

IN A NUTSHELL

Mental Patients Association Newsletter
1982 - W. 6th Ave., Vancouver B.C.

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<p>PM creative writing. Females - the same role as the male - discussion</p> <p>11:00 This announcement is the same as the one we had</p> <p>12:00 Noon Drop-Ins Center Meeting</p>	<p>12:00 Noon The 6th of April is the same in 3 days</p> <p>1:00 Noon bugyress mtg. 6:30 hairdressing 7:30 religious discussion</p> <p>18 General MTC</p> <p>19 Do not read this Square</p> <p>20 Do not read this Square</p> <p>21 The 3rd of April was 3 days ago</p> <p>22 Compline TRIVIA 11:00 break 8:00 sing</p>	<p>23 Cater - B-in</p> <p>24 8:00 Drinkers Group</p> <p>25 10:30-3:30 Crafts Sewing & Fabrics</p> <p>26 Do you realize that Easter was over 3 days ago</p> <p>27 10:30-3:00 Crafts Ribbons</p> <p>28 12:00 Hospital Politics 8:00 wife</p> <p>29 10:30 Crafts and Prints</p> <p>30 11:00 break</p>
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HELP!

There's been quite a lot of criticism lately about the atmosphere at the Drop-In Centre - ranging from lack of quiet spaces, lack of co-ordinators, to lack of V.O.P. organization. It appears that the Drop-In is truly in a state of crisis. The number of freaked-out people is high - co-ordinators not excluded. The move has not contributed to bettering this.

A tremendous amount of energy is necessary to finish decorating and setting up the house comfortably. A tremendous amount of energy has been demanded by people in crisis. The number of drop-ins has greatly increased this winter. There has been little time left for organizing and continuing drop-in activities and functions. People are upset when scheduled activities fail to happen.

The work load is too heavy for the Drop-In Centre people to handle. We need more people who can commit themselves to a specific time and day when they can come in, talk to people and answer the phones. The Drop-In Centre does not belong to the co-ordinators, it belongs to the whole membership.

If you feel you belong to MPA, come in and help. Express your criticisms and ideas - donate your time. HELP!

- Barbara Bussigel

STAFF THIS ISSUE:

Frances Rooney Gerry Pitts
Bonnie Beckman Terry Haughian
Kathy Carney

IN A NUTSHELL can always use staff, people to help with typing, layout, editing, proof-reading, all the tasks that go along with putting out the paper. If you would like to help and learn newspaper skills in the process contact Terry at the Drop-In Centre.

We get many requests for subscriptions to IN A NUTSHELL. At the present time we have no fixed rate for this but any person who is able to contribute towards the costs may do so. Anything people can afford would be great. IN A NUTSHELL is free to all people incarcerated in hospitals and to all hospital staff as well as MPA members or anyone else who has been in hospital. All movement and community service grassroots organizations can get the paper free. Write and tell us who you are and where you are staying.

IN A NUTSHELL is the official publication of the MENTAL PATIENTS ASSOCIATION. Our address is 1982 West 6th Ave., Vancouver, B.C. The telephone number is 738-5177.



ON ANTIPSYCHIATRY AND PSYCHIATRIC VIOLENCE

On Friday, March 31st, the mental Patients Rights Committee held a demonstration at Riverview Hospital to protest a conference the hospital had called on "dangerous patients". The MPRC felt the topic should really be "dangerous hospitals".

About 25 people turned up to picket, hand out leaflets with information and statements on the conference and to generally express dissatisfaction with the mental health system in B.C. The conference itself was an important target since it typified the general attitudes towards mental patients held by professionals. It was a good example of one (privileged) group labelling and discussing another (oppressed) group. There were no patients at the conference. Nor were the demonstrators allowed inside to present their views.

One of the leaflets distributed showed that if mental patients had committed all the murders in B.C. in a year, about .2% of patients would be "dangerous murderers". Another fact whoed that the figure could not even be this high since in Canada for 1971 out of 394 murders only 5 cases were judged "not guilty due to insanity".

These facts show the futility of trying to study "dangerous" patients since not very many exist. Furthermore it showed that Riverview once again scapegoats patients rather than trying to find out what's wrong with itself. One of the points made at the demonstration was Riverview itself is violent with mass, indiscriminate use of drugs

and electro-shock.

The demonstration looked like the beginning of a long campaign against psychiatric "atrocities" and the obvious faults of B.C.'s mental health system. The very idea of a "dangerous patient" conference is at least atrocious. It was futile since it attempted to formulate ways to predict the unpredictable, in this case whether or not a person might commit murder. Since everyone is capable of murder, large numbers of people would have to be locked up to follow the logic of "preventive" steps.

The demonstration was successful. It made an impact on the people attending the conference. At the conference lunch break psychiatrists and other professionals were engaged in impromptu dialogue with demonstrators. This was the high point of the action. People's ideas were matched with those of the professionals. Leaflets were also passed out and most attending the conference took them. One of the leaflets gave statistics already mentioned. The other was a criticism of psychiatric attitudes towards patients. Part of it read:

"If the conduct amounts to crime and the individual is brought to trial, there are procedural safeguards which give the accused at least a sporting chance. If the conduct is defined as a "medical" problem, ideas of justice and fairness are obscured by the metaphorical rhetoric of "health" and "illness" - and thus the doors of tyranny are left wide open."

