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was to be forcibly administered before the grudging dose of medicine is reminiscent of the starving down-and-outs in George Bernard Shaw's "Major Barbara", who had to give a thanks-to-be-to-God before getting a free meal. Humiliated, angry, frightened, exhausted and in pain, she sat in that hospital emergency room with her friends for more than two hours before walking out.

I had been noticing an increasing number of young people who were getting less than adequate medical care from established medical facilities, whether public or private, especially if their dress was strange or different and their style of living appeared to be such that hospital staffs could characterize them as hippies.

The kind of mistreatment I have described had now become such a common experience that word had spread among the street people that local emergency rooms were no place to go unless one's medical problem was extreme and no choice remained. It was clear to me and to some of my colleagues who were in a similar position to make such observations that many hospitals were giving this particular group of patients the barest minimum of treatment consistent with legal requirements, while at the same time conveying the message quite clearly that hippies were disapproved of and would not be missed if they did not seek help there again.

It should be emphasized that sharing and mutual caring is their rule. Campuses in large cities, like that of Harvard, appear to exert a magnetic attraction on those of our young who have felt the need to retreat from all that has so far been most familiar in their lives. In taking this journey, they are driven by a need to rethink their lives, to learn who they are, what meaning their lives have and what future direction they must choose. The peripheries of urban universities are usually comfortable places for such a search, since the coming and going in such centers allows the necessary anonymity. The street people share an admirable warmth and trust and camaraderie, recognizing in each other kindred dilemmas of the spirit; however, deep, sustained friendships are often lacking - because the search is a very personal thing. And this increases the loneliness.

We have seen in the clinic the whole range of common illnesses that this age group is prone to, but the group also presents special problems. For example, the most common complaint is gynecological. Many of the girls have for the first time begun to have sexual intercourse and with this comes a variety of simple physical problems, usually related to a change in the normal bacterial "mix" in the vaginal tract. We have been astonished at the enormous ignorance as to simple genital hygiene. Are mothers really so shy that they are unable to talk of such matters to their daughters, or is it that their own sexual hygiene is less than good? It needs to be stressed at this point that we have not found this group of young people to be promiscuous; their sex relationships are usually entered into only after careful consideration and mutual commitment.

Drug-taking was not heavy at first. There were bad acid trips

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now and again, but far and away the most common illicit drug used by the original street people was marijuana, which continues to be easily obtainable and is used more and more widely.

A curious phenomenon that I have observed among acid users is worth noting: So long as LSD was thought to damage only the brain and no other organ, many intelligent people continued to take the drug. Perhaps it was that they never truly believed that acid could cause irreversible or long-lasting damage to the brain, and perhaps again the decision to take LSD was based on the belief that one's head is one's own property and the right to "transport" it to a different place is personal and proper. However, when the news first broke that there was some evidence that acid could cause genetic damage, there was a significant falling off in the use of LSD. Responsibility for future generations is taken very seriously.

The tie-in between hospitals and police on drug cases aggravates the street person's natural suspicion of emergency rooms and outpatient departments of local hospitals. Until quite recently, one of the major hospitals in the Boston area had a policy of reporting to the police any patient whose illness was directly related to the taking of drugs - for example, hepatitis following the shooting of speed (a serious hassle for the person with hepatitis). Moreover, the use of public health considerations as a rationale for acting as an arm of the police puts the physician in a dubious role and is, I believe, in the final analysis, damaging to patient, physician and society.

We do not have a categorical answer to the question of why some and not others of our young decide to drop out, to leave their homes and families and take a kind of vow of poverty. What we do know is that the young that we see are a searching, intelligent and resourceful group, and most of them, we believe, will eventually make significant contributions to society. In fact, in their own ways, many are doing so already. They are a deeply troubled rather than a "sick" lot - the agonies that they are going through are quite "normal", given the complexity of the tasks of adolescence and the extreme turmoil of society. A number of the students I have come to know while working at M.I.T. have at one time or another been dropouts or street people, and they show an admirable breadth of vision, humanity and concern.

While there was a great deal of advising, counseling and teaching, usually in the areas of drug habits, hygiene and nutrition, many of the patients wanted to talk about their total life situation, which they might variously describe as being "all f-- up" or as an "existential dilemma." Some would see their dilemma in terms of their own "heads" and "where they are at" - this in a lonely, removed sort of way - while others focused on their conflict with parents or society.

In 1968, a 22-year-old man came to the clinic with complaints of headaches, insomnia and indigestion. Physical examination

was unrevealing. A tall, angular, proud and sensitive man, he described his symptoms with hesitation, for he felt that to talk of these symptoms was to admit to failure. In a sense, he was a failure, and on many counts, but particularly because his parents openly despised him; in the confusion of his thoughts, he believed that they were justified in their hatred and rejection of him.

