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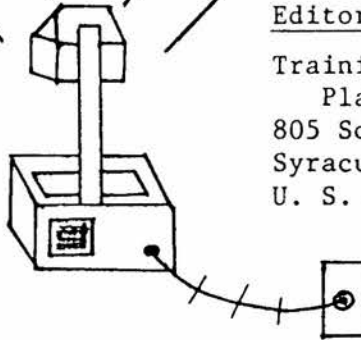
TIPS

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We have designated this issue for catching up with a backlog of miscellaneous items.

Three Tales of Samaritanship

Tale No. 1: The Good Samaritan; Original and Updated Versions

(TIPS editor's introduction: we ran across a story with the above title by Jane M. Orient, M.D., which we thought to be of highest relevance to contemporary human service workers, as well as other citizens interested in helping. We received permission to reprint it from the Journal of Biblical Ethics in Medicine, 4/87, 1(2), 32-33.)

The story begins with a man who fell among thieves. A Samaritan took pity on him, mounted him on his own beast and brought him to an inn. The Samaritan did not deposit him on the doorstep and disappear. Nor did he threaten the innkeeper with loss of his license, or a fine, or sanctions, or disgrace in the eyes of the community, if he failed to provide for the victim's needs. On the contrary, the Samaritan offered the innkeeper a Roman denarius, a silver coin valued at about nineteen cents, the customary daily wage for a laborer. Not a princely sum, but the innkeeper apparently considered it adequate. The Samaritan even offered to pay more, if necessary, in an early example of cost-based reimbursement. As it is written in Luke 10:35, "'On the morrow, when he departed, he...said unto (the host), 'Take care of him, and whatsoever thou spendest more, when I come again, I will repay thee'." The innkeeper evidently trusted the Samaritan's word. Perhaps he had a reputation for honesty, reliability, and prompt payment. What might be even more surprising is that the Samaritan also trusted the innkeeper not to overcharge him.

Not surprisingly, it was a lawyer who asked the question that the parable is supposed to answer: "Who is my neighbor?"

Today the question is still pertinent, but the answer of the parable is often distorted. The focus has shifted from individuals to society as a whole, and the number of victims has multiplied. In today's ethos the people who resided along the highway, or in the next town, or even in the whole nation, might be considered just as responsible for aiding the victim as the priest and the Levite were. And all might be blamed for the societal forces that purportedly created the new victim class, the band of thieves. The original story illustrated the principle of subsidiarity-- that we should aid those who are close to us--whereas the new ethics emphasizes social responsibility.

The Samaritan was a stranger and a foreigner, but he was the victim's neighbor in the sense that he was in the right place at the right time, and he had it within his power to render aid. Because he chose to do so, he has been singled out for praise throughout two millennia. But it is doubtful that many of today's ethicists would consider him to be much of a hero. Didn't the victim have a right to help? Besides, the Samaritan's motives might be questioned. He is said to have acted out of a feeling of compassion, so it is likely that he gained some sense of personal satisfaction from his good deed. There were surely many poor or injured people in the region on that very day whom he did not choose to aid, even though he was a prosperous man. Those who follow his example, on the advice of the Rabbi, are even less worthy of esteem--for did not the Rabbi commend his action to the lawyer on the basis of self-interest? This is what you must do, he said, to inherit eternal life. The lawyer was just told to love his neighbor as himself--no worse, and no better either.

In the parable, the innkeeper is not the hero, but then he also is no villain. He was probably just a regular fellow with a wife and children to support and bills to pay. It is possible that he was a compassionate man, who gave a little extra to the victim without asking for repayment. We don't know. But he apparently did not risk the debtor's prison in order to care for his unfortunate patient. If the Samaritan had not offered the denarius, he might even have performed a "wallet biopsy" on the hapless victim, to find that the wallet had, alas, been stolen. Most likely, the innkeeper provided only the basic services--no cardiopulmonary resuscitation, no coronary artery bypass, no liver transplant, no preventive medicine, no psychotherapy, and probably not even a private room.

The story omits altogether one character who has assumed extreme importance today: the gatekeeper. We can only guess how they managed to do without him. Who was there to see whether there was room in the inn, to hold the denarius for several months, and to make sure that the charges did not exceed the prepaid amount?

Every day you see the consequences of new concepts of responsibility in your medical practice, so you will surely recognize the following, revised parable, told from the perspective of a socially responsible bioethicist.

An updated version of the Good Samaritan. A man fell among antisocial elements, who had probably had a deprived childhood. (In the absence of property rights, there are, of course, no thieves.) A priest and a Levite passed by, and notified the proper agency in charge of prioritizing and providing for the victim's right to medical care in an efficient and fair manner.

While the bleeding victim was awaiting his turn, a Samaritan came along. The Samaritan was moved by pity (a deplorable trait, since tenderheartedness can lead to favoritism and other evils). However, he had no oil or wine for pouring on the man's wounds, no beast, and no denarius. Because the business in which he was engaged did not serve the social good, his property had been redistributed to those who needed it more. He was thus unable to help the man.

Eventually, some member of the helping professions brought the victim to the inn, where he was evaluated by the gatekeeper. There was a delay because the man's identification card had been stolen, and it was difficult to verify his eligibility. Also, the gatekeeper needed to confer with a utilization review advisor, who was more expert in applying the criteria. The admission criteria had been recently revised by a committee of community-based professional consultants, including the priest and the Levite.

Once the gatekeeper certified that the man was both eligible and needy, he assigned him, by now in a moribund state, to a preferred innkeeper. The innkeeper's duty was to take care of the patient, for whatever reimbursement society decided upon. In former times he might have gotten a denarius; but in the age of cost-efficiency, he would make do for less, without any decline in the quality of care. Otherwise, he would lose his innkeeper's license, or face other sanctions.

An innkeeper who complained that he had fallen among thieves would be accused of greed and selfishness. If he failed to cure the patient, the priest and the Levite could accuse him of incompetence or negligence, and the man or his heirs could instigate a lawsuit, with the aid of the neighborly lawyer. The innkeeper's union, in turn, could complain that society had not provided adequate resources or had allocated them unfairly. They could also propose an additional tax on the Samaritan for programs to alleviate the conditions that lead to roadside crime.

Tale No. 2: A Parable of Good Samaritans--Then and Now

A man traveling from Jerusalem to Jericho was fallen upon by robbers who beat him, took his possessions and clothes, and left him near death by the roadside. A priest came along, but seeing the "street person," he crossed to the other side of the road and went on. So did a Levite who came along a little later. But then came along a kind-hearted Samaritan, whose very national name has since gone down in history as the essence of self-less compassion, helping and good neighborhood. (So far, Luke 10:30-33; we now switch to England in 1983). The kind-hearted soul, member of a group of unpaid visiting social workers in Canterbury called the Samaritans, was profoundly moved by the fact that the victim had difficulty breathing and trouble seeing or hearing. Desirous of saving the victim from further suffering, and noting that the victim had no family to turn to, she administered medicine to the victim--in a lethal dose, then sat by and waited for death to occur. To the Samaritan's surprise, the victim was still alive four hours later. So the Samaritan put a plastic bag over the victim's head and tied it tight around the neck with a pretty ribbon. This did indeed procure the death of the sufferer in short order, whereupon the Samaritan left (Euthanasia Review, Fall 1987, p. 152-153).

Tale No. 3: The Samaritans of Laramie

According to Kozol (Rachel and Her Children, 1987), the Good Samaritan Fund in Laramie, Wyoming, will give homeless people a one-way ticket to another town, hoping some inn there will take care of them. (Source item from Jack Yates)

Social Role Valorization (SRV)

*In late 1987, a small community education and organizing agency in Western Massachusetts hired a staff person full-time to identify 10 different community organizations into which one handicapped person each could be embedded as a participant or member. This staff person was selected for having extensive roots in the community, and thus being in an advantageous position to identify promising leads. In fact, it proved possible in only a few weeks to identify some promising matches, mostly by identifying the interests of a handicapped person, such as bowling, skiing, oil painting and Bible study, and then looking for organizations focused on that particular interest.

*In an earlier issue, we reported on an organization which arranged very normative vacation experiences for handicapped people. A similar organization exists in Australia for elderly persons, particularly those who are very frail and may live in special housing, such as nursing homes. Such persons often have not had a vacation in 20 or more years, because of insufficient finances, poor health, fears over their ability to cope with a new environment, and lack of a traveling companion. Wyatt Holidays tries to address these and any other obstacles in the way of a person's taking a holiday. The organization gives presentations to instill in people a desire for a vacation; makes ordinary and special travel and lodging arrangements; finds travel companions and, if need be, special assistance such as a nurse or physical therapist to accompany a traveler; provides financial assistance with the cost of travel; and makes any other arrangements that are needed to enable a person to travel. The agency has facilitated vacations even for very impaired persons, such as a paralyzed man and his arthritically-crippled wife. (Source item from Mike Rungie)

*Columnist William Buckley said about a blind man trying to sail across the ocean alone in 1987: "God grant (him) safe passage, but do not make the mistake of supposing he is helping the blind." (Source item from Mark Johnson)

*We were amused to run across a very scientificated article in Education & Training in Mental Retardation (3/88) on how to stop enuresis (bed-wetting) of an adult woman. There were all sorts of behavioral regimens and charts, but what it eventually came down to was that they took away the woman's 8 cups of coffee and 4 cups of tea daily--and presto, problem solved.

*The Society for Care of Crippled Children in an English town decided to change its name to the St. Giles Society in order to remove any stigma which may be attached to the clients by the words "crippled" or "children." However, with a bit of historical research, we discover that St. Giles has been the patron saint of cripples. (Source item from Martin Elks)

*The No. 356, 1987, issue of the federal journal, Aging, carried an article gloriously interpreting the conversion of former car dealerships, trolley barns, warehouses, factories, schools and even churches into senior housing, with zero awareness of image issues.

*A child highly at risk of being interpreted as a sub-human animal by others should not be dressed up as an animal, e.g., in a bunny suit with prominent rabbit ears--yet we have encountered an instance of this.

*There is something problematic about holding a spelling bee exclusively for residents of homes for the elderly (e.g., as in Syracuse in 1987). In the vast majority of instances, spelling bees are associated with schools and child contestants. Thus, an old-age spelling bee is apt to image its participants as in their second childhood--no matter how good they may be at spelling.

*The Syracuse Herald Journal (16/7/87) showed a picture of 9 young adults making the most gruesome grimaces, with the caption telling us that this was a contest between the "idiots" and the "jerks," members of a local "comedy" team.

