satellite (OMH News, 12/90). A fascinating juxtaposition of highest-tech technology for a pretty common and relatively low-tech way of killing people!

*In 1988, it first became public that the US Air Force gives its pilots amphetamines to sustain them during flight, and sedatives to calm them down afterwards. Strangely enough, amphetamines are sold with a warning that they may impair a person's operation of machinery. Perhaps this accounts for the high rate of American plane crashes in West Germany in recent years (SHJ, 29/7/88).

*In a single month in 1988, a study found that 8% of female high school students had used diet pills containing drugs of the amphetamine family (NCR, 18/11/90).

*According to a 1988 survey of 6 journals related to special education, it was found that over an 11-year period, only 3% of the research articles reported whether their subjects were on drugs, and only half of these tried to deal with this fact as a relevant research variable, despite the fact that such drugs can profoundly affect people's behaviors.

*A survivor of Auschwitz claimed to be cured of 30 years of mental horrors by--LSD prescribed by a psychiatrist (Shivitti, by Ka-Tzetnik 135633). One could scream out in sadness at such things.

*The 1986 book, The Thanatos Syndrome, addresses the question as to just what would be wrong with a scheme to lace a local water supply with drugs (much the way water supplies these days are usually fluoridated) that make people happy and civil, and that dramatically reduces social pathologies.

*The consumption of prescribed psychoactive drugs is not only a problem of North America. According to one report, residents of the small Mediterranean island of Malta have the highest per capita consumption of tranquilizers in the world. The small nation has been rent by conflicts between church and state, the left and the right, the religious and the irreligious. The divisions have torn the previous intimacy of the people, and even of families, apart, but obviously, tranquilization is not the answer to such problems.

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PERVERSION ALERT -- There is a real possibility that as physicians become more scared about being sued for prescribing psychoactive drugs, they will revert to electric shock.

Prescription Drugs That Are Not Prescribed for Psychoactive Effect

*In 1986, the US Food and Drug Administration reviewed the research studies of the previous 10 years that dealt with new drugs, and found that 40 studies were either outright fraudulent or grossly invalid, and 200 studies contained so many flaws that their interpretation could not be accepted. During these 10 years, the FDA also banned more than 60 scientists from testing experimental drugs after finding that they had either falsified data or conducted grossly incompetently research (Discover, 4/88, p. 54-55).

*The Inspector General of the US Dept. of Health and Human Services said that 233,000 elderly people in the US are hospitalized every year because of adverse reactions to prescription or over-the-counter drugs, and 163,000 experience serious mental impairments that are either caused or worsened by such drugs (APA Monitor, 5/89, p.26).

*In nursing homes, about 1 of every 7 doses of medicine received by an elderly resident has been in error (SHJ, 25/7/88).

*An ordinary course of development of a potential drug is likely to include testing in animals, and then testing in humans for a limited period of time--but

generally not in human groups most sensitive to drugs, such as children, the elderly, pregnant women, people with severe or complex diseases, and those who are already on multiple medications. This is why reactions that are out of the ordinary commonly do not show up during the testing period, and of course those reactions that take years to make their appearance do not show up at all.

*Health Letter (4/90), published by the Nader-inspired Public Citizen Health Research Group, proposes wide dissemination of the federal "Adverse Reaction Report" form for drugs and biologics, and suggests that whenever people take a drug, and they experience atypical or unanticipated (usually negative) symptoms, they should fill out the form and send it to the Food and Drug Administration (FDA). They claim that negative drug effects are commonly poorly monitored and poorly reported in the early phases of the introduction of a drug, and that if more people participated in such reporting, regardless of what their physicians may or may not tell them, more would be known sooner about new drugs particularly. A copy of this form (which can be recopied) can be had from us via a self-addressed stamped envelope.

*On the one hand, most drug firms have not studied the effects of their drugs on elderly people, or specified geriatric doses in the information that they release (SHJ, 25/7/88). On the other hand, elderly people have often been used as guinea pigs for drug experiments, often involving new and unlicensed drugs, and often without the patient's informed consent (SHJ, 25/7/88). Since the late 1960s, physicians have failed to obtain proper informed consent from about half of the thousands of elderly patients on whom they have performed drug experiments, according to a senior official of the US Food and Drug Administration (SHJ, 26/7/88).

