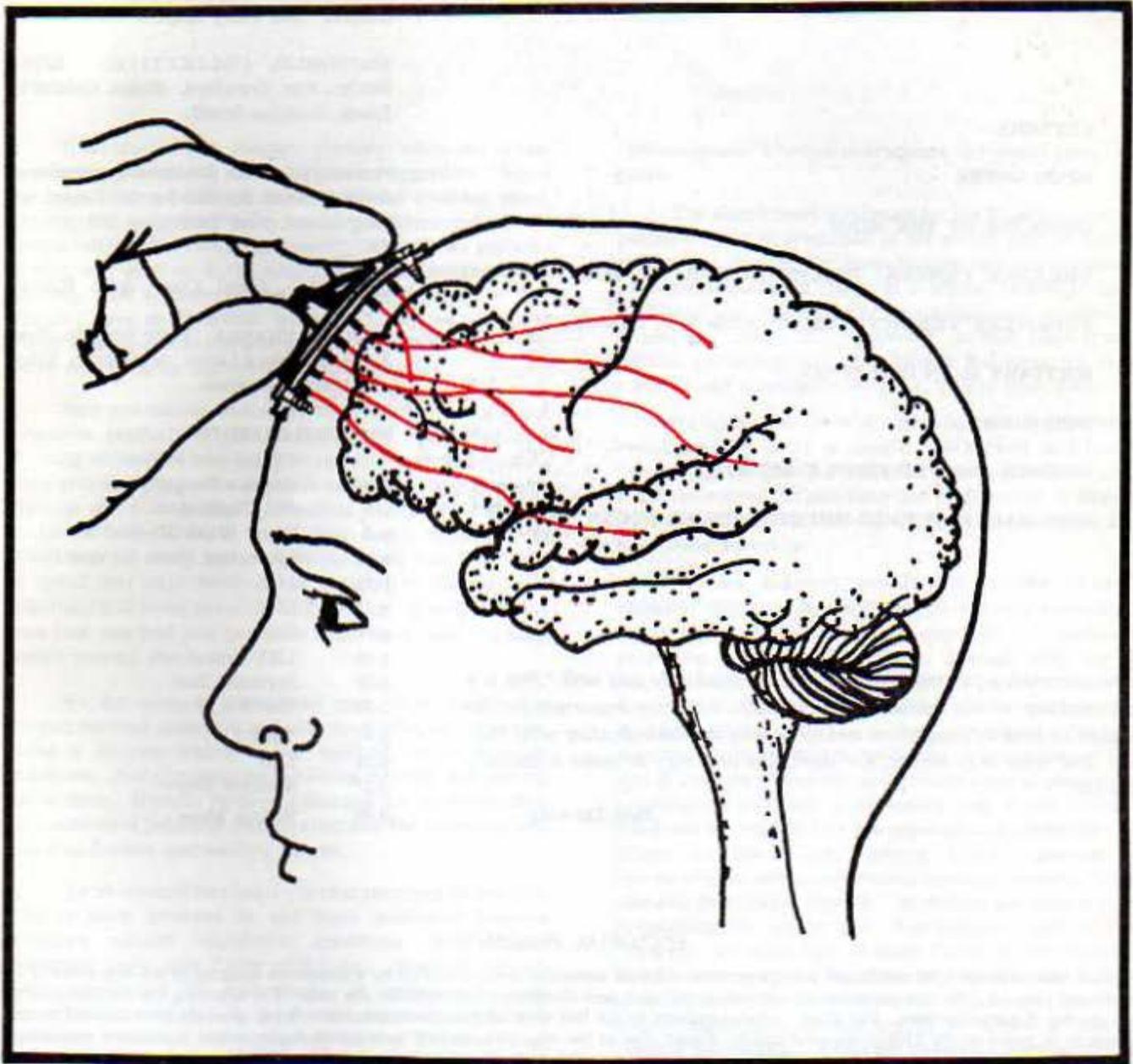


# SCIENCE FOR THE PEOPLE



**VOL. VI no.3 75¢**

**BI-MONTHLY PUBLICATION OF SCIENTISTS AND ENGINEERS  
FOR SOCIAL AND POLITICAL ACTION · SESPA · MAY 1974**

# INSIDE

5	LETTERS
6	NEWS NOTES
8	GENOCIDE OF THE MIND
17	VIOLENCE CENTER: PSYCHOTECHNOLOGY FOR REPRESSION
22	PRISONERS' VERDICT: THE PRISONS ARE THE CRIME
26	SOLITARY IS AN OLD STORY
29	NOW KIDS...
35	SCIENCE FOR THE PEOPLE ACTIVITIES
40	THIS MAGAZINE ENDS WHERE AMERICA BEGAN

*"Once started, a journal must be run conscientiously and well. This is a responsibility of the readers as well as staff. It is very important for the readers to send in suggestions and write brief articles indicating what they like, and what they dislike, for this is the only way to make a journal a success."*

Mao Tse-tung

**CONTRIBUTORS:** Christopher Dominico, Anne Eisner, Joe Heath, Al Huebner, Nancy Jervis, Randy Knight, Dick Leigh, Jon Levine, Kathy O'Brien, Edward Sanchez, Christopher Sutherland, Charles Wise-Bey, Chicago Southside Chapter and Terry Kupers .

**EDITORIAL COLLECTIVE:** Elyse Berly, Ann Crawford, Minna Goldfarb, Kosta, Douglas Schiff.

This magazine was produced by members of Stony Brook Science for the People on Long Island, New York.

**LAYOUT:** Carol Cina, John Kalish.

**SPECIAL THANKS:** Peter Breggin, Eric Entemann, Sara Lenox, Al Weinrub, Riley and Margot Bostrom.

#### PICTURE CREDITS:

Cover	Beyhan Durgut
p.7	Pat Oliphant
p.8	Stony Brook Medical School
p.10	Liberation News Service (LNS)
p.11	LNS
p.14	LNS
p.18	LNS
p.20	LNS
p.22	Syracuse Sun
p.28	The N.Y. Post
p.31	LNS
p.34	LNS
p.37	Maurice Bazin
p.38	Bonnie Mass

#### EDITORIAL PRACTICE

Each issue of *Science for the People* is prepared by a collective assembled from volunteers by a committee made up of the collectives of the past calendar year. A collective carries out all editorial, production, and distribution functions for one issue. The following is a distillation of the actual practice of past collectives. **Due dates:** Articles received by the first week of an odd-numbered month can generally be considered for the magazine to be issued on the 15th of the next month. **Form:** One of the ways you can help is to submit double-spaced typewritten manuscripts with ample margins. If you can send six copies, that helps even more. One of the few founding principles of SESPA is that articles must be signed (a pseudonym is acceptable). **Criteria for acceptance:** *SESPA Newsletter*, predecessor to *Science for the People*, was pledged to print everything submitted. It is no longer feasible to continue this policy, although the practice thus far has been to print all articles descriptive of SESPA/Science for the People activities. Considerably more discrimination is applied to analytical articles. These are expected to reflect the general political outlook of *Science for the People*. All articles are judged on the basis of length, style, subject and content. **Editorial Procedure:** The content of each issue is determined by unanimous consent of the collective. Where extensive rewriting of an article is required, the preference of the collective is to discuss the changes with the author. If this is not practical, reasons for rejection are sent to the author. An attempt is made to convey suggestions for improvement. If an article is late or excluded for lack of space or if it has non-unanimous support, it is generally passed on to the next collective. **Editorial statements:** Unsigned articles are statements of the editorial collective. **Opportunities for participation:** Volunteers for editorial collectives should be aware that each issue requires a substantial contribution of time and energy for an eight-week period. Help is always appreciated and provides an opportunity for the helper to learn and for the collective to get to know a prospective member. There are presently plans to move the magazine production to other cities. This will increase the opportunity for participation. For legal purposes *Science for the People* has become incorporated.

# ABOUT THIS ISSUE

It all started at a January meeting, when one of our members came up with a rather bizarre suggestion. "Since the magazine coordinating committee was thinking about moving the magazine collective to chapters outside of Boston, why couldn't we do an issue?" "What?" we gasped. "I said, why don't we do the magazine?" "Well.....(gulp)" Anyway, soon we were on the phone with Boston... "We wouldn't have to do layout, would we?...Oh, we would." "Well, what about soliciting articles?... That too, huh." "No, we're not changing our minds.....(double gulp)."

Now you realize none of us knew the first thing about magazine production. But the good old magazine coordinating committee was quick to respond to our dilemma. They sent us a production schedule and a few suggestions on "how to edit a magazine." Needless to say, the schedule didn't include, "How to spend four hours arguing over something you really agreed upon the whole time" or "How to spend two days sending out letters for chapter contributions that never get answered" or even "How to tell your boss that you had just put your head down, and it really wasn't snoring she heard."

We did learn to understand each other despite our various nervous disorders and attacks of sleeping sickness. Some of us even improved our spelling, not to mention grammar. And of course we did lots of reading and sorting out of ideas. It really helped to sharpen our understanding and analysis of behavior modification and the historical and material factors surrounding its use.

We've learned that history is characterized by conflict.

We've been involved in and have witnessed people's struggles against oppressive conditions (low wages, alienating work, poor living conditions). Some of this activity performed by individuals, is spontaneous and desperate in nature. A good deal involves organized, politically conscious, militant group action. In either case, the ruling class is unwilling to make the necessary political change. They attempt to stop the activity itself and conceal the social causes of dissent by blaming, punishing and isolating the individual.

Toward this end, different tactics may be employed. These range in form from direct physical brutality (gassing, clubbing, shooting) to more subtle techniques (behavior therapy). From "Solitary is an Old Story," we learn that the "medical model" of behavior therapy is an extension of old ideas; penitance, prison, solitary. In either case, the

"professionals" attempt to eradicate symptoms rather than causes.

The March issue of **Science for the People** reported on pseudo-science as a weapon in the attack against minority populations through the manufacture and manipulation of intelligence quotients (IQ). In a similar fashion, behavior modification is used to justify the manipulation of individuals displaying "undesirable behavior." In both cases it is important to understand who defines the concepts of IQ, violence and acceptable behavior, and to what ends.

We find that in the relationship between oppression and resistance, the latter is usually condemned and labelled "violent." This issue is explored in "Genocide of the Mind." While describing various behavior modification techniques, the article exposes the rationale given by persons who profit from these practices.

To view behavior modification as the "cure for violence" then, is to ignore the social nature of violence. An extreme, though characteristic approach to violence appeared in the **American Medical Journal** after the 1967 Detroit riots. (See "Violence Center" article.) Here Drs. Ervin and Mark present the view that ghetto riots are caused by brain damaged (hence violent) individuals. We don't deny the possibility that brain damage may cause individual acts of violence. However, to attribute a social phenomenon to biological functions is necessary only if one wishes to eradicate the riots and not the oppression of ghetto life. The article on the UCLA Violence Center uncovers the relationship between universities, research centers, funding agencies and "eager experts," as studies are used to justify maintaining the status quo. For instance, none of these "experts" advocate that William Calley or the illustrious families who gave us the Banana Republics be behavior modified. Yet when an unemployed, exploited person loots a store, researchers receive grants to create a cure for "violent individuals." From the Violence Center article and the statements appearing in "Prisoners' Verdict" we see that prisoners (and other subjects) have become aware and then enlisted support in averting individual programs. In this way, federally funded programs such as START (See "Genocide of the Mind") have been closed.

In "Now, Kids..." we learn how the scientifically meaningless term "hyperactivity" is used to label and isolate "rebellious" children. These same children are used by researchers and drug companies for experimental purposes to push "wonder drug cures." Again, an intense

community struggle proved important in thwarting one such project.

While mass action to eliminate individual programs is important, it is not a long term solution, in itself. The liberal viewpoint stresses the notion that systematic violence, as witnessed in behavior modification programs, is merely a moral aberration of an otherwise sound system. One merely has to eliminate a particular, brutal program and everything will again be perfect. We maintain that in present day U.S. society, violence is a mode of existence with its most widespread and extreme applications found in the everyday functioning of the ruling class. In this respect, as the Violence Center article indicates, as long as the material

bases for this exploitation remain intact, such programs will invariably arise, in new forms under different guises.

The final point we wish to raise in this issue is that science is not value free. Once oppression was carried out in the name of God. Today it is justified in the name of science. Like religion in the past, today science is mystified by technical jargon and unnecessary complications, rendering it inaccessible to public understanding. It is only when science is used against the people that it must be cloaked in mystique. Hence, in order to establish a science which will serve the real needs of the majority, it is necessary to expose the nature of pseudo-science. It is in this spirit that we put together the May issue of Science for the People.

# NOTICE

*An important part of the work of Science for the People is putting our ideas into practice. The two boxes on this page indicate actions that urgently need our support.*

*Ed. Note*

## CALL TO ACTION

At the Northeast regional conference in the fall, 1973 (see SftP Vol. VI, No. 1, Jan. 1974) the issues of racism, sexism, and elitism within SESPA-Science for the People were raised. Specifically, many of us were concerned that questions of the position of women, minority groups, and technical workers within Science for the People were not being dealt with adequately. The conference passed a resolution that chapters should start discussion of these matters and that the magazine should publish reports of them. Therefore we suggest that a special section of the magazine be devoted to these questions. We hope that people will respond by sending articles for this page—songs, ideas, stories, complaints, comments, suggestions, reports—especially within the spirit of the resolution from the regional conference.

SftP Magazine Co-ordinating Committee

## REMEMBER ATTICA?

*"Forty-three citizens of New York State died at Attica Correctional Facility between September 9 and 13, 1971. Thirty-nine of that number were killed and more than eighty others were wounded by gunfire during the fifteen minutes it took the State Police to retake the prison on September 13. With the exception of the Indian massacres in the late nineteenth century, the State Police assault which ended the four-day uprising was the bloodiest one-day encounter between Americans since the Civil War."*

*Official Report of the  
New York State Commission  
on Attica, 1972.  
(Available in paperback)*

On April 29, 1974 the 61 indicted Attica Brothers' trials are beginning. They collectively face over 60,000 years imprisonment as a result of the 42 indictments issued. An estimated 60-75 separate trials could take place, tying up the Buffalo court system for nearly six years, costing millions of dollars. Concerned citizens who wish to support the defense should contact the Attica Brothers Legal Defense, 1370 Main Street, New York 14209. The telephone number is (716) 884-4423. They need money, court observers, people to help out. If you want to keep informed, write for the Attica Brothers Legal Defense newsletter to ABLD Newsletter, Box No. 7, Station G, Buffalo, New York 14213.

# LETTERS

*This letter represents part of a continuing analysis of issues related to birth control and population control.*

SESPA and Readers,

I have been intently following the birth control-population control discussion recently appearing in *Science for the People*. The January issue really helped to bring out the controversy in full (for the first time as far as I know), putting it into a progressive public arena.

For purposes of clarification and future reference in this letter, I've categorized the birth control debate in three ways. The first two have been presented in the SESPA pamphlet, *Science and Technology in Latin America: Por Que* (April, 1973), and in your regular publication, *Preventive Genocide in Latin America* (Vol. V, No. 2):

(1) The misuse of birth control, e.g., population control with possible genocidal effects, supported by misleading ideology, backed by imperialist agencies.

(2) The use of birth control-abortion, in itself, as a major step toward breaking with oppressive social traditions, in an effort to achieve total liberation.

(3) The use of birth control as family planning and sexual emancipation attached to the class issues of health care, e.g. pre-natal and child care.

One may say that both articles mentioned above, and the two letters in reply, focus their critical arguments upon issues No. 1 and No. 2. (The article on genocide focuses upon the super-structure of population control—imperialist agencies and their ideologies. *Science and Technology in Latin America* concentrates upon population programs and experimentation in Latin America, with focus on imperialist ideology.) However, in category No. 3, the multi-faceted issue of birth control includes a health context, not adequately discussed in either article. This absence could lead to possible misinterpretation and distortion of the issues at hand.

It seems as if our immediate response to working class and third world women is to assume that our sisters' liberation can only be achieved by "first" breaking the "oppressive" syndrome of family life. What we fail to ask are: (1) Whose values are determining which first steps are necessary? and (2) Why do we assume that "lack of knowledge" and "backward" living conditions are the ob-

stacles preventing our sisters' understanding and cooperation in "our" birth control campaigns? In other words, women's problems and social values vary according to their material surroundings and class conditioning.

What is necessary is a class context which speaks to the needs and values of working class and third world sisters. Denied proper medical care, jobs, education and living conditions, in fact, the assurance of any form of sustenance, the whole concept of "family planning" appears a ludicrous one. Clearly, under such conditions, choices are few. How can a woman decide whether or not to have children when she doesn't even know if she would have food to feed them?

H.N. Dobbs seems opposed to viewing social classes as having anything to do with understanding the birth control issue. What is instructive and frightening about Dobbs' argument is how integrally she-he ties arguments in behalf of women's liberation to the ideology of population control. This illustrates the common misuse and dangerous co-optation of birth control programs and propaganda when presented as ends in themselves.

This danger becomes more apparent when one understands the class interests of these family planning agencies. Implicit in these interests we find imperialist motives, racist ideology, and condescending if not outright coercive methods.

For instance Iran, with one of the highest infant mortality rates in the Middle East, has received the largest share of World Bank loans for population projects (\$33.4 million in May '73). Perhaps, not coincidentally, Iran has assumed the role of military gendarme of the Arabian Gulf. In 1973, Iran contracted \$3 billion in arms shipments, one of the largest purchases in U.S. history.

1974 was designated World Population Year by the U.N. Social and Economic Council. The U.N.'s Population Trust Fund, chaired by John D. Rockefeller III, has risen from \$1.5 million to \$40 million in the last six years, while the U.N.'s welfare organizations such as UNRWA\* have recently not been able to apply the minimal funds needed to distribute sustenance rations to "their" refugees, e.g. Palestinian refugees in Jordan, Gaza Strip and Southern Lebanon.

As it stands now, if we view international institutions, popularized propaganda and financial control as the major social and economic realities behind "family planning," then implementation of birth control revolves around issues (1) and (2), under a middle and upper class umbrella, leaving our sisters basically with one choice—NOT to reproduce.

As an alternative, within the People's Republic of China, women's consciousness arose within a broad anti-imperialist struggle. In 1956, before living standards had been raised substantially, women in the countryside were very suspicious of birth control campaigns and, for the most part, ignored them. Their attitudes changed and coercion ceased with the introduction of "Barefoot" doctors (who also did manual labor in the field), the availability of free health care, disease prevention and water purification as well as free birth control. Along with efforts to improve the quality of life, China began its Socialist education movement in 1963,

\* United Nations Relief and Works Agency

*continued on p. 38*

# NEWS NOTES

*Everyone! Please contribute items of interest and humor to this regular section.*

## ENGINEERS: UNEMPLOYMENT CONDITIONS FILTER DOWN

According to a report by the General Accounting Office (GAO), the Nixon Administration's Technology Mobilization and Reemployment program for helping engineers, scientists and technicians find work has been a dismal failure. The \$42 million administered by the U.S. Department of Labor was set up in 1971 to help those who lost their jobs because of cut-backs in defense and aerospace funding. At the outset, it was predicted that this program would help find jobs for 40 thousand persons. When the program expired last June, the Department claimed that it had assisted in placing 29,855 job seekers, but the GAO report asserts that the true total is probably about one-third that number (that is, \$4,200 per person helped). The report states that, "Placements were...claimed for persons who had never registered in the program. Assistance in finding jobs was often claimed when no evidence existed that the program had provided any assistance."

Engineers who lost their jobs in the aerospace contraction over the last couple of years, were commonly laid off without severance pay. Many meekly lost their rights in fraudulent pension schemes only to face discrimination in employment because they were over 40 years old.

The truths of engineering unemployment are finally coming through to high school students, who appear to be avoiding engineering study. The number of newly graduated U.S. engineers with B.S. degrees peaked at about 40,000 in 1970, held steady through 1972 and is expected to decline thereafter. As a percentage of college freshmen, engineering registration

has been dropping for several years. Obviously, young people have a poor opinion of engineering.

U.S. engineering colleges are worried by the drop in their registrations. James Knudsen of Oregon State University, for example, says in the January 1974 Chemical Engineering Progress, "There is now the capacity to produce at least 45,000 B.S. degrees ... the reduced enrollments will mean reduction in budget (and faculty)." He foresees "a period of some considerable difficulty for colleges of engineering as faculty (mostly young, untenured faculty) are released." Ultimately some schools may follow the example of New York University in abandoning engineering completely.

The bright picture for engineering in the 1960's is fading with the realities of the 1970's. Low job security, unpaid overtime, and other unfavorable work conditions will prompt engineers to begin organizing to protect themselves. Hopefully these efforts will also be spurred by engineers' desire to do more socially useful work than designing military hardware.

## CHEMICAL-BIOLOGICAL DEVELOPMENTS

The U.S. Government's policies on chemical and biological weapons (CBW) will come under question at public hearings before a subcommittee of the House Committee on Foreign Affairs this spring. The hearings will focus on three aspects of CBW policy—whether or not herbicides and tear gases are covered by the Geneva Protocol, the Army's plans to produce new nerve gas weapons, and an overall look at the need for CBW.

The U.S. has never ratified the 1925 Geneva Protocol banning the use of chemical weapons in war. The Senate Foreign Relations Committee has had the treaty under consideration since Nixon resubmitted it to the Senate for ratification in 1970, but has refused to take any action until the Administration agrees to interpret the treaty to include herbicides and tear gases.

Both of these are important parts of the U.S. military arsenal. 100 million pounds of herbicides were dropped by the U.S. on South Vietnam alone between 1961 and 1971. According to a recent report by a committee of the National Academy of Sciences, the herbicides caused deaths

among Montagnard children and caused, as well, "serious and extensive damage" to the inland tropical forests while destroying 36 percent of the mangrove forests along the coast. The defoliation damage is likely to be durable and take a century to heal.

