



in a **NUTSHELL**

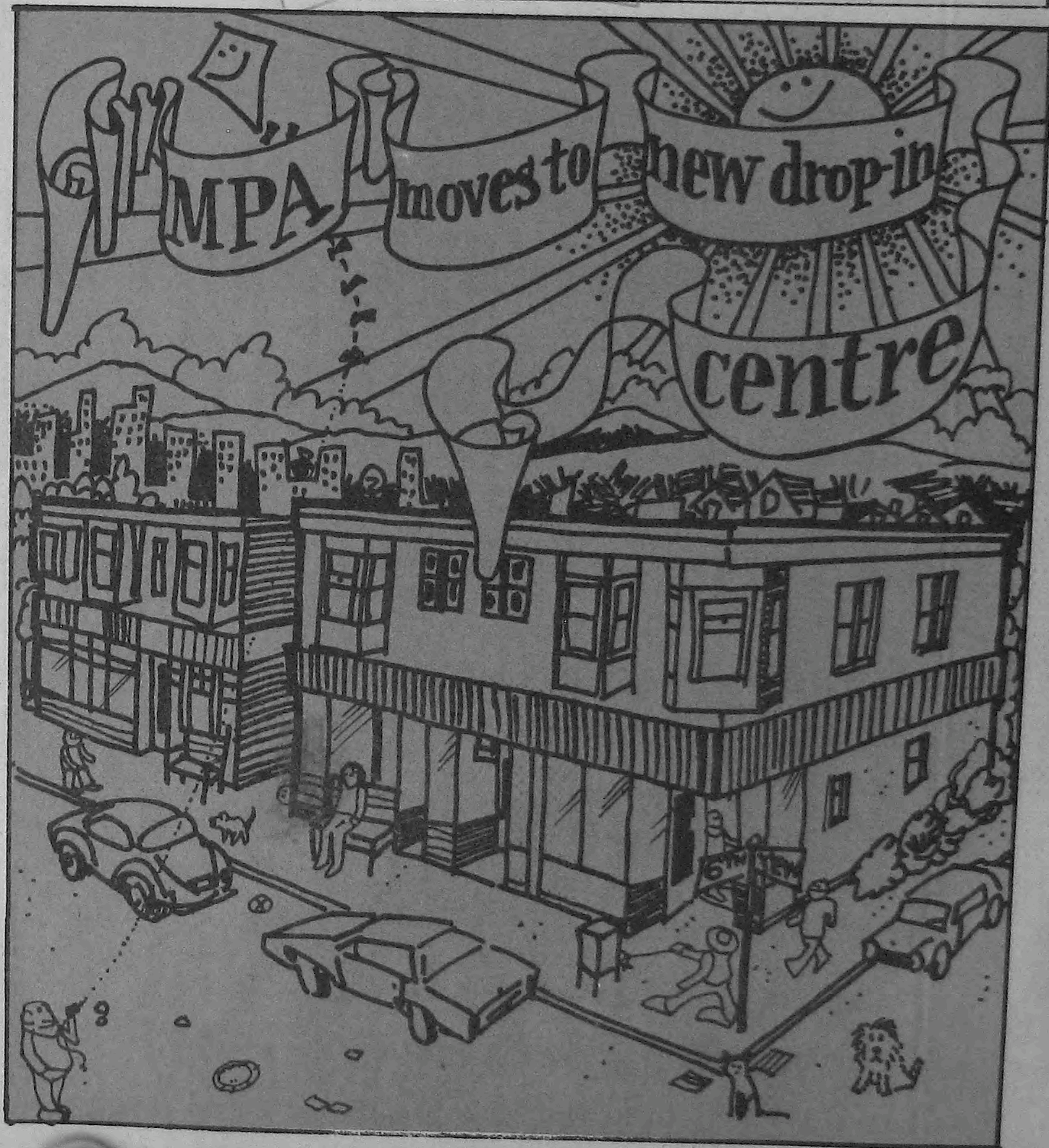
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Ms. M. Ford
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MENTAL PATIENTS ASSOCIATION NEWSLETTER

March 1974



KING OF THE WORLD

(OR LOOK WHAT THEY'VE DONE

TO MY MANIC DEPRESSION, MA)



Once in a rare while a wonderous
power descends
To crown me king of the world.
My being bursts with energy:
I can be anything, do anything, go
anywhere, meet anyone,
Nothing is impossible.
All around my lightening flashes
And life in its smallest detail be-
comes significant.
Sadly, those not possessed of the
power are fearful,
For themselves, for me.
So I'm banished to a grim fortress
Where bearded magicians smoking
pipes
Exercise their peculiar art to
drive the power away.
The bubble bursts, the ship sinks,
the plane crashes
And I come down hard.
It's all for the best I suppose
But on days like this when I'm dead
inside,
I remember the power and yearn for
the crown.

Dave Beamish

WHO'S THE KING OF THE UNIVERSE

I live in a little house
Someone is chopping away at it
Daddy shoot that woodpecker - I'm
afraid it will fall down
My house is so ephemeral
I run through it helplessly
One day a cloud of dust spoke to me
I was once a tornado
terrifying all who felt my wrath
I am not the fiery cock the black
pig nor the cold green snake
It is you have made me so extreme
by your refusal to accept me
My house is still falling down
I am not afraid
I am the tornado
I blow the invader away
I am the invader
I am dust

Colleen Macdonald





They came from far and wide for MPA's Kite Faire held on Spanish



Banks, April 21. Playing the fife and drums Bill Helem (upper right)

gives young painter a hand as world's largest kite gets decorated.