Born and raised in a small Southern town where his father taught at an all-white, private military academy, he studied willingly for one year at a college of business. There he was to be groomed to take over a lucrative automobile distributorship owned by his ailing uncle. At the end of that first confident year, in the summer of 1964, he learned of the murder in Mississippi of the three young civil-rights workers, Andrew Goodman, James Chaney and Michael Schwerner. Until that time, political and social problems had not seriously concerned him; with his passive, gentle personality and live-and-let-live attitude, with his acceptance of a way of life that had been comfortable and agreeable, he had been able to avoid looking too closely at the underpinnings of his life, his family and his society.

The summer of 1964 was the time when several hundred young people from all over the United States joined together in a coordinated effort to work, within the law, for civil rights, an effort that brought about deliberate confrontations with state and Federal authorities who stood in open defiance of both the Constitution and the law. With the unfolding of the events of that summer, this man experienced a mounting sense of outrage, alternating with shocked disbelief, that led to an inner turmoil of rage, shame, bewilderment and terrible anxiety. In a tortured way, he managed to keep his feelings to himself but at no small cost.

The following semester he was a frequent visitor to the school physician, complaining first of one set of symptoms and then of another. By Christmas, 1964, he quit school and became active in the civil-rights movement. For the first time in many months, he felt physically well and worked very hard in a civil-rights project in another Southern state. His civil-rights work continued through the summer of 1965, but by then there was increasing estrangement from his family, who took a very dim view of his activities. His anxieties returned, together with recurrent headaches, indigestion and so on. When he refused to return to college in the autumn of 1965, his father wrote a long, agonized letter pleading with his son, at the same time avowing that if ever his son was to return to their home town preaching racial equality or integration, it might just be that a lynch mob might meet him, and, furthermore, it might just be that he, his father, would be in that mob. The letter was signed, "With love and pity."

From then on, the life of the mind of that young man came to be almost totally identified with the civil-rights

struggle in America. He went through periods of optimism, but there were many, many more periods when his extreme ambivalence toward his father, whom he continued to admire and love for qualities that remained separate from racial issues, led to exhaustion and depression. He considered help but was not sure that he would be understood, for the idea that he could be labeled a patient with a neurosis or illness was repugnant to him. If he was ill, what exactly was "being well," and what was the "treatment" to be?

When I first saw him in 1968, he was jobless, hungry, disillusioned, and too depressed to do much about his plight. And his depression had once again given rise to bodily symptoms and turned his pre-occupation from society to self. Since that first meeting, we have talked a number of times, not at length and not often but, I believe, as friends. We have talked of politics, of medicine, of the pain of growing up in America. He has learned to talk to and be helpful to others who are racked by anxieties similar to his; he has long since been free of symptoms - and now works as a teacher in a slum school.

Often, the gulf between patient and parent is much greater than that between patient and society. A 19-year old girl was ill with hepatitis. Jaundiced, weak, wretched and depressed, she needed active treatment and caring that we felt could be better obtained at home from parents and her local physician than in a hospital. She had neither adequate lodging nor responsible friends in Cambridge, where she had been living a hand-to-mouth existence for several months following her abrupt departure from home (a well-to-do family with a large house in a Boston suburb) after a series of violent quarrels with her mother.

Now the girl felt that she would like to return home rather than go to a hospital. When I phoned her mother, I was met with a tirade of abuse: she had not "hired" me to treat her daughter; she "couldn't care less" what happened to her daughter, and, "Who are you anyhow?" No, she did not want to talk with her daughter on the telephone and hung up the receiver. Allowing about 15 minutes for cooling-off time, I phoned once more. Mother's response this time was cold, measured, hostile: "You've got her. She's yours." Click! went the receiver. The girl was taken to a hospital.

Unhappily, we meet with this kind of situation often. The extraordinary venom that many parents seem capable of turning on their own children is startling, and is a measure of the ungovernable, directionless rage born of confused unhappiness, failure and defeat in the minds and lives of those same parents. Just as frequently, however, the "alienation" that makes the young person withdraw or run from his mother and father cannot be accounted for by obvious rejection or cruelty on the part of the parents. Rejection and alienation can be caused by more subtle, imperceptible, perhaps unconscious attitudes of the parents; locked desperately in their own struggle for the survival of the mind, for their integrity and self-esteem, some parents feel threatened by those, including their own children, who have adopted a