- Dick Betts

the bee, the ant and the pseudo—brahmin

While worshipping Sol at the margin of a private untenanted pool I saw a bee on the water surface, six feet from the edge, struggling to take flight. It was obvious the effort would be in vain.

Since a slight current is caused by clean water entering the pool, the bee drifted to within one foot of the side. I arose, went over and placed one hand underwater just below the bee (a precaution - the attempt would not be recognized as aid) and flipped it out of the pool in a cloud of spray. Much to my surprise the bee did not fall to the deck, but immediately took wing.

In more stable times a brahmin

would have a servant precede him, sweeping his intended passage, so that he would not crush an insect. Was this act brahmin-like?

A few minutes later, a large ant ran off the edge and plunged into the water. I did not spring to its aid, but it too drifted toward the side, finally making contact and crawling out despite the overhanging lip of the pool.

Does one have more empathy with bees than with ants? After all both are reputed to be industrious. Perhaps it is because bees have a faculty we lack; that is, flight. This makes them wide-ranging while we, like the ant, are earthbound.

- Gerry Walker



SMASH

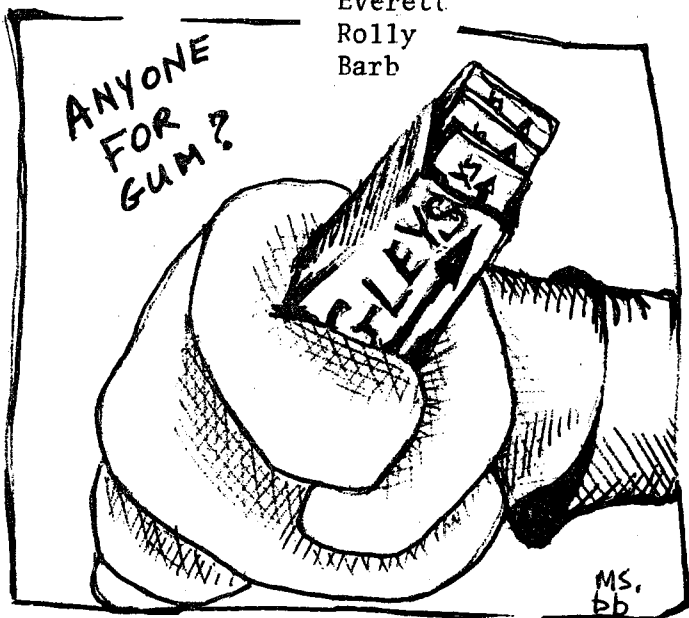
(Special Maintenance in Anticipation of Sobriety with Hopefulness)

The first meeting of SMASH was held Tuesday evening, March 27th, in the Drop-In Centre "Quiet" Room. Not all were smashed.

We formed this group because we all felt a need to share our experiences and to help each other struggle with problems of alcohol.

For those interested, there will be no breathalyzer test at the next meeting. We meet at 8:00 p.m. every Tuesday night at the Drop-In Centre. Join us.

-Gerry
Everett
Rolly
Barb



lesbians....

I need information for an article on the experience of lesbian women who have undergone psychiatric "treatment". Answers to the following questions would be helpful:

1. Why were you in "therapy"? Was it voluntary?
2. Was sexuality discussed? How?
3. How did the "therapist" react to this discussion?
4. What were your reactions to the entire "therapy" process?
5. The usual statistical stuff: age, time span of therapy, age at time of therapy, length of time a lesbian, anything else that's pertinent

ALL INFORMATION ANONYMOUS AND CONFIDENTIAL.
Send to Paula, c/o The Nutshell, 1982 W 6th, Vancouver

riverview, mental health and social concern

The mental health system at Riverview is a fragile one. This is basically for two reasons:

1. All staff, including the doctor, are unable to attend a patient unless a problem becomes obvious or is proven.

2. Staff members are often unable to cope with a patient because they don't understand that patient's norm.

With the former of the two it is quite real to assume that the staff do not anticipate difficulties and dangers except in some instances where they have the ability to do so. However, this ability is relative to the norm of the patient which may not be understood. The two points are related. Furthermore, the staff lack consistency of judgment of a patient's needs.

A good many of the staff are dedicated people putting the best part of themselves to helping the patient improve his capacity to deal with problems of the outside environment. But all staff are not in this category. Some, because of the nature of the roles they have to fill, are apathetic or unsympathetic to the genuine health of the patient rather than genuinely concerned.

A person of professional stature** said recently that Riverview will likely remain with mental patients in it and he does not see

it being different in our lifetime.

Realistically, psychiatry is a profession that should fill a human social need of this modern age. What I have said here has been written without prejudice from my own experience and I wonder if the profession isn't a dirty field in which too many things are overlooked. In allowing people to be placed in institutions, society shows its trust in the profession. The public should be informed of the need of research into creatively perfecting conditions in mental hospitals and of the quality of performance it has the right to demand of the profession.

There is in my mind a vision of much better conditions. Be damned with the institution! Just because it was built like a vault to serve its purpose and was made to last for hundreds of years, why should we let it stand as an unscrupulous living monument to the crying need of a modern population? Call me a hypocrite if you will, but I am not the public, I am merely speaking for them.

