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Three themes are prominently featured in this issue: service quality issues, miscellaneous human service news and analysis, and continued reportage and analysis of "the events" of 9/01. The first two themes had been neglected in several of our previous issues.

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Service Quality & Quality Assessment Issues

Some of our data here are old, because we have not had a section for a long time specifically on service quality issues. However, there is every reason to believe that at least the data on bad conditions are not outdated. If anything, the indicators suggest that services have been getting steadily poorer, despite all efforts to the contrary.

Theoretical Issues

* Aristotle said that, "The function proper to any particular kind is the function of the good specimen of that kind" (Nicomachean Ethics, I, 1098a). Applying this maxim to human services, we would say that all human services should aspire to be like the best human services, because that is their proper function. If we were to take the human service ideals spelled out in PASS and PASSING as constituting the proper function of services, then the abysmal performance of hundreds of services on PASSING (and PASS) assessments shows that the actual function of human services is far removed from their proper function, in that the vast majority of services assessed by PASSING have scored well into the negative range. This would certainly indicate that the function(s) being performed by human services are not only not proper to human services, but may even be antithetical to its proper function.

* Or, invoking Plato instead of Aristotle, truth, goodness and beauty form a unity. If so, we might even look at human services through artistic eyes, and ask whether a particular service meets the criteria for beauty and art. The Medieval scholastics thought that beautiful art should have three characteristics: integritas, consonantia, claritas. Some people have translated this as wholeness, harmony and radiance. Thinking in these terms, we can ask of a human service whether we perceive it as having an internal integrity that gives it a sense of moral and programmatic wholeness, whether the service as a whole and its various elements seem to be harmonious, and whether they radiate to us inspiring things, such as truth, inspiration and beauty. Obviously, relatively few human services will. Chances are that the only services that we would consider to be radiant are those where we see extraordinary relationships and devotion by servers, and this probably only when the service is either unpaid or goes very very far beyond any conceivable call of duty.

* Wolfensberger, W., Thomas, S., & Caruso, G. (1996). Some of the universal "good things of life" which the implementation of Social Role Valorization can be expected to make more accessible to devalued people. SRV/VRS: The International Social Role Valorization Journal/La Revue Internationale de la Valorisation des Rôles Sociaux, 2(2), 12-14. Insofar as in our opinion, the term "quality of life" has become useless because of the multiplicity of meanings that have been
injected into it, the question arises what some alternative might be. We had earlier made the proposal
that at least some of the meanings that are often injected into the quality of life term might best be
captured by something like "life felicity," which would focus on the subjective experience of
individuals. Another possibility is to speak of "the good life," as the above article did, and which
can be defined relatively objectively, regardless of what a specific person thinks or feels about it.
Furthermore, it is a term that could be applied both to an individual life as well as to classes and
populations.

*We have always taught that human services should be centered around the needs of
recipients, and built up around a coherent service model that starts with that need. In contrast, the
NY Office of Mental Health gave a classically modernistic interpretation of what human service
quality is based on: (a) being accessible (which of course tells us nothing about its quality), (b)
living up to its stated goals (which also does not tell us anything about quality, since the goals may
be wrong); and most hilarious of all, (c) not doing harm to clients of the program. Of course, it is
true that nowadays, a program that does not harm its clients is almost a model program (NY OMH
News, 6/91).

*In the mid-1960s, O. R. Lindsley described three orientations to human service (or
"intervention") effectiveness. On one extreme was the "rigorless magician" who eschews objective
assessment of effectiveness, and instead relies totally on personal experience, "clinical judgment,"
and similar subjectivism, though of course such a subjectivism can be shared by a large number of
people as exemplified by the facilitated communication craze of the early 1990s.

On the other extreme is the "rigor mortician" who is so fixated on objectified quantification
that the entire phenomenology of affected individuals, clinicians, and the surrounding observers are
ignored. This person can easily become convinced of the validity of a measure that has absolutely
no validity whatsoever, but that happens to garner a significant difference in measurements due to
an artifact or chance fluke which totally escapes rigor morticians because of the blinders that they
have on which are largely the fruit of the kind of sterile training that they have had.

In the middle between these two extremes is the "rigorous clinician" who balances the rigor
of experimental design and measurement with considerations of environmental realities, the real
world, common sense, and clinical observation and judgment that is kept under discipline rather than
let run rampant as in the case of rigorless magicians (related by Arnold Goldstein in 1993).

*A state inspection team severely criticized a Syracuse nursing home and threatened to shut
it down. A former resident said it was a "horrible place, a very horrible place." It was located in
a university and medical school context because this was supposed to be one of the safeguards upon
its quality. However, among the residents, only one was willing to give a negative comment. This
shows how little relevance there can be in client evaluations of services, and how wrong those are
who would base such evaluations primarily or exclusively on clients' reports of their own satisfaction
(Syracuse Herald Journal, 16/4/92).

*A nationwide federal survey of 15,000 US nursing homes that participated in the Medicaid
and Medicare programs, published in late 1988, compared these facilities on 32 presumed quality
criteria. An analysis of these criteria revealed an astonishingly bankrupt concept of what service
quality should be. Several of the criteria were pretty much of a paper or administrative nature, and
about 11 were only concerned with the prevention of abuse, rather than the envisioning of a positive
ideal, as in our own PASS and PASSING tools. For instance, one item stated, "keep patients free
from mental and physical abuse," and another, "take steps to prevent skin breakdown of patients." Thus,
preventing the worst of abuses, and making sure that residents do not starve to death ("help
residents who cannot feed themselves") is the kind of thing that was here seen as good quality. This
is a position widely held.

*It is possible to find all sorts of culturally valued analogues for what ordinary people do
during the day if they are not on a job or in an education program, and for how their needs are
addressed during the day. However, when evaluating any day service for impaired children that is
not an educational one, and any such for adults or the elderly that is neither of a work nor education
nature, it is very difficult to identify a culturally valued analogue. Thus, if a service evaluation team
asks, "What is the culturally valued analogue for this type of service?", it may draw a blank because
there may exist no valued analogue for that type of service. But if the team asks, "What is the culturally valued analogue for addressing this type of need for valued people in society?" then it may generate many answers. For example, suppose the service being assessed is a day service for elderly people. It is difficult to conceive of valued analogues for such services, other than perhaps the men's clubs of the upper classes of men in England, and some similar ethnic clubs (e.g., the Hibernia Society). However, it is easy to identify all sorts of analogues for addressing the needs for activity and socialization during the day for elderly people, including the following: a bridge or other card-playing group; joining a physical culture program; going to play golf; volunteering at schools or other community programs; visiting with family and friends; helping with child care, e.g., of one’s grandchildren; etc.

* A few years ago, a new edition came out of a book, entitled The Handbook of Measurement and Evaluation and Rehabilitation, and we thought it had something to do with evaluating rehabilitation services. Instead, the book is entirely about assessing clients. This illustrates a typical imperial mindset which cannot conceive of the empire, rather than its victims, being subjected to evaluation.

* To our astonishment, we learned in 9/00 that the craze term "best practice" has begun to be also applied to subsume actions based on ideologies, rather than on empirical evidence, putting such "best practices" entirely into the "religious" rather than empirical realm.

Model Coherency Issues

* In the 1969 first PASS edition, Dr. Wolfensberger conceptualized the service quality construct of "Service Specialization" which, in the 3rd 1975 PASS edition, had been refined as "Model Coherency." Model coherency has proven to be the single best/biggest predictor of the quality of a service. Simply stated, a human service model is coherent if all of its elements and strategies derive from the needs of its clients, and do so in a way that hangs logically and harmoniously together. One can also speak of such a thing as image coherency. For instance, people (except perhaps in California) would think twice (or more) about going to a restaurant that was decorated as a public toilet, or to a church that looked like a bar.

* The word "model" has many meanings, and some of its uses in human services are outright inappropriate. For instance, one group of authors has brought out a "safe-playing kit" for teaching traffic safety to children below school age, and they call it a "service model" even though the word "program module" or even "kit" would be much more appropriate.

* Within our PPP service system, it has often been observed that the service being rendered to recipients consists of disfunctionality, so that in model coherency language, one can almost call disfunctionality the "content" of the service. This is very similar to violence being used in certain of our subcultures as expressions of affection, as well as for purposes of aggression. In other words, to show that you like somebody, you hit them, except that in that case, you usually smile while you do so. So when service workers deliver disfunctionality to clients, but do so with good intentions, they should smile.

* A community residence for severely, profoundly, and multiply handicapped adolescents was funded under a US federal government category called "Intermediate Care Facilities/Mental Retardation," or ICF/MR, which is a category that essentially mandates and funds medicalized residences, typically purpose-built, and quite often housing large numbers of people. Although there were only 8 residents in this facility, there were 12 full-time staff and over 28 part-time workers. As a result, the house was inevitably crowded and very busy. One observer described it as operating on the "bus stop" model, where staff enter and leave the life sphere of the residents in much the same numbers and on much the same schedule as people might enter and leave a bus station.

* Ashbaugh, J., & Nerney, T. (1990). Costs of providing residential and related support services to individuals with mental retardation. Mental Retardation, 28(5), 269-273. A survey of community residences for the mentally retarded discovered that even in services that had been identified as being of model quality, there was relatively little relationship between intensity of a
person's need and the kind of residence into which they were placed; therefore, there was also little relationship between the residential cost of a person and that person's need. We would rephrase that as showing yet once again how even under the best of circumstances, residential services--much like other services as well--are model-incoherent, and how model incoherency yields poor cost-efficiency ratios.

*One of the most striking real examples of faulty (in fact, crazy) logic leading to model incoherency was the following: certain older members of a rural community were found to be socially isolated. Staff of a home-bound support program identified their major needs to be socialization, better eating habits and exercise. In response, volunteers were recruited to--bring craft projects to these persons. Nothing was said about strengthening family ties, involving these older persons in community activities, getting other community members to interact with them more often, getting outdoors more often, or even bringing such persons to a congregate meal site, even though one such existed in the area.

*A few years back, the Mental Health Association of Rockland County in NY proudly announced the opening of a "community residence" for 24 (!) adults aged 27 to 89 (!) who had a combination (!) of emotional and physical handicaps. Handicaps could include visual impairment, or need for wheelchairs, crutches, walkers and canes. Part of the staff were to come from a nearby psychiatric institution (!). Supposedly, the residents could have been discharged directly from the psychiatric institution to the community, and were only prevented from doing so because of architectural barriers. The model incoherency of it all was totally unrecognized in the proud announcement in the periodical of the state's Department of Mental Health.

*An interesting image coherency problem was raised by the Seattle Goodwill Industries store which a few years ago advertised itself as being the largest store under one roof. Characteristically, Goodwill stores sell refurbished cast-offs. In Seattle, Goodwill had hung an airplane from its store ceiling. The only other places in society where we were apt to see airplanes hanging from ceilings were at the Smithsonian (where Lindbergh's plane hangs), at airports, or possibly in air history museums. One is thus confronted by the puzzling question whether this image would likely have a positive, or a jarring and negative, impact on the public, particularly since the other items in the store were for sale while the airplane was not displayed for sale. At any rate, what would be the image suggested by an airplane for sale which Goodwill found in the garbage pail, and had reconditioned by handicapped people? Would you want to fly it? How cheap would it have to be before you did?

*In the teaching of the concept of model coherency, we often point out how incoherent human service models can strike people the same way as do incoherent phenomena they might encounter elsewhere in life. Now here is one of these little life encounters that strike us as somewhat incoherent. It consists of a Catholic High School in "Rome" (actually Rome, NY) having its Red and White Musical Players put on "Annie, Get Your Gun," with the whole affair headlined in a newspaper "Annie, Get Your Gun at Rome Catholic."

Service Assessment Tools or Methods

*When PASS was first designed in 1969, there was really no comparable instrument on the scene. While there has been continuing opposition to, and resentment of, both PASS and PASSING, it is rather amazing to contemplate that by the mid-1980s, any number of other service evaluation approaches had incorporated quality dimension concepts first pioneered in PASS or PASSING, and/or procedures for conducting an assessment first worked out for PASS application. In almost all cases, this was done without acknowledging the source of the relevant constructs and methods. One thing this does is that it puts us in a position of being accused of plagiarism even though the plagiarism has been the other way around. Among the evaluation tools that have been adapted from PASS and PASSING are all sorts of tools that are intended to be easier, simpler and shorter, or that are more pointedly adapted to one particular type of service rather than having universality for all services.

*An amazing discovery made during a PASSING evaluation was that a human service can get an extremely low negative score--i.e., close to minus 800 out of a possible negative score of -1000--without being directly abusive. If the service does not provide a program relevant to the needs of
clients, if the intensity of the service is very low, if the location is remote and segregative, the
environment drab, and the imagery negative, then it is possible to end up with such a low score even
though such a service may still provide shelter, a decent diet, adequate clothing, and even
rudimentary medical services. Nobody may be beaten, no one who needs to go to a hospital is kept
out of it, and nobody may be verbally abused—though clients may feel displaced, unhappy,
abandoned, and even desperate in such a setting, and a very indirect form of deathmaking may be
going on where people simply lose their will to live.

This discovery set up a conflict among various assessment participants. Some thought that
a service should get a higher score if there was no abuse, and they tried to find ratings where they
could legitimately assign a more positive level. Others thought that with such a poor performance,
there was bound to be abuse going on, and that if one looked long enough for it, one would find it.
But we need to face the apparent fact that neither interpretation is necessarily correct. Further, such
a remarkable facility can serve as a living window into the reality of how abominably poor
services can be without being outright directly abusive.

*It took an inspection team two full weeks in order to determine that an institution for the
mentally retarded in Iowa was not in compliance with federal regulations (source item from John
Morris). A PASS or PASSING team, or even only a single person trained in PASS or PASSING,
could have determined in a matter of hours whether there were crucial quality deficiencies.

*We discovered a typical daily schedule for classes for "trainable" children proposed in 1958
by two national experts. It went like this:

9:00 - 9:15 Conversational Period
9:15 - 9:30 Recreation Period (Free play and organized games.)
9:30 - 9:55 Development of Psychological Functions
9:55 - 10:05 Preparation for Lunch Period (Setting the table, going to toilet, washing,
etc.)
10:05 - 10:30 Lunch or Milk Period (General housekeeping habits, i.e., waiting on
tables, table conversation.)
10:30 - 11:00 Rhythms or Handwork Experiences
11:00 - 11:15 Language Development (Speech, story-telling, etc.)
11:15 - 11:30 Preparation for Dismissal
11:30 Dismissal

This would have been a prime candidate for a low score on the "Intensity of Relevant
Programming" rating of the service evaluation instrument PASS (Wolfensberger & Glenn, 1975), or
on the "Intensity of Activities & Efficiency of Time Use" rating, of PASSING (Wolfensberger &
Thomas, 1983), designed to assess Social Role Valorization implementation. For scheduling lunch
at 10:05 a.m., it would also rate poorly on "Culture-Appropriate Activities, Routines & Rhythms"
(PASS) and "Image Projection of Program Activities and Activity Timing" (PASSING).

*In face of the many perversions of the life-sharing strategy promoted by the TIPS editor since
the early 1970s, Thomas Neuville suggested the need for an assessment instrument to be called PALS
to stand for Program Analysis of Life-Sharing Systems.

*It is instructive to contemplate the fate of a US federal program for helping unemployed and
hard-to-employ youths develop job skills and find jobs. After this program had run for over 20
years, more than 400 studies (!) had been conducted on it. Yet a review of both the program
and the studies by the prestigious National Research Council, published in 1985, concluded that almost
all 400 studies were worthless, and that the only component of the program itself that showed
worthwhile results was the Job Corps, a 30-week residential program that included vocational
training, basic education and health counseling—and that was soon all but dismantled! The report also
concluded that if one conducts a nationwide—or at least large-scale multi-site—program, it is futile
to conduct a large number of decentralized studies on it. Instead, one needs a study that is also
centralized, and looks at the program overall (Science, 13/12/85).

*We have been informed that people who like to use the service evaluation instrument PASS
(devised by the TIPS editor) are called PASS-holes by people who do not like PASS or PASS
evaluations. These latter people must have been much chagrined by the appearance of PASSING, that mostly replaced PASS, since the word PASSING does not lend itself to such flowery language.

*Not all PASS teams have something to do with human service and our PASS tool. There are so-called Police Anti-Sniper Squads which are also referred to as PASS teams (source material from A. J. Hildebrand).

*The Rating-Spangled Banner (with apologies to Francis Scott Key):
Oh say can you see Where social integration
By the dawn’s early light was the major recommendation
what so proudly we hail of the PASS team who came
as the model coherent to evaluate in shame*
Whose clients and staff Oh say does that PASS tool
are appropriately matched still serve those of us who got fooled,
and service delivery and demand retribution
actually enhances peoples’ dignity for society’s institutions.

*one may substitute "to conciliate in pain" if it is particularly appropriate to one’s circumstances! TIPS poetry seems to be infectious. The above was submitted by a PASS team leader who requested anonymity.

*It has been drawn to our attention that the Bible often said "It came to pass." Human service certainly would have much to prove if it came to PASS, or at least to PASSING.

Primitive Notions About Service Quality, or About Fixing It

*Peter Millier from Australia observed (CA News, 1/97) that ever more layers of quality and accountability safeguards and bureaucracy are being laid upon services in Australia without an increase in service quality, and even while abusive practices in human services continue to flourish. One irony is that a societally devalued person may be receiving a service that is considered to be of good quality according to certain objective criteria while "still having a very poor quality life."

*In German human service discourse, a service may be referred to as being one of "full-clean-dry care," or a "clean and full" (or "sated and clean") service. This refers to services that make sure that recipients have an indoor refuge, get enough food, and the place is clean, but not much else is provided (information from Carsten Krüger and other sources.)

*Entire states are now claiming to base their programming for the "developmentally disabled" upon "person-centered planning," and these days, this is assumed to assure quality. As was the case with the individual program planning and case management crazes, virtually everybody seems to assume that this particular means toward an end is an end in itself. This is further evidence of people’s confusion of programmatic and non-programmatic measures.

*We were told that a human service quality evaluation team (but not one that was using a Social Role Valorization-based tool, such as PASS or PASSING) walked into an institutional living unit and encountered a woman who had just mutilated herself in frustration, had blood all over her, and was screaming as loud as she could. The team walked right past her and managed to discover a few dust balls somewhere on the floor, and that is what it wrote up as requiring address. This vignette illustrates many things, such as some people in human services no longer hearing the groans, and even screams, of the oppressed, people becoming deaf-blind to the most obvious realities, and displacement of address to, at the very least, infinitely low-level problems instead of those where the issue needs to be drawn.

*During a PASSING (Jan. 98) assessment of a group home, the director was asked "if you could wave a magic wand, what would you change in the lives of your clients?" The answer was, "more staff & more money." The same question was asked of the program co-ordinator of an elder
day care center. The response was similar, "more staff, more money—and maybe more out-trips" (submitted by Kathryn Smith).

*Just how dramatic the expectations for human service quality differ between the PASS and PASSING evaluation tools on the one hand, and the rest of the world on the other, could hardly have been highlighted more than by the following vignette. A nursing home of institutional size (over 500 beds) in the Syracuse area that is known to be problem-ridden was evaluated by the state’s health department and received a perfect score. Our guess is that on PASSING, it would probably have gotten a score well down in the totally atrocious range.

*A rape counseling service which was hailed by federal authorities as among the nine best programs aiding victims of sexual assault received a PASS score only modestly above the "minimally acceptable level" by PASS standards. This underlines the low quality standards and expectations of even the pace-setters in human services.

*Amazingly, an editorial, no less, in Hospital & Community Psychiatry (7/88) said that accreditation evaluations of service settings in the US were an "enormous cottage industry" but "often have nothing to do with assuring quality but are nit-picking excursions to control costs... The quest for quality has been perverted by being linked to efforts to control reimbursement. Curiously, it is almost impossible to find articles critical of this situation.

"Quality, like obscenity, is difficult to define, but most surveyors assume they know what it is when they see it. Yet there are no absolute and few relative measures of quality that are generally recognized and agreed on by both surveyors and providers. As a result, quality measurement by surveyors is more a matter of faith than science. Further, there is no proof that surveys improve the quality of care in the surveyed institution or for the individual patient by one iota. Surveys are not focused on patient care but rather on scrutiny of the medical record, the building, physical plant safety, or length of stay."

The critique is largely correct, and still valid, but the critics themselves would probably draw back from a real and true quality assessment, as with the PASSING tool, because it would invalidate much of the shrink paradigm itself.

*Hadley, T. R., & McGurrin, M. C. (1988). Accreditation, certification, and the quality of care in state hospitals. Hospital and Community Psychiatry, 39(7), 739-742. This article looked at accreditation data for 216 state psychiatric "hospitals." It was remarkable that "quality of care" was seen to be measured by average cost per patient, per diem bed cost, total staff hours per patient, clinical staff hours per patient, percent of staff hours provided by medical staff, bed turnover, and percentage of beds occupied. All of these would count for very little on the PASS and PASSING tools. At any rate there was little relationship between being accredited and the above "indicators of quality of care."

*A NY mental institution that was just gosh-awful, and had a long record of scandals, was declared in 1987 to be "very good" by the state protection and advocacy office.

*Until NY State began to shut down some of its mental and mental retardation institutions, each of them had a director of quality assurance position (usually someone with a doctorate) paid salaries in the upper 5 figures—and yet these institutions never managed to rise above very low quality, or even prevent widespread abuse. As we used to say, "where nothing works, nothing works!"

*This may be hard to believe but we swear it’s true: some people even think "the answer" to all sorts of problems, including human service ones, is to be found in the personal organizers that are sold under such names as "Daytimer" and which contain, in one purse-sized book, calendars, sections for "things to do," sections for recording phone calls and business expenses, etc. In fact, one woman actually came up to us at a workshop in England, showed us with tremendous pride her (noncomputerized) organizer that had just been given her by her agency, told us that such an organizer was "the answer," and recommended that we get one. More recently, such people will undoubtedly be swearing by computerized personal organizers.
The Mostly Dismal Service Quality Realities in Human Services

*Over a very short period, at least 5 service agencies in the Syracuse area alone collapsed. One was an upscale nursing home. Another was an assisted living facility for the elderly. One was a group home for the relatively competent elderly. A case management agency collapsed when it kept agreeing to take on cases at a funding level per case that was lower than the cases demanded. Apparently, greed for money up-front gained the upper-hand, and the agency promised to take on more clients than it was able to deliver services to. Finally, the biggest and multi-million dollar provider of vocational services for the handicapped collapsed. The board of directors and the chief executive officer lost oversight over the finances of the corporation, and it suddenly found itself about a million dollars short. According to some accounts, there had been embezzlement by a financial officer.

Agencies ceasing to exist wreaks great upheaval in many lives. The collapse of the vocational agency put 370 handicapped people and staff at least temporarily out of work. One striking thing is that agencies such as these are often headed by well-paid executives. The director of the vocational agency was being paid $91,000 per annum.

Whenever anything in human services happens in Syracuse, we assume that it is merely a local expression of far higher-level and widespread phenomena, rather than something particularistic and unique to Syracuse. Thus, similar collapses must be widespread at least in the US. Furthermore, it is safe to assume that a service must have been in a mess well before the day when its collapse became public. In other words, there was probably a period of a year, or several years, when the service of an eventually collapsing agency must have been very poor.

*In New York State, there are so many safeguards piled on top of safeguards piled on top of safeguards for all sorts of services that paperwork is overwhelming everybody. People in the field have called these paperwork requirements "mind-boggling." This is one reason why so-called adult homes (including what used to be smaller proprietary and relatively culturally normative nursing homes) have virtually disappeared. Almost the only places that can manage to still stay in business are the large institutional-type facilities or other large service agencies. The tragedy of all this is that in balance, service quality is not really any better than it once was. Improvements in some categories of service have been offset by deteriorations in others. Again, there is no reason to believe that this situation is unique to NY State, and probably the best that we can expect in the future is that services will do the same bad things at greater expense.

*In early 1989, the Belchertown State School (an institution for the mentally retarded, since closed) in Massachusetts had 1200 employees for 305 residents—and yet still, the quality of service was low.

*In New York State as of 2000, one state office had supervision of 740 adult care homes with fewer than 5 residents each; another had supervision of 530 homes with 5 or more residents each (a total of 37,000). A third department (Health) was supposed to inspect all licensed homes. However, a state "audit" found that none of these 3 departments could document that it did its supervisory job. In the case of the Health Department, its computer system was unreliable, and information either was never collected, never entered, or misfiled (AP in SPS, 11 May 00).

*One of the lowest scores ever for a service on PASSING was obtained in 1992 by a private residence for mentally disordered people. It was scored -930, earning the lowest level on all but a small number of ratings (the lowest achievable score is -1000, and the highest +1000).

*Things have gotten so bad in human services that now, entire day-long training workshops are given on how to conduct investigations into allegations of some kind of abuse. In Syracuse, a day-long workshop on the topic, entitled "Conducting Investigations Training," was held in February 2002, attended by a large crowd of very animated (and partially very young) people, rather than the more sober would-be detectives one might have imagined; and it was advertised with a drawing of a Sherlock Holmes-type peering through a magnifying glass.

*In 3/99, the US General Accounting Office of the Congress came out with a new study on nursing homes that concluded that no matter what law got passed to control nursing homes, or to
enforce earlier laws, nursing home operators somehow manage to circumvent all the legal provisions, doing bad things to residents while they are profiting therefrom. Furthermore, neither state nor federal government seems to have the will to enforce nursing home laws. We surmise that this is at least in part because nobody would know what to do if nursing homes were shut down for law violations.

Also in 3/99, an article in The Nation, entitled "The Shame of Our Nursing Homes" (an allusion to "The Shame of the States" published about mental institutions two generations earlier) showed that in states with the lowest Medicaid reimbursement rates, operators make the highest profits.

*A surprise inspection of a state-wide sample of 45 nursing homes by the Health Department of New York State found that 42 suffered deficiencies, and 15 had very serious ones. To interpret such data, we have to keep in mind that the usual official criteria permit even very poor nursing homes to pass, and that an inferior grade therefore is doubly significant (SPS, 18/8/01). Also, many of these homes have been deficient on numerous previous evaluations.

*Congressional investigations of nursing home abuse have become a multi-generational ongoing fact of our lives. One such report issued in 3/02 tells us what some of the obstacles and problems in getting at the facts are. When visitors or observers report what they think are abuses, nursing home administrators are not apt to be very welcoming or even believing. Residents are afraid to report assaults because they do not feel safe from retribution. Nursing homes themselves are reluctant to report abuses because they fear bad publicity or state sanctions. Nursing homes rarely call police for any attacks on residents that would bring an instant response if they occurred anywhere else. When nursing homes do report an incident of an injury, they often falsely report how it happened, namely, in a fashion that interprets it as an accident rather than an assault. Some abuses by nursing home workers against their charges are amazingly brutal. One elderly woman had bones broken in her whole body, from the neck on down. Sometimes, a resident is violent toward other residents, and these others may then have little protection. Nursing home residents may be taken to emergency rooms and personnel there told that a resident's injuries were the result of a fall rather than the assault that actually took place. When states do discover malfeasance and abuse, they are more likely to recommend corrective actions rather than pursue penalties. Police agencies are not sufficiently equipped and trained to investigate nursing home abuses. (Various 4/02 new clippings, some from Fred Robrecht.)

*Despite living off public monies, service providers have so many "rights" that regulators are virtually paralyzed, and rarely go through the trouble of shutting down the money flow. As of 1986, no boarding house accommodating handicapped or elderly people in Toronto had ever been closed down because of failure to meet city codes, even when the funds came from the provincial government (usually matched by federal monies as well) (Toronto Star, 10 December 86; source item from Barry Wever). One "adult home" for 125 people in New York State was finally shut down by the state government because the administrators had stolen close to 40% of the facility’s annual income for themselves. But in addition to earlier formal proceedings, it took 10 full days (!) of hearings before the ruling was rendered (Quality of Care, No. 55, 1993).

*Many nursing homes in Britain fail even the measly quality standards that are applied in the service culture outside of SRV, PASS and PASSING circles, and even some of England’s most expensive nursing homes are failing base-rate standards (Guardian, 14/6/97).

*In 1967, Edgerton wrote a book entitled, The Cloak of Competence, which became very widely known and read. Thinking of this, it struck us that in human services, we can often speak of agencies wrapping themselves in the "cloak of effectiveness."

Miscellaneous Other Quality Issues

*We ran across the story of one of Canada’s pioneering "half-way houses" for people who had once been in trouble with the law. The house opened, operated for 13 years, and then closed again—without its leaders ever being able to spell out any relevant standards of evaluation. This reminds us that we always hear of virtually every human service claiming that it is in a state of
transition. Naturally, during such periods, they do not like to be evaluated since presumably things will change dramatically, and certainly for the better, when the transition is complete. Many services remain in a permanent state of transition, some for hundreds of years.

*In some circles (e.g., the school system), an evaluation of a service is now sometimes called an "audit." Perhaps the choice of this term reflects the fact that so many human services these days are profit-oriented business ventures, and an audit may be a more suitable term in this context than the word "evaluation."

*The Indiana Division on Disability, Aging and Rehabilitative Services, reorganized itself in 1/01, and renamed its Quality Control Unit the Quality of Life Unit (source information from Lucy Gwin).

*An imperial strategy that one can occasionally run into in many countries is for the government to point out that the quality of care for certain dependent population groups is better in some locale than in others--and then to call for "equalization" or something like this, which typically means lowering the services that are of higher quality to the same dismal level as the rest.

*A number of agencies in the Philadelphia area were engaged in a battle against each other about finding a foster home for a child from one of the state institutions for the retarded. After months of futile efforts by advocates of the child, a Jewish judge ruled on Passover morning that the relevant officials were to place the child into a foster home in time for the evening seder, or he would put them into jail. By nightfall, the child had been placed.

