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Wolf P. Wolfensberger
Syracuse University

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On Life, Death, and Violence

This issue of TIPS concentrates on the multiplicity of interrelated phenomena which we have called "deathmaking," because remarkably, no suitable word exists for this reality. Death is not divisible. It makes no sense to take an incoherent moral stand that opts for life on X issues, and for death on Y. It is incoherent to call for capital punishment and to oppose killing of the handicapped. Those who would favor abortion and oppose infanticide have been shown compellingly that this is not the way death (one could almost say Death) works.

Of course, our special emphasis is on deathmaking of handicapped or otherwise societally devalued people, and how it relates to societal violence in general. Also, once a year, in the December issue, we cover aspects of deathmaking, related issues of peace and non-peace on earth, and incarceration.

TIPS subscribers should have received the TI flyer of upcoming workshops which includes one event on "euthanasia" in October, 1982.

Abortion, Infanticide, and Child Abuse

*There are now urban centers in which there are twice as many abortions as births, such as in Columbia, SC (The Human, May 1982, previously in NRR News, 9(4)). (News item submitted by Doris Fillmore.)

*In a series of 1981 columns, Ann Landers came out very strongly in support of abortion, but stated explicitly that she was not pro-abortion but pro-choice.

*Seventeen thousand fetuses were found floating in jars filled with formaldehyde stacked in the back yard of the owner of a California medical laboratory, with additional ones being found in the owner's home (UPI, in Syracuse Herald Journal, May 27, 1982). As SS man Dorf, one of the main characters in "Holocaust," would have said: "This is not neat."
*A group called the Committee to Defend Reproductive Rights is actually a pro-abortion group, and in that sense certainly much more against reproduction than anti-abortion groups. One of their ads shows a group of women and the caption, "Can you tell which of us had an abortion? All of us", and another caption, "We're working for reproductive choice." Fascinatingly, the picture includes a small infant, and one wonders whether the infant has already had an abortion as well. The group also puts out cartoons that make fun of any efforts to encourage chastity in young people.

*Another group which has similar sentiments, called the Coalition for the Medical Rights of Women, uses a logo consisting of a mirror of Venus with the Caduceus (emblem of the medical arts) superimposed upon it.

*Turkey is the first Islamic country to move toward the legalization of abortion, which may occur within the year. As in the US, proposals are to permit women to abort without their husband's consent.

*A phenomenally symbolic element in the assault on human life was underlined by a 1980 US District Court decision which overturned major provisions of the Louisiana abortion laws. For instance, it overturned provisions that a woman would have to give written consent before obtaining an abortion, that she would have to be informed of the risks involved, that there be a twenty-four hour waiting period between confirmation of pregnancy and abortion, that abortions during the first three months be performed in a hospital, and that reverence treatment be extended to the remains of the aborted fetus. These provisions were struck down on the grounds that they interfered with (a) a woman's right to privacy, and (b) a physician's right to practice medicine (International Life Times, 1980, 1(23) p. 4)

*Over 3,000 different human gene disorders have been identified, and many of these can be detected prenatally. It is also estimated that about 7% of newborns have a birth defect. These facts in combination, together with the increasing availability of prenatal tests, have led some authorities to propose that prenatal tests for fetal handicaps should be conducted routinely (Science Digest, January 1982), with a strong implication that a fetus judged to be defective be aborted.

*According to tradition, Moses received the Ten Commandments, including the prohibition of killing, on Mt. Sinai. Oddly enough, there is also a Mt. Sinai in New York City, namely a famous hospital and school of medicine which has had its origins in Jewish faith and culture. Yet it is at Mt. Sinai Hospital where physicians who had determined that a woman was bearing twins, one of whom had Down Syndrome, aborted the fetus with Down's Syndrome in a gruesome operation which involved withdrawing a good portion of the blood from the fetus's heart with a needle thrust through the woman's abdomen. The woman later gave birth to a healthy son and a dead withered corpse that was described by a physician speaking for the hospital as "flat, fragile, and paperlike, like a rose that had been pressed in the Bible for five years." (Down's Syndrome News, May 1982).

*UNICEF has estimated that as many as one million infants died world-wide as a result of bottle feeding. This disaster is inflicted mostly on the Third World by the manufacturers of infant formula, such as Nestle, Head-Johnson and Ross Laboratories (Sojourners, October 1981, p. 10). The American Academy of Pediatrics (an association of 22,000 pediatricians) has failed to endorse a World Health Organization/UNICEF code on the marketing of breast milk substitutes, but has accepted a million dollar educational gift from Ross Laboratories, which sells such substitutes.
*Efforts are under way in England to pass a law to make infanticide of handicapped children legal. The law would permit parents or guardians of newborn infants and physicians to agree with each other to withhold any treatment from a handicapped child (The Human, May 1982; submitted by Doris Fillmore).

One hypothesis has been offered for the increased frequency with which professionals directly or indirectly promote abortion and infanticide is that they themselves come from an upwardly mobile social class in which both spouses have committed themselves to a career and have rejected the traditional family styles, child-rearing patterns, and often even children themselves. An increasing number of such people remain childless, or have one or two children much later in life than formerly. They view children as a threat to their individualism and upward mobility, harboring a subtle hostility toward them and toward people who adhere to more traditional family patterns. This hostility may even break into the open, and in either case may lead them into giving clients advice or encouragement that is inimical to the survival or welfare of the children of these clients. Relatedly it has been suggested that it is this kind of attitude which has fueled the increasing sentiment among professionals that incest is not only not harmful to children, but may even be good for them, and that therefore, traditional incest laws which were meant to protect children from unstable parents should be removed from the books, as suggested in an article in the 1980 issue of the Harvard Law Review (More News, November 15, 1981).

Some modern writers and researchers are ideologically so deeply committed to a legitimization of all kinds and forms of sexual behaviors under all circumstances that they will be unconsciously influenced in their interpretation of research evidence, or in their observations of obvious realities. For instance, Schultz (Schultz, L. G. (Ed.). The sexual victimology of youth. Springfield, IL: Charles C. Thomas, 1980) claimed that there are no deleterious consequences to incest, and one can almost read covert advocacy of incest into his book. Obviously if incest does not harm children, then why prohibit it, why refrain from it or why not even advocate for it if one believes that one can demonstrate positive angles to it, such as improving the love bond between parent and child? If one can "demonstrate" no negative consequences, while being able to posit positive ones, then one might just as well glorify, decriminalize and teach incest, hold workshops on it ("incest therapy"), etc. Certainly, courses and workshops on incest therapy should not be considered outlandish or unlikely to take place in the future. After all, who would have thought in 1960 that we would see the kinds of promotion of sexual promiscuity by the professional mental health culture that we are seeing today?