- Jean Tkachuk
Riverview patient

**The Hon. Dennis Cocke, Minister of Health, while speaking to a class of graduating psychiatric nurses.

politics night

has been moved to

WEDNESDAY NIGHT

(Except when pre-empted by General Meetings)

ON THE LEGAL FRONT

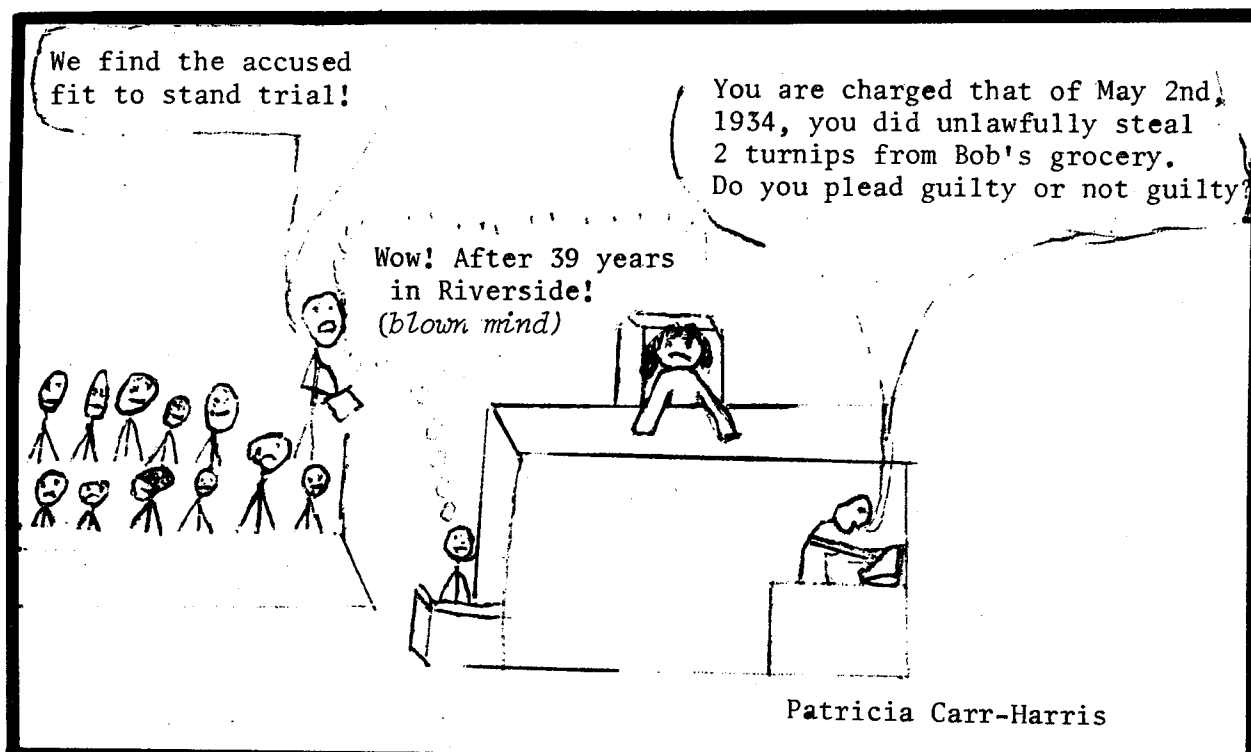
Members of MPA should be aware that legal means are available for protecting the civil rights of all persons whether they are called "mentally ill" or not. Recourse may be had to the law for resisting unwanted psychiatric interventions, obtaining money damages for the consequences of wrongful deprivations of liberty or spoiled identity and obtaining judicial release from the mental hospital.

These legal remedies include:

- Habeas Corpus.
- Applications under Section 30 of the Mental Health Act for a Court Order directing the Superintendent to release a confined patient.
- Certiorari to have the determination of a Review Panel appointed under Section 31 of the Mental Health Act removed into the Supreme Court together with the patient's complete record.
- Mandamus to compel a Review Panel to review a patient's case if review is refused pursuant to Section 31 of the Mental Health Act.
- Damages for False Imprisonment and/or Assault.
- Damages for libel and/or slander.

The problem is that few persons defined as mental patients are aware of what legal steps they could take and those who are aware are often too demoralized or incapacitated by the "treatments" imposed upon them to take any steps at all. Also, as a result of evangelistic and powerful psychiatric propaganda the belief in the mythology of "mental illness" is pervasive. Most people "diagnosed" as "mentally ill" by the medical profession accept their label eventually - if not immediately, surrender their self-determination to the "doctor", clothe him with responsibility for their lives - and thus embark on the career of mental patient. This process, termed "insight" by psychiatrists is very lucrative for them, and when it occurs, reinforces their image of themselves as "helpful therapist" unselfishly ministering to the "suffering patient". The "patient" on the other hand - once he accepts his assigned role and learns the game rules and pseudomedical rhetoric that goes with it - is unlikely to redefine his "helpers" as adversaries for the purpose of legal proceedings.