*Since the early 1990s, the name of the PASS service evaluation tool had a competitor, namely a service craze of the US Social Security Administration called Plan for Achieving Self-Support Program, or PASS.

*Some years back, one of the heroines of the comic strip Spider-Man revealed herself as "head of evaluations at the Cerebrum Institute."

*Here are (belatedly but still relevantly) some aphorisms dropped by John O'Brien at a 1981 service evaluation.

An evaluation not worth doing is not worth doing well.
Blessed are the poor in choice for they will have little trouble making up their minds.
All skill is in vain when an angel pees into the touchhole of your musket. (Supposedly derived from an old German proverb.)
The bird that is hunting the locust is unaware of the hawk hunting him.
Never book a bureaucrat for an interview on a weekend.

*PASS and PASSING workshops, and workshops run by the TI, have often been criticized for their demanding nature, format, and schedule. Typically, the criticisms claim that such demands are unreasonable, or even "dehumanizing." However, as we have pointed out, in other certain fields such demands (and even greater ones) are also made and met, and are recognized as a major means of preparing people for mastery of their career roles. Examples are found in the areas of nursing, medicine, law, or the performing arts. Recently, we discovered that yet another field runs conferences similarly demanding as those of the TI, though this field might surprise many people: it was travel agents. At a conference on arranging and selling cruise vacations for customers, participants had to register at 6:45 in the morning for an opening session at 7:15, and a program of lectures and field trips--much as at PASSING workshops--with their last session not ending until 9:30 at night. Their second day was admittedly a bit easier, starting again at 7:15 but leaving them with a free evening. Their third day was even yet easier, starting scandalously late at 7:30 a.m.!

*A test of commitment. We recently learned of a PASSING practicum team that did a practicum evaluation of a service setting on the very day when it was discovered that the setting was lice-infested.
Ideologies Impacting on Human Service Practices & Research

*In the area of speech pathology, stuttering is the most written-about but least-understood disorder. Indeed, research in this area has become virtually meaningless because of intense personal and ideological prejudices in that field. A 1999 review (Ratner & Healey) of the status of the work in this area concluded that the field is de facto retreating from the scientific method, in part because constructionist positions now provide a new intellectual framework within which people can perpetuate their prejudices and ideologies. In our opinion, this has much to do with people who have speech impediments themselves entering the professions that deal with these disorders, and their personal wounds become insuperable obstacles to rationality in these fields.

*There are many reasons why we have seen a retreat from socio-behavioral services and regimens in many human services in recent years, despite their potency when used well, and instead, the adoption of body-manipulative or invasive ones. Here, we point to two of these.

1. A general materialization of worldview and of the human being. A materialized view of the human puts hopes in what these days are called "interventions" to the degree that they are materialized. For instance, surgery rates are extremely high, followed closely by medically-prescribed drugs, and then at some distance, formal behavior modification, with "soft" measures, such as provision of family, love and belonging, rating relatively low, perhaps being seen as a last recourse.

2. Some socio-behavioral regimens are complex and long-term, and require resources that within the culture of modernism are in short supply: the same people being around a person all or most of the time to maintain the necessary structure and continuity of the regimen; people who put the self aside to at least some extent; people who can think long-term; etc. For instance, popping a Ritalin pill into a misbehaved child is the perfect "treatment" when both parents, or the only parent, have full-time jobs and/or little time or inclination to institute a demanding child-rearing discipline. Operating on someone, or popping pills, is vastly more immediate, circumscribed, short-term, and simpler.

Despite the above trend, many human service providers have been changing their names so as to incorporate the words "behavior" or "behavioral." For instance, a very old alcoholism agency in Syracuse renamed itself Syracuse Behavioral Healthcare.

*There is reason to believe that because of ideological/political reasons, school children these days (at least in the US) have to be much more retarded than formerly before they are interpreted as mentally retarded (E&TMRDD, 6/98).

*Neuro-scientists and geneticists are talking out of two sides of their mouth when, on the one hand, they correctly assert that for any human trait related to mentality, there is no single gene but many genes working in concert with environmental factors; while, on the other hand, they constantly invoke genetics as a major cause of all sorts of mental anomalies. The very director of the National Institute of Mental Health did just that in a 29/4/99 news release (source item from Oxana Metiuk).

*While mental retardation was under medical and psychiatric control, it was a Herculean task to deal with certain issues from an educational and psychological perspective. Finally, the ideology won out that educators should use educational idiom when talking about educational problems, and psychologists should use psychological idiom when talking about psychological issues, rehabilitation workers should use rehabilitation idiom and concepts, etc., instead of them all relying on medical diagnostic categories, concepts and idiom. This changeover was accompanied by some deep thinking about the philosophy of science. Now, we are in danger of losing all the progress that was so long and hard fought for. Namely, it is being claimed that in recent decades, more and more medical syndromes associated with mental retardation have been "discovered" to be associated with syndrome-specific behaviors, characterized as "unique etiology-specific brain-behavior relationships," and that psychologists, educators, etc., should go back to an etiological and syndromic orientation in their studies and work. A 1999 book, Neurodevelopmental Disorders, which makes such claims, has even been said by a book reviewer in the American Journal on Mental Deficiency in 2001 as being arguably "one of the most important ever published in the field."
An article published in Neuropsychiatry, Neuropsychology and Behavioral Neurology reported that convicted murderers from good homes suffered from abnormal brain activity, while murderers from bad homes did not (SHJ, 28/5/98). This is a wonderful explanation from the privileged classes as to why their murderers are "sick," while low-class murderers are "evil."

With the ascendancy of the entrepreneurial model in human services, it has once again become popular to refer to recipients of human services as "consumers."

One service executive actually put in writing that in human services, there are "bottom lines, but no right or wrong, only individual feelings and opinions." This is a dramatic manifestation of constructionism having trickled down to the service delivery level, probably without being recognized as such.

Human Service Laws, Regulations, Funding, Administrative or Bureaucratic Policies

One of the things that has led to runaway funding of human services in the US has been the federalization of much of human service funding. When services were funded mostly by local and state governments, there was much more concern with accountability, and of course oversight was close to where the services were, i.e., in the respective lower-level governments. The idea that Washington can be an adequate locus of oversight for services in such a huge and populated country as the US is utterly absurd, and reminds us of the fallacies of Marxism which largely collapsed because it was based on the false assumption that centralization would vastly increase industrial and societal efficiency. In fact, it is absolutely mind-boggling that people would presume that a small local service could be run by people a thousand or more miles away. In the vast Soviet Union, everything was attempted to be run out of Moscow which, of course, proved to be impossible, and contributed to the dissolution of the union.

One of the currently reigning paradigms on how to deal with human services is the commercial management model. The reigning thoughts seem to be that all one needs to run a good service is management skills; and in fact, with good management skills, one can deal with any organizational or human problem without needing any knowledge of the specific field with which an organization deals. Thus, managers in human services are not seen as needing knowledge about the particular human conditions that their service tries to address, or about the service means used. For example, a single agency may now run programs for every conceivable type of condition—mental retardation, other so-called "developmental disabilities" such as cerebral palsy, mental disorder, alcoholism, drug addiction, AIDS, family incompetence—and do so (a) because there is money in it, from federal and state governments, (b) on the assumption that they have all the competency needed for all these different areas of human need, and (c) without any concern for the negative image juxtaposition that accrues to these various devalued people by being served by the same agency.

Sometimes, one does not see history in the making when one is in the midst of it, only long afterwards. In the US, we have been in the midst of a massive transformation of a large portion of the non-profit human service sector into for-profit commercial enterprises. For instance, many hundreds of US hospitals founded by charitable bodies with donations from local citizens have been sold off to profit-making health service empires with headquarters far away, some of which now own up to 350 hospitals each. Sometimes, these firms will buy up several hospitals in an area and then close one or more of these so as to eliminate competition. The same organizations are also buying up health insurance firms, which is an extremely dangerous phenomenon because the insurance branch will then have a very high motive to have medicine practiced in its hospitals in a way which will save itself money. These firms will pay almost any price to gain hold of existing service organizations. Members of boards of directors are often de facto bribed to vote for sell-outs. In one case alone, the trustees of an insurance firm were given $50 million to sell their undervalued insurance company (CBS "60 Minutes," 27/10/96). The mob is said to have also been taking over the managed care companies in some states (Mouth, 11/96). Presumably, such companies will make offers to their patients that they cannot refuse.

Private vulturing has reportedly been particularly prevalent in medical rehabilitation. There, some centers have made grandiose claims, thereby attracting desperate people (e.g., parents of
adventitiously head-injured children). While charging as much as $30,000 per month, the patients have actually been neglected.

*Amazingly, one hears very little about the fact that some states have contracted their welfare systems out to some rather well-known commercial firms that have had absolutely nothing to do with human services, such as McDonnell-Douglas and Lockheed, both in the aircraft business—mostly military.

*Connecticut had a few problems in its welfare department, and decided to fix it by contracting some of its functions out at $12.8 million to a private vulturing firm from another state far away. Promptly, the system broke down altogether, with the private contractor unable to process the billing work, and not answering the phone anymore (Time, 23/3/98).

*In one Canadian program for "brain injured" people, hundreds of Canadians were in effect exiled to services in the United States for as long as 10 years at a time. In some instances, their families could not even locate them because the "rehab" programs in which they had been placed changed hands, and/or patients were shifted from one facility to another (Mouth, 5/98).

Note the 2 distinct patterns of long-distance management: in one pattern, the recipient is given by funders to services far away, and in the other, the local service is operated by people far away.

*In many states, mentally handicapped people are contracted out to private board-and-care or group homes, where they are supposed to receive either "basic service" or an "enhanced service." "Basic" really means a place to sleep and food, while "enhanced" adds extra services for which additional staff members must be hired.

*The founders of private for-profit human service vulturing firms usually strike it rich. Wall Street loves this business, and whenever such a firm starts offering stock publicly, Wall Street gives it the thumbs-up signal, investors snap up the stock, the stock skyrockets, and the founders are worth scores or hundreds of millions (Time, 23/3/98).

*A rather peculiar arrangement that has sprung up in recent years is for non-profit service agencies to contract the operations of their services out to for-profit firms. (Drawn to our attention by Kathryn Smith.)

*One of the first large-scale studies comparing for-profit and not-for-profit nursing homes found that the for-profit ones provided 27% fewer nursing hours per patient and were almost 50% more likely to be cited for deficiencies (AJPH, 9/01).

*In 3/01, we first became aware of a new development that has been called a "treatment mall," capitalizing on the shopping center image (not to be confused with maul). We learned that there was such a thing in the mental services in New York State, and that in Maine, an entire psychiatric facility was being built as a treatment and community "services shopping mall," not to be confused with a services hopping mall.

*It is astonishing how well some powerful and greedy guilds protect themselves. In Indiana, practicing medicine without a license—even just once—can get one up to 8 years in prison (Indianapolis Star, 14/2/99; source item from Joe Osburn). Further, all sorts of activities may be interpreted as the practice of medicine, while all sorts of things physicians do that are not the practice of medicine (e.g., shrinkery) are not interpreted to be something else (e.g., the practice of religion, of fantasy, of deception, or mere talk, or whatever).

Lawyers are just as rabid (or ravenous) as physicians. A woman (a former public school teacher and curriculum specialist who runs a non-profit parent information center in Delaware) who accompanies parents of handicapped children to school hearings about their instructional programs, makes statements there, questions other parties that attend, raises objections, and submits relevant documents, had proceedings instituted against her for the "unauthorized practice of law." She herself charged that the lawyers had established a "lawyer monopoly" in the US. All this despite the fact that both state and federal laws provide that parents can be represented by non-lawyers who have
some kind of standing vis-à-vis problems of "children with disabilities" (Delaware Law Weekly, 9 Feb. 99; source item from Margaret Sager).

*Originally, the home- and community-based US Medicaid "waiver" program was meant to enable certain handicapped people and their families to receive services supported by government Medicaid funding, but in nonmedicalized settings, including their own homes, rather than in nursing homes and institutions. Now, getting such waivers has become so complex that there are full-time paid human service positions called "home and community based waiver specialist" and "home and community based waiver manager," which require qualifications in some service field, financial management and accounting, and computer skills, and all these people do is deal with the paperwork required to obtain and maintain such waivers (source item from Fred Robrecht). Is this what people wanted to do when they entered human services "to help people"? A simple way of doing all this would have been to make certain people eligible to receive such services without tacking the service funding to a de facto institution funding source.

*We were told that someone who had no arms because of an accident would by designated as "having a medical problem," whereas if he had been born with no arms, then his condition would have been deemed a developmental problem. This means that each such person would be handled by different agencies and be eligible for a different set of services. But of course, what he may need may be the same, regardless of cause (story told us by Jordan Hess).

*Health insurance is moving in a direction that could bankrupt us all. Everybody is advocating to force insurance firms that provide health insurance to also include unlimited coverage for "mental illness." We predict that this would open a bottomless pit, given the PPP and shrink realities, and given the earlier experience with Medicaid and Medicare that soon became bottomless pits when they were instituted. The above proposal would probably be ruinous for ordinary health care insurance, because the enforced coverage for mental services would probably make private insurance coverage for ordinary health care simply unaffordable for most people.

One other consequence of having health insurance plans cover mental services is that many such insurance plans have a lifetime cap, and a person could wake up one day finding out that all of his or her health insurance benefits were eaten up by shrinkery, and that there is no money left to attend to real health problems.

Similarly, a lot of people want their insurance policies to cover "treatment" of their drug addiction, even though drug rehab programs are cheaper than their drug habits are. In other words, people who manage to find the money to indulge in drug addiction seem to be unable to find the money to pay for their own drug "treatment" (Newsweek, 5 March 01). There is something wrong with this picture.

More and more, it is becoming necessary to distinguish between what is a genuine medical treatment, and what it is that physicians do. After all, if physicians flew airline planes, collected people's garbage, and sold groceries, one would not consider these services medical ones, yet some things that physicians do are considered medical merely because they do it. Relatedly, more and more, there is a demand for health insurance plans to cover all sorts of expenses that are not directly concerned with traditional health abnormalities, medical procedures and expenses, which of course is one of the contributors to the galloping health costs in the US, and probably elsewhere. E.g., women's groups have been trying to force employers to cover contraceptives in their health insurance policies. (As an aside: there are several health problems that women can develop because of not having babies.) Interestingly, some of the very insurance policies that do not cover contraceptives will cover vasectomies and abortions. Obviously, while vasectomies are performed by physicians, they can hardly be considered a medical treatment since no disease is alleviated thereby, while some may actually be caused thereby.

The State of New York began to mandate that starting 9/02, health insurers cover infertility treatments. Again, it is totally beyond us why insurers would not be allowed to simply sell different kinds of policies, some with and some without any number of optional benefits: fertility treatments, sexual impotency, abortions, health coverage if one is a smoker, and many others, these being mere examples. Instead, everybody is being forced to pay for the bad habits of some people that one may not share. This hardly seems like "choice" to us.

There ought to be a general policy--and even law--that measures and practices by medicine that are not addressed to diseases should not be covered by general health insurance plans except
entirely voluntary ones, or they should be available only under voluntary clauses that do not distribute the cost of these to other insurance holders who do not wish to have such a respective "benefit." Into this class would fall entirely cosmetic surgery, contraceptive devices, abortion pills, abortions, sex performance enhancement measures, etc. For instance, the fact that health plans began to pay for Viagra for men made a lot of women's groups mad and they went to war--partially successfully--to make contraceptive coverage mandatory.

Insurance for things other than illnesses, accidents, and the advent of dependency due to bodily decline, should not even be under the rubric of health insurance, but more like insurance for fire, theft, loss, etc., or vanity insurance such as celebrity policies covering the good looks of legs, busts or faces. In fact, one could call many things that people want covered by medical insurance "medically supervised lifestyle issues."

*Someone has noted that in order to get Medicaid money for a service, almost all an agency needs to do is add the word "health" to whatever it is doing, or interpret any kind of problematic behavior as a medical one.

*State agencies are attempting to get federal Medicaid to fund ever more kinds of programs of a nonmedical nature to handicapped people, even things such as employment services. Aside from the obvious medicalization thereby of nonmedical services and conditions, there could be some very dramatic unexpected consequences, such as certain services that agencies used to give under other funding umbrellas, and that are very important to recipients, being withheld because Medicaid disallows it, and the agencies then no longer receiving funds from previous funders for such disallowed services.

*Hospitals love to have "substance abuse" units, because they can charge for the residents the same daily rates that they charge to patients who need all sorts of expensive and high-tech medical supports (Mouth, 7/01). A powerful incentive for medicalizing nonmedical conditions!

*An awful lot of people are buying home nursing or nursing home insurance policies on the naive assumptions that if they feel that they need nursing, these policies will cover, or contribute to, their costs. However, there are many scams operative here, even by first-line insurance firms. One is that buyers are told that the premium will be level, but are not told that the premiums may be raised if they are raised for everybody, which could be as much as 50% over a two-year period. Furthermore, the policy may only kick in if an HMO rules that one is eligible for home or nursing home care. Also, if an HMO rules that one is eligible for only, say, 4 hours a day, the policy will not cover additional hours.

*According to many people, the proper service paradigm for today is provision of totally individualized services to handicapped people (sometimes on a person-funding rather than agency-funding basis) rather than what is often called facility-based service, and service to congregate groups, as exemplified by sheltered workshops. The problem with individualized services is that they can be quite expensive, in part because of their complexity; and expensive services to individuals can only be afforded by an affluent society. It would be an absurdity to try to export this paradigm to any number of poorer countries, as some people are trying to do; and once rich countries become poor, they will no longer be able to fund such services. For instance, the vast shifts of funds in consequence of the 9/01 disasters may increasingly result in defunding of highly expensive individualized services, in favor of cheaper congregate ones.

**PERVERSION ALERT:** We have discovered a new human service word game atrocity (Quality of Care, 4/96) consisting of assigning a staff member on a 1:1 basis to a particularly problematic client, and then making a big public deal out of having done this. However, possibly unbeknownst to all sorts of people who are under the impression that 1:1 means that the staff person is responsible to work full-time with one client, and only with that client, the same staff person may actually be given one or more other clients to also work with "on a 1:1 basis." Before you know it, the person might have to look out for however many people, but still get interpreted as working on a 1:1 basis. The truth may never come out until a disaster occurs, as it did in a case documented in the above source.
We have expressed before our skepticism about all the triumphant announcements that governmental units will begin to fund persons instead of agencies. In Missouri, the first person in an institution to be thusly funded and then deinstitutionalized was a 100-year-old man who had been put into a nursing home in his 80s upon the death of his wife; he promptly had a fall and decided to return to the nursing home, but said that he had been glad to have had his moment outside of it (source information from Lucy Gwin).

One problem that proponents of person-funding (including certain "independent living") schemes did not anticipate is that finding, employing and coordinating a team of workers for a needy person can end up becoming a full-time chore--usually of a family member of that person. Among the reasons contributive to this are that relatively few people want to do personal care work (even if it were well paid), that many people who do this kind of work are rather marginal and not very reliable, and that even competent and motivated workers may have good reason to have to miss a work shift on very short notice.

One problem with what we call person-funding is that smart educated parents are most likely to be able to get it for their children, and are also the ones that are more likely to be able to manage the complexities of finding, hiring, supervising, etc., the necessary help. Less capable parents cannot manage all this.

A great deal of what goes under individual funding--or what we call person-funding--is a fraud, which of course was to be fully expected. After all, anybody who thought that vast government funding of a vast service agency empire could be taken away from the agencies and given directly to individuals to use so as to meet their own needs themselves would have been incredibly naive--as, however, vast numbers of people have been and continue to be. For instance, in one model said to be an exemplar of individualized funding, the funds actually continue to go directly to an agency, but it happens to be an agency which the individual has designated. In another model said to be a "voucher model," the same amount of money gets allocated for each handicapped person, which is thus not based on the individual's needs at all and which is, therefore, not related to individual needs at all; and this money must be spent via specific agencies that provide employment assistance. In other words, schemes where an individual gets the money that could conceivably be spent outside of the agency sphere to solve a problem are extremely rare (BC Community Living News, Fall '97).

Famous psychologist Robert Sternberg said that some people are eager to have their child diagnosed and classified as "learning disabled" because of all the benefits that result therefrom: the child gets extra teacher time, extra time to complete tests, etc. (PHAL, 9/01).

In 1997, we discovered that Syracuse University has an "Emergency Evacuation procedures statement "for Persons With Disabilities." We were particularly struck by one of its five points which stated that any "person with a disability who is unable to evacuate (a building) without assistance...may request that any available person notify fire fighters, police officers, or campus security...that evacuation...is required." Nothing was said that the "available" person or persons on the spot should do everything they could to bring the handicapped person to safety, e.g., by guiding a blind person, or even carrying an immobile one, as many people tried to do in the World Trade Center disaster in 9/01.

This reminded us of how the Biblical parable of the Good Samaritan might work out in our modern society: that upon finding a wounded man on the side of the road, the Samaritan rushed to town to inform competent emergency personnel of the urgent need for medical care.

A 15-year-old boy in a juvenile detention center in Florida hung himself from a belt. When authorities discovered him, instead of cutting him down promptly, they followed all sorts of official procedures, such as taking photographs of the scene and calling emergency phone numbers. By the time paramedics eventually arrived and cut the boy down, he had suffered severe brain damage (AP in SHI, 23/6/00). This illustrates how people in formal service settings are absolutely paralyzed by formalization and bureaucratization, and do grotesque things which they would never do if they functioned as independent citizens in ordinary situations.
A woman we know experienced acute pain in her eye, with copious tearing, and went to a hospital emergency service where she first was processed by a record-taking and patient sluicer, where it was discovered that HMO rules require a referral from the primary physician (even for a presumably emergency visit) to avoid having to pay a whopping hospital bill. So a quick but delaying phone call had to be made to the primary physician to get a treatment authorization. After a considerable wait, the woman was seen by the triage nurse who had absent herself from the reception area for a while. The nurse took her temperature and filled out much paper but, again, never actually looked at her afflicted eye. After more than an hour, she was seen by a student nurse practitioner, who asked her many of the same questions that the triage nurse had asked, plus many medical history questions, and wanted her to "rate" her pain. Finally, she was seen by the emergency room physician who actually looked at her eye, and determined within a few seconds that her cornea had somehow been scratched. He administered appropriate treatment and a prescription, which also only took about a minute. The lessons are these: in olden days, the very first person would probably have looked at the sufferer's eyes and made at least a determination, even if not the most appropriate one; and secondly, if something had been seriously wrong, much valuable time would have been lost.

*The human service agency hack insanity award of the year. A family has a severely handicapped daughter who needs to be turned once an hour during the night. Her father used to do much of this, but he died suddenly, so the family is now looking for service agency help. The agency decided that since it takes 15 minutes to turn the young woman, it will provide and pay for someone to come to the house each hour during the night and spend 15 minutes turning the young woman, and then leave. This means the family has to get up each hour and let an aide in and out. The family might as well do the turning themselves, since they will certainly not get any sleep this way! Who thinks these things up? What becomes of them?

*A study by a California newspaper in 1993 found that half the calls to the office of Workers Compensation received a busy signal (Mouth, 5/98).

*A handicapped man won a prize from a TV station, consisting of performers coming to his backyard and giving a concert while offering a barbecue for the man and his friends. The IRS determined that this "prize" was worth $12,000 and that the man owed the government $2,500 in taxes. The man's father said that the only thing the handicapped man possessed was his wheelchair, and wondered whether the government would take it away from him (AP in SHI, 30/5/97).

*People on US federal disability pensions for the poor (SSI) are only allowed to have certain amounts and types of possessions. They may own their dwelling and a car, but cannot own more than a few thousand dollars in ascertained funds. People who live under agency care sometimes accumulate close to or more than the minimum from the spending money that their agency is not allowed to take out of their pension. At that point, they have to engage in what has come to be called "spending down." Staff then often help such persons to go on some kind of a spending or buying spree: purchasing extra clothes, TV sets, audio systems, and so on. The worst kind of perversion that we have heard along these lines was staff taking residents to the nearest casino and helping them gamble their excess funds away. One thing that makes this particularly absurd is that if they should happen to win, they would not be allowed to keep their winnings but would have to spend it against their care because their federal allowance would be reduced or cut.

*de Hartog, J. (1964). The hospital. New York: Atheneum. A hospital nurse made the following observation in the early 1960s, even well before the additional bureaucratization that has taken place since then. "There is something about keeping records and the like...that...throws a kind of spell over you. When I stand at a patient's bedside, helping, and someone calls me, I say to the patient, 'One minute, honey, I'll be right back,' and I go, leaving that patient lying there, waiting. But if I sit writing a record and someone calls me I say, 'Just a minute, let me finish,' and I finish. I don't know, but to me that seems wrong. That is something we have to fight, all of us. So whatever you do,...don't let yourself be tricked into doing any writing, ever. Be illiterate" (p. 61).

*In 1922, the Otsego School for Backward and Nervous Children was founded near the town of Edmeston, NY. One of its components since 1980 has been the Pathfinder Village, a residence
entirely occupied (as of 2001) by 84 persons with Down’s syndrome. Families who would place a
person with Down’s syndrome there do so with the expectation that this would be for life. The
"keystones" of the setting are proclaimed to be normalcy, independence, self-esteem and confidence
(AP in SPS, 10 Feb. 01). Apparently, this is the only such setting of its type in the US. The
newspapers called it a "Down syndrome haven."

*In 1996, Israel demolished a community center for handicapped Palestinians in Jerusalem on
the grounds that it was "unlicensed" (Newsweek, 9/9/96). Can you see and hear it now: the state
evaluation team has found that service so-and-so has flunked government regulations, and the
bulldozers are already revving up their engines. That would get the attention of the providers real
quick!

*A law or regulation in France requires that 2% of human service agency money be devoted
to staff training. Commendable, but probably too low, especially for small agencies.

Human Service-Related Research

*Pappworth, M. H. (1967; 1968 paperback ed.). Human guinea pigs: Experimentation on
man. Boston: Beacon Press. During the mid-1960s, an intense debate about research ethics broke
out, of which this work can be considered a part, although we do not remember it having become
prominent. One section deals entirely with "Experiments on Mental Defectives and the Mentally
Sick" (pp. 52-60). One learns of some problematic—or outright objectionable—experimentation being
conducted on mentally retarded people of which one would otherwise not readily learn, since there
are extremely few publications that pull together all of this material. One is also told where these
experiments were conducted, such as at the Walter Fernald State School in Massachusetts, the DC
Training School in Laurel, ND, and institutions in Canada and Britain, but even also at prominent
medical schools such as Johns Hopkins. These experiments probably, or even certainly, violated the
standards of the Nuremberg code of research ethics. Unfortunately there was no subject index to help
one find certain details.

research and children with mental retardation. Mental Retardation, 39, 405-409. Similar to the above
item, this documents how a great many experiments were conducted on retarded people under
unethical circumstances even after WW II. E.g., during the 1940s and 1950s, retarded children and
adults at the Fernald State School (institution) near Boston, Massachusetts, were fed radioactive iron.
At the Willowbrook State School in New York State, residents were systematically infected with
hepatitis from the 1950s to the 1970s. All the earlier polio vaccines were first tested on mentally
retarded subjects. The first such tests took place in 1950 at Letchworth Village in Thiells, New
York. A number of other tests by three different researchers took place in 1952. One of these was
at the Sonoma State Hospital (for the retarded) in California. Such tests, plus tests on the infants of
female prison inmates, continued for years. Polio tests were conducted by a Johns Hopkins
researcher in 1952 at the Rosewood Training School (for the retarded) in Owings Mills, Maryland,
on "low-grade idiots and imbeciles." This was followed almost immediately by polio tests at the D.
T. Watson Home for Crippled Children in Pennsylvania, and a bit later at the Polk State School in
Pennsylvania. In all the above cases, consents were either not obtained, or were obtained under
dubious circumstances. Surprisingly, this article did not refer to Pappworth’s 1967 book.

experimentation on humans, and the controversies over it, during the late 1800s through the 1930s,
focusing especially on the abuses of such experimentation, and the connection between concern for
animal welfare and concern over what medical experimentation on humans would lead to.

According to Lederer (1995), the germ theory of disease inevitably meant that human
experimentation had to be done to confirm that a microbe was the cause of a particular disease. Once
a microbe had been identified as the cause of a disease, the next step was to attempt to develop some
diagnostic test and some vaccine for detection, treatment, and prevention.

The term "human guinea pigs" was first used by George Bernard Shaw, who was active in
Just as the humane associations on behalf of animals expanded their focus to include abuse and neglect of children, so too did the animal antivivisection societies expand their concern from animal to human experimentation in the late 1800s and early 1900s (Lederer, 1995). According to the antivivisectionists, the reckless sacrifice and experimentation on animals was the start of a slippery slope in which experimentation on, and sacrifice of, humans was a next step, because the former tended to desensitize experimenters and physicians to the latter. This was particularly predicted to be the case where the humans were sick and poor (Lederer, 1995).

In the last part of the 19th century, attitudes of European physicians towards their patients were perceived by Americans to be very bad. They were said to view their patients as "good subjects for the dissecting knife," and as "something to work on, interesting experimental material, but little more" (Lederer, 1995, p. 7).

That many of the subjects experimented upon suffered no ill effects from the experiments was not the issue; rather, it was that they were not informed or asked about such experimentation, and it would not have benefited them. Also at issue was the fact that so many of them were helpless and defenseless, and had no power or prestige in society.

However, some physicians experimented on themselves, and/or on their own children.

Before the Civil War, slaves in the South were experimented upon at their owners' discretion, not their own (Lederer, 1995, pp. 115-116). Some of these experiments involved surgical operations, at a time before there were anesthetics.

Medical directors of orphanages, rather than the children's guardians, were likely to grant permission to physicians for experimentation on the children. This was also the case in hospitals where the medical directors might be asked for permission rather than the parents. The children were often referred to as "the material" for study (Lederer, 1995, p. 16).