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prise, human or material, there is a profit. He is sometimes seen as the parents, who demand that the actor should be in their image: middle-class, upwardly mobile, education-gobbling; with goals of stability and security all buttoned up firmly, and with prospects of retirement, pension, prostatitis and then, the terminal whimper. But the producer has other faces. He is the armed services and the flag, which demand the bodies and the blood of the young for. . . what? He is the university which querulously, nervously, insistently continues to act as though its traditional functions can evolve ever so slowly in honorable and gentlemanly ways, while research and development for the more efficient prosecution of war continues behind the ivy. And the producer is also the world of things, and particularly the financial establishment with its most obvious emblems, the banks. Ironically, the largest advertising billboard in Harvard Square, perched on top of a building that houses a bank with windows that were broken on at least two occasions in the past several months, carries the following message: "Excuse me, sir, got any spare change?" This advertisement by a savings bank, which takes off on the panhandler's customary solicitation, is, of course, not without humor. But it is in questionable taste, since it clearly capitalizes on the very people who are denounced for causing chaos at ground level.

The New York Times magazine, Oct. 11, 1970.

We were besieged with pandemics of hep, strep, VD, mono, accidents, suicide attempts, overdose, malnutrition, infections, and beating victims (the attacker inevitably being a Christian Patriot), clinical depression, anxiety, etc.

But there was something else that was bugging me. There seemed to be a susceptibility among these kids to sickness which could not be explained entirely by their deprived circumstances--poor facilities for cleanliness, improper diet, drug-taking and harassment.

I pondered this for a long time before I learned of Dr. Ransom Arthur's Life-Change Units Scale. Allow Alvin Toffler's words to explain this from his outstanding book Future Shock: "It has been established that "alterations in life style" that require a great deal of adjustment and coping, correlate with illness--whether or not these changes are under the individual's own direct control, whether or not he sees them as undesirable. It asked about alterations in his eating and sleeping habits. It inquired about change in his circle of friends, his dress, his forms of recreation. It asked whether he had experienced any change in his social activities, in family get-togethers, in his financial condition. Had he been having more or less trouble with his in-laws? More or fewer arguments with his wife? Had he gained a child through birth or adoption? Had he suffered the death of his wife, a friend or relative?

The questionnaire went on to probe such issues as the number of times he had moved to a new home. Had he been in trouble with the law over traffic violations or other minor infractions? Had he spent a lot of time away from his wife as a result of job-related travel or marital difficulties? Had he changed jobs? Won awards or promotions? Had his living conditions changed as a consequence of home remodeling or the deterioration of his neighborhood? Had his wife started or stopped working? Had he taken out a loan or mortgage? How many times had he taken a vacation? Was there any major change in his relations with his parents as a result of death, divorce, remarriage, etc?

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" 'For the first time,' says Dr. Arthur, appraising life change research, 'we have an index of change. If you've had many changes in your life within a short time, this places a great challenge on your body... An enormous number of changes within a short period might overwhelm its coping mechanisms. It is clear, he continues, that there is a connection between the body's defenses and the demands for change that society imposes. We are in a continuous dynamic equilibrium... Various 'noxious' elements, both internal and external, are always present, always seeking to explode into disease. For example, certain viruses live in the body and cause disease only when the defenses of the body wear down. There may well be generalized body defense systems that prove inadequate to cope with the flood of demands for change that come pulsing through the nervous and endocrine systems. The death of Somerset Maugham's father seems at first glance to have been an abrupt unheralded event. However, a critical evaluation of the events of a year or two prior to the father's demise reveals changes in his occupation, residence, personal habits, finances and family constellation. These changes, they suggest, may have been precipitating events." Future Shock by Alvin Toffler, Pages, 330,331,332,333.

In a later chapter entitled: WHY KIDS DO DRUGS you will be hearing me opine: The main reason kids use (not abuse) drugs is to get high and stay high. And the reason they need to do this is because they cannot cope with life without help. If they cannot get help where they should, they will get it where they shouldn't - drugs. For now, however, it would be revealing for you to reread the quotes from Toffler, the correlation between the breakdown of coping mechanisms and the increase of sickness and/or drug use. Would you agree with my thesis? If so, then you can see the folly of programs aimed primarily at stamping out the supply of drugs instead of reducing the need. Oases of stability, bastions of serenity and education to absorb change and to learn to cope are urgently needed.

It is of passing interest that not only are most of these changes highly visible in the life of the street person and freak but if measured against my own life would suggest that I am a terminal case. Almost all of them apply to me--except of course my wife hasn't died.

DRUGS IN 'NAM

One of the most vitriolic outbursts against me came when I publicly suggested that there was and would be a drug problem among the troops in Vietnam. One typically furious letter to the Editor came from a woman who said: "He is concerned about drug abusing troops coming back to the States! Our poor boys over there fighting for his freedom and he not only maligns them but then fears their return! Why doesn't he stay in the sanctuary where he belongs? He is a disgrace to the priesthood."