Psychiatry is a religion. In our scientific age the eternal problem of how we should live on the planet is characteristically expressed in scientific language. In the middle ages - the "Age of Belief" - the same problem was expressed in theological language. Psychiatrists who treat persons against their will by electroconvulsive therapy, forced drug taking and imprisonment are just as "sincere" in their efforts to make "mentally ill" persons "mentally healthy" as were the officers of the Spanish Inquisition who burned the



bodies of the "heretics" and "witches" for the benefit of their immortal souls. The rhetoric of rationalization has evolved from a theological orientation to a medical orientation but the scapegoating and torture - albeit in modified form - continues.

Wise persons in any community can be of great help to anyone whose problems in living have become overwhelming. Sometimes these "wise persons" may be medically trained. Tranquilizing or energizing medication is often useful or even temporarily necessary for a person who finds herself (or himself) in such an extreme situation. But submission to any form of medical treatment should be an individual decision based on informed consent.

Here are the words of Thomas Szasz, M.D. Professor of Psychiatry:

"It is widely believed today that just as some people suffer from diseases of the liver or kidney, others suffer from diseases of the mind or personality; that persons afflicted with such "mental illnesses" are psychologically and socially inferior to those not so afflicted; and that "mental patients," because of their supposed incapacity to "know what is in their own best interests", must be cared for by their families or the state, even if that care requires interventions imposed on them against their will or incarceration in a mental hospital.

I consider this entire system of interlocking concepts, beliefs, and practices false and immoral."

I agree with Dr. Szasz on this point. So-called mental illness is not mental and not illness. From the viewpoint of the labelled individual it is an existential problem in living. From the viewpoint of others it is socially unacceptable conduct. If the conduct amounts to crime and the individual is brought to trial there are procedural safeguards which give the accused at least a sporting chance. If the conduct is thought to be a "medical" problem, ideas of justice and fairness are obscured by the metaphorical

rhetoric of "health" and "illness" - and thus the doors of tyranny are left wide open.

Challenging our psychiatrized society by repeated Court action is an important form of political confrontation for two main reasons. If successful, it establishes a useful precedent. Whether successful or not it enhances public awareness. Legislative changes proposed by M. P.A. are also important and deserve our firm support. But legislative change will leave oppression unchanged unless public consciousness is also changed.

Individuals who confront institutional psychiatry by legal action will need a special kind of courage. Disbelief in "mental illness" is likely to be labelled "mental illness" just as disbelief in "witchcraft" was at one time considered "heresy".

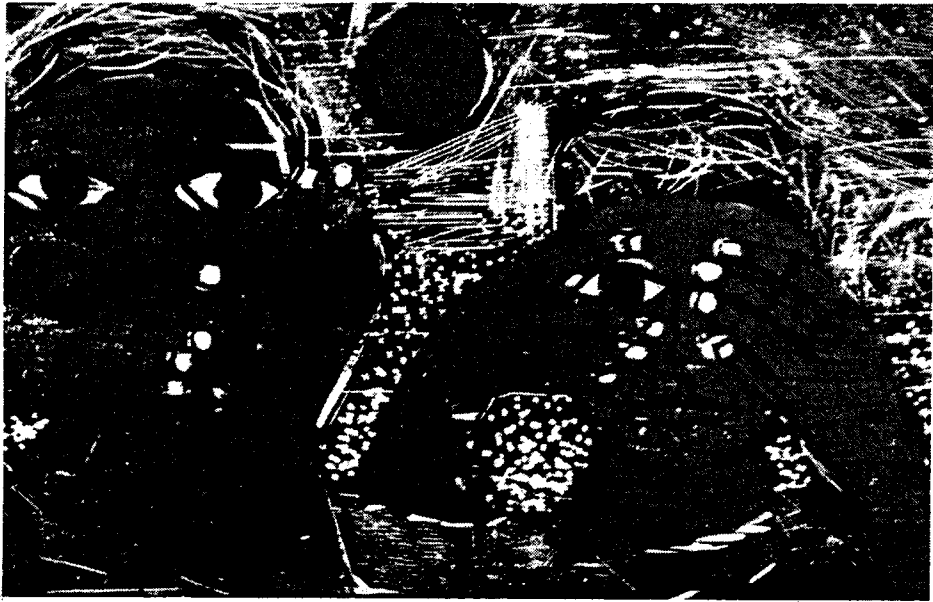
Here is Albert Camus:

"Between the forces of terror and the forces of dialogue, a great unequal battle has begun. I have nothing but reasonable illusions as to the outcome of that battle. But I believe it must be fought, and I know that certain men at least have resolved to do so. I merely fear that they will occasionally feel somewhat alone, that they are in fact alone, and that after an interval of two thousand years we may see the sacrifice of Socrates repeated several times. The program for the future is either a permanent dialogue or the solemn and significant putting to death of any who have experienced dialogue."

This choice is clear. If you know someone whose legal rights are being abridged or denied on psychiatric grounds who wishes to resist this process, have them contact the Mental Patients Rights Committee (Phone 685-9473). In many cases a legal remedy is available.

R. Dale Carr-Harris,
(B.A., LL.B. of the
British Columbia Bar)

editorials



WHAT IS THE DROP-IN CENTRE?