*In Bloomington, Indiana, a child was born with Down’s Syndrome and a deformity in the passage that lets food or liquid from the mouth reach the stomach. The parents, apparently from the academic community of Indiana University, vetoed an operation to repair the deformity, a chain of courts upheld the decision, and the child died within a week, even though at least six people offered to adopt the child. The attorney for the parents said that the same kind of decision "is made every day at other hospitals" (AP, in Syracuse Herald Journal, April 16, 1982).

Few people are yet fully aware of the implications of these judicial decisions. If parents have the right to deny medical treatment to a handicapped newborn, then what is there in law that prevents them from denying the same medical treatment to the same child at a later date, or to a non-handicapped child that needs some kind of life-saving medical procedure? A child with an obvious condition such as Down’s Syndrome will almost certainly be retarded to some degree if life-saving operations succeed. Can we now deny a similar life-saving operation to an equivalent child without a syndrome that will predict later mental retardation with near-certainty?
Indeed, the parents' lawyer in the Bloomington case implied as much when he justified the infant's starvation on the grounds that even if the surgery were successful, the child would still be retarded. In other words, the issue has come down unequivocally and explicitly to the simple fact that when there is a near-certainty that a newborn infant will be mentally retarded, the parents have the right to kill it—at least in the sense that they can withhold nourishment, attention, medical treatment, presumably also protection from the elements, etc.

We should not be surprised that one of the arguments sustaining the Bloomington decision was "freedom of choice," i.e., the very same argument that has been advanced in support of abortion. Clearly, the choice is that of the powerful and the competent, and it is the weak and defenseless who are being chosen to death. Furthermore, another crucial element in the Bloomington case is that the courts repeatedly referred to the denial of life-saving treatment, or even food and water, as being, itself, a form of "treatment" (Lex Vitae, May 15, 1982), i.e., "treatment to do nothing." The noted columnist George Will referred to these verbal detoxifications as "perfumed rationalizations" of acts which, if they were described in an unperfumed fashion, would do violence to people's sense of decency and morality.

The Syracuse Herald Journal (April 18, 1982) editorialized that, "Being born handicapped must not be tantamount to a death sentence." It also said that the old custom of putting an unwanted litter of kittens into a burlap sack together with some stones and tossing them into a lake or creek was "infinitely more humane" than what was done in Bloomington. It also implied that one could call the drowning of the kittens "allowing them to die!--which is the phrase used now commonly for many forms of "euthanasia."

The editor of TIPS has spoken to this issue now for almost ten years. Infanticide is indeed now a common occurrence. We can surmise that possibly several ten thousand, but certainly many thousand, lives are involved. We do not even have an adequate word to accurately refer to what we do, which is one reason why the editor for several years has used the word "deathmaking" to refer to many phenomena which promote death but which do not readily fall under the conventional definitions of words such as murder, manslaughter, etc.

*In medical reports (and often then repeated in other reportage), when we hear that a handicapped newborn is being denied food and/or liquids and is being "allowed to die," we are also often told that the infant has been given "pain-killers," as was the case with the child in Bloomington. Actually, what really happens is that the infant is put on such heavy sedation as to be rendered nearly unconscious and thus unable to protest his/her treatment and condition by prolonged crying and whimpering. Thus, sedatives are administered not at all for the benefit of the baby, but for that of personnel. It would be much more difficult to kill a newborn that acts like an ordinary newborn that has violence done to him/her. To have a newborn fret, cry, whimper and complain for one, two, or even more weeks before succumbing might make infanticide much more difficult for attending personnel. Thus, the sedation of newborns who have been condemned to die is as total a detoxification for the benefit of the killers as any of the detoxification measures implemented by the Nazis to make it easier for people to kill Jews, Gypsies, foreigners, the handicapped, or whoever.

*In a case which received an extraordinary amount of newspaper coverage, (e.g., Toronto Star, July 23, 1977), thirteen social and health agencies representing and/or including psychiatrists, social workers, judges, lawyers, and in all nine professions, were involved with a mother who was abusing her fifth child until it died. Even though two earlier children had died from abuse and neglect, and two others had been taken away by the Children's Aid Society who feared for their
lives, and even though approximately two million dollars worth of services had been spent on the family over a seven year period, no one seemed to be capable of preventing the neglect and abuse death of the fifth infant. In fact, at a court hearing to examine the advisability of child removal, the social worker most intimately involved with the family testified that she would "stake everything I know" on the child's safety in the care of her mother, and the hearing judge who announced his decision to accept the social worker's advice called that testimony "by far the best I have heard in my courts," "complete," "perceptive.

Some interesting issues are at stake in events of this nature. For instance, the case underlines that it is not lack of money or services that creates and perpetuates problems, but the structure of service agencies, the ethic and culture of service professions, and sometimes the phenomenally low level of competence and discipline of professionals. Furthermore, a case like this also underlines that many service workers have a greater commitment to the more powerful and competent, or in a sense, more "humanized," member of the family than to its weak and voiceless ones. In this particular instance, the social worker was more concerned with progress the mother was making or hopefully would make, than with the safety of the mother's helpless infant child. An impressive array of societal defenses existed for the mother, but hardly any existed for the child. While child placement agencies, such as the Children's Aid Society, quite often participate in the circus of mismanagement and abuse, it must be said in all respect and due credit that in this particular instance, they were the only ones who emerged solidly on target in arguing that a child highly at risk should not have to be abused before it is removed from a family.

The case also underlines certain aspects of the conflict of interest phenomenon. The interests of children and those of their parents are often not the same, and in cases in which child abuse is at issue, children should have their own lawyer who will not be biased in favor of anyone else, such as the parents.

**Infliction of Violence and Death on Handicapped/Afflicted People in Society**

*A series of films, plays and books have recently undermined a respectful stance toward life by often utilizing either (a) a depiction of a sick person who is undergoing great unrelieved suffering in order to elicit from the audience a sentiment in favor of "euthanasia" of the suffering person, or (b) a plot which depicts an irrational save-that-life-at-all-costs advocacy which will turn the audience toward sympathy for mercy-killing. Furthermore, mercy killers may be depicted in a very sympathetic light, and as having acted under very wrenching circumstances. An example of the above may be the film *Whose Life Is It Anyway?* (ca. 1981) which earlier had been a Broadway play.

*In the early 1980s, a state legislator in the state of Washington (who is also a physician) publicly declared himself to be in favor of genocide of handicapped people. This stance, repeatedly expressed, has been accepted by his colleagues and the public in a rather matter-of-fact fashion, with very little outcry or criticism.

