

VOLUME 6

NUMBER 2

IN A NUTSHELL

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Fran Phillips

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ZALM • PSYCHOTROPIC DRUGS • SAGE
BRUSH SAL • ROGUES GALLERY.

IN A NUTSHELL

DEATH IN A SIDE ROOM

On December 14, 1976, John L'Hirondelle walked into Prince George General Hospital complaining of a sore throat and chest and was seen by Dr. Anton Pirquet. Dr. Pirquet examined him and sent him for a chest x-ray. Neither the examination or the x-ray revealed any pneumonia, bronchitis or t.b. On the basis of this evidence, Dr. Pirquet sent John L'Hirondelle away without medication or other treatment.

On December 19, 1976 the R.C.M.P. brought the same nineteen year old native youth back to Prince George Hospital where he was admitted to the psychiatric ward. He was seen that same day by Dr. Pirquet who ordered x-rays the following day and did a number of other tests to determine if John had any disease of the lungs or chest. The x-ray found a small infection which was treated with antibiotics. In the meantime, John was being kept in an "isolation" room of the psychiatric ward. He was described as hallucinatory, claiming to be psychic and difficult to handle. He was kept in seclusion for three weeks, heavily sedated with combinations of valium, librium and halperidol plus cogentin. After three weeks of seclusion John stayed another three weeks in the Prince George Hospital Psych unit. During this time he also got five shock treatments courtesy of the hospital staff.

During L'Hirondelle's six week stay at Prince George it was discovered that he had been hospitalized previously in Alberta. He was admitted to Oliver Psychiatric Hospital at the age of fifteen and spent nearly two years there. He was also hospitalized for tuberculosis when he was twelve. His general health seemed to have suffered since early youth because of the poverty on the reserves where he was raised.

Near the end of January, 1977 the Prince George Hospital was told that John could be transferred to Riverview Hospital near Vancouver. Riverview is the largest mental hospital in BC. John was examined once again

by Dr. Pirquet on Sunday, January 30, 1977. He also had received another x-ray on January 25 which proved negative. After the physical on Sunday, Dr. Pirquet cleared John to leave Prince George for Vancouver. After two days delay, John finally left on the morning of Wednesday, February 2, 1977. He was heavily drugged on Librium and Valium and accompanied by a sheriff. The flight to Vancouver was routine and John arrived at Riverview about 2 o'clock that afternoon. He was seen by Dr. Prime and admitted to Riverview where he was put under constant supervision because of his unstable behavior. There was no suspicion that he had any medical problem or difficulty. That evening he was given paraldehyde and chloral hydrate and put in seclusion on E3 Centre lawn. At ten that night the duty doctor, Dr. Gloria Mok was called by nurse Peery and she ordered that the constant supervision be changed to special attention which means the person is to be checked every fifteen minutes.

The nursing notes show that John was checked at two a.m. of Thursday February 3. He was checked again every fifteen minutes until he was found dead at 3:15 a.m. The nursing staff called Dr. Mok over from her apartment on the hospital grounds and she pronounced him dead. An

autopsy showed that John L'Hirondelle, born June 15, 1957 died February 3, 1977 of multiple hemorrhaging in both lungs consistent with viral pneumonitis. The pathologist called it a natural death.

All of the above facts emerged from the testimony of Dr. Pirquet, Dr. Mok and the pathologist. The testimony was given at the inquest into the death being held in New Westminster by coroner Doug Jack. The inquest will continue with testimony from Riverview nursing staff and administrators on July 28, 1978. Interest in the inquest was heightened by the presence of Vancouver lawyer and Alderman Harry Rankin appearing for the L'Hirondelle family.

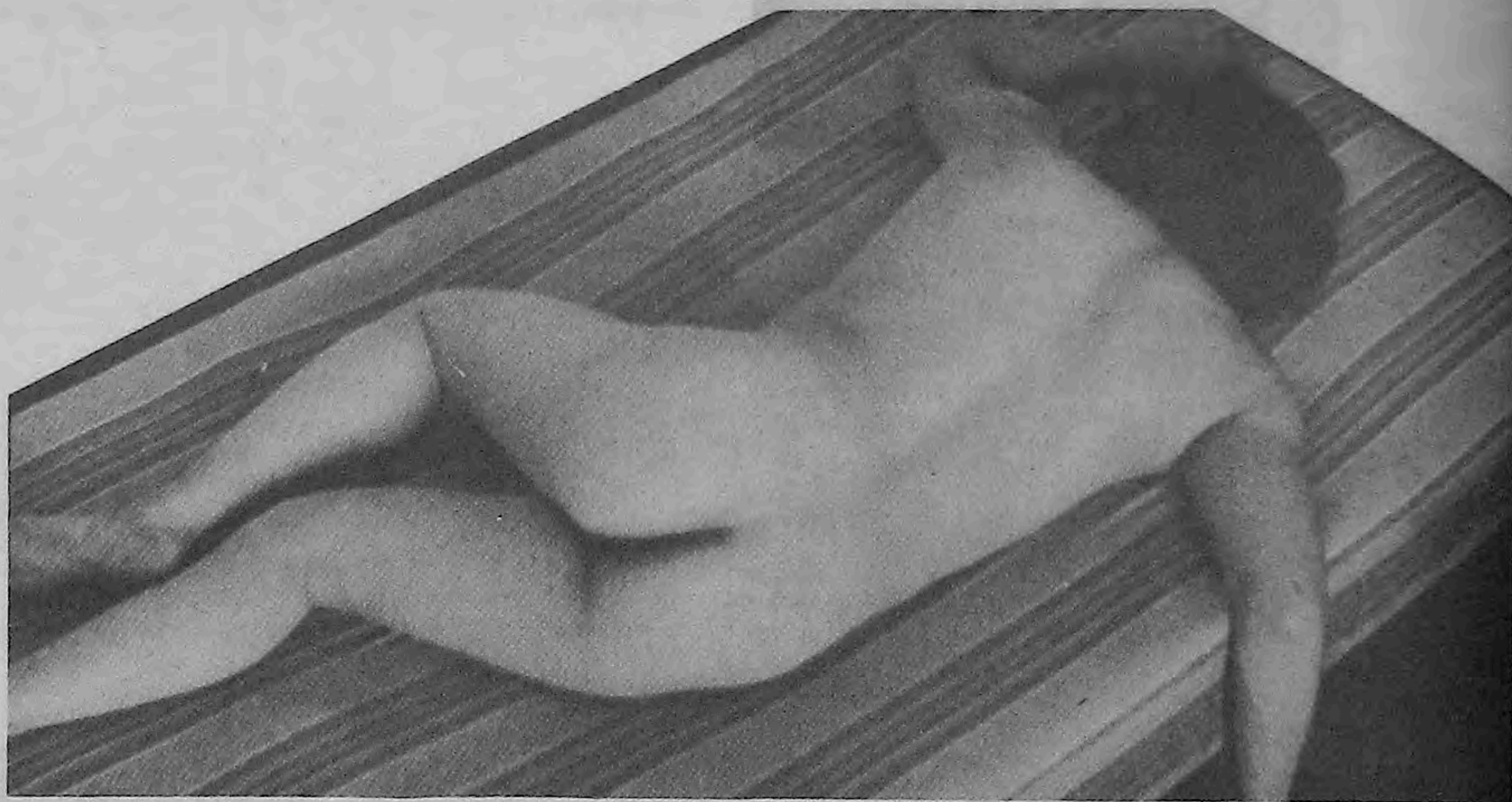
MPA first became aware of John L'Hirondelle's death on the afternoon of Feb. 3, 1977 when an MPA member got a tip from an anonymous member of Riverview's staff. The staff member thought a thorough enquiry would only be held if interested outside parties pressed the case. MPA encouraged the family to seek legal counsel and has periodically contacted the coroner to check on the progress of the enquiry.

L'Hirondelle's death may have hastened the Minister of Health's announcement of new and tighter procedures for investigating abuse or neglect of patients in provincial mental hospitals.

Also in attendance at the inquest were members of the Vancouver Mental Patients Association, several members of the Committee of Concern for the Rights of Mental Patients and some scientologists. All three groups are concerned with treatment of mental patients and safeguarding patients rights. Former Riverview Director and now Director of Government Hospitals, Mr. Ian Manning, also attended. In his new capacity Mr. Manning oversees Riverview as well as Valleyview and the Pearson Hospital in Vancouver, Skeenaview in Terrace, B.C., Dellview in Vernon and the New Denver Clinic, New Denver, B.C.

Among the questions that have emerged unanswered so far are: How could L'Hirondelle die of pneumonia under such close medical attention? Did the use of so many drugs and drug combinations contribute to his death? Did the use of drugs and drug combinations suppress medical symptoms that might have revealed his condition to the doctors? Did putting him in seclusion rooms with few blankets, considering the often cool temperatures, contribute to his death? Does constant attention mean being checked thru a window of a locked door or does it mean being checked by a staff person who enters the room?

ARTHUR GIOVINAZZO



COMPULSORY TREATMENT

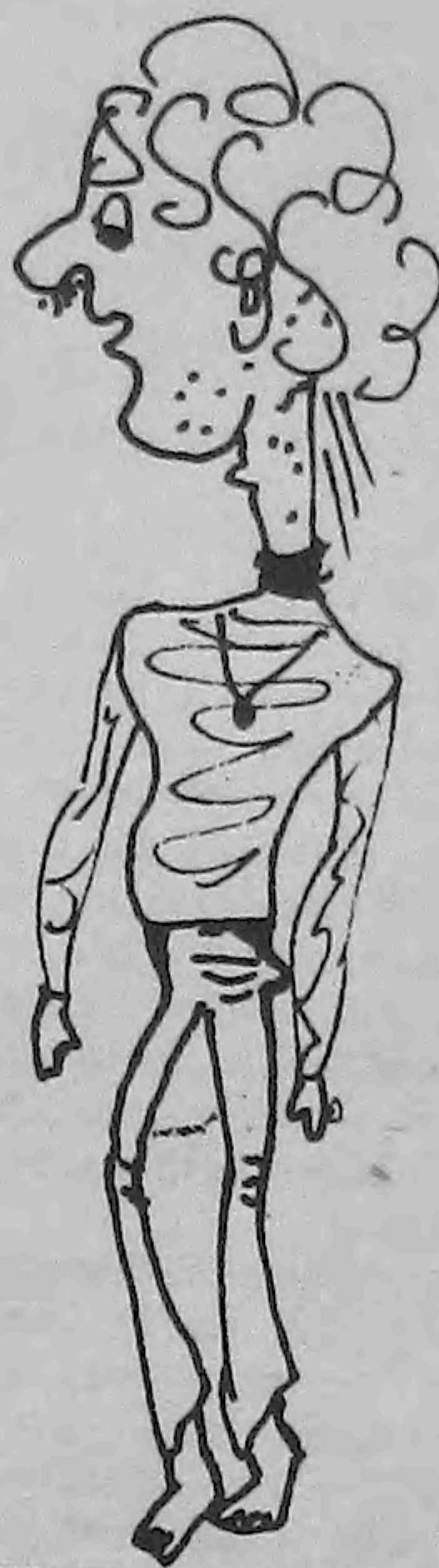
JUNKIES TO BE

TREATED LIKE

MENTAL PATIENTS

O.K. - a little background on why I'm writing this piece. I've had some experience both with heroin and the "medical profession" which I take to mean shrinks. Kicked a methadone habit in a mental hospital once and I wasn't very impressed with what I saw.

Anyway, I spent a long time thinking about this trip. Psychiatrists treating junkies by force? Absurd. I suppose they'll probably bring all of their toys along with them: psychotropic drugs, behavior modification and the like. I



wonder if they're going to use the token system? If you can imagine a street wise hop head exchanging tokens for cigarettes. Well like I said before I know a little bit about psychiatrists and mental hospitals as well as junkies. The picture I have in my head of the two groups together really boggles me. A black comedy at best.

Any people I've ever known who have quit doing junk or anything else for that matter, have done so because they've made a decision to stop and no amount of coercion will force that decision, period.

In reading the act, I noticed that the victims of the legislation are to be called "patients". A very handy word to use if you want to lock someone up and get them out of your hair. I think maybe "prisoner" would be a more accurate word to use. They must have gotten the idea from looking through the mental health laws. Wow, if all of a sudden addicts are sick and must be locked up and "treated" for their own protection I wonder who's next on their list? Could be anyone from gays to goat fuckers.

PAT ORAM

NO MORE MISTER NICE GUY



VICTORIA TIMES - June 22, 1978

BILL VANDER ZALM "takes the criticism" - BUT SUES THE VICTORIA TIMES FOR IT

VANCOUVER Reprinted From Vancouver Sun: Sat., Aug. 27 1977

How does the premier react to the suggestion that Vander Zalm is his lightning rod for keeping the extreme right-wing elements among the electorate happy, enabling the premier to have provocative and sometimes unpleasant things said without having to say them himself?

Bennett says the label of reactionary is unfair to Vander Zalm.

"I don't think the tag of Bill Vander Zalm being an extreme right-winger is a fair tag," he says. "(He) is a very human person in conversation, in cabinet and in his portfolio. His discussion is always on the maximum benefit to the needy."

Bennett says Vander Zalm is outspoken and says exactly what he means and for that has taken much criticism.

"BILL VANDER ZALM TAKES IT AND THAT'S A MEASURE OF HIM. HE TAKES THE CRITICISM I'VE NEVER HEARD HIM CRY YET. AND THAT'S A STRENGTH OF HIS THAT NO ONE HAS RECORDED TO HIM YET."

SIDE EFFECTS OF PSYCHOTROPIC DRUGS

One 'medication' with no side effects is vitamin B6 (pyridoxin). A common cause of depression for women on the Pill, and women with bloating ten days before menstruation, is overly high estrogen levels. Vitamin B6, taken daily by those on the Pill, and for ten days prior to menstruation, for others, reduces depression.

Although careful monitoring is essential, with some medication it is difficult. Dr. Dewhurst said that measuring blood levels of chlorpromazine is almost impossible. Samples must be taken and measured in complete darkness, and sophisticated instruments are necessary. The speaker doubted that accurate enough measures are taken even with these precautions.

Anti-depressants are destroyed by users with very active livers. Anti-depressants also have a "window effect". In small doses, they are ineffective. As the dose is increased above a certain level, the effectiveness once again decreases. Therefore, an optimal level must be carefully arrived at for each individual.

A common side effect of Ritalin use by children is the addiction of their parents to the drug. Ritalin is a non-addictive tranquilizer for children and a very addictive stimulant for adolescents and adults.

Dr. Dewhurst stated that anyone prescribing or using medication should read Arlene I. Pontag's DRUGS AFFECTING THE NERVOUS SYSTEM, Vol. II. This is the most comprehensive book about psychoactive drugs, and how they interact and counteract each other. It is a book every psychiatrist and G.P. should consult.

RHONA BEZONSKY

At a June conference on Mental Health at UBC Dr. W. Dewhurst spoke about the side effects of various medication. Dr. Dewhurst is the Vice-President of the Canadian College of Psychopharmacology in Alberta. He warned that close monitoring by doctors and users is necessary to prevent and control the dangerous side effects of many common medications.