HYPOCRISY

The feelings and desires of the individual can never meet the "norms" and goals of the society. That is to say that no one can fully epitomize his society in feelings - he must, however, in deed. This is hypocrisy - thining one thing and doing another. This is not to imply that hypocrisy is functional (though it may be) but only that it is inescapable.

In this technologically advanced competetive society, hypocrisy is becoming an accepted fact. More disturbing than the label are the underlying causes that make such a defensive, negative action necessary. Unless these causes are recognized and changed it will mean the ultimate destruction of our society which is built on a foundation of deceit. What are the motivations behind a society that breeds isolation, contempt, distrust, misunderstanding, hatred and loneliness and makes the individual feel the necessity of hiding behind his own fabrications. It would be foolish to try to pinpoint the lack of trust that breeds the various defensive actions on any one cause. The change from the conjugal family system to the consanguine family system; the loss of individuality and lack of identity; the deterioration of churches and beliefs; corruption in the "sacred" institutions of our country and the competitive system

tetive capitalist spirit - all of these foster a distrusting attitude that contributes to hypocrisy. It has become a buffer between the individual and his environment but perhaps one of the worst ramifications of the situation is the fact that people are becoming more ignorant of their deceit. We are so accustomed to using hypocrisy as a defense or stepping-stone to suc-

cess that we are becoming de-sensitized and perhaps we are not aware of being hypocritical.

If a society admits to deviances (takes away value judgments) then it becomes "normative". What are the ramifications behind a society that breeds isolation, contempt, distrust, misunderstanding, hatred and perhaps the most tragic of all - loneliness?

We must first question the concept of freedom before we can relate it to being free or enslaved. The blacks were freed - but freed to a new bondage perhaps as bad as the old one. The Indians are free - free to live on reservation concentration camps and die of disease and lack of proper food, clothing and shelter. And I am free - free to conform or die because of no jobs or welfare due to my non-conformity. Free to perpetrate (not perforate) this society.

- Patty Servant

A stranger appears at the door and asks "What's happening at the Drop-In Centre...what is it?" Well, it's a myriad many-faceted thing with too many contradictions. What is it supposed to be? I don't know.

It's different things to different people. Some people want it to be a home - a place to sleep, eat, be. Some people want it to be a place they can come to when they're freaked and want to talk to someone or to rage at the world. Some people want it to be a pleasant social centre where they can chat amiably and in peace. Some people see it as a last resort - they've been turned away from too many inns and desperately need a place to stay. Some people might see it as a happening place - where something's always supposed to be going on. See a few contradictions? So do I.

It ain't that big and considering the scope of the organization, we ain't that many. Do we try and fulfil all these expectations or do we focus on a few and try and do a good job in those few?

Anybody got any answers???

- Karen Joeveer

letters



Dear Brothers and Sisters,
or Sisters and Brothers:

I'm an ex-patient, been working, struggling in New York City with M.P.L.P. here...Mental Patients Liberation Project...for over two years now... I would like to write a newsletter or record of our activities, ideas, poetry, etc.

Please put me on your mailing list to receive your latest "In A Nutshell". I have No. 14 (July '72) - that's all.

I think it's really

fine. I'm on Public Assistance so it would be hard to subscribe right now.

At our National Conference of Mental Patients Groups in U.S., I read excerpts from "In A Nutshell" on television, portions of which were televized on Channel 13, Public Television in New York City.

"Go at your own chosen speed."

Love,

Leon R.

New York

REPORTS

Farm

Complaints of past and recent incidents caused our neighbours to initiate a meeting with us. I interpreted the discussion as a very fruitful one.

The combination of dealing with the most recent incidents, our presence and offering our telephone number seemed to reassure the people. They offered some very strict suggestions on how to screen new people by confining the prospective resident to the property for a probation period. "After all that is what they do in the institutions." We disagreed with this and it gave us an opportunity to describe what we were about. Our neighbours were straight about their concerns - mainly their property values and their children. (In that order?) and there were offers of help by the end of it. We still await acceptance by our landlord who has been stalling signing a lease for months.

Not so patiently,
Patricia Morris

West End

We have moved into our new quarters. The new house is spacious, nicely laid out and a lot more suited to our needs. In fact, a certain cynical "wit" has dubbed us the MPA "Bayshore!"

We had some changes at the beginning of the month as Ron moved in with a number of fish tanks and a "greasy" orange and white cat named "Gingersnap". Paige and Glen left the residence...Paige to be with friends and Glen as an area supervisor for VOP. We acquired a new washer and are looking for a dryer. We are also planning some house redecoration for the future.

Many thanks to all the people who helped us move and get ourselves settled.

Grace Bisson

East End

Last month's report was all about the problems of people who live in our East House. This month I'd like to talk about some of our successes. The really great thing about our successes is that they are achieved by the person's own decision and not by pushing, shaming or decision-making by others. By concentrating on abilities rather than disabilities. By talking about health rather than disease our residents begin to develop a sense of what they can do and are willing to do rather than dwelling on what they cannot do.

We have had an East End house in operation for just over a year now. We have had over 40 different residents during this time. Nine of these residents have applied for jobs with MPA - quite an endorsement for our programs. Three have been accepted in upgrading programs. Over half are now working at various jobs in the commun-

ity. Most are working in the regular job scene but a number are using their personal knowledge and experience of emotional or alcohol problems and the street and drug scene to help others. The majority of those who have lived in our residence have volunteered for work parties at the drop-in centre. Some have gone into other community projects.