The Human Service Craze Scene

*By and large, people are terribly skeptical when we ridicule the many relatively new syndromes which get announced all the time, or the "discoveries" that these syndromes have finally been identified as biochemical, or genetic, and perhaps even located on a particular point on a particular chromosome. Readers thusly inclined should reflect on a 5/87 announcement (AP, in Harrisburg Evening News, 14/5/87) that the brains of suicide victims show significant physical abnormalities that provide good evidence that the tendency to commit suicide is inherited, and that a test will probably soon be developed to predict which people are suicide-prone (Source item submitted by David Schwartz). When this was announced at the annual conference of the American Psychiatric Association, people did not erupt into loud guffaws--as they should, and as we would have done, and as we hope that increasingly, TIPS readers will do.

*In 1987, the "discovery" was announced that the (supposedly dominant) manic-depressive gene had been found on the tip of the short arm of chromosome 11--no less! (Science, 6/3/87).

*A few years ago, there was big excitement on the mental scene when it was announced that finally, a blood test for the presence of mental depression had been found. We have written previously about naive reductionistic efforts in the interpretation of human mental aberrations, and have always been skeptical of the above claims, although these were accepted as gospel in many quarters. The latest research does indeed throw doubt on the validity of these tests, probably for reasons such as we discussed in the June '83 TIPS issue. The latest defense of the test is that there is nothing wrong with it, but only with the psychiatric diagnosis of depression (APA Monitor, 7/83)--which is hilariously circular, because psychiatric diagnoses have been notorious for generations for their unreliability, and a general rule of thumb in science is that the more, and the more persistent, unreliability there is in measuring a phenomenon, the greater the likelihood that the phenomenon does not exist.

*Yet another major media focus on so-called clinical depression occurred as the cover story for Newsweek of 4/3/87. Supposedly, depression is occurring much earlier in life than it used to, and is affecting many more people than formerly. We do not disagree that more people are crazy, but we believe that depression is not an isolated phenomenon but part of the normative cultural insanity in a decadent and further decaying alienated culture, and we do not believe, as the shrink world does, that heredity or viruses are at the root of it. We believe that empty or weak people are much more apt to become crazy with any number of disorders, and that what is now called depression is merely one of these. We should also be aware that a lot of people who might have been called something else will, at all times, be more likely to be called by whatever mental or medical condition happens to be "in."

People who live in an urban edifice environment, running from one building to another often without windows, are now interpreted to need light therapy if they get "depressed." In other words, the underlying societal structure and alienation is not honestly addressed, and the person is interpreted as sick and treated clinically. People whose rhythms of life are totally thrown out of whack by things such as television are said to have sleep disorders.

*The latest craze is a drug that was recently developed as an anti-depressant, and is now reported to dramatically heighten libido. While we suspect that this is merely a rumor put out in order to increase the sales of this drug, we can probably expect nonetheless that some people of shrinkdom will suggest that unless one has sex several times a day, one is depressed and needs drugs. (Source clipping from Elizabeth Carmichael)

*In 1969, 120,000 children were identified as "learning disabled." By 1987, the number had risen to almost 1.9 million. Now, efforts are underfoot to define LD as a "life-long condition" rather than one only affecting children. This would add many more millions.

*When government money became available to treat "minimal brain damage," one school in Texas diagnosed 40% of its students as having that dreadful condition. Two years later, this funding category had dried up--but funds for treating children with "language learning disabilities" had become available. Suddenly, the school no longer had minimally brain damaged students, but lo and behold, 35% of its children suddenly had language learning disabilities (Mendelsohn, 1979).

*We are startled to be told--probably falsely--that 20% of the US population suffers from neurological problems (Newsweek, 14/9/87).

*One of the craze categories in human services is anything that promises a quick and easy way of figuring out someone. One such new craze is about to burst upon the scene: the Enneagram. It is said to come from the mysterious East (the Sufi tradition), as do so many crazes, but Sufi scholars deny it. Also, one of its promoters claims he got it from an angel. The Enneagram is a diagram that purports to categorize people's mental identities. The Christian psychopop culture has begun to latch on to it, via two books, The Enneagram, and Personality Types. Be strong and skeptical!

*We have repeatedly poked fun at the Fra-X craze. One of the latest claims is that the Fragile X Syndrome is the most prevalent inherited cause of mental retardation and possibly of "learning disability" and misbehavior (e.g., ARC, 4 & 5/88). We wonder what Fra Angelico would have made of Fra-X. And might Fra-X be behind "The Murder in the Monastery"?

*There are many schools of thought on "autism," which is a condition comparable in its ambiguity to "learning disabilities" and "moral imbecility." One of the schools of autism now believes that one of the causes of autism is a yeast infection caused by the organism candida albicans, and that children are apt to catch it if they are subjected to heavy doses of antibiotics, especially after ear infections. Another belief of the same school of thought is that there is a genetic form of autism due to a "fragile-X syndrome."

*Aside from recent claims that scientists have discovered at least one of the genes for autism on the X chromosome, others claim to have found the chemical in the brain that causes shyness (Time, 16/3/87).

*There has been a small flood of announcements that scientists, for all practical purposes, have discovered the gene for "Alzheimer's disease." They even claim they know that it is located on the 21st chromosome. In the light of the history of human services, we continue to remain skeptical, and advise TIPS readers to do the same. After all, one reason to remain skeptical is that if the condition were inherited, one would not have seen the sudden explosion in prematurely senile adults that we supposedly are seeing now.

*We warned before not only of the "Alzheimer's" craze, but also of the Alzheimer's treatment crazes. How well advised this has become apparent in the fact that the US Food and Drug Administration has begun to investigate some of the much-ballyhooed research on the drug THA that generated a firestorm of interest. There is suspicion that the research behind it was at least faulty, if not fraudulent (Science, 26/2/88).

*We report again on the fact that more and more medical centers are now getting into the business of transplanting tissues from aborted fetuses into other people, including into the brains of people with supposed brain pathologies, such as Parkinson's disease. As is virtually always the case, early reports are very euphoric about the effects of brain transplants. However, there are already indications that the claims were more in the nature of craze claims than reality, and as we always do with such, we counsel skepticism, not to mention the scandal that abortions are being exploited in a utilitarian fashion, heaping perversion upon perversion upon perversion (Science, 22/4/88).

*It is hard to believe that the state of California has set up a governmental "Task Force to Promote Self-esteem." (Newsweek, 2/3/87)

*"Job stress" is another new glamorous craze. Reportedly, three-quarters of working Americans now say that their jobs stress them. "Job stress" is said to cost the economy \$150 billion a year. In 1987, Americans filed a record number of stress-related worker's compensation claims, triple that of 1980. In California, stress compensations have risen 5-fold since 1980. Some of the claims are preposterous, such as that of a woman who applied for a job as a police officer and later claimed psychiatric disability on the grounds that her personality was not suited for police work, and a probation officer said that he was emotionally disabled because he had to interview too many angry and disturbed clients.

People in business management try to teach employers to view their employees as "depreciating assets," and in response, a great many business firms, including some very large ones, have begun to provide peculiar quasi-religious modern psycho-pop mind-shaping schemes, sometimes called "new age thinking," for their employees. Some of these seem to be in the category of human potential movement schemes. The programs have names such as Breakthrough Learning and Leadership Development. Various ones use meditation, "imaging," hypnosis, abdominal breathing, positive thinking techniques and encounter groups. Some methods are trivial gimmicks of a superficial nature, such as juggling or telling jokes, that convey an illusion of stress relief. Some terms used are metanoic, internal resource, end-state vision, perceptual restructuring, etc. In fact, Werner Erhard, the founder of est, is a leader in this movement with his Transformational Technologies, a form of est dressed up for success in business. Even giant companies such as RCA, Scott Paper and Boeing are falling for this, and one of the large US regional telephone companies, Pacific Bell, has made participation in these courses mandatory for its 67,000 employees, planning to spend an incredible \$147 million on one of these schemes, called Krone (after the inventor) training, sometimes also called Kroning. The electrical company serving Long Island alone spent \$200,000 a year on the biofeedback consultant. Most of these things don't really work or

or increase worker productivity, but are a tremendous economic boost to those who invent and conduct them. Some experts predict a \$15 billion job stress industry by the late 1990s, and some critics have said that it all amounts to a form of mind control, and some have gone to court. (Newsweek, 4/3/87, 25/4/88)

Health and Environment

*In 10/87, the ozone layer over the Antarctic fell to 50% of its normal value, and in some layers of the stratosphere, it was reduced by as much as 95%. By every rational estimate, chances are that the world will not respond sufficiently until catastrophic climatic change becomes irreversible (Science, 25/3/88).

*We are now at the point where no large wild land animal will be able to survive long except in zoos or on reservations (Science, 28/11/86).

*It is difficult to apply cost/benefit analysis to areas such as safety and pollution without putting a value on human life and limb. Accordingly, the US Consumer Product Safety Commission has decided to fix the value of a human life at \$2 million. The Federal Aviation Administration assigned it \$1 million, while the Occupational Safety and Health Administration put it between \$2-5 million, depending on the context. The EPA uses values that range from a low of \$475,000 to a high of \$8.3 million. Accordingly, all sorts of health and safety measures will only be instituted if their cost does not exceed the price of the lives saved. For instance, a new automobile bumper that costs auto manufacturers \$90 million, and saves an estimated 100 lives a year, would only be considered worthwhile if each life were valued at the least at \$1 million (Newsweek, 11/1/88).

*The modern mind piecemeals, and separates issues from each other vertically and horizontally. Thus, it is rarely mentioned that we live in a period in which old infectious diseases are appearing in much more virulent forms (e.g., Salmonella infections), some that had been greatly diminished are spreading once more (e.g., TB, gonorrhea, syphilis), some that had been considered defeated are reappearing (e.g., rheumatic heart), and ghastly new ones are popping up. Among the latter has been AIDS-- and now in more than one form. One infectious disease that previously played a minor role might conceivably surpass AIDS as a modern mass plague, and that is Epstein-Barr disease. The disease was recognized at least as early as 1952, but may now be undergoing a breakout much as AIDS did. This is an insidious viral infection that masquerades as the flu and gradually debilitates its victims where they lose all energy, and eventually become non-ambulatory. Because the disease has been so uncommon and masquerades as flu, physicians often do not take patients seriously when they first complain. Often, the disease is misdiagnosed as mononucleosis. AIDS may have jumped to humans from monkeys, and EB may have come from chickens. So far, there is only symptomatic treatment (AW, 16/1/88).