*According to certain studies and US government records, 22% of the prescription drugs taken by elderly people are unnecessary, and thus actually harmful. We suspect the numbers are much higher (SHJ, 25/7/88).

*One elderly woman in New York in 1987 was found to have been placed on 22 different prescription drugs at the same time (SHJ, 26/7/88).

*People over 65 are twice as prone to suffer damaging drug reactions and drug interactions than other age groups. According to some estimates, nearly two million elderly Americans become ill each year as a result of the prescription drugs that they are taking, and a certain proportion of them die from this illness (SHJ, 25/7/88).

*In elderly people, adverse reactions to drugs may account for up to 40% of hospitalizations. Many drugs interfere with the absorption of food, or reduce one's sense of taste which, in turn, leads to a reduction of food intake. In either case, nutritional depletion may result. In turn, this may also lead to depletion of Vitamin C which then makes a person more prone to stomach injury by other drugs, even aspirin or anti-arthritis drugs. Blood pressure medicines often cause mental depressions, and these may then be viewed as symptoms of "aging" and treated with tranquilizers. Thus, anyone who feels unwell while taking any kind of medication, prescription or otherwise, should wonder whether the drug is to blame, and particularly so if they are elderly (Healthwise, 2/87).

*Elderly people in nursing homes receive more than three times the amount of drugs used by their age peers living at home. In one survey, they received an average of 5.2 drugs per day, with some people receiving as many as 19, versus 1.6 at home. Rather than supporting the health of the institutionalized group, these drugs diminish it in various ways. For instance, they can contribute to nutritional deficiency despite an adequate diet. Furthermore, all sorts of unpredictable interactions take place among the drugs, which are rarely positive (AARP Bulletin, 4/86).

*In 1983, the US Food and Drug Administration promised to publish guidelines on the use of drugs that are given to elderly people, in order to curb health-impairing misuse of such drugs; 5 years later, the guidelines still had not been published (AP in SHJ, 25/3/88).

*Data from Australia have also shown that elderly people there are on an enormous quantity and variety of drugs, with a significant proportion of hospital admissions of the elderly being caused by this practice. Considering that older people quite naturally have more medical problems than younger ones, and other things being equal, it is astonishing and indictive to consider that in Australia, "a significant proportion of hospital admissions in the elderly is directly caused by chronic effects of the drugs being taken at the time" (Adelaide Advertiser, 14/2/89).

*An amazing 10% of all women in the US who give birth but do not wish to breast-feed, and thus at least 400,000 in 1987, took the prescription drug Parlodel made by Sandoz which is designed to stop lactation. And yet the drug is vastly more dangerous than simply using conservative symptomatic treatment of milk-filled breasts that may feel uncomfortable. Furthermore, Parlodel is not even highly effective. Thus, we have yet another instance of a poorly effective drug with a high and even potentially fatal risk factor, illustrating again the preference for high-tech over low-tech solutions in our society and in medicine, regardless of risks or even effectiveness. Prior to Parlodel, physicians used various kinds of estrogens which were also very dangerous (Health Letter, 7/88).

*The medical profession itself has tremendous conflicts of interest in regard to drug sales. Physicians are well-known to invest heavily in health-related profit-making enterprises, and that is one reason why medical groups, such as the American Academy of Family Physicians, attacked the approval of generic drugs by the US Food and Drug Administration in 1989 (Consumer Reports, 5/90). A former FDA commissioner who had since become dean of a school of pharmacology said that the arguments of the AAFP were scientifically so illiterate that "that group of physicians has proven that they know so little about drugs that they shouldn't be allowed to prescribe."

*As many as 3 million Americans each year receive nonsteroidal anti-inflammatory drugs, which include aspirins, on a daily basis. Yet many of these people have conditions which can be treated with more conservative measures, or with drugs which are not as hard on the stomach (Health Letter, 9/89).