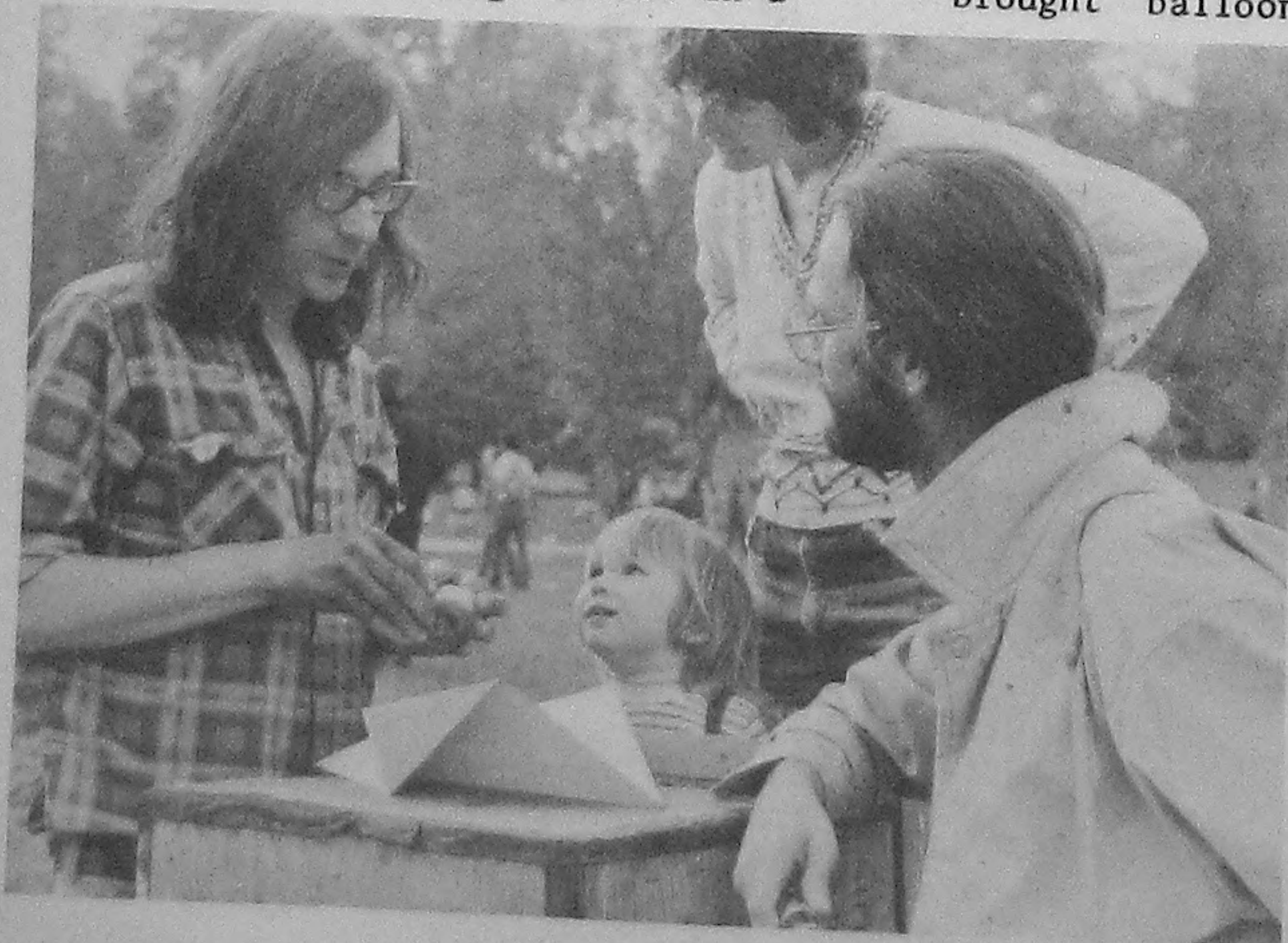


Some brought their own. Some were bigger than life (upper left), some were small enough to fit in a



bread box (upper right). And the Royal Canadian Aerial Theatre brought balloons (we supplied the

hot air). Pretty soon there were lots of people.

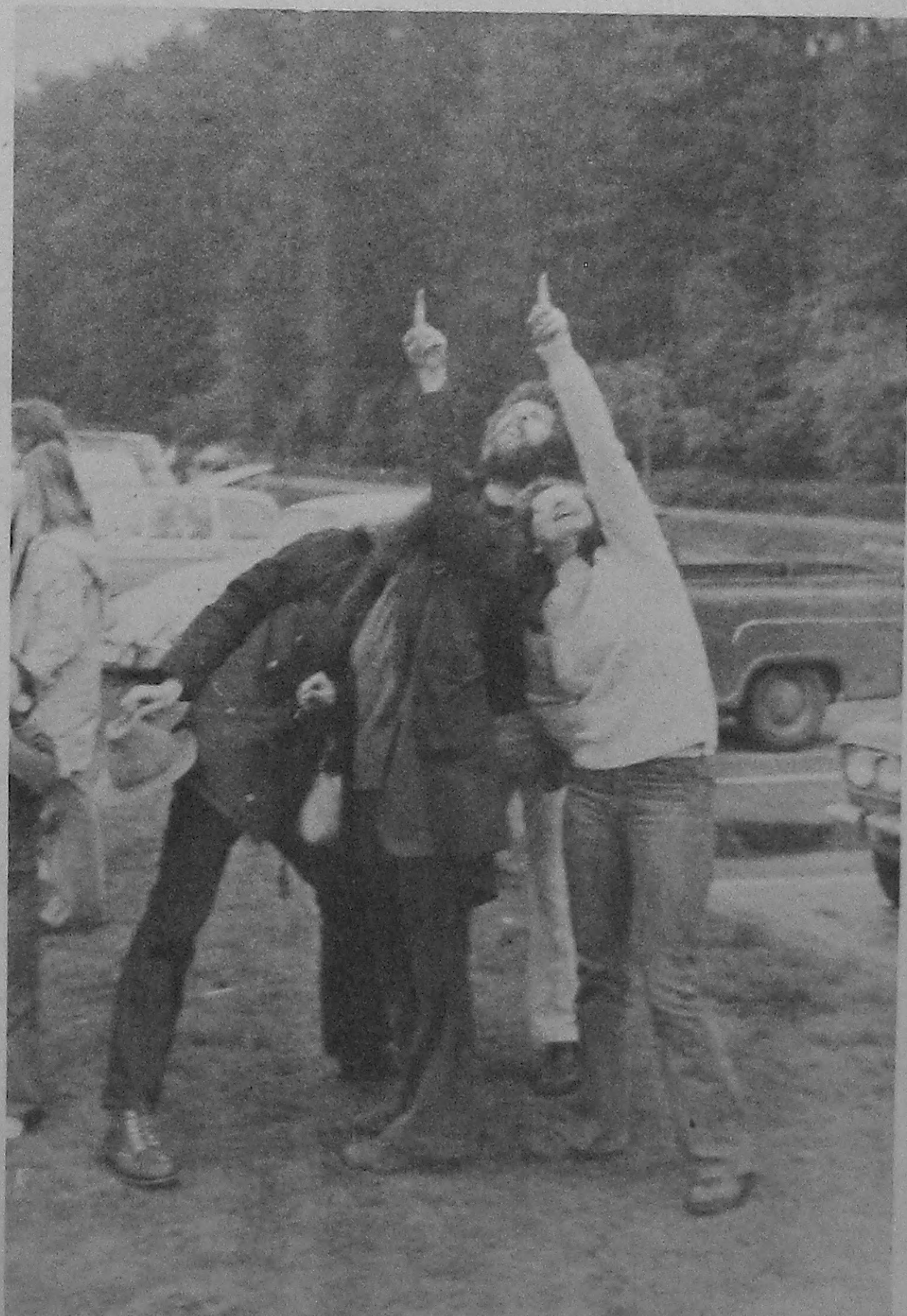


hand as
s decora-



Daphne (on left) puts last touches on the kite, and then it's ready to be lifted into place for the takeoff. The flight crew (lower left) rolls it onto the runway, and then...it's up, up, and away!! Yes Judi it's a bird, it's a plane, it's an MPA superkite!

MPA'S KITE FAIRE GETS OFF THE GROUND



WHERE WE STAND ON THE KITS RESOURCE BOARD ELECTION

On April 18th, over 200 people attended a public meeting and voted overwhelmingly in favour of holding a Community Resource Board Election in Kitsilano on June 20th. At this meeting 54 people volunteered to form a Task Force to organize the election.

Six weeks later, tongue lashed by right wing radio hot-lines; picketed by an irate little old lady; and deserted by many volunteers, the Task Force overcame a motion to cancel the election and decided to continue its work.

Despite many internal and external squabbles, the accomplishments of this group have been significant. With virtually no previously established guidelines, the Task Force has:

- established voting and nominating procedures.
- established eligibility rules for voters, nominators and candidates.
- prepared and distributed information pamphlets and posters.
- conducted information meetings and sub-committee meetings.
- prepared nomination forms and ballots.
- argued in vain to obtain more money from the Vancouver Resource Board in order to hire returning officers and an additional community worker.
- laboured in vain to make landed immigrants eligible to vote and run in the election.
- struggled successfully to establish the important precedent of securing five of the fifteen elected positions for recipients of social services.