*We continue our coverage of salmonella because of its great potential for harm to vulnerable people. Not only are salmonella strains becoming more vigorous, but there are also new salmonella strains making their appearance that were not even defined only a few years ago (AARP, NB, 12/87). In spring of 1985, 200,000 people in the midwest US got salmonella poisoning from the contaminated milk from a single dairy outside Chicago; there were 56 people in DC who got severely ill in 4/86 from contaminated gefilte fish; various groups all over the country got salmonella poisoning from eating or drinking something or other at parties or in restaurants; and there were 5 deaths in a Connecticut nursing home traced to the food. Nabisco had to recall a million Baby Ruth candy bars in 12/86. It is estimated that 4 million Americans had salmonella for dinner in 1985, that 3,500 were hospitalized with it, 1,000 killed by it, and 120,000 left with chronic crippling diseases from it, including arthritis. Things will get worse rather than better, and so far, no improvement or remedy is in sight. Chances are that even the sanitary standards that could be raised by federal legislation will not be raised until we have had a few large-scale disasters, much as it usually takes a gruesome air crash before more rational and protective air traffic or aircraft construction regulations are passed (Discover, 2/87).

*The entire food supply in the US is threatened by salmonella and other threats, precipitating calls for a national food policy. Aside from new strains of resistant bacteria and a deficient regulatory system, there is also a slow response by the health authorities to the new realities. For instance, in the face of the new micro-organisms, the US Department of Agriculture has never set microbiological standards (SHA, 20/3/88).

*We have warned that after TB had almost been defeated, there has been a renewed TB epidemic, particularly among vulnerable populations. It now turns out that there are new TB strains that resist the drug that has long been the mainstay of TB treatment, namely Isonizid. This raises tremendous problems, because even with this drug, treatment for TB is heroic and extremely dangerous because of its side effects (SHJ, 11/3/88).

*In 6/87, there was a sudden outbreak of hepatitis A in the Central New York region in which Syracuse is located. The outbreak was largely caused by cocaine contaminated by feces. Apparently, the people who dilute ("cut") the cocaine before they sell it down the chain are often rather dirty and don't wash their hands very often or well. Snorting such cocaine is thus a little bit like snorting up the toilet floor. Some of the people who get their hepatitis from the cocaine then pass it on to other people, especially as food-handlers in restaurants.

*Ticks are the bearers of Lyme disease, which destructively affects the nervous system, and which has grown 10-fold in less than 10 years. There are many other diseases carried by ticks, fleas, and similar human body parasites. One US government health authority said that if it were not for AIDS, Lyme disease would be the No. 1 priority among health researchers. Yet because of lack of relatively small sums of money, the most respected tick laboratory in the western world has been threatened with closure (CC, 11 & 12, 87). From the history of epidemics, we know that mankind will always be at grave danger of being beset by epidemics carried by ticks and similar small parasites, much as many of the major pests in history were transmitted by fleas.

*Farming, mining and construction have traditionally been the occupations with the highest rates of injury. However, it now turns out that one occupation has apparently somehow been overlooked, namely the slaughterhouse occupation. Every day, an average of 9 million animals are slaughtered in the US for food. It is now reported to have the highest injury and illness rates, with nearly a third of its employees suffering job-related injuries or illnesses annually. Apparently, killing unhappy and resistive animals, bleeding them, chopping them up, etc., is so distasteful that most people do not adjust to it, and their unhappiness contributes to their accident rate. Furthermore, working conditions are so bad that accidents are high for other reasons, including workers hurting each other because they work too close to each other with dangerous instruments. Apparently, this belated revelation has been due to underreporting by the slaughterhouse employers themselves. In order to detoxify this grisly business, a whole language of euphemisms exists that refers to blood as gravy, slaughterhouses as meat packing plants, a dead pig as pork, and pig testicles as rocky mountain oysters. (Source item from Dave Yeiter)

*An estimated 100,000 workers die each year from exposure to deadly chemicals or from very preventable occupational diseases such as black lung, brown lung, asbestos lung, etc. Preventable industrial accidents kill other thousands, and literally hundreds of thousands are injured. Quite possibly, hundreds of thousands of people have been injured by the asbestos industry which has denied even until now the health impact of asbestos, particularly when in the water or in the air. At present, 25,000 injury lawsuits are pending against 30 asbestos companies, five of which in turn are suing 65 insurance companies, each of which claims that its policies do not cover the injuries. The case is so big that no court room can hold the 150 lawyers involved in it, and a high school auditorium had to be pressed into service in San Francisco. Already, about 63¢ from every dollar spent on or gained from litigation goes to the lawyers, and before its all over, most of it will. This is yet another manifestation of a post-primary production society where the wealth goes to the unproductive while those who produce the wealth end up poor, dead, or both. While there has been a dramatic decline in the use of asbestos in the United States because of its health hazards, asbestos use has

been increasing in the construction industry in Latin America, Asia and Africa. Companies that promote asbestos in housing are owned by the governments of Russia, Greece and Zimbabwe, and a private Swiss firm. The consumers generally do not know that their walls or roofs may be made of asbestos, which is marketed under all sorts of euphemisms, such as "fibre cement". Millions of people will die from this decades from now, without their deaths ever being definitely traceable to asbestos.

*A dramatic increase in unsafe work environments is being reported among US firms, especially Ford, Chrysler, Caterpillar and General Dynamics. This reverses a trend to reduced job-related illnesses and injuries that reached a low in 1983, but has been going back up since. Companies are notorious in underreporting incidences, and the death rate is also deceptive (Time, 28/9/87).

*Not only stupid athletes, but other stupid young and increasingly younger males (and some stupid females as well), are beginning to take steroids in order to build up their physique. These steroids have devastating impacts upon the body. The fad may fade, but the consequences will take a long time dying out (Healthwise, 4/88).

*A "cure" for "Alzheimer's". There has been a revision upward of the proportion of people supposedly suffering from senile dementia (today, commonly subsumed under the term "Alzheimer's Disease") who have a reversible health disorder. Namely, this proportion may be as high as 50% (Healthwise, 1/88). An overlooked cause may be excessive salt loss from the body which often occurs as a result of diuretics.

*In the wake of the nuclear reactor accident in Russia, more attention has been turned to the problem of nuclear waste disposal in the US, and some hitherto secret documents have shed a chilling light on the situation. As we have reported repeatedly, there are no known safe ways to store nuclear wastes, though everybody acts as if there were or will be. Unsafe disposal sites have piled up in the US for 40 years now. At one major disposal site in South Carolina, there have been 14,000 incidents between 1953-1982, and some critics claim that a 300 square mile area is becoming a "national sacrifice area" where soil and water will remain toxic for longer than humans have kept records. Some of the disposed materials have radioactive half-lives of 17 million years. Even such a simple and straightforward thing as record-keeping at these disposal sites has been atrocious, so that not enough information exists to safely move the wastes about. On top of it all, the waste sites sit in an area of earthquake activity (Science, 8/8/86). The very salt mine in New Mexico that has been finally selected as the nation's first permanent nuclear waste dump has been discovered to have water leaks that are apt to eat through the steel waste containers, and might contaminate rivers and underground water supplies (Newsweek, 28/12/87).

*There is a perverse mentality about that would like to have radioactive substances used in preference to other materials and processes for no reason other than symbolic, and perhaps even deeply evil, ones. We may recall that the "father of the H-bomb," Edward Teller, advocated using nuclear bombs for virtually everything, including digging canals and passages through mountains to using the moon as a nuclear testing ground on a large scale. There are now efforts underfoot to introduce commercial radiation of foods, such as grocery produce, in order to reduce susceptibility to vermin and spoilage. One implication would be that there would be vast numbers of installations all over the country that handle radioactive materials, not to mention the transportation implications on top. Already, there have been all sorts of safety violations at a small number of demonstration plants which were covered up, including the flushing of radioactive water into the sewage system of Dover, NJ (Time, 22/9/86). People should boycott foods that they know have been subjected to irradiation treatment. Strangely enough, radiation could not even kill the botulism organism, and could trigger chemical reactions in the food that would turn out cancerous. The whole scheme also seems designed to find an "outlet" for the radioactive waste of nuclear weapons production (Science Digest, 9/86).

*Water water everywhere and not a drop to drink. Few people realize to what extent clean and safe water is rapidly running out across the world. We have some familiarity with surface water pollution, but few people are as yet sensitized to the meaning of the dramatic poisoning of our underground waters. It is estimated that by now, at least 20% of US ground water is poisoned. In some parts of the world, the underground water is being just plain exhausted (e.g., the American southwest), and sometimes it is just a matter of too many people per too little of whatever water has always been available for a long time. Water shortage automatically means food shortage because of constraints on the growth of vegetation and animal husbandry. We may soon see supertankers carry water to Arabia in return for carrying oil away. Proposals to reverse the flow of rivers in Siberia and Canada so that they flow south instead of into the Polar Sea are believed very likely to have disastrous effects upon the world's climate. We may also soon see wars break out over access to water.

*A very bizarre modern phenomenon is people going to the Great Lakes to fish, but refusing to eat what they catch because the fish carry so much poison from the polluted waters.

*A few years back the US Department of Housing and Urban Development (HUD) advertised for sale the De Veaux Apartments, University Court, Niagara Falls, and invited bids. In the small print, one could learn why: "The project is located approximately 2000 feet from the Hyde Park Landfill, a chemical dumpsite, with a potential for environmental problems." Ironically, the ad featured a HUD logo that proclaimed "equal housing opportunity."

*To prevent chemical contamination of the environment costs somewhere between 1-10% of what it costs to clean up that which has been contaminated.

*Perhaps one reason why in our society, the environment is so little valued is because one of the most commonly-used words to refer to the earth (i.e., where one plants and raises the food) is "dirt." In other languages, this equation of dirt and earth is unthinkable.

*Cancer currently strikes one out of every three Americans.

*If a woman does not receive good health and medical care during her pregnancy, her baby has a higher chance of being born premature or handicapped. The cost of caring for such infants in neonatal intensive care units is thousands of dollars a day. Yet good pre-natal care can be provided to 25 poor women who might not otherwise receive it for only about \$5,000 a year, by hiring a part-time community health care worker who visits the women, insures that they make and keep their medical appointments, educates the women about nutrition and health care during pregnancy, etc. As a result, these women can be helped to have healthy, full-term babies. Yet in most locales, support for such programs is very difficult to get. What this vignette teaches, among other things, is a point we frequently make at our workshops, namely that when there is a high-technology and low-technology way of approaching a problem, our society almost always chooses the high-technology way even when it is neither more effective nor less expensive.