*During our workshop on human service technologies and their abuses, we have commented on the hubris of the drug firms, as exemplified in the positive-sounding names that they bestow onto dangerous drugs. But this is hard to believe even for us: one firm, namely, Carnrick, actually named a drug Amen. Not only that, but this drug is a very dangerous one, namely, a synthetic hormone called medroxyprogesterone--the same drug as in Depo-Provera, which is known to cause cancer in the offspring of the women who take it, and to bring about what is called a "chemical castration" in males to whom it is given. Maybe RIP would have been a better name.

*Because of its devastating health effects, Depo-Provera is banned for many uses in the US, and used only in a few cases, but 90 other countries have permitted its use as a contraceptive on a total of 4 million women (USN&WR, 26/2/90). Since the drug is made by the American Upjohn firm, the American economy profits nicely from this deathmaking.

*People who received the heart drugs Tambocor or Enkaid actually had 3.5 times as many heart problems as people getting a placebo, and were 2.5 times as likely to

die. Yet these drugs had been promoted with irresponsible hype for 6 years, and repeated violations of FDA rules went unpunished. In fact, Tambocor had begun to be promoted 3 years before the drug was even approved. It was only when the popular press got hold of the facts that the FDA finally warned physicians about the drugs--after hundreds of thousands of Americans had used them, and who knows how many had been damaged, or even died from them (Health Letter, 11/89).

*More on stupid young people who take drugs to improve their athletic performance. The 1988 Olympics brought the issue into sharper focus. Such drugs were first used in Germany under Hitler to create a race of supermen athletes. The Soviets picked up the habit in 1950s, and the Americans in the 1960s. Today, there are 3,000 drugs illicitly used by athletes, who spend about \$100 million on them annually. When women take these drugs, they hasten aging and produce masculine traits which may not be reversible, whereas in men, certain feminine traits appear. There is also high risk of damage to kidney, liver, and heart. It is also believed that steroids precipitate almost psychotic aggressiveness, including hallucinations and mania. When the Canadian Olympic victor Ben Johnson got caught and disqualified, he lied brazenly about his drug use, because Johnson apparently was not aware of new tests that would catch him. Even men who do not compete in professional or competitive athletics may suffer from such a distorted body image that they will take these drugs in order to develop a superman physique. There are believed to be at least a million of these in the US, and their number is still growing. The situation is very remindful of the early stages of other decadent and destructive crazes, such as the early days of cocaine use (Science, 14/10/88). One German woman Olympic athlete died at age 26 from the effects of the 20 different drugs she had been taking compulsively. Other Olympic athletes said that "there is no one in the world" who has not taken them (Time, 10/10/88). Another Olympian was quoted by Newsweek (10/10/88) as saying that 90% of "sportsmen" use drugs.

Conclusion

*In conclusion to both the general and the psychoactive drug issues, we can see that drugs--and particularly psychoactive ones--are one of the major modalities these days to render devalued people dead, and to do it in a manner that is scientified, largely legitimate, and largely unrecognized for what it is. Literally millions of human service people participate in it, the vast majority without any insight into the larger, and moral, realities.

*Another modest proposal. In light of the fact that people in shrinkery speak so highly of psychoactive drugs, of the calming effects of the tranquilizers, the elevating effects of the anti-depressants, and the sane-ing effects of the anti-psychotics, and so commonly dismiss or downplay their so-called "side effects," Susan Thomas has made a modest proposal of her own: why not administer tranquilizers, anti-depressants, and anti-psychotic drugs to all the mental health workers who serve crazy people, instead of to the crazy people themselves? These drugs would probably help such workers deal patiently with the craziness of their insane clients, would calm them down, and make them less likely to become violent towards their clients--and presumably would do all this with no negative "side effects" to speak of.

Resources

*Paul Williams has written a chapter in a 1990 book that reviews the history of PASS, PASSING, and related training in Britain, as well as related reform efforts. This chapter is very informative. For reprints write to him at 27 Kenilworth Gardens, Melksham, Wiltshire, England, SN12 6AF.

*A slide presentation on pursuing integration of mentally retarded people through their participation in community organizations can be purchased from Education for Community Initiatives, 56 Suffolk St., Suite 500, Holyoke, MA 01040, 413/533-3584.