Probably the most exciting thing that has happened is the number of people who keep in touch with us after they have left. They often choose to come back for a rap session about particular problems rather than let things get them down to a point where they will be unable to cope with anything. They learned how to develop sustaining relationships with others instead of withdrawing into themselves. They have learned that although there will always be people around who will hurt them there are others who are willing to help and support them.

Fran Phillips

♂ Discussion Group

This evening marked the beginning of a new type of discussion group at MPA on the Male-Female topic. We began by individually speaking on what topics to discuss.

whether or not we should invite people from outside MPA to participate or speak to this group.

Everyone agreed that tonight we would deal with topics brought up within the group, and that we would stay with the same format for at least the next several weeks until we have a collective idea of directions to go in discussion, and at that time decide if we want outside speakers, workshops or whatever.

Sunday night we discussed frigidity, impotence, incest, sexual inexperience, sexual roles in which we find ourselves, and what this meant to us.

A very lively two and a half hours of talk followed. At the end we agreed that the next topic would be sexual vs. friendship feelings as well as a continuing discussion on subjects brought up this Sunday.

- Franc David
Feb. 11th, 1973.



Drop-in

Well, the drop-in centre is finally starting to take shape. Most of the rooms have been painted (thanks to Everett and company) and other good things like shelves for the quiet room (thanks to Rudy) have been made. We are always in the market for help. There's ground to be prepared for a garden, windows to be washed, and more painting to be done as well as a mass of donated clothes to be washed, ironed and mended. Any helpers are appreciated. What we're really saying is if you don't come to us, we'll come to you.

Karin Joeveer

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MENTAL HEALTH ACT CHANGES

There have been changes made in the Mental Health Act. Some of these changes are of immediate interest to MPA members and their friends so I thought I'd bring some of them to people's attention. The research committee is doing a longer pamphlet on all the changes in the Act but for now, and in consideration of space, I'll talk about a few of these changes. In a nutshell here's what it looks like.

Most of the changes simply make it easier to set up community health centres. This is the latest trend and it represents a complex issue. At present these centres might simply amount to "little Riverviews". With community direction they might be better places. There will be a discussion on Thursday, April 19th at 8:00 p.m. in the Drop-In Centre so that we can take a closer look at the community mental health concept.

There are three basic changes which represent both good and bad news for people stuck in hospital. First the bad news.

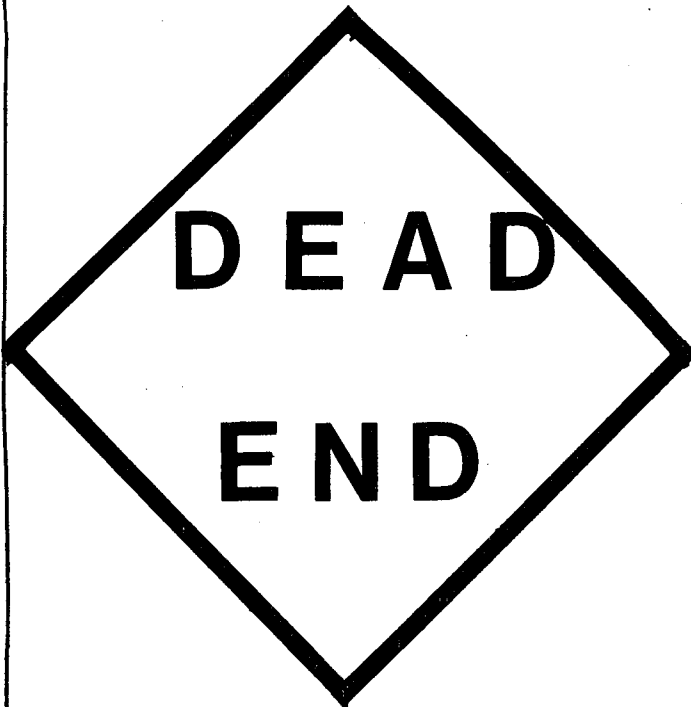
The new Act now makes it possible for people to be confined in a psychiatric ward for a total of 60 days instead of 30 days. In this area things are twice as bad as they were before. A ward can now keep a person for 30 days and then an additional 30 days at which point the person can be transferred to another facility.

Here's another piece of bad news. Previously a cop could pick up a person and have him or her certified on the basis of his observations or from information he receives about the person. Used to be a cop could arrest a person for acting strangely. Now he can do it if someone else says a person is acting strangely. Theoretically then, there's now twice as much chance of this happening.

Now for the good news. If a person is confined in any mental health centre he or she is entitled to a review at the end of three months. A person must have a review. It's law. Although the review board may be stacked against a person since it's composed of professionals there is a place on the board for a person appointed by the "patient".

In order to see that people get fair representation - in this case someone who is on the person's side - even if they have no immediate friends some means should be worked out so that MPA can be contacted to provide someone to sit on a review panel. Apparently family can't sit on the board. If people have friends in Riverview who might need a service like this or want more information they should contact the Drop-In Centre at 738-5177 or myself at 738-9095.

- Dick Betts.