Disagreements and obstructionist tactics on the part of a small number

of members have made the Task Force meetings long and frustrating. A lack of volunteer workers has seriously hampered the publicity campaigns.

However, the election will take

SOME MPA PEOPLE HAVE ANALYSED THE CRB ELECTION, THE ISSUES AND THE CANDIDATES. VOTERS HAVE A CHOICE; THEY MAY VOTE FOR WELL ESTABLISHED, CONSERVATIVE CANDIDATES WHO WILL MAINTAIN THE STATUS QUO OR FOR THE FOLLOWING PROGRESSIVE PEOPLE:

**SAUL ARBESS
BARRY COULL
AMY POLLEN
PHIL PREFONTAINE
BEA KELLIE
JACQUES KHOURI
COLIN LANDIE
CONSTANCE KEHOE
FRANK HYDE
GEORGE ZERBINOS
ANNE MITCHELL**

place on June 20; even if individual acts of sabotage such as the destruction of publicity posters result in a low voter turnout.

Petty differences must be put aside. Citizens of Kitsilano must remind themselves that the Community Resource Board is an important step toward neighbourhood self-determination. The Board will es-

tablish a local office to administer Welfare, Child Welfare, Day Care, Handicapped assistance and Mincome for Senior Citizens. It should ensure that these services are more accessible to everyone and that they are delivered in a more direct, humane manner.

In addition, the Board will establish special projects to counter specific social problems and will attempt, insofar as possible, to fulfill the needs of the entire community.

The Community Resource Board is extremely important. Its mandate has not yet been fully explored. Its influence may become even more far-reaching. Already it has the power to approve or disapprove of Federal and Provincial grant requests from previously independent neighbourhood groups. In future, it may become involved in the areas of health and education as well.

To ensure that your interests and the interests of your neighbourhood are properly represented, get out on June 20th and vote for the most progressive, hard-working candidates.

**vote
june
20th**

For information on polling stations, call the Kitsilano Task Force at 736-8393. Take 2 pieces of identification to prove you are a resident in Kits., eg: rent receipt, hydro receipt etc.

Voting Places: June 20th

- 1) Bayview Community School
2251 Collingwood St.
- 2) St James United Church
2015 W 10th Ave.

- 3) General Gordon School
2896 W 6th Ave.
- 4) Kitsilano High School
2550 W 10th Ave.
- 6) Lord Tennyson School

- 1936 W 10th Ave.
- 7) St Augustines School
2145 W 8th Ave.
- 8) Henry Hudson School
1551 Cypress Ave.

Kits day is coming Sunday June 23rd at Connaught Park.

It's a special day for the people of Kitsilano to show their pride at being one of the oldest and friendliest communities in Vancouver.

It's an opportunity to cast aside all the problems and differences in the community, let your hair down and meet your neighbors

kits day

(whether their six or one hundred and six). It's for everybody - young, old, rich, poor, etc. Leave your car at home and take your family, friends and self on a stroll to Connaught Park.

No celebration is complete without a parade and Kits is having a great one. Starting at noon from the safeway parking lot at 4th and Vine the parade will proceed down Vine to Connaught Park. No vehicles will be allowed but dog powered wagons, bicycles, clowns and people are fine. The parade will be marshalled by the Boy Scout movement and has the co-operation

of the Vancouver Police Traffic Department.

Kit's senior citizens will be having a tea and bake sale and people are invited to set up stalls to display and sell arts and crafts, etc. There will be a variety of music and displays by Native Indians as well as a tent village, a survival display, races, sports, ethnic dancing and a concession stand.

Many businesses, organizations & individuals have already contributed to make "our" day a success and there is still time to get involved. Just give the Kits Day Committee a call and they will be more than happy to exchange ideas with you. Call 736-2648 Monday to Friday - noon until eight; or drop around to 2348 West 4th Ave.

See you all there!

NUTSHELL

IN A NUTSHELL is the official publication of the Mental Patients Association. It is a politically dependent paper, standing for the world-wide spread of insanity--namely, peace, love and socialism. The paper is distributed free to people who won't pay for it. Secret headquarters are located at 1982 W. 6th Avenue, Vancouver 9, B.C. Tel: 738-5177.



LETTERS

I'm Frank from the Royal Canadian Aerial Theatre. We do theatrical events with kites and balloons. I just got back from doing a balloon event at U.B.C. centered around the inhumanity of our current abortion laws. A friend of mine stuffed your paper in my suitcase. I always thought very highly of it and I got home and looked at it. Great Kite Photos - so is the concrete poem on the back. I'll be there for sure on the 21st to fly kites with you. Good luck in your struggles. I would have called but I'm too tired.

Love Frank

Dear Friends:
I am writing to let you know about the Radical Therapy Group we've set up in Kingston. We're still small numbers. We hope to work for radical change in the treatment of patients, in particular:

- overhaul of the Ontario Mental Health Act
 - Alternatives to the big barracks-type institutions
 - Prevention of Mental disorder by fighting for women's and children's rights, also for better employment opportunities.
- Our members are all from the professional side and we're very aware how unbalanced this is. We can't get a proper understanding of the problem until patients & expatients join our ranks, yet our position as state employees makes it impossible for us to recruit them without getting fired in the process. Maybe you could help us here? Perhaps there is a local of the Mental Patients Assoc. in Ontario that we don't know of, who might be interesting in discussing things with us, or maybe you know of individuals who might like to come to our meetings? We'd much appreciate it if you could let people know of our existence. Any one who's interested should get in touch with me, the convener of the group, Thanks

yours fraternally,

David Playfair
Apt. 13-103
15 MacPherson Ave.
Kingston, Ontario

Dear Nutshell:

Last September, I was fortunate enough to spend some time with members of M.P.A. who explained what M.P.A. was all about and how you had survived to date.

When I returned to Calgary, I focused my energies on getting together a group of people interested in starting something similar. People turned on to the idea!

Self Help- Calgary is the outcome. We have been open in the old Y building - 223 - 12th Ave. S.W

since February 1st. Our funding is presently a L.I.P. and a P.E.P. grant, and we are negotiating with the provincial government for the fiscal year. It looks good!

People are beginning to know about us and the response has been terrific. We hope soon to get a house somewhere central so that we can have a place that is really ours.

Many thanx for planting the seed! If you're in town, drop in. We'd like to see you!

Barbara Morris

WHAT ABOUT DROP-INS?

Letter from Irene, who I invited to work in research on VOP. Irene wishes to make it clear that she is not resigning yet.

Dear Eve,

I have decided not to do the research thing. As of late, which is quite some time, I have not been feeling about MPA as I did. Things were so very different last year. To me it is a very unsatisfactory way to spend my time. I do not particularly like some of the things that have happened to certain people on VOP. I really need a feeling of accomplishment and the satisfaction of knowing I am doing some good. And I just do not have that feeling anymore. As for one thing there does not seem to be any help for drop-ins. They are neglected, especially new ones. And also I do not care for persons such as Bill coming on strong at the meeting yesterday. My understanding of VOP is to help people get back on their feet and back into circulation, and also understand their problems - why, if some days they are not capable of showing up. As most VOP's have been at one time or another mentally disturbed, there should be some understanding. I think if there were, it would be a much happier place.

We all used to work together, and it was a real cheerful place to be. There are not half the VOP's there used to be.

If I can find some other type of work on VOP I will be leaving, as I want to help people that need help. I am not particularly interested in politics, only in helping people with problems.