*Design Without Limits, a 96-page book that came out in 1990, is devoted entirely to the issue of how to make clothing for handicapped people attractive-looking and fashionable.

*Carolyn Bardwell Wheeler has, for some time now, tried to establish an international Citizen Advocacy (CA) journal called CA Forum on a sound basis, but for reasons which are very difficult to understand, only a few dozen people or CA offices have chosen to subscribe. We consider it an absurd and shameful situation that not even people centrally involved in CA would spend the \$15 for US, or \$20 for outside US, to subscribe to the only CA periodical in the world of a non-local nature, or that they cannot get themselves together enough to enter and maintain a subscription. If one cannot do sufficient "follow-along" on such a subscription, how could one do so in the lives of advocate-protégé matches? We therefore admonish those of our readers who are involved in CA to make a determined commitment to maintain a subscription to the CA Forum (c/o Carolyn Wheeler, 8405 Routt Road, Louisville, KY 40299 USA, phone 502/266-6305), to recruit others to do likewise, and thereby to enable this periodical to get established on a sound and on-going basis.

World War III

Few people have noticed that the Persian Gulf oil war was really a world war, in terms of the number of nations that contributed to the war effort. Also, this war has enormous multifarious and complex implications to human services.

We see the Persian Gulf War as a contest between two entities which, in our workshops and writings, we describe as "imperial," and many of the manifestations of imperial behavior which we teach in other contexts are dramatically manifested in the behaviors of these two empires. Below, we list some that have come to our attention.

Some Beneficiaries of the War

*How much the conflict was intra-imperial was underlined by the fact that virtually all of the major Iraqi weapon systems had been given or sold to them by nations that later joined the war against Iraq, some up to the very last moment before Iraq invaded Kuwait, and some even after that, and virtually up to the day when the US attacked Iraq. The poison gas warfare capacity had been furnished to Iraq by West Germany. The SCUD missiles were largely a Russian and Swedish (Saab!) product. Innumerable weapons had been furnished by the US, many during the time of the war of Iraq against Iran. Iraq's Air Force was furnished by many countries, including France. Kuwait itself had given billions of dollars to Iraq to build up its military capacity and to conduct terrorism abroad. Just before Iraq invaded Kuwait, US banks lent \$3 billion to Iraq, with the loan partially under-written by the US government! Previous loans to Iraq had also been guaranteed by various US governmental programs (AP, in SHA, 5 Aug. 90). To France alone, Iraq owed \$6 billion for arms. Hughes Aircraft Corp. in California sold Iraq night vision equipment via a Dutch firm. A week after the US entered the war, there was a major TV news program about an international weapons merchant who was said to have "smuggled" a lot of weapons to Iraq, but the smuggling charge was largely a lie because all of this was known beforehand by the US government, and could have been stopped if it had decided that the issue warranted it. An Italian manufacturer had sold Iraq cheap plastic imitations of missiles, planes, tanks, etc., which were to draw billions of dollars worth of coalition air attacks. While all this business was going so well, there was hardly any condemnation of Iraq's earlier war atrocities (e.g., gassing) of Iran and its own minority (e.g., Kurdish) and dissident populations.

*On the day the war broke, the New York Stock Exchange opened after pausing for one minute of silence--and then the Dow index rose 114 points by the end of the day, the single biggest climb in its history, the second biggest in terms of percentage, with similar results on other stock exchanges. In other words, war was spendid good news in the financial empires. At the Frankfurt Bourse in Germany, the gain was the largest in history (Time, 28/1/91). Indeed, because of the euphoric interpretation of the bombing of the first day in the western news, there was probably a growing sentiment that the war might be short, and as recently as 10 Dec. 90, USN&WR had stated that "a short war would turn into a boon to the US economy," and "a Gulf conflict could spur a brisk recovery." A head of a Wall Street financial firm said that "the best scenario possible seems to be taking place."

*Iraq invaded Kuwait on 2 August 1990, and already by the 28th of September, Syracuse University had received (not just applied for, but actually been awarded) half a million dollars from the government for a "Desert Shield Extension Project."