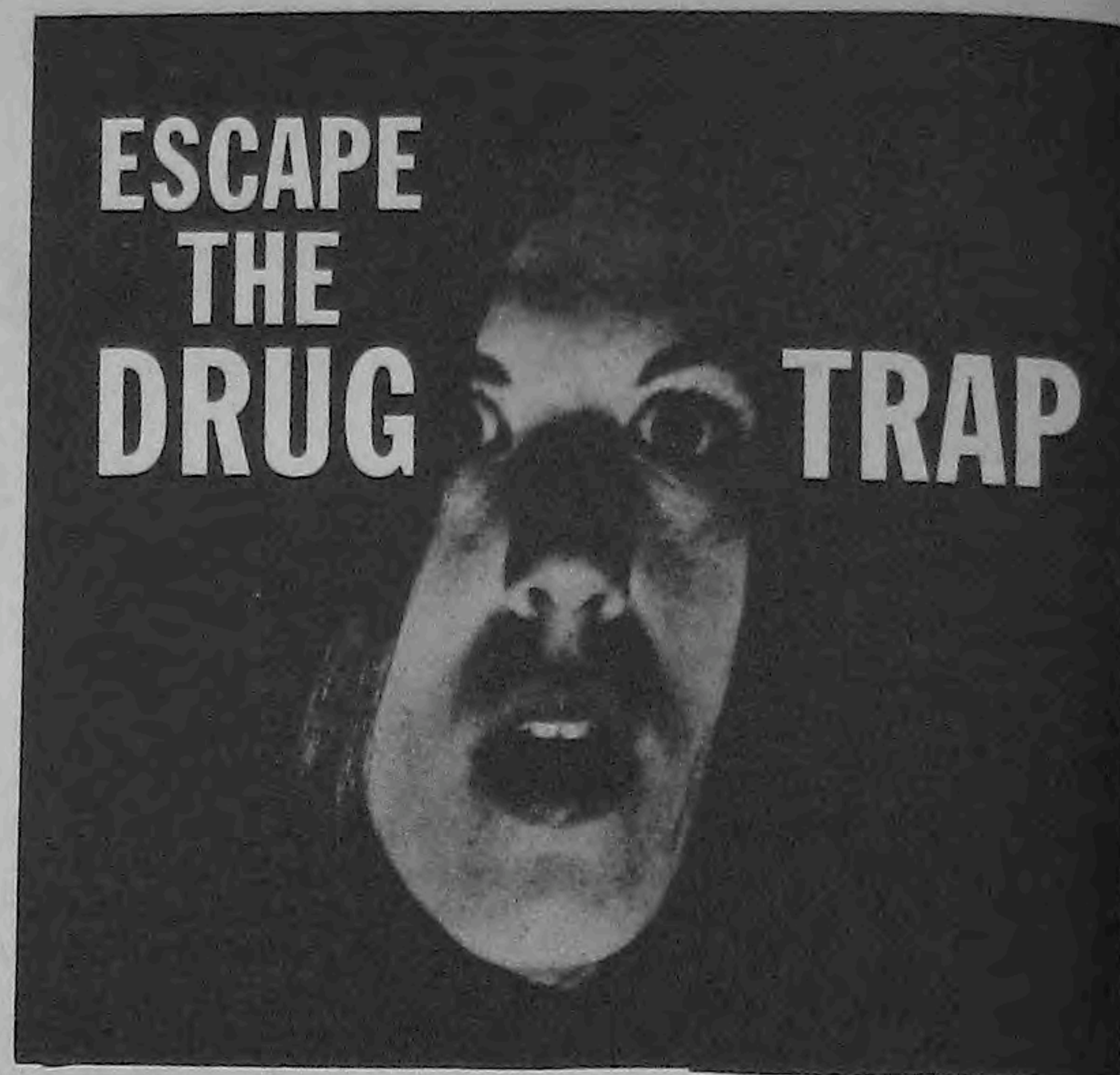
Long-term users of lithium, for example, need to include a renal biopsy in their yearly examinations. Lithium can cause renal dysfunction (kidney malfunction) which could result in diabetes.

Haloperidol (haldol) also warrants yearly examinations which include blood tests for cytosis, a serious white cell condition. The same condition can result from benztropine (cogentin) which the speaker felt was being prescribed too liberally. "Why prescribe cogentin when a doctor can simply prescribe less chlorpromazine? All cogentin does is lower chlorpromazine levels, anyway," Dr. Dewhurst claimed.

"Mellaril", he said, "may produce a marked weight gain and hypersensitivity to the sun's rays. Some long-term users have reported premature ejaculation. Mellaril is also a danger to children because of a possible cardiac complication. Mellaril is sometimes prescribed in ten mg. per hour dosage to diminish hallucinations. Regardless of age, arrhythmia a cardiac condition can result from this dosage.

Stelazine is the drug of choice for elderly persons since it presents the least danger to them of heart problems.

Fluphenazine can cause depression four to five days after injection. Fluphenazine, chlorpromazine, haldol mellaril and stelazine are closely related drugs. Should side effects occur with one, doctor and user can experiment with another rather than run the risk of side effects pills.



RIVERVIEW PROJECT

It's hard to remember who came up with the idea for our most recent grant application, but for sure it's a great idea.

The idea is to keep the drop-in open, while at the same time, providing on the job training for inmates from Riverside Forensic Institute (the farm) and from Riverview.

People from Riverview and Riverside will be working at the drop-in as coordinators learning things like coordinating activities, managing the books, writing reports, planning the budget, attending meetings, providing information, and most of all, helping people in need.

We've asked for wages for two full-time workers and three part-time workers. One of the full-time workers would be project manager. This person would be responsible for helping the four trainee's learn the work and in time all five project workers would be working

full-time. We hope to have funding for twelve months from Sept. 78 to Sept. 79.

There is a problem with this application. We can no longer apply through New Westminster constituency since someone has discovered that Riverview is in Fraser Valley West. We are not sure if the selection committee in Fraser Valley will view our project as favorably as the committee in New West.

An important part of all Canada Works grant applications is the section headed "if the project's services will be continued or the facilities will require maintenance after Canada Works funding ceases, explain how you will provide for this". Every year people have had a hell of a time dreaming up a good answer. To this "Catch 22" Fran Phillips boldly wrote in -- "we intend to have permanent funding". I guess it's about time!

NEXT ISSUE

IN THE NEXT ISSUE OF "IN A NUTSHELL" WE WILL BE FOCUSING ON THE NEWLY PASSED BILL 18. THE BILL IS KNOWN AS "THE COMPULSORY HEROIN ADDICTION ACT" AND THERE IS AN ARTICLE IN THIS ISSUE ON PAGE 2. WE ARE ASKING OUR READERS TO SEND ARTICLES AND/OR LETTERS EXPRESSING THEIR POINT OF VIEW ON THIS ISSUE. IF YOU WANT TO CONTRIBUTE, SEND YOUR SUBMISSION TO PATTY SERVANT, MENTAL PATIENTS ASSOCIATION, 2146 YEW STREET, VANCOUVER, BRITISH COLUMBIA.

LET THE USER BEWARE

The Side Effect pill

has side effects

COGENTIN

Cogentin (benztropine) is the drug most commonly used to treat the listlessness, inco-ordination and Parkinson-like side effects (collectively known as extrapyramidal symptoms or EPS) of the major tranquilizers. It is generally considered to be a fairly innocuous and effective medication, but like every other foreign chemical we may consume, it can have unintended and hazardous effects. As I mentioned in a previous article after a week or so of taking Cogentin, it can in some people cause hallucinations and psychotic-like symptoms ranging from confusion and nervousness to listlessness and depression. These reactions to the drug may be taken as a worsening of the patient's mental condition and mistakenly treated by increasing the dose of tranquilizer instead of decreasing the dose of Cogentin. Researchers have recently found that Cogentin lowers the blood level of phenothiazine-type tranquilizers (eg. Chlorpromazine, Stelazine, fluphenazine, etc.) and decreases their "therapeutic" effectiveness, particularly in the areas of social and cognitive functioning. This adverse interaction can also lead to a supposed worsening of the patient's condition and a consequent increase in tranquilizer dosage. I remember when I was given Cogentin to combat arm tremors caused by Stelazine. It helped the shaking arms alright but I continued to feel unaccountably restless and did a lot of pacing the halls because I couldn't sit still. Of course such actions were not part of the hospital script and my dose of both Stelazine and Cogentin was increased.

Since both Cogentin and the phenothiazines can cause some of the same side effects like drowsiness, dry mouth, blurred vision, urinary hesitancy and constipation, there is always the possibility of additive effects when the two drugs are given together. This is another factor which I think is often overlooked or given

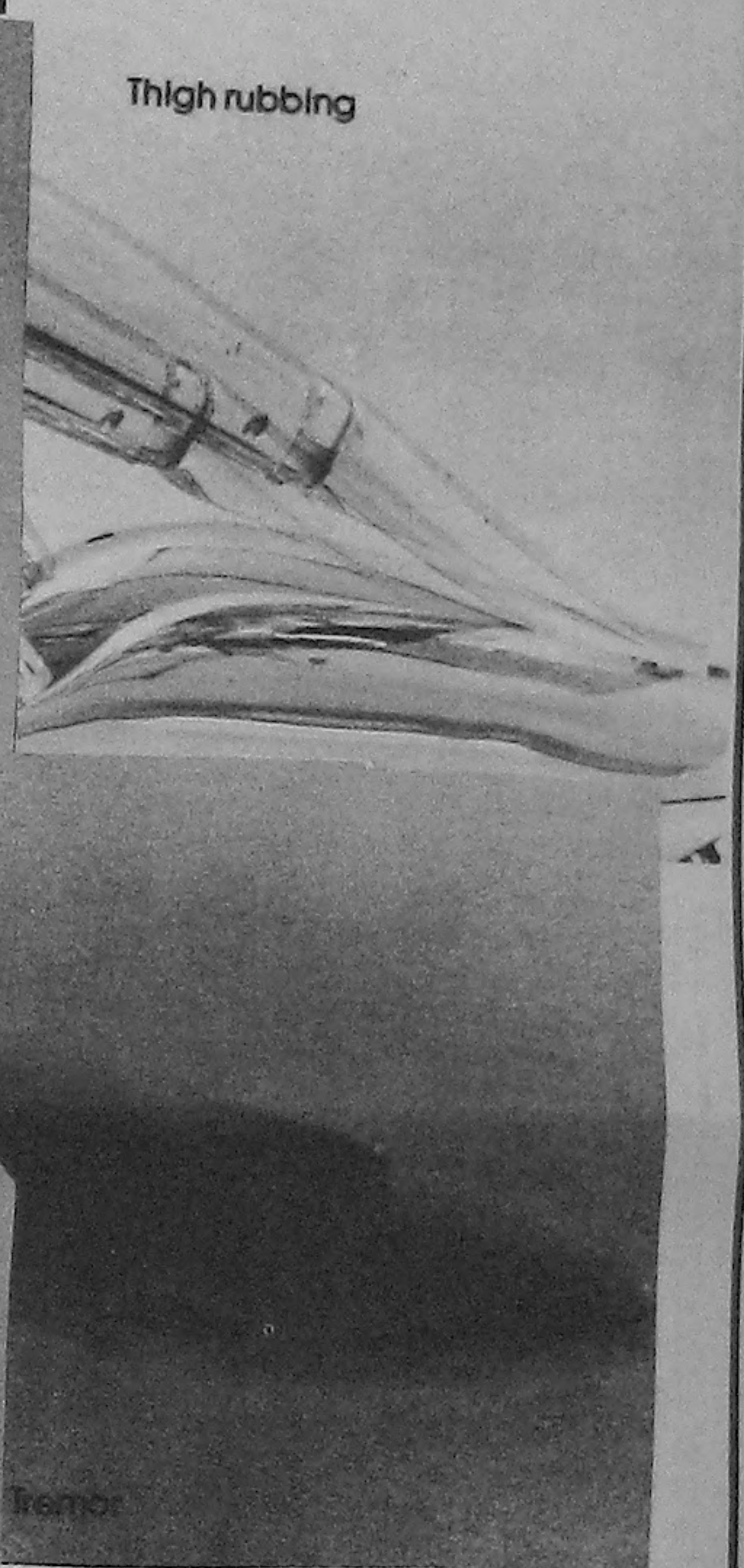
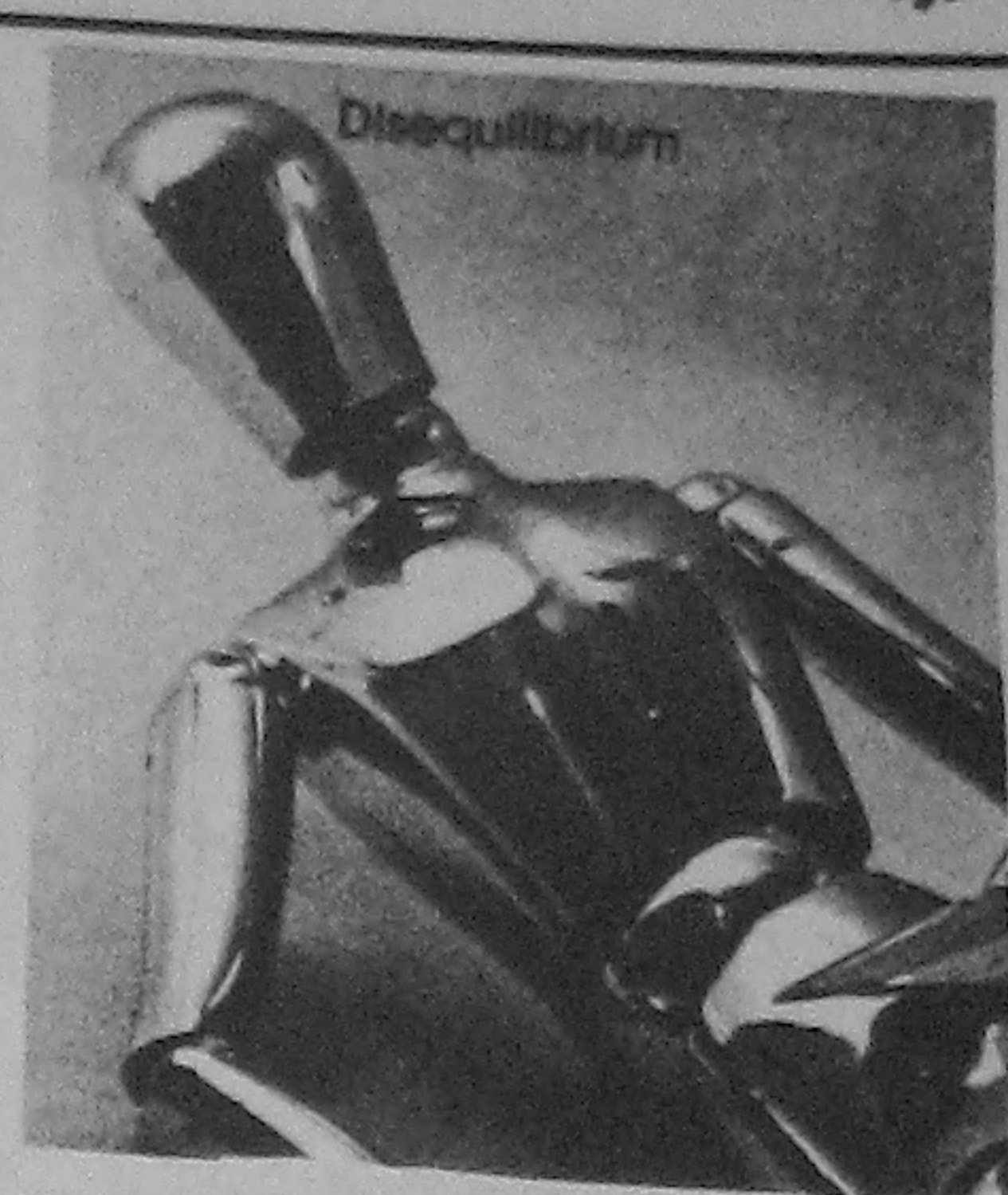
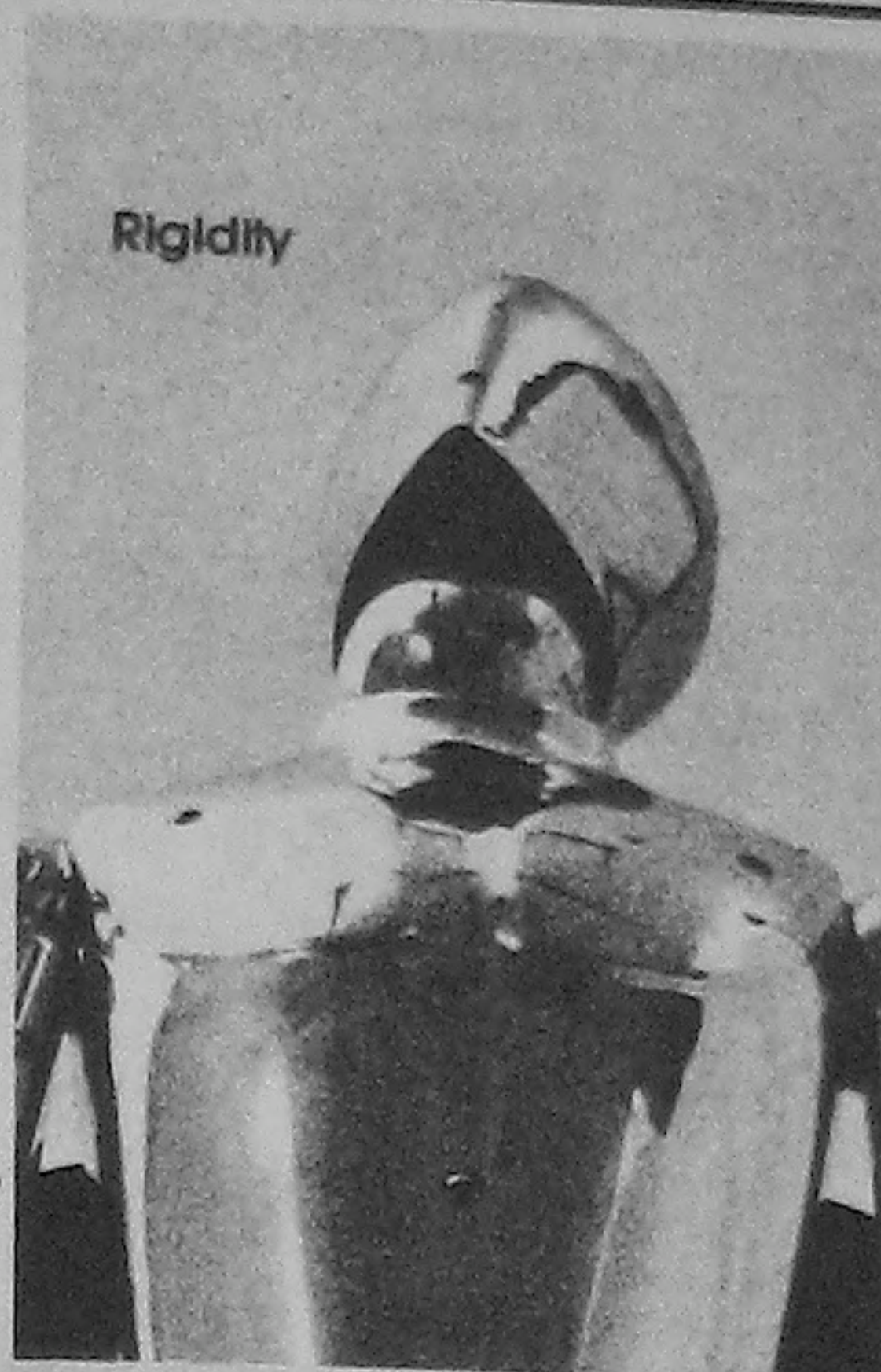
minimal attention when the two drugs are prescribed together. In fact, it should not be taken lightly. In rare instances this can be a very serious interaction as in the case of a patient in the U.S. who died from a paralysis of the bowel attributed to the combined effect of large doses of trifluoperazine (stelazine), chlorpromazine and cogentin.