The Army immediately denied any problem at all, even of use, let alone abuse and addiction. A year later they admitted: "our denials were 77% inaccurate." The last time I checked, over 50% of medical evacuees had traces of drugs in their urine. And these, mind you, were not the addicts. They still are not sending them home.

After my "scandalous accusations," the head of the Federal Narcotics Bureau happened to be visiting in Boston. A reporter, prompted by my insistence that epidemics of drug abuse would soon be raging among the troops queried Mr. Ingersoll who admitted that he had heard of my charges, had attempted to look into it, but HAD BEEN DENIED ACCESS TO MILITARY FILES! Imagine it! The man charged with control of these troops once they came home was kept in the dark about it.

When will we begin to charge with malfeasance or criminal negligence those officers, politicians, school superintendents and police chiefs whose denials effectively silenced our voices and put off preventive programs? Occasionally I read of a D.A. apologizing to the public for the delay in drug programs - "we had no idea the problem would reach these proportions." Why not? Because they refused to listen, were too busy labelling as commies those of us who dared to warn; were too busy protecting their establishments from "adverse" publicity. Everywhere I spoke, in those early days, a town official would stand up and thank me, then thank God that "we don't have any problem."

I was naturally concerned about the prospect of 400,000 troops who had been using a potent grade of pot and opium, (which is not yet a drug of choice here) returning stateside.

"What does a young priest in Boston who has never been to 'Nam know about it?" asked one Army P.R. man. "We were there and we tell you he is wrong. This is the finest Army the world has ever seen."

On the street we knew years ago about the drug problem in 'Nam. Not because we have a crystal ball to peer into but because many veterans, having been doing drugs for a year in 'Nam, when separated from the Service tend to stay in the city rather than return to rural areas where drugs are more difficult to get. They grow their hair long and mingle with the street kids for cover and companionship. The uproar among super-patriots was so great when we first suggested such a problem and the Army denials so reassuring to adults, that we stopped saying it. We simply predicted that the scene would turn to heroin unless admitted and properly handled. As I write, a visitor came to tell me of a radio bulletin that said - one soldier a day dies of scag, O'D.

An ex-soldier, John Steinberg, was later to testify that marijuana smoking had reached epidemic proportions among U. S. troops in Vietnam but that the American command "steadfastly refuses" to face the problem. Troops were unable to do their jobs, so stoned were they, according to testimony before a Senate Subcommittee and Officers who tried to tighten up had attempts made on their lives by their own troops. Even in the quarters of pilots of the Strategic Air Command who fly nuclear-armed B-52s, drugs were found.

"Well it's all water over the dam now. The Army has realized its errors and corrected them." Right? Wrong. In a report published in the May issue of Archives of General Psychiatry, Dr. Norman Zinberg, a Harvard Psychiatrist, charges that the Army's drug treatment and rehabilitation efforts are largely ineffective.

Following a three week survey of the heroin problem in Vietnam, Zinberg concluded that the army had failed to take into account the basic differences between heroin usage in Vietnam and in the U.S. Zinberg also charged that the Army's drug education program is a failure because it distorts widely known facts about drugs and takes a "hard-sell" approach in anti-drug propaganda, making soldiers distrustful.

"Zinberg noted in the report that heroin usage in Vietnam is a "social gesture" indulged in by groups of users, whereas in the U.S. users are usually "loners". He also pointed out that in Vietnam heroin is so strong and available that soldiers usually snort it, smoke it or swallow it. Due to the poor quality of the drug in the U.S., users almost always mainline it.

"Furthermore, users in Vietnam are of varied personality types and backgrounds, whereas users in the U.S. tend to have had previous heavy drug experience and show character disorders.

"The Army's failure to recognize these basic differences, says Zinberg, accounts for the almost total failure of its drug rehabilitation and de-toxification program."

It is interesting that the people who supported me until I made such an unpatriotic statement and then stopped backing me, still dislike me even though my prognostications turned out correctly. I have learned that this is a typical human reaction. People start disliking you over an issue and then forget why it was that they originally disapproved of you. Even if it later turns out you were right, they continue on disapproving.

Flashy flash! For obvious reasons I am not going to be the one to break the news to the public but I will tell you about something truly astonishing and mind-bending. In articles to come, you will find me criticizing all the reasons given for kids doing drugs and alleged reasons why they shouldn't. What reason will you give to your young friends if they come home with a drug which I will describe for you: It is easily and cheaply synthesized in the laboratory, non-narcotic, non-addictive, has no flashbacks, no hangover, is a body not a head high, is the equivalent of a heroin high, is never lethal, has no side-effects, does not interfere with appetite, is not dangerous in combination with alcohol, is not illegal, does not cause deformed children or lead to other drugs. Tell me my friends, why shouldn't a kid use it? More, much more on this later.