*The military has been trying to convey the impression that high-technology and very complex weapons systems are now vindicated. One reason why we are told that these systems are so successful is in order to extract vast new appropriations from Congress for more of the same, and thereby make up for the losses in defense contracts due to the collapse of Communism.

*On top of all the other tragedies associated with WWII, a new and potentially tragic PPP phenomenon as emerged. (TIPS readers will remember that PPP refers to post-primary production, the type of economy in which a small proportion of the population does real productive primary production, and the rest gets involved in make-work, unproductive and even counterproductive work--such as most human services.) This new PPP phenomenon is to focus strongly on the presumably worried and fearful mental and emotional state of people over the war, and to accompany this attention by telephone hotlines, TV programs, visits by prominent public officials, intense questioning by medical personnel, and the mushrooming of various so-called support groups. Thus, one sector that benefited greatly from the war was shrinkery. Suddenly, there were hundreds of thousands of anxious people for shrinkery to "target," particularly of course families with loved ones in the military. The shrink people identified one particularly promising target group, namely Arab-Americans who felt uneasy about being in the middle of the conflict. A great deal of this kind of shrinking gets done over hotlines, many of them even long-distance ones. What many callers do not realize is that the telephone shrink services hire virtual children without relevant skills, training and life experiences to talk to them. Apparently, these young people are to parrot stock and superficial phrases of acceptance and reassurance (Time, 28/1/91).

One of the shrink "target groups" was children, and we suspect that the launching of the shrink war actually increased the likelihood that children will be made neurotic, even if they do not have any relatives serving in the military--all of which generates much PPP work now for all sorts of societal sectors, and is likely to do so even more in the future, especially for the mental and shrink world. One might also consider that children have always experienced war, and have experienced it much more intimately (much as the TIPS editor did) than American children did this war, without being thereby crazified. In fact, these experiences were often quite maturing, even though we would not recommend them for this purpose. Furthermore, the TIPS editor would guess that his generation of German war children probably came out of the war less crazified than the current American child population is even without war.

Some people may say that it is all different now because of the graphic TV coverage of war, but on the other hand, children have been exposed to graphic TV violence many hours, every day, for years at a time, and we have not heard any proposals that any child who watches more than a few hours of TV a week should get shrinkery as an antidote.

*In Syracuse, the American Red Cross prepared "a stress team of psychologists, psychiatrists and counselors to greet wounded soldiers and put them at ease," which we found absolutely hilarious.

*Sheltered workshops have benefited greatly from World War III: we have seen clippings from all over the country of all sorts of military contracts going to sheltered workshops. As one newspaper put it in a headline, "Goodwill goes to war" (Ind. Star, 13/2/91; source item from Joe Osburn).

*Violence in the Gulf also brought temporary relief to street violence in New York City. Murders during the first hours of the war dropped to almost nothing, presumably because all the potential killers were watching TV instead (Time, 28/1/91).

*The Gulf War has been a godsend for the war toys industry, in which business and profits immediately skyrocketed. And because more women are being seen in the military, more girl children are beginning to take up with war toys--another sign of ever greater equality.

The Costs of the War

* One of the amazing things about World War III is that the US began to use so-called fuel-air explosives. Two awful things about this are that (a) it is the next thing to a nuclear bomb in terms of the extent and totality of its destructiveness and killing impact, and (b) it is also a version of gas warfare--the very type that Saddam has been waging in the past, and for which the world very belatedly berated him. It is also amazing that the announcements of this new form of warfare received extremely tangential, minor and belated news coverage, when it should have been one of the major headlines of the war. This is the kind of weapon that should be outlawed by international agreement.

*The war was not very old yet when a number of leaders and columnists called for the use of nuclear weapons against Iraq. We believe such weapons would have been used if the war had gone badly for the US.

*WWIII unleashed the single biggest oil spill in history. The implications of it will not be known for years.

*A member of the US Congress calculated that if the US expense of WWIII is factored into the price the US pays for Gulf oil, then the cost of gasoline in the US is now \$5.50 per gallon. If environmental costs and tax subsidies are also factored in, the real cost is even higher! (Greenpeace, 3 & 4/91).