Cogentin is effective in controlling E.P.S. once they occur but it is not effective in preventing them from occurring. Because of all of the possible adverse reactions, cogentin should not be given until E.S.P. appears and should be used only until symptoms disappear, usually for two or three weeks. Patients should be informed of what symptoms to look for and should be monitored through their duration.

This at least is the method of using the drug recommended in most medical textbooks. Unfortunately, I can say from my own experience that this is not how the drug is administered in practice. I'd probably still be taking it (many months later) if I hadn't quit on my own. Speaking of quitting, cogentin is a fairly long-acting drug so it's not a good idea to stop taking it suddenly or you're liable to suffer a recurrence of the E.P.S. Ideally you should decrease the dose gradually over about a week.

As you can see, cogentin is not a simple auxiliary medication, but a drug whose administration brings with it its own set of hazards. It should not be used indiscriminately, but unfortunately, I believe it is.

AUTHOR'S NOTE: The new U.S. Drug Reform Act recommends that all drug packages contain a patient information pamphlet outlining proper use of the drug and possible side effects. The American Psychiatric Association, in its wisdom (?) is lobbying for exemption for psychiatric drugs on the basis that mental patients could not be believed in their reporting of side effects.



Poor V.I.P.'s Poorer

V.I.P. placements were once readily available to people living in boarding homes as there were no apparent placement quotas. However, there has been a change of policy in this regard, and now boarding home residents wishing to receive a V.I.P. placement are put on a waiting list. Whether or not an individual is eligible for V.I.P. will be decided on the basis of the individual community resource area rather than on need.

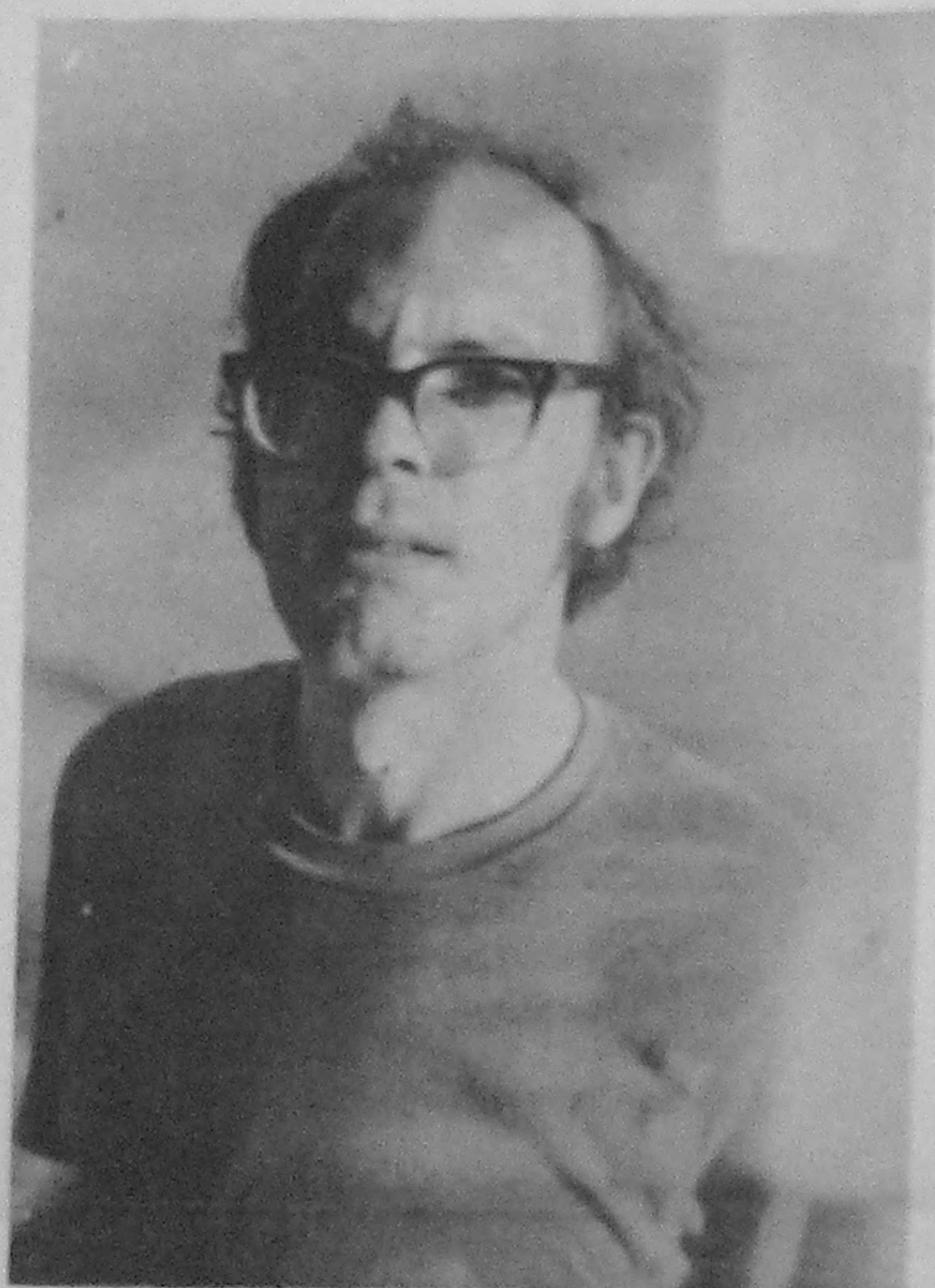
A prime example - we have two members who could benefit from a V.I.P. placement but they live in one of our houses located in the east side of town where the V.I.P. quota has been filled. Consequently they have been put on a waiting list.

M.P.A. finds the V.I.P. ALEX VERKADE

program of special benefit to people just leaving hospital in building self-confidence as well as employment training. One of the prime objectives of our residence program is the reintegration of people into society: having V.I.P. readily available to all our residents would make this task much easier.

On this basis the Mental Patients Association would like to see the elimination of quotas for boarding home residents and make need the prime criteria for V.I.P. placements. If, for budgetary reasons a quota system is necessary we would like to see one that both is realistic and fills the philosophy of the Vancouver Incentive Program.