VENEREAL DISEASE

It is dusk as I stop off at Project Help in the South End with some donated clothes. A mob of boys averaging 17 years in age is waiting for me at the Drop-In center. Loud cheering as I pull up. Puzzling. "They've been hanging around waiting for you to give them a ride to the clinic," says the Director. "What am I, a chauffeur? Walk!" "You don't understand," Fr. Paul, says one of them taking me aside. "We've all got the clap and need you to run interference." By the time I get them there and they have all been treated and I return from other duties to pick them up, their reticence has turned to relief and comedy--each is proudly wearing on his chest a sticker he has ripped off a clinic shelf: "Ghonorea". "OK, no ride until I find out who she is." "OK, it is Rachel" they admit after offering 20 or 30 other suggestions. Where can I find her? No one knows. I want you guys to find her and get her to me by midnite at the Old West Church drop-in. There follows some ill concealed chortling, pseudo-concern, advice, ruminations regarding my own state of health, speculation concerning my intentions, etc. but ultimately they find her. When they do I haven't time to talk with her. "But, but", sputters the social worker filled with apprehension about Rachel infecting any more kids. I know she thinks I'm caloused and indifferent. Would that I were and then this whole show wouldn't hurt so much. The problem is that I am not inured. But more important things loom. Larry is drinking and mixing barbs again-- a suicide trip. Last time he jumped off a fire-escape with his belt tied around his neck and the railing. Fortunately the belt broke. Rachel can wait. We can cure VD but not death.

If the problem of drugs hadn't existed and grabbed all the headlines over the last few years, do you know what problem would have taken its place? VD. It has reached pandemic proportions. It is frightening to contemplate. Yet we haven't learned that the policy of not talking about such awful things

is self-defeating. "It certainly has no place in the pulpit, Father". (Not VD, the discussion thereof) So again Father was forced to kick a sacred cow: Catholic kids don't get VD and even if they do God will cure them. And anyway it is other peopies' lousy children from bad or broken homes not our kind. And we only care about our kind.

Well, anyway, it is water over the dam now. There is plenty of discussion and information available thanks to the media and even if you early warners did have to suffer for exposing the problem, it is now under control. Right? Wrong.

If you are a high school student in California, the chances are one in five that you will get a venereal disease before you get your diploma.

If you are 15 years old, there is a one-in-three chance that you will get gonorrhea - one of the most painful venereal diseases for a male - before you reach age 25.

Syphilis and gonorrhea, the two most common venereal diseases, are increasing faster than the population. Last year, reported cases of syphilis in California rose 54%. In the last ten years, as California's population increased 25%, reported cases of gonorrhea rose 435%. Last year the combined total of reported cases of syphilis and gonorrhea in California exceeded the 100,000 mark, and it is estimated that for every reported case, four were not reported.

Both syphilis and gonorrhea are treatable and, in most cases, curable. Penicillin and other antibiotics are 100% effective in all but a small proportion of cases. But both diseases must be treated early, both to prevent permanent body damage and to reduce their spread. A person who suspects he has contracted either disease, or had contact with someone who had either disease, should see his doctor or visit a clinic immediately.

Blue Cross of Southern California, December 1971.

At the risk of starting another rumor about myself (the last one making the Convent rounds in Mass. was that the poor Archbishop is having an awful time trying to keep the press from learning what happened to the Street Priest. "Heroin addict, don't you know!") let me tell you that my name is to be found in the files of countless VD clinics across this fair land. One of the first things I do in a new city is to sign up at the local clinics for help with my VD. And then I wait. In no clinic have I waited under 4 hours. There is next to no confidentiality, - your name is bellowed out for all to hear (I meet lots of old friends this way).

If I were 15, had to be careful that my antideluvian parents didn't find out, had to avoid the whole community finding out, was afflicted with typical adolescent embarrassment and had to be home at a certain time, then I would be well advised to forget about it and hope the symptoms will go away. Which they do with syphilis.

In other words, folks, instead of bad people like us having to resort to "free clinics" with long waiting lines, volunteer doctors, and crude discouraging systems, it would be wise to actually pay doctors, hordes of

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them, to streamline the bringing of medical care to those of us who are being punished by God for our sexual sins. Because we have been all through this before with heroin. We didn't care when black kids were dropping in the ghettos. We forgot that heroin is "contagious." By the time we realized it had jumped the walls to our own, it was too late. Heroin, VD and bubonic plague have much in common. If you don't care about it because it only afflicts bad people, you will learn to your regret that it ain't true. As a matter of fact I would wager that we have already reached that point. I'll bet there are one or two kids in your town who may even be infected. I can hear the superintendent of schools thanking God that we have no problem -- only one or two cases.