As for tear gas, the U.S. Army has adopted a new riot control agent as a partial replacement for its old standby, CS. Called CR, the new material is said to be extremely irritating to the eyes, skin, nose and throat, with the additional virtue that persons exposed to it cannot open their eyes, and generally flounder around in intense pain. The chief advantage of CR over CS and other riot control agents—at least from the point of view of those using it—is that it can be dissolved in a liquid and sprayed, rather than disseminated as a gas, thus avoiding the problems normally caused by winds. CR was developed in Britain (no doubt for use in Northern Ireland) but tested in the U.S. at Edgewood Arsenal in Maryland.

CBW was last the subject of public hearings in 1969, following an accident at the Dugway testing ground in Utah, where nerve gas drifted outside the test area and killed some 6400 sheep. A year later Nixon announced that the U.S. would halt all development, testing and stockpiling of biological weapons and that the U.S. would never be the first to use chemical weapons in war. (!)

But last year news leaked out that the Army will be mass-producing a new, deadly nerve gas by no later than 1977, and that the Pentagon has committed at least another \$6 million to war gas research. The new "binary" gas weapons consist of two safe chemicals that become deadly when mixed. Fired from a mortar or howitzer, the spinning shell mixes the chemicals while in flight. The gas then escapes from the shell upon impact, killing everyone in the area.

In the meantime the Army has still failed to carry out its promise to destroy the stockpiles of nerve gas in nine massive storage depots at the Rocky Mountain Arsenal on the edge of Denver International Airport. Leaks of the GB nerve gas have created a serious safety hazard to nearby populations and shipment of the chemicals is highly risky.

It appears that CBW development is only the tip of the weapons development iceberg. Of \$19.6 billion tagged in Nixon's

1975 budget for research and development (R&D), \$10.2 is for direct military purposes. This represents an increase in military R&D of 12 percent over the current year. One of the new weapons being considered by the Pentagon is a low-yield nuclear antipersonnel battlefield weapon which depends on enhanced neutron radiation as a kill mechanism. Such a weapon might even make conventional CBW obsolete.

### FARAH STRIKERS VICTORIOUS

Striking workers in El Paso, Texas have won the most important labor battle that has been fought in the Southwest since the famous "Salt of the Earth" mining strike in Silver City, New Mexico in 1952.

In a dramatic announcement, Willie Farah, president of the El Paso-based Farah Manufacturing Co., gave in to workers' demands and recognized the Amalgamated Clothing Workers of America as the sole bargaining agent for his plants' 8,000 employees. The National Labor Relations Board has also ruled that Farah must rehire with back pay the 3,000 striking workers fired for union activities.

The 22-month long strike forced the closing of four of the company's plants, two in San Antonio and one each in Victoria, Texas and in Las Cruces, New Mexico. In addition the nationwide boycott of Farah slacks cut sales drastically, resulting in an \$8.3 million profit loss in 1972 and a drop from \$45 to \$23 per share in public stock.

The victory represents a giant step forward not only for the Farah workers, 90 percent of whom are Chicanos and 85 percent of whom are women, but also signifies the beginning of the end of the sweatshop and non-union plants that lie along the 2,500-mile Mexican-U.S. border between Brownsville, Texas and San Diego, California.

### RESEARCH AGAINST THE PEOPLE?

A U.S. District Court recently ordered that the Department of Health, Education and Welfare (HEW) make public the records it has on 11 research grants of the Psychopharmacology Research Branch of the National Institutes

of Health. The grants in question were for studies on the drug treatment of children with learning difficulties or behavioral disorders, particularly hyperkinesis (hyperactivity). All but two of the research grants involve the use of one or a combination of stimulant or antidepressant drugs, including methylphenidate (Ritalin), dextroamphetamine, thioridazine and imipramine, on selected school age or preschool children.

The suit was brought against HEW by the Washington Research Project which runs the Children's Defense Fund and is an advocate group to protect the rights of children. It argued that under the Freedom of Information Act, HEW had to release grant applications, progress reports, agency reviews of the research, etc.

The scientific establishment, however, in the name of the Federation of American Societies for Experimental Biology, urges in a recent issue of its Proceedings that scientists urge Congress to "seek revisions or amendments to the Freedom of Information Act to protect the intellectual ideas of investigators which are an important part of the research grant process." Apparently some of the scientific elite feel that research on people will be impeded if people are aware of what that research is. They're probably right.



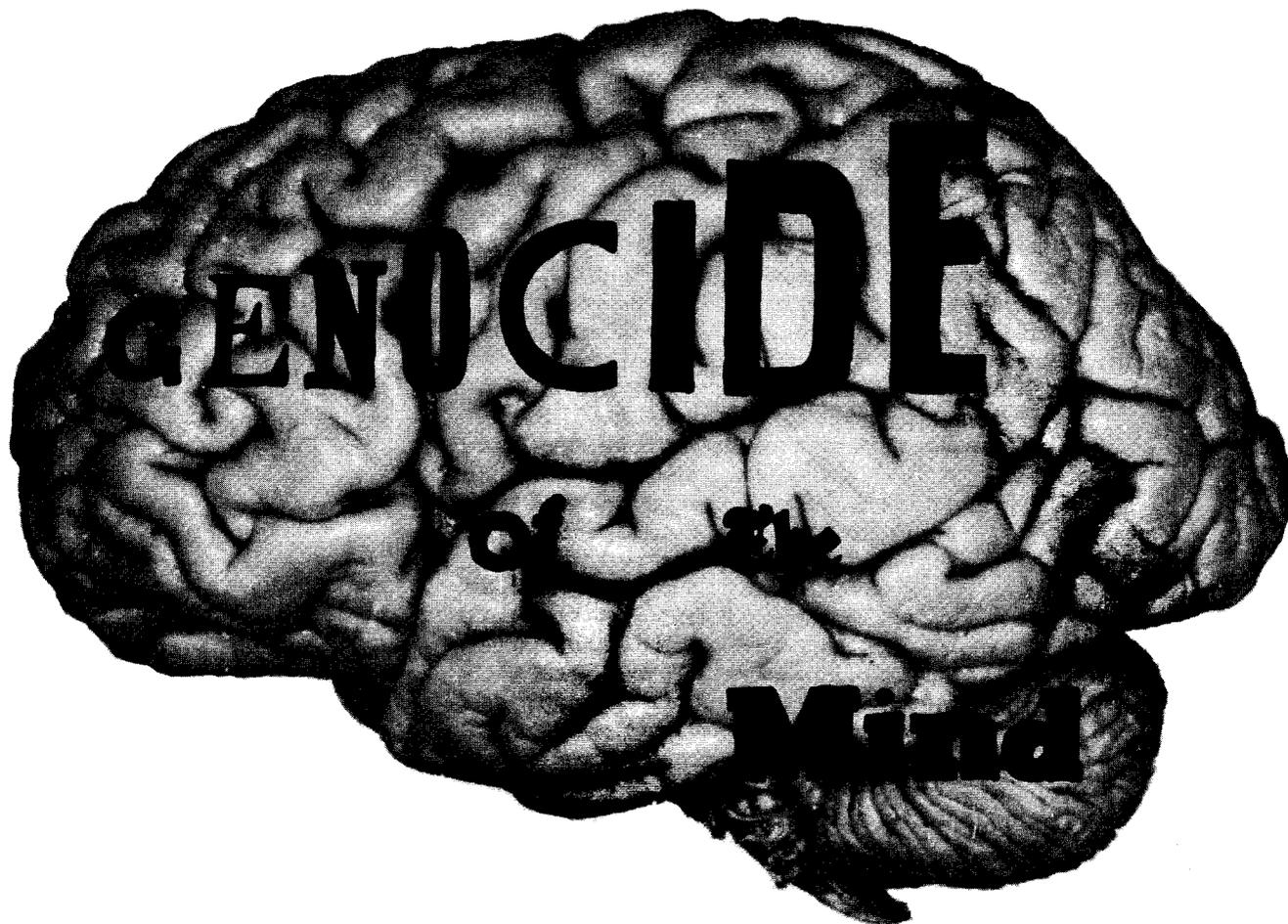
### GUERRILLA ACTION IN AEROSPACE

Attempts to lay off 800 workers, including scientific and technical personnel, at a British Aerospace company were successfully fought by a unique guerrilla action mounted by the workers' unions. The 14,000 employees at the 11 Lucas Aerospace plants are represented by 10 different unions. In 1968 the unions formed an all-union combine with an executive committee elected from the shop stewards. Since then, the combine says it has developed good relations between stewards in all 11 plants and has also developed an intelligence system which makes it possible for them to find out and quickly spread the word about any planned action they consider detrimental to the workers.

When Lucas announced early this year that it wanted to sack 800 workers, the combine chose guerrilla action rather than a direct strike. Telephone, telex, and post workers simply stayed away or refused to work. Transport was crippled by withdrawing clerks from the dispatch department. In all, less than 50 people actually went on strike, supported by a levy of up to a couple of dollars per week on other workers. But it was enough to considerably hinder Lucas, which after two weeks gave in and said there would be no sackings.

The high degree of automation at Lucas Aerospace also helped the union, because a few key people were in a position to cause considerable trouble. Ron Mills, a senior union representative for Lucas Aerospace in Birmingham, says that it became effectively impossible for the company to do any new work on numerically controlled machinery because methods engineers refused to make corrections to new numerical control tapes. Mills also says that the Birmingham plant could have been stopped in a matter of hours if the five keypunchers in the computer centre had stopped work. This was not done, he said, because it would also have stopped pay for those who were working, but it might be considered in future actions.

Nearly half of the 800 people that Lucas planned to sack are scientists and technologists, according to union sources.



### The Uses of Psychotechnology

Just how widespread is the use of psychosurgery and behavior modification? This is a difficult question to answer with specific numbers. However, a recent article in the *New York Times* tells of the planned uses of many such programs. It has recently been reported that the Federal Government has issued a ban on some of its spending for prison control programs. The *Times* was perfectly clear in its reporting however, that:

The ban does not mean a total halt to the use of behavior modification in law enforcement. It applies only to funds provided by L.E.A.A. (Law Enforcement Assistance Administration), and while the Federal agency is considered a prime source of money in this area a number of other agencies, both state and local, have also financed behavioral programs...

Investigation by the *New York Times* over the last two weeks has found that behavior modification—whether through psychological techniques based on principles such as the Skinner “reward” theory or through psychological methods combined with drugs or electric shock—has become a significant tool in American law enforcement

On the Federal level, in addition to L.E.A.A.-funded programs, the Bureau of Prisons has or is planning a number of projects that, according to its director of mental health programs, involve “principles of behavior modification.” The National Institute of Mental Health, a part of the Department of Health, Education and Welfare, is funding several behavioral modification programs for juveniles. (1)

So, although some of the funding and programs have been curtailed, many proliferate still at federal and state levels, according to further details in the article.

Dr. O.J. Andy, neurosurgeon at the University of Mississippi Medical Center who performs lobotomies on neurotic adults, aggressive adolescents, and hyperactive children as young as 6, has said:

There’s no question that behavior can be controlled. We have performed surgery on patients in which psychosurgery has been very effective in controlling behavior or resulting in it being altered so that it conformed more with normal human beings in contrast to one that’s at the extremes of behavior... Lobotomies have reduced the tension level to a degree compatible with society... These

individuals will not be contributors to society, but at least they will be tolerated. (2)

It should not be at all surprising that a United States Marine psychiatrist has run behavior modification programs in the South Vietnamese mental hospital at Bien Hoa:

We started the program on a ward of 130 male patients by announcing that we were interested in discharging patients to make the hospital less crowded. Who wanted to go home? About 30 patients indicated their interest. We explained to these patients that they would have to work and support themselves if they went home—that we could not send them home to live off relatives. We wanted them to work for three months or so in the hospital to prove their capability. If they would do this, we would make every effort to have them discharged. Ten indicated their willingness to work. The reaction of the remainder was, "Work! Do you think we're crazy?"

We sent the ten off to work. To all the remaining patients we announced, "People who are too sick to work need treatment."

The next day we gave 120 unmodified electroconvulsive treatments. Although modified ECT was used on some of the patients on the admitting ward, time and drug limitations precluded its use on the chronic wards. Perhaps because of the smaller size and musculature of the Vietnamese people, no symptoms of compression fractures were reported at any time.

The treatments were continued on a three-times-a-week schedule. Gradually there began to be evident improvement in the behavior of the patients, the appearance of the ward, and the number of patients volunteering for work. This latter was a result of the ECT's alleviating schizophrenic or depressive thinking and affect with some. With others it was simply a result of their dislike or fear of ECT. In either case our objective of motivating them to work was achieved...

The second ward where we started this procedure was a women's ward of 130 patients. Expecting the women to be more pliable, I hoped for quicker and better results. Instead, due perhaps to their greater passivity or the attitude that success in life is achieved when they can be idle, at the end of twenty treatments there were only fifteen women working. We stopped the ECT then, and to the men and women still not working said, "Look. We doctors, nurses, and technicians have to work for our food, clothes, rent money, etc. Why should you have it better? Your muscles are just as good as ours. After this, if you don't work, you don't eat. Who is ready to start work immediately rather than miss any meals?"

About twelve patients made this choice. After one day without food, ten more patients volunteered for

work and after two days without food, ten more. After three days without food all the remaining patients volunteered for work. (3)

Burton Ingraham explores the potential use of electronic technology on parolees, high risk ex-convicts, and people on bail. This proposal advocates the use of electronics "to maintain a 24 hour-a-day surveillance over the subject and to intervene electronically or physically to influence and control selected behavior." (4) Ingraham and Smith explain how their system would work:

A parolee with a past record of burglaries is tracked to a downtown shopping district and the physiological data reveals an increased respiration rate, a tension in the musculature, and an increased flow of adrenalin. It would be a safe guess, certainly, that he was up to no good.

The computer in this case, weighing the probabilities, would come to a decision and alert the police or parole officer so that they could hasten to the scene; or, if the subject were equipped with an implanted telemeter (long-distance transmitter-receiver system) it could transmit an electrical signal which could block further action by the subject by causing him to forget or abandon his project. (5)

A parolee is equipped with an unremovable electronic device implanted in his-her brain. It transmits basic information to a central computer. The computer analyzes the data and sends back electronic messages to "correct" the behavior of the parolee, if it does not conform to the computer's expectation. Dr. Smith, a University of Utah professor, maintains that electronic control of prisoners is "the cheapest and most effective way to remedy the chronic problems of this country's penal system, a system with tremendous costs and lack of success in "changing people." Smith thinks that an electronic surveillance system would have "tremendous humanitarian value" even though he feels that "the lowest priority is the individual offender." (6)

What these programs and others like them have in common is the acceptance of the victim as the source and cause of crime, violence, illness, whatever. The notion that the social, political and economic oppression of the system creates the conditions for a difficult life and leads to crime, violence and depression is never the focus of these programs. The notion that broad fundamental social change must take place in American capitalist society does not appear in the justification of these programs. Therefore it is no accident that the federal government is funding many of them:

The Senate Appropriations Committee told the National Institute of Mental Health to award a \$500,000 grant to Dr. William Sweet, Chief of Neurosurgery at the Massachusetts General Hospital to develop a way to identify and control persons who commit "senseless" violence, as well as those "who are constantly at odds with the law

for minor crimes, assaults and constantly in and out of jail."

The Justice Department's Law Enforcement Administration (LEAA) gave \$108,930 in further brain research to two of Dr. Sweet's colleagues, Dr. Frank Ervin, a psychiatrist, and Dr. Vernon Mark, Chief of Neurosurgery at Boston City Hospital to "determine the incidence of brain disorders in a state penitentiary for men; to establish their presence" in a civilian population; and to "improve, develop and test the usefulness of electrodes and brain surgery for the detection of such disorders in routine examinations." Judging from the language of this directive, the Justice Department is interested in devising an early-warning system for riot control...

It didn't matter that the Kerner Commission had already concluded that white racism was at the root of civil violence. (7)

### Who Gets To Take Part In The Programs ?

It is also no accident that the people who are subjected to psychosurgery and behavior modification techniques are often captive populations. The use of these methods is not guided by rational scientific principles but by social and political considerations.

Targets of psychosurgery are supposed to be depressed women, hyperactive children, drug addicts, alcoholics, epileptics, neurotics, psychotics, and convicts. Targets are often black...

Typical patients include those who display what psychosurgeons refer to as "symptoms of abnormal behavior" such as emotional tension, anxiety, aggressiveness, destructiveness, agitation, distractibility, suicidal tendencies, nervousness, mood changes, rage, stealing, and explosive emotions... And since every human being exhibits at least one of these traits, presumably all one has to do to qualify for such an operation is to rub society the wrong way. (8)

Walter Freeman, who has done 4000 lobotomies, in his classic textbook, *Psychosurgery*, describes the people who he thought were the best candidates. They were old people, poor people, people with low skills and low education, women in particular. His best clients, those with whom he had the most "success," were black women. Freeman said openly that:

...the operation permitted people to function where little was required of them. Therefore it would be suitable for a woman of whom you expected nothing but that she do a minimal amount of housework; whereas men weren't wanted under those restricted conditions, except occasionally in the very lowest laboring groups. Women have been more easily subjected to abuse; they make better victims; they tend to submit more easily to victimization and they have less power in general. (9)



This statement is telling. Women aren't particularly important, according to Freeman. As well, they aren't visible, alone at home. They are isolated from view and therefore lobotomizing them to do low-level labor is perfectly acceptable.

Behavior modification may sound more appealing than surgery and systematic discrimination, but it is merely more subtle. It wears a technical-medical justification and hides the elements of social control and coercion behind the rhetoric of treatment and therapy for the "welfare" of the "client."

The warnings are clear: application of medical, social therapy, first to socially deviant and captive populations: the prisoners, the children, the aged, the drug users, the gays, and the women; and finally to all categories of social dissent...

Clearly, we are at a threshold of use of a massive psycho-technology to the ends of social control of behavior. Arguments about the effectiveness or feasibility are at this time irrelevant. What cannot be accomplished right now with monitoring, shock, anectine, apomorphine, beatings and behavior modification will be possible next year or in five years. Technology's favorite problem is the insurmountable one. (10)

Psychosurgeons and behavior modifiers suggest that they offer us a more rational approach to the problems of human behavior (such as "the violence problem"), one that relies upon the skills of scientists and clinicians. This represents another illustration of the use of technology to repress behavior that is unacceptable to the existing order. Its hucksters are men such as Dr. Hutschnecker, former

psychiatrist to Nixon, who proposed the use of sophisticated psychological tests on children in order to identify and isolate potential social deviants; (11) Dr. R.G. Heath, who claims that drug addiction is an attempt at self-medication for pleasure in people who have a neurological defect in their pleasure center—who suffer from brain damage (his cure is corrective surgery or a more efficient pleasure-producing compound); (12) and Dr. Jose Delgado, who has proposed a billion dollar government-sponsored project on the feasibility of electrical stimulation to control minds, and who wants to develop a psychocivilized society. (13) The acceptance of such practices, justified by simplistic theories of human behavior, can serve only to legitimize, sanitize, and further institutionalize repression and brutality.

The objective of psychosurgery and behavior modification is pacification. Violence or the potential to violence is seen by psychosurgeons as abnormal, deviant behavior that must be stopped, even if the result is the obliteration of all brain functions. We must understand that in many cases, rebelliousness and violence are appropriate responses to intolerable conditions in our society. When these responses lead to self-destructive behavior or attacks on one's family, the individual requires human assistance and social and economic equality, not permanent brain damage. When violence is a part of the struggle against oppression, it warrants support.

The use of psychosurgery, aversion and drug therapies, and behavior modification in the prisons, mental hospitals, schools and research centers in this country should raise broad questions for us about social control in America, and about the use of so-called science to justify the control of target populations here. The reliance upon "experts," who are not responsible to the people upon whom they work their programs but rather to those who pay for and ask for the methods, is typical of a society that fosters elitism, class segregation and oppression. The role of the psychologist and neuropsychologist in guiding the actions of administrators in institutions of control in this society is expanding. Both sets of people are able to hide behind a curtain of technical jargon which they claim justifies their work, and which no one else is able to understand. Under these circumstances, it is difficult for us, the people, to have assurance that what they are doing is in our interest. But, whether we have assurance or not, the "professionalism" is invoked to make us believe we are not capable of understanding; nor, they say, is it necessary for us to understand or to question their policies which shape our lives.

The following statement by a group of Philadelphia mental patients sheds some more light on the nature of psychosurgery and coercive behavior programs. The people who composed this statement are like many whom the psychosurgeons would claim qualify for time under the scalpel.

We are a group of mental patients at Haverford State Hospital.

We have decided that psychosurgery is a bizarre form of social engineering.

We find the very concept of physical control of the

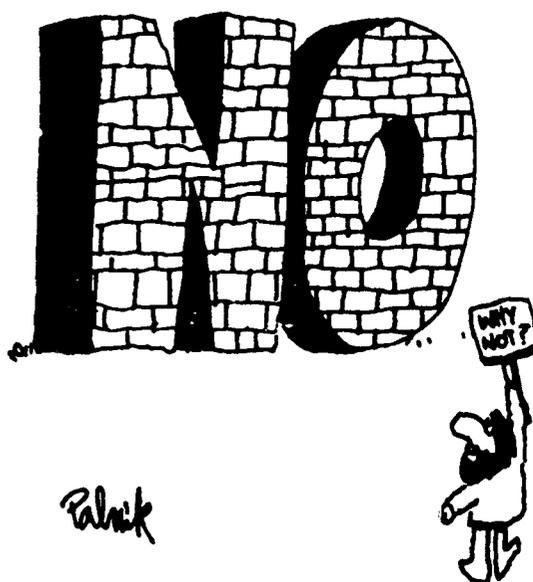
mind and its implicit goal of a psychocivilized society to constitute a violation of both the natural and human world.