ROCKIES GALLERY



Leo waiting for the washroom



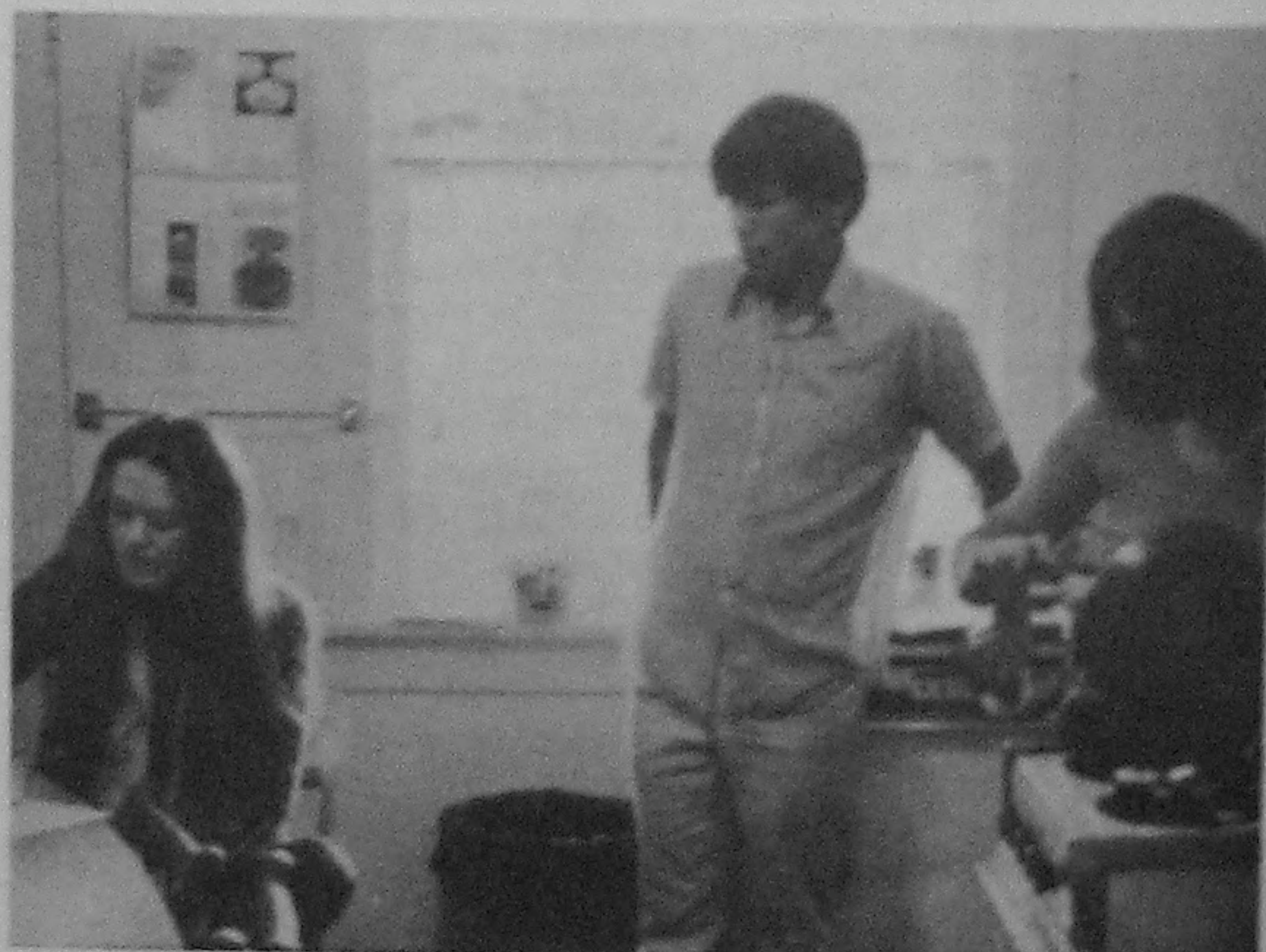
Ray Babcock and Bill Ashton



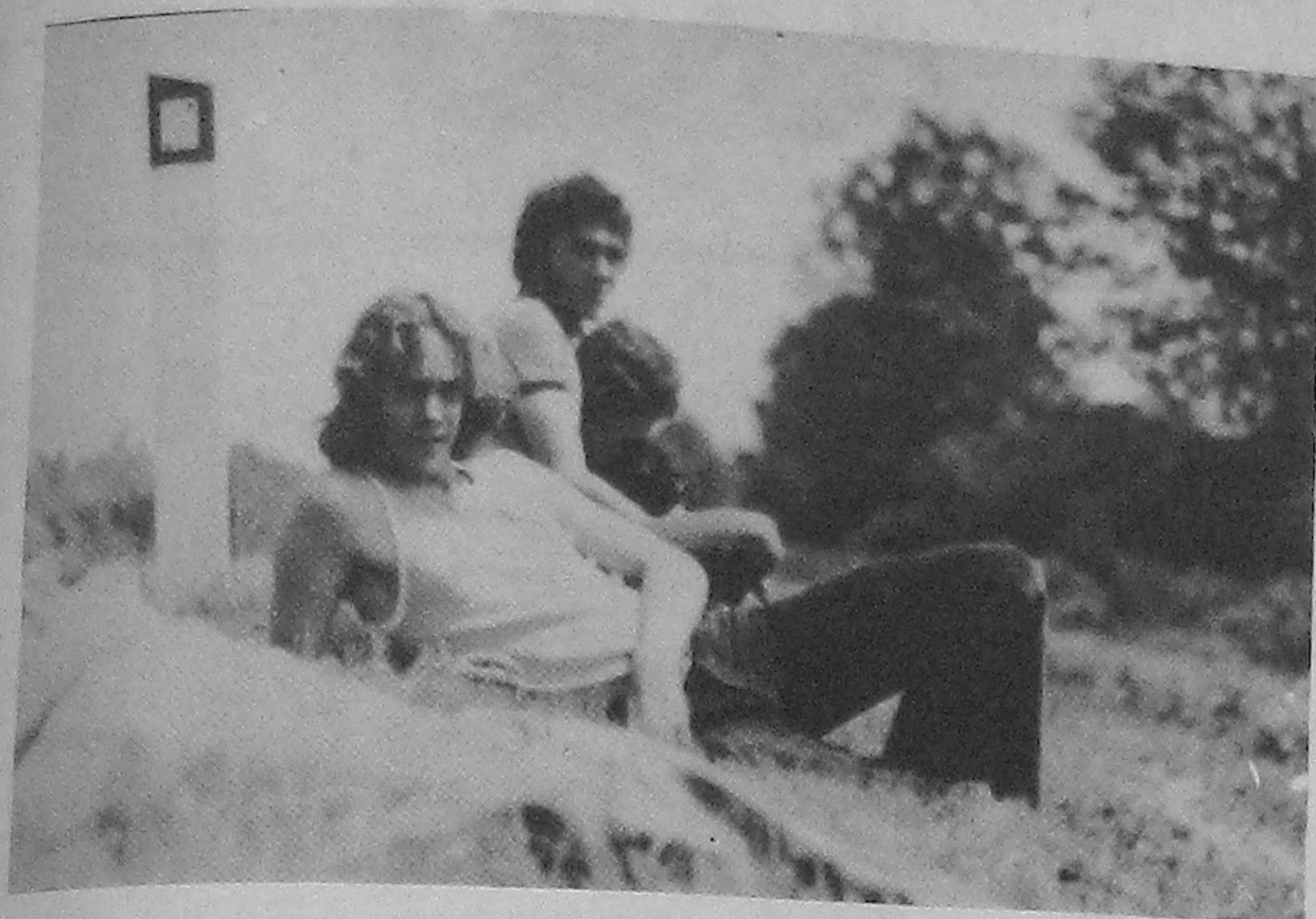
Sandy and Jerry -- on the beach



*Charlene just prior to going
through the roof at West 10th*



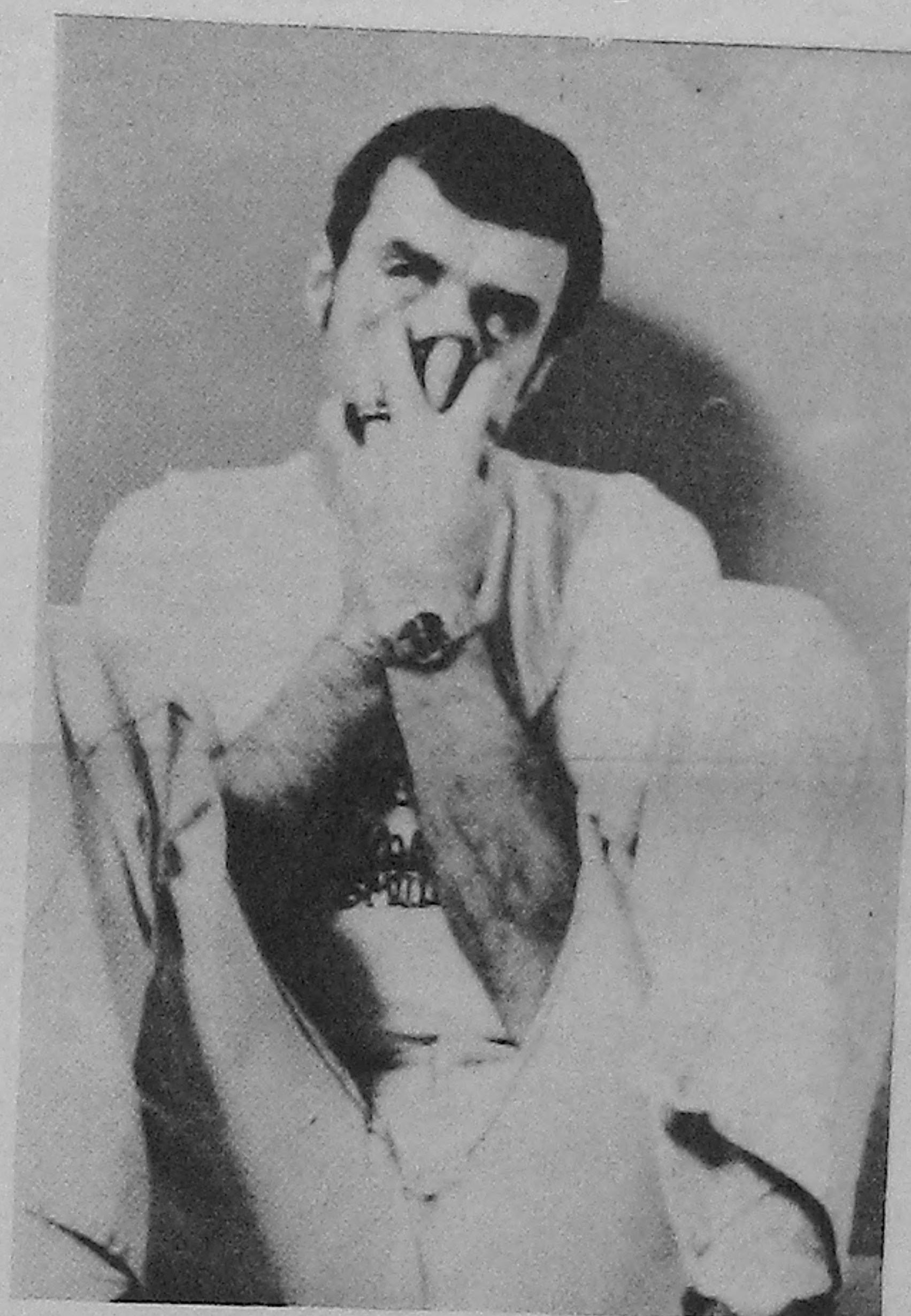
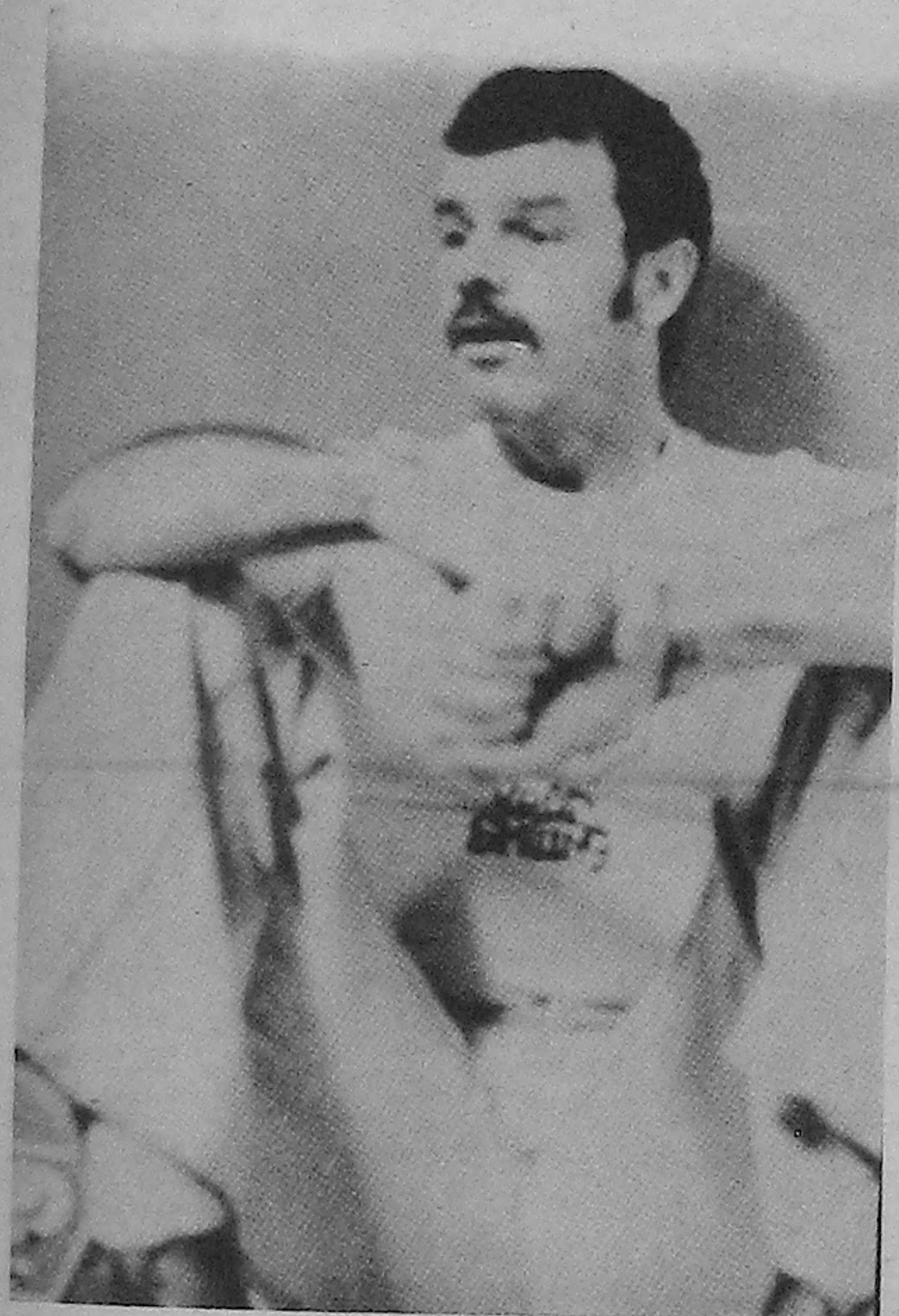
Charlene, Marvin and Sandy



Morris and Danny



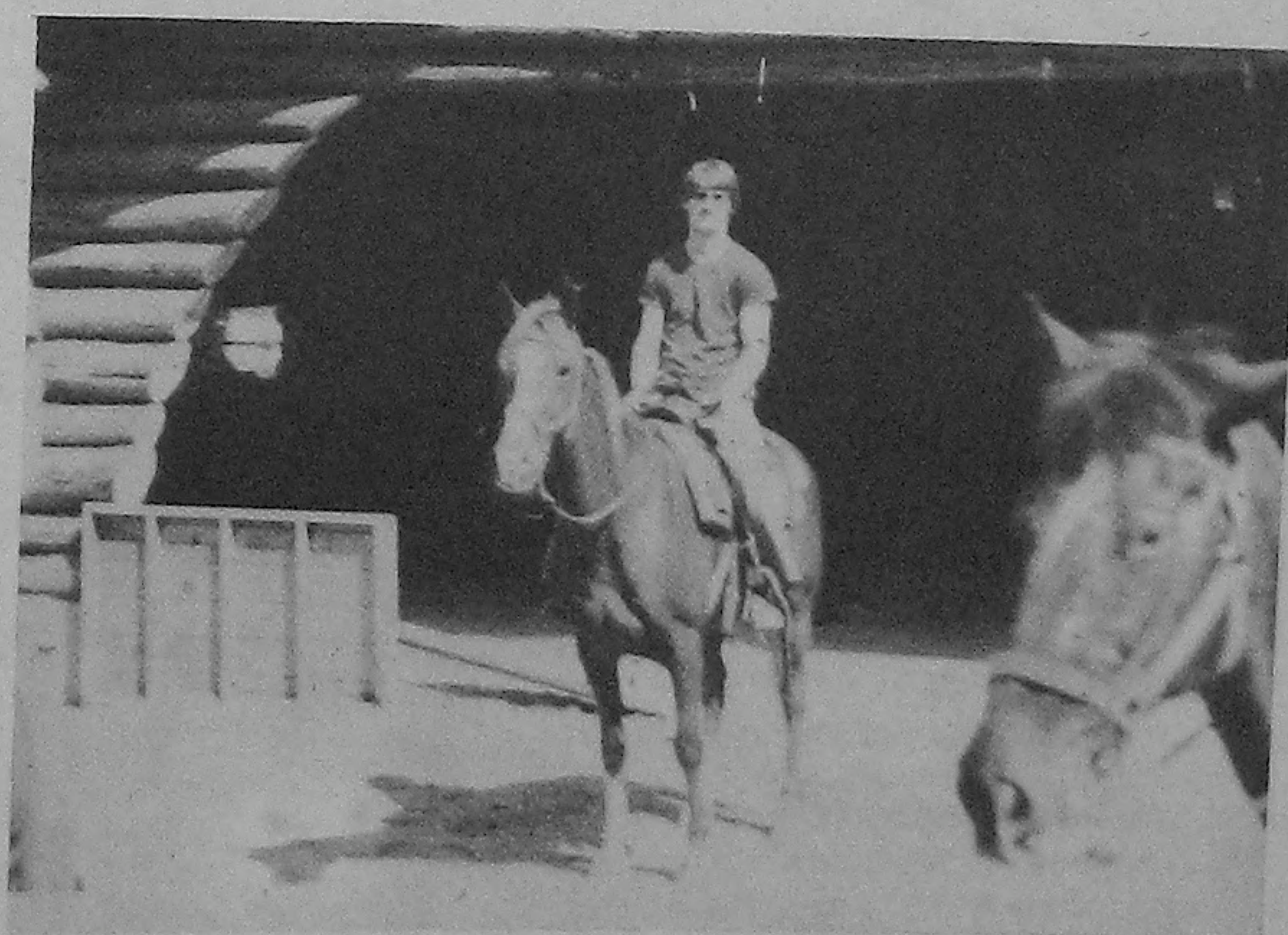
Lorraine on a log



Dennis - before working at MPA.....and after



John on a log



MPA's newest jockey

BREAD AND

MPA SPEAKS

According to our undercover agent at the School of Social Work at U.B.C., the MPA workshop on April 19 met with rave reviews. A rather conservative professor was heard to remark that he'd originally considered MPA to be a somewhat crackpot organization but after the workshop said he was quite impressed with the presentation and the organization itself. The MPA contingent included Pat Oram, Fran, Rhona, Neal and Chris.

NEW ROOF

West 10th house got a new roof (is it true that Eve and Charlene went through the old one?). The garage at the West 7th house burnt down a few weeks ago. A crew got together and cleaned it up and got the refuse hauled away. The fire brought to light the information that none of our garages or sheds are insured and the office staff intend to rectify this.