I would like to add that I admire quite a few people, such as yourself, Barry, Stan, Jane, and Phil which I consider very understanding but involved in the business end of MPA, and do not have the time for personal problems of drop-ins.

Jim and myself both need a goal, somethings to work towards, as we need eventually to break away from welfare. Jim has only four months left to accomplish what Victoria has given him special authorization for, which is to eventually get back into the main stream of life. And we cannot accomplish that at MPA. As we both have to be employed in order to break away from welfare. We have been down too long and there is only one way left and that is up.

VOP's and Drop-ins need understanding and caring, not discipline and a whip cracking co-ordinator, which frightens a person into staying away and also builds up a resentment and I hope that in time MPA will do well and change some of the things that need changing.

In closing, I have mentioned quite a few times that a call should be put in to VOP asking for more people to work on VOP strictly as host or hostesses, giving drop-ins someone to talk to. I believe there are many such people available. I came here as soon as I was released from hospital and was helped by so many people at that time, and I got well very quickly because I was with people that cared and shared, but such is not the case anymore. With the exception of the names I have mentioned I think the world of you all.

Very sincerely,

Irene Porter

BA

AN INT

I've been accused of being overly exhibitionistic which is true; I've stood on my head several times, jumped off the coffee table once or twice. But what is probably not noted is the fact that I've had some rather excellent instruction and adequate opportunity to practise and gradually develop some sort of idea as to what I wish to do. Though it hasn't always been obvious to even people who are closest to me, I have always had in my plans if not in my opportunities the idea of sticking to the same role of the same act. I always have the same objective and I don't change my character all that much. Some people think that they are going to jettison the whole act with just a change of scenery. I don't think a change of scenery changes very much.

Under some situations and under some circumstances I like talking about myself; though I've had experience in talking only once, and there was a great deal of previous consideration and a lot of follow up. I was listening to a radio program the other day; apparently JFK was capable of speaking several hundred words per minute, and another individual somewhere in England was capable of speaking at a similarly fantastic rate. All this seems to me to be just a good safety valve.

I tend to believe that a few people that I consider to have some type of vision can estimate things about me which take a long time to actually have any meaning. I very seldom, and only usually, but not necessarily after a great amount of acquaintance with any given individual, offer the opinion to myself that I am in need of aid.

A picture like Joyce's interests me because it gives me the oppor-

tunity to be inconspicuous. However, in some situations I don't like to be inconspicuous. And some times I am anything but inconspicuous. But some times I may seem to be very conspicuous when in fact I am just following up something that didn't have any great consequence; but is just something to do.

I prize my fun relatively high; but I don't really have much fun because I am physically and mentally incapable of having too much fun. When I do have fun it's a terrific amount of fun; but it occurs in slightly intermittent ways and is not exactly left up to chance. When a ratio of fun is so sporadic that it is almost non-existent it tends to lead to a great degree of weariness which I have experienced, and occasionally quite a bit of panic.

A few times when I might have appeared to be having fun it was anything but fun. Sometimes what appears to be fun is only a lapse of awareness, which, from the spectators point of view is very interesting and quite unusual, but to the person is actually no fun at all.

I was talking about MPA residences with Gail the other day at the beach. We had a ten or fifteen minute conversation and some extent of solitude sitting in the sand. She thought that from time to time there was an attitude at MPA to institute a family situation; but I thought that the regularity and consistency of the situation was something that wasn't maintained altogether faultlessly. So in a critical situation one would have to disregard MPA, or at least the inner MPA, as a family situation.

I like the basic family policy;

you're given you have to work overtime, or else look at it in some other way. I like to be co-ordinated; but a co-ordinator is not always available. Sometimes a co-ordinator will appear on the scene and disappear for great lengths of time; then reappear and continue to co-ordinate.

An MPA residence is considered to be a half-way house, and I guess it all depends on which half you think you're on. The relationships in our house have been changing constantly; but basic attitudes remain the same. I guess that some people seem to have a relatively strong durable conviction almost immediately; though sometimes it is anything but obvious. But I don't like the TV style of entertainment which I've been seeing lately where you get shorts and variety and sort of a little lecture - which doesn't really mean anything. If I want to listen to anything it takes me a very long time. Ideas that tend to give me security and comfort out of life tend to take a really long



INTERVIEW

successful or else very dead. Regardless of which one, I will probably be considered to be what is most usually considered as very happy.

I would say that my intentions are not overly creative. I don't seek any degree of creative opportunity. I back off and run. I think that there are probably a number of things that are absolutely of no interest to anyone but myself. I tend to want such an attitude to be constant and remain because an interest which has dawned upon me is somewhat of a personal benefit, and it's hard to share what is totally and completely incomprehensible. I tend to frown on the idea of being creative.

I had the suggestion made to me several years ago which was if I felt the situation was too unreal and presented too many obstacles, I should take a few weeks off and have a holiday. Holidays have never been too typical in my history. Those who wish to take a holiday perhaps have the time to do so. If I could have a little more of a holiday I would probably be better off.

On the other hand; part of the policy of the MPA residences, as far as I have known it, is that this is supposed to be a holiday. Whereupon immediate problems present themselves - alcoholism, the necessity for constant and rather heavy medication, the resistance and avoidance of group and individual violence, participation in individual violence - all this tends to be a holiday at MPA.

Some people have been restrained for so long that participation in rather devious behaviour is an opportunity which has too seldom been presented. I've had opportunities which have been denied to a great many people, partially because of the inadequacies of MPA life. I have the availability of a fantastic amount of violence which takes

place inside a gym with well-trained and well-qualified people. I have the opportunity to engage in community retribution.

I have noticed that there has been a great deal of demonstration of physical prowess around the drop-in in the last few months including the dismemberment of the stair bannister, the removal of the front door windows, the physical altercations between individuals, and groups of individuals, and individuals and groups; and it all tends to show that it's a catching fad. But not everyone has the same motivations.

Some of the people that I have had to really dig, despite my lack of interest, in fact did very very little for great lengths of time, and seemed to be quite occupied and derived some large satisfaction from doing very little. I think there are a few, not a great number, of obvious shooting stars in the world who have maintained a durability of their role which is probably extended over many years and many various situations. MPA has many such shooting stars.

I wish that people wouldn't try to copy each other quite so much. It's a most unhealthy thing to do. No one copies me because I have a few capacities which are very unusual and which have never been demonstrated outside a restricted gym environment and are mainly useful for my own rehabilitation. You can't pursue my type of style and neither can I say that what interests me is exactly the same as my own interests.

MPA is a fantastic slogan. If I had a typewriter I could type out MPA all day long and it would be of no advantage to me. I feel like someone who hasn't exactly been hired, doesn't exactly have a contract, isn't exactly being paid, and doesn't exactly know what the job is. And I feel that MPA will definitely not use me.

time to develop.

Occasionally I've done things in a most rapid and astounding fashion but generally I like to work very very slow. I feel my pace is different from most other peoples. I am interested in certain types of individuals who work very very slowly and tend to be extremely ingrained with a preoccupation of their own style.

I think a lot of family situations have been totally spell-binding, very well-done test patterns and musical interludes which give people time to sit back and have a lot of diversion. My family is kind of unusual. To try and duplicate my family system is something that I would like to do. In my own family there has always been a survival aspect which is typical and can't be explained.

Yet regardless of the numerous potential good things that tend to happen; sometimes there seems no way out. If I tend to pursue what is always acknowledged to be the right way; either I will be very

WHAT WOULD YOU DO IN AN EMERGENCY?