Psychosurgery is a violent practice, yet its brutality is concealed by the language of medicine and science. It destroys healthy brain tissue to eliminate undesirable behavior. It is a quick and cheap way of eliminating the symptoms but does not resolve the cause. In the process, psychosurgery destroys human creativity, imagination, deeper insight, and, in general, those human qualities which stand in opposition to the progressively rationalized, computerized, therapeutic state. (14)

(There exist other aspects of control for us to examine.)

An intelligent boy of 9 is considered a pest by his mother. She takes him to a doctor who describes him as "hyperactive, aggressive, combative, explosive, destructive and sadistic." To make him more obedient and to control his behavior, the doctor slices the child's scalp open, drills holes through his skull and plants a few electrodes in his brain. Nine months later, the operation is repeated and the doctor reports that the boy's behavior is "markedly improved" and he is able to return to school. A year passes and his symptoms reappear. The doctor performs a third operation, after which he observes "impaired memory for recent events—grounds for a fourth operation, following which all of the boy's original symptoms disappear. Satisfied, the doctor halts surgery but concludes: Intellectually, however, the patient is deteriorating. (15)

This information helps to underline the priorities that psychosurgeons have: They are more worried about modifying the behavior of the victim than with treating the



causes of the behavior. They are more concerned about making the victim docile to the point where he-she will accept his-her oppressive condition than about the possible and probable damage to the person's brain and mental capacities. They are more interested in achieving a society in which each person docilely accepts his-her assigned, oppressive role than with the human needs of their patients.

### What Are The "Treatments" ?

Another method of behavior modification is the use of electrodes implanted in the brain. These electrodes can be used in three ways. First, they can destroy certain areas of the brain with tiny electrical burns. This is a more "refined" and exact method of lobotomy. Second, they are used for electronic brain stimulation. Dr. Robert J. Heath, professor of psychiatry at Tulane, has implanted up to 125 electrodes in an individual's brain.

Lobotomies are usually performed by removing portions of the frontal lobe of the brain. The frontal lobe controls many of the mind's most subtle functions, such as intelligence and emotion. A lobotomy leaves the subject in a totally passive state, in essence a human robot who can perform simple tasks totally without challenge and emotion... Lobotomies are performed not only by surgery, but also by implanting radioactive radium seeds in the brain, or by attaching electrodes to the brain. With electrodes, a lobotomist can destroy brain cells gradually as he tests the intellectual and emotional reaction of the conscious patient. (16)

Heath has patients hooked up to transistorized pleasure-packs so that they can walk around stimulating themselves toward orgasm up to 1000 times per hour. One patient he describes never quite reaches it: he gets frustrated. Heath says that this particular patient had narcolepsy, that is a tendency to fall asleep inappropriately, and when he would fall asleep inappropriately one of the men on the ward could press his button for him and wake him up. And can you imagine the potential control in this? There's a man in Norway who was trained at the Mayo Clinic here in America. He describes the severe terror and fright that can also be created by the use of these implanted electrodes. I think a great deal of the future psychosurgery will be in that direction if it's not stopped. (17)

Completely within the realm of possibility is the situation in which people are trained not to be "subversives," communists or radicals. To be anything but passive and accepting of conditions would be unacceptable and altered. A third use of electrode implantation has been for monitoring and controlling behavior in general. Justifying it with the now familiar "carrot" of shortened sentence and the rhetoric of "humane treatment," R.K. Schwitzgebel of the Harvard Law School has proposed a tracking or surveillance system

similar to one used to monitor heart patients. This one, however, would monitor parolees and "sexual deviants" 24 hours a day. It would not be for maintaining the victim's heart beat though. According to Schwitzgebel what it would do:

Special security equipment has been designed and is being further developed to prevent the removal or compromise of personally worn equipment by parolees. If this equipment were used to guarantee the wearing of personal transmitters and integrated into an electronic locator system, a very powerful involuntary system of surveillance would be possible. All of the major components of such a system have been developed in a design or prototype stage in various laboratories... For example, devices have been developed for measuring penile erection during therapeutic treatment of sexual deviates or for the objective measurement of sexual preferences... Transducers have been designed that provide an electrical output suitable for the continuous monitoring and recording of penile changes. The linkage of these transducers to a portable transmitter rather than a recorder would not be difficult and could, when included with an electronic locator system, provide the capability of precisely monitoring sex offenders within the community. (18)

Schwitzgebel has already set up an experimental program in Cambridge, Massachusetts using electronic monitoring devices capable of tracking the wearer's location, transmitting information about the wearer's activities, communicating with him-her, and modifying behavior directly by reward or punishment. Parolees would probably be forced to "consent" in order to gain release from prison. Therefore, anyone in prison, for whatever reason, could be forced to accept this surveillance in order to get out, and then would have his-her thoughts controlled remotely and continuously by the "expert" at the other end. These methods are by no means exhaustive of the techniques at the disposal of the ruling class of this country. Others exist and proliferate. Aversion and drug programs and the use of electroconvulsive shock (ECT) to obtain compliance are available and actively peddled by eager experts and administrators.

Aversion therapy refers to the use of an unpleasant experience which is coupled with a continuous explanation of the unwanted behavior. Sometimes straight shock to a part of the body is used, sometimes drug induced reactions, and as we have learned before from the Bien Hoa quote, sometimes ECT is administered to force people to comply with the "expert's" demands.

The drugs most commonly used in aversion therapy are thiorazine, prolixin, anectine and apomorphine. Each of these is hideous in its own special way.

Thiorazine is the mildest of these drugs; it's basically a strong depressant. Psychiatrists have found that if they give a patient 3000 to 4000 milligrams of thiorazine, so that he-she

can hardly move about, it is temporarily as effective as performing a lobotomy. (19) Prolixin is the trade name for the version of the phenothiazine derivative, fluphenazine, which is marketed by E.R. Squibb and Sons. It is about 50 times more potent than the more commonly known phenothiazine, chlorpromazine (thorazine). However, its effects are more than just a heavy depressant. The following personal descriptions by prisoners who have been injected with prolixin provide a much more adequate description of its brutality:

About a month ago I was given prolixin, a punishment drug, at Vacaville...coerced by the presence of three prisoner helpers, one guard and a prison employee called a medical technical assistant. The drug stays in your system for two weeks... I had a Parkinson reaction to it—couldn't sleep—couldn't think—couldn't get comfortable—couldn't walk normally and my tongue thrust between my teeth. Prolixin is torture. It is called liquid shock therapy by the prisoners. (20)

It seems it's destroying your mind. You can't concentrate. If you're thinking three things at the same time, all those thoughts explode. If you're thinking of spaghetti, for example, the spaghetti is blown up in your mind to the size of large tubes, snaking around every which way. Your thinking is slowed down.

It seems like your breathing is stopped. Your eyeballs move funny—feel like you're dying. The doctors tell you you're dying and without an antidote, you die. You can't move anything. You're like a vegetable. You sweat. They tell you if you're ever caught having sex in here again, you won't get the antidote and you'll die. (21)

Prolixin isn't something that is used only in rare cases. Dr. L.J. Pope, Medical Superintendent of Vacaville, told the San Francisco Examiner that prolixin was administered to 1093 prisoners at Vacaville in 1971. (22)

Apomorphine causes severe nausea. It is used in the following way:

The subject was initially given a subcutaneous injection of 1.5 mg. of apomorphine. After about 8 minutes, he began to feel nauseated. Severe nausea lasting 10 minutes without vomiting was aimed for, and the dose was constantly adjusted throughout to maintain this response. One minute before nausea comes on, the technician slipped on a slide projector and the patient viewed a slide of a nude or partly nude man. Before the nausea reached its maximum he turned off the projector. 28 treatments were administered at 2-hour intervals over 5 days. (23)

The brutality of subjecting a person to these programs every two hours over a five day period is staggering. The victim barely has time to recover from one attack before the on-

slaught of the next one, which he-she knows is coming. This predictability and anticipation are part of the plan of aversion therapy.

Anectine produces total paralysis of the voluntary muscles for about two minutes. One of the effects of this total paralysis is that the victim can not breathe voluntarily; oxygen must be administered. The patient-victim is fully conscious during the whole ordeal. According to those who have been injected, the victim is overwhelmed by a feeling of suffocation, of drowning, of sinking into death, and while in this fearful state, is told that when he-she next has the impulse to fight back or get angry, he-she should stop and think and remember the experience under anectine.

After respiration stops, negative and positive suggestions spoken in a confident, authoritarian manner are made by a male technician. The negative suggestions concern the obliteration of unacceptable behavior... The positive focused upon the patient's becoming involved with the government, taking individual responsibility, and increasing constructive socialization. These suggestions continue throughout the period of asphyxiation until the patient could verbally respond to the technician. (24)

Dr. Arthur Nugent, who administered anectine to prisoners at Vacaville, says "The prison grapevine works fast and even the toughest have come to fear and hate the drug. I don't blame them—I would not have the treatment myself for the world." (25) Nugent, however, is able to refuse a treatment, as the captive victims cannot. People in prisons with parole held out like a carrot on a stick, who are subjected to the brutality of prison guards and the daily discomfort of constant control are not able to refuse. For many women, mental patients and children, therapy decisions are made for them by those who are "rational" and who "know" what is good for them.

Drugs are not the only form of aversion therapy. ECT affects and can easily destroy brain tissue by sending a high voltage current through the brain. It is common that a victim will forget name, age, and life details after the "treatment." A description of this treatment follows:

In electroconvulsive shock therapy, electronic currents are applied to the front part of the individual's head thus producing unconsciousness and a convulsion... Anectine...is often used during the administration of ECT to avoid the risk of fractured bones created by the sharp convulsion induced by ECT... Side effects include disorientation in time and space, damaged muscles and brain tissue, broken bones and loss of memory and inhibitions.(26)

A prisoner at Vacaville gives us the following description of his experience with such treatment:

They hit you with the first jolt and you experience pain that you would never believe possible. At the

same moment, you see what could be described as a flash of lightning. You cannot breathe and they apply oxygen. During all this, you are in convulsions. This lasts only a few moments, but it seems like a lifetime. A few seconds after that, the pain is so severe that you pass out.

About three months before I left the hospital, they made us (by threatening us with shock treatment) sign a paper that we have agreed to let them test drugs on us. (27)

According to Dr. L.J. Pope, the medical superintendent of Vacaville, ECT was done on 433 prisoners in 1971. (28)

### Conclusion

This paper has been an attempt to clarify some of the contradictions of the techniques now in use to modify and control behavior. Coupled with the brutality and the totalitarian nature of these methods is the destruction that they cause to the individual.



Psychosurgery is said to produce bad side effects such as "loss of memory, dreams, and daydreams; intellectual emptiness; lack of awareness; shallow religious feelings; lack of creativeness; and loss of the ability to get angry." (29) Dr. Charles King, president of the American OrthoPsychiatric Association, puts it this way: "If such experiments result in a nation of zombies, we might ask if the next step would be mass execution of the 'undesirables.'" (30) A number of follow-up studies on the original, large group of lobotomized patients show that afterwards one-third of them didn't even have enough brain power left to know they had been operated on.

There is a great possibility that lobotomies are not effective in their own terms, and that the aims of aversion therapy are open to question:

Clearly the aim here is not the etiology and origins of criminal behavior or a general solution to the crime rate and recidivism, but rather a blind concern with compliance and coercion. It is well known by professional psychologists that behavior sustained by reward and punishment will terminate when those rewards and punishments are removed. There is no treatment here—no rehabilitation, but only the same coercive control which has been the main concern of prison administrators for the past few decades. (31)

Hopefully the preceding statements and the quotation to follow will indicate the urgent need to act on the issues raised in this paper. And the need is not unique to prison populations. It is a common need of all people in society who seriously oppose this systematic oppression.

The proliferation of such devices in the criminal justice field is most dangerous and unethical. While purporting to provide public protection, it threatens to eliminate the distinction between liberty and confinement.

Just as seriously, it opens the way for extensive social control under coercion of imprisonment as an alternative. The opportunities for abuse are extensive. (32)

Perhaps the use of such a system would concretely make us see that "Attica is all of us." It is no secret to us now that education institutions are not towers of freedom and value-free science. The state, through its funding, directs areas of research and uses these institutions to help increase the technology of social control. The universities, at the same time, provide the justification for the findings as scientific, value-free, and correct. We must learn to recognize how all institutions in capitalist society serve to maintain the status quo. From prison, to mental hospital, to university, we must learn to understand our common interest in opposing social control in our society.

J.H.

NOTES

- (1) Lesley Oelsner, "U.S. Bars Crime Fund Use on Behavior Modification," *New York Times*, February 15, 1974.
- (2) B.J. Mason, "New Threat to Blacks: Brain Surgery to Control Behavior," *Ebony*, XXVII, No. 4, February 1973, p. 63.
- (3) Robin Winkler, "Operant Conditioning in a South Vietnamese Mental Hospital," *Rough Times*, Vol. 2, No. 8, July 1972, p. 7.
- (4) Ruth Tebbets, "The Next Step in Law Enforcement: Electronic Brain Control," *Liberation News Service*, No. 500, February 1973, p. 5.
- (5) *Ibid.*
- (6) *Ibid.*
- (7) Mason, p. 63.
- (8) *Ibid.*
- (9) "An Interview with Dr. Peter Breggin: Lobotomy—It's Coming Back Again," *Liberation*, October 1972, p. 33.
- (10) Stephen, Fox, et al, "The New Psychiatric Prison: Corrections Immune from the Law," (Report to the National Convention of the National Lawyers Guild, Austin, Texas, February 1973), p. 9.
- (11) "Psychosurgery: Abuse of Medicine for Social Control," A Report by the Medical Committee for Human Rights, note 40.
- (12) *Ibid.*, note 17.
- (13) *Ibid.*, note 10.
- (14) "Philadelphia Coalition Protests Human Experimentation and Psychosurgery," *Rough Times*, Vol. 2, No. 8, July 1972, p. 16.
- (15) Mason, p. 63.
- (16) Chicago People's Law Office, "Check Out Your Mind: Behavior Modification Experimentation and Control In Prison and a National Proposal to Fight It," *Up Against the Bench*, Vol. 2, No. 2, February 1973, p. 9.
- (17) Breggin, pp. 31-2.
- (18) Ralph K. Schwitzgebel, "Limitation On The Coercive Treatment of Offenders," *Criminal Law Bulletin*, Vol. 8, No. 4, May 1972, p. 292.
- (19) Breggin, p. 31.
- (20) John Bowers, "Prisoners' Rights in Prison Medical Experimentation Programs," *Clearinghouse Review*, VI, No. 6, October 1972, p. 20.
- (21) Don Jackson, "California's Atascadero State Hospital: A Prison for Sex Offenders, Sociopaths and Cultural Deviants," *Liberation News Service*, No. 506, March 7, 1973, p. 4.
- (22) "Gay Death at Vacaville," *Radical Therapist*, Vol. 2, No. 7, June 1972, p. 5.
- (23) Louis Landerson, "Psychiatry and Homosexuality: New 'Cures'," *Rough Times*, Vol. 2, No. 8, July 1972, p. 15.
- (24) Landerson, p. 15.
- (25) Weiner, p. 436.
- (26) Tebbets, p. 633.
- (27) "Gay Death at Vacaville," p. 5.
- (28) *Ibid.*
- (29) Fox, p. 8.
- (30) Mason, p. 72.
- (31) "Conditioning and Other Technologies Used to 'Treat', 'Rehabilitate', 'Demolish' Prisoners and Mental Patients," *Southern California Law Review*, 616, 1972, p. 617.
- (32) Fox, p. 5.



Because my mind  
 is superior  
 To your twisted mind of madness,  
 Because I could never agree  
 With your sick sense of reality  
 By force you fill my veins  
 With liquid "predictable behavior"  
 And lobotomize my brothers' brain  
 So we will march  
 To the sound of your drummer  
 And be content  
 With footballs instead of freedom  
 With fiction instead of fact  
 And with humiliation of us  
 Instead of your humility

C. S.

*The author is an inmate at a New York State prison.*

# Australian Account

*We would like to give special thanks to our friends in Australia, who responded so rapidly and with lots of information, from such a long distance.*

Dear Friends,

Received your letter about May issue of SftP recently, and have tried to get together some material which may be of use or interest to you. Unfortunately I can't find enough time to write any sort of comprehensive article on activities here in Sydney, but you will find attached a brief overview of issues here by Robin Winkler.

If you are handling the distribution of SftP May issue please send 80 copies to Sydney at the address printed below. (I will be handling distribution of SftP in Sydney and a few other places.)

As far as local activities go in our SESPA chapter—last two meetings basically taken up with discussion of aims and ways and means of organizing ourselves—both in terms of discussion mechanics and practical work. Especially been to work in close cooperation with some of the more progressive unions here in Sydney. One of the issues discussed at length is the construction of a new windowless super sophisticated cell block to house some 60 “intractable” prisoners in New South Wales. Will send over more detailed information at later stage.

Yours sincerely,  
Tony Dolk  
New South Wales, Australia

And from Robin Winkler:

A new “experimental” prison is to be set up at Cessnock based in large part on behaviour modification principles. The plan is for it to be a model of what could be done elsewhere to “rehabilitate” prisoners... Hormone treatments are being extensively used by a South African

psychiatrist in Melbourne for “sex offenders.” A Brisbane politician-surgeon called for the use of surgery for homosexuals but later retracted.

The aversion therapists see no difficulty in using aversion therapy for homosexuals while agitating for law reform for homosexuals, indicating the dangers of setting law reform as a goal.

Generally, here, the anti-psychiatry movement is strong; the attack on mental health practice as a social control agency being stronger than attacks just on behaviour modification. Encounter movement, Freud, community psychology are all put in with behaviour modification as politically reactionary, with behavior modification being the most subtle.

Robin

*This is part of an item that came from our Australian friends.*

## Drug That Castrates Wanted For Sex Offenders by Robert Drewe

The psychiatric superintendent of Melbourne's Pentridge Gaol (Australian for jail), Dr. Allen Bartholomew, wants to test the West German chemical castration drug cyproterone acetate—still to be approved by the Federal Government—on Pentridge prisoners...

Cyproterone acetate causes men to lose their libido and inhibits the production of spermatozoa. There have been reports of side-effects such as enlarged breasts. Other side-effects are still unknown.

Dr. Bartholomew has told the producing company, Schering, that he could guarantee 100 sex offender guinea pigs over a six-month period to test the drug—marketed under the brand name Androcur—in Australia...

At his Heidelberg, Melbourne home last night Dr. Bartholomew said he was “not unduly worried” about any side-effects. “It's a question of balance, of weighing up the therapeutic effect with the degree of disability.”

“If you have someone who wants to light fires all the time, breast enlargement is neither here nor there. You shouldn't use it on young kids, but on a 40-year old arsonist, say, side-effects mean nothing. An irreversible negligible sperm count is nothing to someone like that.”

Dr. Bartholomew already uses the female sex hormone oestrogen—as do some other Australian psychiatrists—on prisoner-patients.

Dr. Lionel Chatz, psychiatrist superintendent of Melbourne's Children's Court Clinic, pioneered the Melbourne programme of injecting adolescent male sex offenders with oestrogen, thereby effectively reducing their sex drive. He has also welcomed the qualified approval given to cyproterone acetate by the Federal Health Minister, Dr. Everingham.

Describing it as a “wonderful discovery,” he has said: “We should meet crime of the 70s with treatment of the 70s.”

# VIOLENCE CENTER:

## PSYCHOTECHNOLOGY FOR REPRESSION

A multi-million dollar proposal for a "Center for the Study and Reduction of Violence" (CSRV) at the UCLA Neuropsychiatric Institute (NPI) has been designed to focus on the "pathologically violent individual" and, in the words of its main proponent, is aimed at "altering undesirable behavior." In this time of psychosurgery, (remote controlled) electrical stimulation of the brain, chemotherapies and prison "behavior modification" programs, there is real danger that mind-control practices are replacing less sophisticated physical approaches to enforced conformity or repression. In this context, violence centers like the one at UCLA serve to give scientific legitimacy to such forms of repression.

The history and background of CSRV provide a framework in which to analyse the use of psychotechnology as an instrument of repression. However good the intentions of some staff members at NPI, the Center represents another attempt to implement the Law and Order philosophy, in a subtle, but nevertheless dangerous, form. The research proposed would justify replacing the publicly-visible brutality used at places like Attica with highly sophisticated mind control techniques, blunting the thrust of dissidence by labeling it mental illness. Not only would this research lead to a medical model of violence which ignores the social context, it would use the most glaring elements of repression in this society—racism, sexism, exploitation of the poor—to accomplish this goal.

The history of the Center can logically be traced back to 1967. Following the Detroit ghetto rebellion of that year, Drs. Mark, Sweet and Ervin, two neurosurgeons and a

psychiatrist, wrote a letter published in the Journal of the American Medical Association (1).. It read, in part:

...if slum conditions alone determined and initiated riots, why are the vast majority of slum dwellers able to resist the temptations of unrestrained violence? Is there something peculiar about the violent slum dweller that differentiates him from his peaceful neighbor? ...It would be of more than passing interest to find what percentage of the attempted and completed murders committed during the recent wave of riots were done without a motive... We need intensive research and clinical studies of the individuals committing the violence. The goal of such studies would be to pinpoint, diagnose and treat these people with low violence thresholds before they contribute to further tragedies.

These remarks exhibit a tortured logic. In speaking of "attempted and completed murders committed during the recent wave of riots," Mark, Sweet and Ervin ignore the fact that virtually all of the killings were of ghetto residents by policemen. In Detroit, the notable murders were the unprovoked shootings of unarmed and, in some cases, bound black men (2). In the Watts rebellion, 29 blacks were killed by policemen, but no policemen were killed by black men and women. None of these killings were "without a motive" in the sense that Mark, Sweet and Ervin use the term.