*Jane Howell, Republican state legislator in Arizona, suggested at an Arizona House Appropriations Committee meeting that the overcrowding at the new Perryville State Prison could be alleviated by a breakdown in the cooling system that would result in the suffocation of prisoners in the desert heat (UPI, in *Indianapolis News*, January 6, 1982)*.
During the record cold of January 1982, it was estimated that only 4,000 beds for destitute people existed in New York City, as compared to 36,000 such people on the streets (AP, in Syracuse Herald American, January 17, 1982). Some street people construct overnight shelters from the cardboard boxes which they find in the junk heaps behind downtown office buildings. All of this is happening on the sidewalks and alleys of the world's most expensive real estate. Some of the street people can only be called heroic, claiming that some of the boxes are "warm as toast," and warmer than flophouses. One street veteran asserted that, "The cold is all in your mind." Also both admirable and revealing is the independence of some street people. Hospitals where some of them are thrashed out have a policy of not releasing anyone who lacks a residence, and so the street people give fictitious addresses (e.g., Rockefeller Center) lest they be sent to some kind of institution.

Even in very affluent countries like West Germany, it is still customary to this very day for police to pick up homeless people, to drive them to a remote spot, and to leave them there, miles from anywhere, under rather hopeless and desperate conditions.

In August 1981, two men broke into a group home in St. Paul, terrorized the handicapped residents, raped two young female staff members, beat them and several of the handicapped residents, some of whom were non-ambulatory, and left with $40, some food stamps and medicinal drugs. After the assailants left, the two staff women heroically ran from room to room checking on their charges, rising above their own suffering.

Assaults upon handicapped people (outside of human service settings) are steadily increasing, to the point where another new "movement" is to teach handicapped people self-defense, and an entire science of wheelchair-defense has arisen. Some of the advice handicapped people are being given to use the wheelchair as an attacking or defensive weapon sounds rather self-defeating, such as to run their wheelchairs over the attacker's feet. (Yes, that is what they teach!) Other advice deals with using leverage from being situated lower than the attacker, and using body mobility in various ways to kick or disable attackers, including via rapid flailing of legs. More effective may be the tactic of hitting someone over the head with your crutches. As with many developments like these, human service workers are apt to jump in with great enthusiasm into yet another technology, giving very little attention and coverage to why these new technologies are needed, or what it all means or will lead to, or what to do about the larger societal scene that makes such technologies "actuel" (Atlanta Constitution, March 15, 1981; submitted by George Cox).

The September 1981 issue of the Human Services Monograph Series (published by Project Share, US Dept. of Health and Human Services) was devoted to a review of abuse of the elderly. The available data suggests that elder abuse is almost as prevalent as child abuse, involving 4% of the elderly population, not even counting subtle and indirect forms of abuse that might take place in nursing homes such as over-medication, denial of rights, etc. Research data are somewhat ambivalent, but again, we only have to keep in mind that we must fully expect broader societal trends to be acted out in any one sub-sector of society; and thus, in a violent society, we must fully expect violence to be committed toward its elderly members.
Infliction of Violence and Death on Handicapped/Afflicted Clients in Human Services

*For some time now, the Hospital for Sick Children in Toronto has been under investigation for the murder of an indeterminate number of infants, possibly as many as 44. At one time, the case had been considered solved, but new evidence has been coming out pointing to a larger crime than previously thought. The infants were slain in the hospital's cardiac ward, sometime between July 1980 and March of 1981, apparently via administration of digoxin, a heart drug which is very difficult to detect in the body. Digoxin has played a role in a series of other "euthanasia" cases involving mostly adults and elderly people in other hospitals and institutions in the US and elsewhere. At least one nurse has been implicated, but the evidence has been insufficient for a trial (AP, in Syracuse Herald Journal, June 14, 1982).

The editor of TIPS has spoken for years of patterns of systematic "euthanasia" by human service personnel who transact either societal or their own personal beliefs that certain afflicted people are better off dead. This type of sophisticated concealed murder by highly-trained professionals has replaced to a significant degree the kind of everyday brutality that often resulted in deaths in institutions for the handicapped in the previous 100 years.


*As of October 1, 1981, at least 400,000 people became ineligible for Aid to Families with Dependent Children (AFDC) as well as for Medicaid coverage. Another 200,000 people experienced a reduction in these same benefits. 1.1 million people lost their food stamp benefits, and almost all the other 20 million recipients experienced reductions. CETA jobs were eliminated altogether, and unemployment insurance payments ceased for about a million. Instead of increasing their own service spending, many states are following the lead of the federal government. Arizona has responded to these cuts by training its welfare officers on how to handle violent clients (Sojourners, October 1981).

*The chokeholds which are being taught in many human services as a way of restraining and subduing a client are also widely used by police, and a significant number of people so held (by police and others) die. Members of racial minorities are particularly apt to die after being held in a chokehold by police. The humorist Art Buchwald wrote a column (May 21, 1982) which satirically claimed that obviously, Caucasians had greater tolerance for chokeholds because of their superior genetic make-up, based on the statement by a Los Angeles police chief who hypothesized that, "In some blacks when the chokehold is applied, the veins or arteries do not open up as fast as they do in normal people." This police chief has had a long history of disparaging comments about members of ethnic minorities (Newsweek, May 24, 1982). This vignette shows how closely violence in human services and in society are related.

*How subtly human services try to turn their workers against their clients was exemplified by the US Veterans Hospital in Asheville, North Carolina, which severely reprimanded a social worker for becoming too friendly ("unprofessional") with a resident who was very severely handicapped (unable to talk or perform normal bodily functions). The social worker's offenses essentially consisted of proposing to take the client with him on a vacation to Florida, and in exploring the possibility of taking the client home to live with him on a permanent basis (Institutions Etc., March 1981, 4(3), p. 17). When agencies promote such separatism, we should not be surprised if violence ensues.
An article (Lester, N. Nation’s paramedics suffer from job-related ‘burnout’ syndrome. Health Care News, February 12, 1981, 3(10), 1; 3) commented on an increasing amount of hostile behavior of paramedics (who operate ambulances) against their charges. At least one such paramedic in New York City reported that he lets out his frustrations by going for target practice on a pistol range. For some reason, it appears that paramedics seem to have a greater variety of stresses in that part of their lives that is not related to work. It is not clear whether this is due to the selection of people for this kind of work (i.e., so that people with more stressful lives become paramedics), or whether these stresses develop as a result of being a paramedic.

In almost every issue, which means almost every month, Institutions Etc. publishes vignettes of abuse, many of them resulting in deaths, of people in various kinds of institutions and prisons. Again, one must assume that these reports are the mere surface layer of what actually happens. The abuses reported take every conceivable form: outright irrational staff brutality, violence among inmates, injury and death while staff apply restraints, over-drugging, incompetent staff assessment or treatment, etc.