PSYCHIATRIC EMERGENCIES SEMINAR
hosted by the Dept. of Psychiatry,
Vancouver General Hospital, June 11
1974.

The day-long discussion featured
Dr. Margetts, Head of VGH Psychi-
atry; Dr. Bezereadi and Dr. Vallance,
Co-Directors of VGH Psychiatric
Emergency; Dr. Shulman, VGH Clinic-
al Supervisor, Consultations, and a
VGH Psych Panel which also included
Dr. Nichol of Child Psychiatry; Ms.
P. Stevens, Psych Emergency Head
Nurse, and Dr. Don Coates of the
West End Community care team.

I took 17 pages of notes con-
taining little information of prac-
tical value to MPA members in
terms of how we deal with crises.
Our experience with psych emergen-
cies is simply stated in MPA's
Crisis Manual: be cool; don't show
fear in threatening situations;
don't be a hero; show and maintain
concern in someone's freakout or
make way for someone else who can;
act carefully but quickly in life-
and-death situations, and use group
support whenever possible. When
we must opt for hospitalization of
one of our members the emergency
process is then out of our hands
into the hands of experts in phar-
macology, casualty medicine, etc.,
which was really what this confer-
ence was all about - the role of
the psychiatrist as a medical spec-
ialist in an emergency ward.

For those who like statistics
VGH has 2,000 beds: 80 in-patient
beds for psych patients; only 8 for
child patients: 4 monastic rooms
and 2 trollies for psych emergen-
cies; and 15 back-up Psychiatric
Assessment Unit beds for further
assessment, short-term treatment,
or holding for other facilities.
95% of admissions to Emergency stay
less than a day. Where do they go?
62% back into the community; 5% to
the open wards; 3% to the VGH
wards; 20% to PAU; 8% to "Other",

and 2% to Riverview. Dr. Mahabir
of Riverview raised his eyebrows
and voice over this low percentage
and was advised that dispositions
from the PA Unit would add another
2%.

Dr. Margetts explained that VGH
psych beds (including A3 and A5) do
not constitute a Psychiatric Unit,
but an Observation Unit. Thus they
can hold patients only 72 hours.
This definition might have rather
interesting and far-reaching legal
possibilities for those who are
hospitalized at VGH.

I think I'm correct in interpret-
ing Dr. Margetts' preference for a
centralized general hospital set-
ting for emergency psych patients,
where a variety of medical exper-
tise and equipment is quickly av-
ailable, especially for difficult-
to-diagnose medication and street-
drug O.D.'s; alcoholic emergencies,
and a varied assortment of suicide
attempts.

By diagnostic distribution psych
emergencies at VGH are classed as
25% organic ($\frac{1}{2}$ drugs; $\frac{1}{2}$ alcohol);
25% functional psychosis; 25% sui-
cide depressives; 10% acute neurotic
/hysterical reactions; 15% situa-
tional reactions and personality
disorders.

Dr. Margetts would like to see
increased psych staffing, 10 plea-
sant and quiet psych emergency
rooms instead of the present 4,
and twice as many total psych
beds. He thinks that community
teams are a pendulum swing; a pass-
ing phase which will go away.

I was intrigued by VGH diag-
nosis of dangerousness; recognition
of organic/toxic behaviour, pre-
diction of suicide, etc. (I noted
that of 522 follow-up cases of at-
tempted suicide no significant
difference was discovered between
those who received in-patient care
and out-patient care.

The diagnostic label of schizo-

phrenia proved to be a sticky
subject. Short-lived schizoph-
renic symptoms are likely to be
epilepsy. Amphetamine reactions
mimic schizophrenia. And the label
itself, challenged from the floor,
is, according to Dr. Bezereadi,
probably only 50% correct. Certain
members of the audience felt that
even this percentage was open to
question: that "schizophrenic,
until proven innocent" was a heavy.

Dr. Bezereadi favours a direct
approach to patients he might con-
sider high suicide risks. He asks
people to repeat after him, "I have
no intention of ever harming or
killing myself". If they waffle,
qualify, rationalize or otherwise
alter his simple statement, he
vibes a strong clue to their feel-
ing and thinking which is quite
often much different to what they
may be saying and how they are
acting.

Dr. Vallance spoke frankly from
his own experience that first con-
tacts don't reveal much in terms of
a person's possible length of hos-
pitalization. Practically everyone
settles down in 24 hours anyway.
He opts for constant surveillance
of psych emergencies, especially
suicide risks; and urges specific
nursing orders rather than vague
p.r.n.'s (take when necessary).

Dr. Shulman's hard-hitting pre-
sentation on the drug treatment of
psychiatric emergencies and drug
treatment in general was a shocker.
I wish we could have taped it. He
said that psychopharmacology has
brought about great advances in
physical and psychological medicine
but any doctor prescribing drugs
nowadays has to be on his "biologi-
cal tip-toes" because of drug in-
teractions, and reactions. Psych
emerg. ward situations in which the
patient is unknown present a real
problem in chemotherapy. Sometimes
plain water is dangerous to life,
if, for instance, an alcoholic is
hydrated and his sodium level low.
Says Shulman, the soundest deci-
sion, when in doubt, is not to use
any drug.

"Talking down" in a quiet, soft-
ly lit room can often be as effec-
tive as chemotherapy. Sometimes,
all a person needs is constant com-
panionship in a relaxed environ-
ment, especially if he is exper-
iencing terrifying hallucinations.
If talking down doesn't work, ben-
zodiazepines are the best choice of
meds.

The rapt audience appeared to be
mainly hospital professionals, pri-
vate practitioners, allied-agency
personnel, and only a small sprink-
ling of community care team work-
ers.

VGH should be complimented for
their interesting slate of speakers
of individual intellectual brilli-
ance; and their sharing of know-
ledge much of which was obviously
acquired at heavy emotional ex-
pense to themselves.

Jackie Hooper

Men & Women single parents action group



PROBLEMS WITH HOUSING?

**LET'S TAKE
action now!**

CONTACT IMMEDIATELY

**10 am
to
10 pm**

736-1463

TREAD SOFTLY AS YOU ENTER

How many of us at one time or many have thought of our imperfections perhaps childishly or even with a stubborn determination to accept, convinced that we were correct in our assumption.

I would like to give you here a story of my experience of living with a group of people right amidst their undescrivable culture. As I walked through the doors of this dwelling my first desire was to turn around and get out of there, hell bent for leather, but as the key turned in the lock behind me there was no way and I knew that I was compelled to stay. The people were approximately one hundred in number all male, mostly older, dressed in brown overalls or unpressed and child appearing drab institution made clothing. I was taken into the nurses office where I met the charge nurse and was registered and notation was put on the board to observe me caution, I was given a job working in the ward dinning room. I really don't know how to describe the expression on the faces of these persons except that I knew I had no way of making communication with them. I felt in quite a desperate situation because there was no one that I could hold a satisfactory friendly conversation with except the staff and I don't really think that was cool. There was a large dayroom and a television set and chairs which were plain and wooden all the way around under the windows and three or four tables for card games or checkers or chess in the middle.

The actions which these men partook of would be walking around the dayroom or what was disgustingly erroneously called the sun porch which was a dark dingy long L shaped corridor with a very old an stinky concrete floor and old bricks and there was no glass window panes in between the steel bar frames. Quite often one of the patients would lose his cool and yell and scream which would usually be re-acted to by about 4 or 5 male nurses wrestling him to the floor and sometimes punching the patient.