However twisted its logic, the letter helped develop a new dimension to the Law and Order concept. As a result of

its publication, Drs. Ervin and Mark received a grant from the Law Enforcement Assistance Administration (LEAA) of the Justice Department. The proposal for the grant included screening population groups in prisons and on the streets in a search for "brain damaged" potential rioters, and developing surgical and electrical methods of treatment that might be used on these people (3). Dr. Sweet, chief neurosurgeon at Massachusetts General Hospital, received half a million dollars from the National Institute of Mental Health to research the same topic. That grant has since been discontinued in the midst of controversy and irregularities in the practices of Dr. Ervin's group.

Dr. Frank Ervin became a faculty member at NPI at about the time that its Director was first suggesting establishment of the Violence Center. The proposal to establish CSRV focused on the "pathologically violent individual," looking mainly to biological aspects of violent behavior and including prospects for surgical "treatment." Two of the proposed projects were to be directed by Ervin. Most of the projects reflect an attitude which tends to play down all social causes for crime, violence, and rebellion and imply by its one-sided emphasis on the individual and biology that the only way to prevent violence is to get at the malfunctioning brain that causes it.

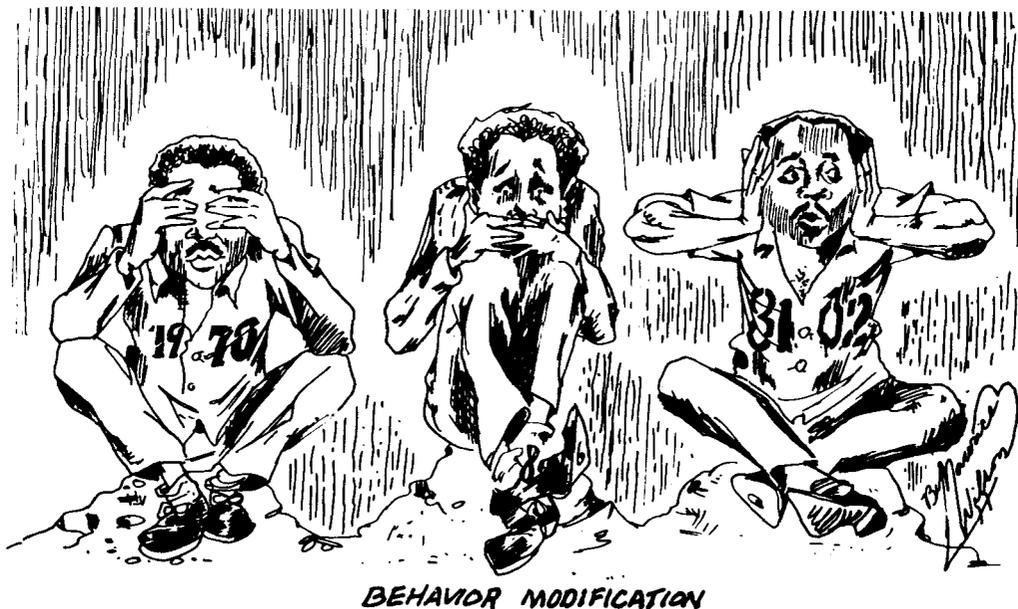
As a result of public protest against the Center by staff members at NPI, other professionals, and student and concerned groups (e.g. NAACP, ACLU, Prisoners' Unions, MCHR and many others)\*, funding of the Center was repeatedly delayed and the proposal had to be revised. Later drafts which were made public included a categorical denial that any surgery would be done in relation to the Center's functioning. Ervin's name had been removed from the proposal, but the projects that bore his name and ideas remained, with others named as investigators. According to one critic of the Center, UCLA faculty member and

psychoanalyst Isidore Ziferstein, the successive drafts were merely "launderings" to make a dangerous proposal more palatable to the public. He cited the lip service given to social factors in the introduction to later drafts while the projects themselves remained unchanged in substance.

Other "laundering" attempts have been made by proponents of the Center in an effort to appear to be, if not in fact to be, responsive to public criticism. Thus a Section on Law and Ethics was appointed, to be headed by a 30-year veteran of the Los Angeles Police Department. When critics questioned his appropriateness, he was dropped in favor of Richard Wasserstrom, Professor of Law and Philosophy at UCLA. Wasserstrom soon quit, however, stating in a letter to State Senator Beilenson (Aug. 8, 1973):

...it is now my personal belief that it would be undesirable for the Center to be funded. In part this view is based upon the difficulty that the Center personnel have had in formulating and presenting a consistent, coherent and defensible conception of the Center. In part this view is based upon doubts I have about the adequacy of the proposed safeguards against certain kinds of improper experimentation; and in part this view is based upon my belief that the creation of the Center may very well be misused by those outside the University as confirmation of their view of what is the answer to the problem of violence in our culture.

The question of controls and safeguards raised by Wasserstrom remains unanswered. Peer review has still not been established and effective community involvement and accountability have been ruled out. The proposal suggests that a community advisory committee with no real power be appointed by the Center. When a proposal put forward by the staff of the Center itself that the community select its own committee and that this committee be given significant say



as to what is done at the Center, UCLA chancellor Charles Young vetoed the plan, claiming such responsiveness to the community would violate "academic freedom."

Wasserstrom's statement expressed fear of misuse of the Center "by those outside the University as confirmation of their view of what is the answer to the problem of violence in our culture." An identification of the Center's chief proponents outside the University illustrates the firm ground on which his fears rest.

The first public mention of the Center was made by Governor Ronald Reagan of California in his "State of the State" message in January 1973. Reagan, whose advocacy of a "law and order" approach to social issues is well known, announced the need for such a Center to deal with the increasing incidence of violence. At a time when Reagan in California, and Nixon nationally, were cutting back funds for medical research and treatment, the proposed Center was to receive 1.5 million dollars for the first year, one-half to come from State Health and Welfare funds and one-half to come from LEAA. Concurrently, a "get tough" policy was announced by the California State Department of Corrections stressing punishment of prisoners and protection of society, which rehabilitation assuming lowest priority, and then only for those "amenable to and capable of it" (4).

This base of political and financial support illustrates the intimate relationship between CSRV and the California law enforcement network. That this did not greatly disturb the upper-level health professionals involved is revealed by a remarkable confidential letter written in January 1973 by Dr. L.J. West, Director of NPI, to Dr. J.M. Stubblebine, Director of the Department of Health. West wrote, concerning a base that the Army might turn over to state or local agencies:

Such a Nike missile base is located in the Santa Monica Mountains, within a half-hour's drive of the Neuropsychiatric Institute. It is accessible but relatively remote. The site is securely fenced... If this site were made available to the Neuropsychiatric Institute as a research facility, perhaps initially as an adjunct to the new Center for Prevention of Violence, we could put it to very good use. Comparative studies could be carried out there, in an isolated but convenient location, of experimental or model programs for the alteration of undesirable behavior. Such programs might include control of drug or alcohol abuse, modification of chronic antisocial or impulsive aggressiveness, etc. The site could also accommodate conferences or retreats for instruction of selected groups of mental health related professionals and of others (e.g. law enforcement personnel, parole officers, special educators) for whom both demonstration and participation would be effective modes of instruction.

In the months following the writing of this letter the Center drew increasing criticism. Plans of the Center's proponents to get their work well started prior to any public notice were dampened by public outcry. In addition to laundering these proposals, they labored at minimizing the

appearance of association between the Center and the state law enforcement network. That there has in fact been no change of approach is illustrated by a press release issued in November 1973, by Earl Brian, Secretary of the State Health and Welfare Agency:

...the "barbaric" slaying of nine people in Victor, California last Wednesday again underscores the need to protect our citizens from violent crimes... Some of these killers have previous records of confinement in our state prisons, or treatment in our community facilities and state mental hospitals. This only re-affirms what we have been saying again and again: currently we do not have the knowledge or expertise to be able to predict violent behavior in individuals, nor do we have a system in law to properly protect the public from potentially violent persons. (The Center, if it is to be worthy of support, must)...furnish law enforcement officials, mental health officials and corrections personnel with realistic methods of detecting and preventing bizarre violent acts...

The message is clear: to be funded, the Center must provide the state with psychotechnological assistance in creating what one critic has called "a therapeutic police state in which preventive detention will be justified as therapy" (5).

Of course this study of violence would be selective. The violent acts of some would receive attention while those of others would be ignored. For instance, one stated purpose of the Center would be to become involved in the work and judgements of the courts, where institutional racism is reflected by the presence of a relatively greater number of minority members. Hence the Center would be continuing racist biases in effect, whatever its subjective intent. Prison populations are similarly skewed. Studies of prisoners and inmates of other institutions involve another difficulty—the current impossibility of attaining truly "informed consent" when a person's options are controlled by the institution itself. Again, in setting up studies of violence in the schools, the Center selects schools in predominantly Black and Chicano neighborhoods. Thus, poor and minority populations are continually subjected to the research.

Violence is very real. Its impact on our lives is great and should not be played down. We can agree fully with those who say that mental health workers and others ought to involve themselves with the problem of violence. But is the one-sided approach represented by the Center valid? Or does it merely further repressive, racist and otherwise destructive ends?

Dr. West requested endorsement of the Center by the Southern California Psychiatric Society (SCPS), a branch of the American Psychiatric Association. Rather than endorsing the Center, the SCPS set up a Task Force on Alternatives to Violence. It examined the proposals carefully and interviewed many "experts" involved. The task force report stated that while not opposed to psychiatric involvement in the study of violence in general, certain safeguards are required in advance against one-sided focus on individuals, possible repressive and racist impact, poor



scientific method, lack of meaningful community involvement, denial of rights and unethical practices. On all of these counts, the task force found the UCLA Center lacking and therefore unsupportable.

The Center would legitimize and give credence to a very specific, though implicit, social philosophy. It would do this in the name of science while denying that any such social impact or its danger exists. The theory of this social philosophy is very familiar: there is nothing basically wrong with society. Violence is caused in the main by certain individuals. All that is necessary is to crack down on them with more police, stricter courts, harsher prisons. Tagging these deviant individuals with clinical labels and then instituting "treatment" rather than punishment makes the approach more palatable, but no less off the mark.

All of the projects considered in the proposal for creation of the Center place this emphasis on diagnosis and treatment of individuals, profoundly de-emphasizing the social context of violence. In selecting subjects for study, those who have proposed projects have mentioned murder, assassination, sex offenses and skyjacking, all of which are certainly important. But the social roots of violence, such as poverty, poor education, bad housing and unemployment are largely ignored, not to mention the violence of police brutality in the ghetto or of the soldiers who carried out the My Lai and other massacres.

The result of this limited perspective is the development of a medical model for violence. Following this model, "sick" individuals are quarantined for treatment by doctors or psychiatrists, while the social, economic and political causes of crime and violence continue to be ignored.

One very disturbing project in the Center is titled "Estimation of Probability of Repetition or Continuation of

Violence." The presumption of such research is to predict which individuals will be involved in violent acts in the future. Of course there is no scientific way to make such predictions. The danger of such an approach is that errors would be undetectable due to a self-fulfilling prophecy built into the research design. Anyone identified and labeled as "violence prone" would be treated in a special manner, very likely to result implicitly in his or her acting out the prediction. This is a more subtle version of the scenario where courts decide which teenagers are "incorrigible" and then handle them in such a way (e.g. imprisonment) as to insure their incorrigibility. The added dimension to the Violence Center approach would be that it hides such labeling and self-fulfilling prophecies behind the mask of "science."

Even the less controversial projects must be closely examined. One of these is an investigation of child abuse by adults, e.g. the battered child syndrome. Like the others, it suffers from a narrowness of perspective. Focusing on factors which may cause a parent to beat or maim a child, it ignores widespread institutionalized violence against children, e.g.:

(1) The damage done by poverty itself to the children of the poor, who have not only to sustain this damage, but also to be labeled mentally inferior (6).

(2) The violence committed against the large number of children who labor on farms, stripped of most of the legal protections afforded other children, and frequently denied enforcement of what little protection they are left.

One must also question the merit of funding a project like this when it is weighed against the desperate need for additional child care facilities. Interestingly, review of the actual proposal for this particular project will show it to have little potential for adding to our scientific knowledge.

For many of the reasons outlined here and in response to massive public pressure, the State Legislature in California and the Federal Law Enforcement Assistance

What constitutes "aimless" violence?

Historian Jesse Lemisch follows a "rioter" through a rebellion:

He throws a rock, mutters, runs three blocks, stares, tries to burn a building, moves down the block, looks around, loots.

How aimless is his violence if we find that he threw a rock at the welfare office, ran harmlessly past three blocks of Negro businesses, burned a chain drug store, and looted a chain supermarket?

Agency have had to pull back immediate funding. The State Legislature had tied up the funds pending future debate. On February 15, 1974, the LEAA announced they would no longer fund medical experimentation, behavior modification, aversive therapies and psychosurgery projects. This is a great setback for the UCLA Center but other funds can be sought. Such events do not represent an end of plans at high levels to utilize psychotechnology in the service of repression. They are merely a retreat in the face of public outrage so that in the future, less crude and objectionable forms of the same strategy can be put forward with less difficulty.

A clue to this possibility is the recent change of name of the UCLA Center itself. Fearing continued public outcry, proponents of the Center changed its name by incorporating it into the already established "Laboratory for the Study of Life-Threatening Behavior." There was no real change in the research itself so the change of name can only be an attempt to alter appearance and sidestep public opposition.

Many of the dangers of psychotechnology are already with us. "Behavior modification" programs in prisons enforce conformity in the name of therapy. Psychotropic medications are widely abused in the control of "deviance." Psychosurgery and electrical stimulation of the brain are already suggested as means of controlling the behavior of criminals so they can be released from prisons, though only to continue their imprisonment by psychotechnological controls. Mental health professionals are increasingly colluding in these practices. For instance, prison parole boards are sending inmates to medical facilities like the one at Vacaville, California for "evaluation" prior to parole decisions. Then, those deemed unfit (read: unbroken) to return to society are labeled mentally ill. Thus repressive parole decisions are masked by seeming scientific psychiatry. Just as at the UCLA Violence Center, participating mental health practitioners are often unaware of and unconcerned about the effects of their work.

In the face of increasing violence in our society, the repressive use of psychotechnology is held up as an only alternative. It is our obligation to expose the false choice posed by "accept social control or invite increasing violence," as it was our obligation to expose the choice posed by Watergate, "national security or civil liberties." The concern with violence is valid only insofar as it leads to concern for changing the social conditions at fault.

A.H. and T.K.

#### NOTES

- (1) V.H. Mark, W.H. Sweet, and F.R. Ervin, "Role of Brain Disease in Riots and Urban Violence." *Journal of the American Medical Association*, Vol. 201, p. 895, 1967.
- (2) John Hersey, *The Algiers Motel Incident*. Alfred A. Knopf, Inc., New York, 1968.
- (3) B.J. Mason, "Brain Surgery to Control Behavior." *Ebony*, February, 1973.
- (4) *Los Angeles Times*, April 19, 1973.
- (5) Lee Coleman, "Toward the Therapeutic State." *Freedom News*, December, 1973.
- (6) See for example R. Hurley, *Poverty and Mental Retardation*, Vintage Books, New York, 1969; H.G. Birch and J.D. Gussow, *Disadvantaged Children: Health, Nutrition, and School Failure*, Harcourt, Brace and World, Inc., New York, 1970.

#### ENGINEER SEVERED FROM JOB, LOBOTOMIZED . . . DOCTORS PROFIT

A struggle is presently being waged in court by the mother of a middle-aged engineer who is suing Drs. Vernon Mark and Frank Ervin, both outspoken proponents of the use of lobotomy and other psychosurgical techniques for controlling behavior. The mother of Thomas R. is suing these doctors for \$2 million for performing brain surgery on her son, who has been used by them as an example of the success of their techniques for curbing violent behavior. What the case history of Thomas R.'s hospitalization shows, however, is that these doctors Mark and Ervin have categorically lied about the effects of their operation, and about the nature of Thomas R.'s "violent" behavior.

According to the doctors, Thomas R. was a "violent" man who committed "serious assaults" against his wife, children, co-workers and others prior to his brain surgery operations. They claim, in addition, that he was paranoid and psychotic. After surgery, however, they report that he suffered from not one single outburst of rage. Nor do these doctors make reference to any serious side-effects from the surgery such as psychosis, inability to work, chronic hospitalization, or terror of psychosurgery. In short, Thomas R. is portrayed as a perfect medical success story.

But Peter Breggin, an opponent of the use of psychosurgery techniques, has done a detailed study of the case of Thomas R. and has shown that Mark and Ervin's reports bear little if any relationship to the actual situation. Thomas R. was a successful engineer and inventor, who at the age of 31 held various patents on the Land camera. He apparently developed psychomotor epilepsy, which was controlled through medication; and he was constantly employed through December, 1965 and continued to work intermittently up until his diagnostic hospitalization in March, 1966. This hospitalization, arising out of marital problems, was the result of a psychiatrist's referring him to the care of doctors Mark and Ervin, who subsequently performed brain surgery on him.

The truth of what happened to Thomas R. is that he has only become seriously violent since his brain operations. Since his surgery he has been totally disabled, chronically hospitalized, and subject to nightmarish terrors that he will be caught and operated on again. He has, for all intents and purposes, been destroyed by these doctors, who are now using his case to argue for further government funding of their surgical work. Thomas R. is but one of many who have been victimized by doctors Mark and Ervin and others of their ilk, and this law-suit is an important first step in bringing such practice to a stop.

For more detailed information of the case of Thomas R. see Peter Breggin, "A Follow Up Study of Thomas R." *Rough Times*.

# PRISONERS' VERDICT:

*This article is in a series of three parts, all of them written by prisoners. They have been assembled as one article, because they represent a general overview of behavior modification in prisons. The last two parts of the article have been heavily edited for space considerations.*

## Mind Control Units

There is presently for prisoners throughout the U.S., both state and federal, a new kind of warfare and dehumanization. For prisoners it is a present terror, for those on the outside it is a threat.

At one time the old methods of "divide and conquer" were used effectively by the officials. In prisons they would sow racial tensions to keep the prisoners divided and fighting among themselves, knowing that in this state of mind the authorities had no fear of these prisoners ever becoming politically aware.

The authorities knew that through unity the prisoners could change the prisons by mass legal litigations, mass work strikes or even the complete take-over of a prison if necessary, to get justice. The officials were successful for quite a while in their tactics. I know this to be a fact, for I am a prisoner and have been for a long time, and at one time I threw all my angers and frustrations on other prisoners because of their color. And so it was with prisoners throughout the U.S.

Then awareness made its way to the prisons via music, books, papers and new prisoners from the street who had witnessed the struggle or maybe even been a part of it. As this was relayed to the prisoners, they began awakening throughout the prisons, realizing the answers to all their questions. Slowly but surely, unity of all races in prison began its long-awaited course. As evidence of this, look at all the photographs of prison uprisings. Look at the Blacks, Chicanos, Whites, Indians and Orientals standing united to death. Not too long ago you would never have seen this type of unity among prisoners. The only time they would be this close was locked in combat with each other, fighting each other to death.

When this unity came, the authorities began to change their tactics to "pacification." This was performed by giving the submissive prisoners all kinds of little goodies such as radios, record players, popcorn, pay numbers, etc. These were given to whatever prisoners would completely submit and worry only about themselves, turning their backs completely on the great number of prisoners being beaten by the guards or thrown into little "holes" for months or even years at a time—until they committed suicide, slipped into a psychosis or made one desperate last stand for their sanity and humanity. Pacification has the same objective as "divide and conquer," with slightly different, more perverted methods.





Now the officials have stepped up their tactics to scenes right out of a science fiction movie or book. This is the use of mind control programs, tranquilizing drugs in great quantities, electric shock treatment, and even lobotomies as punishment to non-cooperative prisoners. The objective of such sadism is two-fold, one to destroy the prisoners who refuse to voluntarily submit themselves to dehumanization, and second to scare at the same time some into submission by the horrors inflicted on others.

In October of 1973 the federal government is supposed to open the National Behavioral Research Center in Butner,\*

\* Program soon to open.

North Carolina. By "national" it is meant that it will hold prisoners, both federal and state, from all over the country. Research means experimentation with prisoners as guinea pigs.

This crisis in prisons affects you outside as well if you are minority, conscientious, have political awareness, are active in movements towards social change out on the streets. Because the odds are, when and if you are arrested, you can very likely find yourself on the inside looking out of one of these programs. So you must, not only for us but for yourself as well, do what you can, while you can, to stop this in the bud rather than in full bloom. We know the government will do all in its power to curb the ever fast growing social revolution and awareness of the people.

E.S.

### The Untold Truth About Lorton

Lorton Reformatory is a prison that holds 1,300 prisoners. There has always been a struggle going on at Lorton, administration-wise. And although the population of Lorton is 97 percent Black, there is still racism going on from within. A ten year stay at Lorton has provided me with an inexhaustible supply of anecdotes about both staff and inmate classification and racism. I will describe in this article a few events which illustrate how classification and racism at Lorton function to the advantage of the staff, and to the disadvantage of the inmates.

Although a majority of the guards are also Black, the few White guards and White inmates are very uninhibited about expressing their prejudices. In many prisons, older convicts have a mitigating influence on any kind of conflict, because they want to do their time as quietly and pleasantly as they can. These old-timers are so few in Lorton, they don't count. The oldest prisoner is 26, and he is three years older than the next oldest. However, the youth of the inmates, the small ratio of White guards and inmates to Black, and the individual prejudices of guards only partially explain the abnormally acute tension between classification and racism at Lorton. The high tension prevails primarily because the staff as master of policy go out of their way to foment conflict and racial strife. Their policy is a slight modification of "divide and conquer"—divide the inmates and races, and conquer the convicts.