*One victim of the war was medical ethics. A Kuwait hospital nurse stated that she killed 22 wounded Iraqis with lethal injections (AP, in SHJ, 1 March 91).

*It was very distressing to see Iraqi prisoners blindfolded and handcuffed. This is a despicable measure which the US military learned from the Vietnamese, much to its own moral loss. One could just imagine the outcry if American prisoners were paraded in such a de-dignifying fashion by the other side. Indeed, there was outrage when it was announced on 3/3/91 that the 4 CBS newsmen captured by the Iraqis had been blindfolded during part of their captivity.

*According to the 17/2/91 news, roughly 30,000 children of US military members were left behind parentless by the Gulf War, because either both parents, or their single parents, were sent to the Gulf.

Deceptions & Detoxifications

*One of the costs of the war was honesty and press freedom. According to Time, the week before the coalition war began (Jan. 14 1991), the US military had already begun to institute restrictive policies on what journalists stationed with US troops in the Middle East could cover, including that they could not show, photograph, or interview wounded soldiers; that they could not hold off-the-record interviews; and that they must participate in a press pool rather than try to conduct individual investigations and interviews. Furthermore, already--that is, before the war broke out--some journalists had been excluded from press conferences and briefings because they had asked "rude questions." Journalists who refused to be part of the controlled news pool were called "unilaterals" by US officials.

*With immense war preparations going on in 11/90, all three commercial TV channels in Syracuse refused to accept a paid ad opposing a Persian Gulf war, on the grounds that they were "unacceptable advocacy commercials" pushing one point of view one sidedly, and that it was unethical for them to run the ad.

*The news media claimed after three weeks of war that there had been at the most 1,000 civilian deaths in Iraq, which the US called "collateral damage"--which sounds as if somebody had lost whatever they had put up in order to get a loan. At the same time, we were told that supposedly more bombs had been dropped on Iraq in three weeks than on Germany throughout WWII (itself difficult to believe). At any rate, we found it hard to believe that civilian casualties would not be in the five figures instead of the threes or fours. Also, while the war raged, there was hardly any mention of Iraqi military casualties, and Americans were given hardly any inkling at all of what things such as carpet bombing of troop positions will do. Only after the war was over did casualty figures make the news. Namely, the total will be "known to none but God" (as is said about unknown soldiers), but Iraqi dead might exceed 100,000.

*Among the other euphemisms prominent in this war were "friendly fire" (not very friendly to those it hits), and KIA (for "killed in action"), which sounds much better than "blown to bits" or "riddled with bullets."

*Really jarring was the fact that on a great variety of war news programs, hosts gave a very cheerful introduction punctuated by pleasant music. One of the culprits was the program called Entertainment Tonight, which presented war as entertainment to the accompaniment of up-beat music.

*The US military and government have been very tight-lipped about members of the military who objected to fighting in World War III. It was from a German newspaper (AW, 16/1/91) that we learned that some American soldiers stationed in Germany who refused orders to go to the Gulf were put in irons and sent there, including members of medical units.

*One theme that was featured prominently, insistently, and repeatedly on the news media, particularly TV, was how many "lives were saved" by various kinds of weapons. Thus, we heard statements such as "smart weapons save lives," and strangely enough, that even a missile with the name "HARM" saves lives. Obviously, the message conveyed by innumerable statements about lives saved referred to American lives, and not the lives on the other side. Indeed, it was ironic to contemplate that at a time when there might already have been 50,000 Iraqi deaths, we were told how many lives were being saved.

*The coalition managed to avoid a major tank battle, but the US had tried hard to keep secret what such a battle would entail in casualties. Because of new materials and weaponry, wounds in modern tank warfare would be substantially

different than those of earlier years. However, in 11/90, it became apparent that the US military had failed to prepare its medical personnel for the kinds of wounds that would occur on a large scale in a tank war because these wounds are so hideous that it did not want the public to know lest it might lose its enthusiasm for such. The military had not even promoted any research studies on how wounded crews of armored vehicles should be treated.