In the dinning room the tables were about 12 feet long and about 2½ feet wide. They would seat about 6 gentlemen on either side of these tables and the first two tables and the first two tables inside the door were called the pigs table by the staff. The particular type of patients who were seated at these tables did not have the comprehension to partake the use of what we all think is the normal eating utensils knives, and forks, and spoons. Their style of transferring their food from plate to mouth was with their bare hands. These people were called the pigs.

Another action they took of constantly was what I will call inter ward patient culture sexual pleasantries. They enjoyed oral and rectal sex on impulse which they

were usually yelled at by the nurses for if discovered. Every morning at 10 o'clock there was marching music played over the wired music system and they were made to march around the dayroom for one hour in those fucking overalls.

Their bathroom habits were not exactly parallel to I think what a high society type of lady would appreciate. They pissed and shit when and where they had to. For instance they would be walking across the dayroom floor, and most of them anyway, not being able to comprehend the bathroom with 4 toilets side by side and with no privacy partitions or toilet seats for that matter, would shit there and then, which would be re-acted (one of my favorite words) to by the nursing staff, forcing them to pick up the turd in their hands and carry it to the toilet bowl.

I very clearly recall Xmas on this ward and the very important charge nurse walking out on the dayroom floor carrying under his arm a large bulky box of candies and not a little loudly, laughing as he threw the candies out onto the floor for the patients to scramble for. One of the sneak moves I pulled was to get for my bed, the closest one to the door inside the dormitory. There were, two large dormitories and the beds which were really quite hard small and old hospital cots were fifty strongy in each and lay approximately 18 inches apart and as most of the patients dirtied the bed every night it is quite easy to imagine the stink. There was one fellow who was unable to remember anything and he would always get into the first bed he came to when he went to bed at night, which was mine, and quite often I would find a big brownturd in between my sheets when I went to get into bed.

Now for the finale of this story I would like all you readers to think very solemn and humbly. After a total of six months on this ward I still had been unable to see real communicable feeling happening between these people, to my understanding at least. Another one of their habits was to group around the door going into the dinningroom ten or fifteen mintues before meal time which had me perplexed because for the life of me I could not see how these people could read the large clock on the wall. I was in the line up for lunch one day with these people, and here I thought tease somebody and get away with it because these people were so stupid they wouldn't even know they were being teased. I really forget what I said to this man, all I remember is what I did, I teased him, automatically he re-acted by giving me the most perfect punch on the jaw that I have ever received. I fell



back about three feet and when I looked at him and saw the expression on his face, I felt like hugging him, because I understood him, he stuck up for his rights in the only way he was capable of and he did it perfectly making no mistake

It was then that I could see why. These people were living a type of life that they had found in hospital where they had arrived because they were alone and uncared for with I am sure overwhelming problems in the outside society.

From this I was able to learn that I had to fight in me and could stand up for my rights and manage out side of hospital and I was shortly discharge and very well for a long time.

I hope that you can all learn something from this.

Tom Pollock

V-E-E-C-

This policy statement is being sent to agencies and individuals who refer or may refer potential residents to V.E.E.C. We want you to know about a change in our practice.

In the future, we will insist that V.E.E.C. be a totally drug-free environment. We have always banned alcohol and illegal drugs; from now on, psychiatric drugs (tranquilizers, sleeping pills, "anti-psychotics", anti-depressants etc.) are banned as well.

At V.E.E.C., we try to provide an environment of human support for people undergoing life crisis; the experience of the past four months persuades us that the use and abuse of psychiatric drugs seriously interferes with the possibility of this happening.

We recognize that this decision closes V.E.E.C. to a large popula-

tion of people who would otherwise be appropriate residents. We are saddened by this, but we are convinced that a life pattern involving drugging fear and pain in to dullness at best, and serious overdose attempts at worst, cannot co-exist with the growth/communication/autonomy promoting work we try to do with folks who use V.E.E.C.

An important point must be made; people do not become drug dependent in a social vacuum. Institutional psychiatry, psychiatrists, general practitioners, and drug companies share responsibility for their promotion of drug dependence. We believe these drugs are flagrantly over-prescribed, in the coercive context of involuntary committal, or the unequal and mystified power relationship between doctor and patient. These drugs, in far too many cases, serve as internal straight-jackets or invitations to

dulled-out apathy.

We recognize the practical and structural realities that encourage doctors and mental health workers to over-prescribe psychiatric drugs. No understaffed community care team or mental health facility can provide extensive human contact to its enormous caseloads. However, we feel that this situation argues for struggle: with the government over under-financing, and internal struggle by mental health facility staff with the oppressive attitudes implicit in their medical model training.

What we attempt at V.E.E.C. is a different invitation. We invite residents to explore ways of meeting the needs that psychiatric drugs dull and mystify. We hope V.E.E.C. can serve as a pilot and demonstration of this approach. We also hope that this statement can serve as the first step in a dialogue--perhaps encourage those of you who receive it to examine these issues and reply. We look forward to hearing from you

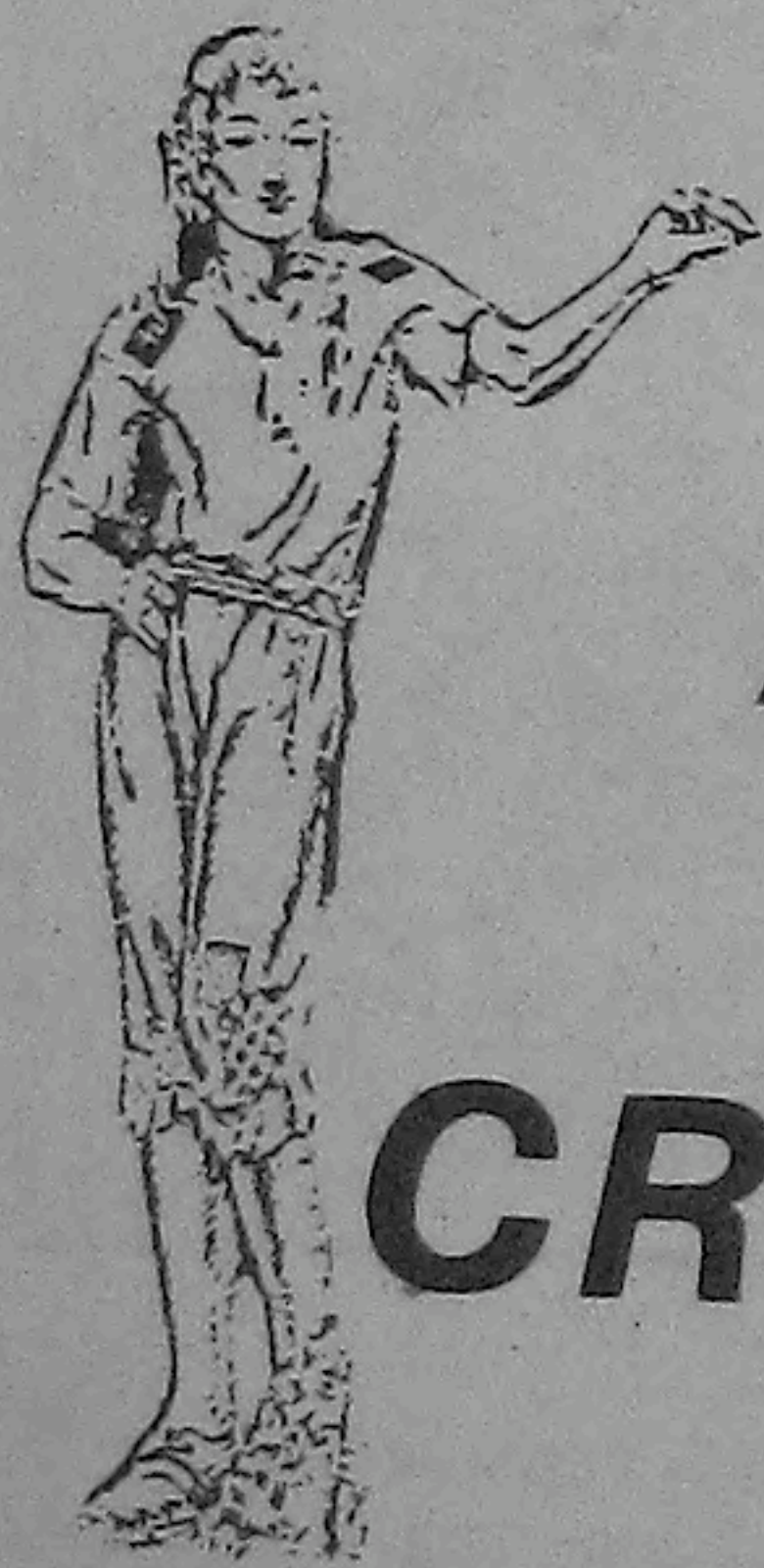
V.E.E.C. Staff and Volunteers.