As an example, in 1972 a fight between a guard and an inmate resulted in the killing of the guard and a fight between two White and Black inmates. The higher-ups sat down at their desks to write reports about "trouble" at Lorton. Yet, there was no "trouble" when three inmates were killed, and there has never been any show of sympathy for inmate deaths. The guard killing made the guards recognize that such events could inspire similar attacks on them in the dormitories and cell blocks. Thus they played up racist solidarity by interpreting the "real trouble" as a conflict between Black and White, instead of as a conflict between guard and prisoner. The purpose was to create enough tension between inmates, that the threat to themselves would be removed. The crew bosses' lectures the next day per-

formed the function of indirectly convincing prisoners that they should fight and kill each other, rather than the staff. "Classification and Racism." The racial attacks that were successfully instigated in this way set the whole compound on edge and took the heat off the guards and bosses. Although the administrators were safe in their offices throughout the crisis, they used it as an excuse to further their policy of "divide and conquer." Events as dramatic as guard killings occur very seldom at Lorton, but racist control of the convicts occurs on a day to day basis. It particularly occurs if you are a political prisoner.

When I say political prisoner, I mean one who is arrested because of his or her political activity or ideas, whether or not on direct political charges. The term may also be applied to a prisoner who may not have been a political activist prior to imprisonment, but who, as a result of political activity inside the prison; e.g., work stoppage, strikes, or attempting to read left-wing publications, becomes a victim of harassment, intimidations and frame-ups.

This harassment is motivated by the administration, which causes an inmate to accumulate a record of minor offenses against him. This record is then used to rationalize not giving parole. Other kinds of harassment include prolongation of prison time (which indeterminate sentencing permits), denial of early parole dates, denial of good time, and continuous solitary confinement. These policies add to the tension, and tension adds to the division of prisoners against each other. The idea behind "divide and conquer" is, that if oppressed peoples can be made to fight each other through administrative pressure, then they will have neither the time nor the energy to fight their real oppressors.

C. W-B.

### Prison Experience

My name is Christopher Dominico. My experience with behavior modification and my awareness of its uses started in the spring of 1971 at Walpole State Prison.

That year, the educational program at Walpole—what little there was—included two college-level courses through what was then called the STEP program. One of these courses was on behaviorism, and dealt mostly with B.F. Skinner and his ideas of human control. My perception of the environment I was living in began to change.

I was never one to attend counseling at the prison, but some men do. Counseling, to me, was something one did with friends and not with some paid state official. These counselors appeared harmless before my course, now their actions seemed questionable. They were helping men adapt to the prison environment. Prison is not a normal environment, people are supposed to have problems here. If the counselors help people adapt to an abnormal environment, I realized, then they must be helping them to become abnormal. It is with this awareness that I recount the following.

Walpole Prison is divided into two sections at the center of the main corridor by a control center. The control center contains the dials and switches that operate doors,

intercoms and hidden microphones. The guards who adjust these dials sit behind glass windows, staring at anyone who goes by. On one side of the control center is the Maximum Security section, on the other is the Minimum section. The cell construction and the amount of administrative surveillance is the distinguishing difference between the two sections. In the Maximum section, cell doors are a grid iron electronically controlled screen. Every action of a man in one of these cells can be observed from various windows which face the tiers of the cells. Prisoners in the Minimum section have full metal plates, with small windows, for doors.

A guard must walk to the door and look in to view the convict's actions. Minimum section prisoners have windows at the back of their cells. Maximum section prisoners do not have windows; it's hard to breathe.

New men coming into the prison are first housed in the Maximum section. They remain there for about eight months—and are then allowed to move their residence across the prison to the Minimum section provided there have not been disciplinary reports filed against them. These are reports on a resident's actions which are termed administratively undisciplined, like a smoker's cough.

In 1972, Raymond Porelle was appointed superintendent at Walpole, "...amid unrest and turmoil" according to the Herald American. He was to be Massachusetts' answer to the prisoners' pleas for their civil rights. His role was to initiate changes designed to curb and manipulate prisoners' attitudes and priorities. These changes were intended to replace the prisoners' awareness of their violated civil rights, and their actions to remedy this situation, with a new priority—day-to-day survival.

On December 29, 1972, Raymond Porelle closed Walpole to visitors, families, friends, and all other public officials who were not members of Walpole's immediate administrative staff. The shutdown was executed without any warning. At noon, men were locked into their cells as usual to be counted—but the doors were not opened for regular activities that day. We prisoners heard on the radio that Walpole was closed to community access because of a security shakedown.

Two days later, the shakedown started. Cell by cell, the guards proceeded around the blocks. When they opened my door, they asked me to step out of my cell, and they walked me down the tier to the shower stall. I was then stripped of my clothes, which were then searched. When I got back to my cell I found three guards tearing my things apart—books, pictures, artist supplies, family albums and personal belongings were being tossed over the tier to the block floor—already piled high with other prisoners' possessions. It may sound funny to some, but my cell is my home and it hurt to see my belongings torn and hurled to the floor. I had lived in that cell for about three years and had grown accustomed to my family's picture on the wall. I was left with two sheets, changes of clothes, one roll of toilet paper, one bar of soap, a tooth brush and a comb. All the men at Walpole were to go through this same process until everyone had exactly the same amount of physical possessions, which equaled the above list. Stripped bare of

all my possessions, the only thing left for them to take was my life. In a way, this gave me a stronger psychological advantage. I had nothing more to lose.

Two days later, a guard told me I was being moved to the new man block, No. 8, at the Maximum section. I was accused of breaking my window. They said the disciplinary board had met and decided to move me. I was walked to block No. 8 in the custody of about twenty guards. As I was led down the main corridor, things looked strange. Groups of guards were huddled in discussion along the corridor laughing and joking. There were no other prisoners around, just me and the guards.

About two minutes after I reached my new cell, someone yelled, "Who was the guy they just brought in?" I yelled out my name. Someone started laughing and said, "They got him too." None of us could view one another. All the cells face a wall full of windows. We could not see one another but the administration could see us.

At the time of the shakedown, I was the vice-president of Walpole's lifer group and the chairman of the Christian Action group (non-sectarian). These were two community access groups designed to provide prisoners with an opportunity to relate to the outside world. The groups were becoming far too organized for the administration's taste. The administration had to deal with that organization, with the groups of people who were making logical, concise proposals for change. How did they deal with it?

Block No. 8, it turned out, was filled with the key members of each community access group. It seemed that Porelle was setting up a Maximum Maximum section-security block at one end of Walpole. And suspicions mounted when they welded steel plates across the block door.

At the same time, other prisoners were being moved. Some men ended up in the Minimum-Minimum section or cadre block, which was set up on the exact opposite side of the prison to block No. 8. The cadre block was to hold an inmate "skeleton crew." This crew included prisoners who held key positions throughout the institution. They could keep the various prison industries running, provide maintenance duties, and operate the kitchen. Basically, these men would provide enough labor to maintain the prison, which would not operate for any length of time without it.

The cadre block prisoners were allowed color t.v., cushioned chairs, important visitors and their families. We were cut off from our families, other prisoners, mail privileges, and fed in our cells on paper plates with plastic spoons. Guards would come in to feed us telling us about the cadre block. They told us that all other prisoners were allowed out of their cells and confined to block areas, allowed visits and mail. That the cadre prisoners were supplying the prison labor needed to run the prison.

For the first three weeks, we discussed what was going on in the rest of the prison, and what the administration was up to. Then, we started getting on each other's nerves. Arguments broke out and tempers flared. Many of us had never had face to face contact. Our voices represented our lives together. Our nightly discussions about what was going on, and how we could combat our situation, tapered off.

We were asked at the noon feed one day by Deputy Corcine if we wanted visits from our families. He asked us if we were willing to wash the block floor and walls. We had been throwing the almost inedible food at them for the last month. We refused to work, and we were refused visits. Later that day, while a guard was serving food, someone asked for another cup of coffee. He was given one right in the face. The whole block went crazy, everyone started yelling and throwing things out of the cell door. A guard and convict had a shouting match. That night, they came back to the cell next to mine. I heard the metal door slide open. A guard yelled, "Come out of that room, you piece of garbage." I broke my mirror off the wall and set it up so that I could look down the tier. I heard scuffling first, then I saw my neighbor pulled out of his cell, beaten with straps, kicked and dragged out of the block door. Every man in the block was screaming and throwing things. Sinks came off the wall, toilets were shattered in total outrage at what we had witnessed.

The guards' actions were totally unprovoked. The beatings couldn't have been anything but random choice. The guards filed back into the block. This time they were armed—one with a meat cleaver. Each man was taken out of his cell, walked down the tier, and out the block door. He was cursed, kicked and punched. Outside the block in the main corridor each man was stripped, ogled and searched. Then he was brought back to his cell. The cells were swept clean of debris, but the toilet facilities were broken and there was about three inches of water on the floor.

The guards fed us in knee boots for about a week. They brought our food to us dressed in rain gear. Water was everywhere. I couldn't step away from my bed. The water wasn't bad, but everything that could float was floating in it.

One day, I was told I had a visit. My door slid open. As I walked down the tier, everything was quiet. I felt like Judas; no one had been allowed a visit for about three months. My mother was sitting in the visiting room. She said she had been at the front door of the prison every day for two months trying to visit.

Afterwards I was walked back to block No. 8 and put in my cell. I felt like I had let everyone in the block down. Then someone yelled, "Chris, we know they're playing games with our heads, don't get uptight." That night, the whole block stood at their grilled doors and yelled at the walls. We were holding a discussion on what was happening. Life had been getting bizarre. You begin questioning things. I was beginning to be afraid of who I would find in my mirror in the morning.

Things began to break a few days later. The public was in an uproar over having its state prison closed down to everyone but prison personnel. A state Senator had been denied access for a few hours. The public protest forced Porello to open the doors to supervised public admittance. Of course, this meant closing down block No. 8. All the men in block No. 8 went before a disciplinary board and were charged with various offenses. I was charged with about nine offenses ranging from the destruction of state property to verbal abuse of a guard. The population of block No. 8 was distributed to different blocks around the institution. A few days later, Porelle resigned claiming mental fatigue. C.D.

# SOLITARY IS AN OLD STORY

While the techniques and terminology of behavior modification present a flashy mix of space age technology and verbiage, the basic ideas have been prevalent in America for many years. And the overriding contradiction of behavior modification, between the social cause of "anti-social" behavior and the correction of behavior through therapeutic treatment of the individual, has been a major factor in this history.

The idea that criminal behavior is changeable developed in America. Along with their worldly goods, the early colonists brought Calvin's protestantism, and with it the basic idea that evil was innate and predetermined in a few unfortunate and unreformable individuals. From this attitude flowed their codes of criminal punishment: execution or banishment for serious crimes, occasional maiming, and the stocks for the least serious offenses. But the social and economic changes surrounding and following the American revolution quickly produced a revolution in attitudes towards social "deviants." Along the Atlantic coast, population growth, urbanization (the population of New York City quintupled between 1790 and 1830) and industrialization spelled both the death of the colonial Calvinist tradition and the rise of a proletarian street culture, replete with taverns, gambling and prostitution. As traditional communities were split by new class divisions and waves of immigrants impeded the stabilization of new cultural values, crime grew apace.

Prisons and prison reform grew apace also, guided by a surprisingly familiar set of theories on the causes of criminality. On the one hand, criminality was seen as rooted in the social conditions of the day, with the corrupting influence of the bawdy street society standing forth as the most direct cause of the crime wave, and poverty (in keeping with the protestant work ethic) as the chief indicator of bad moral character: pauperism, although "...not in itself a crime...is not unusually the result of such self-indulgence, unthrift, excess or idleness, as is next of kin to criminality" stated a 19th century New York legislative assembly. On the other hand, the first theory to ascribe criminality to causes located in the individual appeared, as lax parents were blamed for contributing to the formation of evil character.

Thus society, especially working class society, was considered a perverting influence on the individual. Prison then emerged as a kind of alternative institution, dedicated to resocializing those individuals who had been corrupted by

the evils of society. These ideas arose first among the reform-minded Philadelphia Quakers, whose high intentions reached fruition in the Eastern Penitentiary (get it?). Here, since evil companions were responsible for the prisoner's incarceration in the first place, total solitary confinement and absolute silence, with only the Bible to read, were seen as the logical way to bring the lost soul back to the path of industry and sobriety. In such prisons, the sentenced were led to their cells blindfolded. They saw no one—not even their guards—throughout their confinement, and were allowed no newspapers, letters or visitors.

But even in those days, behavior modification had its critics; the fact that it was even being attempted made the American prison system a world famous social experiment, and a "must see" attraction for European tourists like de Tocqueville and Dickens. Dickens, in fact, reacted quite strongly:

In the outskirts (of Philadelphia) stands a great prison, called the Eastern Penitentiary: conducted on a plan peculiar to the state of Pennsylvania. The system here is rigid, strict and hopeless solitary confinement. I believe it, in its effect, to be cruel and wrong. In its intentions, I am well convinced that it is kind, humane and meant for reformation; but I am convinced that those who devised this system of prison discipline, and those benevolent gentlemen who carry it into execution, do not know what they are doing... I hold this slow and daily tampering with the mysteries of the brain to be immeasurably worse than any torture of the body; and because its ghastly signs are not so palpable to the eye, and it extorts few cries that human ears can hear; therefore I the more denounce it, as a secret punishment which slumbering humanity is not roused up to stay.

But behavior modification was then, as now, an experiment, and reformers in Massachusetts, New York and Pennsylvania exchanged angry counter-proposals concerning the merits of solitary confinement versus the new "congregate" system. The Pennsylvania system was too expensive to enjoy widespread acceptance, and the

“congregate” system, first introduced in Auburn, New York, was far more common. Here absolute solitary confinement was abandoned, permitting far cheaper feeding and housing of the prisoners, and more productive use of their labor in the prison workshops. Also, no visitors were allowed as in Pennsylvania, since friends came from the same unfortunate class as the prisoners. All the prisoners had extensive workshops, and prisoners paid a sizeable share of their upkeep through their labor. In fact, the coincidence between the first burst of growth in the American economy with its attendant demand for cheap labor, and the concurrent appearance of the concept of the reformation of the criminal is almost certainly not accidental; the “worth” of the individual really was high in those days—they needed all the individuals they could get. (1), (2)

The concept of criminality as disease and prisons as the treatment reached maturity when the 1870 Congress of the American Prison Association unanimously passed a resolution in favor of the indeterminate sentence. Since criminals were sick, they reasoned, there was no reason to release them from custody until the “treatment” had demonstrably worked; clearly the particular crime committed was only an indicator of the diseased state, and had little bearing on how long it would take to effect a cure. Over the next few years the states acted on this recommendation, and this, rather than a desire to make the sentence fit the details of a particular crime, is the source of the “maximum” and “minimum” sentences written into most laws today. (1)

This ideological high point, however, marked the end of the early prison reform movement. The reformers, caught between overcrowding, the failure of their programs to actually rehabilitate people, and uninterested state legislatures, effectively gave up the ghost. By the late 19th century the prisons had become human warehouses, concerned only with internal order and security. No doubt other causes, such as the massive unemployment brought on by the first great depression of 1877 were contributing factors in the trend towards warehousing. At this point, the indeterminate sentence became a potent weapon for maintaining internal discipline. Time served thus came to reflect behavior in prison far more than it did the crime committed.

If such an approach to criminal behavior has been inadequate in principle and a failure ever since it was introduced, why does it still enjoy widespread popularity? Among prison officials, the answer is reasonably clear: faced with prisons overflowing with vocal, angry and often highly politicized inmates, any excuse to isolate troublemakers (read “leadership”) and scare the general prison population into docility is welcome. As in the nineteenth century, however, programs designed to meet these ends generate instead increasing numbers of rebels.

N.J., D.L.

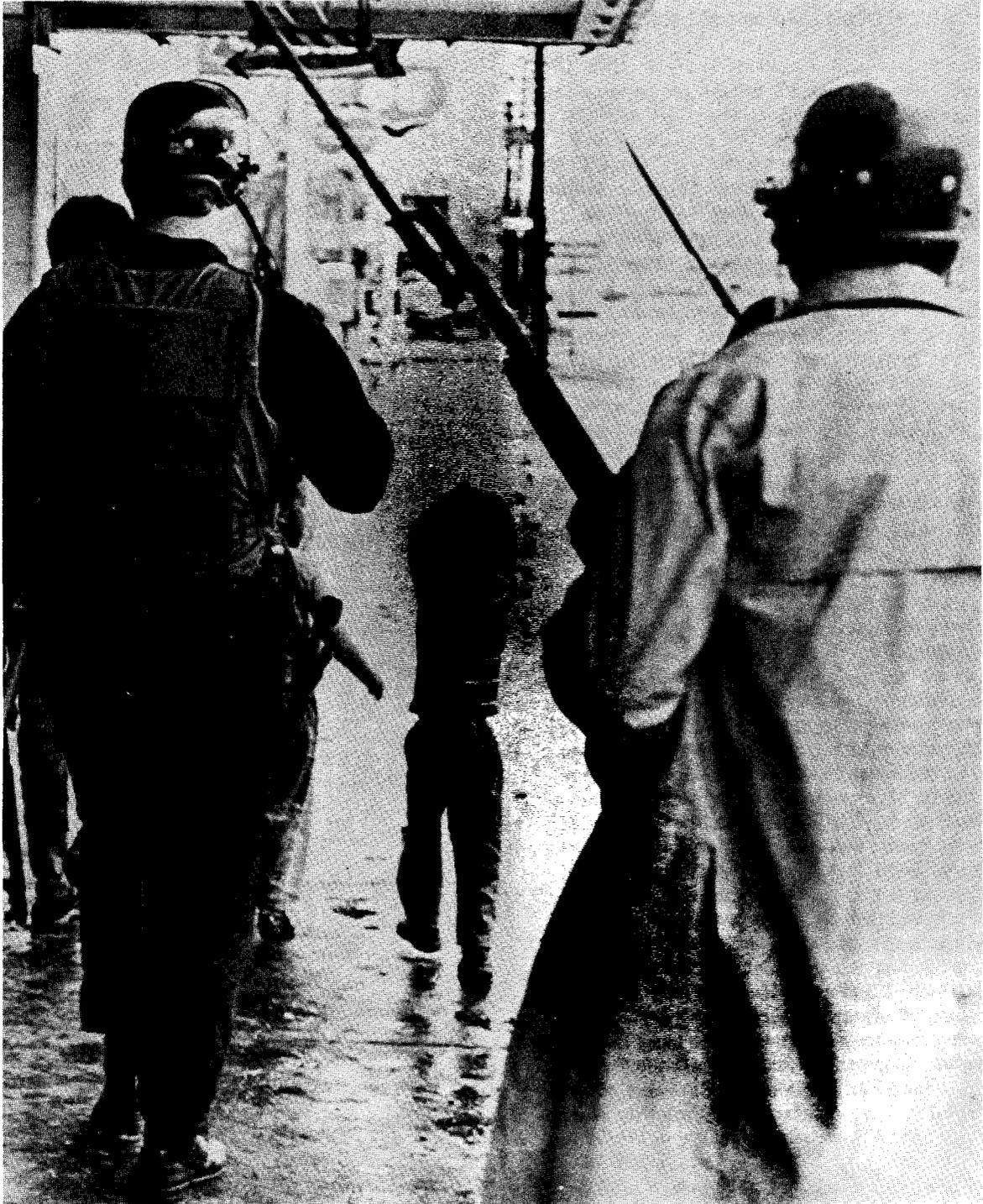
#### NOTES

(1) American Friends Service Committee. **Struggle for Justice**. New York: Hill and Wang, 1971.

(2) Rothman, David. **The Discovery of the Asylum**. Boston: Little, Brown, 1971.



For more information on the National Behavioral Research Center in Butner, North Carolina and on other behavior modification programs write to Michael Deutsch of the Chicago People's Law Office, 21 East Van Buren, Chicago, Illinois.



# Now Kids

*This article is important not only for the information it provides, but also for the presentation of a plan of action which has helped people to organize. In so doing these people have taken control of the decision-making power which was initially denied to them.*

## Drugs In The Schools

Frank, an attractive but rather thin sixth-grader, sits quietly in an examination room of the Learning Disabilities Clinic at the Kaiser-Permanente Medical Center in Oakland, California. A clinic doctor checks Frank's cumulative record from the urban school he attends. Then he checks the boy's eye movements. Frank has a slight reading problem—a bit below grade level. But the main trouble, according to his mother and teachers, is that he has trouble concentrating. He's not one to sit still, his mother says. Still, he's doing better in school this year. He's on traffic patrol, an honor student, and he's even done some independent projects. At home, his mother says, he's kind of lazy and can sit and watch TV forever. Frank explains that he doesn't like school, and that's why he won't sit still.

The doctor tells Frank: "It's not that you won't sit still. You can't sit still." "No," Frank insists, "I won't." "I don't believe you," the doctor says, and continues to question Frank, but the boy stubbornly holds his ground: "I won't because I don't want to." His grit in the presence of two white-coated doctors and his mother is impressive.

Frank has been on Ritalin in every grade but the fourth, when the teacher said he was fine without it. He doesn't take it in the summer because he doesn't need it when he's not in school. "Do you know what the Ritalin does to him?" the doctor asks. The mother says no, she just knows he doesn't eat much when he's on it, that's why he's so thin. And the school says he's a little better on it. The doctor talks rapidly to the mother about hyperactive and hypoactive children, about low-arousal and sleep-deprived and seemingly lethargic children. Frank's mother nods as the

words go over her head. "Keep him on Ritalin," the doctor concludes. "He seems to need it."