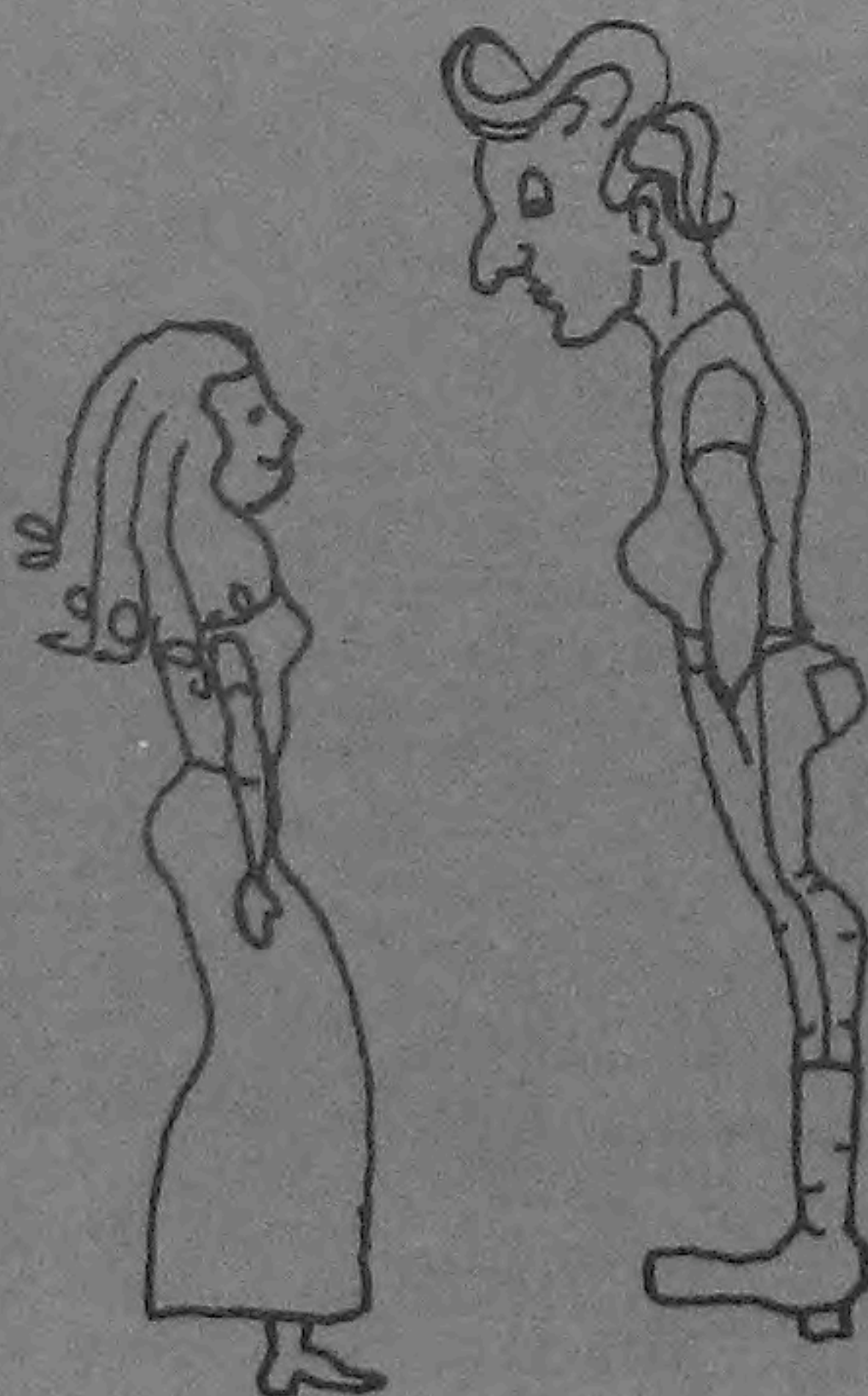


OLD HIPPIES NEVER DIE, THEY START PAYING RENT SINGLY

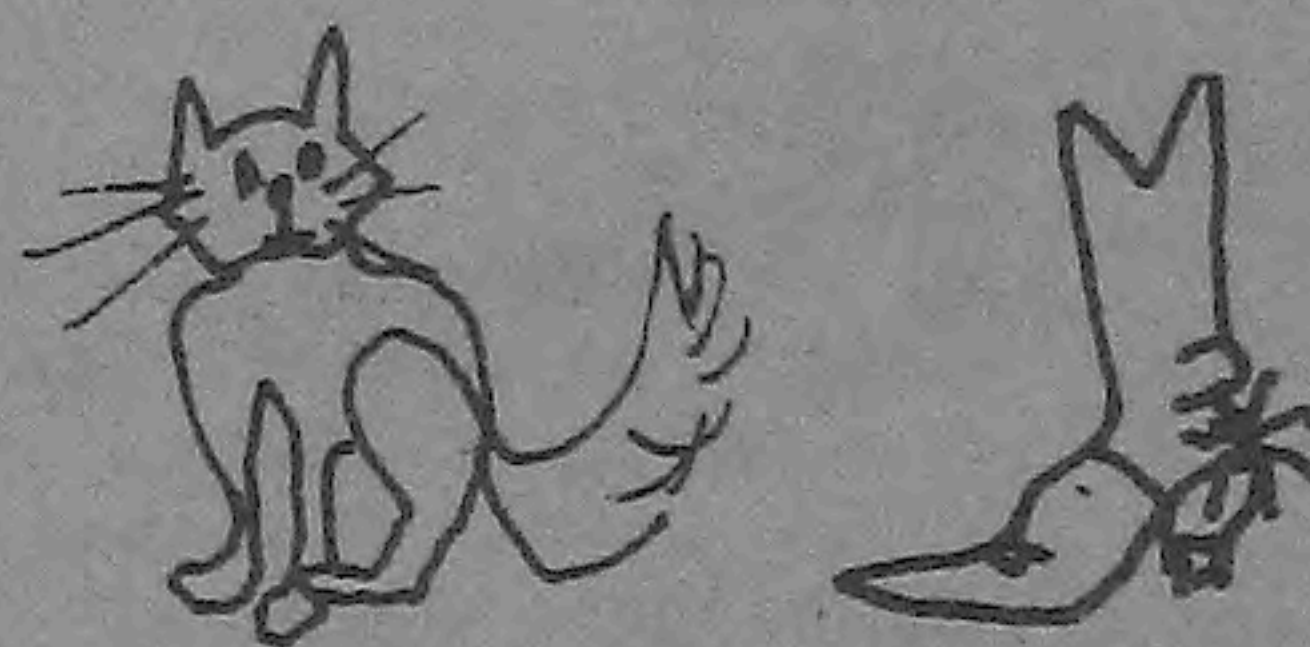
ARTHUR

Arthur, our esteemed office coordinator, stomped out of the building a few weeks ago, declaring he was "on strike" because of the unnecessary traffic and chaos in our limited office space. He found it impossible to talk on the phone with half a dozen other people standing around talking. And of course he and Pat are unable to leave any files or papers around or someone may use them to write scrabble scores on. The general meeting discussed it at length. There was very little else on the agenda (whoops, sorry about that Arthur). It was decided to put up notices on all three doors stating office hours (9-3) and asking for the cooperation of members in not disturbing unnecessarily. So far it's working out quite well.

STRIKES OUT



URSULA AND J-C COOKING UP A STORM



BABIES

By the way, did I mention.....Jamie (East 4 house coordinator) and Bela Varge (maintenance crew happy Hungarian) are going to be parents really, really soon. Pat and Joe Sinclair had a baby in July in Victoria.... It's a girl, 6lbs 6oz. (so sorry about not being metric but my poor brain hasn't figured it out yet) named Noralee Ritta Sinclair.

Morris and Sharon Nishi also had a female child..... introducing Zoe Akimi Ryan Nishi.

CONTESTS

Two tournaments were held in the drop in this spring. Winners of the cribbage and scrabble tournaments received a prize of \$10.00 each. Arthur very easily became the cribbage champ, but the scrabble games held many surprises. Owen, one of our best players was knocked out very early in the playoffs. Lorraine who everyone KNEW would win, became one of the semi-finalists, but eventually lost to Dave Millen. (But we'll get him yet.)

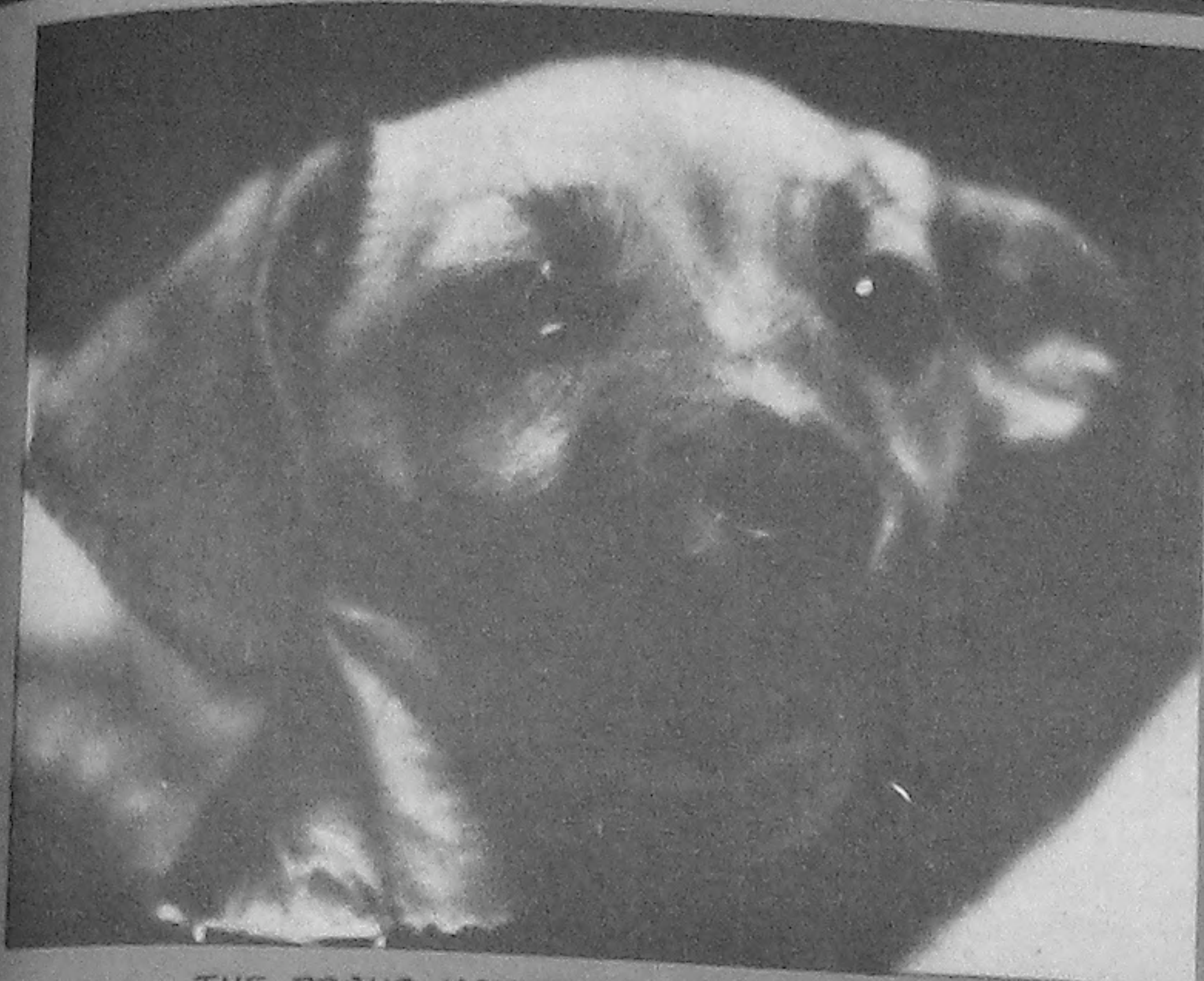


Anyone walking by the DIC during the June 6 business meeting might have thought a primal therapy session was going on. In fact it was a very emotional discussion about one of life's more confusing issues - sexism. The debate started off dealing with a specific person but rapidly became a general discussion (should I say argument?) about sexism and how MPA as an alternative group should handle it. All of the women there appreciated the sensitivity and support offered by Michael Brown and were shocked by the lack of support they received from some of the other male members.

It is a very confusing issue. How to confront it and deal with it without hurting friends? How to explain your feelings without putting another person on the defensive? Sexism is pervasive in our culture and if in fact you attacked it whenever you confronted it you'd be very busy, probably unhappy and certainly unpopular.

The result of our discussion created a lot of conversations at the DIC in the ensuing days and maybe that's how we can deal with sexism.

BUTTER



THE PROUD MOTHER OF TRIPLETS

PARTIES

We've had two beach parties so far this summer. The last one, an evening party held at Spanish Banks, was particularly successful. Thanks to Ursula and Lynn for the cooking.

Jane Mullens was sick for awhile this spring and spent most of her holidays in bed (alone?). Of course she bounced back and spent two weeks in Hawaii. Good thing she doesn't know what a mess the office was in while she was away.

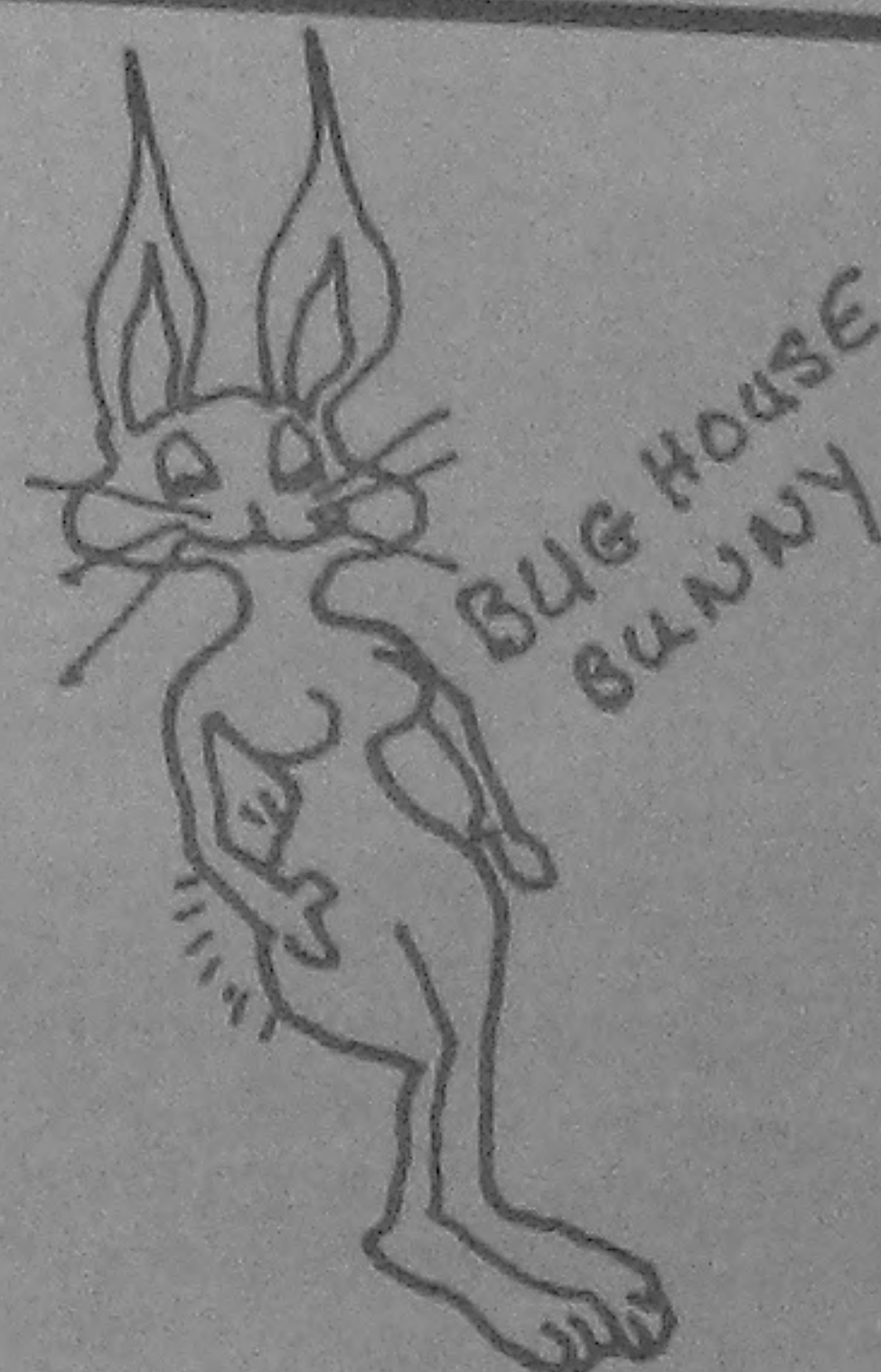
MORGAN WINS

April 5 was definitely Richard Morgans lucky day. The general meeting chose his cover design for the MPA booklet over many other worthy submissions. He received \$100.00 in prize money. Later on in the meeting he was elected transportation coordinator. Jupiter backing into Gemini for a shallow loop into his 11th house probably had a lot to do with it.

Patty Servant's dog Corky had three puppies - one boy and two girls. Lots of four legged creatures hanging around the DIC lately. Two really nice dogs, Maude and Digger and one crazy cat, Lulu.

COMPLETED

Geoffrey's suite is almost finished. Geoffrey is confined to a wheelchair and MPA decided to renovate one of our suites to specifications supplied by the Handicapped Resource Centre. Now we're waiting for plans, waiting for approval, waiting for inspectors, waiting for Godot, etc. Amazingly enough the work crew, with all this frustration, have been able to maintain good spirits and enthusiasm (sort of). They're working rapidly and competently right now and will be finished by the end of July. The general meeting moved that MPA give Norm Robinson a vote of thanks for all his work in drawing up the plans and helping the project along.



MEETING

On Monday July 17, we held a "All coordinator and interested member meeting" to discuss how we could get more participation in meetings and activities. Three points were covered. 1) is MPA a member controlled organization. 2) is MPA an alternative to the psychiatric system. 3) is MPA truly a self-help organization. A recommendation was made to the general meeting "that all coordinators relinquish their vote for three months"

At the general meeting the recommendation was discussed AT LENGTH (the moon was full in Capricorn and the temperature was warm in more sense than one). Members felt very strongly about the issue, pro and con. After discussion the motion was defeated. The majority of the membership decided it's hard to improve on "one person - one vote".

At the same meeting Arthur proposed that MPA think about the possibility of holding an international anti-psychiatry conference early in 1979.

GENERAL ELECTIONS

The general elections were held on July 12. All the incumbents who re-ran were elected for another six month term. Stuart McKenna was elected to the Workshop position and Jamie Varge and Rhea Kikkert were ratified as the new East 4 house coordinators. Bala Varga and George Landrecht were hired to the Canada Works Maintenance Project. George quit seven months ago after fracturing his hip in a skateboard accident - it's nice to see him back and in one piece.