SPEED KILLS

No it doesn't. At least I haven't seen that. Lots of adults are angry with me because I refuse to tell kids that speed kills. Maybe when adult-eratives are added to it, it can but most of the speed I see is manufactured in the labs. of American pharmaceutical houses and is guaranteed by American know-how. Even the Bureau of Narcotics and Dangerous Drugs admitted back in 69 that 92% of amphetamines and barbiturates in the illicit market were legitimately manufactured. But it certainly can screw you up mentally and physically when used over a long period with large doses.

In fact, despite all the publicity the federal government has given to pot and heroin, it was the ups and the downs, the amphetamines and the barbiturates which concerned us most on the street. By strange coincidence there is no money for drug firms in pot and heroin while \$692 million dollars worth of amphetamines alone were bought from America's drug industry in one year: 1967. But of course only a cynic would conclude that there might be complicity between the feds. and the drug industry, that there might be mercenary motives behind the underplaying by the feds. of the dangers of the drugs that the industry was pushing. And as a Pilot columnist recently lamented: whatever happened to the happy priests and nuns we used to know? So with a smile on my face, I quote Representative Jerome Wladie of California: "...to favor the profits (of the industry) over the children is a cruel decision, the consequences of which will be suffered by thousands of our young people". As I return to singing the songs of Going My Way, I bequeath to you an article in Transaction January 1972 titled Drugs and Politics: Amphetamine Politics on Capitol Hill by James M. Graham which might lead you parents to wonder how priests can be smiling while your children are dying to ensure the profits of drug houses, doctors and pharmacists.

If you have been to the Haight Ashbury district lately, you will see the living, yet-to-be-killed products of the speed kick frenzy so many embarked upon. The place of peace and love is now a shambles of young derelicts, - wasted, burnt out, vicious, irritable, emaciated, garrulous shells, ripping off their brothers and sisters.

Speed has the opposite characteristic of pot: While it takes less and less pot to get the criminal high, it takes more and larger dosages of speed. This is called tolerance. Speed is usually the first drug by which a kid steps over that enormous chasm and puts a needle in his arm. So it is a crucial drug in that sense too.

I think the least publicized and most important fact that I have to keep telling street kids is that besides being a drug which builds up tolerance, the tolerance varies not just between kids but even in the individuals. So that the amount you need may keep increasing but it varies

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and tomorrow your system may need less, oddly enough. To give yourself the same amount or more is to court overdose.

No, it isn't addictive, physically. Perhaps psychologically. And that can be just as much a craving. And the crashing leads to anxiety and depression which you don't need. Kids are depressed enough already. I think the suicide rate is much larger among speed freaks. Sometimes a kid turns to heroin to get rid of the depression of speed withdrawal. Once you start using a needle for any drug, it is easy to use it for all.

No, it isn't a narcotic.

But man you get a lot of energy from it and you get a lot done and you are really truckin'. That's why a lot of women use it for getting the housework done. And you don't need any sleep. That is why long-distance truck drivers started on them. Speed will take it all off - that's why Mom calls them her diet pills. Did you know I have had housewives call me to recommend an honest pusher because their doctor shut them off from their prescriptions and now they can't get any work done?

News-Recorder, Worcester, Mass. Aug. 17, 1970.

When properly prescribed by a physician, moderate doses can check fatigue, and produce feelings of alertness, self-confidence, and well-being. In some people, this is followed by a let-down feeling, or depression hangover. Heavier doses cause jitteriness, irritability, unclear speech and tension. People on very large doses of amphetamines appear withdrawn, with their emotions dulled, and they seem unable to organize their thinking.

Eight billion speed pills are manufactured each year by our "reputable" "ethical" drug firms. And we need only half that for all the licit medical prescriptions. So 4 billion, or 50% goes into the black market and finally to your friends. Neither Congress nor the FDA pays any attention to our entreaties. God bless America. We lock you up for using them and reward those who make them for you and reelect those who are criminally derelict in their duty to control their manufacture... God bless America!

As early as 1966 the AMA Committee on Alcoholism and Addiction noted that enough amphetamines were available in the U.S. to supply 25 to 50 doses to each man, woman and child in the country. The NIMH has estimated the annual production of amphetamines in the U.S. to be between 8 and 10 billion pills annually. The Federal Bureau of Narcotics and Dangerous Drugs, computing the average dosage unit strength as 10 mg., conservatively estimated that in 1969 the domestic bulk production of amphetamines and methamphetamines in the U.S. was more than four and one half billion dosage units. More than eight percent of all prescriptions written by physicians in the U.S. are for amphetamines.