In 1874, a 30-year-old "feebleminded" woman with terminal cancer was experimented on at Good Samaritan Hospital in Cincinnati (Lederer, 1995, pp. 7-8). The experiment had nothing to do with her cancer or its treatment, but instead with electricity in the brain.

In 1883, a physician at the Molokai, Hawaii leper colony intentionally infected leprous people there with syphilis, in an effort to show that leprosy and syphilis were actually manifestations of the same disease (Lederer, 1995, p. 61).

In 1893, an Ohio physician made a proposal that condemned criminals should be legally subjected to vivisection in order to further medical knowledge (Lederer, 1995, pp. 45-46).

In 1891, a Swedish physician doing experiments on smallpox decided to experiment on 14 children of a foundling home, rather than on cattle, because the cattle would have been very costly to obtain. The head physician of the foundlings' home granted his permission to use the children (Lederer, 1995, p. 51).

In 1895, a New York pediatrician infected all of the following with gonorrhea: a 4-year-old boy, called "an idiot with chronic epilepsy," a 16-year-old boy, also called "an idiot," and a 26-year-old man in the last stages of tuberculosis (Lederer, 1995, p. 3). Apparently it was common to use infants, mentally impaired people, dying patients, prisoners who were condemned to death, as well as those whose condition or disease was incurable, to demonstrate the effect of microorganisms.

In 1896, a physician at Harvard did experimental spinal taps on sick infants and children who were judged to be very near to death (Lederer, 1995, p. 62).

In 1897, a physician at Johns Hopkins University experimented on eight chronically mentally ill patients at a Baltimore insane asylum with a thyroid extract, and one of the patients died (Lederer, 1995, pp. 61-62).

In 1908, experiments on three diagnostic tests for tuberculosis were conducted on over 160 children, 130 of them being from a Catholic orphanage in Philadelphia. Again, the children did not have tuberculosis, and therefore the experiment could not be said to be for their therapeutic benefit. Also, because the children were orphans, neither they nor their guardians gave permission. The children were described as "experimental material" (Lederer, 1995, pp. 79-81).

In 1915, a physician used a dental drill to puncture the brains of six inmates at the Pontiac State Hospital in Michigan, in order to examine whether tissue from their brains contained certain bacterium (Lederer, 1995, pp. 95-96). Again, this was done without obtaining consent of either the inmates or their guardians.

In the 1910s and 1920s, inmates at various US prisons were made the subjects of experiments that were not for their benefit. Although they were informed and their consent was obtained, it was argued that their consent could hardly be considered to be freely given, because of the circumstances...
of their imprisonment (Lederer, 1995, pp. 110-113). As with the orphans, it was argued that in this way prisoners could repay the debt that they owed to society.

The head physician at the Randalls Island Asylum in New York City in 1911 permitted the children in his charge to be experimented on for a syphilis vaccine.

In 1921, orphans at a New York City Jewish asylum were intentionally given scurvy by having orange juice withheld from them until they developed the disease (Lederer, 1995, p. 106). The experimenters justified this on the basis that it enabled the orphans to "make a large return to the community for the care devoted to them" (p. 106).

At the same time as the retarded children at Willowbrook State School on Staten Island were being experimentally infected with hepatitis, elderly patients at the Jewish Chronic Disease Hospital in New York were being injected with live cancer cells (Lederer, 1995, p. 141).

The Prussian government in 1891 enacted a law to insure that a supposed cure for tuberculosis would never be used against the patients' will (Lederer, 1995, p. 13). Thus, what we today call informed consent of the patient was beginning to be assumed to be of great importance, as well as whether the experimentation had as its goal therapeutic benefit to the patient. However, it took a long time for this mentality to be widely accepted.

In 1978, a US presidential commission established in connection with the passage of a 1974 law on human research put forth three cardinal principles for human experimentation: respect for persons; beneficence or non-maleficence; and distributive justice (Lederer, 1995, p. 138).

In 1873, the first survey of hospitals in America reported only 178 hospitals, and these had fewer than 50,000 beds. This included institutions for the mentally disordered. But by 1909, the number of hospitals had risen to 4,359, and the number of beds to over 421,000, excluding hospitals for the mentally disordered (Lederer, 1995, p. 6).

*Time (22/4/02) carried a cover story on the horrors of being a subject in clinical medical experiments in the US. Not only is this very risky, but the experimenters often tell one all sorts of hyped-up stories about the likely benefits of participation. Even aside from this cover story, we have noticed for decades that early recipients of highly experimental and relatively drastic medical procedures usually fare very ill, and often die, until the procedures have been de-bugged, i.e., on them!

*We like the Dilbert cartoon in which one of the company engineers explains, "I gather inaccurate data for a living. Luckily no one uses it" (SPS, 3 Jan. 02). This reminds us of much of the research being conducted in and about human services.

*Amazingly, Science (13/12/96) announced that a recent study has "proven that babies can learn."

*Using the latest and best theory from the social sciences, a smoking prevention program for American school children was designed that systematically taught children from the third grade on to resist tobacco use. This program was tried out in 40 school districts on about 8,500 children. After $15 million and 14 years, the project was declared in 2000 to have failed, with the children in the experimental group ending up using tobacco as much as the children in the control group.

*Almost every educated person learns somewhere along the way not to confuse correlation with causation, but the temptation to equate the two is too great even for many experts. For instance, it was reported in late 2000 that teenagers who smoke are 5-12 times as likely as their non-smoking peers to experience anxiety disorders. Similarly, we were told (Denver Post, 22/11/00; Time, 4 Dec. 00) that 44% of the cigarettes sold in the US are smoked by people with a "diagnosable mental illness." We do not believe that smoking causes mental problems, but that mentally weak and unstable people are externalistic, and are (a) more likely to take up smoking, (b) more likely to become quickly addicted, and (c) less likely to have the willpower and strength to quit smoking, and (d) that all of this is true in respect to other drugs as well. All this seems so obvious, but not necessarily to modernistic researchers and practitioners.

*Having played the human genome decoding card to the hilt, the scientists concerned with these topics are now beginning to shift their attention to human proteins, of which there may be as many as a million, which should keep scientists busy for a long time, particularly since a human
being has about a hundred billion cells, and different cells make different proteins. We are now also suddenly told that knowing the genome is not really good enough and does not benefit us all as much as we had been told, particularly because the relationship between human genes and the manufacture of proteins is still murky. Furthermore, we are told either that it is not really so much the genes that cause diseases but rogue proteins. Relatedly, we are told that "proteomics is standing on the shoulders of the human genome project and asking the next questions" (Newsweek, 19/2/01). To us, it sounds as if one research money source was declining, and a new one was needed.

*In the 1960s, there was a major crackdown on the ethics of research on human subjects, with many more safeguards being developed. Nevertheless, shortcomings in such research ethics have continued ever since, and appear to be even more massive than most people had suspected. Reportedly, tens of thousands of adverse effects during such research are never reported, nor are thousands of deaths every year among the roughly 21 million people believed to agree every year in the US to be participants in such research. Even America's premier medical school, Johns Hopkins University, was found to have such flawed procedures that the US government ordered it to stop all of its government-funded research until the situation was corrected (Newsweek, 30/7/01).

*We learned in 2002 that there are people studying "salutogenesis," i.e., human wellness or "wellness functioning."

*While we know as a fact, from decades of observation, that about one-third of North American men will not wash their hands after having been to the toilet, only 2% admit it (Vanderbilt Magazine, Spring 02). This just goes to show how far off surveys are where the response of the people surveyed does not or cannot get verified.

Mind News

*Some thinkers have begun to speak in terms of "profound knowledge," by which they refer to a very deep knowledge and understanding of reality—though one that is still a natural human knowledge, rather than in the domain of spiritual insight and the kind of wisdom that in western traditions around the world would have been perceived as having its spiritual elements. Profound knowledge involves a deep understanding of systems, dealing with complexity, being able to think in terms concordant with certain statistical concepts even if one does not know formal statistics, a deeper understanding of people and how things work, etc.

*The superficially smart PC people of today keep railing about how awful IQ tests are, but of course have no sense whatever about the historical realities, and what the situation was prior to the invention of IQ tests. Namely, for hundreds of years, people wrestled with the question whether intelligence formed a continuum, or whether idiocy was a distinct and discontinuous pathological condition. This led many authorities to assert the latter, and to build classifications of mental problems accordingly. It was the French alienist (psychiatrist) Sollier who, in 1891, laid the intellectual and theoretical groundwork for the quantification of intellectual functioning which was then realized by Binet and Simon about 15 years later. However, the calculation of an IQ score was not invented by them but by the German psychologist William Stern about five years after that.

*Menninger, K. A. (1952). A manual for psychiatric case study. New York: Grune & Stratton. (The Menninger Clinic Monograph Series No. 8). The art of inferring a person's intellectuality without relying on an intelligence test gradually fell into disuse among the human service professions as they began to rely more and more on referrals to psychologists to conduct quantitative intellectual measurements. For instance, we have been scandalized by the total naiveté of even senior faculty members in the field of special education when it comes to judging the quantity and quality of other persons' intellectual abilities, including that of their own graduate students. One of the professional corners where this skill was at least partially preserved was in psychiatry, which teaches its members (e.g., in Menninger, 1952) to conduct mental examinations without standardized tests, to observe so-called mentation, thought processes, and cognitive functions that used to be called "intellection."
A parent in Kentucky told us the following story. Some years ago, a psychologist asked her whether her daughter could go to the toilet by herself, and when the mother said "yes," the psychologist (taking into account the child’s age) wrote down "IQ 35."

Paleontologists and scientists in related areas have long taught that across species, bigger brains means greater cognitive capacity. At the same time, scientists in many fields, including paleoanthropologists, have denied for at least the last 50 years (apparently for largely ideological reasons) that in humans, brain size has any relationship to intelligence. Recent studies, using magnetic resonance imaging to measure brain size, have found that there is a positive correlation. Those who denied that there was any such correlation now argue that the positive correlation may be real—but is unimportant. These are also the same people who deny that there is such a thing as a unitary general intelligence, despite overwhelming evidence for it. Theories of intellect are popular largely on the basis of ideology and fashion rather than evidence (CP, 4/99).

For generations, the experts taught that the brain does not create new neurons after infancy, and people who had either questioned this dogma, or even presented evidence to the contrary, were ridiculed and outright ostracized in their professions, until 1998 (Newsweek, Special Issue, Fall 01).

The world-famous French microbe hunter Louis Pasteur suffered a cerebral accident, but managed to continue his flourishing scientific career. When after his eventual death, his brain was examined, it was discovered that about half of it had atrophied, presumably as a result of his earlier cerebral accident. Similarly, we reported before that the British neurologist John Lorber encountered a student at Sheffield University who had an IQ of 126 and gained a first-class honors degree in mathematics, but a brain scan found that he was hydrocephalic, and that he had only about 1 mm of brain tissue pressed against the inside of his skull (FT, 10/99). All this just underlines that the equation of the brain with mentality—to which we are relentlessly exposed these days—has a rather shaky foundation.

A persistent research finding has been that in Western countries, intelligence scores on a population level have tended to creep upward. This has been called the Flynn effect, after the author who wrote a monograph on it in 1984.

A writer in MR (2/92) has pointed out that since the IQ is constructed on the basis of a normal distribution, one can never speak of the prevention of the occurrence of low IQ. No matter how much damage to the minds of children could be prevented, there would always be people with a low IQ. The only thing that might change is the meaning of what a low IQ implies. Thus, in a population where there is very extensive prevention of damage to brains and minds, people of a low IQ will be much smarter than in the ordinary kind of population.

Boiling down the research on intelligence to simple basics, people who have more of it statistically end up with more money, more sex and better sex (CP, 2001, No. 1). However, reading about the research will not make one smarter, will not improve one’s sex life, and will cost one money.

Here we go again with something bad being denied and hidden for a very long time until it is not easy to hide any longer.

There is increasing evidence that medical treatments that were once considered to have no impact upon mentality have a relatively high likelihood of actually impairing mentality. After decades of all kinds of heart surgeries, it has finally been admitted that many people do not regain full mentality afterward, either because such surgery inflicts much more deprivation of oxygen on the brain than had previously been thought, or possibly because of other chemical processes. Similar results are now being reported for patients who have undergone so-called chemotherapy (which is a code word for using drugs against cancer). However, even people treated with radiation or surgery for cancer reportedly stand a 15% chance of losing some of their mentality (Time, 10 April 00). Yet even now, significant post-operative mental impairments are not openly called that, but are often given names that seem less awful, such a "mental fog" and "pump head" (miscellaneous news clippings).
*We are noticing that more and more, the mind people quit talking about intelligence, intelligent and intellectual functions, and are beginning to talk about "cognition," "cognitive abilities," and "cognitive functions." One thing that is very confusing is that some people have given the name "cognitive psychology" to what formerly used to be called experimental psychology. It seems as if the word "cognition" and its derivatives are simply in, and like Kraft cheese, are being slapped on any number of things that formerly had a different name, but that the change is not necessarily contributing to greater clarity. This development is also underlined by people putting the study of mental retardation under the construct of the study of cognition, rather than of intellect or intelligence, as formerly.

One term that has gained prominence in recent years is "social cognition." This term covers a broad range of topics, many going far beyond the face meaning conveyed by the term which would suggest that it had something to do with how one recognizes others, and possibly how one intellectualizes about social processes. There is also a new discipline called "social cognitive neuroscience" that tries to understand social behavior on the basis of brain function.

That psychology has learned little from the past is underlined by the fact that the new cognitive psychology of recent years has borrowed its concepts and vocabulary to a very large extent from computer technology. For instance, it speaks of encoding and decoding, inputs and outputs, storage and retrieval, and so on. Yet if the essence of what the Gestalt psychologists said about the mind and how it functions is true, at least in ultimate principle, then cognitive psychology is bound to come to a crisis and be replaced by something else (CP, 5/97). Yet interestingly, Gestalt psychology is much more harmonious with that part of constructionism that recognizes the power of mental sets, but without denying an external reality; and hence it seems also much more harmonious with what epistemologists have long said about the mind's apprehension of external reality.

*It may come as a surprise to learn that there have been very few studies of how and when mentally retarded children learn to recognize the emotions of others, even though it is relatively well-known that retarded adults tend to have difficulty recognizing other people's emotions from their facial expressions. Naturally, if one misjudges other people's emotions, one will act inappropriately, which will be interpreted as bad judgment.

*From the time of Plato, thinkers have kept coming up with the notion that most people fall into one of four classes of temperament or personality. In our own day, we still find such notions among psychologists and psychiatrists. It does make one wonder whether there may be some universality to this.

*Not surprisingly, people are influenced much more by the things they can remember more easily than the things that they have trouble remembering. Psychologists call this the "availability heuristic." This mechanism is believed to be one of the reasons why juries and judges are often more influenced by the people they see in their courtrooms and how they behave there than by what actually happened that is being tried. Thus, a charming and good-looking perpetrator has many things going for him or her, compared to the dead victim who is never seen.

*When people learn about big tragedies in the news, they often turn inward on their own problems. For instance, when the Challenger space rocket blew-up, there was a dramatic increase in participation in pet-loss support groups (Globe & Mail, 3 Oct. 96; source item from Doug Mouncey).

*A mother wanted her son to be recognized as a genius, so she faked his test results (one article said she took some of the tests herself for him). He was enrolled in gifted and accelerated programs, had enrolled in college by age 8, etc. She claims he really is gifted, even though she did cheat on the tests. She has been charged with neglect, though it's not clear why. We would think of it as hypemonneglect, and of her being the genius.

Health, Health Care, or Medical Practices News

reject others, accept certain ones more quickly than they ought, and not accept ones that they should. Indeed, certain treatments that are common in one country may be considered anywhere from ineffective to malpractice in another.

Doctors in any one country rarely read the medical literature from any country except their own. As a result, physicians in any country are consistently "rediscovering" what is already known in another, and may have been known for a long time. And medical words that are translated from one language to another do not maintain the same meaning in the translated language; this includes the terms associated with mental problems and psychiatric diagnoses (p. 28).

Medical studies that are contrary to widely accepted medical thinking and practice are very unlikely to even get published (p. 31). Further, doctors almost always favor studies that suggest new types of treatments, as opposed to, or over, studies that show that current treatments are not necessary (p. 32). For instance, in the US, bypass surgery on coronary arteries was widely adopted in medicine before any studies had shown that it was effective in preventing death or disability; and allowing vaginal delivery once a woman has already had a Caesarean delivery is a practice that will probably not be adopted despite the fact that numerous studies have shown that such a practice is safe (p. 32). Similarly, US physicians continued to prescribe IUDs for birth control even after it was shown that they increase the risk of pelvic inflammatory disease, which was known to increase the risk of sterility, and they continued to insist on "more studies" before they would abandon the practice (p. 49). The reasons have to do with the popularity and acceptance, or lack thereof, of the respective procedures. The beliefs of the patients also affect acceptance or lack thereof. For instance, a vaccination program that is shown to be of little value is unlikely to be rejected if people come to believe in it and feel that it is protective even if it is not. As well, even the way physicians are paid affects whether a practice is accepted or not. For instance, if a physician is paid by the number of sutures, then one will find that physicians put in more sutures, and deem more sutures "necessary," than in locales where that is not the payment practice.

Not only do the rates of treatments, including surgeries, vary from country to country, but even an operation with the same name may be done differently in different countries. Further, the same clinical signs may receive different diagnoses in different countries. And most certainly, this is true of the "mental diseases," where the same "symptoms" will be "diagnosed" very differently from country to country.

When psychiatrists from six different countries tried to agree which psychiatric patients were dangerous, the overall level of agreement was less than 50% for 75% of the cases, and the psychiatrists no more agreed among themselves than did the non-psychiatrists (p. 26).

In medicine, there is a practice called "wastebasket diagnosis" (p. 27), meaning that the diagnosis is not at all objective but affected by what the physician has learned in medical school, the opinion of other physicians, and what will reassure a patient; in other words, it is not a scientific diagnosis but what one physician calls a "different use of placebos" for vague symptoms that cannot be ascribed to anything else. However, neither patients nor most doctors realize that it is a placebo that is being applied in such situations. The favorite wastebasket diagnosis of US physicians is a virus: when physicians don't know what something is, they attribute it to a virus.

One big difference between American and French medicine is that France values thinking and thinkers, while America values doing and doers. What matters to the French is whether an approach is intellectually elegant, even if the actual facts and data contradict it. For example, many French women who had used the supposedly painless Lamaze method of childbirth began to complain that it was actually quite painful, to which French obstetricians committed to Lamaze would respond that the women either had started their training too late or not worked at it hard enough or something like that, because they believed that it was impossible that the method could not be what they had intellectually figured and claimed it to be (p. 40).

French psychiatry is very different in its classification and practice from that in Germany, England, and the United States (p. 43). For instance, through the mid-1960s, French psychiatrists described mental disorders as disturbances of the intellect and encouraged rational control of them in a way that suggested a "moral imperative." Perhaps this is a vestige of the French moral treatment era and practices of almost 200 years earlier.

The French are more likely to "diagnose" by observation than by tests. They are more trained in observation than physicians in other countries, and are also more likely to see or perceive symptoms visually than do others—and all of this, whether correctly or not. This also accounts for the greater use of radiology, and the greater number of radiologists, in France.
The French concern with aesthetics, sexuality, and patients' mental well-being, all contribute to the French using less radical and less disfiguring treatments for any number of conditions than are used, for example, in the US (p. 53).

In France, a large number of maladies are attributed to the liver, a much larger percentage of medicines are given in the form of suppository rather than orally, and what the French call the terrain (which roughly translates as bodily constitution) is considered to have as much an impact on a particular problem as specific microbes. This skews French medicine away from antibiotics and towards tonics and vitamins (because these latter would act more to modify the terrain and less to attack invaders of the body), and other treatments which are aimed at restoring or building the constitution, such as rest and a visit to a spa. This belief in the importance of the terrain also accounts for the fact that fewer invasive procedures are done in France, including fewer operations performed, and drug doses are much smaller than they would be for the same drug in America.

Germans have a much higher rate of diagnoses of Herzinsuffizienz (which literally translates as cardiac insufficiency), a diagnosis that is quite liberally given without any corroborating evidence. The Germans also have a much higher rate of consumption of heart drugs, though their rate of heart disease is not necessarily higher than that of other countries. Payer attributes this to German romanticism, a literary, philosophical, and musical movement of the 19th century which valued feeling ("the heart") above thought. Indeed, there was even a movement known as romantic medicine in the period of 1800 to 1830 in southwestern Germany. This is also reflected in the German emphasis on Gestalt, that is, the whole and the organicness of things rather than on their parts. There is also a very high concern in Germany about circulation, and also a very high rate of diagnosis of peculiarly German circulatory conditions.

German law is concerned only with safety of drugs, not with their effectiveness, and therefore practically everything is available and can be used in German medicine, even if it is totally ineffective (pp. 77-78). This also explains why homeopathic medicine is very prevalent—and also government-funded—in Germany. German law also has a much lower rate of the use of antibiotics. Because German medicine is more concerned with inner causes than outer ones, German psychiatry has also focused more on inner, and therefore on biological, causes for mental problems than on environmental ones. This belief also accounts for the fact that most psychiatrists in Germany are neuropyschiatrists.

In both Germany and England, the medical insurance and payment situation is such that patients have no incentive to economize on medical costs, because none of it comes directly out of their own pockets. In Germany, physicians are paid per service act and therefore they have a strong incentive to perform as many acts, including tests, as possible. Also, few patients in Germany leave a doctor's office without at least one diagnosis. The German rate of drug consumption is as much as 6 or 7 times as high as in France or England.

British medicine is characterized largely by its economy. While the English visit their doctors more often than people in France or America, their visits are shorter, they are much less likely to receive any number of treatments, and there is a higher threshold for both diagnoses and for being prescribed certain treatments. In other words, the British are less likely to be pronounced sick with anything, and less likely to be prescribed or recommended a treatment for anything. It is in general a conservative, cautious approach by medicine to medical complaints and to treatment. The tradition of British empiricism also plays a role in British medicine, which relies heavily on fact and the scientifically-controlled evidence to support any medical practice.

A diagnosis of neurosis was the leading one by general practitioners in England, and the second most common diagnosis in France (p. 96).

British psychiatrists are more likely to emphasize those symptoms that indicate that the patient has lost self-control, or the "stiff upper lip." In their diagnoses and notations, British psychiatrists are also more apt to use terms that suggest a loss of control such as agitation, irritability, and inability to cope with normal occupations. They also tend to prescribe more tranquilizers, and have had the greatest proportion of prescriptions for mind drugs among leading prescriptions. Also, patients on tranquilizing drugs are reluctant to leave them, primarily because of how they fear it might affect their relationships, because of their own real or imagined inability to conform to normal behaviors and ways of interacting (p. 114). The field of anesthesiology and of pain control is very well-advanced there. In part, this is believed to be because the British fear the loss of control that comes with pain, rather than pain itself. Unlike in France and Germany, the English de-emphasize the situation or condition of the body itself, and place the cause of disease outside the body, i.e., as
coming from some germ. There is also much less emphasis in British medicine on curing or on therapy, and greater emphasis on caring for, relieving, and comforting the patient.

American medicine and physicians can be characterized as aggressive, always wanting to do something rather than nothing, to perform more diagnostic tests than fewer, and to use the more aggressive forms of treatment such as surgery over drugs, and more extensive or more radical surgery than less extensive. Defeats never seem to call into doubt the fundamental assumption that an aggressive approach works. Instead, they merely give rise to more aggressive approaches. One physician noted that if a patient gets worse from so-called chemotherapy, the patient is said to have "failed" chemotherapy, rather than that the chemotherapy failed the patient (p. 133). This American mentality may also account for its unnuanced approach to substances such as salt and alcohol. Pregnant women are advised to avoid all alcohol, as if it were a dangerous toxin to the unborn, whereas in fact a moderate amount of alcohol--even daily--does not increase the risk of harm to the unborn. Similarly, people try to cut out all salt, rather than merely to reduce it, or reduce it for those people who have, or have a tendency to, high blood pressure. American physicians "try to declare chemical warfare on psychoses," and therefore use very high doses of psychiatric drugs (p. 145).

A study of US surgical errors over a one-year period found that adverse outcomes were due in two-thirds of the cases to errors of comission rather than omission. The errors occurred for very revealing reasons: misplaced optimism (for example, an overestimation of surgical skill and an underestimation of the patient's frail condition), unwarranted urgency (for example, doing extensive surgery on a very seriously ill patient where the surgery could not possibly cure and in fact shortened the patient's already limited life), the urge for perfection, and a desire to perform new stylish procedures (p. 136).

*The absolutely very first response of the American health/medical system these days toward a patient is defensiveness against being sued, as exemplified by our above vignette of the woman with a scratched cornea. Only after this has been taken care of are the patient's afflictions attended to. The amazing thing is that extremely few people in the health care system seem to be able to perceive that this is what has happened.

Two other patterns in health care are very problematic, namely, study after study has shown that personal clinical contact with patients is rather minimal, but that the fees charged either to the patient or the patient's health insurance are very high.

*The medical research and technology hype is becoming a hilarious stereotype. It is exemplified by the promises currently being made for a machine that supposedly will be able in half an hour to read, and then print out, any one person's individual genome with the result that "people will be making fewer doctor visits, will be feeling healthier, living longer and having a better quality of life" (Newsweek, 24/6/02).

*According to Newsweek (20/5/02), there has been an explosion of the use of full-body CAT scans as a diagnostic screening method, with not one shred of evidence that this is leading to improved health care. CAT scans deliver 500 times the amount of radiation that a chest X-ray would, and result in many false alarms because of equivocal results, leading to yet further diagnostics and even unneeded treatments, and much wasted expense. Some experts say the method should be restricted to noninvasive colon examinations, and the identification of artery blockages.

*A new book (Timebomb, 2002) not only gives a history of TB, but also informs us that one-third of the world's population is infected with latent TB, that about 10% of these convert to the active infectious type sometime during their lifetime, and that the multi-drug-resistant mutants of this disease are on the increase. Anyone with an active type is likely to infect dozens of others before being brought under treatment, and the whole world is now at high risk (American Scientist, 3/02).

*There have also been two recent books on the history and likely future of smallpox. We learned from these that an entire regiment of slaves fighting for the British during the US Revolutionary War was wiped out by smallpox, and that the town of Amherst, Massachusetts, was named after the British officer who designed the scheme to distribute smallpox-infected blankets to the Indians who were besieging Fort Pitt (now Pittsburgh), causing a devastating epidemic of smallpox in the Indian population. Because very few people are now left who still have smallpox
immunity, any accidental or intentional release of the smallpox virus would result in a devastating worldwide epidemic.

*For several decades now, the TIPS editor has continued to hear all sorts of glory stories about home health and related care, how available it is to eligible people, how it is keeping people out of nursing homes, etc., etc., even at the same time as the TIPS editor keeps discovering endless disincentives against home help, and relentless attacks on home service funding provisions. Home help of any kind is anathema to the residential service system, and particularly to the nursing home sector, which is why these are constantly making war against home services. In 1998, it came to light that once again, this war has been intensified, and that many people on Medicare who had been receiving home help, or needed to receive it, were being declared ineligible. Surprisingly, this occurred in consequence of new 1997 laws meant to curtail fraud and abuse (AARP Bulletin, 5/98). Even at best, home services have always been very marginal in quantity, while funding for institutional services seems to be limitless.

*In Syracuse, and therefore probably also in many other places, the most ingenious method has been developed for discouraging people from dying cheaply, and outside the administrative control of the medical empire and beyond what Michel Foucault would have called the "medical gaze." Namely, people have discovered that when someone in their family dies at home, they become the subject of a most intimidating quasi-criminal investigation triggered by the county coroner’s office. For instance, when one family’s 80-year-old mother died at home, the family was invaded by four police officers, an evidence technician, and an investigator from the coroner’s office. These began to treat the family and the physical site as if it were a murder scene, taking photographs and interrogating family members. The woman had had a stroke a week earlier and had not wanted to die in a hospital. It turned out that this had been going on for three years as an established policy of the coroner’s, namely, to investigate every death which occurred without the presence of a physician.

Amazingly, this procedure was considered to be progress over an earlier one in which every person who had died was ordered to be taken to a hospital emergency room to be pronounced dead there, at a cost to their families of close to $1,000 in emergency room costs and ambulance fees. This procedure had been inflicted on as many as almost 600 deaths where the dead person’s physician was actually quite willing to sign a certificate of natural death (SHA, 18/5/97). Things like that may be going on in your area without people being aware of it.

*One of the innumerable things that makes hospital stays extremely unrestful—unlike in former days—is the announcements made over the public address system. In some hospitals, this is much worse than in others. Amazingly, we learned that in some hospitals, certain physicians had themselves paged several times a day, even when they were not even in the hospital, merely in order to aggrandize themselves, make themselves appear to be much in demand, and to get their names known to patients so that they might later call upon them. The recent ubiquity of personal pagers and small portable telephones has probably cut into this practice (SPS, 31/12/01).

*Infectious organisms in hospitals have gotten so bad that around 2000, many hospitals began the practice of putting a patient newly transferred from another hospital into a 24-hour quarantine.

*It is provocative to consider that when a child develops anorexia nervosa, and gets to the point where weight loss becomes life-threatening, the child may be committed to a hospital or even a psychiatric facility. However, it is very rare to see a similar response when a handicapped person gains weight in a human service setting, to the point of serious danger to health or even life.

*It has been proposed to transplant healthy heads from deceased bodies onto healthy bodies that have unhealthy heads. This has also been called a "whole body transplant" (SHT, 25/5/98).