*Paradoxically, obesity has become six times as common among the lowest socio-economic classes in the US as among the highest. Further, it has become almost normative for women of the lower classes. In 1985, a US National Institute of Health panel had declared obesity, once a vice, a "disease"--another instance of the medicalization of the human estate.

*In a recent TIPS issue, we documented some of the increases and decreases in various diseases around the world. Latest indications are that the number of children suffering from chronic illness in the US has roughly doubled since 1958, and no one as yet has an explanation. Hypotheses range from children staying alive who would formerly have died, to the damaging impact of toxins and viruses in the environment.

*According to physical fitness experts, American children are now less physically fit than at any other time since such data have been taken. Because lack of physical fitness in childhood is highly correlated with poorer health in adulthood, we can anticipate that the current generation of children will contribute a very disproportionate number of adults in poor midlife health, and possibly in debilitated shape and in nursing homes in old age, should the world endure so long. All this despite the fitness crusade movement launched by President Eisenhower in 1956. Further, poor physical fitness may depress intellectual performance and learning, thus possibly having something to do with the poor academic performance of American children. We will undoubtedly see an increase in programs designed to improve fitness which, however, will probably fail to get to the bottom of the problem, which is an attitude of hedonism involving one of its major components, sensualism.

*In West Germany, there are 180,000 kilometers of hiking paths--more than all intercity automobile roads.

*Public and private health services in the US were costing over \$300 billion in 1985.

*Even though the US has more hospital beds than it needs, from a public health perspective, health care is actually deteriorating. Child health screening and immunizations are down, and 35 million Americans cannot afford adequate health care. Many needy people either are not eligible for federal aid, or they are only eligible under very restrictive conditions that fail to meet people's needs. More than 25% of all women aged 18-24, accounting for 40% of all births each year in the US, are uninsured, and generally receive inadequate medical care. Even those 40% eligible for Medicaid often receive inadequate medical attention because of Medicaid restrictions or the unwillingness of health services to deal with them.

Some of all this can result in very indirect and long-distance deathmaking. For instance, a person who cannot afford health insurance, though usually of poorer status than the person who can, will get fewer physician visits, fewer days in the hospital, fewer prescriptions filled etc. Thus, a 50-year old man dies of a heart attack who otherwise would have lived many more years had he been able to afford visits to a physician and having his prescription filled; a newborn weighing 4 pounds dies because her mother's prenatal care was delayed until late in pregnancy; etc. Awareness that the cost of an abortion is on the average much, much lower than the cost of adequate pre-natal, perinatal and post-natal care then provides a strong incentive for abortion, not only to the mother but also to the health system and to societal decision-makers (New Oxford Review, 3/86).

*One of the most important support systems for physically handicapped persons is client-controlled attendant care. There have been efforts to make such supports more readily available, particularly since it would save a tremendous amount of money and institutionalization. Yet amazingly, one of the biggest opponents of such provisions has turned out to be the nursing profession which insists that only "qualified personnel" be hired. One impact all this would have is to define chores of daily living as health-related tasks, thus anchoring handicapped persons even more firmly into the patient role. Critics have called the stance of the nurses "morally abhorrent and socially regressive." (The Declaration, Fall 85; furnished by Katy Graham.) One disincentive against home health care is that physicians, practicing medicine defensively against malpractice suits, will favor hospital care over home health care as long as other things are equal (SHJ, 15/2/86).

While nationwide, there appears to have been an increase in the availability of home-based medical services, institutional medical services (including hospitals) appear to have increased so much that the discrepancy is still vast, despite the fact that non-institutional health services almost always cost only a fraction of institutional ones. Newsweek (7/7/86) gave an example of a 12-year old congenitally impaired child who had had a tracheotomy who got a ventilator and around the clock nursing for \$102 a day, compared with the \$1945 it would have cost at the hospital. Of course, the readers of TIPS will recognize the reason for this sort of thing is that a post-primary production society prefers the strategy that enlarges the human service sector, particularly if it does so unproductively.

*Physicians may have about 1400 tests performed on patients, and in 1987, 19 billion such tests were performed in the US, which averages out to about 80 for every person, making Americans the most medically analyzed people in the world by far, all of this costing more than \$100 billion--and a good deal of it wasted. Error rates typically run between 10-40% of the tests, and often result in more harm than good being done. Many of the tests are the wrong tests to begin with, and are thus irrelevant at best, and many others are merely ordered as part of the current paradigm of defensive medical practice to avoid being sued (Time, 25/4/88).

*The most common surgical procedure in the US is circumcision. The second most common is abortion.

*During 1986, physicians' income rose 9 times as much as the rate of inflation, 50% of physicians netted more than \$113,000 in income, and a full 14% netted more than \$200,000. Such figures will do little to reduce peoples' temptation to sue physicians (Health Letter, 11/87).

*A proposal is being studied in Australia to abolish the right of citizens to sue their physicians or hospitals and to substitute instead a no-fault liability scheme for "medical misadventure." (Adelaide Advertizer, 9/3/88; source item from Mike Rungie)

*Molecular biology has embarked on the construction of its own tower of Babel: the identification of the 3 billion nucleotides in the human genome, and thus, in effect, defining the biochemical constitution and heredity of the human. This effort consumes about 30,000 people-years of work and at least \$2 billion. This has been called the "holy grail of human genetics." (Science, 27/6/86)

*The director of the Health Care Financing Administration of the US government announced that "death is the ultimate negative patient health outcome" (New Yorker, 28/9/87; source item from Rachel Janney).

Homelessness

*In New York City, 25,000 people were forcibly evicted via court order from their dwellings in 1987. An unknown number of others possibly numbering in the 100s of thousands were evicted without court orders (Time, 11/4/88).

*In his (1987) book on homelessness, Rachel and Her Children, Kozol claims that in New York City, there were a total of nearly half-a-million legal evictions in a single year. However, somebody protested this figure and said there were "only" 25,000 a year.

*We mentioned before that homeless people commonly cannot vote because they have no address. We learned more recently that homeless children too may be excluded from school for similar reasons. (NCR 8/1/88)

*A group of guerrilla activists in the Atlanta area prefabricate the parts of 6 x 8 foot huts, and then, striking like lightning, set them up on concrete blocks in a matter of hours in various locations on unused public and private land around Atlanta. Each hut is handed over to a homeless person; these are apparently quite deliriously happy over them, even though they have no utilities. Between winter 1987 and spring 1988, 28 such huts were put up, of which city officials managed to find and destroy 3 by 5/88. (People's Magazine, 5/88; source item from Sandra Bufis.)

*There have been efforts underfoot in Atlanta to establish a downtown "sanitized zone." Translated, this means a "vagrant-free zone," once more exemplifying the interpretation of homeless people as garbage (Sojourners, 3/87). A research group called Central Area Study said that in order to convey to people the message that the downtown area is safe and secure, "all physical signs of urban decay, such as... behavioral disorders, including quality of life offenses--loitering, street people and aimless wandering of the homeless, must be reduced and minimized." While the homeless were acknowledged not to contribute significantly to the crime rate, they were accused of "substandard appearance," and of creating "a feeling of unsafeness and uncleanness." It reminds one a bit of the distinction between "clean" and "unclean" of biblical days. One reason homeless people in Atlanta are less clean than they might be is that the

city has refused to provide public toilets on the theory that if they were provided, homeless people from all over North America would stream to Atlanta. At the same time, the city has spent \$50,000 a year processing about 1500 offenses against urinating in public. With homeless people unable to go to toilets, to use toilet paper, or to wash, it is no wonder they do not smell good. The study group proposed to send homeless people to the city's prison farm, and park benches should be designed so that one could not stretch out on them to sleep. One of the few places where a homeless person can go to get some much needed sleep in safety is at the medical board that is willing to take blood from them twice a week at \$8, and lets them sleep while they drip. We hasten to add that Atlanta is probably not in the least bit atypical, and there are probably many places with similar horrors that have not achieved as much documentation.

*So-called welfare hotels for the homeless in New York City have become so profitable that the largest such hotel is owned by South African "investors." (Time, 8/2/88)

*Newsweek (21/3/88) has begun to classify homeless people as garage people, couch people, bench people, box people or grate people.

Miscellaneous Human Service-Related News

The Poor, and Those Who Eat Them

*There are growing indications that the American dream of upward social mobility is becoming largely a myth, and that the social classes are becoming relatively frozen. Among the reasons, two seem to stand out: past patterns of growth in professional, managerial and technical employment are leveling off; and more and more, employers are requiring higher education for various jobs which previously were open to people with less education. In contrast, the low-paid service occupations have become the largest growth sector.

*Tom O'Brien (with a Washington State guardianship service) recently sent us some reflections on the fact that most human service recipients are poor. He also observed that many human service workers are reluctant to encourage handicapped people to spend what little money they do have. In some residential settings, he noted that staff tried to prevent those with more money from spending more than those with less, presumably in order to reduce envy. On the other hand, when human service workers encounter a handicapped person who is wealthy, they can hardly believe it and are dumbfounded. For instance, should a client come into sudden wealth, as from an inheritance, everyone gets thrown into a tizzy. One thing they try to do is get that money spent or used as quickly as possible, and thereby reduce the client to poverty once again. Interestingly, O'Brien believes that when people make an effort to safeguard and conceal their resources when they have to go to a nursing home, as by deeding it to close relatives, the increased financial burden that this places on the state is not unjust, because it is state policies in the first place that have led to the degrading nature of such services. Should the tactic be discovered, the family is apt to be accused of having stolen from the older member, and may on these grounds be banned from the facility, and relegated to pariah status.

*Lotteries give poor people hope, but are very inefficient. Pennsylvania supports programs for senior citizens from its state lottery, but it costs 50% of the intake to run the lottery. Thus, it would be 50% cheaper for the citizens of the state if taxes were simply raised to reflect such program costs, but that is not likely to happen (Philadelphia, 11/86; source item from Ed Cohle).

*There is a board game called "Public Assistance: Why Bother Working for a Living," advertised to "make liberals scream...it really hits the SOB's where they live. Hours of enjoyment are yours for the taking as you force able-bodied welfare cheats to work or starve." The pleasure will cost one \$24.95.

*As we have said before, there is an awful lot of money to be made in "charities." The annual salary of the United Way executives in major US cities ranges roughly between \$100,000-\$200,000, sometimes with additional benefit packages of \$30,000 or more. Executive director positions of major national "charities" in the US are typically in the above \$100,000 range, some coming close to \$200,000. In 1986, the president of the United Way of the US earned \$230,000 plus almost another \$100,000 in benefits. These organizations also try to keep these salaries secret (NonProfit Times, 2/88).