*The night Israel was attacked for the first time with missiles, and it appeared that some of them might contain gas, one of the major network programs brought on an alleged expert on gas warfare. One of the questions he was asked was what treatment there was for poisoning by one of the gases that was believed to be implicated at that time, and the expert excused himself and said that he was not a medical expert and therefore could not answer the question. Another of the gas experts who was brought on belonged to a peace group, and after he had given some technical testimony, he attempted to make a statement that all of the Iraqi gas warfare capacity was imported--and he was very quickly cut off by the news anchorman.

*Even as missiles fell into Israel and the American public was kept apprised of developments minute by minute, and even as explosions were heard in Tel Aviv, Israeli radio itself did not tell its population what was going on, and in fact, minutes after it was (mistakenly) announced that gas missiles had fallen, the Israeli radio featured nothing but a popular singer.

*We have often made the point that in our contemporary society, violence--especially that of war--is detoxified by being made into entertainment, fun and games. Striking examples are the video and computer programs on which killing the enemy and even destroying the world are transformed into colorful, catchy games and blips on a TV screen. Furthermore, since so much of the tracking of real weaponry, including missiles, bombs, and torpedoes, is done via computer and video screen projections, the games are virtually indistinguishable from the real thing, and it is easy to see how people used to playing violent video games could easily step into "playing" the real thing, with very few qualms. How much this detoxification has infiltrated into modern life, and how effective it is, was shown in the first days of the Persian Gulf war. Cameras mounted in fighter planes filmed bombs being dropped and missiles being launched, targets exploding and being demolished--all to the "oohs" and "ahs" of the journalists viewing them, just as if it were a video game. Also, a plane's films do not capture sound, and are far enough away not to show any people being blown up, which further detoxifies the destruction. Even President Bush said "Gee whiz" on viewing some of these films.

*A major slogan that has emerged from this war is that one should separate the warrior from the war, and support the warrior even if one did not support the war. This is a very typical segmentizing or fractionating strategy which empires characteristically use, and which few Americans could resist.

*Once the war was "safely" over, even Andy Rooney called it "a good war" ("60 Minutes," 3/3/91).

Miscellaneous War-Related Points

*As of 1990, Iraq, Syria, Egypt, Libya and Iran were known to manufacture and possess chemical weapons, and yet despite the increased risk of war in the Middle East that year, Israel refused to issue gas masks which it had available in storage to its civilian population because it might alarm people. Only in late 1990 was it decided to release the gas masks to the civilians. This was a classical instance of imperial pretense that things were under control, and that people really should not worry. When the Israeli government finally decided in late 1990 to distribute 4.5 million gas masks that it had been holding in store to its citizens and visitors

because of the growing threat of war, it was also announced that Palestinians in the territories under Israeli control would have to pay \$20 for their gas masks. The particular irony here is that the Palestinians may need the gas masks against the gas the Israelis use against them.

*Rather peculiar was the preparation of over 700 beds for casualties in the greater Syracuse area alone: there were to be 50 for mental problems, and strangely enough, 100 for obstetrics and gynecological problems, as if one of the results of getting shot was having babies. Also peculiar were 45 beds for pediatrics, perhaps in anticipation of serving the children sent off to fight the war (SHJ, 17/12/90).

*As WWII broke out, west-expert Ruth Sexheimer rushed to Israel to contribute what she could to Israeli morale, though not necessarily its morals. She lectured on "Sex Under Stress," but advised people not to make love while wearing gas masks (USN&WR, 18/2/91).

*Even after only 2 days of war, innumerable complaints started coming in that there was too much war coverage on the TV channels. People who were particularly unhappy were those who wanted to see sitcoms, soap operas, and sports events. Indeed, already by only the third and fourth day of the war, major news programs on national networks were postponed by the better part of an hour because of football games (NBC and CBS). Football replaced war coverage on NBC the evening of the third day of the war.

*Environmental initiatives in 26 states were almost 100% voted down in 11/90, while the US was building up for an offensive war. Stealing Arab oil seems to be such an easier solution that only costs lives instead of money. No one should expect that WWII will bring about significant US moves towards energy conservation or renewable energy sources. The only thing that ever will is energy simply running out!