OUR CHEERFUL NEW TRANSPORTATION COORDINATOR RICHARD MORGAN AND FRIEND

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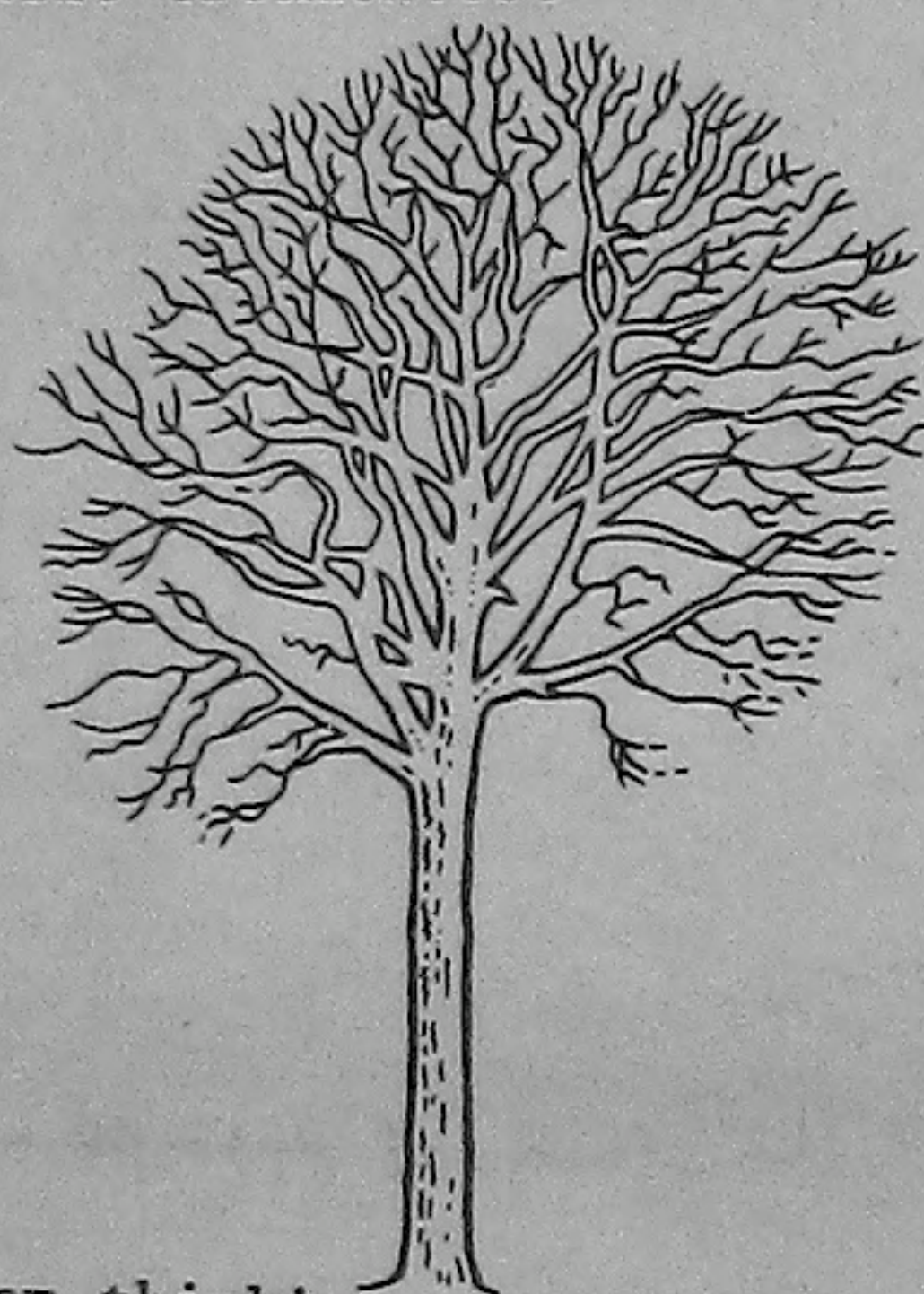
T

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V

Writing my letter to my friend
above the border
I am here, a spirit dissentient
My crime was walking
On a highway - led to nowhere
Leads to nowhere
Still I pray that some day
I'll be north
With my friends in MPA
Going somewhere in a mutual dream
Knowing smiles
Emancipation
Unclosed books of memories
Freud and Jung visitations
Convicts of imprisonment in a
silent war
Here my heart is pumping brand new
blood, brand new aspirations
Doubts I swat away like buzzing flies
Here I sit,
My crime; hitchhiking
My reward? Little pink pills
And my dreams? Remembering you*
*all the souls of MPA.

Suzie Creamcheese



I am thinking
God forgive
If they had chlorpromazine
In the time of Christ
They wouldn't have nailed
Him to the cross
Myself am hardly able
To write a poem anymore
Was it drugs, music poetry
Or modern medicine
Made a vegetable of me.
Freeman Spindler

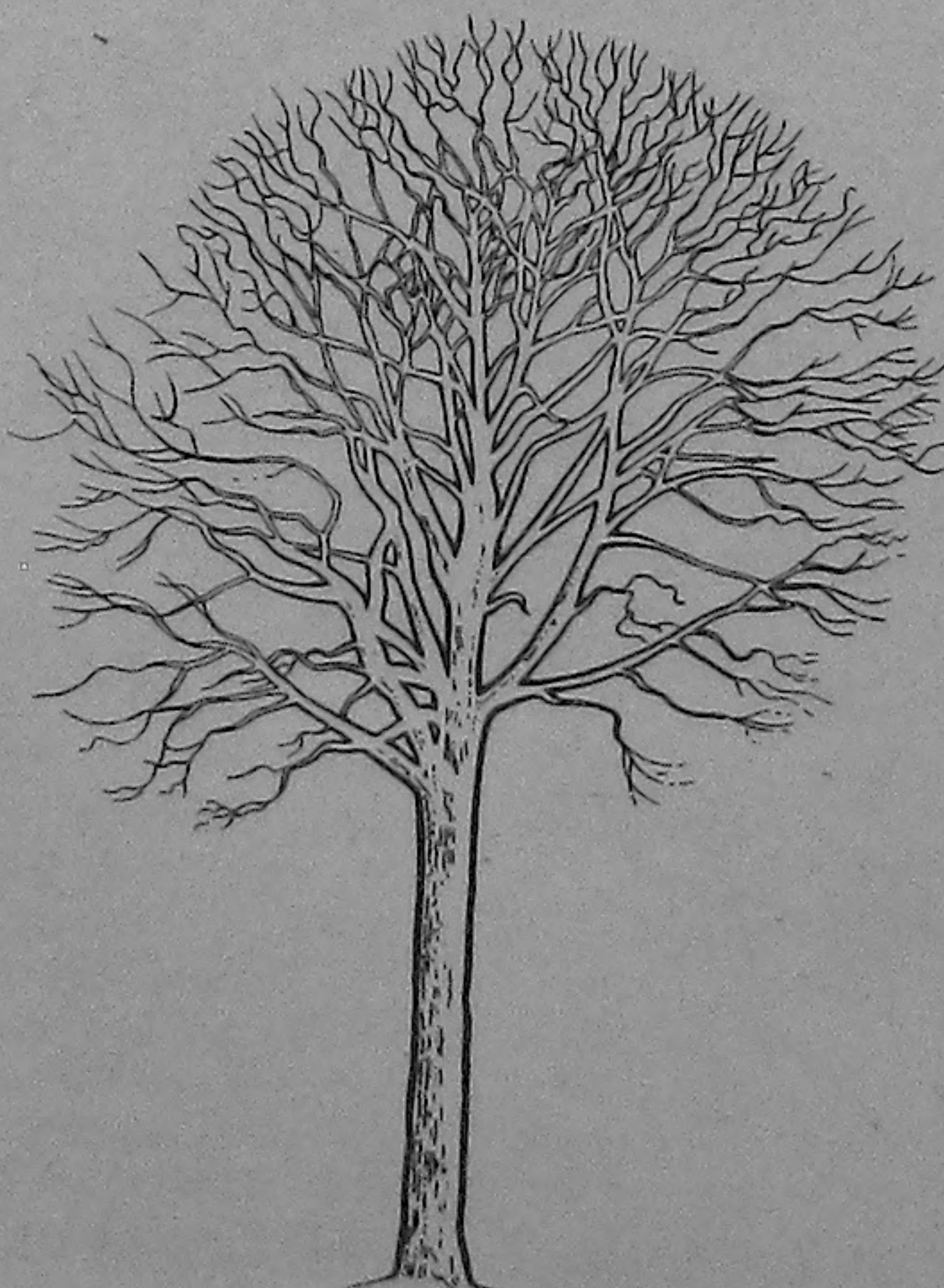
Nurse listen to me
You hide in your office
Staring
With cold gray eyes
Recording in my chart
What you see and hear
You hide behind your motto
"Don't get emotionally involved with a patient"
You are a computer
Listen
I am human
I hurt
These games aren't helping me
These walls confine me
I am being driven deeper
Into the depths of hell.
I am going crazy insane
from your "therapy"
Listen, try to understand
Or let me out.
I want to live
And be free.

Mara Eagle.

GLOSSY BREWSHOORE
ON
BEDSPRING DESIGN

Do bedsprings tend to injure backs?
Such irrelevant naive, simplistic questions
Should never clutter the stark rigidity
Of good design technicality
For sure, for sure.
The important thing
Is does each bed spring
Employ proper strut connections
For support in the salesroom?
Attention to such details
Is the essence of the Mattress,
And all unsatisfied customers
Need to buy again.
And those with injured backs from sagging
Will be willing to pay double
For super special support
Next time.

By: Suggesta
Platformwithmattress



ONE OF THOSE DAYS

What is the use of sitting here
Dreaming what heaven might be
When all around the people are
Doing what earth can be.

My loneliness gathers its forces
My terror cries out of its birth
Yelping at life and its juices
Whimpering for death and its curse.

Dissuade me I plead with the clouds
The leaves rustle snug in their place
Convince me I call to the birds
The butterfly bobs in its race.

Alone I wander in the sands
Alone the lizard crawls
The sky rejects all my demands
For miles the desert sprawls.

But soon the sun was setting
The secret warmth of dark
Perhaps tomorrow a bell will ring
And laughter in the park.

A friend came by to ask me
About the day just through
My face lit up all kindly
"Not bad," I smiled, "and you"?

Petra Graves



Sunshine and laughter attract
my attention
as I lay here
in this padded cell.
Sentenced to a life of soli-
tary detention
simply because
I'm not all that well.

My truth was their dishon-
est runaround
while their insanity
my closest form of reality.
They labelled my mind unsafe
and unsound
simply because
I wanted mankind to be free.

Forbidden am I to taste
fruits of love
locked inside
till forever and a day.
They wouldn't permit any talk
of above
simply because
I meant to rewrite the play.

This must be the price of
kindness
rejected
by foe and friend.
Fobbed of my freedom and my
happiness
simply because
I cared 'bout man's end.

Bernie Schultz

COLONY FARM

I was caught in Woodward's store shoplifting cigarettes and they called the police. I was taken to the city jail where they took my belt, wallet and I was searched. The police were very nice to me. I had no problems. I went to court and was sentenced to Okalla Prison. I was there for two months. After being there for awhile they sent me to Riverview Mental Hospital, Colony Farm then to Crease Clinic. There I had my first problem. I wasn't fully in control of my emotions. I just blew up. My mother came to see me and we were sitting in the lounge and a patient came up to us and my mother started talking to her. I got mad at her and can't quite remember what I did then.

I attacked one of the nurses and she called a bunch of people and they took me to a side room. It had a round small glass on the door that you could look out and a mattress on the floor. They gave me a needle and stripped me down to my undershorts.

That was the only mind-blowing incident that I had at Riverview. I now realize that I was in the wrong and that I deserved the punishment. I went back to Col-

ony farm.

I worked on colony farm brushing down the cows and cleaning out the poo with a pitch fork. I also filled up wagons and used a pitch fork.

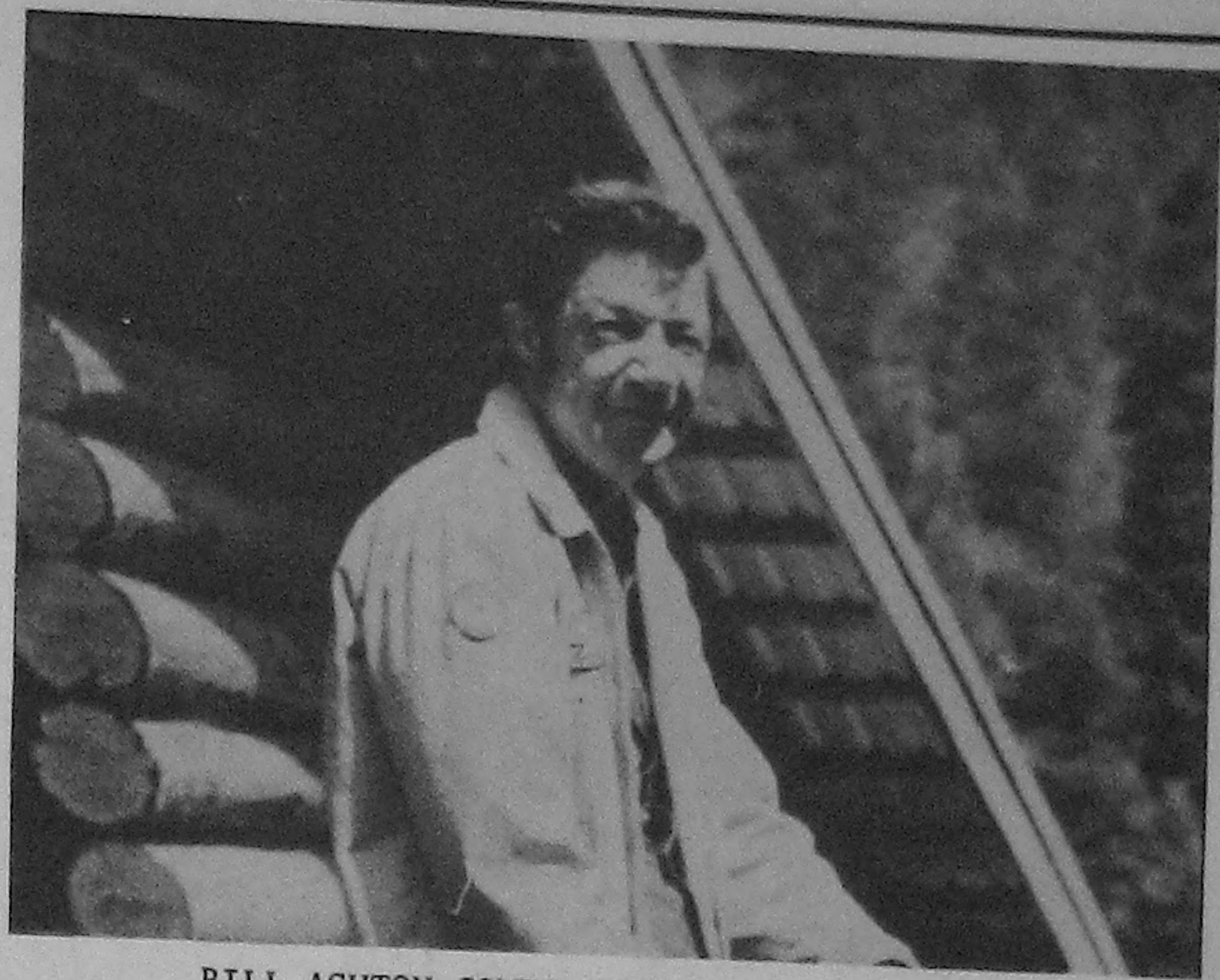
At the farm you ate meals cafeteria style on the main floor and you lined up. You went down with staff. You slept in a big dormitory and there was a washroom and showers. I was on the third floor and then went down to the second floor. This may seem scattered but I'm sure you'll catch the drift.

While I was there I saw a fellow being dragged out by the staff. At A4A I also saw a fellow being escorted to his bed by the staff.

I was there for a period of about two and a half or three years in the farm and Riverview. I never got into any trouble. I had grounds at the farm. That means that I was allowed outside the building and visiting privileges.

Christmas time they had a tree and some of the fellows put on a skit about the hospital and doctors.