*Paraphrasing St. Paul that charity covers a multitude of sins, Oscar Wilde wrote that it also "creates a multitude of sins," which might, for example, apply to the Shriner scam of using almost all the money they raised "for charity" until recently for riotous living (e.g., Newsweek, 14/7/86), as covered before.

Somebody Done Somebody Wrong

*For years, the Canadian government has disincentived community services by matching provincial institutional costs on a 50/50 basis--but not necessarily community service costs.

*In 12/87, the "20/20" TV news program carried an episode on the life of McNulty, the deaf person committed to the Willowbrook institution for the retarded as a child, and who, as a result, had all sorts of awful things done to him. In recent years, he has been living in a group home for the mentally retarded even though some authorities say that he is not retarded at all, and would certainly have been even less impaired had he not been wrongly institutionalized and maltreated. A suit on his behalf has dragged on for years, but the state of NY has adamantly fought virtually every one of its contentions. One thing seems fairly clear: all the good things that have happened in his life--and there were quite a few of them--came from people who have fought the state bureaucracy. After viewing the program, we concluded that if it failed to make an impact on the state and its officials, nothing would.

*On Thursday, 12/2/87, the NBC Nightly News carried a story about an Iowa farm couple who had no children of their own but who had been raising five brothers and sisters as foster children for 18 months. The children's mother reportedly had abused them, and the children were taken from her while she was incarcerated in a mental hospital. The farm couple sought to legally adopt the children--and that was their big mistake, because the agencies in charge of the children immediately sought to remove the children from that foster home. The children's mother was released to a "half-way house," and the children were each placed in different foster homes on the supposed rationale that they could now be physically closer to their mother. The children wanted to remain with their foster parents, but the agencies objected that foster parents should not become attached to their foster children because, after all, the children belong to someone else. This is yet another example of how the empire responds to efforts by anyone to do anything really good for wounded people. If the foster family had been content to be foster parents, all would probably have remained as it was--and perhaps even more so if they had been bad or abusive foster parents. (Source item from S. Thomas)

*In Washington state, an 8-year old boy was found in 10/87 to have been kept for 2 years in a box not much larger than a coffin by his step-grandmother who, mistakenly, thought that he was handicapped. When he was liberated, he was under the impression that all young boys are kept in such boxes (AP, 10/10/87; source item from John Morris).

*The Jefferson County Council for Retarded Citizens that serves the Greater Louisville area has been successful in recent years in finding adoptive or quasi-adoptive foster homes for all the children in its region who had resided in institutions and who the state was willing to give up. Similar homes could also have been found for the few remaining children except that the empire wants to continue owning them. An incredible atrocity on top of this was that in 1987, the Kentucky Protection and Advocacy Service threatened to sue the Council for "discrimination against adults." We find it hard to believe that the Kentucky P & A Office had nothing better to do than to try to harass, and perhaps even annihilate, one of the more successful advocacy bodies in North America at this time.

*The obstacles that confront physically handicapped people in wheelchairs even in buildings or entire cities that are supposedly accessible are absolutely remarkable. Things would be better if mayors across the country imitated the mayor of Charleston, W. Va., who tried in 1985 to travel through his city in a wheelchair. (Source item from Chuck Burkhouse)

Signs of Things Going Downhill

*Protective Services for Adults, the protective service agency for elderly people in Manhattan, was reported to be in gross disarray and engaged in all sorts of mismanagement. Elderly people under the agency's "protection" have terrible things happen to them, such as freezing to death in their apartments from lack of heat. The agency covers up its malfeasances by fudging records so that it is hard to determine what happened. (NY Times, in SHJ, 18/4/88)

*Some high schools in London have had recent truancy rates of almost 40%. In the case of one school, we were not surprised: it had 57 exits (2/11/87).

*Believe it or not: because individual program plans tend to be so poorly constructed, one author (Weisenfeld, 1986) has actually come up with yet another form which evaluates, and checks on, the adequacy of an individual program plan. By around 1990, somebody should have a form to check how well the tracking and evaluation form on individual program plans designed to protect service quality are being attended to.

*There has been a mushrooming business of profit-making personal tutoring centers and even franchises that, in essence, teach people what citizens paid taxes for to have the schools teach, but at which the schools failed. Apparently, there are tremendous profits to be made in these enterprises. One of the good pieces of news is that many of the operators are experienced teachers who have been frustrated out of the school system because they really want to teach people and were not given sufficient scope for doing so within the schools.

*In Washington, DC, sits an \$8 million partially completed school building that was intended to serve children with various handicaps, and now nobody knows what to do with it. Strangely enough, even before the building was completed, it was found that it would not have been very suitable for handicapped children, even if the district had not thought better of educating them in regular schools. Further, part of the building did not even meet local building codes, the roof had to be replaced because it leaked, and even some of the supporting beams were found not to be strong enough. In other words, the building was falling apart even before it was finished, and the question has been raised whether it should be torn down or completed at almost double the anticipated cost (Gemeinsam Leben, 3/87). Furthermore, years and years of litigation are anticipated to find who was at fault for what.

*As a sign of the deterioration of human services, new regulations in Pennsylvania require that at least one staff person in community residences for the retarded be awake at night. Developments such as these may very well spring from what one might call an ICF/MR attitude, even in settings not funded under that category. Despite all these hyperformalizations by the agency structures, clients in one Pennsylvania survey averaged only two community contacts per week, and these of relatively limited depth. (Source information from Ed Cohle)

*Another example of bureaucratic mutual disablement was reported to us as occurring on the Syracuse University campus, where the department charged with maintaining university grounds refused to shovel the sidewalk curb cuts for use by people with wheelchairs. It is not possible to clear the curb cuts using a mechanical shovel; instead, it must be done manually, and the operators of the mechanical shoveling machine are not supposed to do this kind of lowly manual labor. At the same time, the university had prohibited anyone else who might want to do so from shoveling the curb cuts, and it also prohibited staff from helping physically impaired people into university buildings--both of these prohibitions from fear that someone might become injured in doing so, and would then bring a lawsuit against the university (submitted by Katy Graham).

*A special study task force reported that in the Appalachian areas of eastern Ohio, West Virginia, and western Pennsylvania, unemployment has become so severe and prolonged that middle class is quickly disappearing and social structures and social order are breaking down rapidly, in something like a Wild West atmosphere. Furthermore, people who are on the unemployment rolls long enough simply get dropped from them and are thus also no longer counted. Thus, it can happen that in some of the poorer parts of the US, such as in the Appalachian regions of Ohio, West Virginia, and western Pennsylvania, there can be widespread abject poverty among hundreds of thousands of people who would gladly take jobs if only such were available--and yet the unemployment figures totally fail to take account of this reality (AP, in SHJ, 16/10/86).

*The Sears credit card is called Discover. A recent ad promised new enrollees that they would get 50% off on their next psychiatric evaluation (Journal of Polymorphous Perversity, source item from David Schwartz).

*Around 1970, the TIPS editor identified 7 likely positive developments relevant to human services, namely: increasing sophistication of individual consumers/clients, greater client/consumer participation, services closer to home, the collapse and possible rebirth of the mental health system, greater application of public prevention technology, selected community service break-throughs and successes, and a better national health services scheme. All of these predictions have come to pass, except the rebirth of the collapsing mental health paradigm. We mention all this here to make two points: the TIPS editor is not only astute in predicting distressing developments, but even despite the advent of certain predicted positive ones, the negative ones have far outweighed them in their impact.

A Little Sex

*The theme of the 1987 Annual Conference of the National Rehabilitation Facilities was "Reaching Our Peak: Strategies for Success." Unfortunately, one of the main featured speakers was vulgar sex guru Dr. Ruth Westheimer, and her appearance was used as the main drawing card in announcing the conference. It seems to us that the organization should have been consequent and called the conference "Reaching Our Climax." (Source item from Hank Bersani)

*The US Justice Department funded a pornography research study to the tune of \$734,000--but then decided not to publish the results because of methodological flaws (Augustus, 9(10)).

*Sexual behaviors that are considered offensive are called paraphilias. One behavior classified as a paraphilia is frotteurism, which means rubbing against others for sexual pleasures. This probably means that we are all degenerates.

*In Florida, a dating service was started "for singles with a lot to hug," i.e., obese people. Business is brisk. (Source clipping from Elizabeth Carmichael.)

*A 1986 Harris poll conducted on behalf of Planned Parenthood purportedly found that 74% of the TV-viewing public had no objection to TV advertising of contraceptives.

*Octopus and octopussy? It is hard to believe that a church-centered sex education program for teenagers and their parents published by the Southern Illinois University Press would have the name OCTOPUS. Perhaps it is not so surprising after all, once one discovers that instead of teaching morality, it teaches "responsible decision-making" and "community resources."

*An 11-year old boy who had Down Syndrome got aggravated at his brother, and called him "a stupid F word jerk." Later, when becalmed, the parents asked him what the F word was. Only after being assured that he would not be punished for pronouncing it did he reveal that F stood for fat (from Sharing the Journey by Ellen Cook).

Peculiar Achievements

*There is a firm called Therapy and Support Services which has a division called Gemini Employee Leasing. It is in the business of "leasing" personnel to human service agencies. The way this works is that instead of hiring some or all of its personnel, a human service agency leases them from this company, and all the hiring, personnel work,

payroll, benefits, etc., is handled by the leasing firm. This arrangement is advertised mostly with the promise that the service agency is not going to be bothered with the hassle of all the formalities and paper work, and that it can choose to accept or reject a leased employee, one benefit of which may very well be that it does not have to fire anyone, and therefore runs less risk of certain types of suits. We suspect that one pays quite a bit for the benefit of this arrangement. (Source material supplied by Mel Knowlton)

*A TIPS reader pointed out that "The Revenger," which is being sold in order to convey to offensive drivers the impression that they are being machine-gunned or bazookaed, is of limited utility when the offending driver has windows up, plays the radio, or traffic is noisy. Instead, the reader pointed out that it is a very effective device when used by people in wheelchairs against others who rudely block their way or cut into their path. It not only gets the offender's attention but also draws the attention of other parties, thus presumably shaming the offender. Of course, there are still many problems with this use as well, not the least of which is that when The Revenger finally gets ignored, people may have been desensitized enough to want to take recourse to the real thing.

*A peculiar new development is underfoot in human services. Because client abuse is rampant, the state of New York has initiated a program of training employees in "investigation techniques" so as to function as a sort of undercover spy force. The training is supported by an "Office of Internal Affairs" (which sounds like the name of a police department in a totalitarian country), and provided by consultants working for an organization named "Labor Relations Alternatives." (Source item from Doug Mouncey.)