Let me draw a picture of a frequent happening at the Drop-In Centre: a person comes in and has a critical problem. He's freaked, out of money and has nowhere to live. He may have come out of hospital or he may have been tossed out by parents or a landlord. He usually has no job and is too shakey to work. Someone talks to him and invariably a co-ordinator is asked to help.

There's a specific routine to follow. As he has no money, a free bed is sought. There's a list of places to phone that do provide beds. The places are usually very much like hostels (not a very comfortable place to be when you're freaked) and they are usually full. Dead end.

Next, an attempt is made to get some money. Welfare is the usual source. This requires phoning and setting up an appointment - usually for a later date. The residences are usually full and have enough of a load to carry without taking in people in crisis. Dead end. We need a crisis house. But that takes money for salaries and rent. Right now...dead end.

Of course, for this day, there are only two alternatives left: turn him out on the street where he runs the risk of ending up in hospital, or let him crash at the Drop-In Centre. But that's no good either - there's no room for beds or people sleeping on couches. There are too many people who need space for regular drop-in activities. There are a lot of people who need attention and quiet for the sake of their own heads. Conflict. But usually he ends up crashing here.

Next day usually means a trip to the welfare office with up to a three-hour wait. And welfare of course has its usual delaying tactics - lost file, wrong unit, unable to issue a cheque for at least a week. But the co-ordinator accompanying him gets firm and de-

mands a food voucher for \$15.00. This usually comes through. But he can't rent a room for \$15.00 and anyway the voucher is good only for food. So, as of today, he's still without a place to stay. So, of course, the only alternative is the street or crashing at MPA.

Sometimes in the week following he splits, freaks out worse and ends up in a psych ward, but most of the time he waits it out at MPA, the co-ordinator daily searching out a hostel, usually unsuccessfully. Then the cheque arrives and he finally has money for a place to stay. So the search starts for a room. The housing situation in Vancouver is bad. The hunt is often futile and especially difficult on a welfare budget. But eventually the person finds a place and either continues his contact with MPA or he drops out of sight.

Usually we've helped. We've helped him meet his immediate needs. We've put on a band-aid. We haven't touched the real problems. We haven't touched the reasons why he's freaked and out of money and out of a place to live - they're social, economical and political. He's freaked most probably because he's been fucked around by his family and society, he's jobless because he's freaked and because there are no jobs and/or they are demoralizing, and he has no place to stay because society punishes him for being poor and/or vulnerable.

The problem is being attacked by other co-ordinators - political action, administrative and residence co-ordinators. They're aiming at change, not band-aids. I try to trust that this will happen. But in the meantime I dole out band-aids, angry that it's not a cure. Frustrated that it's not solving the real problem. Down because I can't help.

That's the conflict of the Drop-In Centre co-ordinator. That's why Drop-In co-ordinators don't last very long. We can only take seeing so much constant contact with the misery of our brothers and sisters.

- Barbara Bussigel



ELECTIONS

Since Dave Beamish has quit and Gerald Beroldi decided to run for Drop-In Centre coordinator, we had another election. The results are Gerald and Molly Dexall are now Drop-In Centre coordinators. Also, in a previous election Eve Hamilton was elected Office coordinator and Marie Stevenson, South End Residence coordinator.

Elections for another research coordinator will be held April 18th. Al Kuenzli is filling the position on an interim basis.

"I'm tired!" said the swivel chair to the big oak desk.

"Why?" asked the desk.

"Because I had a heavy load on me all day long. I didn't think I'd be able to take the pressure at times."

"I get the same sort of thing," said the desk, except it's not spread all over me like yours seems to be. Instead it's in various spots up in the region of my self that is close to you."

"Humph," said the chair, "you're lucky! I sometimes feel as if one half of me was totally different from the other half of me. The only time I feel together is at night. You know what I mean, desk?"

"Not really, chair."

"Well, at night I feel free and loose with no heavy weights on me. Sometimes I get these feelings in the daytime, but they're short-lived and unpredictable. You know what I mean?"

"Hmmm, yes. Did you have that feeling the other day when you bumped against me?"

"No, then I was really feeling heavy."

"I see. So when you feel heavy you do violent things."

"No, no desk. That had nothing to do with me. All I felt was a swoosh and I had hit you. Then you yelled "Ow" and called me an asshole."

"Wait a minute, chair. It was you who yelled and called me an asshole. It was loud and clear. Not like your normal voice at all. I thought you blamed me for what you did."

"If it wasn't me and it wasn't you, then who was it?"

"I don't know," said the desk, "but listen, the next time you feel a swoosh come over you, listen hard and try to figure out where it came from. Maybe there are more things than we can imagine in this room."

"Sure," said the chair, "but right now I'm tired. Good-night and I'll see you tomorrow."

"Ya, okay, chair! Have a good sleep!"

The desk dropped off to sleep quickly, but the chair was still perplexed and bothered by the question that arose during the talk with the desk. Also the chair had hoped that talking about how he felt would be better than keeping it inside. But things seemed to go the same way with the desk and it didn't seem to matter how or what he talked about, the desk always managed to add to his confusion. The swivel chair finally dozed off, and he was woken the next day by a heavy thud on the front of his back and the up part of his seat. He awakened. The desk was already awakened a few minutes before.