While we are used to horror stories in residential settings, in a violence-ridden society, we should not be surprised to hear of violence in virtually any human service context. For instance, the operators of a day care center in Martinez, California, were charged with committing grave cruelties to their children, including such severe chokings and beatings that at least one of them died and six had to be hospitalized (UPI, in Syracuse Herald Journal, December 3, 1981).

The American Federation of State, County and Municipal Employees of Florida has issued a monograph (Patients for Sale: The Plight of Florida’s Mentally Ill and Retarded, 1982) which is one of those two-edged publications which, on the one hand, documents a chilling array of abuses in residential services to mentally handicapped people in Florida, and on the other hand, uses these abuses to argue on behalf of institution services. In our TI teaching, we call this sort of thing combatting one perversion with another. (Source document submitted by B. Roberts)

While institutionalized at the St. Louis Developmental Disabilities Center, a 19-year old retarded woman became pregnant. An investigation suggested, but could not prove, that as many as five staff members may have participated in, or covered up, what appears to have been rape by male staff. The young woman’s mother obtained a court order under which an abortion was performed, during which a drug was administered that has sedative and analgesic effects. The young woman suffered a reaction to the drug, experienced respiratory arrest and died. The mother, who was responsible for obtaining the abortion, had only visited her daughter twice in two years, yet brought a $15.5 million malpractice suit against various physicians and state officials (Institutions Etc., April 1932). This vignette is profoundly sad in documenting violence and abuse against a handicapped person by virtually all the parties in her life. The badness displayed by these mentally competent parties is stunning, and underlines how much worse a serious moral handicap can be than a mental handicap.

A group of men incorporated an apparently phony religious order in Canada and began running group homes. They began to wear red robes and crucifixes around their necks, calling themselves the Visiting Brothers of the Precious Blood. The Canadian Department of Indian Affairs naively sent native children to the home and paid for their care. The boys put in their care complained that they were plied with liquor and then homosexually assaulted. Eventually, the case came to trial.
Excessive prescribing of psychoactive drugs is one of the major hidden causes of deaths of devalued people.

Even Canada's premier mental health settings, such as the Queen Street Mental Health Centre and the Clarke Institute of Psychiatry in Toronto, have in the past administered tranquilizers many times in excess of their recommended doses—in fact, about 250 times that recommended for ordinary instances, and physicians admitted sometimes using doses 1000 times more potent than recommended in most instances, which is almost 70 times the maximum doses for the most severe symptoms recommended by the Modern Drug Encyclopedia. In one instance, this led to a death, and there also appeared to be some cover-up following this incident in that the victim's medical chart disappeared (was stolen?) the morning he died (Globe and Mail, September 24, 1980). One medical expert claimed that physicians are poorly informed about drugs of this nature, which is a terrible indictment when one considers that the physicians involved were part of Canada's premier mental health settings. Despite these calamitous disclosures, the responsible physicians and the directors of the two centers showed no sign of remorse and stated their intent to continue their practices.

A so-called "Working Group in Current Medical/Ethical Problems" (Sterilization of the mentally handicapped. Lancet, 1979 (8144), 665-686) in Britain, chaired by the Lord Bishop of Durham and including prominent physicians and academicians, seriously considered hysterectomy as a solution to menstrual hygiene problems of mentally handicapped women. (Indeed, this solution had earlier been even more strongly endorsed by the British Department of Health and Social Security.) Interestingly, the working group called this operation a "cure," even though it is quite clearly not desired to address a problem of disease, but of bodily ministration and possibly even pedagogy. Astonishingly, the group also called for putting promiscuous and sexually aggressive mentally handicapped males on psychoactive drugs, rejecting sterilization as being irrelevant to these two problems, and castration too drastic. In essence, what this proposal amounts to is to drug some handicapped men into virtual stupor. It is further astonishing that the working group called this procedure "reversible," when it has been well-known that the continued administration of psychoactive drugs can play all sorts of irreversible havoc with a person's body and psyche.

According to a study, 490 mentally retarded women in Ontario government institutions at one point in time not long ago were given the drug Depo Provera, either to halt menstruation and thus reduce demand on staff, or to prevent conception. Among many other problems posed by this practice, there is also the possibility that the drug may increase the incidence of breast cancer. At its annual 1981 meeting, the Canadian Association for the Mentally Retarded resolved that the drug should not be administered to mentally retarded people for these reasons (Canadian Reporter, December 1981).

According to Institutions Etc. (January 1982), Dr. Ruth Baldwin, a professor of pediatrics and director of the University of Maryland's Clinic for Exceptional Children, has for the last twenty years prescribed daily doses of DES (a female sex hormone known to cause cancer, blood clots and other adverse effects) to retarded boys, in order to stop them from masturbating while in school. Regarding the cancer risk, she said that she was not concerned because "These children...have a short life span anyway." She also fully intended to continue the drug despite the opposition of state officials.
Among the various all-purpose health elixirs of a hundred years ago, many over-the-counter tonics advertised as particularly appropriate against the ails of old age are constituted to a significant degree of alcohol. Among five of the leading so-called geriatric vitamin solutions, the alcoholic content in 1979 varied between 12 and 20 percent (24-40 proof). One can view this phenomenon as yet another assault on the consciousness of elderly people. In fact, some people have taken to drinking these solutions because of their alcohol content, even though they may not have been aware of why they became so attracted to them. Furthermore, a tonic with a high alcohol content can have a devastating interactive ("synergistic") effect with any other drugs, including prescription drugs, that a person may be taking.

Bizarre forms of deathmaking have been taking place at the Bronx Psychiatric Center in New York. During the heat of July, 1981, with the outside temperature at 94°, radiators in the facility were going at full blast turning out heat at 128°. At the same time, there were no thermometers on the walls of the Center, and no one knows how hot it got when the outside temperature was even higher, such as at 100° which it did reach on some days. There has been no air conditioning at the Center, and most of the windows cannot be opened. Many windows consist of no more than slits anyway. In some places, steam enters the walls through the heating system. Conditions such as these have prevailed for seven years. It will be yet additional years at the least before any action can take effect. For instance, if air conditioners were approved, the state's bureaucratic system would require four years to install them.