*We reported before on all sorts of puppets (good and bad) used to teach children positive attitudes towards handicapped people. The "Count Me In" puppets are now being used with scripts that teach children about all sorts of child abuse and what to do about it (Rehab Lit 3 & 4/86).

*We were amused to read that somebody tried to find out which skills retarded people thought were important for community living, and asked them questions such as "Do you think it is very important, it doesn't make much difference, or it is not important to be able to read?" If the retarded person did not understand this question, it was reworded as, "Does it really matter, does it not make much difference or doesn't it matter at all to be able to read?" (MR, 12/87).

*Absolutely incredible things are happening in our day. Of course they have always happened, but apparently never in such numbers. Around the world, thousands of parents have written works about having handicapped children, several hundred in the North American literature alone. In 1988 came out the first book (Retarded Isn't Stupid, Mom!) that has been advertised as being "based on two years of ethnographic study" by the mother. Apparently, it was not enough to have raised a retarded child who attained many accomplishments, but one now has to study the child one raised, using ethnographer's techniques, in order to write about it.

*As most farmers would tell us, hunters are a menace on the countryside, commonly shooting each other, people who happen to be in the general vicinity, and a lot of cattle. The menace has now been increased in Wisconsin where blind people may acquire hunting licenses if accompanied by a sighted hunter. Considering that even the sighted hunters are rather unsafe, this is not very reassuring. As one of our friends put it, this is advocacy gone berserk (AP, 27/3/88).

Organizations & Movements

*In human services, we hear surprisingly little about the Disabled American Veterans (DAV) association, even though it claims about half a million members who have suffered an amputation of a limb.

*One of the worst perversions of the self-help craze we have run across are groups of children of aging parents. Many are performing truly heroic feats in trying to keep their elderly parents out of agency dependency, but considering the engagement both needed and given by these adults, it is utterly ridiculous to contemplate that instead of allocating time to this commitment, they spend time to meet and commiserate with each other.

*Beginning in the early 1900s, the mental health movement tried to combat the bad treatment of people with mental problems by promoting the idea that mental disorders were a disease "like any other," something that one might catch, much as one catches the common cold. During the 1960s and 1970s, this idea lost some support because there was a growing awareness of the shortcomings of the medical model. However, in the mid-1980s, this idea has been resurrected with a vengeance by the new voluntary associations comprised primarily of family members of mentally disordered people. Many parents of mentally disordered people have been profoundly stung by professional accusations or intimations that the mental disorder of their son or daughter was their fault, either because they themselves were crazy or because they had done something awfully wrong rearing the child so that it turned out to be mentally handicapped. In reaction, they have turned around and re-elevated the concept of mental disorder as a bodily disease in a way that will probably permit very little dialogue or a focusing of efforts on social and cultural contributors. All this is well-illustrated in a 1985 book by a parent of a schizophrenic person entitled Schizophrenia: Straight Talk for Families and Friends. However, one consciousness-raising thing she has done in her book is to lambast the professional interpretation of "parents as psycho-vermin," i.e., the blaming of the parent strategy. However, it is important to face up to the fact that mental disorders have multiple causes, and these include parents rearing children so as to be insane, other social factors, certain forms of self-chosen insanities, and probably only a small proportion of insanity that is due to "diseases" other than alcohol and drug abuse, or deteriorating brain conditions.

In the 2/87 issue of TIPS, we reported on the National Alliance for the Mentally Ill (NAMI), and expressed our concern over the direction it appeared to be taking, i.e., an emphasis on a medical interpretation of mental problems, including biochemical causes for mental disorders, and drugs to treat them. In that same issue, we also critiqued the December 1986 television film "Promise," about a man who institutionalized his younger mentally disturbed brother after the death of their mother. We now read in the February 1987 issue of the APA Monitor (the house organ of the American Psychological Association) that NAMI is using this very film in its efforts to educate the public. We read in their promotion of this film another alarming sign, in that this film depicts the solution to the problems of a family with a handicapped member as the institutionalization of that member.

"Women's Issues"

*The leadership of the New Woman magazine is either not representative of women, or we are in a great deal of trouble. 55% said they had sex on their first date, 19% surrendered their virginity before age 16, and 2/3 said they had had 6 or more sexual partners, with 20% having had 25 or more (SHJ, 12/10/86).

*About 95% of people who become quadriplegic get divorced, at least according to one authority (Des Moines Sunday Register, 6/12/87; source item from Rod Braun).

*We learned in 1987 of a women's organization that had been involved in human concern efforts for several decades, that had decided to disband because fewer and fewer younger women were joining, and the older ones were retiring. This phenomenon may very well become an avalanche that has not as yet been fully anticipated on the voluntary association level. Younger people come from a more hedonistic, self-centered value background additionally fueled by feminist self-actualization ideologies. Furthermore, feminists have tended to depreciate the concept of woman as caretaker or even as carer, and as participants in "charitable" efforts, perceiving these things as traps. However, younger people of both genders seem less altruistic and thus less willing to serve unselfishly in voluntary associations. Volunteer fire brigades and ambulance services used

to be overrun with volunteers, but now, some are threatened with extinction (AP, in SHJ, 6/6/88). However, women used to predominate in the volunteer sector, and thus their exodus is having a bigger impact. One implication is that many kinds of voluntary associations that are primarily other-oriented will probably have hard times ahead, suffer severe membership shrinkage, and may even collapse. Voluntary associations should take a good hard look at demographic trends in their membership, and draw relevant consequences therefrom.

*Many German men (obviously piggish chauvinists of the worst type) cannot bear with modern wives. Marriage brokers have capitalized on this by importing Asian brides and, for all practical purposes, selling them for up to \$6000 apiece, with a money-back guarantee if a husband is not satisfied. But for the most part, these husbands are deliriously happy, and apparently so are the wives. Thai women are especially prized.

*There is a new movement afoot in feminist circles, exemplified by the book, A Lesser Life by Sylvia Ann Hewlett, that says that American feminists have totally missed the boat in emphasizing women's rights rather than income. It points to European women who, having emphasized income rather than rights for a long time, are now vastly better off than women in America, although the latter have indeed made more progress on the rights issues.

*Expensive rights. The Supreme Court ruled in July 1983 that insurance companies cannot "discriminate" against women by giving them smaller annual life insurance pension or benefits than men. Insurance is based on so-called actuarial methods which try to determine the statistical probabilities of relevant outcomes occurring in different clinical and demographic groups. Women on the average live a good decade longer than men, therefore would receive pension benefits longer, and according to actuarial methods would either have to pay higher annual premiums or receive lower annual benefits. If sex is eliminated as a relevant statistical variable, one could argue that "age discrimination" should also be eliminated--or for that matter, health discrimination and everything else. Carried to its logical conclusion, all people would be treated alike. For instance, an 80-year old person would pay the same premiums and receive the same benefits and be as readily accepted for life insurance as, say, a 20-year old one. The problem with this is that people with lower risks would then no longer take out any insurance because their risks would be so low and their premiums so high that it would not appear to be, or be, worthwhile. Ironically, the above court victory is anticipated to cost women \$36 million dollars more in life insurance premiums and \$700 million more in auto insurance premiums.

*Feminists in Rochester, NY have declared it discriminatory that men may bare their chests in public while women may not. They claimed, rather implausibly, that men's chests arouse them sexually, while referring to female breasts as "excess tissue" (SHJ, 20/6/86).

Tom-or Bess-Foolery Award of the Month

We simply must be "more positive," and accordingly are instituting the Tom-or Bess-Foolery Award of the Month. We also show our progressiveness thereby, since Tom-Foolery was so sexist. Bess was the female counterpart of Tom Fool in Olde England, hence our liberating title.

This month's award goes to the perpetrators of modernistic crazes who are succeeding in having some of the greatest literary works of western civilization struck from the reading lists of college courses for no reason other than that they were written by "white western males." New course requirements demand that works be selected on the basis of "race, gender and class" (e.g., Time, 11/4/88).

Miscellaneous Miscellaneous

*Discrimination!!! Have we told you the one yet about the educational committee that reported that after careful study, it became clear "that literacy tests are heavily weighted in favor of those who can read and write."

*A population policy such as that in China that tries to restrict families to a single child will have the following impacts. Not only will people have no siblings, but after the second generation, they will have neither aunts, uncles, nor cousins. In the third generations, they will of course also have no grand-aunts, or uncles. Furthermore, there will be no in-laws other than the spouses of one's own children.

Another interesting but not surprising effect has already been noted (Time, 7/12/87): only children, particularly in the families that would have liked to have had more, and despite the family culture of China, are beginning to be raised in a quite un-Chinese fashion to become tyrannically spoiled and selfish. Many of them are reported to be unable to think of, or love, others because of the virtually insane attention lavished upon them, with people serving on them hand and foot and making no demands on them. They have been reported to be insulting to their own parents and grandparents, and to be unwilling to work. Many people fear that when they grow up, they will not be willing to take care of their own aging parents and grandparents.

*A group of Swedish government planners have proposed that the government begin to "tax" people's time as well as their money, which means that people would be required to contribute unpaid work to society. At first sight, the idea may appear to be attractive, but we should recognize that it has much more validity in societies in which volunteerism is not already widespread. In the US, it traditionally has been a common phenomenon. Americans are performing a phenomenal (though declining) amount of voluntary service, and one of the beauties thereof is that it involves a great variety of engagements. In this kind of society, it would probably be outright counterproductive to make such service mandatory. It would make much more sense to require people on unemployment compensation to engage a certain number of hours every week in free service, as long as this did not interfere with legitimate job-seeking behaviors. 20 US states now have something along these lines, called "Workfare."

*Despite a change in government in 1984, Venezuela has continued to support a program to increase the intelligence of its entire population. Among other things, it is anticipated that schools will be required to teach courses on thinking skills. The national project may eventually be imitated by other nations.

*Total spending on social welfare in the US, apparently also including medical care, rose to \$672 billion in fiscal year 1984 (AP, in SHJ, 4/2/87). The sum is beyond the comprehension of most of us.

*A bit of good news is that some US firms have begun to give support in various ways to those of their employees who are taking care of a dependent family member (CSM, 1/7/87; source item from Peter King).

*Frog with apple? The Apple computer firm advertised its computers in 1987 by means of the story of a high school student who refused to dissect animals in her biology class and as a result was given only a B instead of her usual A--but sued and won her A in court. The computer firm implied that its program on frog dissecting could have substituted for the real thing. The ad stirred up such a storm of hostility among life scientists that the firm decided to withdraw it (Science, 4/12/87).