"Good morning," said the desk.

"What's good about it?" said the chair.

"Well, well, what's bothering you this morning? Last night's talk still on your mind?"

"Yes, sort of. It's bothering me to know just what or who is the asshole and anyway, what is an asshole?"

The desk thought about it for a minute and replied, "I'm not really sure, but I don't think it's very nice. Not from the sound of it anyway"

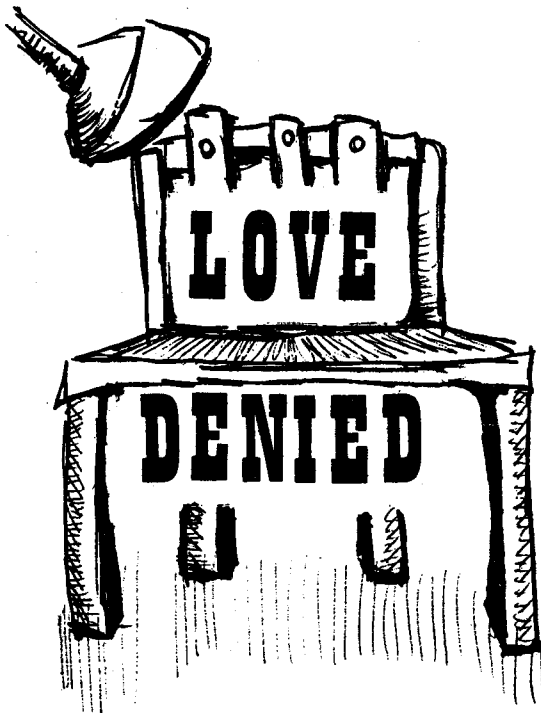
"Ya," said the chair, "That's about how I felt towards it. I wonder, desk - do you think we are motivated to think and understand by some divine being, or have we been like this all the time? What do you think?"

"Are you indirectly asking if something else other than ourselves is responsible for our actions? Like it is not really your fault you banged against me. So if..."

"Hold on a second, desk. What's this banging against you bit again? I thought that was water under the bridge for us?"

"I know it is, but if you don't want to accept responsibility for..."

"What kind of nonsense are you giving me! Do you think I want to hurt or upset you? No! Don't you understand it just happens that way!"



"Calm yourself. Calm yourself. Don't get so excited. Take it easy. There, it's all right now. It's all right."

"Okay, then. Let's get back to the original question.."

"About what?"

"About the presence of the divine."

"Oh yes," said the desk. "I don't believe there is one."

"Well, if there isn't one, how come we're able to talk to one another and feel one another and just in general be?"

"We are what we are and will be what we will be and it might or might not be what we were."

"You're getting tricky, desk, but you haven't really answered me. How come we are?"

"That is an unanswerable question. I didn't make you and you didn't make me, so I don't know."

"That's it, isn't it? Something must have made the two of us. Otherwise we wouldn't know who is who or what is what."

"Well, not necess...Oh to hell with it. I don't want to think about it any more. Let's forget it."

Just then the desk felt a heavy

presence on his front and a whoosh came over him as he swung in a circular manner. He felt relief that he didn't bump into the desk, but he knew by the force of his movement that this was going to be one of those days of great activity. And it was. He swung round. Rocked back and forth. Felt light-headed. Weighted down and in general nauseous. And he bumped into the desk again. The desk screamed.

"You did it on purpose! You did it on purpose. You're cruel and violent and you only want to hurt me."

The chair replied "No, honest, desk, I didn't mean it, really. It was an accident, and anyway, it hurt me too, maybe as much as it hurt you."

"No," said the desk, "It didn't hurt you 'cause you knew it was coming. It was a shock to me and I know you meant it - it was no accident. I hate you! Don't talk to me any more."

"But I only..."

"Don't talk to me any more! Do you hear me?"

The chair was shocked and decided that to try to communicate further was purposeless, so it shut up. It remained silent for three days during which nothing eventful happened. On the fourth day the chair decided to make an attempt to talk to the desk again. Besides the silence was deafening and chair was feeling lonely.

"Oh, desk," he said, "Oh desk, are you awake?"

There was no answer. The chair decided to try again.

"Oh, desk, I was just wondering if everything is all right with you. Is it?"

The desk replied, "I told you not to talk to me again, didn't I? Why don't you do as you're told when I tell you to do something? Then maybe you wouldn't go bumping into me whenever you felt like it."

"Are you going to start that again, desk? Why can't we forget it and start all over again? I told you I didn't mean it." screamed the chair.

"There, look how you're yelling; now I bet you're getting ready to do it again, aren't you? Well, I won't take it, do you hear!" screamed the desk.

"Quiet," said the chair.

"Nah, nah, nah," said the desk and stuck its drawer out.

"Don't stick your drawer at me" said the chair.

"Why not?" said the desk. "You wave your chair at me, and anyway, I'll do what I want when I want. I don't need you."

Just then the chair disappeared. The desk was silent, wondering what happened. It wondered and wondered for what seemed like a very long time, and then another chair appeared. It sat very straight and stared straight ahead.

"Do you swivel?" asked the desk. No answer came. "Well, do you?" asked the desk. No answer came. "Well answer me," said the desk. But no answer came.

- Earl Krantz