The grounds are very lovely in the summertime and the gardens are beautiful. You had plenty of room to walk around if you wanted to be by yourself and think.



BILL ASHTON COMES HOME FROM THE FARM

At A4A I went on picnics and bus trips and I could watch TV on the ward. I also played cards if I felt like it. I slept in a big dormitory, same as at Colony Farm.

At Home10 I had only one other person in my room. We had to walk in all kinds of weather to eat our meals. I met some fine people, male and female.

After the farm and Riverview I was sent to Vernon, B.C. There I was at a converted boys school. It is being turned into a farm.

Then I went to a boarding house in Burnaby. I was sent to U.B.C. hospital and then to Evergreen boarding house in Kitsilano and stayed there for nearly two

years.

Now I am clear of all this mental bit. I'm on disability pension now and I'm staying at Barclay manor in the west end. I pay \$164 a month which includes two meals a day. I get \$265 a month and that leaves me \$101 a month for spending money. I smoke rollings (I have a small rolling machine) and tailor mades. I have a bic lighter and also use matches.

In my room I have a bed, table and chair, dresser, bed side table and carpet. The room is painted white. It has curtains. I also have a key for my door. Very private.

Bill Ashton

LETTERS

Dear Sirs

I enclose three poems I have written lately. On Insanity deals with my attempts to confront the fear and anger inside me that led to my various breakdowns. At the present time I am undergoing psychotherapy and I find this very helpful. Knossos deals with my interest in the Minotaur legend. Love-Song was the result of a brief affair with a patient in F4H, Eastlawn.

I was very pleased to see Minos I-4 published in the Xmas issue of the Nutshell. Quite a Christmas present. I am also pleased that one of your readers wrote in to say that she liked the poem I dedicated to Molly Dexall. I still miss Molly.

I haven't visited MPA much lately because I am now living in the West End and I used to live in Kitsilano. Also I find the drop-in centre rather depressing. However I see the Nutshell as a forum where mental patients

can really try to establish their identity and their rights. Keep up the good work.

With warm regards to you all
Al Todd

★★★★

Dear MPA

It's not too bad here, ETC is a thing of the past here and I've formed a good patient-staff relationship by keeping "my voices" to myself.

I'm sorry to hear the MPA kitchen has been closed but I expected that would happen because of the lack of organization needed to keep it going.

The photography by Gordie in the Nutshell is stupendous. I've tacked the centerfold of photos entitled OUR GANG on the wall by my bed.

I think I'll be living in a half way house in New Orleans when I leave here. I'd really like to return to Vancouver but I really can't afford it....weatherwise. I mean I just couldn't take another Canadian winter. That's what brought me here, warm climate.

Enclosed is some poetry aimed at the Nutshell. If you don't use it I won't be offended, if you do I'd be honored.

Love
Suzie Creamcheese.

★★★★

Dear MPA

I just wanted to let you know how much I enjoy your newsletter "In a Nutshell" and admire what you are doing. I am impressed with the way the quality of your paper is progressing.

I hope you are still at the Yew Street address, as I've loaned out all my copies of Nutshell except Sept. 1977.

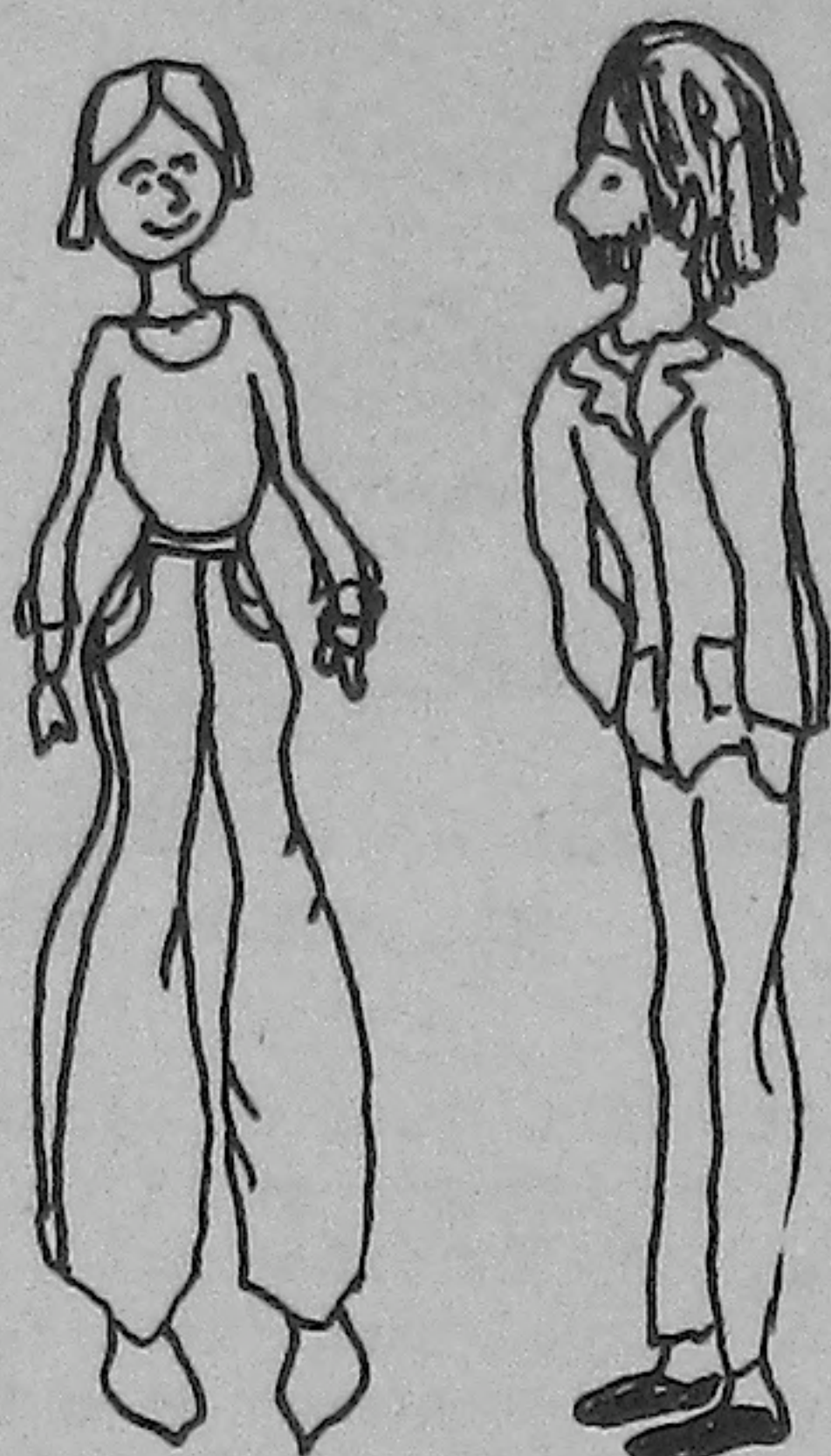
I am enclosing two of many poems written by a friend of mine, Freeman Spindler, known to his friends as "Zip". They were given to me by his sister after Freeman died by suicide while a patient at the Nova Scotia Hospital. The tragedy of his death, among other things, was that it could have been prevented if he hadn't been so lost in the bureaucracy of the hospital system, and had lost the strength or desire to fight it. The poem beginning "I am thinking...." was the last one he wrote.

Good luck to you. If you can only prevent deaths such as this one, you will have more than justified your existence.

Sincerely
Kelly Moyer

EMPLOYMENT DISCRIMINATION

At a recent conference on Human Rights, MPA was told that the B.C. Dept. of Labor will protect mental patients from discriminatory employment practices. The Federal bill, C25, protects only the physically handicapped. The province's Dept. of Labor, however, has left the type of handicap unspecified in their legislation. They will argue for the mental patient hampered by an employer's knowledge of his or her psychiatric record. To justify her or his actions, an employer must prove to the Board of Enquiry that a person's handicap is a REAL OBSTACLE TO PERFORMANCE SPECIFICALLY RELATED TO THE JOB. If a mental patient has adequate qualifications for the job, and is refused the job, by an employer who



knows of her/his psychiatric record, the mental patient can report his case for investigation.

The general population has many negative biases and superstitions about mental patients. It is less of a risk to fabricate previous employment records than to admit to a psychiatric history. ie. It is better to lie. If, however, your potential employer is aware of your psychiatric history, and you are qualified but are refused contact:

Jack Kent,
Canada Manpower Center,
1110 West Georgia,
Vancouver, B.C.
and ask for an investigation
Good Luck.

Rhona Bezonsky

SAGE BRUSH SAL

This here's a danged silly world t'day. Had me a sore toe. T'was all red an' swollen so I went to the Doc. This here doc he's what ya call yer family type. Well sir, he looked at m'toe, scratched his noggin then sent me to a toe doc. Y'ever here o anything so danged silly? Went t'toe doc, he looked. Took him some sort o picture, shook his noggin and sent me t'one o these here head fella's. Danged if I knows what t'head has t'do with m'toe, but I went t'im. Well I tell ya, didn't never hear such twaddle in m'life. There was m'toe all red an big an this here young fool tryin' t'tell me t'was like that cause I weren't thinkin straight or some'at like that. Y'ever hear tell o such a crazy thing? Give me some pills, asked him what they was fer. Told me they'd settle me down. Told him didn't need no settlin down, need m'toe fixed. D'ya think he'd listen? Oh no. Kept sayin t'was in m'noggin. Came home, got out m'bucket, fill er with real hot water n salts and soaked er. Did that fer a few days. Toe got better. Went back to see this here fool. Afore I could say a word he looked, nodded, and blamed ifin he didn't have t'gall to take t'credit. Claimed it were his pills. Got m'dander up he did. Tol him I never took no pills. Gave him back t'paper with his scrawl on't. Well sir, y'should ha seen his face. Dropped any further an I'd a had t' scrape it up off t'floor. A'fore I left asked him when he were goin' to git himself a man's job. "Pears to me any fool can sit on his rump all day an give silly pronunciations. My day a man t'were a man, doc were doc and our doc did t'all. It weren't no such thing as this here what ya call psychiatry. Didn't need it. Person were sick he were sick. T'ain't no wonder world's so blamed mixed up. Listen t'these head docs, nuff t'mix up anybody. Nope, my day theyd been laughed right out a town and if they had t'nerve t'stick round we'd ud tarred and feathered them. Didn't have no time fer shirkers an sissys then, don't have none now.

Sage Brush Sal.

ABORTION

The annual abortion issue at the Vancouver General Hospital is gathering steam. On the one hand, pro-life people have tried to stack the VGH annual meeting in order to elect candidates to the board who will reflect their stand against women having a choice in the termination of a pregnancy. In reaction, various groups are trying to organize those who do not wish to see a VGH policy change. These people believe that women have a basic right to choose to discontinue a pregnancy and that the decision is the concern of the woman and her physician.

MPA has fought, over the years, for a broadening of alternatives and choices for people. It has been our belief that choice increases the odds on creating a successful life. There seems to be less controversy over the right to abortion should the woman's life be in danger or should the child's chances of severe deformity be high. There is far more controversy when abortion is considered to prevent the birth of a child who might become a social casualty either through poverty, poor parenting, discrimination or whatever. Social casualties are expensive for the community. Those who object to abortion often are not prepared to assume the social burden of the ruined lives of both mother and child.

A return to the disastrous era when women had to resort to quacks and home remedies and the resultant tragedy would be ridiculous.

For those in MPA and others concerned about the abortion issue, action can be taken by becoming a VGH member one month before the VGH annual meeting in Sept. Fill out an application form (Obtainable at MPA office) and send two dollars to the VGH society. It is imperative also that you attend the annual general meeting of VGH when it is called in order to elect a board which will continue VGH's current abortion policy.

FRANCES PHILLIPS



MPA BOOKLET COMING

VANCOUVER MENTAL PATIENTS ASSOCIATION

announces the publication of

HEAD ON

a history of MPA as a self-help model

available at MPA for \$1.00 or \$2.00 by mail

Order from 2146 Yew St., Vancouver, B. C. V6K 3G7

Name :

Address:

Fear and Loathing at the School of Social Work

I've been a member of MPA for about a year now, and for part of that time I was also a student at UBC's School of Social Work - talk about your major contradictions. There were a lot of them and I'd like to tell you about them from the perspective of being a member of MPA.

I guess that beginning at the beginning will give you a better idea of where the school is actually at - in contrast to MPA. MPA is open to all who wish to join in and participate. To become a member you must attend one meeting and come to the drop-in twice. There are no membership fees.

The School of Social Work has a much more exclusive nature. To be admitted you must fill in an application form approximately five pages long; you must supply five letters of reference and then you must write a personal statement 1200 words long on why you want to be a social worker, what got you interested in it and why you'd be a good one. A committee goes through the applications and decides who will be admitted. Tuition books, student funds, etc. run about \$800.

When you get there you find that it's like high school only worse in that you don't have any choice over what courses you are allowed to take. You must take all the courses that are offered in first term,

anything else that you wish to study is done on your own time and to take more than one extra course you must get permission. Trapped!

After I'd been there for only a short while I realized that there were a lot of things that I wanted to see changed starting from the point of lack of choice and moving through things like the vagueness surrounding the marking procedure and lack of information we had on registration day.

How do you bring about change in an institution of higher learning that's been around for a long time in one particular mode? Good question....no answer. The University itself has a power structure that boggles the mind and almost defies

description. There is a distinct hierarchy and the wheels grind s-l-o-w-l-y through the levels of committees - student government senate, chancellor, etc. Within the School of Social Work itself there is a clearly defined power structure and struggle between the students and the faculty. It is one that is hardly ever acknowledged by the instructors who because of their liberal easy going manner, and their total lack of power to change anything major in the school, see themselves as being basically in the same position as the students. Every decision that they make must be ratified at a higher level,

and they've been turned down many times before. Frustration!

It's a far cry from the direct impact of MPA's participatory democracy. If you feel that something within the organization needs changing you discuss it with others, form a support group, bring it to a meeting and vote on it. Presto - change.

At the School of Social Work I tried the tortuous route that was supposed to lead to change. I joined the Programme Committee for my particular year and then I called a meeting for anyone in my class who was interested in seeing changes in the programme. Twenty two out of thirty five stu-

dents showed up! We came up with a list of questions we wanted answered and things we wanted changed, then expanded on it to present to the faculty members on the Programme Committee. I went into the meeting prepared for a fight and found myself battering my head against a wall of agreement. These were obviously not the people with power.