*A group of 30 PhD scientists were compared to a group of 15 Protestant ministers on how each would approach a certain scientific research problem. It turned out that the ministers were much more rational than the scientists, in that they designed 2-3 times more experiments to test every hypothesis that they formulated, were 3 times slower in "publishing" their first hypothesis, and were only about half as likely as the scientists to return to a hypothesis once it had been disconfirmed. Further, while both groups failed to embrace a fundamental strategy of science, namely the design of an experiment that might falsify their hypothesis, one would have expected scientists to be highly more apt to do so (Discover, 7/86).

A related experiment investigated how manuscript referees responded to scientific papers submitted to them. A particular experiment was written up in 5 different ways, but leaving the essential facts identical. The referees were much more likely to evaluate a manuscript positively if the experiment appeared to confirm the orthodoxies

of the field than if it appeared to undercut them. Furthermore, manuscripts that reported positive results were rated as methodologically superior to those reporting negative results, and were also more likely to be recommended for publication (Discover, 7/86).

*On 25/2/88, Dr. Wolfensberger presented a day-long workshop on the history of human services at the Capital District Psychiatric Center in Albany, New York. This history show used approximately 300 slides, many of them focusing on the physical design and layout of human service settings. The presentation traced how service ideologies give rise to certain service designs, as well as how certain service designs inevitably led to certain human service practices. At the same time as this presentation was being given, competing training was offered across the hall by the New York State Office of Mental Health on the design and construction of community residential service buildings, i.e., settings to serve as homes for handicapped people in a community. Thus, the very people who should have been attending the history show to learn what 3000 years of history teach us about human service settings, as well as the sources and evolution of major prevailing human service setting designs, were being diverted from this learning.

Deathmaking

Because we are trying to catch up with so much other backlog, our deathmaking coverage in this issue will be limited, with major focus on the problems of the hospital system.

The Complexity Implosion of Contemporary Hospital Medicine, & Its Relation to Deathmaking

*The big point about hospital medicine which we have made for years is that the complexity of hospital medicine has overtaken the human capacity to deal with it, and that as a result, hospital medicine can be said to be "imploding". This implies a skyrocketing of disasters and errors, and even valued people run a very high risk of suffering death, or incurring injury or permanent impairment, as a result of what is, or is not, done to them when they are hospital patients. The risk rate for societally devalued people is, of course, multifold that of valued ones.

*What we have been saying about this has finally been publicly admitted in Time (14/3/88). Nurses have issued a warning that patients entering US hospitals may be risking their lives, and that people should be worried if one of their family members has to go to a hospital. Unfortunately, the nurses are talking mostly about the nursing shortage in patient care, whereas the problem is much bigger than that. As we have said repeatedly before: it is the complexity of hospital medicine which has escaped from human capability which would be dangerous even if there were several nurses per patient.

At the same time, there are dramatic declines in enrollment in nursing schools, probably in good part because of feminist propaganda against the glamorization of nursing as a female career. Some people claim that other careers provide "better opportunities," but the fact is that the nursing salaries are going up quickly, and that many other careers may offer more money but not anything useful. We only need to think of the worthlessness of the business, sales, advertising, PR and much of the news business. At the same time, there is of course a need to appeal to men to enter this profession in greater numbers. In the past, many men have entered primarily motivated by their female identification rather than other factors.

*One of the awful things that is happening in hospitals these days is that because of a shortage of nurses, hospital nurses have demands made upon them that go beyond what most people can be expected to cope with, and sometimes beyond all human power. Nurses with a conscience are being ruined because they know that there is no way in the world in which they can do those urgent things which patients need to have done, thus setting them up with the most excruciating conflicts. In some hospitals, nurses are called back to duty on their days off, sometimes ending up working for weeks without any day off, and even that at a grueling pace and under impossible conditions. One nurse said "I love being a nurse, but these conditions are preventing me from doing what I do best, healing." Another comment was, "I am overwhelmed, burnt out and beside myself with upset." Some nurses are showing signs of depression and mental exhaustion--in

this case quite justified (E.g., NY Times, 20/2/88). One awful thing that nurses are often driven into under such conditions is to practice a form of triage, doing some of the more urgent things and letting patients simply suffer out the difference. Of course, one problem is that death rates, and rates of long-term negative consequences resulting from inferior nursing care, go up.

*The TIPS editor and a number of friends have recently had occasion to closely monitor the progress of a handicapped friend through several weeks of intensive care in what is believed to be the best, or one of the best, hospitals in Syracuse. One of the things that struck us was that in the modern, complex, and complexity-imploding hospital, even intensive care is remarkably unintensive. Theoretically, there is more than one person per patient available in such units, and yet patients can still suffer major shortcomings in care. There certainly is no shortage of highly sophisticated machinery and tubes, but the shortage occurs in personal care, such as eating, toileting, personal hygiene, and so on. Yet it is exactly these things which so powerfully impact upon the subjective feeling of well-being of a patient, and the patient's attitude toward the future that can have a very depressing impact on the person's mentality and perhaps even cause the person to lose the will to live.

Also the complexity of such care is such that even in addition to the problem of inevitable changeover between shifts and personnel, there is profound discontinuity in knowledge about a patient, and thus a fertile source for mistakes.

When patients have improved sufficiently in intensive care, they are promoted to something like "progressive care." Even though progressive care is a very high level of care, we discovered that here, personal care shortages and personnel errors can skyrocket. A person who recovered miraculously from all sorts of medical conditions on intensive care may actually die in progressive care from lack of progressive care. Almost a thousand years ago, under the most primitive conditions, people working in hospices had at least solved some of the problems of how to provide loving personal care to people, such as the necessary endless changes of linens (at a time when these had to be washed out by hand in ice-cold creeks), the great care taken with food and its administration, the wiping of the brow, etc. It is precisely all these things which are grievously deficient in so much of the modern hospital.

Another insight we gained can also leave us astonished though not surprised. About 100 years ago, medicine discovered the importance of antiseptics and asepsis; as a result, hospitals became immaculately clean. Today, modern hospitals can often be found to be remarkably filthy. There are parts of hospitals, such as floors (even on the wards and in patients' rooms) that literally never ever get a good cleaning. How is all of this possible and how can we understand it? The answer is that the high technology of antibiotics has replaced the low technology of environmental cleanliness. Instead of keeping hospitals clean, modern hospital medicine simply administers massive doses of antibiotics to the patients. However, these antibiotics can have also detrimental effects, such as killing the intestinal flora, which makes it very difficult for some patients to recover normal digestion and bowel movements. Thus, one kind of treatment introduces another kind of threat to life.

Patients who already have a decubitus ulcer on their bottoms, and who have uncontrolled diarrhea, may simply be left to lie in their excrement for hours at a time, which of course makes the ulcer worse. The ulcer may have arisen in the first place from lack of personnel time in getting the patient into chairs to sit up, not to mention that sometimes, a hospital that has zillions of dollars worth of sophisticated (hi-tech) equipment may literally lack enough (lo-tech) chairs for its patients to sit in.

We also discovered that another problem solved centuries ago somehow has been half-forgotten. In the olden days, there were toilet chairs so people could sit up and have bowel movements in a relatively hygienic fashion and get the benefit of sitting up. Nowadays, patients are simply left in bed, are expected to defecate in the bed, and then are eventually cleaned up--sometimes, hours later. For many people, this is an excruciatingly humiliating, and certainly inhibiting, situation. Again, it can severely undermine one's will to live. Of course, nursing personnel are aware of the old-fashioned toilet chairs, but one does not see a great many around, nor does one see them widely used. This seems to be a particularly useful aide for those patients who do have frequent uncontrolled bowel movements, such as those who may be recovering from all sorts of operations that made it impossible for them to eat for awhile, and have to be conditioned back slowly through liquids to soft foods to solids.

*Most people are not aware that there are different kinds of nasogastric tubes for delivery of nourishment and liquid, and that in many institutions (especially nursing homes and VA hospitals), large diameter-tubes have widely been used, presumably for nursing convenience. These can soon cause sore and bleeding throats, gagging, ulceration of nostril, stomach and esophagus, and even ear aches. Thus, far from saving lives, they may be deathmaking. Yet smaller and more flexible tubes are readily available. (Handi-News, 12/87; source item from Ann O'Connor)

*Ever since nursing went hi-tech, old-fashioned nursing tasks that involved intimate bodily care became a very minor component of nursing activity, and in fact lost most of its therapeutic image. This accounts for some peculiar phenomena of modern hospital medicine, such as the following. Patients who have to be fed slowly and tediously are nowadays extremely apt to be fed by nasal tube over the short run, because this way, liquid food can be pumped by machine into the patient's stomach. If the condition endures, an operation is even apt to be performed that installs a feeding tube directly into the stomach through the stomach wall. And yet for recovery, it is extremely important that a person begins to learn to eat again as soon as possible, progressing as rapidly as is feasible through the stages of liquids, liquid food, soft foods, and increasingly hard and customary foods.

To our amazement, we discovered that nowadays, even people in "intensive care" (that might cost \$1500 a day), where supposedly one has a full-time nurse plus part-time of several other staff members, the recovery of eating may be stretched out for weeks beyond what it might have been. Tube feeding (even there, often with the wrong type of tube) may drag on unnecessarily, and even when a person can begin to take liquids by mouth, this is often subtly sabotaged for the sake of the more convenient machine tube-feeding. Once the person is on a nearly-liquid soft diet, introduction of foods with more substance and fiber may be much slower than is possible. Again, if staff have to feed a client, it is much more efficient to order up mushy food than hard food.

Naturally, this kind of attitude forms one component of deathmaking, because retardation in the restoration of normal eating can hold up other healing processes, and may even undermine the sick person's attitude toward recovery and will to live.

Even in other respects, intensive care can leave much to be desired. Patients may be left for days and weeks with mouths and lips parched, when these could be sponged, the dry hospital air may turn their skin sandpaper without anyone taking the time to apply body lotion, and heads may go unwashed for weeks and months at a time. Even feverish brows may go unwiped. All these are things to which advocates can draw attention, but which they often will have to perform themselves--at least in part--if they are to get done at all.

*One of the amazing paradoxes of modern highly technologized deathmaking medicine is that a patient who is really in bad shape may be given very dramatic surgery--and shortly thereafter, denied the most basic amenities even while still being merely critical rather than terminal. Of course, this is consistent with the post-primary production economy that we repeatedly mention, which uses (lowly) people as economic food for the service industry. Thus, before de facto killing someone, an expensive operation that is status-enhancing to all of its participating medical personnel is squeezed out of the hapless patient. One physician with conscience (but low sophistication) even said, "I don't know why they bother to take them to surgery if they are not going to support them nutritionally."