The worst news is even worse: many residents at the Center are on psychotropic drugs which reduce the body's ability to perspire, or which increase fluid and salt depletion, even as the building drives the heat to intolerable levels. The expectable outcome is an increase in the death rate—of course, with no one specifically really being responsible or feeling culpable. In fact, state officials have described the impact of all this upon the residents as "an inconvenience." The State Mental Health Commissioner called the situation a "particular dilemma" because he views the psychoactive drugs as "central" to therapy, but the New York Post (July 20, 1981) called it a "deadly form of therapy." Even relatively healthy young men have succumbed as a result of these conditions. Some residents become violent, no doubt in part in response to these stresses. In response to their response, they may be placed into a tightly closed solitary confinement room. Unfortunately, the investigations of these events resulted in little more than superficial technical recommendations, such as that people under restraint should receive more fluid, and that their temperature should be measured by means of non-breakable thermometers.

Historically and symbolically, it is rather appropriate that the mental health system in New York State comes so close to our traditional image of hell. As a reporter put it, "It is difficult to write the truth about Bronx State without sounding vulgar and crudely comical." "Visiting Bronx State is a test of one's humanity" (Bronx News, July 23, 1982). Other documentations of heat-related deaths were carried in the August 1981 Newsletter of the Federation of Parents Organizations for the New York State Mental Institutions.

Similarly, almost immediately upon being awarded a top national architectural prize, all sorts of functional, structural and safety deficiencies were discovered at the Bronx Developmental Center. The Board of Visitors of the institution first submitted a report on safety hazards in December 1976, citing defects in building construction and fire hazards. Soon, other investigations uncovered further
mistakes in construction and maintenance. Programmatical abuses began to be reported soon after the residents moved into the facility. There were reports of rapes of retarded residents, and finally in late 1980, a resident fell 5 stories to her death under mysterious circumstances that may have involved foul play (e.g., *Health Care News*, 1980, 3(0), 1ff.).

*Between 200,000 and 300,000 Americans are infected with hepatitis B annually, of which several hundred die and many thousands carry away liver disease, about 10,000 requiring hospitalization. Between 5 and 10% end up as carriers of the disease, which means that while they may no longer suffer themselves, they can infect others.*

In 1981, it was announced that for the first time, there was a vaccine against hepatitis B, which can be a very debilitating disease which has been particularly apt to spread among residents of institutions (and thereby to their staff) because of the hygiene risks of this type of congregate living. The world hailed the advent of this vaccine as a great achievement, not aware that some of the research in this development was conducted literally over the bodies of mentally retarded people who were used as guinea pigs.

*Mentally retarded people have been used as guinea pigs in dangerous or outright harmful research for a long time. In Australia, it was recently disclosed that retarded people had been injected with hepatitis B antigen, and then blood samples were taken at regular intervals to monitor their reaction. Also, many retarded women were being sterilized merely in order to make their supervision more convenient. Similarly, some retarded residents had teeth or fingernails removed if they bit or scratched* (Link, September 1, 1982).

*During the 1960s, Dr. Saul Krugman, a New York pediatrician, distinguished hepatitis researcher, and chairman of the Vaccine Board of the US Food and Drug Administration’s Bureau of Biologics, had operated a research program at the Willowbrook State School for the Retarded on New York’s Staten Island. In this project, retarded children between the ages of 3 and 10 were experimentally infected with live hepatitis B. Despite all of the exposes of the atrocities committed at Willowbrook, Dr. Krugman proposed as late as 1979 that retarded children should continue to be used as subjects in experiments designed to test out vaccines made from the diseased blood of hepatitis victims. A major rationale he advanced in support of this proposal was that because of crowding, unsanitary conditions, and poor personal hygiene, retarded institution residents would get hepatitis anyway.*

On top of the fact that German physicians were pronounced guilty at the WW II medical war crimes trials for experiments of this nature, the ideology of rejection and destruction embodied in such a stance was further underlined by 1979 actions of the New York City Board of Education. In New York State, governmental structures at various levels have waged systematic warfare against retarded people for decades, and tried virtually every ruse to exclude them from services other than institutions, and especially from education. The latest strategy, after all previous strategies had been ruled illegal, was to exclude those retarded pupils from the schools who had been ascertained as being carriers of hepatitis B—the very same condition with which Dr. Krugman had infected the children at Willowbrook. The school board declared that these pupils posed a significant health risk to other children in the schools. After efforts to exclude these pupils from the schools were blocked by the courts, the board fell back on the next typical line of defense: segregation in separate programs. As far as the facts of the school board claims go, hepatitis B is generally thought to be communicated only via blood-to-blood contact, and the judge had ruled that there was no documentation of even one actual transmission from a retarded pupil to another child. The profound irony of it all is that most of the pupils in question had contracted the disease as guinea pigs in Dr. Krugman’s Willowbrook researches. This kind of event illustrates the “blaming of the victim” where someone is victimized, then the inflicted affliction is used as an excuse for inflicting even more affliction.
*In an institution for the mentally retarded (apparently in 1960), a non-ambulatory resident was fastened to a hoist in order to transport him from a swimming pool to his wheelchair. In the process, the hoist snapped; the client crashed to the tile floor, broke his neck and died instantly. What was the response of the state's Department of Mental Retardation? The next day, it ordered an inspection of every hoist in each of its institutions. (Vignette cited by Blatt, B. Few to destroy lives by telling stories. Journal of Psychiatric Treatment & Evaluation, 1981, 3, 133-191).

*When one considers that in human service settings, only a fraction of the abuses that occur are reported and/or protested, it is astonishing to hear that in February 1979, the Office of Recipient Rights of the Michigan Department of Mental Health handled 1,021 rights complaints, of which 572 were acknowledged as being violations of clients' legal rights. In the same month, 3,280 new complaints were received.

Detoxification of Deathmaking and Violence

One way in which deathmaking is disguised, or made acceptable, is to "detoxify" it, i.e., dress it up prettily, call it something good and positive, break it down into its component parts and allocate these to different perpetrators so no one feels responsible, etc.

*One linguistic detoxification of infanticide is to refer to newborns as "born fetuses." As long as one assumes that fetuses can be aborted, then obviously born fetuses can be killed, which in turn could be called a delayed abortion. (News item submitted by Doris Fillmore).

*A related incident is to refer to pregnancy as a "sexually transmitted disease," which not only detoxifies the "cure" (abortion), but which medicalizes pregnancy, and thus puts physicians firmly in charge.

*In the 1979 session of the legislature of the state of Kansas, a bill was passed but ultimately vetoed by the governor that provided for the infliction of the death penalty by intravenous injection of a poison. The poison was to be selected by a panel appointed by the Secretary of Corrections (I), consisting of an anesthesiologist, a pharmacologist, and a toxicologist, all to be duly recompensed. Furthermore, the Secretary of Corrections was directed to supervise all executions. The reader is reminded of the macabre fact that in quite a few states, executions fall under the authority of some department of correction and/or rehabilitation.