*Share your head. In 1998, a US postal stamp was issued with the caption, "Share Your Life," but to our disappointment, it had nothing to do with the term life-sharing as we mean it, but with a promotion of organ and tissue donations—a kind of hijacking of the life-sharing concept.
In 1998, the Clinton administration had been trying to allocate organs for transplants to the sickest patients first, which would have created an infinite PPP organ market and industry, insofar as a large proportion of these organs would have been wasted on their recipients while people who could still have benefited from them would have gone without, and would eventually have reached the stage where they could no longer benefit from organ transplants. This would have boosted the organ transplant industry into a frenzy of futile transplants.

According to one study, when a patient tries to tell a doctor something, the doctor will listen on the average only about 23 seconds, and this is the source of innumerable shortcomings and errors in medical treatment. A major characteristic mode of ceasing to listen to patients is to interrupt them, as a result of which all sorts of information that a patient would have emitted no longer gets elicited.

The avalanche of asbestos lawsuits that began in the 1970s has continued ever since in different waves of emphasis and strategy. One of the new waves in this phenomenon is that increasingly, healthy people are suing for some of the loot merely because they have been exposed to asbestos in the past. In fact, only about 6% of the claimants so far in one suit have actually shown signs of illness. Altogether, it is believed that more than 1.4 million people have so far been claiming compensation, for a total sum that could reach $200 billion. More than 2400 companies have been sued, and over 50 companies have already been driven into bankruptcy because of this, including some well-known US giants. The worst part of all this is that it is mostly the lawyers that are raking in the loot, and even some claimants who have been made ill by asbestos, and who were members of already successful class action suits, have not gotten any compensation. One of the new waves in this phenomenon is that such claimants are now turning around and suing their lawyers. There is no end in sight to all of this.

In 1999, more than 10,000 people came to emergency rooms in the US from amusement park rides. Some roller-coasters subject riders to more G-forces than even astronauts endure. Considering the phenomenally high injury rate and risk of brain injury associated with amusement park and carnival rides, and particularly roller-coasters, one is amazed that people are not more careful about this and that not more is done to assure people’s safety. At one popular US roller-coaster, people have waited in line for 5 hours to get on.

A physician in charge of a group home in Manhattan sent all his 24 male residents for unnecessary prostate operations. It turned out that the surgeon was also a co-owner of the very same home. This was a home that has been scandal-ridden for decades.

The chief executive of a Syracuse area hospital that went bankrupt was being paid $410,000, but once the hospital got into financial trouble, this was reduced to a mere $341,000.

Medical liability insurance rates for physicians who deliver babies have risen as much as 400% in a single year in Mississippi, prompting some physicians to get out of the baby business. No wonder people shy away from reproducing.

A Syracuse physician had her nose full with medical, insurance and government bureaucratism, decided to no longer serve Medicaid patients, and instead served the poor for free at clinics for the poor.

"Burn-out" among physicians has also been evidenced by soaring disability claims among their ranks, and more physicians than ever before are simply exchanging their profession for another.

According to an analysis in Health Letter (12/99), the practice of a healing profession is incompatible with for-profit HMO corporations; the most basic mandate of the latter is to make money for stockholders, while the most basic mandate for healers should be to heal.
*As of 1999, one could have oneself tested for about 600 genes for human abnormalities and diseases. However, the gene tests that are being marketed have a very high error rate. For instance, one gullible woman, alarmed by her gene test, had her female organs taken out only to be told later ("oops...") that the tests had been wrong (SPS, 21/9/99). That is what one gets for wanting to be in total control.

*Many laboratories performing the analyses for medical diagnostic tests have very high rates of error (on some tests, as high as 10%), but because so many of these laboratories are now private profit-making ones, they hide and deny their errors (NBC Evening News, 3 May 99).

*Sometimes, people assume that at least in certain product domains, a more expensive product is also more high-tech, and then systematically prefer the more expensive product to the less expensive one that accomplishes the same thing. An example was the finding that one heart drug that cost 4 times what another one cost was equally effective, but was the one preferred by physicians (SHI, 6 March 91).

*According to Health Letter (1/99), there has been a serious deterioration in the US Food & Drug Administration in respect to its drug review process, and dangerous drugs with dubious effectiveness have been more likely to be approved as a result of political pressure, often over the objection of internal review staff. One result of this result has been that approved drugs have also been jerked off the market again at a record rate after the harm they had done became known and public.

*Because of a combination of physical and mental impairments, one mentally handicapped woman ends up in a hospital about twice a year. According to her sister, the woman receives good care there--except for the fact that hospital staff are always people who do not know her, and always start mucking around with her medications (she has severe seizures), so that it takes literally months each time to restabilize her. This means that restabilizing her seizure situation is practically a full-time and never-ending job.

*A licensed practical nurse in a Syracuse area nursing home had been given so much work to do that she was not able to cope with the schedule of administering drugs to her patients, and falsely recorded that she had administered drugs. On the one hand, this was good news to patients who had been prescribed psychiatric mind drugs, but it was bad news for patients who were on heart drugs. Rather than punish the higher structures for laying impossible work burdens (often of a bureaucratic nature) on care-providing staff, the nurse was fired and arrested (SHI, 18/9/98).

*We heard the story (from Jo Massarelli) of a man who was losing his leg, and anguished severely about the impact of this on his wife when a nurse came into his hospital room and asked how he was doing. Cheerfully, he replied, "Fine," and later explained to a visitor, "Be kind, that's all she can handle."

*In 6/01, we first learned that there is such a medical specialty as addictionology and addictionologists.

*Women reaching menopause these days have grown up in an era of sexual permissiveness, and if they do not have a husband, they are likely to have sex with men and, believing themselves to be sterile, not to be concerned about getting pregnant and condoms. One consequence is that many such women are now catching AIDS, and undoubtedly other venereal diseases as well. A further complication is that if older people go on AIDS drugs, there are unknown interactions with all the other drugs that elderly people are likely to be on (AP in SPS, 12 May 02).

*Newsweek (9 Aug. 99) ran a cover story on cosmetic surgery, more than 90% of which is still being performed on women. Among the things that are truly signs of the times is that ever more younger people, even teenagers as young as 16, are seeking such beauty enhancements, including when they really don't need it at all. Some young men seek phony muscle enhancements, called "augs," for augmentations. Some men even have their penises enlarged, though at a very high risk of diminished performance. (This is probably an example of doing less with more.) Apparently, as
in today’s media show world, appearance counts more to them than accomplishment. Even women with little money go deep into debt in order to have cosmetic surgery. Some women have themselves enlarged, and others diminished. Not particularly successful are diminishments for the obese, because as one physician put it, “they can eat faster than I can suck,” meaning of course sucking out the fat. Apparently, a large proportion of these are women without a steady man, perhaps hoping that if they go into debt, it is a very good investment on catching a man, especially if he has money. Once they start having these operations, they have to be repeated in most cases many times during a lifetime, especially if it was done in places such as the face. The younger one is when one starts with these procedures, the more often one has to have them repeated, giving a marvelous boost to the PPP economy. Physicians have started smelling a gold mine because any physician is allowed to perform cosmetic procedures, and because even people who claim that they do not have adequate medical coverage via their HMOs will pay for this procedure with their own money, giving physicians a way out from under the HMO thumb. This new trend has even spawned entire loan companies that do nothing but give cosmetic procedures loans. Now, 50,000 physicians are believed to be performing such procedures in the US.

*Some people (mostly women) have undergone as many as two dozen surgeries to correct what they believe to be shortcomings in their personal appearance (Newsweek, 29/12/97).

*Brazil may have the vainest people on earth. Close to a quarter million a year (mostly women) undergo plastic surgery. The combination of Latin and African heritage may have something to do with this, and particularly the resultant beauty ideals which call for an enlargement of the buttocks and a diminishment of the breasts (SHJ, 13/5/98).

*Consumer Reports (5/2000) readers (46,000) rated how they fared on 11 common ailments in response to all sorts of treatments. One of the biggest findings was that no matter what the treatment modality was, including all sorts of so-called alternative therapies, everything worked very well, with no treatment being rated by fewer than 20% of the sufferers to be of great effect. While prescription drugs generally got the highest rating, the persistently best treatment otherwise, and certainly the one outside of formal medical control, was exercise. In fact, for some ailments such as arthritis, exercise worked virtually as well as prescription drugs, and for some mysterious reason, exercise worked even better than prescription drugs for prostate problems. Prescription drugs were only marginally superior to exercise for many other conditions.

*A 13-year study found that there is no effect on premature birth and low birth weight of the babies ascribable to the steady increase in the proportion of women in the US who received prenatal care. Once again, this suggests that health or other service enlargement does not necessarily have a positive outcome upon its recipients (BRMM, 7/98).

*A physician said (BRMM, 11/99) that “our prestige and income is dependent upon the placebo effect.” Without it, he said, not only much of so-called alternative medicine but also many physicians would be out of business.

*In 7/02, a rather startling study concluded that a $5000 operation performed about 300,000 times every year on US patients is totally ineffective, and is the equivalent of a sham operation as sometimes performed as a placebo. The operation, so-called arthroscopic knee surgery, had been performed on arthritic knees to "clean out" the joint. It turned out that people receiving this operation did in fact report placebo effects in almost all cases, but this was one of the few surgical procedures in which an actual sham placebo operation had the same effects, i.e., almost all patients in both groups reported improvements, but an objective test measuring their ability to work and climb found no differences.

*Fewer and fewer firms are prepared to offer their employees health care coverage after their retirement. This decline has been underway since 1993 (AARP Bulletin, 3/98). Maybe people without such coverage end up healthier.

*The Journal of the American Medical Association had itself looked at by researchers who reported that many of the studies published in it failed to mention their weaknesses, and that the peer
reviewers often had biases and conflicts of interest that affected their judgment on whether a manuscript should be published. One of the biggest sources of problems is funding of a drug study by drug companies, and many investigators do not mention that this is where they got their money. It was also reported that of 359 studies published in 5 of the world's leading medical journals, only 26 seemed to use rock solid research designs (AP in SPS, 5 June 02).

Shrink-Related News

Shrinkdom blithely pays no attention to the innumerable intellectual, philosophical, and even empirical analyses that have unmasked the unscientific, ideological, "religious" and economic bases and motivations for its claims and practices. This is borne out by many of the items below. Several also speak to shrinkery's claim that the whole world is to be shrunken; and some items speak to the illogical tautology of shrinkdom: if a behavior is deemed bad, it must be a symptom of mental abnormality.

We have saved our coverage of prescription mind drugs for another issue.

*Zilbergeld, B. (1983). The shrinking of America: Myths of psychological change. Boston: Little, Brown. What this book had to say is still relevant today. It identifies the following as common myths of or about mental shrink talk: there is one best therapy; counseling is equally effective for all problems; behavior change is therapy's most common outcome; great changes are the rule; the longer the therapy, the better the results; therapy changes are permanent, or at least long-lasting; at worst, counseling is harmless; one course of therapy is the rule for most clients; only specifically trained professionals can help people change. In addition, our reviewer (ST) identified a number of other what could be called myths that Zilbergeld uses as headings within his chapters: the world is best understood in psychological terms; people are not okay as they are; individuals need to be liberated from "the ties that bind"; everyone needs and can benefit from therapy; the therapist is the expert and knows best; the primacy of the individual; unbounded optimism; the right to happiness; and the belief in solutions, perfectibility.

*A 1997 book, Making Us Crazy, deconstructs the Bible of the shrink professions, the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 4th edition. Among its criticisms is that the DSM has no functional definition of mental disorder, that mental disorders are to a significant extent politically and ideologically defined rather than scientifically, that the manual keeps adding a bewildering array of conditions so that ever more behaviors are defined as mental abnormalities (which the author calls "the pathologizing of everyday life"), and that the very multiplication of disorders actually contributes to lowered reliability because (a) a particular problem situation might be seen as falling into any number of the many categories, and (b) the constant revisions of the manual disorient clinicians and makes them confuse older with newer categories, or vice versa. The critique calls the manual a "code key" that contains the passwords for shrinks getting paid (Your Friends, Neighbors and Relatives, 9/98, source item from Joe Osburn).

*The shrinks keep telling us all the time that the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association provides a very highly reliable system of diagnosis, but the truth is that there is no research support for this claim. In fact, there has not even been one single major study in 20 years on whether routine use of the manual is made with high reliability (PHAL, 5/02). This underlines yet again what we keep teaching, which is that major human service sectors can be built on great untruths.

*Lobotomy was once actually hailed as a medical miracle, earning its "inventor" a Nobel Prize. Many patients were dragged screaming to the operating site, and often were sedated to keep them from changing their minds if they had previously given consent. Furthermore, often it was a relative who gave the consent rather than the victim. It is somewhat ironic that the advent of the extremely crude mind drugs in the 1950s displaced the extremely crude brain invasions. Discover (10/97) carried a major article entitled "Lobotomy is Back." However, there are efforts to disguise it, as under the phrase, "psychiatric surgery." One thing that is different is that the operative process is now much more sophisticated than the crude kitchen sink methods (e.g., with ice picks) of the 1940s and 1950s. However, as of 1996, there had been no adequate scientific base for lobotomies, or adequate studies thereof.
Every single pack of cigarettes and every bottle of liquor sold in the US must carry a health hazard warning, though the chances of any particular cigarette or any one slug of liquor actually hurting someone are infinitesimal. On the other hand, a single electroshock to the brain can be extremely damaging, with permanent sequelae, and yet the US surgeon general has been planning to certify such shocks as "safe and effective." Electroconvulsive "therapy" (ECT) is commonly administered in a course of 8 to 12 shocks over a period of weeks, for which shrinks may charge more than $30,000. When shrink services replace their older electroshock machines with newer ones, the older ones often end up in Third World countries as torture devices (Mouth, 11/99). One man's (cheap) torture is another man's (expensive) therapy!

*It is estimated that more than 100,000 Americans get ECT each year, but a study published in 2001 reported that 84% relapsed into depression within months (Mouth, 5/01).

*Amazingly, a profoundly mentally retarded man in North Carolina was given 6 electroshock "treatments" 3 times a week, and then was put on a "monthly maintenance regimen" of ECT which, after "a relapse," was increased to a "biweekly regimen of maintenance ECT" (American Journal of Psychiatry, 9/96).

*Because mental disorder has once again been increasingly reinterpreted in material terms, it is now also increasingly likely to be referred to as a "brain disorder." Other insane shrink practices include diagnosing an eight-year-old child as manic-depressive, and later on changing it to conduct disorder—which really means delinquency.

*The latest rhetoric that is being used by the materialists in order to assert that most of the serious mental disorders have a genetic base is to abandon the claim (that they promoted for several generations) that there is such a thing as a single gene for a particular mental disorder, and they now claim that behind every such mental disorder are likely to be multiple genes, and that on top of this, all these genes interact in complex ways with environmental factors. The problem is that this may be ever more difficult to either prove or disprove, and could therefore dominate dogma for a long time (PHAL, 3/02).

*Bullying by children is the latest human phenomenon which the shrinks have pronounced inherited (Monitor, 5/99).

*The notion that human distress can be reduced to a brain disease, and the road to recovery requires taking pills, is so preposterous that one is absolutely amazed how many people—both in the shrink culture, and the media and society—have embraced this mode of thinking.

The shrink culture, and those who have total faith in it, and to a great degree the media, often attribute violent behavior to "untreated mental illness." Considering how often we have read in recent years that somebody committed a violent deed while on shrink drugs, we wonder why no one ever attributes violence to "treated mental illness." Where is Foucault when we need him?

One thing that is very disturbing is the rush all over the country to forced prescription mind doping of people with mental problems. One problem among many with this is that it certainly will in many instances undermine mentally troubled people's trust, since trust can hardly exist in an environment of coercion. In fact, one 1990 study in California showed that 55% of people who had been coerced into mental treatment (mostly drugging) thereafter avoided all future contact with the shrink system for fear of additional coercion. Instead, people who have been victims of the shrink system are calling for what they term address of quality of life issues: proper non-shrinkish medical care, housing support, vocational training, income maintenance and ways to find employment.

*A woman went outside the motel where she was staying in Ontario and began to do her Tai Chi exercises. First, a stranger asked if she was alright, and next she knew, four police officers appeared, descended on her, and transported her to a shrink "hospital" where she was compulsorily injected with shrink drugs and held for three weeks. The woman said that she would never have believed this could happen if it hadn't happened to her. Her thinking that way is itself sad (Mouth, 7/2000).
*In 1999, New York State passed a law that provides for enforced drugging of "psychiatrically disabled" people. This law elicits extremely intense sentiments pro and con. At any rate, its name is a despicable euphemism: "Assisted Outpatient Treatment Law," under which one would have understood something entirely different.

*According to *Mouth* (3/2000), the National Alliance for the Mentally Ill has received over $11 million from drug manufacturers because it has been advocating forced drugging.

*A man diagnosed as paranoid schizophrenic got put on shrink pills and electroshock in the 1960s because he evidenced "delusions" that there were police spies and provocateurs at meetings and rallies which he attended, that some of the things he had said had been reported to his employer, and that his telephone conversations were occasionally monitored. Years later he discovered that there were indeed police spies and provocateurs at some of the rallies he had attended, that his employers had been informed that he was a suspected subversive, and that his telephone had indeed occasionally been tapped (*Mouth*, 7/99).

*Harvard psychiatrist Robert Coles observed in his 1997 book, *The Moral Intelligence of Children*, that American adults increasingly turn to the shrink service system when confronted by the moral failure of a child, as if moral failures were signs of mental disease rather than of spiritual sickness. We could hardly go much further in the elevation of shrinkery to a priesthood—*and* a de facto state-supported one at that, insofar as a major portion of its income comes from government acting as a third-party payer.

*When the Kosovars were driven out of their country in 1999, a small army of shrink types descended upon the surrounding countries that accepted the refugees, not only to "assess their mental health needs," but also those of the people giving them refuge, and to help people with "grief, anger, fear, dread and avoidance." Some of the shrinks tried to transform a cadre of refugees into "mental health workers," which however proved to be a failure. Of course, we now know that the single biggest thing that the refugees needed was to get back home, and this, of course, shrinkery could not provide (*Monitor*, 7/99).

*Only 3 of all the so-called couple intervention techniques (shrinkery for couples) have more than one published study behind them that lends at least some support to their claims for effectiveness. However, these studies were very poorly representative of what actually happens in couple shrinkery. Furthermore, hardly any of the therapists who offer couple shrinkery in the US have received specialized relationship therapy training and supervision, and only one study focused on that kind of a situation, and found no effectiveness. All this despite the fact that relationships between couples are the most frequent problem that brings people to shrinks (*CP*, 2001, No. 3).

*In 1989, it was reported that participation in support groups prolongs the life of breast cancer patients. Now we get another "Oops, we made a mistake," with better studies reporting no difference. "No matter," say the researchers and the cancer people, these sessions make their participants feel good, and so they should go to them anyway (*Time*, 24/12/01).

*Just how phony it is that the practice of psychiatry is considered to require medical training is underlined by the fact that people have found it relatively easy to get and hold positions with faked credentials as psychiatrists, while they would rarely last any time at all in the practice of any real medicine, much less a specialty as psychiatry is supposed to be. This was brought out once again when a mail carrier in Germany was able to get a job as a psychiatrist on three different occasions, and the last time even as chief physician. His work was deemed to be so good that he was considered for further promotion (1/99 clippings from Susanne Hartfiel). His specialty was functioning as an expert in forensic cases, and he was much in demand because he delivered his "results" very quickly. We think he should have been given an honorary doctorate.

*There are New York psychiatrists who charge as much as $8000 for a single session with top executives sent to them by affluent firms (*Newsweek*, 17/4/00). That is probably the most expensive snake oil on the market.
Does it not strike one somewhat peculiar that the US Army claimed (Mouth, 3/98) that it spent more than $100 million on mental services in 1997?

In a swipe at shrinkery, a victim of the shrink system (W. B. Ellis) wrote a book in 1929 that has a title that has become even more actual today: *Sanity For Sale.*

A 4-day congress on *Human Laughter: Therapeutic Humor in Action* took place in Stuttgart, Germany, in 3/02. Unfortunately, clownery was one of the prominent motifs, including clowns who "accompanied" dying people. Many participants came from India because it has many "laughing clubs" (source clipping from Susanne Hartfiel).

We like the title of a 2001 book, *The Positive Power of Negative Thinking,* which allegedly shows people how to "use defensive pessimism to harness anxiety and perform at your peak." We hope, however, that the defensive pessimists never meet up with the laughter therapists.

In 3/01, we first learned that there was such a thing as an American Academy of Bereavement (source material from Joe Osburn) that goes around and give workshops on "grief and substance abuse."

In 2001, we first learned that there was such a thing as "ethnogerocounseling," which is a PC term for counseling of "ethnic elders."

In 6/2000, we learned for the first time that there is such a thing as "transpersonal psychology," which apparently is a form of talking therapy.

In 2002, we first learned that there is such a thing as CD Rom therapy.

In 9/97, we learned that there is such a thing as a "philosophical therapy talk show," which of course also means that there is such a thing as philosophical therapy. Its motto is "Plato, not Prozac."

A new branch of psychology has emerged, apparently mostly from Britain, which calls itself "critical psychology." It sounds to us as if it were a form of politically correct psychology. It claims to look even deeper than constructionists claim to be looking, and uses what it calls a "penetrative-critical method," which we hope does not consist of having sex with a client while talking constantly.

In 6/97, we learned for the first time that there are such things as "therapeutic foster homes" staffed by "therapeutic foster parents" (Monitor, 5/97).

There is a whole shrink discipline devoted to shrinking people who are in the financial papers business. Some stock traders go to shrinks to "overcome their love/hate relationship to risk"; others go because they suffer from "divestiture anxiety," i.e., they are big on buying, but extremely reluctant to ever sell; yet others focus on "wealth therapy," i.e., they try to help clients who suffer from having suddenly come into wealth; some investors suffer from the "endowment effect," meaning that they interpret their stock to have more value than it has.

Some of these shrinks get in way over their heads when they also dish out financial advice, and then discover that they had been had like everybody else by some of the Wall Street or corporate operators.

One problem among many people in this kind of culture is that they are simply preoccupied with money questions, and their self-esteem rises and falls in concert with the market indices. Somebody who once was worth $800 million and ends up with merely $20 million can be absolutely devastated, and feel utterly deserted.

Some people think that one reason the financial market has been acting so irrationally, and that people have been hanging on to worthless stocks, was that too many traders were on mind drugs which made them look at the world through rose-colored glasses.

There is also a scientific side of all this, called "behavioral finance" (it seems to us it should be "financial behavior") which studies the irrationalities of investors (NYT, 7/7/02; clipping from Deborah Reidy).
*We continue to note that the shrink world is speaking in terms of providing "drug treatment" to people convicted of drug offenses, and perhaps even sentenced to prison. We doubt seriously that there is any service strategy addressed to drug addiction which deserves the medical-imaged interpretation of "treatment" other than replacing a street drug with a medically prescribed substitute drug, nor are we very optimistic that there is much in the way of specificity to a service approach for drug addiction that is likely to be effective. We suspect that if there is anything effective, it is likely to be a very generic type of approach, such as a religious conversion.

*According to the US Surgeon General's 2000 report on mental illness, 20% of Americans suffer from a mental disorder in any given year, and 50% suffer at some time during their lives. The mental business and the insurance industry see unlimited prospects for themselves in this interpretation. Some people have said that the biggest purpose of the report is to sell treatment and reduce people's embarrassment about buying. However, in our opinion, over 90% of Americans (and, for that matter, modernists in general), and even more shrinks, suffer from what we call normative insanity, and the shrink business is trying to appropriate normative insanity to itself, and interpret a lot of it as being clinical insanity.

*Only recently did we learn that all the survivors of the bombing of the federal building in Oklahoma City in 1995 were given a diagnosis of post-traumatic stress disorder so that they could have free psychotherapy as much as they "needed" for the rest of their lives (APA Monitor, 10/01).

*The shrink empire has proclaimed that 90% of New York City school children are suffering from post-traumatic stress after 11 September 01 (SFS, 2 May 02). What we don't understand is why the shrinks don't just come out and say the world is crazy and everybody needs shrinkery.

*Children who lost parents in the World Trade Center disaster were sent to summer bereavement camps in 2002. Professionals there make sure that they grieve around the clock, as by making "memory boxes" of mementos of their parents, and counselors guide them through "holiday grief worksheets" (Newsweek, 17/6/02).

*One of the few things that modern shrinkery seems to have shrunk down to is the dogma that talking incessantly about oneself and one's feelings (as apparently advised in Newsweek, 14/6/99) is the way to mental well-being.

*The overnight shrink cure! In 1998, the Illinois mental health system re-classified hundreds of people in its state mental institutions as being really physically impaired, and shipped them off to nursing homes, so as to get a better rate of federal reimbursement (Mouth, 3/01). Why is there not more of this? Isn't this easier than drugging and shrinking people?

*HMOs and other managed care organizations have been pushing psychotherapy to get done within ever shorter series of sessions. This accounts for the recent explosion of interest in, speeches and workshops on, and publications about "brief therapy," which used to be thought of as consisting mostly of three sessions, and in a few cases a few more. Now, even single-session psychotherapy seems to be on the increase. An example of the explosion of interest in brief therapy is that an entire 5-day convention on nothing but that was held in New York in 8/98--perhaps the first such convention. This is almost the only good HMO news we have.

*In various European countries, human services enable their clients to have the services of prostitutes, or even pay for it. One Dutch city pays about $100 to a prostitute every month to service a severely handicapped man, arguing that every time after the prostitute visits him, he is much calmer and needs fewer "medicines" (28/10/01 clipping from Susanne Hartfiel). This raises many questions, one of which is whether it is less worse to pay for a shrink or a sex service. And if shrinks can force people to take mind drugs, can they force them to have sex--maybe sex instead of mind drugs?

*It is an extremely common mistake (and utterly absurd) to attribute all sorts of abnormal or bad behaviors emitted by people in states of insanity to the insanity itself, when in fact, such behaviors are really an acting-out--perhaps released by a lowering of inhibitions--of what people were like due to their earlier upbringing and lifestyle before becoming insane, or what they would have
been like had they not been insane. This is dramatically brought out by the history of insanity in the Quaker communities, as documented by various Quaker insane asylums. Quakers could become as insane as anybody else, but when they did, they were usually still well-behaved. However, when an ill-behaved or ill brought-up person becomes insane, the person does not have the good habits and disciplines that they could have acquired to control and channelize the insanity, and to contain all sorts of impulses prompted by the insanity. Furthermore, why is bad behavior regularly attributed to insanity, but rarely good deeds? About the only good deeds ever attributed to insanity are when a person of considerable means starts giving it away.

*Despite the alleged public education on mental health in the last 50 years, nearly twice as many Americans now as 50 years ago perceive mentally disordered people as violent and dangerous. This is being blamed on films and TV shows in which disturbed persons commit murder, but we believe that it is due to real disturbed people being seen in large numbers and in a negative way in all downtown areas, and also being reported all the time in the media as having committed violent acts (AP in SHJ, 27/9/00). But as we said, they are not likely to be reported on for "committing" acts of kindness.

*The shrink establishment keeps painting itself into utterly untenable scientific corners. For instance, after a 15-year-old boy of Islamic background flew his small plane into a skyscraper in Florida, the shrinks dissected his past but could not find sufficient evidence that he was mentally disturbed. However, assuming that only a mentally disturbed person would do such a thing, they pontificated after the fact that "from his actions we can assume he was a very troubled young man."

Similarly, the mid-West mailbox bomber turned out to be 21-year-old college student who had been in grunge rock bands, a Kurt Cobain cult, believed in New Age stuff of many different kinds, had been into marijuana, etc., and qualifies exquisitely for our classification of being normatively insane. However, the shrinks are trying to write him off not only as clinically insane but are even invoking "organic explanations" (Time, 20/5/02). One must pity these highly trained and highly educated people for the poverty of their mentality. This was a "Please look at me" crime. Also, very little reported in the media was that the young man's spree immediately fueled a small flood of copycat incidents.

*In the 19th and 20th centuries, and of course before that as well, hysteria often manifested itself in the form of convulsions or bodily contractions and rigidities. However, we were surprised to learn that so-called pseudo-seizures are still very common, including seizures of a type so severe that they are often suspected even by health professionals to be the extremely dangerous form of epilepsy called status epilepticus. Of course, such people are apt to be treated immediately with anticonvulsant drugs, which are not healthy for people. While some such persons are malingering, others honestly believe that they do have epilepsy. Some people have gotten so good at faking seizures as to fool even epilepsy experts for at least awhile. What adds the most consternating confoundment of all is that about 10% of people with established (real) epilepsy also manifest pseudo-seizures, which of course signifies that they have other mental problems or current life stresses (Discover, 11/00).

*In the 1970s, it was discovered that a TV set on a mental ward had 525 messages stuffed inside of it, all begging for freedom. The inmate who wrote them had it in his mind that since his only access to the larger world was through the TV set, if it communicated to him, someone out there might get a message back thereby (Mouth, 7/99).

*Sharkey, J. (1994). Bedlam: Greed, profiteering, and fraud in a mental health system gone crazy. New York: St. Martin's Press. This book is an expose, by a journalist, of the for-profit private mental and drug-and-alcohol rehab facilities. Starting in the 1980s, the number of such for-profit facilities in the US had more than doubled, with literally thousands of profit-making psychiatric programs within general hospitals (p. 11). The book brings out many PPP dynamics, such as identifying ever more people as having problems that require service address; identifying as problems things that once would hardly have been noticed, or at least would have been dealt with very informally; agencies soaking the government and other insurers for as much money as possible, and then dropping or dumping clients when the funding runs out; and buying and selling clients among
agencies so as to obtain maximum reimbursement rates. Here are some of the PPP elements of all
this brought out in the book.

According to one contemporary psychology guru, "approximately 96% of (American) families
are dysfunctional to one degree or another" (p. 14), implying that almost the entire US population
requires shrinkery.