It is the first time he has seen the boy and the visit took fifteen minutes. (1)

Such incidents are occurring more and more frequently with children across the United States being treated with drugs for "hyperactive" behavior in the classroom. That this is a fairly recent phenomenon is indicated by the absence of "hyperactivity" as a subject in the *Education Index* from July 1966 to June 1967; but the July 1971 to June 1972 issues list 25 articles under that heading. (2) This new concern with hyperactivity cannot be explained by any break-through discoveries in the fields of medicine, education or psychology. None of these areas offers a more clear-cut explanation than was offered in 1937, when "the problem" was first identified by Bradley. (3)

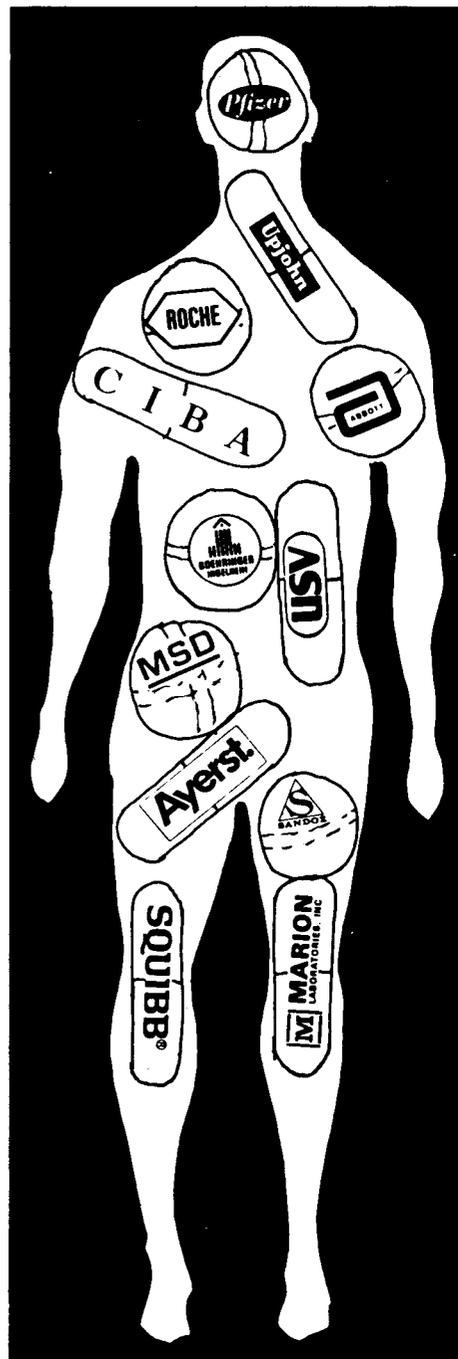
The behaviors that experts say characterize hyperactivity range from what are thought to be manifestations of neurological damage, to performance on psychological tests or behaviors deviating from normal (read "desired") in the classroom. Here is a typical list of "indices of hyperactivity": excessive rocking; wiggling and climbing; the rapid wearing out of furniture, toys and clothes; experiencing close calls repeatedly; being overactive, easily distracted, excitable; talking out of turn in class; telling tall stories to create an important impression; not getting work done in school; acting rather silly and immature; having trouble sitting still; not getting along well with all classmates; being impatient; looking for companionship; showing marked ingratitude. (4)

There simply is no objective test (neurological, intelligence, or behavior observation) to positively determine the existence of hyperactivity. Though classified medically in the category "Minimal Brain Dysfunction" (MBD), the symptoms (e.g. an increase of purposeless physical activity or an impaired span of focused attention) are not necessarily manifestations of physiological disorders that can be identified through medical testing. (5) Psychological and

educational theories of hyperactivity are not any more scientifically verifiable than the medical theories; accurate definitions and better-than-guess diagnoses are lacking in all fields.

Despite the ambiguous, subjective medical-psychological definitions and the lack of accurate and reliable diagnostic tests, hyperactivity is said to exist and is treated with an objective medical tool—amphetamines, specifically Ritalin and Dexedrine. The medical profession, however, seems to know as little about the drugs as they do about the behavior. Some researchers and doctors say that the drugs, which usually work to stimulate the average person, actually have a calming, slowing down action on the children with “true hyperactivity” (cases believed to have cerebral malfunction). It is claimed in this case that the drug raises the activity of the cerebral cortex where thinking functions occur. When this happens, there is at the same time a lessening of activity in the part of the brain where physical (motor) activity is said to be controlled. (6) That is why, they claim, the child “calms down and concentrates.” Others claim that amphetamines generally excite the entire brain. Since “these children” have low thinking activity, the drug in exciting the whole brain, also excites the part where thinking takes place. This creates an increase in alertness along with an increase in the ability to focus attention. (7) A third explanation postulates that the drugs act the same for anyone who takes them, children and adults. Given the same dosage per body weight, hyperactive children focus with abnormal (high rates) concentration on unpleasant, boring and repetitive tasks. For example, the schoolroom tasks that many of these children would not concentrate on before are now performed routinely. If we go back to the opening quote in this article we are left with the uneasy feeling that Frank will be performing tasks he once considered boring and this, as has been the case in our history of education, will be considered good learning. It is interesting to learn that athletes and performers often use Ritalin to help them practice tedious routines. Several teachers have stated that they use Ritalin and Dexedrine to face tedious work of their own, e.g. grading papers. (8) It appears then, that the action of amphetamines is not understood, but what is a result is that the user will perform with rapt attention the tasks put before him-her. Perseverance, rather than active, interested participation can be had.

Just how does a child come to be included in the nebulous category of “hyperactive child?” The major part of the “discovery” process starts within the classroom, and usually proceeds as follows: The teacher notices that a particular student exhibits one or more of the behaviors mentioned in the beginning of this article. This child is then discussed by the teacher and the school psychologist or principal, who then suggests to the parents that the child be seen by a medical professional, usually a pediatrician. He will check the child for a physical-psychological disorder. The pediatrician, with anxious parents at hand, then finds that the easiest thing to do, given a lack of diagnostic tools, is to prescribe drugs. (9) It is important to underline here that the lack of specific medical information and the prestigious position of professionals in our society, allows the



psychological and medical professions to exercise control in this situation—not in the sense of actually helping the child, but in the sense of telling people what they “should do.” The relationship between the professional and the parents and child is dependent on the socio-economic group from which they come.

In some urban areas the parent is told bluntly that unless the child receives treatment (i.e. medication) he will face suspension or be transferred to a special program for the emotionally disturbed. At this point, more affluent parents may transfer their child to a more flexible public school or to a private school. But, most parents cannot afford these alternatives. (10)

Ritalin causes complex changes in the central nervous system which result in observable behavior changes. But, it also causes a host of side effects which can result in severe consequences to the child: nervousness, insomnia, hypersensitivity, loss of appetite, nausea, dizziness, skin rash, irritability, depression, tachycardia (uneven, rapid heart beat), abdominal pain, weight loss and stunted growth. (11) Children have been known to hallucinate or to enter catatonic states on Ritalin. Because of the possibility of indiscriminate use and potentially dangerous side-effects Ritalin cannot be sold either in Japan or Sweden. (12) These drugs are prescribed for many children in America; with support for use coming from material published in medical and educational journals. These articles place emphasis on changes in behavior which are vital to a “smooth” running school. The journals, with this bias, therefore, place the drug use in a favorable light. However, a critical look at these studies suggests that their findings should be viewed skeptically. Most of the controlled studies are short-term, and could not possibly examine the potential problems a child might encounter after being on the drugs for a year or more. In addition, experiments conducted to test the drugs use school children as subjects, with testing procedures that can endanger the child’s health. These studies often use a double blind design. That means nobody, the child, parent, teacher or family doctor has any idea which of many drugs are being used. If a child has a severe reaction, none of the people immediately available (and the researcher doesn’t know either—that is why it is called **double blind**) in an emergency could identify the drug that is being employed. The side effects of the drugs are consistently played down in most of the studies, if mentioned at all (the side effects are consistently played down by the drug companies who profit from their use). If the pediatricians prescribing these drugs are relying on these studies, even they might not be aware of the severity of the side effects.

Another problem with the studies is that they recruit candidates from the schools by asking teachers to refer children they think are hyperactive, thus relying heavily on individual teacher prejudice. The teachers are provided with a behavior rating scale upon which they base their decisions. The scale consists of 39 items which describe “abnormal”

(undesirable) behavior. (13) The range of behavior for which the drugs are tested is quite broad and in many cases non-specific. Once the child has been selected as a subject by the teacher and experimenter, he-she is put on the medication and allowed to return to the classroom. The effectiveness of the drug is also determined by behavior ratings of parents and teachers. However, these ratings are questionable because both parents and teachers expect some change in behavior, and their ratings are, therefore, likely to improve independently of the real effect of the drug.

In addition, there are wide discrepancies in results of drug treatment within and between studies. In looking at specific behavior, drug effects are found to vary among different groups of children. Some studies show changes in IQ, others do not; some show changes in many behaviors, others in just a few. These discrepancies are attributed to poor experimental design by the experimenters. Yet, it has never been suggested that these experimental inconsistencies result from the vague and arbitrary description of “hyperactivity.” “Hyperactivity,” as defined by “the experts” has a wide range of symptoms, which, of course, makes it useful for labeling many children and then doing something about them.

#### A Community Fights Drug Research

Recently, an attempt to carry out a study in Boston encountered heavy community opposition and was consequently thwarted. The research project, under the direction of a member of the Psychopharmacology Department of the Massachusetts Department of Mental Health, was to be carried out through the facilities of Boston State Hospital and administered through Tufts University School

#### SEXISM AND PSYCHOSURGERY

1. After a provision preventing psychosurgical operations on men had been passed in a Canadian hospital, 17 women were operated on.
2. Dr. Baker, a Canadian psychosurgeon, reported operating on 44 cases of which 61 percent were female. (Canadian Medical Journal, January 17, 1970, Vol. 102, p.37.)
3. Peter Lindstrom, now at San Francisco Children’s Hospital, wrote in 1964 about operations on 60 psychotics and 154 neurotics, and 72 percent of the psychotics and 80 percent of the neurotics were women.
4. H.T. Ballantine, of Massachusetts General Hospital, operated on 40 patients, 40 percent of whom were women.
5. M. Hunter Brown and Jack Lighthill, of Santa Monica, state that out of 110 cases, 72 were female. (See Congressional Record, February 24, 1972 for documentation of points Nos. 1, 3, 4, and 5.)

**Human Control and Experimentation Digest**

Exposes human experimentation and behavior control in:

**PRISONS, MENTAL INSTITUTIONS,  
VA HOSPITALS, SCHOOLS,  
PSYCHIATRY, PSYCHOSURGERY**

730 South Western Blvd.  
Rm. 202  
Los Angeles, Cal. 90005  
(213) 388-1288  
\$3 per 10 to cover costs

of Medicine. Funding for the project was provided through the National Institute of Mental Health (NIMH).

The initial proposal, which was to be funded by NIMH for \$250,000, was designed

...to examine the effect of psychotropic medication on a variety of symptoms in functional behavior disorders in children... (defining functional behavior disorders as) ...those disturbances that appear to have resulted from early childhood training or from experiences traceable to grossly inadequate and unfavorable environments rather than from some demonstrable neurophysiological, genetic or metabolic abnormalities. (14)

This definition, encompassing a wide range of vague problems, describes "functional behavior disorder"—the same term which the Food and Drug Administration forbade the drug company C.I.B.A. to use in advertising the effects of Ritalin, because of its vagueness. (15)

The research design provided for a double-blind comparison of three drugs, D-amphetamine (Dexedrine), theoridazine (Melaril), and diazepam (Valium), to be administered to 160 boys over a twelve-week period. The children were to have been initially selected on the basis of enduring behavioral or emotional disturbances that had

For concise analysis of:

1. Today's news
2. Economic theory

Subscribe to **MONTHLY REVIEW**

62 West 14th Street  
N.Y., N.Y. 10011

been, in the teacher's opinion, "affecting the child's capacity or motivation in his school work" during ten weeks of observation.

Initial identification of potential study candidates will be made by school teachers from their observations of the behavior of children coupled with the knowledge of their intellectual potential and achievement. Basis for referral will be observations of persisting and disruptive classroom behavior and - or emotional disturbances. (16)

Those children who showed significant improvement would be given the opportunity to be continued on medication through the services of the Boston State Hospital Child Guidance Center.

Opposition to this program began after the investigators had received the approval of the School Committee to have a nurse involved with the research project administering the test drugs to the subjects in the schools. On December 5, 1972, the Task Force on Children Out of School, along with their community representatives, went to the School Committee to ask it to reconsider its decision of May, 1971. A hearing followed, during which community representatives and social service agency representatives presented their specific objections to the Boston State Medication program. These objections were as follows:

1. The drug program is an experiment on children which is not designed to provide needed services.
2. The drugs being given are experimental in that their effects upon children range from unknown to potentially harmful.
3. Because the program is designed to study drugs rather than to serve children, no clear-cut standards exist for determining which children will be medicated.
4. No adequate follow-up procedures exist to evaluate the long-term effects of the drugs on the children.
5. The drug program raises serious ethical and policy implications which public officials have yet to address. We are deeply concerned about the ethical and policy questions raised by the School Committee's cooperation with the drug program. There are no rational ethical grounds to support an experimental research program of questionable service values which may carry negative consequences for children. The program is designed to experiment with drugs to control classroom behavior while neglecting educational, social, and psychological factors. The long-range implication of relying on drugs to control the behavior of school children is alarming. (17)

The manner in which the program was presented to the community was obviously one-sided and misleading. Because of the professional status of those involved in the

research project, it was possible for them to control the extent of the community's knowledge about the study. It just so happened that some community people were aware of the consequences of this sort of study.

Why is it so important to do studies showing the positive effects of drugs treating hyperactivity? The medical and educational institutions in the U.S. have a vested interest in defining hyperactivity as a disease, as do the drug companies. The kinds of behavior noted as hyperactive are consistently those of children who are not conforming to the norms of the classroom. These norms are concerned primarily with obeying authority, keeping order, and not being creative; in underfinanced and understaffed schools, with obsolete principles of education, the child who does not obey authority poses a real threat. So what better way to cure this problem than by putting the child on drugs that transform him-her into an obedient subject and a ready vessel for "knowledge"? These considerations lend even further significance to the community protest against the drug project.

The community was successful in halting the proposed study in Boston. The associated program at Boston State Hospital was terminated, and legislation was passed to ensure that similar projects would not be allowed in the state. Knowledge of the tactics the community used in this case may help others fight similar projects. Three routes were taken by those people opposed to the continuation of the program. In the first case, one of the members of the Task Force on Children Out of School discovered the project by hearing about it from an acquaintance on the Boston State staff. He went on to alert others working directly with the community, and they, seeing through the rhetoric of the proposal to the contradictions and implications of this research project, formed a pressure group to act on behalf of community interests. This group attempted to reverse the decision made by the School Committee and to make the Committee aware of the consequences of such a decision.

The second route taken was a future-minded one, working through the established channels: the Task Force and the Massachusetts Black Caucus sponsored legislation which would prohibit any person from administering (or causing to be administered) in Massachusetts' public schools any kind of behavior modification drug appearing on a list of restricted drugs at the Public Health Department, unless verified through this Department as needed for medical reasons. This bill was passed, and will preclude any kind of medical research of this type in the schools.

A third approach was to confront the persons directly involved in the research project. Members of the Task Force and some mental health associations went to speak with the research director to raise various objections concerning the referral process involved, the side effects of the drugs, the methods of testing their efficacy and the availability of services promised for participants in the program as of June, 1973, when the funding was to run out.

In light of these objections from professionals involved with community work, the investigators revised the protocol. The revisions dispensed with the specific concerns; the more

general problems still remained, e.g. the drugs to be used were not specified. The original research design provided for subjects to come from three schools, all of which are located in low-income areas. Note here the implications of giving drugs to children in poverty areas, to prevent and control resistance and uncooperativeness. These schools were the only ones falling within the district designated in the research design. This could mean that, in order to have the desired number of subjects, five percent of the population in each of these schools could have been taking the test drugs.

Because of objections voiced by community spokespeople, a different method for supplying subjects was proposed. The children would be referred to take part in the study through the Boston State area mental health centers, which cover, among other areas, Roslindale, Hyde Park and West Roxbury. The children would be ongoing clients of these clinics. This plan would involve children from 14 schools, not all located in poverty areas. If the staff of the mental health center felt that medication was indicated, they would inform parents of the study. Parents could then choose to use either the services of the mental health center or explore the medication treatment study. Parents had to initiate contact with the program themselves. (18) The community pressure, forcing the revamping of this program in light of its implications of social control, made it more difficult to recruit subjects. So difficult, in fact, that the program was stalled long enough for legal restrictions in the form of the bill mentioned above to be passed.

It is unusual for community opposition to prevent research from being carried out as planned. The degree of secrecy surrounding these kinds of projects makes it difficult to find out essential information. An examination of the differences between the presentation of the project to the community and the actual intent as written up in the protocol illustrates the difficulty. The presentation to the community emphasizes the service aspects of the project over the research aspects. The investigators knew that there was a conflict between providing needed service to children and meeting their own research goals. The presentation to the community also states that participation in the program is voluntary, and that the medications in use are not experimental. Yet, Ritalin has been substituted for Dexedrine, and neither the parents nor the physician would know which type of medication the child was receiving. The presentation to the community stated that only those children who would benefit from the medication would be treated. Yet, the medication and the placebos were to be distributed randomly. The presentation also places little emphasis on possible side effects, mentioning only drowsiness, irritability, allergic reactions or other such problems, and pushing them as being easy to clear up. There is no mention of the loss of appetite and insomnia caused by Ritalin.

It's important to note that the medical profession's labeling "hyperactivity" as a disease ensures that this diagnosis will not be questioned. For who feels competent to argue with a doctor? The fact that doctors prescribe drugs for treatment of the "disease" is also significant. In a capitalist economy, where industry is oriented toward profit, it is not surprising that C.I.B.A. (the drug company

producing Ritalin) grosses \$13 million yearly, or 15 percent of its total, from Ritalin sales. (19) Promotional materials from the drug companies advocate helping children with school problems through drug treatment.

This relatively new "disease" of hyperactivity has to be seen in the context of social control in order to fully understand its implications. The increasing use of medication for control is a logical outgrowth of technological advancement within a capitalist system. And we are seeing ever increasing acceptance of chemical solutions to social and political problems. The stress of the Nixon administration on law and order is not unrelated to the upsurge in the use of these particular drugs on children. The use of drugs and other forms of behavior modification has increased dramatically in the years following the rise of the anti-war movement, prisoners' movement, and demands from minority groups for control over their communities. The technology provides a way to control the movement activity without making any changes in the system. The use of drugs to control the children makes it appear that their behavior is the result of an individual psychological and physical problem, and precludes the possibility that attention be focused on society as the source of the problem; it also helps to control any collective movement which might arise from the people's recognition of the social nature of problems.

The medical profession legitimizes this control by defining hyperactivity as an illness and treating it with drugs; the educational system provides the space within which this control is executed. It does not appear however that this control is random. It is directed most frequently at specific groups within the population. The three schools originally included in the Boston State medication program were located in poverty areas. Who is more apt to manifest active and restless behavior in the classroom than the child who is alienated from the kinds of things that take place there? The Boston State program's definition of the problem as stemming from "early childhood training" and from experiences "traceable to grossly inadequate and un-

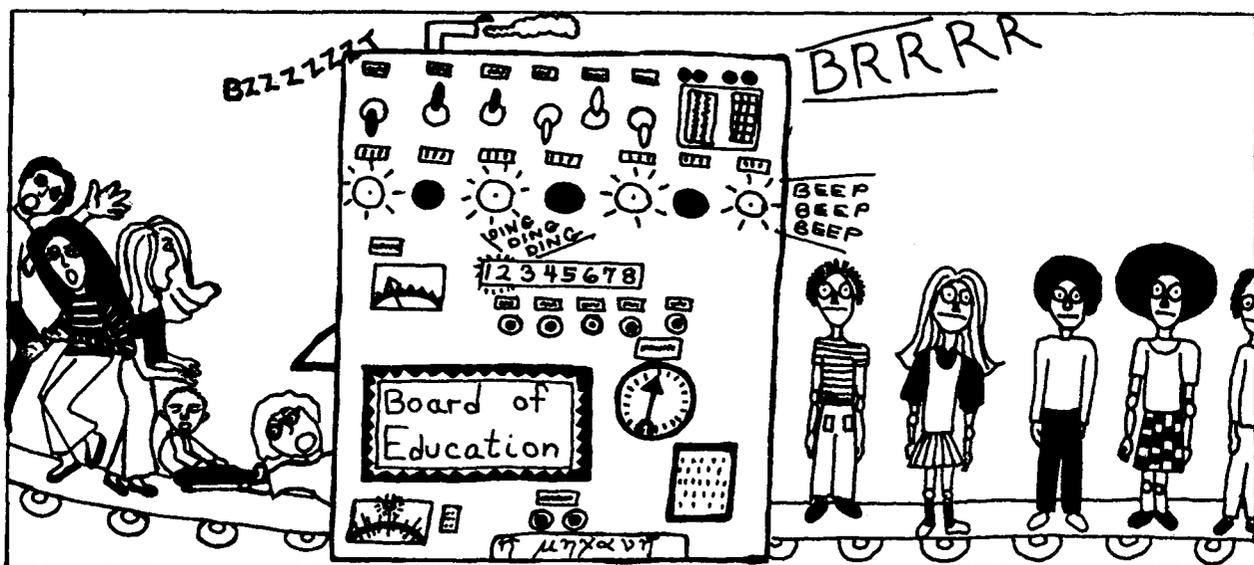
favorable environments" assumes at the outset that hyperactivity occurs more frequently in ghetto children. The fact that the researcher is looking for what he considers to be an environmentally-caused problem, which he will later define as a disease and treat with drugs, confirms the hypothesis that "hyperactivity" functions to control the lower classes.

The subjects of the studies on hyperactivity can be numbered among the other victims of experimentation who, due to the powerless position they find themselves in, have no recourse, or legal rights. We refer here specifically to prisoners and mental patients. To the list of psychosurgery, shock treatment and behavior modification, we add drug treatment of hyperactivity as another example of "scientific" involvement in the social control of critics of the system.

K.O'B. and A.E.