ALONE

IN

A

CROWD



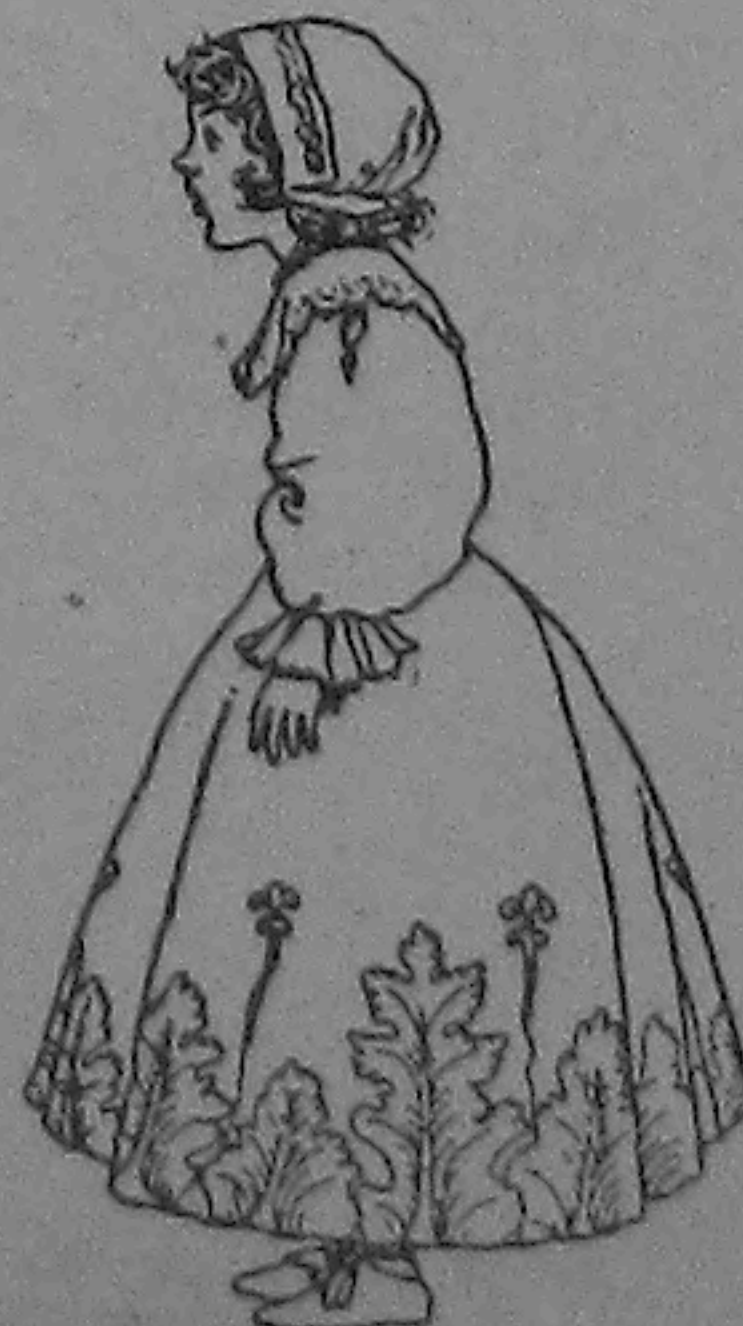
No where to run; no where to hide
Neutral is a word to scorn
The world is running but without a soul

Your mind is spinning in a vortex of time
and cities have lost their face
You cry out, but only echos return
To chorus through out your life.

Take a right turn, you'll want the left
But never twilight peace in your life
Only lies and mediocrity.

Somewhere someone says-
"Everything's gonna be alright
I think we're going to make it
But only a fleeting shadow.

Glen Underwood



Beauty all around me
But nothing can I touch.
Everywhere the eye sees delight
And my hand goes out to reach
But grasps only night.
Emotions swell and hearts do cry
Then why does man pretend to try
Only a sideward glance
And a gentle smile
But no word all the while
Fears do bring their cursed ways
And feelings in their wake are quelled,
Only this distant feeling of far off love
Seems to keep us on
On the not so royal path of life
A distant call - the cry of love
In a well of loneliness
Here in this world of much,
How strange delight is love.

Glen Underwood

Hone you fantasies
until razor sharp,
They rend the fabric or reality.
Then, with one giant step
leap through the schizophrenic warp
and live your inside out.

One day you went to sleep,
content with nocturnal travels.
Now, stop living at night
with each day a bad dream.
Wake up!

Bare yourself to the sun again,
and standing glorious at the prow
ride the crest of your mind
off the edge of the world.

OZ .

a pawn is an insturment

The great mirrors the circled room
grant no escape
Not even a crack in the wall
The doctors say we are instruments
Accept you

They cry - you're nicer than you think

In the game of Christ am I not ungrateful

But that coins' been painted black
in a mock serious ceremony and
flung into the river

And while spiraling promises dance
and swirl in another instrument's
head he gets down on his knees to
fish it out again

And every recess of his once intel-
ligent brain becomes a crystal dol-
lar and cent

Oh Mama I weep "can this really be
the end?"

I just left your soft womb
And I'm in darkness again.

Colleen MacDonald

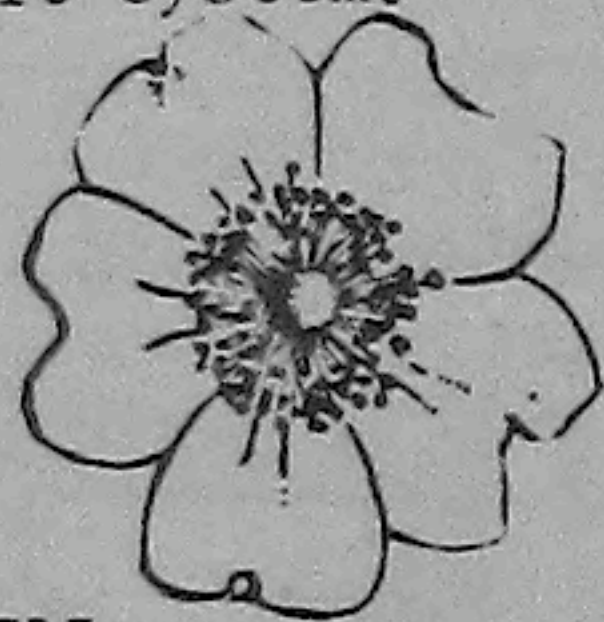
WOMEN'S HEALTH SYMPOSIUM: SATURDAY
JUNE 22ND, BAYVIEW SCHOOL, 2251 COL-
LINGWOOD.