Tracks, by Att'y. Gen. Robert H. Quinn, April 1972

I hope you know the difference between methadrine and speed. Mass. Mental is filled with kids who didn't. The former is ferocious.

I would say the following is an accurate description:

Being a speed freak is a lot like taking a roller coaster ride a million miles long. After the fun is gone you may not be able to stop the ride. And it doesn't matter much how sick you are or how tired of going up and down, over and over again.

SPEED KILLS - 3

My friends who know speed agree that the following pretty well describes the effects of methadone crystal: intelligence seems to rise by ten or fifteen percent in as many minutes after the injection. The user suddenly has enough stamina to listen to the most obnoxious person he knows for several hours and then smash his ego with a couple of well-chosen words. A social cripple with a neck half a dozen shades too red for his company suddenly musters more slime than Dick Cavett, more gall than Law Sterrett.

For the oppressive personality speed is euphoria. For the introverted it may offer strength to project ideas and influence others thoughts.

Artist turns critic, critics become doodlers, those with mystical tendencies find a playground with no horizons. Efficiency replaces disorder, then becomes an obsession. One of my friends used to say, "I want to stop eating, sleeping and excreting."

In all these speed is different from opiates which are favored by miserable people, sick of living. Heroin, to anyone else, will probably amount to no more than a warm, vaguely orgasmic feeling similar to that experienced when one sleeps too much, a few rather ugly dreams, and in the last half of the high, profound boredom.

B arbiturates lack even the warmth, allow twice the capacity for boredom and the abscesses one gets from shooting them are often just short of the effects of snakebite.

With speed, the spike mania begins much more quickly, as soon as the mind associates effect with the instrument. No attendant nausea, as with the opiates, comes with speed - only physical and mental energy.

Three hours after a heavy hit of crystal, the user will have passed the plateau of its effect. The high is controlled and thoughts are highly rational but the decline into fatigue will have begun. Assuming you are not a real habitue you will have found something really interesting to do. Now it makes sense to take another hit. This time the results are not so pleasing, but you can get back into a good conversation within a few minutes.

If you smoke cigarettes, and I never knew a speed freak who didn't, you'll be smoking far too much by now. Throat and chest become uncomfortable, you're incessantly thirsty, your back begins to ache. The second injection wears off more quickly.

With the third or fourth shot, things become really tedious. Energy becomes hostility, people begin to stare silently at walls, speak evasively or only to be polite.

As the city outside is becoming flatulent with morning traffic, you retire to your room, pull the curtain to shut out the day's obscene light and lie down. Your mind still races, uncontrollably now, singing absurd songs and saying absurd things over and over. As a diversion from that and from increasing physical discomfort you may read or watch television for three or four hours.

Then your eyes begin to tire; shut them and they burn terribly. Hold them shut until the pain is gone, and you become aware of an intensifying ache in your kidneys and bladder. While going to urinate, a purple blindness falls around you like a bag. You hold to a door to keep from falling and gradually get back to bed.

A finger to your throat and the bedside clock reveal that your heart is pumping a hundred and sixty times a minute. Lie still and it slows down, close your eyes and endure the burning again. They feel as big as watermelons, intolerably sore.

Drift into a waking dream of people who sit talking in strange and murderous subtleties. A little varicose vein in your leg has begun to twist like a rusty nail beneath the skin. Slap! Your eyes fall open, scalded and watering into an upper world as vast and hideous as a Piranesi prison.

Something dimly heard in the grottos of the undermind is howling with hurt and rage. You want to cry for it. Turning to someone on the bed beside you, you find a person almost unrecognizably changed, or some great slug or fantastic insect with a moldy skull where the friendly face should be.

Muscles of your hands and legs cramp, becoming useless with charlie-horses. By this time you will be wondering how you could endure such physical pain as has taken over your body. The answer is that you probably couldn't do it without speed.

Spectral people stand in corners, shadows lope across the room, here and there doors creak and slam where no doors are. Heat lightning pulses on the ceiling. You dream a violent dream where parodies of humanity with vaguely familiar faces move to the shattered cadences of a condemning voice you can't quite hear. Finally you sleep, only to wake up in two hours, high without another hit.

Four days later you will realize you still haven't slept soundly. If you have any more crystal, you'll hit again before you are straight. I have never known a speed freak who could let it alone for 12 hours.

Continued use, aside from rotting out your teeth and the other physical damage it does, will bring the substance of your nightmares into waking situations unless you use more and more speed. Eventually you won't be able to sleep without it.