"Depression" is a new growth field in psychiatry, and studies are discussed at the annual
convention of the American Psychiatric Association that purport to show that as many as 10% of pre-
school-aged children (!) show signs of depression, and that symptoms of depression and "low self-
esteem" can be defined in infants and children under five (p. 98).

Between 10-15% of Americans are said to be "addicted" to sex, more than 20 million
"addicted" to gambling, and more than 200 million to suffer from bad parenting, and apparently "co-
dependency" (p. 146). One man took advantage of this craze: he first embezzled a sum of money
from his employer, and then lost it all gambling in casinos. He sued to win back his job because he
claimed to be a "victim" of "compulsive gambling syndrome." A school administrator who was fired
for constantly missing classes claimed to be a "victim" of "compulsive lateness syndrome" (p. 146).

On 1 January 1990, California became the first state to officially declare in law certain mental
illnesses to be biologically-based brain diseases (p. 183).

During the 1980s-90s, service agencies even bought and sold clients across national borders,
with US for-profit psychiatric facilities actively recruiting clients in Canada. One chain of such
facilities negotiated volume discounts with airlines to fly such patients from Canada to the US.
During 1990, approximately 300 "patients" were being flown out of Toronto by US psychiatric
facilities each month. There were at least "several dozen patient brokers" operating in Ontario alone
that flew Canadians to private facilities in Texas, Florida, and California, and these "brokers" would
receive a "bounty" of as much as $1,500 per patient (p. 86).

The unscrupulous private for-profit psychiatric facilities have unfortunately caught on to the
power of imagery, and--much like the abortion industry--are very exact about what terms are and are
not to be used to name and describe their facilities and what they do. As one critic put it, "Image
enhancement remains paramount" (p. 118).

According to the author, this entire field became so scandalous that it was the subject of a
much-publicized statewide investigation in Texas in the early 1990s, though we don’t remember
hearing about it.

One professor did not hesitate to use the term "evil" to describe the operators and marketers
at private for-profit facilities: "A lot of the people in the hospital industry are evil. I’d really like
to say they’re not, but I’ve found it to be true" (pp. 100-101).

An example of what happens to those who stand in contradiction to a perverse human service
system occurred to a physician in Texas who opposed his hospital’s practice of keeping people with
supposed mental, drug, and alcohol problems only as long as their insurance would pay, and then
declaring them cured and discharging them. A special hospital committee declared him to be
mentally ill, accused him before the state medical association of being "likely impaired," of
dereliction of duty, and certain other offenses, and attempted to have his medical license revoked.
He lost his job as a result of these attacks (pp. 211-214).

*A lawsuit alleges that people who had been told by their physicians to go to Florida for
various kinds of medical treatments or spas were met by a limousine at the airport and whisked to
a mental institution, and in some instances held there involuntarily until their health insurance ran out.
In some instances, they were put on drugs to prevent their departure. Insurers say that the scam cost
them $39 million over a 5-year period. Four facilities were implicated in the scam, unveiled in part
because several major insurance firms investigated (Rights Tenet, Spring 98).

*A private Massachusetts firm (Community Care Systems, Inc.) that owned a psychiatric
institution in Maine was accused of having stolen more than $15 million from Medicaid, its
employees’ retirement funds, and even its payroll (SHJ, 25/3/98).

*The New York Times ran a series of very long articles over the 3 days of 28-30 April 2002
about private residences for the mentally disordered in the NY City area, with many pictures. These
articles reported unbelievably awful conditions. The residences were either started, or enlarged, as
a result of the deinstitutionalization of state mental hospitals. But the residences are now either mini-
versions of those institutions, or worse. The pictures and descriptions are right out of the bad old
days, and the articles detail so much deathmaking, mostly of the indirect kind that results from neglecting clients, e.g., someone dies of heat stroke because of the drugs they are on combined with the stifling heat in the buildings (people are charged more to have fans, and the owners won’t install air conditioning in client areas), and then their deaths end up unnoticed for hours or even days until the stench is undeniable. People are buried in unmarked and mass graves, families and the state are lied to about the deaths—and the state does nothing. The owners are making huge profits off these places, and as always, deny that they are doing anything wrong. There are hardly any advocates for these poor people, and the workers are the lowest of the low.

Among the awful things documented were that residents were sometimes taken by the bus full to medical practitioners to have unnecessary diagnostic or treatment procedures performed on them, even as drastic as laser surgery on the eyes, when actually none of this was necessary, but was merely done in order to steal Medicaid monies. The amazing thing is that the names of some of these residences are the same ones that we remember having been featured in exposés many decades ago, often in connection with housing the elderly. However, this was not brought out by the articles.

*An increasing pattern we have begun to discern is that people who have life and mental problems, including residents of mental facilities, are on the one hand extremely likely to be put on prescription mind drugs while, on the other hand, their need for drugs for real health problems is grossly ignored.

*One of the awful bankruptcies of shrinkdom is that protests and exposés hardly ever come from within the mainstream of shrinkery, i.e., the shrink professionals, other academic shrinks, the private practice shrinks, and not even from the clinical psychology or psychiatric nursing mainstream. Any persons from this mainstream who point to the truth are almost automatically and immediately extruded from the mainstream. And even hundreds of years of this reality has changed nothing. Our mind- and reality-guardians are an utter sham.

*A Navy psychiatrist became disenchanted with the currently reigning psychiatric paradigm. Her supervisor responded by trying to exclude her not only from her functions and positions, but also from the profession, by writing: "No one who believes that schizophrenia is not a proven brain disease, for which medication should be taken lifelong, should be allowed to practice medicine in this country." A higher review by an Air Force psychiatrist then also concluded that she was "impaired because of her viewpoints." A yet higher Navy review panel of three psychiatrists concurred, and all sorts of disciplinary consequences were inflicted on her. However, contrary to the recommendations, a hospital administrator took her in, and some months later she was granted an honorable discharge, though the whole episode had caused her financial ruin because she was not reimbursed for her legal and administrative costs. However, the psychiatric profession has also been trying to keep her out of civilian jobs (ICSPP Newsletter, Summer 02). Someone like her threatens the very foundation of contemporary shrinkery, and is akin to a heretic who needs to be burnt.

*At one time, psychiatrists virtually dominated mental retardation, with disastrous results for mentally retarded people. After psychiatrists (and to some extent, physicians generally) were extensively extruded from administrative positions in mental retardation, mostly with the advent of the normalization era ca. 1970, they have been groping for a return to their controlling role. One avenue that they found was that of prescribing devastating mind drugs to mentally retarded people. A second avenue was through the invention of a new "syndrome," namely, the so-called "dual diagnosis," a code word for mentally retarded people who also have mental problems. Lately, we have noticed a very considerable surge in publications by psychiatrists on this topic. The naive credence given by people to this diagnosis has opened the door to a very dangerous resurgence of psychiatric dominance in mental retardation.

*In 1998, a most peculiar concert was given in Syracuse, consisting entirely of chamber music written by "composers who have suffered with schizophrenia, manic-depressive illness, depression, and other related mood/brain disorders." The venue was very image-enhancing, as were the performers, but the program did not sound particularly uplifting or conducive to mental well-being. Amazingly, the impresarios of this concert managed to get the Catholic cathedral to serve as the venue, lending a religious aura to the event.
Each age cohort since World War II has had a higher rate of depression, at least as professionally diagnosed, than the previous one, and it has become the most frequently diagnosed and "treated" of all alleged mental disorders. In part, depression is an artificial construction by and for the shrink professions; on the other hand, what is called depression is often the anomie, despair and meaninglessness of externalistic lives by empty people. We would say that the single best antidote to depression is to develop mental depth and do real things.

* A surprisingly large number of leading psychoanalysts committed suicide, including Freud himself, and one wonders what this implies. Similarly, some leading psychologists in the last 30 years have also committed suicide.

* Liberating? A Philadelphia corporation with the name Liberty Healthcare runs psychiatric and mental retardation facilities in 23 states.

* The largest hospital psychiatric department in the world is that of Bellevue Hospital in New York City.

The Relation of Medicine & Shrinkery

*Szasz, T. (2001). Pharmacra: Medicine and politics in America. Westport, CT: Praeger. This book is along the same lines as Szasz's earlier ones, in being simultaneously an analysis and critique of the contemporary medical and mental system, its very loose and self-serving interpretations of mental disorders, and its transformation of personal, moral, political, social, emotional, and spiritual problems into medical diseases, in this case with the collusion of the state. In his Introduction, Szasz says that the basic issue is a contest over the meaning of words, and specifically the meaning of the word "disease." Szasz himself uses the word "disease" to refer strictly to "a demonstrable alteration in the structure or function of the body as a material object considered harmful to the organism" (p. 7).

Szasz (p. 54) notes that the term "medicalization" implies that something is being treated as if it were a medical problem when in fact it is not a medical problem. E.g., our society is increasingly based on the false premise that if X is identified as "a leading cause" of death, then X is perforce a disease and a public health problem. However, for people who are obsessed with health and who de facto worship it, everything is a medical issue, just as for people who Szasz claims are "obsessed with worshipping God, everything is a religious matter." He uses the terms "diagnosis inflation" and "illness inflation" to refer to the expanding use of the terms illness and diagnosis, and their expanding application, to any imaginable condition, problem or deed. In essence, Szasz says that the medical establishment has taken control of politics, interpreting every behavior, and especially misbehavior, as a disease, rather than as an issue of vice or virtue, of self-control or lack thereof, or as a complaint. In 1999, the British National Health Service (NHS) designated the desire to have a sex change operation as a legitimate illness (p. 143), and that the NHS should therefore pay for it. According to Szasz, the entire population of WW II Europe would today be considered to be victims of mostly undiagnosed and untreated post-traumatic stress disorder (p. 152). In regard to the common practice of flying in grief counselors by the plane load whenever there is a disaster such as violence, a suicide, or a plane crash, Szasz says that "what in the past Americans would have considered ugly meddling, they now accept as medically sound mental health care" (p. 151). Szasz (p. 83) claims that medicine works opposite to Western notions of the law, where it has been a principle that it is better for 100 guilty men to go free than for one innocent man to be hanged, whereas medicine acts as if it is better to falsely diagnose and unnecessarily treat thousands of healthy persons than to mistakenly declare one single sick person healthy and thus deprive him of treatment. Plato in his Republic complained of physicians inventing diseases and treating the complaints of malingerers as if they were real, and called this a medical vice, whereas today, practicing physicians make medical virtue out of what Plato considered a vice, namely they impose false--or at least unsubstantiable--diagnoses of mental illnesses on persons, even against the will of the latter (pp. 66-67).

Szasz (p. 28) claims that it is essential that we keep in mind the distinction between disease as a fact of nature, versus diagnosis as an artifact that is constructed by human beings, presumably to name a disease. Szasz further claims that "mental diseases" are, in truth, diagnoses, not diseases (p. 30). According to Szasz (p. 68), even the intentional faking of illness is today nonetheless
described as an illness, usually a mental one. He (p. 12) says that "it cannot be overemphasized" that while behaviors may be the causes or results of disease, they cannot by definition be diseases themselves. He says (p. 74) that so-called mental patients do not have diseases but instead occupy a social role which is officially interpreted as due to a (chronic) disease, and which renders them eligible to all sorts of entitlements, which is one reason why they may never leave the role.

According to Szasz (p. 124), the medicalization of nondiseases is also leading to the demedicalization of real diseases, because both of them are done for reasons of politics, rather than because of the truth that there is or is not a disease present.

Szasz also says that the relationship between disease and treatment is not as simplistic as contemporary psychiatry would lead one to believe: merely because something responds to a "treatment" does not mean that it is a disease. After all, real diseases may not respond to treatment, while ignorance may be ameliorated by "treatment" such as education, but that does not make ignorance a disease. The idea that one can infer the presence of disease from its "treatability" is one of many "mischiefs in medicine" that "was created by psychiatrists" (p. 41). Further (p. 34), the term "treatment" may or may not refer to procedures that are scientifically demonstrated to be effective. For example, he says that if so-called alternative medicine is valid, then it belongs to mainstream medicine and should not be called alternative; and if it is not valid, then it is quackery and not any kind of medicine, alternative or otherwise. He says there is no alternative astronomy, chemistry or physics, but only an alternative medicine, which is a tacit acknowledgement that certain medical practices are scientifically invalid despite the fact that some doctors and patients find them useful. (After all,placebos work!) Szasz also notes that there are any number of medical interventions which do not constitute medical treatments because they are not meant to remedy a disease (e.g., plastic surgery for purely cosmetic purposes). But because we fail—or are unwilling—to distinguish between complaints and disease (e.g., being unhappy with one’s appearance is a complaint, while having a facial tumor that is eating away at the bone is a disease), we talk and act as if all interventions are "treatments." The same phenomenon is at play in abortion, which is termed a "treatment" even though it is not addressing any disease but only a complaint (p. 100).

Szasz (pp. 100-101) says that one of the most important philosophical/political features of the contemporary concept of mental illness is that it detaches motive from action, and then adds motive to illness (e.g., "the disease made her do it"), thus destroying the very possibility of separating disease from nondisease, and annulling—or at the very least diminishing—the "mental patient" s status as a moral agent with free will and responsibility. Mental disease is unique among other diseases in that it is the only one believed to be capable of both causing and excusing crime (p. 95). In this sense, it combines functions previously attributed both to the devil and to God. It is also almost the only "disease" for which involuntary treatment, and even confinement, is permitted. The head (Leschner) of the US National Institute of Drug Abuse said in 1998 that a physician "should be put in jail" for refusing "to prescribe selective Serotonin reuptake inhibitors for depression" (p. 140). In other words, physicians should be forced to forcibly mind-drug their patients! According to Szasz (p. 140), coercion that masquerades as medical treatment is "the bedrock of political medicine," and that one of the most important roles played by contemporary physicians is that of "certifying medicine," meaning that the physician acts as a certifying agent for either an individual or an institution or the state. For instance, the physician may certify a person to be fit for, or relieved from, jury duty or some other obligation to some institution or the state (p. 57ff.).

Szasz claims that medicine has participated in its own corruption by consistently referring to non-diseases as diseases, for economic, professional, and patient-satisfaction reasons.

News About the Elderly & Their Services, Including Nursing Homes

*A senior US chess master reported (Chess Life, 7/2000) that he had observed thousands of chess players throughout the world for all of his life without ever encountering a single one who got "Alzheimer's," nor did any of his chess friends know of a strong chess player who ever developed the condition. He speculated that the constant mental stimulation provided by playing chess might be the reason.

*Research strongly suggests that social engagements protect the elderly from dementia, perhaps because such engagements call upon the cognitive functions of the brain (SPS, 20/4/00).
One of America's greatest poets, Ralph Waldo Emerson, became aware that he was slipping into dementia. This was at a time when this was considered natural for older people, rather than a disease. He reassured his friends, "I have lost my mental faculties but am perfectly well," which we wish more people would say these days (Newsweek, 17/9/01).

There are so-called geriatric care managers who, for a fee, will take over the coordination of services to an elderly person. For instance, a person in California might hire such a manager for his or her aged parent in New York. Such managers will arrange for virtually everything, including home repair; but of course such a service is very expensive.

A small firm in Texas specializes in helping elderly people move from one dwelling to another. One of the things they do is to make sure that as much as possible, everything in the new dwelling is like it was in the old one, that the same things are in the same drawers, etc. (3/98 clipping from Joe Osburn).

Sin cities? According to Newsweek (3 June 02), prostitutes may be found to volunteer to deliver meals to senior housing complexes in order to recruit customers there. Also, some unscrupulous old men take advantage of the great preponderance in these complexes of older women without men, and go on sexual smorgasbords. Apparently, women don't get wiser as they get older, and some men remain fraternity brothers for life.

A Syracuse agency that allegedly provides home cooking, cleaning and companionship to elderly people kept collecting fees for its services without ever providing the services themselves. For instance, one woman from out-of-town prepaid for six months of such service for her aged aunt who lived in Syracuse, but who never received it (Syracuse Herald-Journal, 8 April 98, p. C2). However, the elderly people might conceivably have been better off with such a nonserving service than with some home services that are provided by incompetent, and even criminal, employees who steal their clients blind and physically abuse them, which happens surprisingly often because at least in the US, home care agencies commonly recruit from the least employable sector of the labor force.

In 4/97, we learned that a physician in Syracuse who has a "gerontology" specialty practice does not have wheelchair-accessible toilets.

A friend told us of an incident in which a social worker came to visit a family that was struggling to take care of its aged grandmother. In the presence of the grandmother, the social worker asked the other family members, "Will the family composition remain intact?" The family members were at first a bit disoriented by this question, until they realized that the social worker was trying to ask whether they were planning to put the old lady into a nursing home.

As of 1997, the US had about 1.6 million people in over 17,000 nursing homes at a cost of $80 billion a year or an average of about $50,000 each (Mouth, 9/98). By now, all figures are likely much higher.

One mystery is why nursing homes are so unevenly concentrated in different states, the highest being in Pennsylvania, Illinois and Georgia. (Source information from Fred Robrecht.)

Nursing homes used to be unknown in Japan, with families taking care of their own. With modernization and Westernization, this is now changing, and particularly a 1997 law funding institutional care for the elderly will probably result in an explosion of nursing home services (Health Letter, 3/98).

More than 90% of US nursing homes are believed to be understaffed as of 2/02 (SPS, 19/2/02).

Who would you think was the largest employer of minimum wage workers in the US? It is not some hamburger chain but Beverly Enterprises, a nursing home chain which, by the way, had a 23% rise in profits in the second quarter of 1997 (Mouth, 9/97).
A major difficulty that US nursing homes have in recruiting caretaking staff is that fast food restaurants pay more.

Civil libertarians think it combats discrimination by forcing men to take care of the intimate needs of women in nursing homes. One result is more sexual abuse, even by young men of nonagenarian women (SPS, 9 March 00).

Yet another example of "unintended consequences" occurred when a new New York State law went into effect in 2002 that was intended to help health facilities recruit and retain workers, by taxing nursing home revenues and use this money to boost pay for health care workers. However, the tax more than wiped out whatever money the nursing homes would receive from the state, and so with an actual loss in income, they have to lay off staff, contributing yet further to a chronic staff shortage. The tax is tied to how much funding a facility receives from Medicaid, with those that receive less from Medicaid being likely to be taxed the most.

Amazingly, President Clinton said in the same speech that nursing homes were a godsend for older Americans—but that two-thirds of US nursing homes were not in compliance with federal standards (Mouth, 9/98).

The US Department of Health and Human Services maintains a "Nursing Home Compare" website which reports violations of standards discovered during scheduled annual inspections by state officials. However, it does not report the findings of visitations that take place after complaints about a nursing home. This means that in a given year, tens of thousands of health violations that were discovered in this fashion are not listed (SPS, 21/2/02).

There were 744 nursing homes in Florida in 2000, of which only about 12 were able to meet the state's "gold seal" of approval for nursing care (Mouth, 5/00). Of course, getting a gold seal probably means that the service scores a mere 500 points below expected performance on PASSING.

What had once been a relatively high-priced nursing home in the Syracuse area so persistently failed to meet standards, and to respond to feedback from inspections, that the state went through the very unusual step of ordering it closed down in 10/01. Fascinating and revealing about this incident is that the administration of the nursing home seemed to be impotent vis-à-vis its own staff in getting them to conform to the prescribed quality and safety procedures and standards. Yet when the nursing home closed, the other long-term care providers in the area virtually leaped with joy because now, they would be able to hire all the staff from the condemned nursing home and thereby fill their own staff vacancies. As the director of the Long-Term Care Council of Central New York said, "I'm certain they can have a job tomorrow," apparently totally oblivious of the irony and outrage of the situation (SPS, 25/10/01). It reminds us a little bit of a crime syndicate sending recruiters to the prison gate to recruit people being released on probation.

It has once more come to our attention in 1997 that some old age and nursing homes will put a great many of their residents who are quite capable of ambulation into wheelchairs. This means that a resident may wheel up to the door—and then get up and walk around outside, or perhaps go out to spend a day visiting with someone. This practice probably is motivated by a fear of liability if somebody should fall, and perhaps also by the motive to charge higher rates for people who can be said to "need" to be in wheelchairs. We also noted that such facilities are extremely reluctant to let people go out for visits and activities even when they are quite capable of doing so and when it is very good for them. Again, perhaps such enterprise and engagements by residents undermine the nursing homes' personnel's need to perceive a person as vastly more impaired and dependent than that person really is.

An investigation in New York State discovered that the executive director of a mere 8-place group home managed to defraud hundreds of thousands of dollars from it for herself and her family, which could not have happened with good board oversight (NYS Commission on Quality of Care, 6/99). If one can milk a little group home for this much, how much more a gigantic nursing home! A couple that ran a private home for 10 autistic people stole more than $750,000 in Medicaid monies over a 3-year period—and then simply disappeared (AP in SHJ, 11 Feb. 99).
*In less than a year (1999-2000), almost 10% of the nursing homes in the US filed for bankruptcy. Many of them claimed that they were hit by a barrage of lawsuits that inflicted punitive damages upon them (Mouth, 5/2000).

*An article in the *American Journal of Geriatric Psychiatry* by faculty at the Johns Hopkins School of Medicine, America’s premier one, said that about a third of the many people with dementia and depression do not respond to mind drugs—and are good candidates for ECT which, they said, works very well in stopping the screaming of demented people, which obviously is for the benefit of people other than the screaming ones (Mouth, 3/01)—and who wouldn’t scream in an understaffed nursing home? But now, nursing homes give electric brain shocks to their screaming residents because they feel legitimized. It is much like hitting a screamer on the head with a wooden mallet, which would also stop their screaming for a while. All this makes one want to scream!

*In many human service facilities, particularly for the elderly, the locked unit of old has been replaced by the "closed unit," which does not have locked doors but where all the openable doors are equipped with an alarm so that someone trying to get out can be quickly retrieved. Some such areas have been euphemistically labelled "dementia rooms." A nurse in the Syracuse area said about one such room that it gives the residents "freedom to choose" whether they wanted to be "active" or not within the room, i.e., whether they wanted to sit or pace around (SHJ, 24/1/95).

*In 7/97, Peter Millier from Australia told us about a nursing home that he had visited which had been built so that the main corridor formed a circle, which was called the "race track." The idea was that mentally disoriented people could walk an endless circle on this corridor, and never know that they were going in circles. He encountered an old woman on this corridor who was dragging herself along on a walker, mumbling over and over, "Please God, help me find my room; please God, help me get to my bed without breaking anything."

*Faunce, F. A. (1969). *The nursing home visitor: A handbook written from the inside.* Nashville, TN: Abingdon Press. We discovered this old paperback by accident. In it we found a treasure trove of advice to visitors to people in nursing homes and similar places. While it paints a somewhat over-positive picture of nursing homes, its advice to visitors is timeless. It tries to explain what it feels like to live in a nursing home which the visitor needs to understand, what to take to a nursing home resident, what to do for such a person, how to take care of the clothing of a resident, many errors to avoid, etc.

*All people with Alzheimer’s syndrome are or become demented, but relatively few people who are demented have Alzheimer’s syndrome. It was thus a double whammy when in 1999, an agency in Indiana opened an "Alzheimer’s dementia neighborhood," i.e., a special unit (source information from Joe Osburn).

*An Alzheimer’s residential facility had barely opened in the greater Syracuse area when it began to be cited with a series of violations that the NY State Department of Health called significant. It used to take several years before a new service got bad (SHJ, 27/10/98).

*We were surprised to learn that the single biggest predictor of whether one will end up in a nursing home is the strength of one’s legs (AARP News, 11/01).

*Before ca. 1970, everybody was totally convinced that institutions were absolutely essential, because people could not conceptualize anything else. Now, the same thing has happened with nursing homes.

*There has been much talk about school vouchers, and now handicapped people in nursing homes who would like to live elsewhere are demanding so-called housing vouchers under which they presumably would be allowed to spend as much money outside the institution as the government is willing to spend on them living inside. It is a perfectly reasonable request except that the nursing home industry is likely to vehemently oppose it because it might run out of people willing to live in nursing homes.
*According to one survey, 65% of people in nursing homes in greater Chicago would prefer to live somewhere else if only they could (Mouth, 9/00).

*A handicapped person said, "I apologized for comparing a nursing home to jail. Actually, that is an exaggeration in that in jail, you get a lawyer and a release date" (Mouth, 9/96, p. 35).

*A couple who met at age 14, and by age 85 had been married 60 years, were to be separated by social services that refused to pay for them if they lived in the same old age home, until they were overruled by politicians. The service people had deemed the wife to be in too good a condition to qualify for living in the home (London Evening Standard, 16/5/96; in Speak Out, 7/96).

*The Eden Alternative chain of 300+ nursing homes in the US tries to model itself after ordinary homes rather than hospitals, at costs comparable to other nursing homes (Time, 24/7/00).

*Along a busy expressway in Syracuse is a big ad sign, "Put your grandfather in a home...Yours." This would be very puzzling unless one became aware that the sign was put up by a clock shop, and was promoting grandfather clocks (information from Carol Flowers).

*A long Time article (13/8/01) on so-called assisted living residences for the elderly reported that much of this promising development that was promoted with much fanfare has turned almost overnight into a disappointing disaster. Almost 10,000 such facilities had been built just in the preceding decade, housing close to one million elderly Americans. What is so deceptive about them is that they can be of stunning physical appearance on the outside and often even on the inside, and yet rate on the lowest level of quality in programming. Relying heavily on low-paid people, the facilities are often totally unable to deliver on their promises, and have been deemed by some experts as more dangerous than nursing homes. All of this in turn has fueled an explosion of lawsuits which, in turn, has driven up the liability insurance of these facilities 800%. Even some very new such facilities very quickly were driven into bankruptcy. Many family members refused to face what's going on, and write glowing letters of endorsement of facilities that are failing pitifully. What also adds poignancy to all this is that the vast majority of residents are paying for their own care from their own funds, and thus are a relatively privileged sector of the elderly population.

*Apparently, there are now facilities that once would have been called nursing homes that call themselves assisted living centers. By calling them something else, they have escaped some of the more demanding regulations governing nursing homes.

*Swindling elderly people out of their money is now being defined as "financial abuse." Some people call it the most rapidly growing form of attack on the elderly. Interestingly, the majority of people who try to scam the elderly are family members (SPS, 30/3/01).

*Insurance firms that sell nursing home coverage often raise their rates almost right away after the sale, without having mentioned that this may happen during their sales talks to elderly people. Some even sell "level premium" policies which people falsely assume to mean that rates stay level. Most elderly people then drop the insurance because they can no longer afford to pay the higher premiums, which means huge profits for the firms (Newsweek, 30/8/99).

*An organization called Grand Circle Travel caters to mostly elderly and retired people. Unlike other travel agencies, it arranges tours that all have some component of education and experience of the culture being visited (e.g., travelers always have the option of taking meals in the homes of local people), and also believes in "giving back to the world we travel." It has therefore established a foundation to help communities and community projects around the world, including everything from schools to medical services to services for the handicapped to cultural and natural conservation projects. Part of the fee for every Grand Circle tour goes to the foundation.

Other Institution-Related News

*As late as in the 1990s, a staff member of an institution for the retarded in Indiana wrote to a local newspaper that "most of the clientele were happy here until some educated idiot convinced them they weren't" (Indianapolis Star, 5 March 2000; source item from Joe Osburn).
The latest development in institutionalism is the launching of the apparently first old-age nursing home for drug addicts in the Netherlands. The Netherlands has a very high concentration of people who have been drug addicts for a very long time. Ordinary nursing homes do no like to accept them. They tend to age prematurely, lose their memories, neglect their hygiene and tend to be fearful, according to reports (AW, 31/10/99).

The province of Nova Scotia has decided to build a new institution, underlining what we have been saying for a few years, namely, that the era of deinstitutionalization may be drawing to a close.

In 1997, the New York State Department of Health approved the establishment of a 280-bed long-term care facility for persons with "brain injuries" in Kingston, NY. This is re-entry through the back door to an asylum policy, such as we have warned for years would likely take place.

We were surprised to learn that in Minneapolis, there is (as of 1999 or earlier) an entire hospital Huntington's disease unit. This disease is quite rare, and it would take some doing to get enough people together from a great distance to constitute an entire unit for them. This also conjured up images in our minds of special units for every disease known to humans.

After pledging not to admit any more people to its mental institutions, Massachusetts has begun to quietly renege on its commitment.

One of the latest clever perversions is for an institution to get the community (e.g., a neighboring town or city) to run a municipal road through the institution grounds. This enables the institution to then describe itself as being "in the community," and the institution then erects new residential buildings (e.g., cottages) on the grounds and calls these "community residences" (source information from Derek Beeston).

It is amazing how universal all sorts of perverse practices in human services are in the world. While we were in New Zealand in Summer of 1997, we learned that the government was setting up community residences for mentally handicapped people on the grounds of institutions, which comes very close to merely renaming an institution as a community residence.

In those state institutions in the US that continue to exist, some of the same old problems that have beset them for hundreds of years keep continuing to pop up. As recently as 1999, it came to light that physicians at a Pennsylvania mental retardation institution were still suturing or stapling wounds without anesthesia (AP in Anchorage Daily News, 27/2/99; source item from Fred Robrecht). Also, in various kinds of institutions in the US that still employ physicians, these continue to be persons of marginal status in their professions, many still being foreign-trained.

In 12/97, we first learned that New York State has such a job description as "secure hospital therapy aide" (OMH Quarterly, 12/97).

We were amused to learn that in a year's time, 200 inmates of an Australian mental institution "escaped." In response, the institution began to hire nurses to be physically fit so they could chase and outrun any inmate that tried to run away, which is apparently how most of them have tried to escape (1/01 clipping from Michael Rungie.) During the Nazi era, the German government issued pistols to nurses to shoot anyone trying to escape.

In 9/97, we were told a story about an attendant beating a resident in a US institution, upon which the administration installed surveillance cameras on the wards which cost more than $100,000--and shortly thereafter, the institution was closed.

Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W.-Y., & Wyatt, R. J. (1997, February). Preventing recurrent homelessness among mentally ill men: A "critical time" intervention after discharge from a shelter. American Journal of Public Health, 87, 256-262. It is hard to believe that the American Journal of Public Health would publish an article with the gist that mentally disordered people are more likely to make a successful transition from shelters to the community if
they have support services, and that supported people had "fewer nights of homelessness." However, even the supported people had an average of 30 nights of homelessness over an 18 month period, compared to 92 such nights for the control group that got "more typical follow-up services" (source information from Ray Lemay). All this reeks of dumping.

*Spreat, S., & Conroy, J. W. (2001). Community placement for persons with significant cognitive challenges: An outcome analysis. JASH (Journal of the Association for Persons with Severe Handicaps), 26(2), 106-113. We have asserted during the last 10 years or so that mentally retarded people in the community have been at much greater risk of their lives than when they were in large institutions. This has recently been borne out by several research studies. E.g., Spreat and Conroy (2001) found that mentally retarded residents of institutions had more ready access to medical services, seemed to have fewer unmet needs, and were vocationally more productive than retarded persons in community settings. What may have been happening in recent years is that institutions have gotten much smaller, have vastly increased their budgets, and may have a more stable employee body than community services, to the point that on many indices, institution residents are actually now better off than their peers in the community, and in community services. The response to such findings has been extremist. One extreme is stridently adamant that the research is faulty, and the other extreme has interpreted these findings as a justification on behalf of running large institutions.

*Here are 2 happy stories of re-establishment of family ties that were thought to have been long lost. A man had lived in an institution for 26 years, apparently abandoned by his family. It was assumed that his parents were dead. In 1997, when it was announced that the institution was to be closed, suddenly his father reappeared, and re-established contact with his son. One man had sometimes visited his institutionalized son, but never taken him home for visits. When his son was moved out into a group home in 1997, the father was invited to the group home for supper. After that visit, the father announced that he would have his son to his own home for a meal, which he had never done before because he did not know that his son was able to eat properly.

*When an institution was about to be closed in 1998, the families of all residents were contacted to reassure them that their son or daughter would be brought back to live as close as possible to the family's locale. However, the families response revealed that some of them did not want their son or daughter in their own locale because the parents had never told anyone that this son or daughter even existed or was still alive. (From Jacques Pelletier.)

*In 10/96, British Columbia became the first of the Canadian provinces to phase out its institutions for the mentally retarded (Community Living News, Fall 96).

*A TB sanitarium near Binghamton, NY, that later became a nursing home was converted into a bed and breakfast inn, with one of its guest rooms being completely wheelchair-accessible (1997 clipping from Sue Ruff). This is analogous to beating swords into plowshares.

**Community Residential News**

*In the very early 1970s, when the TIPS editor spoke to members of the association of parents of retarded people in Toronto, he could not get them to believe that they might need as many as 200 community residences to serve all the retarded people in Toronto, because they were so inordinately proud of the one large group home they had fought so long to establish. In late 1998, New York State closed its institution for retarded people that had been located in Syracuse, with all the residents now living in either community group homes, or in boarding-type arrangements where a family receives a stipend to care for one or more such persons. Just in the central New York Syracuse telephone calling area, the state alone had established 100 such group homes, plus there were scores run by private agencies, plus innumerable individual and more-or-less independent placements. And Syracuse is a much smaller city than Toronto.

*In Ontario, the government has long pursued a policy of filling community residences with retarded people from the institutions, while providing hardly any residential settings for handicapped people living with their aging parents. Such parents (some in their 70s) have been told that they can count on a 25-year waiting list (Toronto Star serial, 10/01). May they live forever!
*A few years ago, New York State had been so eager to close down institutions for the mentally retarded that among other things, it began offering private citizens generous sums to provide family boarding-type situations for retarded people who were or would have been in an institution. Where the handicapped person had a mobility impairment, the state financed the construction of ramps and similar devices for these private homes on condition that the family keep that person for at least 3 years. One result has been that all over Syracuse, but primarily in its lower middle class sections, one now sees houses with very prominent ramps. On the one hand, this latter is a positive development, but on the other hand, it advertises the presence of a handicapped person, and may even advertise the presence of a relatively large number of such persons in a neighborhood, particularly when several houses near each other, or even immediately adjacent to each other, all have ramps.

*Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Järbrink, K., Knapp, M., Netten, A., & Walsh, P. N. (2001). Quality and costs of supported living residences and group homes in the United Kingdom. American Journal on Mental Retardation, 106, 401-415. Comparing so-called supported living residences with small group homes in Britain, this study showed that there were certain trade-offs between the two kinds of living situations. Residents of supported living situations had "greater choice" and more participation in community activities, but had fewer scheduled activities, and were more likely to be exploited and to have their homes vandalized. Residents of small group homes had larger social networks, surprisingly had more people in their social networks who were neither paid staff nor family nor handicapped, and they had less risk of abuse.

News About Families of Handicapped People

*Mayer-Gross, W., Slater, E., & Roth, M. (1960; 1961 printing). Clinical psychiatry (2nd rev. ed.). London: Cassell & Company. In 1960, this book said that if both a husband and wife are mentally defective, then "they may live in dirty and verminous conditions, disgusting to the neighbourhood, having been evicted from ordinary dwellings. These families finally land in condemned houses and other habitations in which normal people refuse to live, and their social failure is then aggravated by unfavourable surroundings" (p. 81). Unfortunately, we have known this situation to be the case even today not only with mentally retarded couples, but also with many single retarded adults, many of either after being dumped from institutions.

*Life as We Know it (Bérubé, 1997) is a politically correct liberal intellectual academic's account of having and rearing a child with Down's syndrome. He hyperpretzels himself in defense of abortion while being glad his child was not aborted, admitting that this is what would have happened had the parents anticipated that the child would be impaired. As it was, he found his son a "rich reward"—but certainly not for being so hyper-PC!

*We made an amazing discovery. A 1973 book by a parent, Louise Clarke, was entitled Can't Read, Can't Write, Can't Talk Too Good Either: How to Recognize and Overcome Dyslexia in Your Child. No, that was not a typo, the word was spelled TAKL in the title, apparently an allusion to the fact that children who have difficulty reading often transpose letters. However, in the paperback edition, issued the next year, the title was changed to Can't Read, Can't Write, Can't Talk Too Good Either. Also, this is how the book is now usually cited. Apparently, after the initial hardcover appeared, the author or publisher got embarrassed and politically correct and decided that "takl" had overdone it— but not a word was said in the 1974 edition, or anywhere else we know of, about the change.

*The book, The Myth of the A.D.D. Child, spells out 50 ways by which parents can improve their children’s behavior and attention span without drugs, coercion, or shrink labeling.

*NBC Nightly News of 2 July 2000 carried a short segment on siblings of handicapped children. Though the segment itself was very positive, with the three young siblings interviewed (ages 9, 11, and 14) all testifying to how much they had learned from their handicapped siblings, how much they had been challenged to grow, and how much they loved their siblings, the segment was promoted and advertised as "handicapped children and their sisters and brothers: the hardships and the joys," and even worse, "the burden on the siblings of handicapped kids." The siblings did
say that they sometimes felt angry, guilty, or embarrassed (e.g., when people would stare at their handicapped sibling), but contrary to the program's spin, the overwhelming message of the segment was that these children loved their handicapped sibling and were glad the sibling was alive.

*A rare good news. A Connecticut man threw a party for his daughter's 21st birthday, decorated a hall, hired a band, and invited more than 100 guests. The daughter, severely impaired since before birth, lay in a fetal position in her wheelchair, apparently unaware of her surroundings. The father told the guests that they had been invited because each of them had made some kind of difference in his daughter’s life (NC Register, 15/7/01).

*A New Hampshire couple had a "developmentally delayed and hyperactive" 5-year-old son. The family was in financial distress, and faced with eviction and the shut-off of the utilities. A young social worker had been assigned to work with the family in respect to their child, but the first time he showed up at the family’s home, the father shot him dead, declaring "I had to kill somebody so somebody would listen" (SHA, 22/8/99).

News About the Blind & Deaf

*Most people assume that when they see the closed captioning symbol on a TV program, the deaf will be able to switch on the translation program and be able to understand what goes on. However, it turns out that some of the translations leave the deaf totally bewildered. For instance, George Bush Sr. was translated as saying, "Here’s month my about puts right here. Here’s what I’ve done in my life. Now you call me a wimp and we might grow fists city about it." (Of course, Bush Jr. might also have said this.) Many errors, sometimes with text blank, occur when translators work in real time, and therefore are particularly likely to occur on programs that are not prepackaged. Thus, even weather forecasts can become unintelligible (NY Times, 11 March 2001; source item from Lucy Gwin).

*Judaism and Christianity have a first and primary law that there is only one God, and God is one; and a second primary law that one must love the neighbor as oneself. Islam has the primary law that Allah is God, and the secondary one that Mohammed is His prophet. In recent years, we have seen the rise of a religion of Deafness. The culture of deafness began, apparently around 1980, to speak of deaf and Deaf people, the latter being people who grew up deaf. However, even people who grew up deaf to begin with do not get admitted to the Deaf culture unless they agree to its central religious dogma that sign language is the only legitimate first and major language for them. The second law is that Deafness is not an impairment, but a cultural minority group, much like an ethnic one. The third religious law is that the problems of Deaf people are the result of being oppressed by hearing ones.

In recent decades, it has become a reigning religion in deaf education to teach the deaf so-called "total language," i.e., to use sign language but at the same time speak or mouth what one is saying, and for the translators to do the same to them. One problem is that the grammar of the two systems is not the same, setting up interference in the mind of at least the person who grew up hearing and speaking who is trying to sign. On the part of the person growing up deaf, if his/her silent mouthing of words while signing were transcribed, it might resemble a German trying to speak English who knows the words but tries to force them into German sentence structures.

In summer 1997, it struck us for the first time just how meaningless is so much of the currently reigning paradigm of teaching people who grew up deaf to communicate using sign language while simultaneously mouthing what they are trying to communicate. Namely, because so many deaf people do either not speak at all, or very poorly so, they learned to "mouth" their message silently. Now, many deaf people are mouthing words even though they may not be able to actually speak intelligibly what they are mouthing silently. Further, the vast majority of hearing people who are not able to make any sense out of most of the mouthing of a hearing person can do so even less with that of a deaf person who had never been a fluent speaker, and therefore mouths words very poorly. Yet further, since the vast majority of hearing people will only be able to communicate with such a deaf person with the assistance of an interpreter, we then have a situation where the deaf person mouths what the interpreter then ends up saying aloud based on the deaf person's sign language rather than the deaf person’s mouthing. Ironically, even deaf people who have been trained to lip-read will probably not be able to get much out of the mouthing of a person deaf from birth or
early childhood because it is often of such poor quality, and they will probably read the person's sign language instead, if they know how to do this. The upshot of it all is that the mouthing by the deaf person is almost a charade required by the prevailing politically correct ideology.

By the way, the anti-oralist culture has adamantly ignored the solid evidence of amazing accomplishments by deaf people who were taught by methods other than sign language. Now, cracks seem to be appearing in the monolith of sign language dogma, with a few courageous souls once again beginning to challenge the reigning ideology.

A lot of the above must be well understood by people in the linguistics and/or deaf education culture, so why did the custom of communicating in two different silent languages at once (sign language and mouthing) become the reigning paradigm? One very plausible answer is that deafness culture was so deeply divided by the controversy between manual versus oral communication that it tried to achieve unity and peace by any means, which meant requiring deaf children to learn to communicate bilingually even if the mouthing language was only token, and interpreters for the deaf to do the same.

*While the number of ordinary people who would actually wish to have a mentally retarded child is microscopically small, the proportion of deaf parents who would prefer to have a deaf child is relatively large (Science, 31/10/97). This illustrates not only some of the irrationality and selfishness that is so prevalent in the deaf ("Deaf") culture, but also the operation of a classical conflict-of-interest dynamic.

Speak Out (7/02) carried a reportage on this issue. A major Deaf organization in Britain asserted that having a deaf child can be "rewarding for deaf children and their families." Also, a deaf couple in the US had a deaf child, and the mother likened it to growing up in a family that speaks French, Japanese—or sign language, and not much more, and she expressed happiness that her child was deaf.

*The good news is that the recently sainted Katharine Drexel of Philadelphia has been credited with having cured deafness in two children, but this is bad news for radical members of the so-called deaf culture who want everybody else to be deaf, and who are passionately opposed to deaf people acquiring hearing.

*In our contemporary world that is obsessed with technology, people seem to think that technology is the answer to everything, especially if it provides a person with more "independence." However, that this is not necessarily the case is evidenced by the response of a blind young man to the generous offer of a neighbor to buy him a kind of eyeglass that could enhance his residual vision. The young man declined because with the help of his family and other relationships in the community, he had established an adaptive way of life where he did not need such technology (Parade, 21 September 1997). Quite possibly, acquiring a technology that would enable him to function with less assistance would also decommunitize him, or at least isolate him more within his community. This vignette should constitute yet another warning to people who so reflexively turn to technology as the answer to virtually any problem.

*We have always taught that blind or near-blind people should learn braille while they are still young enough to be able to do so readily, but fewer and fewer vision-impaired youths have been doing so, apparently in fact because educators no longer stress braille learning. About 40 years ago, more than half could read braille, while now only about 10% do, even though being able to read braille improves the likelihood dramatically that blind persons will have jobs as adults. While about 70% of blind adults are unemployed, of those who have jobs, 85% know braille, which thus has become the single greatest predictor of a child's success in the future job market (Newsweek, 27/5/02).

*In 7/97, we learned that some blind people in Australia had called institutions for the blind "braille jail." This is a bit like poverty ghetto children calling school "literacy jail."

*A blind man wrote a column in Newsweek (8 March 99) complaining that unless he asks for help, strangers are so afraid of doing the wrong thing that they will do nothing at all. The chickens are coming home to roost. We wish somebody would admit that writing 500-page handbooks on how
to talk to blind people, or people in wheelchairs, or whoever, and things like that, was and is a
gigantic mistake.

*The journal Mouth (11/99) put out by people with bodily impairments retaliated against all
the publications on how to interact with blind, deaf, retarded, wheelchaired, etc., people by
publishing an article entitled, "How to Deal With Sighted Persons," with subheadings such as "How
Best to Assist the Sighted Person," "Transporting the Sighted," "Barriers to Communication With the
Sighted," etc. The article warns that sighted people do not function well in low light and, in fact,
become completely helpless in total darkness. They have the bad habit of using up a great deal of
environmentally destructive electricity. They are in the habit of pointing and gesturing a lot when
they should be communicating in an orderly fashion. Their sense of touch tends to be
underdeveloped and, because they read by sight, they tend to have a poor attention span when the
text is long. They also have great difficulty understanding synthetic speech. When helping them,
one should talk to them slowly and in a normal tone of voice, but one should be aware that they are
extremely proud people and not likely to ask for assistance when they need it. The challenge is to
accept them in the community the way they are because after all, they can be contributing members
of society.

*A surfer in Britain fell off his board and was about to drown when a blind bather heard his
cries for help, and following their sound was able to swim to him and save him. The saved man did
not realize his rescuer was blind until the blind man, back on shore, asked to be directed back to his
friends (NZ Herald, 2 Aug. 97).

*A new employment niche has developed, namely, in new craze restaurants that serve dinner
in the dark, and therefore employ blind waiters (Newsweek, 20/8/99). One such restaurant in
Zurich, operated by a foundation for the blind, is called The Blind Cow (an allusion to a parlor
game), but assures its customers that the cook can see. One advantage to customers is that they can
eat in all sorts of uncouth ways that they would not dare do in the light, such as licking their knives
or picking food residues from their teeth (source item from Susanne Hartfiel). This development also
underlines how easy it is to solve all sorts of social problems. Deaf people could be hired to work
in places such as loud discotheques in which nobody can hear each other anyway. Actually, we have
given much too little credit to the shrink profession for already solving a potential problem of
unemployment of mentally afflicted people by absorbing such persons in vast numbers into their own
ranks.

*In addition to seeing eye dogs and personal assistance monkeys, there are now also such
things as hearing ear cats, seizure-assistance pigs, and miniature guide horses for the blind. Some
such animals (e.g., pigs) are much more an image problem than others (e.g., cats).

Education-Related News

*It is hard to believe that it would take a federal law rather than action on the local or state
level to specify even the smallest minutiae of process in placing a child into some kind of special
setting in the local schools. For instance, federal law in the US specifies that a school can place a
child in a special setting if the child brings anything to school that can cause serious injury, or
possesses or uses illegal drugs at school, that a special placement can only last 45 days without
further proceedings, and the details go on and on, including even all the information that an
individual educational plan must contain (Cal. P&A Newsletter, Fall '97). Federal law might just
as well prescribe how often, how long, and how a child may use the school toilets.

*It is estimated that the American school system provides education for 800,000 children of
families who are illegally in the country.

*It has been estimated that special education is costing the school systems in the US more than
$50 billion a year, and the costs are falling disproportionately on the poorer school districts (SPS,
14/1/02).
*Apparently to everyone’s surprise, the Supreme Court of Canada ruled that a 12-year-old child with cerebral palsy did not have a right to attend a regular class in her neighborhood school. The governments of the provinces of Ontario, Quebec and British Columbia all submitted depositions in support of this ruling (Community Living News, Fall 96).

*A developmental regimen for people with cerebral palsy has swept the cerebral palsy and severe early brain injury field in Europe and is largely replacing earlier crazes. It is called "basal stimulation," first developed in 1975. While it is trumpeted as a radically new methodology, as far as we can understand it, it is merely a resurrection into the contemporary context and language, and with new materials, of the old sensory education method pioneered by Itard and his disciple, Edouard Seguin, and his disciples (such as Montessori) in turn.

**Work- and Job-Related Human Service News**


*On some Indian reservations in the US, unemployment is about 80%, and on the Cheyenne River Reservation where 10,000 Lakota Sioux live, 85% of the population between ages 12-35 binge on alcohol and other drugs (Time, 26/8/96).

*According to two Canadian reports, there had been essentially no improvement in employment of handicapped persons by federally-regulated employers in Canada, but those who were working were almost all working full-time and earning normative wages (A&E, 8/97).

*Some people with impairments have difficulty finding jobs because they lack prerequisite competencies, while others have the competencies but other people (e.g., potential employers) lack confidence in them. A woman who suffered a cluster of very severe impairments but then recovered started a firm that hires technical experts with some kind of impairment, and leases them to corporations after making sure that these people have the competencies for their work. Often, these are people who were highly skilled before they suffered an impairment. Firms that might not hire such a person will often go along with using the person’s service if the person comes to them on a lease arrangement (Reader’s Digest, 2/98).

*Showing up at a job interview with tattoos on one’s body often means that one will not be hired. The city of San Jose, CA, has offered to have young people’s tattoos removed free of cost to them, via laser, but in return they must attend school or work, weekly support groups, and do volunteer work (Summer ’97 clipping from Rob McInnes).

*As early as 1951, the US Postal Service used the cancellation "Hire the handicapped. It’s good business."

*In part because the military has difficulty drawing new enlistees, it has been proposed that it "hire the handicapped," meaning enlist them, because an ever-increasing number of military jobs are desk and computer jobs (Time, 8 March 99).

*Most people do not realize how many workers in the US suffer injury or death at the workplace. In 1992, 10,000 were killed outright and directly by accidents at work, and 6.8 million were injured or made sick on the job. Also, one is surprised to learn that the injury rate is a new record. There are also dramatic differences among states, with some having 15 times the fatality rates that others do (Health Letter, 12/92).

*A sheltered workshop near Syracuse was engaged in refinishing furniture, which included sanding off old paint. Even though warned that this exposed workers to potential lead poisoning, nothing was done for several years until it was shown that 34 of the retarded workers, and 5 supervisors, had rather serious lead poisoning (SPS, 7 Feb. 97).
*Progress!* When sheltered workshops got abolished, some people who once worked there have now been shifted to so-called day-programs and they may now sit doing essentially nothing in these day-programs even when they are publicly funded and licensed. This should make the people who abolished sheltered workshops very happy.

Virtual Service

*In the last few years, we have seen a flood of essays and testimonials in various publications to the effect that the computer network--and specifically the Internet--constitutes a true "community of support" of "friends and acquaintances" whom one can confide in and who will provide support in times of illness, depression, etc. In the 12/94 & 2/95 issue of TIPS, we reported on one lengthy essay to this effect, but many more since then have appeared, and people seem to be swallowing these claims uncritically. Once again, we remind our readers that whatever help, information, and support may be obtained from a computer network, there is no substitute for the hands-on help and physical presence of people during times of trial, such as when one is in the hospital and needs on-site advocates and protectors, or when one is bed-bound and needs people on-site to cook meals and tend to one's bodily care. And we also note that the vast amount of time that people spend "networking" with a "community" on the computer is time that they do not have available, and do not invest, for building a real community right where they are and live. This phenomenon is one of the expressions of what we call the normative insanity of modernistic people.

*Long Distance Love is an organization founded in 1989 that brings together on the Internet people who have similar health problems, matching them also by other factors such as degree of involvement, age, hobbies and interests. Family members and friends are encouraged to participate through a separate--more recently started--network. While everybody seems to hail this sort of thing, hardly anyone points out the sad parts, such as that one's "friends" are people thousands of miles away whom one has never met and does not really know.

*In 6/02, the first interactive web site for people with Down's syndrome was launched. It was geared toward members of ages 12-25, but rather optimistically planned to expand it down to age 6; we think at that point, it will be mostly the parents Internetting, pretending their son or daughter is doing it, much as with the facilitated communication craze.

*A German web site got started that is an illness simulator, i.e., a guide for people on how to fake being sick so as to be able to take off from work, and even to pass medical inspection. While its creators have called it a satire, people are actually taking advantage of it left and right (SPS, 10 Feb. 01).

Miscellaneous Human Service News

*The shortage of primary care personnel for sick, handicapped or debilitated people, in large part due to the graying of America, has already begun to set in. Hospitals and nursing homes have already reported great difficulty staffing their openings, and many have been closing floors or units because they were not able to find staff. The problem is predicted to grow very bad by about 2020, when there may be a shortfall of as many as 2.5 million nursing care positions (AP in SPS, 14/11/01).

*Garb, H. N. (1998). *Studying the clinician: Judgment research and psychological assessment.* Washington, DC: American Psychological Assoc. In 1954, Paul Meehl wrote a seminal book entitled *Clinical Versus Statistical Prediction* in which he showed, to the shock of the clinical professions, (a) that clinicians tended to ignore valid predictors of clinical outcomes that were based on actuarial-type indices, (b) that the more information clinicians were given about a person, the less accurate became their prediction of outcome, and (c) that the actuarial methods of predicting, impersonal as they were, were far superior in validity to clinical predictions. Amazingly, nothing has changed since then, except that the errors of the clinicians tend to be to judge the traits of both mentally disordered people and comparison people from the general population to be overly negative. As before, the more test data on a person clinicians are given, the more psychopathology they conclude the person has.
van Bommel, H. (1999). Family hospice care: Pre-planning & care guide. Scarborough, Ontario, Canada: Resources Supporting Family and Community Legacies Inc. This is an excellent resource. Here is an excerpt: "I've been chronically ill for twelve years. Stroke. Paralysis. That's what I'm dealing with now. I've gone to rehab program after rehab program. I may be one of the most rehabilitated people on the face of the earth. I should be President. I've worked with a lot of people, and I've seen many types and attitudes. People try very hard to help me do my best on my own. They understand the importance of that self-sufficiency, and so do I. They're positive and optimistic. I admire them for their perseverance. My body is broken, but they still work very hard with it. They're very dedicated. I have nothing but respect for them. But I must say this: I have never, ever, met someone who sees me as a whole.... Can you understand this? Can you? No one sees me and helps me see myself as being complete, as is. No one really sees how that's true, at the deepest level. Everything else is Band-Aids, you know" (p. 154).

**The end of an era.** One peculiar phenomenon in the field of mental retardation is that there are fewer and fewer people whom one could call mental retardation experts. A few decades ago, there were people who were considered giants in their field, and who were constantly being asked to write survey chapters on mental retardation in texts on other topics, as well as people who wrote major texts on mental retardation while working full-time in the field, or who at least edited multi-volume research reviews on the field. One thinks of names such as Doll, Jarvis, Yannet, Benda, Wortis, Ellis, and so. In England, the scene once was dominated by a small number of such experts, such as Tizard, O' Connor, Ann and Alan Clarke, Gunzburg and Kirman, but there are now extremely few figures in England that one can point to who would have the same stature that these people did in their day. Instead, what we have are such things as the following: people who publish a lot; a governmentally-specified category of "qualified mental retardation professional," who are a dime a dozen but who do not seem to be particularly expert; and specialists for particular enterprises, such as inclusion experts, supported employment experts, and so on, who are considered to know much about their specialty, but who have not distinguished themselves particularly by evidencing expertise on mental retardation. One of several phenomena that seem to account for this development is the increasing antipathy among modernistic people to the notion that anybody is an expert, and even the specialists are no longer being looked upon as experts.

*It was only in 1997 that it was revealed that since the mid-1930s, and until as recently as 1976, the Swedish government had compelled sterilization on about 60,000 of its women "of poor or mixed racial quality." Comparable revelations surfaced about Switzerland which had passed a racial hygiene law in the 1920s. Eugenics laws were also passed in Denmark, Finland and Norway in the 1930s, and stayed on the books into the 70s. Perhaps this accounts at least in part for relatively low rates of mental retardation in the Norse countries today.

*The mainstream news have hardly mentioned that in Peru, 300,000 women have been surgically sterilized under a government program since 1995, with no end in sight. Mostly, these are women from the poorest villages, and they do not always understand what is being done to them (NC Register, 16/5/99).

*Not long ago, the founder of the genetics clinic at Montreal Children's Hospital, Dr. F. Clarke Fraser, said "there is nothing wrong with eugenics" (Weekly Standard, 2 Dec. 96; source item from Irene Ward).

*There is a bridge in Toronto, the Bloor Viaduct, which has been "the place to go" if you want to commit suicide by jumping off a bridge. In response, the city put up large signs at either end of the bridge listing the phone number to call 24 hours a day if before, or instead of, jumping you want to talk to someone. There are also pay phones located at either end of the bridge--but you do need a quarter to place a call, because the distress line is not a toll-free number (source information from Gail Hurren). It seems to us that all the above is bad eugenics, i.e., dysgenic.

*In England, there is a plot of land that served for almost 60 years as a cemetery for 5 mental and mental retardation institutions. At one time, there were grave markings and a chapel which have long since disappeared with nothing reminding anyone of the nearly 5,000 unfortunates buried there, who probably already in their lifetimes were largely abandoned. In 1983, the plot was sold to a
private buyer, after which it became illegal for anyone to visit and tend the graves without trespassing (VIA, 2000, No. 100).

*What were and are they thinking? In California, genetically engineered rice is being grown that has antibiotic qualities ordinarily only found in mothers' milk, which could mean that one day, mothers' milk will no longer be effective as an antibiotic, and millions of babies might die or at least suffer bad health effects (SPS, 28/10/01).

*Shirley Chandler from Florida informs us that in Miami, there has been an epidemic of thefts of "disability tags" (that are hung from a car's rearview mirror or placed on the dashboard) that are then resold to able-bodied drivers who use them to park in convenient handicap parking slots. Some handicapped people have even had their windshields broken by thieves trying to get their parking tags.

In some cities, handicap parking spots are free, so fraudulent tags may also cheat a city out of hundreds of thousands of dollars in parking meter fees.

In Buffalo, NY, at least 20% of disability parking tags are used by able-bodied drivers. These tags are either stolen, forged, borrowed, or from someone who has died. ("And my disability parking tag I bequeath to my....") Some are obtained via a doctor's prescription, but under false pretenses (AP in SHJ, 31/3/00).

In Syracuse, it was discovered that a nonhandicapped "advocate for the disabled" had been parking illegally in handicap parking spaces. When caught, she justified herself by asserting that there were "more such spaces than are needed" (SHJ, 28/3/00).

Our response? For once, we agree with the Muslims: chop the offenders' legs off, one leg for the first offense, the other for a second.

*According to one study, people who have socially embarrassing afflictions are more likely to seek out support groups than those with other afflictions, such as heart disease. Someone with AIDS is a whopping 250 times more likely to seek out a support group than someone with serious hypertension, and even few people with chronic pain problems seek out support groups. Among other high-ranking conditions are alcoholism, ranking first at least for face-to-face groups, in contrast to Internet groups where it only ranks 7th to 9th. On the other hand, Internet groups are particularly attractive for people with impaired mobility (SHJ, 3 April 00). We would note, however, that one common denominator is not just social embarrassment but externalism, because the study also reports high support group-seeking in anorexia and depression. Thus, the authors may have given the wrong interpretation to their data.

*A very tall man in Vermont started going into the business of making furniture for other very tall people, such as very high chairs, extra long beds, etc. He even makes sure that there are mattresses and linens to fit his beds (SPS, 28/5/02).

*A young woman with Down's syndrome, 5'1" tall and weighing 260 pounds, had a heart attack. This motivated her to join Weight Watchers and to lose 100 pounds (Abilities, Fall 99).

*It is rather pathetic to learn that some people write to advice columnists asking them how they should relate to handicapped people because they are afraid of making a mistake, and the advice columnists are then expected to tell them what to do without even knowing the handicapped person at issue—which they do, even though they really shouldn't.

*There is a newsletter for the field of "hyperactivity" that is called Hyper Activities.

*A study found that Oscar awards are more likely to be given to actors who play a "mentally and/or physically challenged or alcoholic" character, but that actresses are less likely to win if they play afflicted characters (Time, 27/3/00).