#### NOTES

- (1) Diane Divosky, "Toward a Nation of Sedated Children," *Learning*, March 1973, p. 9.
- (2) *Educational Index: A Cumulative Subject Index to a Selected List of Educational Periodicals*, Julia W. Ehrebreach, ed. New York; H.W. Wilson Company, 1967-1972.
- (3) Stanley Krippner et al, *A Study of Children Receiving Stimulant Drugs*, February, 1972, p. 2.
- (4) Divoky, p. 7.
- (5) John Hurst and Ann Bernard, *The Happy Pill*, p. 4.
- (6) Krippner, p. 1.
- (7) *Ibid.*, p. 1.
- (8) Hurst and Bernard, p. 5 and Divoky, p. 13.
- (9) Divoky, p. 9.
- (10) *Ibid.*, p. 10.
- (11) Hurst and Bernard, p. 9.
- (12) *Minimal Brain Dysfunction: Social Strategy or Disease?*, Medical Committee on Human Rights, May, 1973, p. 1.
- (13) C. Keith Conners, "Recent Drug Studies," p. 1.
- (14) Research Protocol No. 1 of Boston State Medication Program, p. 2.
- (15) *MBD: Social Strategy or Disease?*, p. 1.
- (16) Research Protocol No. 1, p. 4-5.
- (17) Statement of Community and Social Service Agency Representatives Opposing Drug Study Program on School Children, pp. 1-4.
- (18) Revised Protocol, pp. 3-4.
- (19) *MBD: Social Strategy or Disease?*, p. 1.



# SCIENCE FOR THE PEOPLE ACTIVITIES

## REPORT FROM THE MADISON COLLECTIVE

The Army Mathematics Research Center: Our attack on this military research center continues. The center recently attacked our book *The AMRC Papers* (see SftP, Jan. 1974) in a White Paper sent to the faculty. In a fashion reminiscent of Nixon's Operation Candor, the AMRC "whitewash" paper admitted for the first time that most of our facts were correct, while hiding behind charges of misrepresentation and the doctrine of academic freedom. Our response was a counter-memo to the University, answering their charges and their new rationalizations for working for the Army. We continue to speak of alternative research directed towards people's needs.

Occupational Health: For the past year, some of us have wanted to confront this massive problem, and action is finally underway. Our first step was to work with other individuals in sponsoring a Worker's Forum on Safety and Health, as part of the Community Health Month programs here in Madison. The forum was attended by about 50 people; union leaders, rank-and-file workers, and scientific, medical and legal people. They heard speakers on the causes of accidents and disease on the job, and ways for fighting unhealthy work conditions. The highlight of the program was the speech by Carl Carlson, a worker at an International Harvester plant and president of the Chicago Area Committee on Occupational Safety and Health (CACOSH). We proposed a permanent group in Madison to operate like CACOSH in assisting local unions to win healthy workplaces. The audience welcomed our proposal, and agreed to meet again to put it into effect. The forum alone has inspired the union at a local foundry to file a complaint about air pollution and other hazards.

Energy Crisis: This January, we helped run a community discussion of the "energy crisis," its causes and possible solutions, in conjunction with a protest of Gulf Oil's recruiting on campus. The result? A better idea of what oil companies could be like under worker-consumer control. We'd like to develop this idea further with other groups in Madison and around the country.

A Word on Other Political Groups: This past year, the Madison collective has been reaching out and beginning to co-ordinate our efforts with other radical groups with some success. The scientific skills in our group have often been amplified by the manpower, organization and expertise of other community groups. Contacts have included broad-

spectrum political groups such as Attica Brigade and the Wisconsin Alliance, various radical newspapers, Madison's free clinic and a group working on the people's history of Wisconsin. SftP can obviously accomplish more as a branch of a unified Left, and we hope to push further in this direction.

## STONY BROOK CHAPTER REPORT

Presently we're involved in three major projects: the May issue of *Science for the People*, educational work around the energy crisis, and fact finding work concerning health hazards endangering Eastern farmworkers.

We've written a leaflet defining the nature of the energy crisis and the role of monopoly capital in manipulating the public. An additional flyer was designed to create activity around the Long Island Lighting Company's (LILCO) rate increases. Three of our members attended the first LILCO public hearing, establishing contact with various citizens' groups and gaining some insight into people's attitudes on the energy question. We're presently in the process of planning energy related actions and literature distribution.

Long Island migrant farmworkers lack legal protection from the health hazards presented by pesticides, fertilizers and other agricultural chemicals. Thus, our project involves identification of the chemical products used on local farms, and validation of suspected health hazards. We will attempt to work on these problems through education, and by pressuring farmers to abandon unsafe practices. We are presently involved in the initial information gathering and planning phase in what will undoubtedly be a long-term effort.

Our study group was set up as the theoretical basis for our work, and to increase our factual knowledge of current situations. Thus far, we've studied the subjects of scientific socialism and dialectical materialism. We spent a considerable amount of time reading literature on the energy issue. This we summarized and used in writing the energy leaflet.

We've taken part in a number of spontaneous actions. Literature tables were set up (by our people) at various functions. This was the case at a Pablo Neruda poetry reading and at an account of the Chilean coup. Similarly, we prepared a leaflet and sold books on China (as well as *Science for the People* issues) at a three-day, University sponsored China information series. On another occasion,

we attended a demonstration protesting a forum by William Shockley, sponsored by a local high school.

Finally, we prepared a position paper focusing on the nature of problems affecting the University community as it relates to and supports the American political and economic structure.

#### MID-WEST REGIONAL CONFERENCE REPORT

A two-day midwest regional conference of SESPAs was held February 23 and 24 in Chicago. Saturday morning was devoted to chapter reports and general areas of mutual interest. Several groups (Madison, Evanston, and Chicago northside) have sponsored forums on the energy crisis, and others (Minneapolis and Chicago southside) have sponsored or participated in forums on race and IQ. While people were generally agreed that these forums were an effective way of presenting our views to a larger group of people, no one found them useful for recruiting new members. Although there is general concern in this area, a full discussion was not held (due to limited time) about how we could be more effective in our recruiting. Several chapters have also formed working coalitions with other left groups. These coalitions center around three main areas: industrial health (Madison), energy crisis (Chicago northside), and race and IQ (Minneapolis, Chicago southside). Several groups are discussing reading selections on science ideology, especially a critique of present science ideology, and the role of Marxism in a working philosophy of science.

In the afternoon a series of one-hour workshops were set up to give us more time to discuss questions of mutual interest. Workshops were held on agriculture, energy, ideology, health care, race and IQ, and the planned National Science Teachers' Association actions. The purpose of the workshops was to exchange information, and to try to coordinate these activities on a regional basis. In the agriculture workshop, the Chicago southside chapter agreed to act as coordinator for information on agriculture and food. The outline for a general critique of existing agricultural technology to be sent to the Vietnamese was discussed. At the health care workshop, we discussed our experiences with working on various aspects of health care and organizing around industrial health conditions. Health hazards faced by students working in university laboratories were briefly mentioned.

On Sunday morning, we talked about ways to increase magazine sales, Larry Olds' trip to the Italian Science for Vietnam conference, and the national SESPAs movement. No one was willing to take on the responsibility of putting out the magazine, but we were interested in contributing more material regularly. Gift subscriptions were suggested as a good way to get a wider readership for the magazine. Two packets of information are going to be sent to the Vietnamese at the Italian conference—one on agriculture, and the other on qualitative analysis of complex systems. On the subject of a national meeting, some people felt that a national structure was essential for increasing growth of the organization. They also felt that an immense work load is dumped on Boston, and that this must be alleviated through changes in national structure. Other people were strongly opposed to

the centralization of the organization. They felt that this is part of a general trend on the left to tighten organization as a substitute for content. They also mentioned the condescending attitude on the part of some people in Boston, an example being the response to the Morales-Melcher letter in the last issue of the magazine. All were agreed that a free-wheeling discussion nationally was a critical need. Most people felt that the national conference should be held for the purpose of discussion rather than for passing resolutions and taking various formal steps.

Chicago Southside

People have to know what's happening in the economy—and why—before they can know what to do about it.

#### POLITICAL EDUCATION PROJECT WELL DOCUMENTED ORGANIZING LEAFLETS

The Price of Food	
The Energy Crisis	\$22 per 1000
Who Pays Taxes?	(flexible)
Our Taxes for Torture	

65A Winthrop Street  
Cambridge, Mass. 02138  
(617) 864-4382

#### A REPORT ON THE SAN FRANCISCO MEETING

Since 1968, SESPAs have participated yearly in the AAA\$ conference. We have, in the past, attempted to criticize the very basis of the AAA\$ (American Association for the Advancement of Science)—exposing its role in American science and joining with other progressive scientists and non-scientists in presenting a science for the people.

As the SESPAs chapter nearest to San Francisco, we in Berkeley coordinated activities at the conference. We organized counter-sessions and made contact with SESPAs chapters around the country. Although the response was not as large as it had been in previous years, groups from the west coast and east coast sent word that they would be in S.F. for the conference. As preparations continued we wrote several leaflets and also a booklet entitled "Professors in the Pentagon" which is a follow-up of the Jason study done a couple of years ago. At the same time we also sent a number of letters back and forth to the AAA\$ in Washgintomb. Richard Trumbull, the AAA\$ meeting manager in Washgintomb, notified us that he would be glad to provide space for us and hoped to cooperate with us in every way. Were we ever to learn otherwise!

Since the small society sessions (which were once the main hallmark of the AAA\$) were no longer part of the AAA\$

conference, most students and young scientists would not have any reason to attend. Although we realized this, we did not understand its significance to our relationship to the AAA\$ meeting. The structure of the meeting this year revolved around invited sessions on "social" questions and good P.R. science (a la Emmanuel Velikovsky). The theme of the conference, in fact, was the future of the San Francisco Bay Area.

When the conference opened Monday morning, we found that there were no out-of-town SESPAs about, and that the space we had been allocated was outside the back door to the exhibit hall—where we would be sure to go totally unnoticed. We managed, by waging a continuous struggle, to get a small space inside the exhibit hall where we could talk to people (but not without incredible hassle which continued for the rest of the conference). The real lesson was that the AAA\$ was no more what it had been because the large numbers of students and young scientists open to new ideas were not there. Those present had a large investment in the scientific status quo. They may have been upset with the present national crises, but they could not agree on a single principle of unity upon which they might work for change.

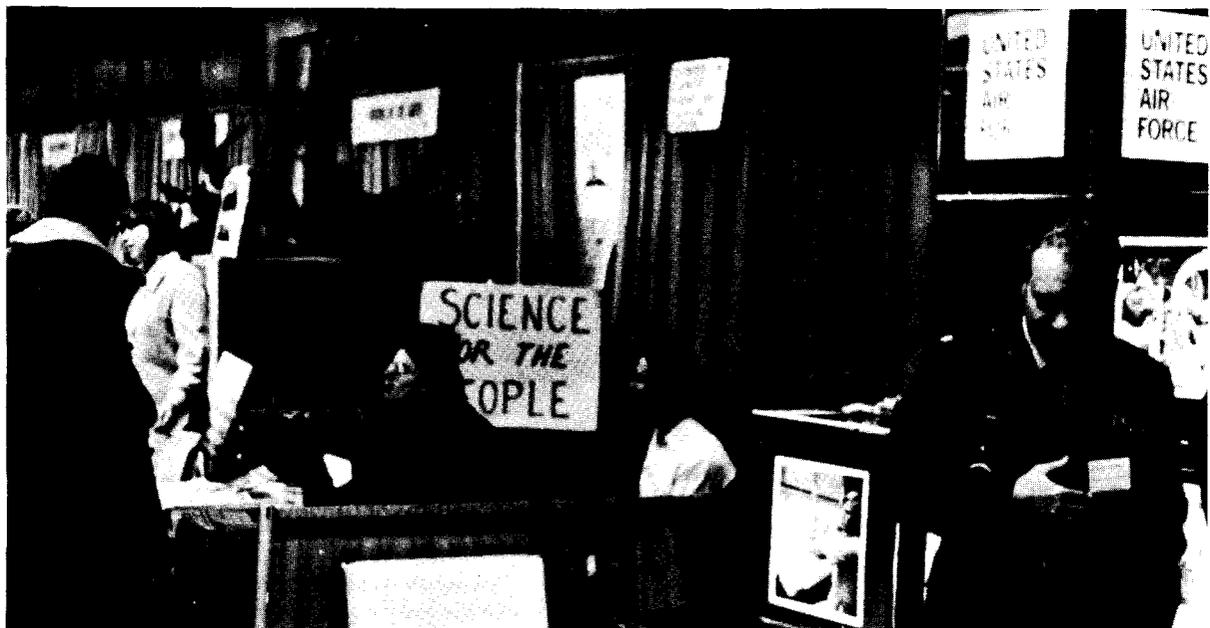
During the first three nights of the meeting we held our own counter-sessions. Our session the first night was entitled "The Real Criminals" and replied to the regular session on "Crime and Social Control in the 1990's." That evening we were competing with Emmanuel Velikovsky, who was defending his theory that the earth has, in the past, had near-collisions with other planets. Why did his lecture attract 5000 people while only 100 attended ours?

Our session on the second night countered the corporate-oriented AAA\$ sessions on the "Future of the Bay Area." We attracted 50 people. Next door was a multi-media demonstration attended by 2000 people. We quickly took advantage of the situation and set up a table outside this demonstration. This attempt to communicate with the

people was stifled when Trumbull threatened to have us arrested, but we started rapping with a group of science students from small Bay Area colleges who were more than willing to give us a hand. With their help we had too large a contingent for Trumbull to bother with, so as the event let out we had one of the high points of the convention with people lined up 3 and 4 deep around the literature table. The new issue of *Science for the People* on IQ had arrived that afternoon and sold well, leading to some very educational discussions with people. Our third session on "American Science in Latin America" drew 150 people.

Based on our experiences this year, we have concluded that there are two possible orientations that SESPAs might take with respect to AAA\$ conferences in the future. First, if the conferences continue to function as they are now—a direction they have been moving in for the past couple of years—one useful thing we might do is open up the conference to the people so that they might hear what the satraps (corrupt government officials) of science have to say on such issues as the future of specific geographical regions, the relationship of the scientific establishment to the running of society (here and in the rest of the world), crime and social control, etc. The other alternative is to focus our energies elsewhere than the AAA\$ in a place where we might build a movement of scientists and other people interested in a science for the people. For example, plans are now starting for the Association of Science Teachers meeting which will be held in Los Angeles in two years. Here is an organization that is looking for progressive groups and individuals to participate in their conference (even running sessions and otherwise directly participating in the conference). This organization is composed of individuals who disseminate a great deal of information to young students who have no idea of the many possibilities for developing a meaningful, interesting and relevant science for the people.

J.L. and R.K.  
for Berkeley SESPAs



letter continued from p. 5

teaching the masses that production and healthy living could be sustained through socialist planning.

From the foregoing analysis it becomes clear that when "family planning" ceases to be a concept aimed at limiting undesirables, when future survival and stability are in view, and when society has more to offer than a pill or an I.U.D. as a panacea for continued exploitation, women's participation in a far reaching struggle for increased social and economic benefits will open up doors where traditional shackles can be broken, and new positive choices made.

This letter only has value in so far as other brothers and sisters become more practically involved in the issue. A way to create awareness of racist and anti-working class programs and propaganda might be to research your local or regional area's birth control clinics or agencies. Discover their philosophy and financial sources. Are adequate long-term health services provided? What are the attitudes of administrators towards prevalent genetic and population theories? How are working-class women counseled in the clinics?

Women's study and discussion groups which concentrate on topics such as "Our Bodies, Ourselves" or pregnancy counseling courses should feel obligated to include a thorough study of population control. (See the publication, *Triple Jeopardy of Third World Women's Alliance*, 26 W. 20 St., N.Y., for a series of articles exposing sterilization campaigns against Third World women in N.Y.) Students could do the same within colleges and universities. What type of population-demographic studies are being done under the Biology Department (e.g. reproductive biology) and the local Population Center (e.g. training of technicians from or for "developing countries"). Some of the same questions one might ask in the clinics are applicable here.

Militant organized protests could be directed at neo-Malthusian groups such as the rapidly growing Zero



Nixon  
proclaims  
the  
sanctity  
of the  
world's yet  
unborn!

From a  
speech by  
R. Nixon  
San Clemente,  
California  
April 3, 1971

Population Growth (ZPG) who present population control as an "alternative," based upon decimating the poor instead of expropriating the rich.

Sincerely,  
Bonnie Mass

Dear Editor:

It is difficult enough to get some of my colleagues interested in SESPA and SftP—but you make it even harder by statements such as the one on page 3 of the January 1974 issue of SftP in which you imply that to SMASH CAPITALISM would help the pollution problem. This is of course patent nonsense. The "developed" non-capitalistic countries have pollution problems equivalent to ours and the response of the non-capitalistic governments to these problems is no better than ours.

Capitalism may have many faults but to imply that pollution doesn't exist in the non-capitalistic countries is anti-Scientific; such implications do not belong in a publication intended for Scientists.

Sincerely yours,  
Fred Cranston  
Professor of Physics

*Dear Fred—It is the opinion of this editorial collective that the use of the slogan SMASH CAPITALISM in the January issue of SftP is inappropriate. However, we differ with you in reasoning. It isn't that the use is anti-scientific in the context of pollution in America and in the world. The problem is that this use of rhetoric is not instructive on that page. The slogan, used in this way, does not help to clarify the issue of wasteful exploitation of natural resources and the processes of production under capitalism. We don't intend to do that here either. We just want to underline our objection and explain why we think your reasons are different than ours.*

*Also, this magazine is not intended for "Scientists" only. It is intended for any person who wants to come to terms with the abuses of science under capitalism and who wants actively to seek change.*

Comrades!

While reading through a pile of papers from 1973 I recognized your ad. Immediately I found that there was a group looking and agitating for real alternatives in science.

As a matter of fact, the main driving impetus of all German student organizations is very similar if not identical with your final aims. Several meetings have been organized dealing with subjects like: sufficient medical treatment for the members of the working class, etc., and a great number of pamphlets have been issued to show the inappropriateness of traditional psychological research.

This led the reformistic Social-Democrats and the exploiting class to the conclusion that the liberal democratic constitution is about to be pulled down. That is why they try to paralyze the organizations and the links of the organizations to the working class. But nonetheless the anti-imperialistic fight is going to outlast all the terror and

legalized violence of the exploiting class. Some of us may have to suffer but our will and power will someday be a means of establishing a democracy of the people.

Our efforts on the way to a socialized world have to be combined in order to give them a higher efficiency. On this behalf I write these few and ungrammatical lines to you, hoping that you will forward a copy of your magazine to me. We all, members of a Communistic Student Organization, will happily take up your arguments and discuss them. If you should have any questions about scientific work in Germany (esp. Berlin) we will give you all information available.

At least I send to you the best wishes of all my comrades for your work. We are aware of the internationality of the struggles of the working class and the anti-imperialistic scientist and we see the necessity of organization as a means of the realization of materialistic power. We have been naught, we shall be all!!

In true solidarity,  
Joseph J. Claben

*We warmly welcome the comments and work of our new friends.*

Dear Friends,

I think my subscription to *Science for the People* is running out. Enclosed is a check for a year's renewal plus some extra to put to good use.

The last issue (January) was really fine—great, in fact. Each item was (is) useful for my coursework and my own education. I've read every issue since vol. I, no. 1 and this is the best, the most satisfying.

Before the above goes to your heads, let me comment briefly on why I think it was a successful number.

a) Without getting into any heavy Marxist analysis I'll take the view that we should not be hung up with guilt about our class origins or our present roles. If 90 percent of SESPA is university based, we should organize around who we are and where we are. There's enough work to be done in such settings and among other students, faculty and similar people.

b) Not all people are in areas where there are active chapters. Thus, the magazine can serve a crucial function in keeping these "non-affiliated people" affiliated in some way. In a related way, the magazine can serve to reach people not previously aware of SESPA, by using it in class. For example, a number of my students have become interested in the organization, as well as stimulated by analyses and information to which they had previously not been exposed.

Anyway, this letter isn't meant as a formal contribution to the problem of magazine development and so forth—just some impressions engendered by reading the January issue last night, and sending in the check this morning.

A la lucha continua  
Phil Bereano

## PUBLICATIONS

AVAILABLE from SESPA/SftP

<i>Science Against the People</i> (Jason: Scientific Consultants for the Pentagon)	\$1.00
<i>Science and Technology in Latin America: Por Que?</i>	\$.50
<i>Los Nuevos Conquistadores</i> (Spanish translation of <i>Science and Technology in Latin America</i> )	\$.75
<i>Towards a Science for the People</i> (Formerly published as the <i>Censored</i> pamphlet)	\$.30
<i>The AMRC Papers</i> (An indictment of the Army Mathematics Research Center)	\$1.25
<i>Science Teaching: Towards an Alternative</i>	\$.15

Send checks to: SESPA/SftP, 9 Walden St., Jamaica Plain, Mass. 02130 617-427-0642

## INTERNATIONAL WOMEN'S DAY

International Women's Day is a day of celebration and solidarity with women around the world in their struggles against oppression and subjugation; and it is a day to build the unity of men and women in the struggle against imperialism.

On March 8, 1908, socialist women in New York City organized a march of thousands of women garment and textile workers demanding an end to the sweatshop conditions, child labor, and the right to vote. This demonstration proved an inspiration to women and working people around the world.

To commemorate this event, Clara Zetkin, a German Socialist leader, proposed, in 1910, the founding of a working class holiday—International Working Women's Day. The purpose of the holiday was to mobilize broad sections of women, through parades and demonstrations, in a fight against the wage-slavery system that is at the root of women's oppression.