*A dramatic example of confusion of tongues juxtaposed to bizarre imagery surrounded the execution of John Spinkelink in Florida in 1979. To begin with, Spinkelink was apparently not a very smart person, and it has been well-documented that persons are less likely to be executed for a crime if they are bright, well-educated, and affluent. Furthermore, he was executed by the Department of Rehabilitation of the state, much as in other states that function would fall to the Department of Corrections. Thirdly, there is something most peculiar about the fact that moonlighting electricians were recruited to carry out the execution, merely because the execution took place by electrocution. If a state decided to execute felons by drowning, would we then be recruiting plumbers or perhaps even lifeguards? Finally, the fact that the executioners wore black hoods can, in this day and age, be called nothing less than macabre. All this is also relevant to the detoxification of the killing of afflicted people today by having the medical professions play a major role in it. But while obviously, wearing a white mask while injecting a dose of deadly morphine (or saline solution during an abortion) is less terrifying than wearing a black hood, if things keep up, people may start running screaming when they see people in white approaching.
How death-making can be detoxified was strikingly portrayed by the way in which the San Quentin state prison in California has been advertising in the help wanted columns for people to keep its gas chamber functioning properly. At a time when 100 men were awaiting execution, the work was advertised as being "clean with regular hours" (Newsweek, May 19, 1982).

One advertisement for various constraining devices to be used on psychiatric "patients" during the 1970s read like a high-fashion ad. For instance, the Posey "Houdini" camisole was trumpeted as coming in three colors and three sizes, as being cool and comfortable, as washable and quick-drying, as tear-proof, and as inexpensive. Apparently in order to further detoxify the image of the device, it was shown on a person in a wheelchair, and the text referred to people who "are nursing problems."

This is really hard to believe: a major designer and manufacturer of institutional clothing in the United States chose as its name "Gay Apparels." Among its styles, a particularly gay one is a sort of successor to the straight-jacket, which looks somewhat like a woman's apron but is depicted in one of the firm's brochures as worn by a man, and which is so designed as to be fastened on the back to a chair so that a person will not be able to get up or fall off. This piece of apparel received the fascinating name "chair shirt," a phenomenally deviancy-imaged name for a shirt, since it has absolutely no normative analogue.

Violence by Handicapped People

We have emphasized again and again that the amount of "normative violence" in society can be expected to be reflected in all sectors of society. We thus should not be surprised if handicapped people themselves are becoming more violent. In Freeport, New York, a man in a wheelchair rolled himself into a service station, leveled a gun at the employees and robbed them of $200. He then pointed his gun at one of the customers and forced him to push his wheelchair down a street for several blocks before vanishing into the background. We know it's wrong, but it is difficult not to cheer the robber (AP, in Syracuse Herald Journal, December 9, 1981).

Handicapped people are commonly victimized, and generally are made, and/or kept, poor all their lives. Once in a while, the situation gets reversed. There have been a series of lawsuits in which people who suffered injuries have received exorbitant compensations. An example is a lawsuit in Ottawa in which a couple and their handicapped son were awarded the US equivalent of $3.1 million because their son had become handicapped as a result of swallowing, and choking on, a small figurine from the play-family line of Fisher-Price toys. Astonishingly, the parents sued on the argument that Fisher-Price was negligent in making a toy small enough for a child to swallow. In actuality, it is neither desirable nor hardly possible to make only big toys for children, much as it is impossible to keep them from gaining access to, and swallowing, small objects in general. In this suit, the child received $300,000 for future medical expenses, $500,000 for future lost earnings, and $500,000 for damages. In addition, the parents received $300,000 for medical care expenses, and $1,000,000 for the "loss of the child's companionship" (AP, June 1981).

The most absurd award along these lines involved an eighteen-month old boy who suffered brain damage at birth, apparently as a result of malpractice, and for whom a settlement was negotiated that could reach $60 million in damages, depending on the extent of the boy's impairment and his longevity (New York Times, September 23, 1981).
While awards of such size have become common, they seem excessive. Especially the awarding of money to parents for the loss of their child’s (non-handicapped) companionship can strike one as bizarre or obscene, and possibly contributing to violence toward handicapped people.

*In the work of the Training Institute, we have used the term "systems disablement" to refer to scenarios where two antagonists disable each other without either party acquiring the capacity, or exercising the option, to accomplish anything positive. Mutual disablement usually starts with one party doing dirt to another party, and the second party finally retaliating by doing dirt to the first party—neither really removing the other party from the scene, but merely obtaining a futile and nonproductive stand-off. A good example of systems disablement has been that first of all, human service agencies carelessly disregarded the sensibilities of their clients by practicing virtually no confidentiality in regard to what the agencies did to them or know about them. In response, ridiculous confidentiality laws were passed which disabled agencies, research, and social reform. An example is a murder confessed by one psychiatric client to another, but the psychiatric facility would not reveal the name of the person who was confessing. As a result, nothing has been done: no investigation took place, and if the confessing person is, in fact, the murderer, no legal consequences are ensuing (Time, July 6, 1981, P. 44). Thus, as so often, if human services do not find themselves on one side of a perversion, they find themselves on the side of an opposite perversion.

Miscellaneous Other Items Related to Violence and Deathmaking

*R.I.P. Alexander Mitscherlich died in Germany at the age of 73. He may be best known for his recent books, such as Society Without a Father, but his real accomplishment lay in the reports which he prepared on the Nazi medical war crimes trials, published in 1947 and 1949. He and his co-author (Mielke) were severely rejected by the human service professions because they tried to make the world aware of the participation of human service professionals, and particularly medicine, in the Nazi atrocities. Their reports were virtually suppressed, including by UN agencies. Mielke, though much younger than Mitscherlich, died several decades ago, and it is only now that people are beginning to be more open to the truth which they revealed about 35 years ago.

*It is doubly sad to read how psychiatry in Russia is collaborating with the political regime in institutionalizing and inflicting severe suffering and punishment on dissidents under the pretense that they are insane (Newsweek, January 11, 1982). The double sadness lies in the fact that our own mental health establishment is collaborating in crimes that are perhaps even bigger, but is showing no more awareness (and probably even less) of their collusion than does psychiatry in Russia. After all, in Russia, only a few thousand people are being detained as insane for essentially political reasons. In contrast, the biggest crime of the mental health profession in our society is the way in which it uses psychoactive drugs against literally millions of people, and the second biggest is probably the way it colludes in distracting attention from deeper and more real problems of people by engaging in a myriad of what one might call make-believe therapeutic technology games. Media reporters (including those of Newsweek), many of whom are themselves ensnared with our mental health system, report on the abuses in Russia without the slightest hint of awareness of the abuses of the mental health system in our society.
A potent force of deathmaking has been the materialization of the world that sees human beings as no more than complex machines. The materialistic conceptualization of human life was succinctly stated in an article in Science (May 14, 1982, p. 718-720) on the eminent Harvard evolutionist, Ernst Mayr, who said that living organisms differ from inanimate matter only by the degree of the complexity of their systems—and by the presence of a genetic program. He said that the old concepts of vitalism which attribute a separate principle of life to animate entities are "dead," and that there is no process in a living organism that is not completely consistent with the prevailing physical theory.

