THE HAVERFORD RAILROAD

by Lenny Lapon

While working as a paralegal for a legal advocacy project at Haverford State Hospital, I have had the occasion to be present at many Delaware County commitment hearings. The hearings are an utter outrage. Not that hearings which commit people to involuntary, unwanted alleged "treatment" (read "torture" in the form of high dosages of dangerous psychiatric drugs, seclusion and mechanical restraints) could ever be fair. The law, "Mental Health Procedures Act 143" is stretched and distorted with much use of the catch-all predictive criterion, "the person has acted in such manner as to evidence that he would be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded..."

The original petition for commitment can be initiated by any "responsible person" which in fact often turns out to be a shrink from a "community mental health center" whose lethal drugs have been refused, a slumlord who hasn't been able to collect his rent, or an angry or abusive spouse (usually the husband). Nearly all the people whose liberty is taken from them are poor and exhibit such symptomatology as "no food in the refrigerator," "messy apartment with lots of papers" and "inappropriate affect" (i.e., showing their anger at being railroaded, forcibly drugged and dragged to a hearing which is designed to lock them up.)

The committing shrink usually "examines" the "patient" (inmate) for about 5 minutes, and proceeds to dehumanize her/him in typical meaningless psychiatric jargon (i.e., schizophrenia, chronic, undifferentiated type; inappropriate behavior; passive-aggressive personality, etc.) that proposes to make medical problems out of social and political ones, and blames the victim of psychiatric, class, race and sex oppression. The so-called "treating physician" is rarely present.

Often the victim meets her/his attorney/public defender for the first time just <u>after</u> the start of the hearing. Usually the public defender has made no preparation and sees himself as acting in the "best interest" of the defendant (which is usually contrary to what the defendant perceives as her/his own best interest). Much more often than not, the public defender is not familiar with the psychiatric drugs and their effects and views this important area as one of "medical expertise" rather than one of social and political thought control.

Needless to say, very, very few people walk away from commitment hearings free.

Refections on a "Board & Care" Home

by D. P.

This is written by a former resident of a "board and care" housing facility, which is composed mostly of former inmates of state mental institutions.

The boarding home concept is supposed to be a sort of "half-way house" to ease the transition of ex-inmates into civilian society. "Board and care" facilities usually consist of a housekeeper and a cook. The resident does not have to keep house, make beds, etc., and is prevented from taking resposibility for his or her life; a resident takes no part in the decision-making process regarding the menu, food preparation, etc.

The cuisine at most boarding homes is terribly inadequate, due to the owner's striving for extra profits. The federal government instituted the food stamp program to provide poor and low-income people with an adequate diet. However, residents of boarding homes are not eligible for food stamps and cannot get an adequate diet.

Affiliated with boarding homes are hospitals and "mental health" centers funded by the federal government. They refer ex-"patients" to the boarding homes. "Mental health" workers entice ex-"patients" into the "therapy" that includes childish activitites such as drawing pictures with crayons and working for 50¢ an hour. This does great damage to an ex-inmate's self-esteem.

Boarding home operators usually take as "room and board" most--and sometimes all --of the residents' checks, which usually consist of welfare or SSI. Some boarding home landlords don't provide clothing to the residents, who can't buy any because of their income being expropriated. These and other practices tend to make the ex-"patient" economically powerless, as most realtors require a month's deposit and a month's rent up front for apartment rentals. Taking all of a resident's check tends to create a slavery situation, binding the ex-inmate to the "board and care" home.