Throughout the next seven months we attempted to have our ideas implemented and, in fact, some changes had taken place at the end of that time. The small gains that had been made hardly outweighed the sense of frustration, powerlessness, anger and depression that was balanced against them. Long before school has ended

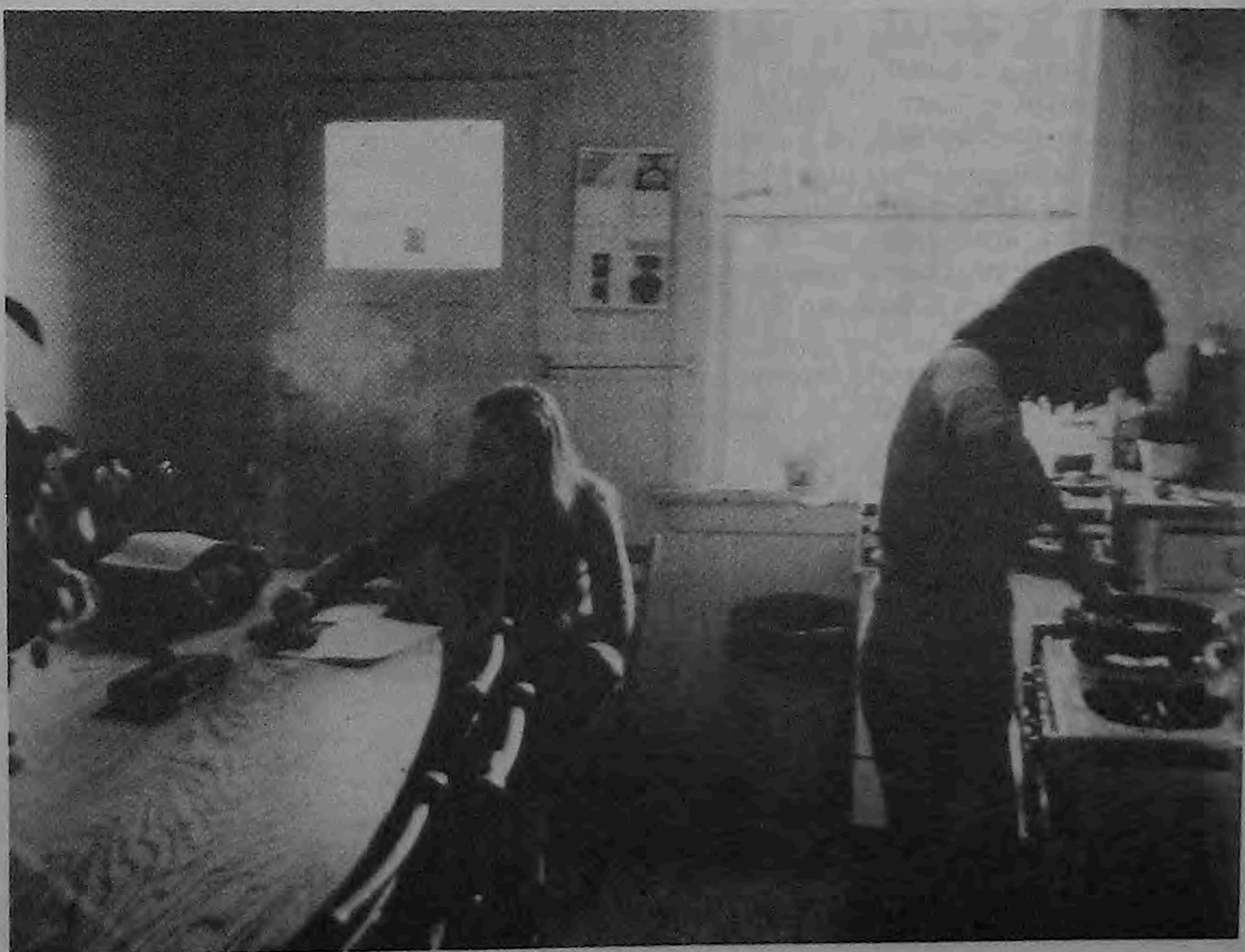
I agreed with the (Groucho) Marxists and pieography. There were a few faculty at the school who would have looked good with custard all over their faces.

The School of Social Work is also a bastion of professionalism and expertise. Their position is the Social Work should be a profession, that all sorts of knowledge and expertise should be gathered together for the purpose of helping others to solve their problems, and that Social Workers must carry out this function in an exclusive and professional way. This certainly contradicts MPA's philosophy, and my own, which sees all people as having life problems at one time or another and being in need of help but not necessarily from experts or professionals who seem, in many cases, to have all the answers.

Being at the School of Social Work was a contradiction but a valuable one. During the year members of MPA came out and did workshops for the students to turn them on to another point of view on the mental health system. Most contradictions can't co-exist for very long, they have to be resolved one way or another. For me, the contradictions have been resolved by deciding to de-professionalize myself and work outside the system. What I learned at the school was that I don't want to be a social worker and I do want to be a member of MPA.

Many of the small filler items found scattered throughout this issue of the MPA NUTSHELL are blatantly ripped off from other publications with no regard for copyright considerations or royalty payments and I am certainly in a position to know since I am the MPA typist. They keep me locked in a small room on the third floor and I am fed gruel through a small hose. Once a month a large sheaf of paper is rolled up and passed through my slot and I am expected to have it all typed by the time the deadline rolls around or they cut off my gruel. My only hope is that they will paste up this filler item along with the rest and not read it until it's printed. Then maybe someone out there can come in and offer to help with the typing once a month.

N. Bonaparte



CHARLENE AND SANDY

Breakfast of Champions

KURT VONNEGUT



If you wanted to read a really intelligent review of Breakfast of Champions, you might try going back in TIME or PLAYBOY and looking under BOOKS. For this time, I can not promise intelligence, not can I emulate a rationale of literary astuteness any more than does Vonnegut in his book.

I have heard it spoken, that God lives in the Arbutus Restaurant, perhaps upstairs. It very well could be that whoever initiated that rumor knew Kurt, or at least told him about it. For indeed, Vonnegut is the creator in his book, (also called OR GOODBYE, BLUE MONDAY) and he does indeed sit in a restaurant and see his characters behave in a most unconservative manner.

He can predict the future from behind mirrored glasses since he creates the future for each of his characters. He can kill them off, make them go crazy (although they are all crazy to begin with) or pull their teeth, for he is the creator of all that is real to these beings.

BREAKFAST OF CHAMPIONS is the author's fiftieth birthday present to himself, though it would seem likely that he felt somewhat as the father did who bought his kid hamsters that were not REALLY all female and went on to procreate as fast as they could.

It seems likely that Vonnegut's creations went just about as madly on by themselves, with the meagre limitations of only the occasional valium to compensate for a wildly running fever of an imagination. Further, it seems that they would have a difficult time believing that he is actually their creator, as I would disbelieve anybody that happened to tell me that they were God, especially in such an ordinary setting as Vancouver, or better yet, the Midland City of Vonnegut's novel.

Kilgore Trout is a sci-fi writer who is promised by the author a Nobel Prize to make up for an unjustifiably shit of a life so far. For

the rest of the book, it is just another day, like any other day. Dwayne Hoover, who is a Midland City Pontiac dealer, hears all about the creator from Kilgore, and seems quite unready to hear about such astonishments since it appears to drive him to a degree of insanity comparable to Hitler should he ever be stuck in a Bronx elevator.

The book goes about to answer the question: "To what extent are humans sacred, and to what extent are they machines?" The manner in which the question is answered still brings a smile to my lips in the midst of the most undeniably boring parts of general meetings. I have been caught giggling on the Number 4 Fourth Ave. bus as well.

I can pray to God that you read it, knowing that if he wants you to you will indeed be helpless against the mysterious gains of fate.

The reading is light, with childlike illustrations of such phenomenon as assholes, electric chairs and the like, the printing is big enough to see even in the darkest of the corners of the universe.

The maker of HAPPY BIRTHDAY, WANDA JUNE is a true genius, even before BREAKFAST OF CHAMPIONS came to his forehead. It is indeed time to meet the Creator. Sorry about the review being five years late, folks....

BRUCE MILLS

Eden Express

MARK VONNEGUT

He thought all his life that British Columbia was the garden of Eden. That Cape Cod and New York apartments were tokens of Upper Class civility that he was not going to take part of. He would buy land, settle in and become one with the earth. It seems such a shame that Mark Vonnegut's EDEN EXPRESS (Bantam 1976) should end with a bout of schizophrenia, yet somewhere along the line one might feel he deserves it - like everyone who comes from the east encounters madness upon arrival in the paradise which is called the west coast.

Like his father in Breakfast of Champions, his writing abounds with humour, his accounts are colourful and entertaining reading. Yet, there is something so much more real, well, it isn't fiction. My God, it really happened. The book is one which I proclaim as a must. I feel enriched, if not moved since reading it. Mark tells me that he did everything right, only to end up in a padded cell. I am bewildered. I am doing everything right, will it happen to me too?

EDEN EXPRESS is a case history like no other case history you will ever find. It regards in such a personal way, a kind of insanity which is so very real, so very stark and frightening. So familiar I know it before I read it. The book talks so closely, it might only whisper and I will still get the message. There is all of the wonderfulness of B.C. The mountains, the ocean, the islands, Kitsilano. Becoming one with the earth and finding that the earth is completely out to lunch.

It is certainly the '60's. It is certainly that: "Working the land, being cool, letting it happen, smoking dope, being cool, and finding that letting it happen means that it happens to be schizophrenia. And that no amount of guruism is going to chase away voices and visions, nor is it going to make any of that crazy stuff stop happening. What does

make it stop happening are several combinations of things: Thorazine and shock, a visit from his mother, psychiatrists, Jesus and a bunch of appropriate hallucinations. He worries about talking about going crazy to his friends. 'they might have thought I was bragging...ego death...supernatural...hypersensitivity....they would have thought it was really terrific...schizos are failed mystics...schmystics...I had to live through twenty-four hours of terror...' and so on.

Please read it. Do not let the word 'autobiography' make you think of J. Paul Getty. It is not that kind of life story. It is one which touches all of us. Any one of us could have written that book, perhaps one of us will. And do not be dissuaded by the first part of the book, all of that rich hippy boredom, read it through - it will unfold.

Vonnegut says: 'it is the worst thing that can happen to a person...schizophrenia is also one of the most...humanizing experiences life offers...but it won't do you any good unless you recover...'

Follow his odyssey. There is much to be learned.

BRUCE MILLS

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Psychiatrists

Can Be Selfish

What goes on down here on God's green earth anyways? What is this massed computer system called Psychiatry? Is it communication? I think it is. Is it conversation? I think it is. Is it talking about experiences? I know it is. Is it educational or is it being selfish? Let us launch out into this long established practice called Psychiatry.

What do you do about your problems? Do you talk about them? Or, do you lock them up inside your skeleton until your computer has had it?

What about your friends (co-ordinators)? Do you talk to them? All the MPA co-ordinators I have met have become friends of mine. Take Fran Phillips for example. Fran and I have not only become friends but we have become friends forever. Neither one of us would jeopardize our relationship.

What kind of therapy programs are you under? What about this cop-out nonsense that psych-wards, clinics and care teams hand out? We all have to put up with it but we don't have to stand for it.

Listen! MPA is a fighter organization. When we negotiate we mean business. What about you? Don't just sit there! Go for hell. Go for heaven. Whatever you choose, fight for it. Did you fully understand that @#%*#@ diagnosis? Or did you get a cop-out? Don't settle for anything but the best. Fight for what you want. Get it when you can and get all you can. Most important don't be afraid to ask for help.

I don't want to make any enemies with people in medical science, but I won't settle for anything but the best. I've talked to four psychiatrists. They can all play games. Even the best told me "I don't want to rock the boat." When it comes to a crisis they know exactly what to do. The question that sticks in my mind is what do they want to be so selfish with their education for? Let me explain myself. With one doctor I had a little con game going. We both did all right. With

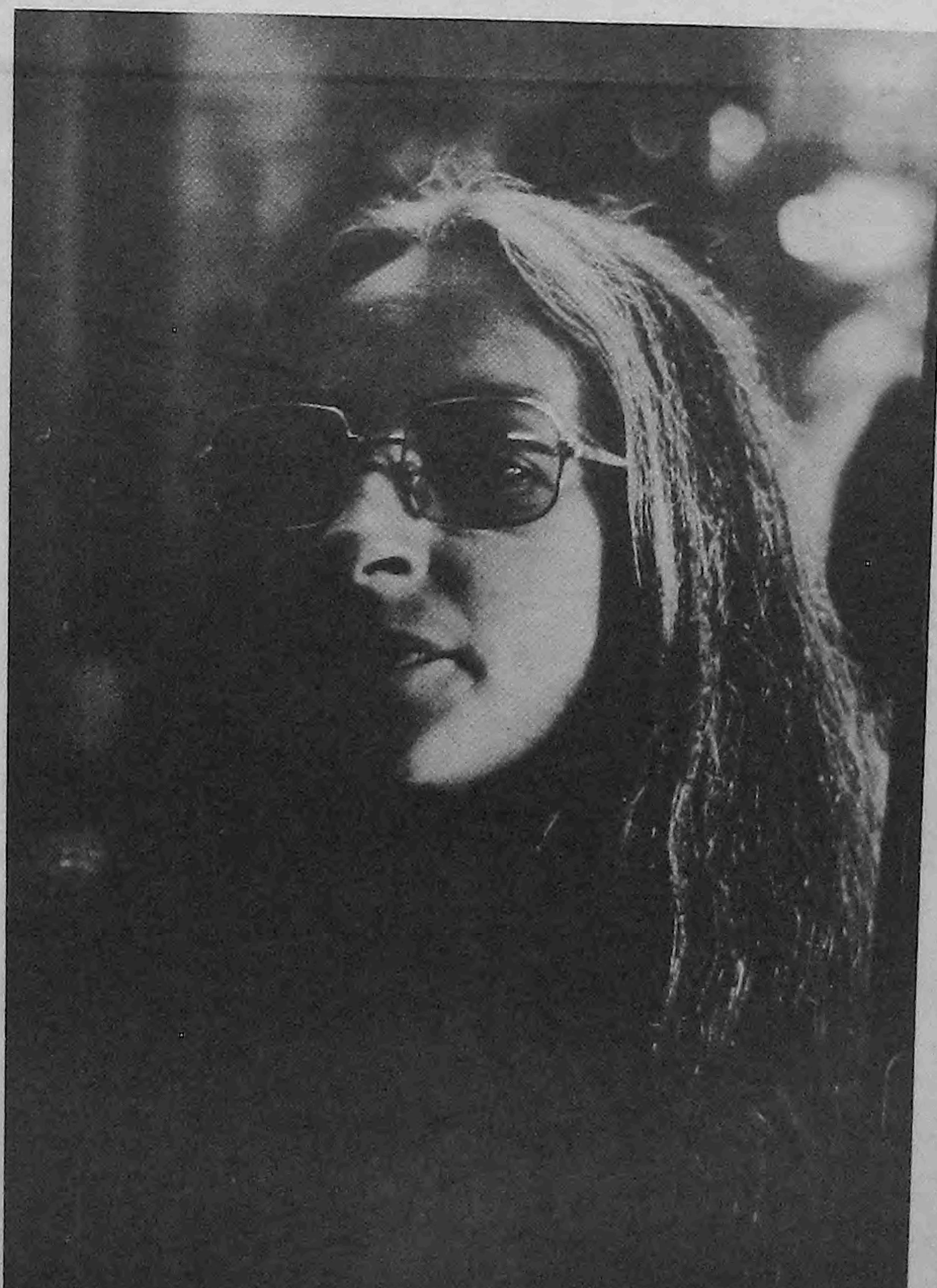
another doctor I got some good advice and some not so good advice. My first psychiatrist and I got along fine. He asked me if I would go to Riverview. I was brand new to psychiatry so I left for Calgary. When I came back from Calgary I went back to talk to him. He eventually got me into Health Sciences Hospital. I asked him for my diagnosis and he gave it to me. I was in a bad space. At our next talk I couldn't remember what the diagnosis was so I asked him to repeat it. He kept it to himself. "My doors will be always open" was his closing remark. His offer was one of good advice. With my present psychiatrist we have a fine working relationship going. I have my diagnosis. I won't play any games. We are right up to date in everything. He is encouraging me with my one step beyond. What is this one step beyond? God's Eternity!

By the way, what kind of line have you thrown out to your psychiatrist? You can only find answers by searching for them.

Bruce Rauchman



APRIL AND FRIEND



EILEEN

VOICE OF A NON PATIENT

I recently picked up a copy of the "Nutshell" and read about the problems with non-mental patients in MPA and other oriented groups. I can appreciate what you are saying. But I would like to shine a light on the other side.

In 1973 I had my first encounter with MPA. I was addicted to drugs and in a state of mental turmoil. I was a client (as we were called) at an Addiction Prevention Centre and they were shutting me out because of my emotional problems. I sought out MPA at that time. I was not impressed and proceeded to get further into the dope and booze as well as the turmoil. In the summer of '74 after being kicked out of everywhere imaginable and having absolutely no where to go I once again came to MPA. I had never been in a mental hospital, although I was begging my shrink to commit me. I'd also tried to commit myself but to no avail. Hospitals don't dig addicts. Also since 1970 I had considered committing myself and had discussed this with ex-mental patients along the way. They all said "Don't." So I didn't. The horror stories were too much. Nevertheless when I arrived at MPA I received static because I had never been in a hospital. Despite the fact that I had been in the same head-spaces. I did receive support from some people but, nevertheless, there was still a lot of hostility or maybe indifference.

It strikes me as strange that MPA of all places would be tight with their support. Isn't it better to never be hospitalized? Wouldn't all of you rather have escaped shock, heavy medications and long prison-like hospital terms? I did thanks to friends and those MPA members who cared enough to be there.

-by an ex MPA member