*Legal cases involving health care professionals who lose their jobs because they have been ordered to violate their moral principles, as by participating in or contributing to abortion or euthanasia, used to be rare but are becoming more frequent, and may in fact soon skyrocket (NC Register, 16/1/00).
*We were intrigued by the fact that Bethesda Lutheran Homes and Services in Wisconsin has put out a training video entitled "Preparing People With Mental Retardation for Disasters." We wish that they prepared everybody else for disasters as well (2000-2001 catalogue).

*One parent association executive told us that his board of directors cannot deal with the hard realities befalling handicapped people these days, and when they have to deal with cases like this, they all dissolve into tears, though this is actually better news than many alternatives would be.

*Henry Darger (1892-1981) lived his whole life in Chicago, and from early adolescence on apparently with serious mental problems. He was institutionalized at age 13 because "his heart is not in the right place," escaped the institution 3 years later, and worked for 60 years at various menial jobs in hospitals, living in a one-room apartment for the rest of his life. After he lost his job, he attended 5 masses each day, and scraped together what he needed to live on and to paint with from other people's garbage. He spent the last few years of his life in a nursing home for destitute people run by nuns. He left behind a 12-volume, 19,000 page laboriously typed single-spaced manuscript of an imaginary planet where a family of 7 Christian little girls battle ferocious armies from a country that enslaves children. Accompanying and illustrating the story were 300 gorgeous watercolors. Apparently, he had worked on both the book and the watercolors quietly and without anyone’s knowledge during his 60 years of living alone. His works are now on display in the American Museum of Folk Art, and he is acclaimed as one of the greatest American artists of the 20th century. One lesson: you never know whom you might meet when you climb into a dumpster!

Finding or Giving "The Answer"

*The Answer! When Henry Ward Beecher (brother of the author of Uncle Tom’s Cabin) was asked 100 years ago how America could be better, he said, "multiply picnics." Research has found that he was indeed right. A study found that people who attended picnics frequently scored higher on multiple health and welfare indices. Each picnic attended a year was roughly equivalent in its effects to a rise of 15-20% in annual income. America slid down the slope of decadence when it began to abandon picnics around 1975, when the average American adult still went to 5 a year. This dropped to 2 by 1999, with nearly 40% of American families never going to picnics anymore (SHJ, 29/5/00).

*As early as 1967, the famous psychiatrist William Menninger appeared to think not only that the world was a troubled one, but that psychiatry was the answer, because he wrote a book entitled A Psychiatrist For a Troubled World.

*The American Psychological Association itself published a book in 1996, entitled Finding Solutions to Social Problems, which claimed that "the powerful tool of behavioral analysis" can be used to solve social problems such as child maltreatment, youth violence, and drug abuse. We think picnics work better.

*A whole new era of handicap imagery was ushered in when Christopher Reeve, who had played Superman in the movies, became paralyzed in an accident. He immediately became something of a poster man for (especially adventitiously) handicapped people, and began to put his surprisingly large prestige (formerly being an actor) in service of a campaign for a "cure" for spinal-cord injury paralysis. A spokesperson for the American Paralysis Association with which he allied himself said that it was dedicated solely to finding a cure for paralysis, and was "not into lower sidewalks and better wheelchairs." He has also invoked the commonly-heard mantra of the technology idolizers, "if we can put a man on the moon, we can cure spinal-cord injuries." He also enunciated that he was "entitled to something more in life." All this besides the fact that he is an extremely atypical paralyzed person, in having a vast amount of wealth to deal with his affliction (Time, cover story, 26/8/96).

Peculiar Human Service Practices or Lingo

*One very peculiar paradox is that so many human service workers emphasize how important formal services and paid service workers are in the lives of handicapped people in the face of the
collapse of natural supports in society—at the same time as these self-same human service workers promote values and engage in lifestyles (often in the name of libertarianism) that delegitimize or undermine family, community and social stability.

*In 3/01, we learned of an incident where a client casually made reference to a staff member being a "friend," which so alarmed the agency hierarchy that it called a staff meeting to discuss and combat this alarming development.

*A program in Portland, OR, entitled Friends of the Children wants to provide "a friend for every child in need." It was founded by a millionaire who started as a poor child. Unfortunately, it sounds like a version of casework, as the "friends" are hired to be full-time mentors, overseeing 8 children each from early elementary school through high school graduation. The cost is $5000 per year per child (source material: Parade magazine, 28 May 2000, p. 16).

*In its not very infinite wisdom, the Board of Directors of the American Association of Mental Retardation decided in 12/01 that the phrase "mental retardation" was a "pejorative term," that the organization should find every way possible not to use that term in publicity materials and public discourse, and that the organization henceforth should simply identify itself as AAMR until it could decide upon a different name. However, there is no agreement as yet on what an alternative to the phrase "mental retardation" might be.

The TIPS editor recently published a commentary on language issues in Mental Retardation, together with seven other commentators. A reprint of our comments is available upon request.

*We heard of mentally retarded people being driven 45 minutes each way to a nursing home to spend 30 minutes there handing out water to the residents as an act of "volunteering."

*Human services started to press charges against their unruly clients in the 1970s, mostly with perverse arguments that this was normalization, or a way of teaching through natural consequences. One ironic result is that perplexed judges have sometimes sentenced such clients to serve their sentence in the very same service where they had emitted their unruliness, which to us looks like poetic justice meted out to the respective service providers.

*If we saw a conference title, "Love, Marriage, and Sudden Death," we would think that this was a rather unfelicitous juxtaposition of worthwhile topics, and perhaps a subtle attack on love and marriage. But in 1997, the New York Office of Mental Health, in conjunction with the New York Mental Health Association, held a 2-day conference on "Pregnancy, Parenting and Mental Illness" (OMH Quarterly, 12/97).


*Some years ago, we noticed that there is such a thing as a "socialization services" agency. The launching of such a corporation is certainly a novelty, and possibly a sign of our times. One might well ask what socialization services are, and what human services there are that are not socialization services.

*A member of the Onondaga nation of the Iroquois confederacy died in 1999 in the Tsi Ion Kwa Nonh Sote nursing home in Ontario, which sounds like an Indian name, but alliterates suspiciously to "sine qua non." Are they making fun of us, in the Indian jokester tradition? This suspicion is fueled by the fact that the name of the woman who died was Velma Jocko.

*A chain of nursing homes in Ontario, Canada, is called Diversicare. Whatever the intent of the name was, one message we hear is that people with any number of impairments might be received (10/98 clipping from Kathryn Smith).

*In Florida, one of the largest non-profit service agencies was called Metatherapy Institute. (It happened to serve retarded clients.) Apparently, everybody confused meta with mega because the executive director stole mega-bucks from the agency by secretly paying herself $180,000 a year and insuring her brand-new Jaguar from agency funds (SPS, 30/3/99).
*In 2/99, we received an announcement for a conference on "Transition-Aged Youth," with us finding the concept of aged youth rather mind-scrambling.

*We generally think of person-centered planning as a way to envision the long-term future of a person, and typically of a person with an impairment, with a view of improving his/her prospects, but in 2001, we learned that there is a "person-centered planning for later life" curriculum that deals with death and dying.

*During Summer 1998, we saw signs in England directing handicapped people to a "disabled toilet." Presumably, "disabled" people go to disabled toilets, and able people go to able toilets.

*In Alberta, a steady stream of human service conferences are being held at Fantasyland Hotel. Not very confidence-inspiring (source item from Joe Cawthorpe).

*In 1/98, we first learned that there is such a thing as a "lifestyle assessment" that gets conducted on service recipients.

*In 10/99, we learned for the first time that a handicapped youngster can graduate from high school with an "IEP diploma," which is rather peculiar insofar as IEP stands for "individual educational plan."

*There is a new version of "light therapy," consisting of long vinyl tubes with tiny lights in them being wrapped around people's bodies, and then having them sit in the dark and flail their body parts about in picturesque ways.

*Handing out water to nursing home residents to drink during the day has begun to be called "hydration."

*We have heard of handicapped people being trained to take care of a pet by means of a terrarium containing plastic lizards.

*Hallmark Cards has come out with a line of cards for the suicide market, i.e., to send to some survivor of a suicide (FT, 5/98). We hope that some of the messages are humorous.

*We knew of course that there was such a thing as occupational therapy, but in 2002 we first learned that there was such a thing as "psycho-social occupational therapy."

*To our great relief, we learned that there is a serious "shortfall" of music therapy in northern Ireland (JLD, 3/2000).

*It came to our attention that an 18-year-old high school kid working as a novice in a human service was bestowed with the title of "Employment Specialist" after only four months of employment.

*A Pittsburgh businessman made a sizable donation to the Alzheimer's Disease Alliance of Western Pennsylvania because "there is a tendency to forget about older people" (Pittsburgh Post-Gazette, 26/12/96; source item from Susan Thomas).

*What was his/her handicap again? Amazingly, a child without hands won a handwriting competition (3, 7 & 11/00 Speak Out). Soon, we will have people without feet winning walking competitions, blind people winning shooting matches against sighted people, birds without wings winning flying competitions, and so on.

*In Britain, there have been a series of conferences since at least 1997 (the latest in 5/01 in Howell) with the theme, "Celebrating Learning Disability," i.e., not celebrating people with learning disabilities, but learning disabilities themselves. (In the UK this term means mental retardation.) What shall we be celebrating next? Quadriplegia? Cancer? Ulcers? Heart disease? Compulsive cursing? Hemorrhoids? Pedophilia? Random killings? Or insanity in service workers?
Making Fun of the Human Service Culture or Human Afflictions

*There is a vast genre of jokes about human impairments, much as there are many jokes about relations between men and women, marriage, sex and excrement. The human impairment jokes could be broken down into those dealing with various specific impairments, such as deafness, blindness, and on and on, and of course about stupidity and unintelligent people, which can be called dumb jokes and moron jokes. There is even a sub-genre of leper jokes, such as, "What happened when the leper went to Las Vegas? He lost an arm and a leg." Some of these jokes are actually funny, but others are mean-spirited. An example is, "What’s the funniest thing you can do at an old people’s home? Wax the steps and scream fire." An entire sub-sub-genre of jokes are Helen Keller jokes, such as "What did Helen Keller do when she fell down the well? She screamed her hands off."

*A spoof article (Denver Arc Voice, Spring 98) proposed that there was such a thing as a "doctor’s developmental disability discrimination disorder," or DSD, that consists of physicians’ inability to relate to developmentally impaired children and their parents.

*When we came across an article entitled "Rapid Cycling Bipolar Disorder in Individuals With Developmental Disabilities" (MR, 6/2000), we at first wondered what connected fast bicycling to bipolar disorders.

*We were exceedingly amused by a cartoon that made fun of pet therapy programs by showing a very sick man in a hospital bed, surrounded by vultures, saying "This isn’t what I had in mind when I signed up for the pet therapy program" (SPS, 5 April 2002).

*Here is a parody of both the shrink culture and the rise of automated telephone answering systems. It is called "The Psychiatric Hotline" (source item from M. Sager):

"Hello, and welcome to the Psychiatric Hotline...
"If you are obsessive-compulsive, please press 1 repeatedly.
"If you are codependent, please ask someone to press 2.
"If you have multiple personalities, please press 3, 4, 5 and 6.
"If you are paranoid-schizophrenic, we know who you are and what you want. Just stay on the line so we can trace the call.
"If you are psychotic, listen carefully and a little voice will tell you which number to press.
"If you are manic-depressive, it doesn’t matter which number you press. No one will answer.
"If you are delusional and occasionally hallucinate, please be aware that the thing you are holding on the side of your head is alive and about to bite off your ear.
"If you are suicidal, please hold for the next available operator. Your call will be answered in the order it was received. Please do not hang up and re-dial, as this will only delay the processing of your call. Currently, you are number 381; estimated wait time is three hours, twenty minutes. If you prefer to change your psychiatric affliction, press zero at any time to return to the main menu..."

*In the 1960s, a well-known figure in vocational rehabilitation at that time, Herbert Rusalem, wrote a whimsical poem on "The Sheltered Workshop of the 1970s." Circa 1970, the TIPS editor rewrote it slightly. We think it deserves republishing every 15 years or so. It certainly anticipated certain PPP, entitlement and ADA phenomena that have developed since—and don’t expect political correctness.

1. I dreamt I worked in tomorrow's workshop
   The most wonderful of all possible worlds
   Where at three o'clock
   All work must stop
   As they bring on the dancing girls.

2. Chasing wenches
   Over benches
   Constitutes a sample
   Of the new PT
   Which, easy to see,
   Exercises us ample.

3. And whether or not
   We earn a lot
   No one bothers to compute it,
   Because we feel like a king,
   And the whole blessed thing
   Is so darned therapeutic.

4. The whole place crawls with professionals,
   With offices more like confessionals,
   So as not to make us feel too lonely.
   If our neurotic needs
   Make us look for job leads
   They stamp us "Fit for workshop only."
5. All the MDs are emphatic
   And really quite democratic.
   And the OTs all,
   Are diversional.

6. Like Aladdin and his Genie,
   I rub my dry martini
   That our canteen serves unlabelled.
   In this paradise profusion
   There is only one conclusion:
   Heaven help the non-disabled!

*This is a translation from the German of a conversation between a human service resident and a nurse, abbreviated R and N respectively (Band, 1/82).

N: "Okay, now we take our pill and we'll be able to sleep well."
R: "Why are we taking the pill?"
N: "As I said: so that we can sleep well."
R: "Oh, is that allowed then?"
N: "What is it that should not be allowed?"
R: "That you go to bed already."
N: "I'm not going to bed now. I have the night shift."
R: "For heaven's sakes, then you mustn't take any pills."
N: "What gives you the idea that I'm going to take a pill?"
R: "Well, of course not a whole one, but you said you wanted half of my tablet, and that we would then sleep real well."
N: "Are you not well? Do you have a fever?"
R: "No, I'm well, but you came in here and said that we wanted to take our tablet, and I would have gladly given you half of my pill but now I learn that you have the night shift."
N: "You have completely misunderstood the situation."
R: "You mean you don't have the night shift?"
N: "Of course I have the night shift, that's why I'm bringing you the tablet."
R: "Aren't you getting things a bit mixed up?"
N: "I'm not mixing up anything. We will now take the tablet and then we will turn out the light."
R: "Oh please not, nurse, because first you have the night shift and secondly somebody might come in and catch us."
N: "I think we must check if there is a fever."
R: "Okay, you first."
N: "Why I?"
R: "First you measure your temperature and then we'll do mine."
N: "Why mine?"
R: "Because I know that I don't have a fever."
N: "Then we must feel the pulse."
R: "Of each other?"
N: "If you're not becoming reasonable we have to call in the professor."
R: "I won't participate in the calling."
N: "Are you now going to take a tablet or not?"
R: "Are you sure you don't want part of it?"
N: "I want that you now take this tablet, that you don't ask any more questions, that you stretch yourself out nice and cover yourself up, and then go into a long and deep sleep. And now I wish you a very good night."
R: "Thank you nurse, that is very lovely of you."
N: "Of course, considering that tomorrow, we are going to be operated on."

*We like the--unfortunately fictional--gadgets Mouth (1/02) has been advertising: the obnubilator to ward off officious do-gooders, the shockazorber that neutralizes ECT shocks by converting the electricity into harmless flatulence, the case eraserator that permits one to escape from case management, and the anonymerizer that enables one to go into low profile so as to escape the attention of the service system.

*In certain ways, the field of human services reflects chaos theory. Chaos theory informs us that extremely small and simple events or relationships can set in motion complex forces and developments which become ever bigger, and eventually dominant, at least temporarily. The way
this may express itself in human services is when one person or one small service launches a new idea that leads to an innovation in practice that in time is taken up, copied, varied upon, and eventually may sweep through the entire field. Thus, the large-scale crazes that we so often get in human services can often not even be traced to their origins; and whether they can be traced or not, their origins often had random features to them.

*There is also such a thing as "catastrophe theory" in science, with involvement or application in mathematics, engineering, physics and chemistry. We teach the human service version of it; in fact, much of TIPS is a documentation of catastrophe theory in action in human services.

*The Council for Exceptional Children is the US organization for special education personnel. In 1997, it advertised that it was "proud to offer Disruption, Disaster, and Death...," a book to help provide "a candid look at the problems related to these situations" (Exceptional Children, Fall 1997). This seems to be applied catastrophe theory. We wished we had thought of such an impressive title first.

*A human service business headquartered in Alberta, Canada, is appropriately called Chaos Consultation and Training (Dialect, 12/97).

Human Functioning

*Someone once said that nothing is more irritating to a fanatic than common sense.

*Phenomena can be said to fall on a continuum from extreme cultural specificity or particularism to human universality. For instance, laughter, and at least some of its triggers, are universal, while some phenomena only occur—or can only be deciphered correctly—by members of one specific subculture of a larger culture. However, even the latter kinds of phenomena may be members of a class that itself is universal. For instance, pleasure is universal, though it may take some very particularistic expressions in some cultures that are not understood in other cultures. However, human phenomena are often discussed in a shorthand that divides them into only two classes: particularistic and universal, and the sociological terms sometimes applied to the two classes are "emics" and "etics." A mnemonic device for remembering which of the two means what is to note that the letter m in emics comes before the letter t in etics, and parallels the sequence from the particularistic to the universal.

*A 1996 book entitled Conjuring Science claims that the US public understands science only in terms of certain few icons, such as white laboratory coats and mathematical formulae. Anyone who knows how to manipulate these symbols can acquire plausibility and credibility in the public mind, and attract a large following.

*Quidel Corporation in the US sells the identical pregnancy test in two kinds of packages. One comes under the brand name, "Conceive" and shows a smiling baby on the package. The other comes in a plain-wrapper type of package and is cheaper. According to the firm's market analysis, women who want to conceive buy the more high-priced package with the smiling baby, while women who worry that they are pregnant buy the cheaper plainer package without the baby. As a company spokesperson said, people are willing to pay more for hope than for relief (CR, 8/95).

*A Jewish man growing up in New York City was under the impression that at least 30% of Americans were Jewish (FT, 10/95).

*Baby boomers are reported to be very loath to show signs of aging, and to frequently dye their hair. Someone had said that they have a right to dye.

*The notorious Dr. Noitall, who makes occasional guest appearances in the editorial columns of Science, came up with two amusing aphorisms (30/11/90). *An addictive person is one who has a compulsion to behave in ways that his or her family members consider detrimental to their interest. An addictive person will frequently conceal the extent of his addiction, will lie to his family about
it, is immune to logical arguments to correct the error of his ways, and foregoes income that would require abandoning the addiction." "Academic freedom is the freedom not to take a vacation."

*Malcolm Muggeridge, a British intellectual and social commentator was, among other things, editor of the humorous journal Punch. In this role, he observed that "the eminent so often say and do things which are infinitely more ridiculous than anything you can invent for them" (The End of Christendom, 1980).

*John Ruskin (1819-1900) once wrote, "For every hundred men who can feel one can think; and for every ten-thousand who can think only one can see."

*One of Germany’s greatest poets, Heinrich Heine (1800-1856), once said, "Sages generate new ideas, and fools disseminate them." He also said of a certain person that "He sparkled with stupidity."

"The Events" of 9/01

What people call (as we covered in our last TIPS issue) "the events" have affected the United States, the world, and human services to a profound degree. The aftermaths of the events have proven to invade everybody’s lives worldwide, and for the entire foreseeable future. Perhaps never before in history have so many people been affected so quickly by a single event with the possible exceptions of the outbreak of World Wars I and II. And of course, the aftermaths have only begun to unfold, and their full scope is not as yet foreseeable. In consequence, this warrants ongoing coverage in TIPS. In fact, items that we formerly might have put into other categories have acquired new meanings in light of "the events," and can be regrouped into the coverage of such. We may not make "the events" the dominant theme of a TIPS issue for some time, but will probably have big sections on them in the foreseeable future. Among other things, it is our belief that not only have human services been profoundly affected by the aftermath of the events, but also the lives of vulnerable people outside the service system, to say nothing about everybody else’s lives. However, so many things that need to receive a better interpretation and contextualization than they often receive in the media have happened in connection with, or as consequences of, "the events" that we feel overwhelmed.

The one "event-related" topic we continue to hold back on is the one on profiling, because it overlaps with SRV issues.

We Told You So!

*We have noted with some grim satisfaction that almost all the predictions and interpretations that we have given to "the events" in our last TIPS issue have been very extensively corroborated by subsequent developments. Once again we learned that there was massive government lying and cover up, this time about the fact that just as we had documented in the last TIPS issue, the 9/01 attacks were foreseeable, and actually foreseen by a number of security people, including in the US.

Ways in Which We All Are and/or Will be Unpleasantly Affected For a Long Time by the Threat of Terrorism

*Many authorities have said that terrorism must be expected to be a long-term successor to the Cold War, and to be a factor in a great many countries. Some of these will be mostly the targets of terrorism, some will be major sources of terrorism and terrorists, and some will be spared the worst of both of the other two alternatives. This probably means that we will be carrying terrorism-related items in many or all future issues.

*Americans have been bombarded since "the events" with warnings about possible attacks on railroads, subways, power stations, water reservoirs, shipping, landmarks, bridges and tunnels, suicide bombings in crowded places, malls, etc. Probably never before have malefactors gotten as much bang for their bucks.
*None of the 103 operating nuclear power plants in the US can withstand an airliner impact (SPS, 28/3/02).

*One of the innumerable consequences of "the events" is that power stations across the US have been closing their often popular visitor centers because of security worries. Some of them are building new centers a safe distance away, which is a new expense and, of course, takes most of the fun out of visiting a power plant.

*At totally neutral gatherings, such as public festivals, winterfests, etc., people who might want to participate have to be willing more and more to accept all sorts of security measures, such as not bringing backpacks to the event, and having all parking within several blocks of the event banned, as well as enduring the presence of many more police officers (e.g., SPS, 27/3/02).

*US schools traditionally send 2 million pupils on class trips to Washington, DC yearly. After 9/01, this number declined by more than half.

*A hoax perpetrated by a teenager in the Netherlands precipitated a banking security alert along the eastern US seaboard (Time, 29/4/02). Oh, for the good old days when the most harm teenagers could do was turn over the outhouse.

*After 11 Sept. 01, not only was the US Federal Homeland Security Department installed, but all 50 states also installed homeland security offices. So far, they are toothless PPP installations that do nothing constructive except consume public funds (AP in SPS, 6 June 02).

*US Capitol mail has been routinely irradiated since 10/01.

*It took over 15,000 security people to assure safety during the 2002 Utah Winter Olympics. Security costs amounted to close to $400 million.

More on the Anthrax & Other Bioterrorism Scares

*The world-famous US Centers for Disease Control and Prevention in Atlanta has been physically falling apart from government neglect at the very time when everybody had been predicting bioterrorism. During the height of the anthrax scare, it had to stop rain leaks with duct tape, and suffered power failures (Time, 21/1/02).

*Between 10/01 and 1/02, state health departments alone spent $250 million investigating real and fake anthrax scares (Time, 21/1/02).

*All one has to do these days to shut down a big office building and all the departments working in it is to send to it, or leave lying around in it, an envelope with a harmless white powder, like sugar, flour, or artificial sweetener. That is how the entire US Supreme Court was disabled in 1/02 (SPS, 15/1/02).

*This news was much played down; many people may have missed it: an anthrax scare closed down the World Bank building in Washington, DC, in 5/2002. The news did not even tell for how long, but apparently for several days (SPS, 22/5/02).

*The US postal service has been spending $500 million just on equipment to detect biological hazards in the mail.

*Because of the anthrax scare, all the mail to the Smithsonian Institute in DC began to be routed through a post office in Ohio, necessitating the Smithsonian magazine to announce a change of address (Smithsonian, 4/02).

*A postal worker infected by the anthrax attack of 10/01 has been having trouble getting his drug bill paid by the US Postal Service, at the same time as the Postal Service has spent $25 million}
fielding a bicycle team for the Tour de France, as if this would improve the mail service (SPS, 7 Aug. 02).

*We have been receiving mail which had a big green sticker on it put on by the post office that said, "scan before delivery," and an initial next to the sticker apparently meant that this signified the person who had done the scanning.

*It now turns out that the irradiation of the mail, instituted after the anthrax scares of 10/01, can be very destructive of all sorts of mail contents. For instance, philatelists (stamp collectors) sending valuable stamps through the mail found that the irradiation fried them, sometimes melted them, and rendered them brittle and worthless. One potential consequence is that philatelic shipments will no longer use the postal system but such means as Federal Express. Another of our systems disabled, and another triumph for the terrorists.

*Experts say that in the future, terrorists are apt to use multiple biological agents in an attack. This would make the task of identifying the agent(s) much more difficult, and lead to fatal delays in mounting a response (AP in SPS, 26/2/02).

*A new sign of the times: small local governmental units (e.g., counties) printing up fliers on biological and chemical terrorism. Most of these are utterly worthless; e.g., they may contain trite imperial advice such as "be informed and remain calm; don't try to stockpile antibiotics or buy gas masks; call your physician immediately..." They really do think we are stupid!

More on Copycattin "The Events"

Copy-cattin of sensational phenomena is one of the curses of a culture in which people's minds are media-possessed. Weak and crazy people are particularly vulnerable to picking up sensation vibes with their mental antennae. Thus, crazy people all over the world have seen the terrorist events of September and October 2001 as a challenge, as a model to imitate, or at least as an inspiration. We have already covered this in the last TIPS, but have a few more vignettes to add.

*It was only weeks after a 15-year-old boy flew a small plane into a Florida high-rise in 1102 that the media revealed that he was an Arab-American whose mother changed their name from Bishara to Bishop. The liberals also quickly blamed the drug Accutane that the boy had been taking, though his suicide note exalted bin Laden (various clippings).

*How come even a banker from Uruguay would try to take over a plane bound to Argentina with 157 people over the Brazilian jungle? One reason might be that the flight had originated in Miami, where crazy vibes are many (AP in SPS, 8 Feb. 02).

*The man who flew his plane into a skyscraper in Milan, Italy, in 4/02 may have been committing suicide copy-cat style because of financial troubles.

*Columbian leftist rebels allegedly planned to fly a plane into a major government building in 8/02.

*In 1/02, a young man (the media did not give his name, probably because it would have not been politically correct) tried to board a plane in Chicago with four pocket knives, a box cutter, a bottle of lighter fluid, and a flare (SPS, 9 Jan. 02).

*While the youthful US midwest mailbox bomber did nothing in the air, he was apparently inspired by the anthrax mailings.

Other Future Terrorism

*The US government is so afraid that al-Qaeda might be able to set off a nuclear device in the US that in 9/01, it set up a "shadow government" of between 70-150 high-level officials on a rotating basis in its secret mountain redoubts (SPS, 1 March 02).
*The US and Russia have, or have had, battlefield nuclear weapons that weigh as little as 51 pounds. This means that terrorists may also eventually have them.

*Here is one big problem with a "dirty" (radioactive) conventional explosion: there will be no mushroom cloud, and it may take hours before the radioactive nature of the explosion and its fallout becomes clear, or gets sufficiently disseminated for people to start fleeing the area and its downwind fall-out region. So here is some advice: if one becomes aware of an unexpected or mysterious explosion, and one has no business being on the scene, one should rapidly leave the area, and go anywhere but downwind. In the US that usually means that the wind comes from the west or northwest, in which case one stays clear of the area east or southeast of an explosion.

*There are two likely sources of radioactivity for a "dirty bomb." One is spent fuel rods from a nuclear power station. Another is cobalt-60 that is so ubiquitous because it is used in cancer irradiation. We have always said (largely to deaf ears) that civilian and martial uses of nuclear materials are not separable, i.e., that one cannot have civilian benefits of nuclear technology without sustaining martial uses.

*A truck that crossed the border from Canada to the US in 5/02 registered radioactivity on a border meter but this was not discovered until the meter was checked a week later and the truck has so far proven untraceable (SFS, 4 Aug. 02). Who knows what things like these portend.

*Although we are told how safe irradiated food is, we are already seeing a build up of radioactive cobalt from food irradiation plants. Further, this is the very kind of waste that might be used in a so-called dirty radiation bomb, of which we warned in our previous TIPS issue even before the government did.

*Middle Eastern hackers have been trying to gain control of the huge computers that control the US electric power grid (Time, 11 March 02). If they ever succeed, sparks may fly!
In 1990, there were only about 400 attempts to hack US utilities; in 1998, 3,700; in 2001, 53,000! Some of these attacks were accompanied by expressions of support for Islam's war on the West, but there have also been attacks from China. One new fear is that a successful attack on the power grid will be accompanied by another physical attack, or an attack on the 911 emergency system. One thing that has made the power grid more vulnerable has been "modernization" by means of remote control which, in turn, is linked to corporate computer systems and the Internet—and much of the control manuals and software can be bought on the open market! (SFS, 24/7/02).

*In 5/02, an 18-wheeler with 7 tons of deadly cyanide was hijacked by gunmen in Mexico, and by the time the truck was found, two thirds of the poison was gone (Newsweek, 3 June 02). Somebody may be processing it even now for a terrorist attack.

*If the government hadn't said it in 5/02, we would have: it is virtually inevitable that we will see some suicide bombings in the US like we have seen in Israel. We would add that when it does happen, it will almost certainly be done by people who had no business being in this country and who could have been kept out if there had been a little bit less political correctness. Also, we predict that when it does happen, it will contribute mightily to a further decline in political correctness, to the embarrassment and mortification of the PC crowd (AP, 25/5/02).

*It now turns out that security is very lax at university labs even if they deal with very problematic research studies. While recent publicity has focused on a researcher from China who tried to steal agricultural research material of vast value from Cornell University and take it to China, there have actually been a string of similar incidences involving researchers from abroad, mostly from China and Japan (e.g., SFS, 4 Aug. 02).

More on the Fortification of Society, & Security Measures Real and Phony

*One fact about "the events" of which we did not learn until 20/1/02 (SFS) was that they took place in the middle of a week-long war game by the North American Air Defense Command, where the pretend scenario actually was a threat to the American air space. This is also the reason why at
first, officers at the command center in Rome, NY, thought that the report of a hijacking must have been part of the game plan. It is also interesting that the command center got much of its news about what was happening from—the CNN news TV channel.