In 1979, a troupe of 40 mentally handicapped people gave a mime/dance performance at the Sydney Opera House that held audiences spellbound. The production ran for a full week to a full house every night, with standing ovations. Several members of the cast had Down's Syndrome—the very condition which, according to many medical practitioners today, reduces a person to the state of a vegetable of short lifespan and for which they should be aborted or killed upon birth. All members of the cast are residents of what amounts to a small institution. The director of the troupe is playwright Gennaro, born in Chile. He had been an art therapist at the home since 1976. Shortly after his triumph, he was abruptly dismissed from his position, apparently for showing too much solidarity with the handicapped people.

An hour-long film based on this troupe is Stepping Out, reportedly available from Cori Orient in Los Angeles, 213/557-0173. In the US, the film is available under the title Breaking Free in a 50 minute, 16 millimeter color format from ABC Wide World of Learning, 1330 Avenue of the Americas, New York, NY 10019. (Down's Syndrome News, May 1982).

The only way in which a society such as ours can manage to impose a deviant identity on something like 20 different groups of people so that almost 1/3 of its population occupies a societally devalued status is by each of the devalued groups participating in the devaluation of a good number of all the other devalued groups. Thus, we are saddened but not surprised to read that the president of the Association of Family and Friends of the New Castle State Hospital in Indiana not merely (good news!) opposed the idea of the institution being converted into a prison, but added (bad news!), "I would rather take the felon out and shoot him and pay the 20¢ round of ammunition and not worry about him" (Indianapolis Star, February 25, 1981; news item submitted by Joe Osburn).

Perhaps the advocates of all sorts of unusual, deviancy-imaging, pity-oriented, and outright bizarre methods of raising funds for charity will themselves be taken aback by what must certainly be rated as a fairly advanced form of perverse fund-raising for charity. In the summer of 1979, T-shirts began to be sold for $5 each which promoted capital punishment. Some of these shirts showed an electric chair, and carried captions such as, "One down, 133 to go" (referring to the execution in May 1979 of Spenkelink in Florida, and the 133 other inmates on Florida's death row), "First Spenkelink, now Isaacs" (a Georgian convicted of six murders), and "Busbee, fry Isaacs" (an appeal to Georgia's governor Busbee not to pardon Isaacs). The profit from the sale of the T-shirts was earmarked "for charity," according to a Georgia disc jockey who promoted the sale of the shirts (AP, July 7, 1979).

The title of a 1981 research project funded by the US National Center for Health Services was "Hitting the Target Population in Perinatal Services."
A social worker, who is director of education and training at the Willard Psychiatric Center in Willard, New York, wrote the following: "Today's long-term inhabitants of state psychiatric and developmental centers are America's permanent expatriates. They are also our own kind's most unredeemable, insatiably needy devourers of mental health and retardation services. We now spend billions each year to fail miserably at maintaining the infantile behaviors of constitutionally protected, multiply handicapped, social rejects." (Hospital & Community Psychiatry, January 1982).

Report (October 12, 1981) carried a satirical item occupying a full-sized page that was captioned as "another public service announcement." It promoted "white slavery," showing the picture of a beautiful young couple driving along in a convertible, with the text: "Shirl and I were having a tough time making ends meet, and when we heard she was pregnant, it looked like real financial hot water. Then we heard about White Slavery. Now we're driving this beautiful T-bird and can't wait for the next baby! White Slavery takes unwanted or deformed children off your hands and puts them into useful servitude. It means much-needed discipline for them and money in the pocket for you. If you've got useless kids hanging around the house or waiting in the womb, give us a call. We're in the white pages." (Submitted by Jane Webster)

*What does one think of when one sees the abbreviation M-1? A lot of people in this day would probably think of the US military's automatic rifle or more likely of its M-1 tank. In Syracuse, New York, it is the name of a van operated by the Rescue Mission, which picks up inebriated people from the streets and takes them to its headquarters or a drop-in center. It is fascinating that an ambulance-like van with the name of a tank would be deployed at about the same time when merchants in downtown Syracuse were using language which suggested that the people of the streets (who supposedly scare away their customers) should be exterminated.

An interesting study was reported in the April 1981 FBI Magazine. By means of a survey, the stressfulness of different events in the lives of police officers were rank-ordered. Taking somebody's life was rated as less stressful than being dismissed from the police force. The stress of accepting a bribe ranked only 18th in a list of 25 likely stressors, eclipsed by events such as being passed over for promotion, which ranked 11th. The death of a fellow police officer was more stressful than witnessing a police officer "murdering" somebody.

It is well-noted that police departments vary widely in their quality, and that they all have great difficulty keeping sociopathic personalities out of their ranks. Corruption in law enforcement agencies is a very common problem, and keeping the police under control is always a challenge in a democratic society. We can be grateful that at present, it does appear that handicapped people are being treated with much more understanding by police officers than formerly, due to a number of factors, including wide inclusion of relevant material in police training programs.

Approximately 15 years ago, a man was struck by a drunk driver and has been confined to a wheelchair since. In April 1981, he was convicted in a Fairfax, VA traffic court for "playing in the highway." He was returning from a shopping trip in his wheelchair on a road that had no sidewalks. In his defense, he said that his disability income of $300 a month prevented him from living in the few areas where travel is easier. The wheelchair van service that took him to his trial cost him $45 (Sojourners, 1981, 10(6), p. 7).
*Behaviors for which institutions for the retarded have called the police to arrest the offending resident and take him/her away have included pulling fire alarms, breaking windows, and two consenting adults engaging in homosexual acts. A related very problematic invocation of the normalization principle which might very well reflect perversion rather than genuine normalization has been to call for retarded offenders to "take full responsibility for their actions," which means that they would be tried, sentenced, and if need be imprisoned, as if they were not retarded. For instance, the Commissioner for Mental Health of the state of South Carolina in 1979 called for residents of its institutions who commit a serious violation of institutional regulations to be arrested and jailed by the sheriff of the respective local county (President's Committee on Mental Retardation Newsbreak, 1979, 1(1), 3). Of course, even many nonretarded offenders only get caught and imprisoned because they are poor and devalued in the first place. Once in prison, retarded offenders are highly apt to be brutalized and even murdered.