*Physical space arrangements in hospitals, as well as programmatic features (such as hospital visiting hours), can contribute to patient death or recovery rates by impacting on the capacity and willingness of people to be present to sick persons in the hospital. Patients who get cut off from relationship contacts that they value may more easily lose their will to live. Furthermore, hardly anywhere in modern hospital medicine is there really enough staff--or even will--to provide old-fashioned comforting bedside care. Friends and relatives of a patient can therefore do a multitude of bedside things for a sick person that not only bolster the person's spirits and actual well-being, but that sometimes even provide crucial supplementations that the person would otherwise not get. After all, nursing time is so sparse today that even in

top-flight hospitals, patients may lay for hours in their own excrement without being changed. One can well imagine what this does to people's spirits and will to live, particularly if they have been very meticulous persons all their lives, not to mention how easily this sort of thing leads to, or exacerbates, skin ulcers that can go down to the very bone. As it is, the many tubes, wires and other technological attachments to hospital patients these days already contribute considerably to separation from human contact. The number of such wiring or tubing to which patients are connected has been going up. Not long ago, two or three such connections were a great many, and now, 7 and 8 are certainly no longer a rarity. We thus see the kinds of hospital arrangements that separate visitors and patients, and that are so plentiful these days, as a most subtle form of deathmaking.

*At Crouse-Irving Memorial Hospital in Syracuse, early on the morning of 14 April 88, there was a man in a bed in the so-called progressive care unit who had 5 tubes in him: in his nose, mouth, stomach, an I-V in his arm, and a urine catheter. Each tube was hooked up to a different machine or receptacle. Except for the catheter, each machine had an alarm, and the noise given off by the breathing machine ("ventilator") alarm is both startling and offensive. This alarm kept going off, which made both the man and visitors jump--yet no medical personnel came in, even though some heard it because they passed in the hallway. Finally, a visitor went to get a nurse. When she came in, she fiddled a bit with the nose and mouth tubes, but the alarm continued to sound. She also noticed that the stomach tubing had become disconnected, and goo was all over the floor--though no alarm had sounded for that.

First, what is the point in having alarms if no one responds to them? Second, why install a frightening-sounding alarm in a machine that is apt to be used only for very sick people who can ill afford to be continually stressed by having to listen to it? Third, all this is yet more evidence that no amount of machines can substitute for the watchful and caring presence of people, even if the people cannot perform all the tricks that the machines can.

*Los Angeles County health officials said that Hollywood Community Hospital has "consistently" denied sufficient food to elderly patients, not to mention other basic health care, while at the same time being always too eager and ready to have surgery performed on them too. After the high priests of technology have performed their surgery, the hospital does not give patients enough to eat to even allow wound-healing (NRLN, 19/5/88).

*An acquaintance recently told us that a close relative was stricken ill and put in a hospital. He called the hospital to find out what was going on. In trying to reach the charge nurse of the ward where the relative was, his phone call was shunted from one person to another, until, after about 5 transfers, a gruff voice answered the phone with a very unprofessional "hello." It turned out to be the janitor.

*Healthwise (3/88) reports that in order to compete with each other, hospitals offer their patients some very unhealthy but tasty foods, including foods that are enemies of a patient's affliction. For instance, unless a physician makes a special point of ordering a special diet, a person who just had a heart attack may be fed meals disastrous for heart conditions.

*In various cases, either because patients lack financial coverage, or hospitals lack beds or personnel to staff them, patients may be shipped from one hospital to another ("turking") either because they are not being admitted, or because they are being transferred, or they may be kept in crowded emergency services literally for days. A common but apparently new practice is for mentally disturbed ambulatory people, as well as patients from prisons, to be forced to sit in wheelchairs to which they are then shackled. Prisoners may also be strapped to stretchers for days. In some locales, the high number of elderly debilitated people contributes to this "bed shortage," and in others, a flood of people with AIDS.

*There is a book on Psychological Abuse of Pediatric Patients. One of the things it claims is that the normative way in which children are hospitalized these days is unsound, and so harmful to children as to warrant the term "abusive." (Source item supplied by George Johnson.)

*Hospital patients who are in critical condition, and whose indices are getting worse rather than better, are sometimes said to be "circling the drain," underlining how devalued people are sometimes viewed as garbage to be disposed of or flushed away. (Source item from Paul de Parrie)

*In 1/87, heart surgeries were no longer allowed at 4 US Veterans Administration hospitals because of the high death rates there (AP, in SHJ, 13/1/87).

*While we are all in favor of identifying hospitals and physicians that perform suboptimally, we are concerned about the recent tendency to focus in on those hospitals and physicians whose patients have a death rate above the average. For instance, doctors have been investigated when the death rate of their patients was 12% above average. To us, 12% does not sound like a remarkable deviation from a mean, particularly since in a normal distribution, it would take roughly 16% to fall even as much as 1 standard deviation below the mean. A perversion of this type of investigation is readily predictable: hospitals and physicians may in the future do everything they can to avoid serving people who come to them with already high risk and low life expectancy conditions.

*A woman in Indiana was found to have multiple sclerosis. As she began to deteriorate, her husband hired people to come to the home to help her. This did not work out very well, so eventually, he bought a camper and fixed it up so that she could be very comfortable in it, and then drove the camper, with her in it, to work. During his morning, lunch, and afternoon break, he would go to the parking lot and attend to his wife. After five years, she died while he was feeding her during his lunch break (Indianapolis Star, 30/1/85; clipping submitted by Joe Osburn.)

*Poor people are much less likely than affluent ones to receive organ transplants when they can benefit from them (SHJ, 24/3/88).

*A stabbing victim without health insurance was denied admission at four different hospitals in the San Francisco area, and by the time he was finally admitted to a fifth five hours later, he died. Everyone agreed that he could have been saved had he been treated earlier (UPI, in SHJ, 3/2/85).

*It is no longer uncommon for people who spend several weeks in intensive care (whether they survive it or not) to receive hospital bills of something like 120 pages for perhaps a quarter million dollars--with a threatening note that it is all due in 5 days. Particularly where the patient dies, the survivors are sometimes thrown into paroxysms of hostility about this, including the notion that if only their family member had died earlier, or if only treatment had been withdrawn earlier, they would not be stuck with such a bill on which they might have to pay for the rest of their lives even if Medicare pays most of it. Data such as these are now cited with glee by the advocates of euthanasia. (E.g., Euthanasia Review, Fall 86)

*Hospitals have been making roughly between 15-18% profit from Medicare payments while still continuing to discharge patients prematurely (Senior Citizens News, 5/87; source item from Ann o'Connor).

*Emendation. In our last issue, we had a "perversion alert" on surrogate decision-making, and its deathmaking dangers. One of the items in this section was in error. There are not one but two recent laws in NY state dealing with surrogate decision-making, plus a still pending bill. One of these laws (regulations released 1986) is actually very circumspect in allowing only medical surrogate decision-making where life-or-death is not at issue. Looked at in isolation, that law has many positive features; but in the context of the current rush to surrogate decision-making in general that is tied to the deathmaking movement, one wishes the law had not come along at just this time, but years earlier.

Utilitarian Motives or Exploitations of Deathmaking

*We continue our coverage of the fetal tissue trade. In 1980, the National Disease Research Interchange was established at Presbyterian Hospital in Philadelphia to procure human tissues and organs via medical research. The center has functioned not so much as

an organ bank as an organ and tissue expediter. Among the tissues it deals with are fetal ones. The systematic "harvesting" of tissues from the victims of late abortions expedited by the center was described at a symposium (which was later published) that was funded from monies coming originally from the McDonald hamburger chain via one of its endowment funds (Interim, 3/88; see below).

*It has now come to light that at least since 1982 (and possibly even as early as 1979), the Kroc Foundation, funded from monies from the McDonald's hamburger chain, has been sponsoring research and dissemination on the utilitarian exploitation of tissues of aborted fetuses. The Kroc family are the founders of McDonald's. The Foundation and McDonald's are linked by several people sitting on both boards of directors. The Planned Parenthood Association that promotes abortion mightily has also received large grants from the following foundations: The Kresge Foundation that got its money from K-Mart Corporation; the H. J. Heinz Company Foundation; the Scott Foundation (derived from the Scott Paper Company); and foundations derived from the Pillsbury, Levi Strauss, and General Mills firms (ALL, 5/82).

*In 4/88, the first "brain transplant" from aborted fetuses into people with Parkinson's Disease in Britain was reported in the media. In the Daily Mail, the news was announced in headlines that were 4.5 inches high! The recipients were reported to show "an immediate and dramatic improvement" (source clipping from Paul Williams).

*There appears to be a rapid expansion in the number of US hospitals that have approved protocols for "harvesting" fetal neural tissues (NRLN, 19/5/88).

*Missouri passed the first law of its kind which prohibits the utilitarian exploitation of aborted babies for their organs and tissues (NRLN, 19/5/88).

*A bill was introduced in Ohio to permit the "harvesting" of babies born with anencephaly (NRLN, 24/3/88). Similar legislation is now in preparation in at least 7 other states.

*The Scientist (5/10/87, p. 5) carried the following deathmaking babble on the excision of organs from live babies who are anencephalic: "A 1985 federal law essentially bars the use of federal funds for experiments involving living fetal tissue unless the tissue is dead."

*Modern Aztecs. A young man in California who carried an immigration and naturalization work permit, but who was otherwise unidentified and unknown, was found unconscious, taken to a hospital, declared brain-dead, and swift as lightning, his heart was snatched from his breast and implanted into a 58-year old physician. We see here once again how devalued people can be ruthlessly exploited as organ sources for valued ones (AP, in Cedar Rapids Gazette, 23/4/88; source item from John Morris).

*We have mentioned before that slavery has by no means disappeared, even though it is no longer legal. For instance, hundreds of people a year, and perhaps more, primarily women and children, get deceived (or kidnapped) in Bangladesh and sold abroad for either prostitution or indentured servitude. Even worse, some of them are apparently being killed and their bodies or skeletons sold for medical studies. The same sort of thing appears to be going on in India, and possibly in other Third World countries (AP, in SHA, 13/3/88). A few hundred years ago, people sometimes killed others so that they could sell their bodies to professors who taught anatomy and dissection to their students. Western and US medical schools have been buying skeletons of people from Third World countries. Some of these skeletons were of people who starved to death, others have been murdered to sell their skeletons. Things like that give hard-pressed people in the Third World an incentive for creating corpses.

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