This International Women's Day is a day of solidarity with women rising up and rebelling, not just in the struggles of the past, or even those here in the U.S. It calls to mind the heroic women in Russia leading a demonstration on March 8, 1917, against famine that marked the first day of the Russian Revolution, or women fighting courageously for their people's liberation in Indochina, the Middle East and Africa, or the millions of women in China, united with men in building a socialist society.

# This Magazine Ends Where America Began

*American history is typically taught as a succession of leaders and wars. In an endeavor to learn history in the framework of people's struggles instead, we have started what we hope will be the first of a regular series of short analyses. We also hope other chapters will be interested in writing future articles for this series, and suggest one on the period of the American Revolution as a good sequel to this one.*

## The Old World And The New One

At the time that England got into the empire business, many people believed that countries were rich or poor according to how much gold or silver bullion they had. One way to acquire it was to be lucky and find new lands inhabited by Indians who knew where mines were and who could be persuaded, by force if necessary, to give them up. The Spaniards had tried this in South America with great success. But even Indians could not find mines every day, so a better, surer method for accumulating wealth had to be found. The answer seemed to be in selling goods so that money would flow in. But England was not the only country to arrive at this conclusion. Spain, Holland and France had thought of the same thing, and naturally, all of them wanted to sell, sell, sell. But if all of them were interested mainly in selling, the scheme would not work. So markets had to be found—or made. Colonies! Let the mother country be the heart of the empire and let every colony be a market for goods. At the same time colonies would provide the mother country with raw materials and special foods and luxuries, and then what bullion reserves the mother country did have, would need never leave the empire.

In the seventeenth and eighteenth centuries the English Parliament was made up of rich landowners, merchants and manufacturers who believed in the colony plan. They had much to gain if it was successful. Accordingly, in the years from 1607 to 1793, they passed laws which were meant to control the trade of the colonies to the advantage of the mother country: all goods sent to the colonies from Europe or Asia had to go through England first; colonial products like rice, indigo, tar, pitch, skins, and tobacco were sent to England only so she could control trade between her colonies and other countries; the colonists were forbidden to manufacture goods even though the raw materials were right there, but they had to ship the materials to England, where they were manufactured and then reshipped to the colonial market at a fantastic markup; to

make sure that the empire trade was handled only by empire ships, the Navigation Acts were implemented as early as 1651.

All of this looked pretty rosy for the mother country. But, the colonists were not quite so unselfish as to think that the colonies existed merely for the sake of the mother country.

## Who Were The Colonists?

The answer to this question is many-faceted. The colonists came from many places for many reasons.

In the beginning, over three hundred years ago, trading companies were organized by rich and powerful Englishmen. They got huge tracts of land in America for nothing, or almost nothing. That land, however, was valueless until people lived on it, until crops were produced, or animals killed for their furs. Hence the first charter boats came to the New World, landing at such places as Jamestown and Massachusetts Bay. The trading companies would step in, buy things from the people who did the work, and then sell them back to these people or to other markets—at a profit. The companies, London Company and Dutch West India Company, gave some of the land away with the idea of eventually making money on cargoes to and from the colonies. They wanted profits, needed immigrants, advertised, and people came. Despite dangers and difficulties, the people who came over on the first small boats had contracts with the companies and expected some land, and a chance at a new life. But others, aside from the original groups of colonists, came.

People arrived in North America with tremendous material differences. Certainly an indentured servant or slave had less chance of success than a royal governor or lord. Tradesmen, however, trained in their homelands as blacksmiths, silversmiths, or mechanics, found their skills and the tools brought with them useful in terms of wage earning. In this way, a person's former status had a decisive role in determining life in the new world.

Aside from these material remnants, there were the ideological social remains of the old order. Far from arbitrary, these social relations grew out of, and supported, the British system. There were merchants, landowners and the royal governors who ran the government and made the laws. Their job was to see that the work of the colonists was in England's interests. It's easy to see why the laws they passed favored the rich.

What were these laws? Throughout all the colonies, one did (or did not) have certain rights according to rank and amount of property. On this basis, people were seated in church, given or denied the vote, and judged in court. In 1631, when Mr. Josias Plaistowe was convicted of stealing corn from the Indians, the court merely imposed a fine and directed that henceforth he should be called by the name Josias and not Mr. Plaistowe. On the other hand, his servants, who had assisted in the theft, were severely flogged. A seventeenth century Massachusetts law regulated the worker's maximum pay. The worker who took more, and not the employer who offered more, was fined.

### The Importance Of Geography

The earliest people came not to a united America, but to thirteen distinct little countries, called colonies. Immigrants landed at different times, at different places along the eastern shore of America. They came with very different ideas about what they would do, how they would live, and the work they would perform. But they had to modify their plans to fit the conditions they found. The work that was done in different regions depended largely on the geography of the settlement. This helped determine the kind of people they became.

Ninety percent of the inhabitants became farmers. Southern settlements were particularly well suited to the production of tobacco, indigo, rice, pitch and tar. For the first hundred years, land was held by small farmers who worked the fields themselves with their families and a few servants. However the advent of large scale slavery provided a cheap labor supply, and farming became more profitable. Consequently, the demand for land increased, and land prices rose. Land was gobbled up by richer plantation owners. The poor farmer had to compete in the tobacco market with rich farmers, who had a constant supply of cheaper slave labor. Unless he had enough money to buy a few slaves, he had to give up his land and move on. In the social order of the south, the black man was at the bottom rung; the white man, to retain his position on a higher rung, had to find other work. In this way large plantations swallowed smaller ones, and a new landed hierarchy developed as the south became a vast farmland.

As northern land was more difficult to farm, many New Englanders turned to other trades. These people became seafarers, ship builders, merchants and tradesmen. When the ships were not loaded with their own fish and lumber, tobacco was being transported from the south, wheat from Pennsylvania, or sugar from the West Indies. There wasn't a port on the Atlantic that wasn't visited at some time by New Englanders looking for business.

The middle colonies had land suitable for barley, wheat, rye, fruit, cattle, sheep and pigs. Again, a number of people became merchants. When England was at war, ship owners and high ranking seafarers would earn commissions as privateers. Armed with a few guns, they were able to seize enemy ships, selling the goods they captured.

Many people who came to find a better life could not afford the passage price of the contracts. The colonies were advertised then as Coca Cola is today. It was the ultimate in opportunity. A large portion of these people had left the comfort and warmth of their families because they were poor and the New World appeared to be rich. The ads on the European side stressed unlimited opportunity, but if you could not prepay passage it was not that simple. At the bottom of the ad, under passage regulations, one might have found the following: If you cannot afford the passage fare, we can get you there for a small fee. We will get you a job and you can work until you return the fare to us (approximately \$40). In other words, you would be indentured (read enslaved) for as long as seven years, and if you were a child, regardless of your age, you would be indentured until you were twenty-one.

On the other side of the ocean, the ads for your services looked something like:

### GERMAN PEOPLE

There are still 50 or 60 persons newly arrived from Germany. They can be found with the widow Kriderin at the sign of the Golden Swan. Among them are two schoolmasters, mechanics, farmers, also young children, as well as boys and girls. They are desirous of serving for their passage money.

The people described above basically came of "their own free will." But large numbers of persons came in obviously forced ways. Hundreds of paupers and convicts were put on ships and sent to America. Many had been put in prison for small offenses such as poaching, or stealing a loaf of bread, or being in debt. What a wonderful way to get rid of them, so, off to America, whether they liked it or not. There was another group who were carried here against their will—hustled on board ship, borne across the sea and sold into bondage. The streets of London were full of kidnappers, spirits, as they were called. No working man was safe, the very beggars were afraid to speak with anyone who mentioned the terrifying word "America." Parents were torn from their homes, husbands from their wives, children from their parents, to disappear forever.

Still another group of "immigrants" were brought here against their will. They were black and they came from Africa. The settlers had found it difficult to make good slaves of the Native Americans, because these people knew the land and retreated westward, at least for a while. But rich farmers needed a source of cheap labor in order to expand their land holdings for profit, and they would pay a price. So, rich men who could make profits by selling labor, turned to stealing people from Africa. Thus, Negro slave trading became a big business. Many enormous English fortunes,

such as that of the Gladstone family, were founded on the slave trade. Needless to say, the privations suffered by white people crossing in crowded boats, with little to drink or eat, were as nothing compared to the misery forced on the black man.

One important group came over, and of their own will. Rich English gentlemen, merchants and landowners all came to get in on the business, and some to become royal governors as well. The latter would insure the workings of the mother country-colony scheme.

### Equality For Whom

America represented a new beginning for its immigrants. Freedom from the European class structure, from political and economic repression. Here everyone would have equal opportunity. Or would they?

American social structure was molded by several factors. Primary among these were the ideologies and possessions of the European settlers, and the land upon which they settled (geography).

Out of all this, a hierarchy arose in the North. At the top were the royal governors, landed aristocracy, merchants, managers, officers and officials. Theoretically, these ruling class positions were open to anyone who could amass a sufficient fortune. Practically, this kind of mobility was rare. In this we can see the seeds of the trend that is so characteristic of American society today: as formally ascribed barriers to wealth and power became fewer, power and wealth also became more concentrated.

The middle class included lawyers, clergymen, lesser merchants, small businessmen, shopkeepers with artisan skills, and master craftsmen, middle farmers and the frontiersmen. The latter groups contained former indentured servants, some newly arrived immigrants, and people in conflict with the eastern aristocracy. For the frontier people life was physically difficult, and at first, in practice and in theory, was more egalitarian. The people resented and fought against rule by the wealthy. They instigated a number of rebellions which ranged from protests and civil disobedience to the armed capture of colonial assemblies. These acts, few of which were consistent and broad based enough, resulted in hangings and other punishments of the insurgents.

The lower classes included artisans and journeymen who were not self-employed, sailors, servants, slaves, and those who worked but did not own land. The poor accounted for about 40 percent of the population. Unorganized and angry over conditions, these people engaged in individual acts of crime, and were punished, individually, by members of the ruling class.

The colonial period introduced to America several contradictions. There were conflicts between big landowners and tenant farmers, plantation owners and small rural farmers (yeomen), masters and slaves, law-making aristocracy and frontiersmen, the colonial aristocracy and the colonial lesser classes, the north and the south, and the

major conflicts between the ruling aristocracy of Britain and its colonial subjects. These formed the multiplicity of interests of the period to follow.

The ideological outgrowth of these class interests can be identified primarily by three trends that were developing. American merchants resented the trade restrictions and manufacturing regulations which were imposed on them by the British merchants and royal power structure. They, against the King's rule, began to pirate and smuggle goods to attempt to maximize their profits and control the markets, despite the Navigation Acts. There were conflicts of interest then, between the colonial ruling class and the royal ruling class. The resulting ideology of these colonists was for "home rule." The Whig ideology called for colonial executive and a bicameral, colonial legislature, election to which was based on land ownership, but that of the colonials, not of the royal landed. The Tory ideology, held by the mother country class interests, advocated the retention of the power of the empire through the royal aristocracy, the British merchants and manufacturers. But a third ideology represented still other interests. The question of home rule was vital, but Paine's *Common Sense* posed questions about who would rule at home. Of course, the colonial merchants and large plantation owners were threatened by the suggestion of this ideology that common men be in the ruling body. They felt threatened that artisans, doctors, school teachers, yeomen, frontiersmen, sailors, indentured servants, and even slaves might be aroused to action by such a possibility, yet they would need the labor of these very people in a short period of time in order to serve their own interests, that of gaining control of the colonies.

We have presented here a brief outline of the development of class interests in colonial America. How and when these contradictions surfaced, how they were or were not resolved, and what new contradictions emerged, we suggest be examined in the next presentation of the people's history of the United States.

May Magazine Collective

This article was freely adapted from *We, The People*, by Leo Huberman, courtesy of Monthly Review Press and *A History of Social Movements*, by Roberta Ash.

Angela Davis  
Joshua Horn

Bernadette Devlin  
Fred Hampton

### MOVEMENT RECORDINGS

INTERVIEWS  
HISTORICAL DOCUMENTATION  
WOMEN'S CULTURE

RADIO FREE PEOPLE  
(212) 966-6729

133 Mercer St.  
N.Y., N.Y. 10012

# LOCAL ADDRESSES FOR SESPA/SCIENCE FOR THE PEOPLE

## ARKANSAS

Joe Neal  
6 Beaugard Drive  
Little Rock, Ark. 72206

## CALIFORNIA

Len Gilbert  
565 14th St.  
San Francisco, Cal. 94110

### \* Berkeley SESPA

Box 4161  
Berkeley, Cal. 94704

Craig Will  
4602 Charnock Dr.  
Irvine, Cal. 92705  
714-551-4381

Nancy Shaw  
Bd. of Community Studies  
U. Cal. Santa Cruz  
Santa Cruz, Cal. 95060  
408-429-2469

Al Huebner  
Box 368  
Canoga Park, Cal. 91303  
213-347-9992

### \* Palo Alto SESPA

P.O. Box 4209  
Palo Alto, Cal. 94305

Scientific Workers for  
Social Action  
c/o Ken Ziedman  
1645 Livonia Avenue  
Los Angeles, Cal. 90035  
213-277-0866

## CONNECTICUT

Norm Klein  
Dept. of Animal Genetics  
Univ. of Conn.  
Storrs, Ct. 06268  
203-429-1778

## DISTRICT OF COLUMBIA

\* Washington D.C. SESPA  
c/o Lennie Moss  
1771 Church St., N.W.  
Washington, D.C. 20036  
202-462-6930

## FLORIDA

Gainesville Research Coll.  
P.O. Box 12654  
Gainesville, Fla. 32601

## ILLINOIS

\* Northside Chicago SESPA  
c/o Bob Ogden  
1108-1110 W. Webster  
Chicago, Ill. 60614  
312-549-6246

\* Evanston SESPA  
c/o David Culver  
Dept. of Biological Sciences  
Northwestern University  
Evanston, Ill. 60201  
312-492-7199

\* Science for Vietnam/SESPA  
Chicago Collective  
1103 E. 57th St., rm. 47  
Chicago, Ill. 60637  
312-753-2732

## MARYLAND

\* Scientific Workers for  
Social Action  
P.O. Box 188  
Kensington, Maryland 20795

## MASSACHUSETTS

\* Boston SESPA/SftP  
9 Walden St.  
Jamaica Plain, Mass. 02130  
617-427-0642

\* MIT SESPA  
c/o Mark Miller  
NE 43-810  
MIT  
Cambridge, Mass. 02139  
617-846-5146

## MICHIGAN

John Vandermeer  
2431 Darrow St.  
Ann Arbor, Mich.  
313-971-1165

## MINNESOTA

\* Science for Vietnam/SftP  
Minneapolis Collective  
1507 University Ave., S.E.  
Minneapolis, Minn. 55414  
612-376-7449

## MISSOURI

\* St. Louis SESPA  
c/o Gar Allen  
Dept. of Biology  
Washington University  
St. Louis, Mo. 63130  
314-863-0100, Ext. 4387

## NEW YORK

\* N.Y.C. SESPA/SftP  
c/o Joe Schwartz  
53 Greenwich Ave.  
New York, N.Y. 10014  
212-989-6304

Jim Landen  
3 Ingersoll Ave.  
Schenectady, New York 12305

\* Stony Brook SftP  
c/o Ted Goldfarb  
Chemistry Dept.  
SUNY  
Stony Brook, N.Y. 11790  
516-246-5053

Marvin Resnikoff  
174 West Ave.  
Buffalo, N.Y. 14201  
716-856-6587

Frank Rosenthal/Milt Taam  
c/o Rest of the News  
306 E. State St.  
Ithaca, N.Y. 14850  
607-273-4139

## OHIO

Jenny Thie  
7050 Weiss Rd.  
Cincinnati, Ohio 45239  
513-931-3234

## PENNSYLVANIA

Dave Popkin  
1629 Beechwood Blvd.  
Pittsburgh, Pa. 15217  
412-422-7954

## WISCONSIN

\* Madison Science for the People  
c/o Joe Bowman  
306 N. Brooks St.  
Madison, Wis. 53715  
608-255-8554

## AUSTRALIA

Peter Mason  
School of Math and Physics  
Macquarie University  
North Ryde  
New South Wales 2113

## ENGLAND

Gerry McSherry  
Flat 2  
5 St. Michael's Place  
Brighton, BN 1, 3 FT  
Sussex, England

## IRELAND

H.N. Dobbs  
8 Ailesbury Grove  
Dublin 4, Eire

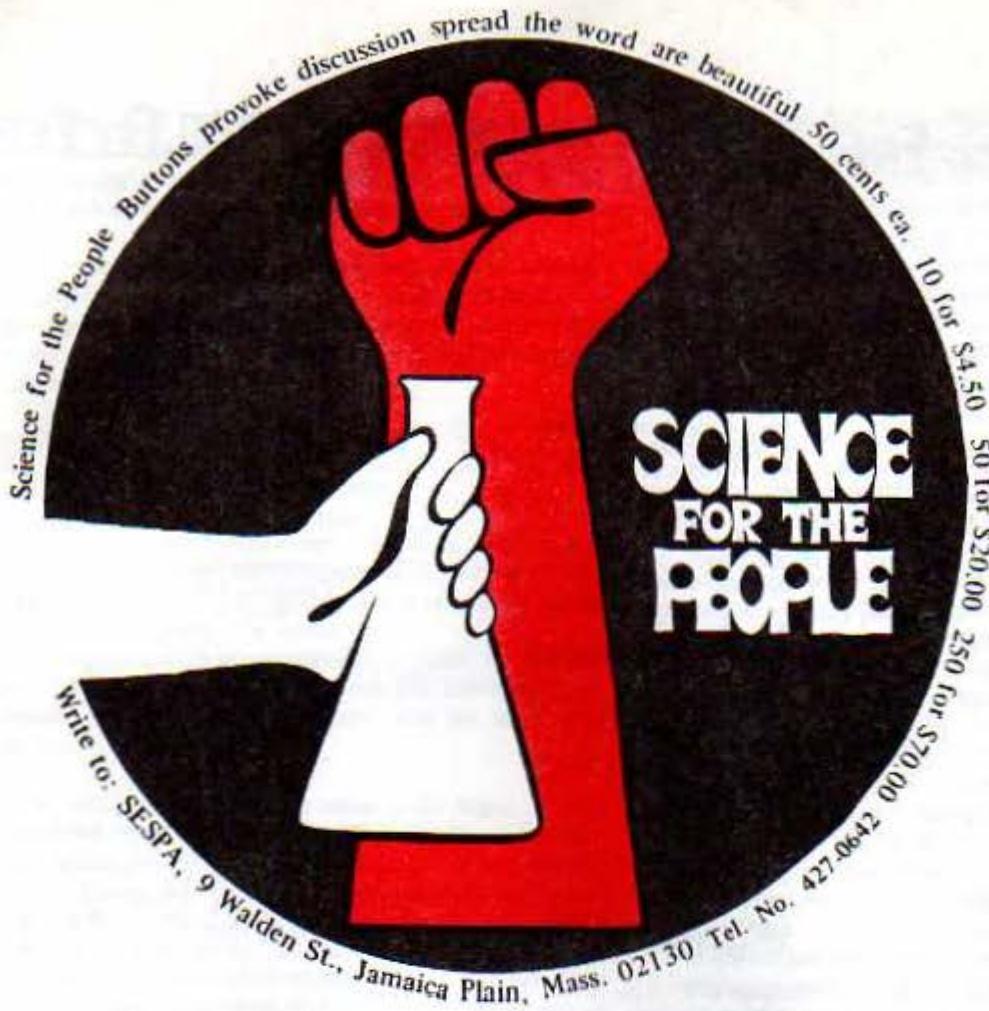
## SCOTLAND

\* Edinburgh Science for the People  
c/o Claude Herzberg  
171 Mibalkietia Rd.  
Edinburgh 16, Scotland

## WEST GERMANY

\* Max Planck SESPA  
c/o Claus Offe  
Max Planck Institut  
D813 Starnberg  
Riemerschmidtst. 7

\*Chapter—three or more people  
meeting regularly



CHARLES SCHWARTZ  
 PHYSICS DEPT.  
 UNIV. OF CALIF.,  
 BERKELEY, CALIF., 94720

BULK RATE  
 U.S. POSTAGE  
 PAID  
 BOSTON, MASS.  
 PERMIT NO. 52696

#### SUBSCRIPTIONS TO SCIENCE FOR THE PEOPLE AND MEMBERSHIP IN SESPA

SESPA is defined by its activities. People who participate in the (mostly local) activities consider themselves members. Of course, there are people who through a variety of circumstances are not in a position to be active but would like to maintain contact. They also consider themselves members.

The magazine keeps us all in touch. It encourages people who may be isolated, presents examples of activities that are useful to local groups, brings issues and information to the attention of the readers, presents analytical articles and offers a forum for discussion. Hence it is a vital activity of SESPA. It is also the only regular national activity.

We need to know who the members are in order to continue to send *SCIENCE FOR THE PEOPLE* to them. Please supply the following information:

1. Name:

Address:

Telephone:

Occupation:

(if student or unemployed please indicate)

If you are working, do you work in industry [ ], government [ ], university [ ], other \_\_\_\_\_

2. Local SESPA chapter or other group in which I'm active:
3. I am enclosing money according to the following scheme: (a) regular membership—\$12, (b) indigent membership—less than \$12, (c) affluent or sacrifice membership—more than \$12, (d) completely impoverished—nothing, (e) I have already paid.
4. I will sell \_\_\_\_\_ magazines. This can be done on consignment to bookstores and newsstands, to your colleagues, at meetings. (If you want to give some away free because you are organizing and can't pay for them, let us know)
5. I am attaching a list of names and addresses of people who I believe would be interested in the magazine. Please send them complimentary copies.
6. I would be willing to provide technical assistance to community, movement, or Third World groups in the areas of:

Please add any comments on the magazine or SESPA or your own circumstances. We welcome criticism, advice, and would like to get to know you.

SEND CHECKS TO: SESPA, 9 WALDEN ST., JAMAICA PLAIN, MASS. 02130