*From a previous TIPS issue, we repeat that militarism impoverishes much of the US population, as well as those against whom the weapons are eventually used, via the "works of war" which we contrast below to the traditional corporal works of mercy.

<u>The Works of Mercy</u>	<u>The Works of War</u>
1. Feed the hungry	1. Destroy crops & land; seize food supplies
2. Give drink to the thirsty	2. Contaminate water
3. Clothe the naked	3. Burn possessions, including clothes
4. Take in the homeless	4. Destroy homes, scatter families
5. Visit the sick	5. Inflict wounds, burns
6. Liberate captives	6. Imprison enemies & dissenters
7. Bury the dead	7. Make the living dead

*Prediction: Since violence begets violence, but often does so indirectly and mysteriously, we predict that one way in which war violence will come back to the US is in the form of violence in its homes and streets!

Miscellaneous Human Service News

#23

PERVERSION ALERT -- One clever imperial deception (which has already happened) is to declare institutionalized people officially discharged, but to keep them in the institution because there is nowhere else for them to go. Thus, the empire can claim that it is not keeping people against their will, and the reality that there often is no alternative for institution residents helps to support this deception.

*In 1973, Congress enacted the so-called Section 504 Act that prohibited discrimination against handicapped people, and everybody expected this to bring salvation. Yet it took years to get the regulations for the law published, compliance was virtually non-existent, and there were few governmental enforcement actions. In 1990, the Americans with Disabilities Act was greeted as if it, in turn, would bring salvation to the handicapped, and hardly anybody (except some handicapped people themselves) remembers what had and had not happened with Section 504.

*Case managers were invented and instituted in order to be points of stability, continuity, and coordination on behalf of individual clients. However, because of the insane turnover rates and musical chair job-hopping in human services, case workers these days come and go so quickly that it is really impossible for them to play the intended functions. We were told the amusing story of one agency that designated one person to function as the de facto memory bank for the case workers who should have been the clients' memories, so to speak, but who were coming and going too quickly, and thus needed what amounted to a case worker and a case manager for case managers.

*A good example of the escalation of safeguards in the face of escalating disfunctionalities is the following. According to the 1973 US Federal Rehabilitation Act, certain handicapped people are entitled to certain benefits. But since entitlement so often simply does not work, a so-called "client assistance program" (CAP) was also instituted, its primary function being to help eligible handicapped people to obtain the benefits to which they were entitled. In New York State, this CAP function was vested in the same agency that functions as the advocacy and protection agency for the mentally retarded and disordered in the state.

After that safeguard fails, we can anticipate yet another organization being set up, funded and mandated to assure that the advocacy agency administering the CAP program assures that eligible clients receive their rehabilitation benefits. And if that fails...

*Yet another scheme similar to, but much more modest than, Citizen Advocacy has made its appearance, promoted by members of the Kennedy/Shriver clan. It is called "Best Buddies," and recruits college students to serve on a voluntary basis as one-to-one friends with mentally retarded persons. The scheme was launched in 1987, and by 1990 already had chapters on more than 70 college campuses in the US. Buddies are required to meet with a handicapped friend at least twice a month, and each chapter also holds five or six joint group outings a year in addition to the individual encounters. (Source information from Susan Mack).

*One activist in the "circles of support" craze said at a public forum on the issue that he had been involved with two handicapped people for 10 years, and still had not been able to find the right program for them. That reminded us of a handicapped man whose advocate has been trying for 10 years to find the least worst program for him, and still without success--not to mention the right program.

*We had commented earlier on the perversion of turning the concept and noun life-sharing into a verb (e.g., "I life-share with..."). A similar thing seems to have happened with the concept of "circles of support." As of 1990, there has been talk of "children who circle each other as friend." Not only is it bizarre language, but it also sounds uncomfortably close to a predator "circling in for the kill."

*In 1991, we noted for the first time that the American Bishops' Overseas Appeal had adopted the name People First, which of course is the same name as that of various organizations around the world constituted of mentally retarded persons.