The purpose of the health symposium is to bring together a wide range of women to examine the existing Health Care System in relation to our need for comprehensive health care. We believe that by working to understand our ignorance, fear and dependence we can replace these with knowledge, confidence and self-reliance.

The Symposium is for all women. We hope to bring together women who are concerned about their health care system, and women who are now involved with alternatives to the system.

The Symposium is divided in two parts:

- 1) the morning will be devoted to a panel presenting three perspectives on the present Health Care system, followed by workshops to discuss our position in that system.
- 2) the afternoon will focus on changing that system. Connie Hawley will speak about the Foulkes Report. Workshops will further explore our power to make the changes we want and the windup session will point to new directions for women in the Health Care system.



FREE MEDICAL

Pine Street Clinic	738-6622
East End Clinic	872-2511
Reach (Medical)	254-1354
KCHCS Clinic	731-6929
Gastown Clinic	685-2744
Abortion Referral	873-3984
	736-8471
	688-7133
V.D. Control	874-2331
City Health Unit	736-9844
Gordon House	
(V.D. & Birth)	683-2554
	684-4191

Women's Self Help Clinic 873-3984

RECREATION & COUNSELING

Coast Foundation	879-2363
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DRUG FREAK-OUTS

The House (soft)	732-3301
Safer - VGH OPD	876-3211

EMERGENCY

Fire & Inhalator	34-1234
Free Ambulance (police)	683-1122
Crisis Center	733-4111

HOSPITALS

Vancouver General	876-3211
Health Sciences UBC	228-3731
Riverview	521-1911
St. Pauls	682-2344
Lions Gate	988-3131

DENTAL

UBC Fac. Dentistry	228-2112
Gordon House (free)	683-2554
VGH Outpatients	876-2311
Health Dept - Loc. 3	738-9844
Emergency Dental	
(8 to midnight)	738-9844

PROGRAMME

- 9.00 - Registration
- 9:30 - Films
- 10.00- Panel
- *the health care industry
- *feminism and health care
- *women and psychiatry

WOMEN MEET ON HEALTH

11:00- Workshops:

- *You and your md.
- *You and your psychiatrist
- *Health Education
- *Paramedical Workers
- 12:30- Lunch and Literature Report
- 2:00 - Connie Hawley: Foulkes

DIRECTORY

HELP

Crisis Center	733-4111
KCHCS	736-9971
NOW	736-7376
Cmnty Info Center	736-3661
Cross Reach	732-3245
KIND	733-4144
Kits Info Center	736-3431
Woman's Place	872-1824
FISH	299-4824
	922-1311
Dial-A-Dietician	687-6439

COMMUNITY MENTAL HEALTH CENTERS

Burnaby Ment. Hlth. Ctr.	
Central	434-4247
North	299-1456
South	524-1351
Kitsilano Team	736-2881
Mt. Pleasant Team	872-8441
New West M.H. Center	526-1601
Richmond M.H. Center	273-9121
Riverview Out-Patients	872-0211
Strathcona Team	253-4401
West End Team	687-7994
West Side Team	228-3922

LEGAL HELP

Legal Aid Society	687-1831
Legal Assist. Society	872-0271
Van. Legal Referral	689-5629
Emergency	733-2065

WELFARE

UCWIC	731-0131
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LODGING

Bridge Y Hostel	
(women on Welfare)	681-9357
Jericho Hostel	224-3208
Elizabeth Fry Society	254-0571
Homestead (alcoholics)	732-6325

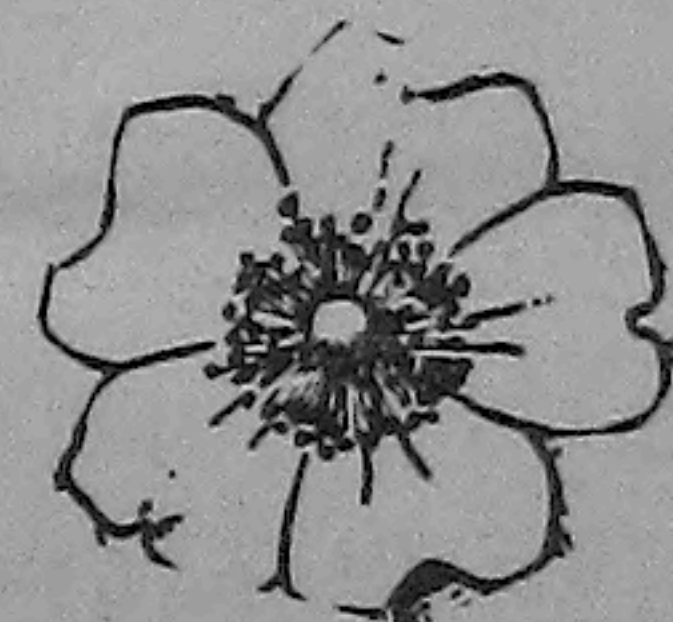
- 3:00 - Workshops: Change-Making
- *The Foulkes Report
- *Changing roles of the doctor, nurse and patient
- *Confrontation and Politics
- *The Health Structure and you
- 4:30 - Windup

The symposium is organized by the Health Sub-Committee of the NDP Women's Rights Committee.

Registration: \$2:00

Pre-registration is necessary and childcare and lunch will be provided. We can accept a maximum of 200 women so please pre-register. If you need help with travelling expenses, write Melanie Conn, 1932 W7th. For further information call 873-3984, Women's Health Collective or call Eve at MPA office, 738-1422 and 738-5177.

CLIP AND SEND WITH YOUR \$2.00:	
NDP WOMEN'S HEALTH SUBCOMMITTEE	
c/o 1932 West 7th	
I am coming to the Health Symposium	
Name	_____
Address	_____
I need day care yes	no
Number of Kids	_____
I need billeting yes	no



Catherine Booth Home
(Salvation Army) 731-7320

FEED-IN

4:30 Daily - Free	
Tribal Village Hostel	
199 W. 6th Ave	874-9009

LANGUAGE PROBLEMS

Language Aid	688-5016
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PHYSICAL HANDICAPS

Handicapped Resources	261-7281
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MPA RESIDENCES

141 E. 7th Ave.	874-9422
1754 W. 11th Ave.	732-8222
1656 E. 4th Ave.	253-6996
1838 W. 3rd Ave.	733-5733
2620 W. 12th Ave.	738-3616

MPA DROP-IN CENTER

1982 W. 6th Ave.	738-5177
	738-1422

AND

Status of Women	736-3746
Birth Control Info	261-9821
Alcoholics Anonymous	688-1716
Methadone Rx	872-8311
Narcotics Addiction	
Foundation	736-6746
Salvation Army Detox	688-7796
Van. Women's Hlth Cltv.	873-3984
Van. Tenants Council	872-0296
Van. City Rental	
Grievance Board	873-7325
Single Parent Group	738-4652
Single Parent Co-op	434-3703
Single Mothers Co-op	683-2531

Higher Than a Kite Faire



**april 21,
spanish banks**

Bring your kite ...

phone: 738-5177