*For the first time ever, the US is establishing a domestic military force, including an air force, to respond to attacks inside the US. The importance of this is underlined by a 4-star general being put in charge. This is another step toward military dictatorship in a collapsing society that we have documented for years.

*There is now a new "National Security Special Event" designation, for things like Superbowl games, Olympics, Big-8 meetings, etc., which bring in security measures on a huge scale.

*What the 9/01 terrorist attacks have done has so permanently crippled the passenger air traffic that it amounts to a major victory for the Islamic terrorists. Ever since 9/01, we heard many horror stories of entire airports, or parts thereof, being evacuated because of some security scare, sometimes even with planes being ordered to return to their gates, with the response often being grossly disproportionate to the security violation at issue. Airports have been closing down so frequently that even the Federal Aviation Administration lost track. The world's third busiest airport, Los Angeles, had 4 closings or evacuations in just an 8-day period in March. A terminal in Connecticut was sealed merely because a pair of scissors was discovered in a trash can (Time, 18/3/02).

Humorist Dave Barry tried to make fun of the rather unfunny story of how he, his wife and their two-year-old spent 13 hours on an air trip from Miami to Salt Lake City, five of these hours being cooped up in airplanes sitting on the ground, with hardly any effort made to keep passengers informed, or even trying not to load planes if they cannot leave.

We predicted that unless a method will be developed that allows a very large number of air passengers to be pre-screened and to pass rapidly through airport security, the air passenger industry will suffer devastation. However, a rapid screening system for pre-approved flyers will probably mean a tremendous increase in surveillance capacities and practices, such as perhaps a databank of the fingerprints or iris patterns of millions of people.

The shoes of a man in the San Francisco airport set off the security alarms, which resulted in such confusion that the man managed to drift away into the crowds. The security cameras, it turned out, recorded such poor quality pictures that the man could not be identified. Soon, 3 planes took off, and then were called down again to be checked, to no avail. An hour later, thousands of passengers were evacuated. Of course, disruptions like that ripple through the whole world's airline schedule (SPS, 1 feb. 02).

Osama, wherever he is, must be chuckling into his fist, if he still has one left.

*Someone with a wonderful sense of humor sent a pair of sneakers (in allusion to the British Islamic sneaker bomber) through the mail with a note, "Free Palestine," which brought out the bomb squad in Philadelphia (SPS, 15/5/02).

*Quis custodiet ipsos custodes? But who will watch those self-same watchmen? This is the question that even the ancient Romans already asked. One of the many absurdities with the contemporary airline security insanity is that the very security force is not secure and probably cannot be, considering who is being hired. About 20% of US airport security personnel are foreign-born. At the two DC airports alone, 138 security workers either were in the US illegally, used phony identification papers, or had lied about past criminal convictions. Salt Lake City had 69 such security employees, Charlotte, NC had 66, etc. Many such workers have access to airplanes while servicing them (various 4/02 news items). In Spring 2002, one of the security officers at the Louisville airport was observed to be nodding-off, whereupon the whole airport was closed down for several hours.

*Phony security. Even though luggage screening machines are not really functional, they have been mandated for the US in 2003 at a cost of billions (Time, 1 April 02).

*One irony in the new security frenzy is that there has been colossal screening of air passengers, but hardly of any cargo coming into the US.
*The government has said that the same kind of (in)security as at airports might soon be instituted for bus, train and boat travel. This will leave walking and driving as possibly the only "free" modes of transportation, but even driving is already heavily monitored with cameras at tollbooths, bridges, and certain intersections. We believe that this almost means the end of America as it has since its founding. (Oh well, that's just one of the little prices of diversity.) Starting in Summer 2002, even motorists taking ferries across US waterways such as Puget Sound have to submit their vehicles to searches, thereby risking missing the boat. This measure, which will affect millions of vehicles every year, has been termed "permanent" (Calgary Herald, 18/6/02).

*Governor Davis of California probably exemplifies a lot of the phoniness in politics. He called for many new or additional security measures in California, promising that no expenses will be spared--and no taxes raised (Time, 21/1/02).

*One of the new security measures is a decal provided by the police that one can put on one's vehicle which authorizes the police to stop the vehicle for no reason at all if it is seen on the road between 1:00-5:00 am, to check whether it has been stolen or is being used in a fashion unauthorized by the owner--e.g., by the owner's teenage children.

More on New Economics Due to "The Events"

*One estimate is that the 11 Sept. 01 events alone cost the US alone $639 billion (AP in SPS, 29/1/02). This apparently does not include the permanent new costs of living perpetually in a state of real or perceived endangerment.

*We predicted in the last TIPS that "the events" could mark the beginning of the end of Western prosperity. Despite the unimaginable losses, business experts began to declare in 2/02 that the worst was over--and then came the scandals of corruption in the whole US corporate culture, some major bankruptcies, and a steep stock market decline. But even now, economists keep saying that recovery is right around the corner. How can there be a healthy economy when people spend billions of hours unproductively at airports, and when hundreds of billions of dollars every year get spent on unproductive security?

*The hidden tax of radical Islam. Insurance claims resulting from the 9/01 events are about $50 billion! Due to new security measures, tickets for ball games rose 20%. Firms in high-rise offices had their rents go up about 25%, and many therefore had to move. Eventually, insurance for such buildings may go up 10-fold, and devastate the economies of city centers (Newsweek, 14/1/02).  

*Who would have thought that the WTC would have been a hotbed of toxic substances, but it was. The destruction set loose vast quantities of toxins and pollution, and its impact may take decades to unfold. The most immediate impacts are on rescue personnel, especially fire fighters. Much suing is in the offing. Already by 2/02, suit claims were mounting.

*Just one of the thousands of counties in the US, and one of the wealthiest ones to boot (Westchester, NY), got $1 million in federal anti-terrorism money (SPS, 31/1/02).

More on Human Service Funding Cutbacks Due to "The Events"

*One of the things that we predicted that is now happening before our very eyes is the transfer of massive amounts of funds from the human service sector to the arms and security sector, which can have both positive and negative effects for service recipients. For this reason, and others as well, we are seeing two crises develop. (a) More people not having or getting health care coverage, even as health care costs are resuming their steep rise after a few years of abatement. (b) We are at the beginning of a major shortage of registered nurses, licensed practical nurses and attendants, especially in hospitals. Thus, even if one does get into a hospital for one's condition, one may find it to be dramatically understaffed (Time, 11 Mar. 02).

Of mixed benefit could turn out to be that people at the very bottom of employability who had been hired in large numbers into lowly human service jobs may instead find much better-paid employment in relatively unskilled security jobs. In fact, they may be taught, and learn, more life
skills there than in human service jobs. In turn, this could mean that human services will have to pay more for their more lowly positions, which in turn might attract more competent people, but that will constitute yet another strain on the finances of service agencies.

More on People's Responses to 9/01

After 11 Sept. 01, Manhattan residents began to drink and smoke more, and use more marijuana (SPS, 28/5/02). Also, apparently, many people responded to the 9/01 disasters by jumping into bed and having sex, because there was a large birth wave starting in May 2002. Perhaps there is a primitive impulse to reproduce if one sees one's survival threatened. Maybe this also explains why soldiers are always so lusty, and even marry just before going to battle or to war.

There has also been a sharp rise in reports of sleep disturbances after 11 Sept. 01. Of course, this could have been the result of people boozing, drugging, and copulating so much, and now having screaming babies.

More on Godly Bloodlust

There was continued legitimization of war upon Afghanistan and terrorists by Christian authorities, including from the president of the US Conference of Catholic Bishops, and Cardinal Ratzinger of the Vatican. The prominent US Protestant minister Jerry Falwell opined that bin Laden could be saved if he converted, but even if he did, he should be killed (Newsweek 26/11/01)—a version of "burn the body but save the soul."

Further News About the Fate of Impaired People in 9/01

The 1/02 issue of the Journal of New York State Office of Mental Retardation and Developmental Disabilities was devoted entirely to state personnel that performed well or even heroically on or after Sept. 01, and did so in a wide variety of ways. A large proportion of these dedicated workers were themselves lowly people. However, no mention was made of the handicapped people who got abandoned, such as we reported on in our previous issue. Perhaps one difference was that most of the latter were physically handicapped rather than retarded, and lived in housing to which helpers came merely on a visiting basis rather than working there around the clock.

More on the Charities For the Victims of 9/01

*As we wrote before, some of the compensations being paid out of a sense of national guilt to relatives of the WTC disaster are ridiculous, such as paying remote, uninvolved, and financially independent relatives huge sums. The very availability of such compensation patterns raises greed and corrupts the claimants.

*There is no end to people trying to force money on 11 Sept. 01 victims and "victims." Now we learn that a 45 cent US commemorative so-called semi-postal "Heroes" stamp will yield several score million dollars for families of victims, whether they need it or not.

*After 9 Sept. 01, an endless caravan of thousands of trailer trucks from all over the US (even Alaska) began to arrive in NY delivering donated goods worth scores of millions, most of which were not needed, or could not be conveyed to victim families. Warehouses piled up with it, and no one could cope with it, especially because there was no way of properly inventorying it for accessibility. A lot was eventually given to local charities for the populations they deal with. In fact, the stuff got in the way of rescue efforts, and someone called the mounting stuff a "second tier of disaster." At a hurricane disaster in Florida in 1993, most of the donated goods ended up being bulldozed, burned, or landfilled. Some of the donations were unfathomable, such as truck loads of prom dresses, $250,000 worth of dog food (unsuitable for emergency dogs), and worn, uncleaned used clothes. One of the biggest items was water, which was never needed.

*As far as the highly organized and imperial charities are concerned, one of the large Protestant churches in Louisville, Kentucky, did the unforgivable; it sent some of its leaders to
Ground Zero to hand out about half a million dollars in sums as high as $5,000 to people who credibly claimed that they had urgent needs, without requiring paperwork or proof (FT, 2/02).

*As we reported before, the blood drive after 11 Sept. 01 was an utter fraud, most of the collected blood was thrown out—and now we are back to being low on routine donations. The blood hoods blew a marvelous chance by not booking eager donors evenly ahead throughout the year. The Red Cross should have done with the excess money it took in what it did with its excess blood: throw it out.

*Jack-pot!! Charities got so much money after 11 Sept. 01 that many did not know what to do with it. We mentioned earlier how much of this money was ending up with the shrinks, but now comes a humdinger: people who were near the WTC area on 11 Sept. have been told that they can get free shrinkery for life. This amounts to the shrinks winning the "Cash For Life" lottery. Generous Americans might as well from now on flush their charity money down the toilet!

Further News About Parties Taking Criminal or Immoral Advantage of the 9/01 Disasters

*The WTC disaster brought out both the best and the worst in people, only some of each becoming publicly visible and known. One of the worser things was that looters descended onto Ground Zero, especially late at night, stealing everything in abandoned buildings, in the rescue storage areas, and even the tools and supplies of the rescuers. Some filled up huge bags and buckets with donated shoes, socks, and other items of clothing for the rescuers. Some of the people who took advantage of the chaos in the vicinity of Ground Zero actually dressed themselves up as construction or utility workers, ransacked the supplies that had been sent in to the rescue workers, and broke into businesses and expensive apartments in buildings that had been abandoned. One homeless man hired 13 other homeless men to steal charities near the WTC blind (SPS, 10 April 02). Even apartments high up in the abandoned adjacent high-rise residential buildings were broken into. All this happened despite the presence of the National Guard (FT, 12/01).

Some of the fascinating stories about the WTC attack are taking a long time to become public. One is that thousands of people (one estimate is 4000, apparently all working for NY City) took advantage of the damage caused to a WTC building housing a municipal credit union to raid its ATM machines for weeks, and withdrew $15 million! (SPS, 6 Aug. 02).

*The variety of frauds to get money from charities or the government for alleged WTC victims is mind-boggling. A Michigan man falsely claimed that his brother had died in the WTC attack, and collected $273,000 from charities (SPS, 28/3/02). A dozen Port Authority (owners of the WTC) employees narrowly escaped death on 11 Sept.--and promptly stole about $20,000 of Red Cross relief money. All sorts of other people got relief money by making false claims (SPS, 30/1/02). Participating in the grand theft were many marginal people quickly hired by government emergency agencies (Time, 29/4/02).

*Midway Airlines went bankrupt in 1991, 10 years before "the events," and had shut down in 8/01. It shamelessly applied for federal relief meant for airlines that lost business after 11 Sept. 01—and it got $10.8 million because its executives had good connections with government officials.

More on the War in Afghanistan

*One interesting observation we heard about the "war on terrorism," including the war in Afghanistan, is that it seems to have very few rules, compared at least theoretically to the rules of war. Since this kind of war has been declared not to be a real war, the rules of war that are meant to preserve or inject at least a vestige of humanity among combatants, have been declared nonapplicable. One implication is that since the other side does not abide by the rules of war, one does not have to abide by them oneself either.

*Relatedly, there has been a depressing repetitive pattern of US forces or the CIA mistakenly attacking civilians (as in Afghanistan), and then the lies begin: first, the authorities confess ignorance that the event happened, then they deny that the target was not a military one, then they say that they cannot confirm the number of civilian casualties claimed by the local natives, and only weeks or
months later will the truth trickle out. The regularity of this pattern, and the apparent unconsciousness in the US military that there is such a pattern, is both saddening and infuriating.

Also, US operatives have been caught committing clear-cut war crimes, such as shooting people who had surrendered, sometimes after they had been fettered. This is a Vietnamization of the CIA and armed forces all over again, but we hear of no calls for war crimes trials.

*Germany sent a military contingent to war in Afghanistan, and a few died, and for every one that died, a committee was set up and sent to Afghanistan to study in depth why the person died, whose fault it was, and who can be blamed for it (source information from Susanne Hartfiel). Khrushchev had a much simpler answer about the 1.5 million German soldiers who disappeared in Russia during World War II without anybody knowing about what happened to them. When he was asked to give an accounting for these, he replied "They went to war, and the war ate them up."

*The US managed to drop vast amounts of ordnance on Afghanistan, but somehow does not seem able to drop family-sized and brightly-marked packages of food on famine areas, so that local people can easily find the food and by-pass nonexistent, disfunctional, or even corrupt bulk aid distributors.

*Over and over, we are told that Afghanistan is "returning to normal life"--and that "normal life" means watching TV and VCRs, listening to CDs and secular pop music--and abortion being legal again under at least some circumstances. The biggest promoter of abortion and contraception in Afghanistan has been the UN. It could not keep the peace there, but now brings yet more death and sterility to a country that desperately needs to replace its grievous population losses. Imagine being a poor refugee in a camp, and UN emergency workers come to your aid with things like abortion kits! We pointed out in the last TIPS issue that this is exactly one of the big reasons radical Islam hates the West. Furthermore, it has been charged that the UN has been imposing contraception and abortion almost coercively in some camps in order to "break down cultural resistance" (so much for this kind of "multiculturalism"!) to such practices, and that refugees in some camps had seized such supplies and pills in acts of resistance (NCR, 9 Dec. 01).

*There are a fair number of countries that have been helping the war effort against the Taliban/al-Qaeda in Afghanistan, but rather quietly. Apparently, some of them are afraid of Islamic retributions. It is almost like in the era of ca. 700-1750, when Europe cowered before Islamic might--first that of the Arabs and then that of the Turks.

*It looks more and more as if Afghanistan is like the Balkans, Somalia and Northern Ireland: grossly irrational and ungovernable, the kind of people that one should leave alone to kill each other, or to let the warlords fight it out until one wins and rules brutally over everyone else, like in Iraq. Of course, one alternative is to let them all come to open-minded countries like Britain or Canada, and fight it out there among themselves and against their hosts.

Crazy or Untruthful Governmental Responses to Terrorism

*Congress approved the Yucca Mountain in Nevada as the long-term deposit of the nation's nuclear waste not because research had shown it to be safe, or the research was even completed, but merely out of desperation in the face of terrorist threats to nuclear waste deposits, especially near nuclear reactors. Yucca Mountain is in a highly seismic zone, and even in early 2002, there was a 4.3 earthquake there; and the deposit will be on top of the underground water source for much of Nevada and southern California. The whole thing is yet another imperial deception game. Even sending 70,000 rail shipments of nuclear waste across the country with unimaginable risks, the nuclear reactors will still hold vast amounts of waste 44 years from now when Yucca Mountain is full (SPS, 12 July 02). Also once the wastes are deposited there, they will be impossible--or nearly impossible--to relocate again.

*The Bush administration should have lost a vast amount of credibility for omitting Pakistan from its list of states supporting terrorism, while including Cuba. Cuba has not wreaked harm on the US or the West--except by sending its habitual criminals to the US in a deceptive but humorous way (the "Mariel boatlift"). For a while, it tried to export Marxist revolutions to other countries,
but not terrorism in the current sense. In fact, the biggest terrorist act connected with Cuba was by a right-wing Cuban Castro opponent who blew up an airliner in 1976, killing 73 people—but who remembers this today? The terrorist was imprisoned, but released by—President Bush Sr., already in 1990, as a political sop to the Cuban exile community in the US (Newsweek, 8 April 02). But who remembers this today? All this makes the US look very bad. If it tells a big lie like that, what else is it lying about?

In fact, Pakistan has been and is one of the world’s greatest havens for Islamic terrorists, and the only reason the US government is not making anything of this is because it needs Pakistan’s help with the Afghan war.

One other nation that was not mentioned by Bush as being a terrorist hotbed is Indonesia, though Indonesia (a) has been making genocidal war against its Christian populations, (b) has given shelter to al-Qaeda training camps, and (c) was the place where some key planning for the 11 Sept. 01 attack took place (Newsweek, 4 Feb. 02).

Finally, there has been a great deal of recent—but also highly controversial—analysis claiming that Saudi Arabia itself has been secretly supporting much terrorism. However, the US gets so much oil from Arabia that it is unlikely to antagonize it.

*There is irony in the fact that at one moment, airport security began to frisk pilots for guns (so as to avoid charges of profiling), and the next moment, the US government presses guns into their hands to protect their planes, pursuant to a new 7/02 law.

Miscellaneous Other Additional Observations on "The Events"

*We found an instance where a German government official actually referred to the German capitulation of May 1945 as "the course of events" (Morlok, 1985).

*The CIA bears a heavy burden of fault for Americans being so hated abroad, because of all the immoral things it has done for many decades.

*One good piece of news is that many people in the Islamic world have quit buying US-made sodas, cigarettes, fast foods, perfumes, etc.—but they may make an exception for an occasional Big Mac (AP in SPS, 20/4/02).

*In 1996, historian Caleb Carr wrote about terrorism and the future, that states should be held responsible for supporting terrorists, that the military might have to be used against terrorism, and all sorts of ideas that have since become popular—but were bitterly denounced by the experts on terrorism then (Newsweek, 11 Feb. 02).

*As Ground Zero was being cleared, it became apparent that there had been many more dead in the south tower which was the first one to collapse, even though it was the second one to be hit. What this tells us is that the imperial representatives who told the people in this tower not to evacuate after the first tower had been hit were successful in preventing the escape of many people, and that those who heeded the orders to remain at their work stations were the ones most likely to have perished.

*Someone has called 11 Sept. 01 Ash Tuesday, because of the immense amount of ashes created by the WTC fires and collapses.

*One phenomenon on the streets around the WTC on 11 Sept. 01 was the large number of shoes. Many people these days wear shoes that come off easily, or in which one cannot run well. So people either shed their shoes to run, or lost them running. This was not an isolated phenomenon: one often sees loose shoes on disaster scenes. Lesson: always wear shoes (e.g., when flying) that will stay on in a disaster; it is a matter of life-and-death.

*Even though kil is the Dutch word for a stream, and many streams on the mid-Atlantic US coast have this root in their names, it strikes one unpleasantly that the site where bulk WTC debris got hand-sorted for human parts was located in Fresh Kills on Staten Island off Manhattan.
*The commemoration of the Twin Towers by shining 88 powerful searchlights up in the sky for a month simply perpetuates the kind of mindless modernistic hubris that built the towers in the first place and attracted their destruction, by grossly wasting vast amounts of energy that have to be generated by importing Mid-Eastern oil which in turn brings about entanglements by the US with Arab Islamic countries that in the past triggered both the Gulf War and the terrorism in the first place.

*After 93 days of fires at the WTC, rescue workers found a single page from a Bible, and guess what was on it? The story of the Tower of Babel (NCR, 24/2/02). And yet some people want to replace the old Towers of Babel with new ones, and some designers even want to put apartments in such a replacement tower.

*One inspiring phenomenon at the WTC site was the unfailing respect rescuers paid to every single body, or what was left of it, that they found. Even months after 11 Sept., they would each time, and reflexively, form an escort to what must have been very decayed and vestigial remains, and salute as the remains were carried away.

We have to understand that respect for deceased human bodies or parts is not shared by all cultures, or at least not respect for the bodies of people one did not respect in life. After all, gleeful mutilation and other indignities have been and are inflicted on bodies of enemies in many parts of the world. In the West, respect for the human body is derived at least in good part from the Christian belief that the body is the temple of the soul, and in the case of Christians, of the Holy Spirit, and that this calls for respect for human remains. Other religious traditions that also respect human remains may cite different rationales, or comparable ones. The trade in body parts is one of the things that is now imperiling this respect in the West.

*Starting almost immediately upon the collapse of the WTC towers, innumerable memorials began to be held. Quickly, something like a WTC memorializing industry developed, a bit remindful of the Holocaust industry. Among other things, memorials are being built in many places, but even families of some victims have decided to quit attending memorial events, because they were getting caught in a commemoration whirlwind. In time, this actually has an effect opposite to the intended one, as people begin to forget what these memorials were meant for. An example is one such memorialization in the Syracuse area that was called a "festivity" to "lighten the mood," and one of the arrangers said that "the more, the merrier" in regard to attendance (SPS, 4 May 02). One would think that grieving survivors would be mortified.

*It is very hard to believe that after 9/01, an innocent Arab Islamic man would try to board a plane in the US with a loaded handgun in his hand luggage, but this is what happened in Albany, NY, in 5/02, with the man claiming that he had forgotten that he had the gun in his hand bag.

*After a brief decline in drug imports to the US after 11 Sept. 2001, the imports apparently shot back up because at Kennedy airport alone, three times as much heroin and ecstasy was found and seized than the year before (SPS, 6 May 02).

*It is a fascinating commentary on the American psyche that shortly before the 2002 Winter Olympics, there were scores of reported sightings of bin Laden in Utah, and that in contexts as unlikely as in malls, and at McDonald's eating a Big Mac. In fact, he was spotted more often than the ubiquitous Elvis. The local police assured people, "If he's really around, we'll find him" (SPS, 4 Jan 02).

*There were many people hoping that bin Laden had much of his money tied up in Enron stock.

Miscellaneous News

*Hardt, M. & Negri, A. (2001). Empire. Cambridge, MA: Harvard University Press. This book, hailed by the liberal left and PC culture, particularly in academia, as a precious blockbuster, is something of a modern re-write of Marx's Communist Manifesto, and that gives new life to Marxism. The reviews of it have been absolutely ecstatic, exhausting the left-wing vocabulary of
superlatives. Many see it as the new salvific -ism of the 21st century. The book has already begun
to sweep the world, being translated left (so to speak) and right. However, critics who are not part
of this subculture have called it the epitome of intellectual absurdity. One of its amusing elements
is that it has replaced the Marxist "masses" with the "multitude," which is predicted to eventually
overcome the new economic empire and create a "post-capitalist world" which is sketched in terms,
such as a "secular pentecost," that we can easily recognize from many earlier utopias. The book ends
with the celebration of the "irrepressible lightness and joy of being Communist."

The left does not seem to have noticed that the book must have been written before September
2001, and that the Islamic world is not likely to join, or want to be part of, the "multitude" that
brings about a totally desecularized society in which God is utterly dead and left-wing Western
academics have recreated the world.

Negri, the Italian co-author, has been in a form of house arrest for a long time, convicted of
left-wing terrorism committed in the 1970s, and it is widely believed that he has murdered at least
one person. The object of his hatred is economic globalization, and that of course has brought out
the knives on the right.

*During the 1970s, it was almost universally expected that Japan would become the world’s
mightiest economy, but since ca. 1990, it has been in a severe economic downslide, the end of which
is still not in sight. We were amazed to learn that Japan may default on its national debt, which it
has allowed to rise to 150% of its national income. Economists are now worrying that Japan may
take the whole world economy down the drain, where perhaps it belongs for playing all these PPP
economic and money games. Already, some Japanese have begun to switch from cash transactions
to barter, and/or informal or unofficial local scrip that can be used to pay people to perform odd jobs
(Time, 18/2/02).

*Here is yet another example of the modern version of witch hunts. In the early 1990s, about
10 people were accused of having sexually abused children in a small-town Saskatchewan day care
center. The children had told all sorts of wild stories of bizarre rituals such as eyes being plucked
out, being forced to drink blood, and being forced to perform sex acts. The children had identified
the malefactors from police photographs that had been shown to them by investigators. Even though
the investigators had doubts, prosecutors aggressively carried the case forward, and it took almost
10 years to clear all but one of the accused (Globe & Mail, 19/6/02).

*The average American claims to have 9.5 close friends other than relatives. The research
also found that people generally have a pretty good idea who their best, their close, and their merely
casual friends are. Surprisingly in this age of decommunitization, 78% of Americans say they are
satisfied with the number of their friends (SfS, 27/12/01). There are some geographic and
demographic differences. For instance, conservatives have on the average two more close friends
than liberals, explained by one liberal as being due to the fact that liberals are too busy saving the
world to do as much socializing.

It is sobering for us to recall how many handicapped and other devalued people have no
friends at all, or at most a few casual ones.

*There is a heavy metal band called "Kiss" whose leader bragged that he has nude photos of
most of the 4600 women (probably none of them close friends) that he claims to have had sex with--
and this band was invited to be part of the closing ceremonies at the Salt Lake City Olympics. We
suspect that the clueless Mormons no more knew what this band was about than we know these
things.

*Just how expensive college has become may escape people who have not had reason to follow
the issue. At Syracuse University, undergraduate tuition for the 2002/03 academic year is $22,800,
plus $5000 for a shared dormitory room, plus $4500 for one of the major student food plans, plus
$390 for a health fee, plus $120 for a so-called "co-curricular fee," to say nothing of book costs, with
many books approaching $100 apiece. In other academic institutions, costs may be higher or lower.

*An increasing number of people driving drunk and then getting hurt have been trying to sue
somebody for damages; and when the drunken driver died in the accident, the survivors have been
trying to get damage money from someone (SfS, 2 Jan. 02).
*The court jester to the King of Tonga in the Pacific stole $26 million from this poor little country. While this has its amusing elements, the joke is clearly on the Tonga government and its people. All of this reminds us of the fact that millions of Americans have been taking advice on financial investments from a group called the Motley Fool, and we devoutly hope that they will lose all of their money as well.

*Some people are worried that the Bush administration is allocating so much money to the military that the military will not be able to manage the money because there is so much of it, will not know how to spend it, will be spending it in phenomenally irrational ways, and may buy everything in sight merely in order to make sure its allocations are used up. We all know that the Pentagon’s estimates of what it needs are always grossly exaggerated, and yet its projection that it needs $110 billion falls far short of the ca. $380 billion that the president wants to push down the Pentagon’s throat (SPS, 20 Feb. 02). Maybe the US should bring in the Tongan court jester.

*Republicans used to be thought of as fiscally conservative, but no longer so since the age of Reagan. The policies of the Bush administration sound like the scenario of the Argentina fiasco: more spending (e.g., on the military, security, subsidies for rich enterprises), but fewer taxes, or at least no tax increases.

*Whereas about 2/3rds of Americans believe that renewable energy should receive federal priorities, President Bush wants to build 63 more nuclear power plants (Casa Cry, 7/01). One commentator said that the problem was not an energy crisis, but a reality crisis, particularly in the US where fuel costs are still vastly below what they are in Europe. If people were not so wanton in wasting fuel, there would be no crisis.

*There is a large wave of implantation of human genes into all sorts of plants. One company is trying to breed corn with genes from women with the hope of generating a protein that functions as a contraceptive by killing sperm (SPS, 28/10/01). We can just imagine such genes jumping to other corn and even other food crops, mercifully reducing the entire human race to sterility, and after one last glorious orgy, to oblivion. One is absolutely amazed that this sort of thing is quite legal. One can see yet once again why Muslims who take their faith seriously want to put a stop to all this since Christians and Jews who take their faith seriously are not particularly bothered by it all.

*It has long been taught in the media business that exposure recruits approval and imitation even if the media message is a negative one. Thus, one would fully expect that a blizzard of ads not to smoke or drink would increase smoking and drinking. This of course legitimizes businesses that market bad things to make advertising campaigns that say "don’t do it," and they are getting almost as much pay-off and maybe even more than if they were trying to promote what they merchandise. For instance, the anti-smoking campaign by which tobacco firm Philip Morris allegedly tried to discourage teen smoking was found to have exactly the opposite effect (AP in SPS, 30/5/02).

*We were exceedingly amused by a 23/7/02 newspaper headline "Dow Below 8,000; Bush Remains Calm." We contemplated wistfully the fact there will never be a headline such as "Dow Below 8,000 (or even lower); Wolf Remains Calm (or even laughs his head off)."

*The American Scientist (9/01) warns us that we might want to avoid toilets, because statistically, they are more dangerous than sharks. In a recent year, 18 people in the US suffered injuries from sharks, while 44,000 were injured by toilets. The question thus arose whether toilets were mistaking humans for seals.

*A British satirical commentary on current news, Private Eye (28/7/00), actually transacted one of our suggestions about what good news would be like these days by carrying the headline, "Child Not Murdered; Shock."

*Someone coined the terms "Wolfensburglary" and "Wolfensburglarization" for borrowing or stealing some of our material.
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