*What does it mean when nine people confess to the sex slaying of four children, one of the confessors commits suicide—yet all of the confessors are later found not to have been the perpetrator? (Syracuse Herald Journal, December 18, 1978)? Does this not suggest a latent wish to commit such a crime, or perhaps an unconscious desire to be punished for an earlier real or desired act of child killing, and/or child molestation?

*According to some research studies (Ryerson, E., & Sundem, J. H. Development of a curriculum on sexual exploitation and self-protection for handicapped students. Education Unlimited, 1981, 3(4), 26-31), mentally retarded children are from three to ten times more likely to be sexually abused than non-retarded children—who themselves are already very much at risk, especially if they are female. Sexual crimes against handicapped people are even less likely to be reported than those against non-handicapped people, because assailants or exploiters most commonly include not merely relatives but also human service workers and "friends." Further, handicapped people are typically less knowledgeable as to what to do once they have been exploited or assaulted.

Some elements of attempts to educate handicapped people to avoid such exploitation and to protect themselves are very sad. For instance, in one program, there is role playing which casts the "repair person," "acquaintance at the pool," and "stranger on the bus" into the role of the villain, and which includes even teaching handicapped people not to reveal their names to strangers. Such a strategy could contribute heavily to handicapped and non-handicapped people remaining strangers, and thus to a violence feedback cycle.

*In 1981, advertisements for "encounter bats" could be found in some psychological journals. These new human service instruments were cloth-covered foam bats for "professional, institutional, or home use," presumably during encounter therapy sessions. In one such ad, one of the users was depicted as a middle-aged male with a beard and glasses—presumably appealing to the potential buyers to recognize themselves in this stereotype of the psychotherapist.

*The Wall Street Journal recently compiled some of the things said in the Wisconsin legislature. Each quote is from a different representative: "There comes a time to put principle aside and do what's right," "I don't see anything wrong with saving human life. That would be good politics, even for us," "It's a step in the right direction, it's the answer and it's constitutional, which is even better," "I'm not only for capital punishment, I'm also for the preservation of life." (Sojourners, May 1982).
A Plea for Help

Below is a letter that appeared in the newsletter of the Federation of Parents Organizations for the New York State Mental Institutions, December 1981. It was probably meant to portray a composite image of the identities of many people.

"To Whom It May Concern: I am 28 years old. I reside in a psychiatric institution because I have no other place to live. I should not be here. Six years ago my parents' attempts to keep me home were thwarted at every move. Without the necessary support network in the community, I had to leave. I HAVE COMMITTED NO CRIME—I HAVE ONLY EXPERIENCED FAILURE! I failed at nursery school and kindergarten. Special classes helped me through grades 1 through 3. Mainstreamed into regular school, I remained till 10th grade. I struggled and made no waves but I was tormented by my classmates who saw that I was "different" from them. I always wanted to be like everyone else but I couldn't learn from my experiences. I was and still am naive, gullible, sweet, frustrated and hopeful! Unable to cope with the irrational "60's", I again failed the school scene. Then came residential schools, hospitalization, rehab workshops, everything costing thousands of dollars but still no network of community support services. I am still hanging in there hopeful that soon I can be placed in an appropriate community residence that will allow me to participate in life and experience success. CAN YOU HELP ME? I am one of many—I can be found in Pilgrim, Central Islip, Kings Park. My parents live in Nassau County. They too are hopeful."

Upcoming PASS Workshops

*1. LaCrosse, Wisconsin, August 30-September 3, 1982. $193, 3 lunches included, for out-of-state participants. Contact: Wisconsin Coalition for Advocacy, 2 West Hifflin Street, #200, Madison, WI 53703, Attention: Barb Billings.


*4. Syracuse, New York, October 16-20, 1982. Conducted by Onondaga County ARC and CA Office of Onondaga County. Contact the latter at: 919 State Tower Building, Syracuse, NY 13202, 315/472-5120 (be sure to leave a message on the answering machine), or 315/474-3829.

Miscellaneous News

*The New Jersey Supreme Court ruled that residents of its institutions for the retarded have a right to be served in the least restrictive setting feasible (Institutions Etc., June 1982).

*You can buy a "Sexual Harassment Kit" from (believe it or not) FOPW for $2.50 by writing to APA, 1200 17th Street NW, Washington, D.C. 20036.

*The (Catholic) National Apostolate with Mentally Retarded Persons unanimously adopted at its 1981 annual conference a resolution identifying its major priority for the coming year as being the encouragement of integration of handicapped people as participating members of their churches, and to get the various dioceses to create positions of leadership and counsel for handicapped people.
"HOUSEKEEPING ANNOUNCEMENTS"

TIPS Editorial Policy. TIPS comes out every other month, and contains articles, news, insights, reviews and viewpoints that relate to the interests and mission of the Training Institute. At the present, this mission has to do with reading "the signs of the times," and interpreting their meaning for human services. While TIPS is mostly concerned with phenomena and developments that have to do with human services, reading and telling the "signs of the times" necessitates that TIPS also address some of the larger issues which affect our society and the quality of life on earth, as well as the ways in which decisions are made in our society, because these higher-order phenomena will eventually express themselves in human services in various ways, including in human service values and funding. Usually, each TIPS issue will focus primarily on one specific theme. TIPS addresses relevant developments whenever and wherever they occur, so disclosures of adaptive or horrific developments promoted by a particular political party or government should not be taken as partisan political statements. We assume that subscribers are people who lead hard lives struggling against great odds, and are aware of many shortcomings in human services. Thus, we try to inject levity into TIPS so as to make subscribers' lives more bearable (or less unbearable, as the case may be), even if not deliriously joyful. In fact, the "signs of the times are depressing, and thus some TIPS content is in need of occasional levitation. TIPS tries to report developments truthfully, but since it gets many items from other sources, it cannot be responsible for errors contained in original sources. Specific items from TIPS may be reproduced without permission as long as the full TIPS reference is cited/acknowledged, and as long as only small portions of a TIPS issue are so reproduced.

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Invitation to Submit Items for Publication. We invite submissions of any items suitable for TIPS. These may include "raw" clippings, "evidence," reviews of publications or human service "products," human service dreams (or nightmares), service vignettes, aphorisms or apothegms, relevant poetry, satires, or brief original articles. We particularly welcome items telling of positive developments since bad news is so frequent as to be the norm. Send only material you don't need back, because you won't get it back. If we don't goof, and if the submitter does not object, submissions that are used will be credited.

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