SPEED KILLS - 5

I had a strong needle habit for about seven months. I broke it by the greatest of efforts, two years ago. Since then I have done five short runs on ingested speed. The last one, only a night long, took me two weeks to get over. I still have a strong temptation to use the stuff when it is available.

On the rare occasions when I see the stuff, I usually vomit, feel a looseness of the bowels and tremble so violently that it would be impossible to get a needle into my own vein. If someone else tries to hit me, the vein shrinks at the approach of the point, making it difficult to find - so strong is my fear of this drug. This is not an uncommon phenomenon. There is no longer any pleasure in doing the drug itself. If I resist the urge to take some, the craving passes in about ten hours. Formerly it might have lasted for days.

Remembering a random dozen of my friends, I find that only two have escaped the law or hospitalization. Only those two have really broken their habits. They did this by breaking all their connections and by conscientiously resisting the desire to start shooting again for months on end. I know of absolutely no other cure for a speed habit.

Los Angeles Free Press, April 7, 1972, "Bud".

FRATERNIZING WITH INSANITY

In a later chapter I will be listing the radical ways in which psychologically the youth of the sixties differed from their parents. One phenomenon which was at first baffling was the apparent Lust for Madness instead of the typical fear of madness. I was forever warning drug educators not to attempt to frighten young people away from drug use by alleging insanity would result and showing scare movies of kids who had gone insane. In many cases I avered, you will be attracting kids to drug use rather than making them chary of it.

There was among these kids no fear of insanity but rather a fascination with it. Why? In order to explain this, I am going to quote at length from the famed English Psychiatrist R. D. Laing. Certainly there were a number of young people who were reading him and certainly his school of thought had influenced many in other fields who in turn were making their impact on youth. But in no way can this explain the phenomenon. Rather there was an intuitive and massive confluence of forces abroad in society which made young people susceptible to this viewpoint.

...the ordinary person is a shriveled, dessicated fragment of what a person can be...our capacity even to see, hear, touch, taste, and smell is so shrouded in veils of mystification that an intensive discipline of unlearning is necessary before anyone can begin to experience the world afresh, with innocence, love and truth...What we call normal is a product of repression, denial, splitting, projection, introjection and other forms of destructive action or experience.

It is radically estranged from the structure of being ... There are forms of alienation that are relatively strange to statistically "normal" forms of alienation. The "normally" alienated person by reason of the fact that he acts more or less like everyone else, is taken to be sane.

Other forms of alienation that are out of step with the prevailing state of alienation are those that are labelled by the "normal" majority as bad or mad... Society highly values its normal man. It educated children to lose themselves and to become absurd, and thus to be normal. Normal men have killed perhaps 100,000,000 of their normal fellow men in the last fifty years.... ..what is required is more than a passionate outcry of outraged humanity... Alienation as our present destiny is achieved only by outrageous violence perpetrated by human beings on human beings.

These forces are mainly concerned with destroying most of its (the child's) potentialities and on the whole this enterprise is successful. By the time the new human being is 15 or so, we are left with a being like ourselves, a half-crazed creature more or less adjusted to a mad world. This is normality in our present age... what one is supposed to want, to live for, is "gaining pleasure from the esteem and affection of others." If not, one is a psychopath... Such statements are in a sense true. They describe the frightened, cowed abject creature that we are admonished to be, if we are to be normal--offering each other protection from our own violence. The family as a "protection racket"... Behind this language lurks the terror that is behind all this mutual back-scratching, this esteem -, status-, support -, protection -, security - giving and getting... The family is in the first place, the usual instrument for what is called socialization, that is, getting each new recruit to the human race to behave and experience in substantially the same way as those who have already got here.

We are all fallen Sons of Prophecy who have learned to die in the Spirit and be reborn in the flesh... This is also known as selling one's birthright for a mess of pottage... We have all been processed on Procrustean beds. At least some of us have managed to hate what they have made of us... no wonder modern man is addicted to other persons, and the more addicted the more lonely, the less satisfied... a child born today in the United Kingdom stands a ten times greater chance of being admitted to a mental hospital than to a university... this can be taken as an indication that we are driving our children mad more effectively than we are genuinely educating them. Perhaps it is our way of educating them that is driving them mad... Madness need not be all breakdown. It may also be breakthrough. It is potentially liberation and renewal as well as enslavement and death... We can no longer assume that such a voyage (schizophrenia) is an illness that has to be treated... Can we not see that this voyage is not what we need to be cured of, but that it is itself a natural way of healing our own appalling state of alienation called "normality"?

The Politics of Experience, R.D. Laing, Pantheon, N.Y
1967