

Darby Penney's 2005 Petra Fellowship Acceptance Speech
12 November 2005

Thank you, Petra Foundation friends, for this appreciation of my work promoting the civil and human rights of people with psychiatric disabilities. I'm just one of thousands of activists across the country and across the world involved in this sometimes invisible and often misunderstood movement, and so I feel that I'm receiving this honor on behalf of all of my peers. I'd especially like to recognize my friend and co-conspirator Ron Bassman, who nominated me for the Petra Fellowship.

I feel so at home among you, because, no matter what our particular focus, we are all struggling to end fear, ignorance, oppression and hatred. This means so much to me because, for the first time that I'm aware of, a national group of progressive activists has recognized that those of us fighting for the rights of mental patients **are** part of the broader social justice movement.

This recognition is long overdue. A few years ago, my fellow activist Judi Chamberlin was asked by the British journal *Mind* to interview Noam Chomsky about human rights and psychiatric disability. The thrust of his comments was that he considered it a medical issue, not a social justice issue. Judi was so discouraged that she didn't even bother to transcribe her notes. So, we still have a long way to go. And I want Chomsky to know he can no longer rely on my write-in vote in presidential elections.

I thought long and hard about how to explain the scope and significance of our issues to you in five to seven minutes.

I decided I should tell you that people with psychiatric disabilities are the single largest disability group in the US, with an unemployment rate of 85%. So most people in this group are dealing with the full range of problems facing all Americans who live in poverty. And it's important to note that people of color are disproportionately institutionalized in psychiatric hospitals.

I thought I should call your attention to some of the common myths about mental illness that shape both public opinion and government policy, like the widespread belief that people with mental illness are violent. A study of this issue funded by The Mac Arthur Foundation found that, on

average, people with psychiatric disabilities are no more violent than the general population. On the other hand, studies have shown that they are up to 17 times more likely than most Americans to be *victims* of violence.

And then there's the medical model myth - the belief that people just need to take their medication and everything will be all right. But the evidence shows that psychiatric drugs are not particularly effective and that they cause a range of serious side effects including permanent neurological damage, morbid obesity, increased risk of suicide, diabetes and heart disease, and even sudden death.

A report by the National Council on Disability calls the treatment of people with psychiatric disabilities "a national emergency and a national disgrace." The report goes on to say that "NCD heard testimony graphically describing how people have been beaten, shocked, isolated, incarcerated, restricted, raped, and physically and psychologically abused in institutions and in their communities. The testimony pointed to the inescapable fact that people with psychiatric disabilities are systematically and routinely deprived of their rights, and treated as less than full citizens or full human beings."

It's important that people know that we are the only class of citizens for which preventive detention is not only legal, but is a daily occurrence, and that it happens with only the slightest wink and a nod toward due process.

I thought I should tell you about the on-going national campaign by a right-wing group called the Treatment Advocacy Center, which has helped pass involuntary outpatient commitment laws in many states. These laws mean that people living in the community, people who have not been legally determined incapable of making their own medical decisions, can be subjected to forced treatment, including unwanted electroshock or involuntary injections.

If I had the time, I could talk about dozens of other issues that contribute to the oppression and second-class citizenship of people with psychiatric disabilities. If I had to pick the single most salient issue, it is the fact that the entire public mental health system rests on the threat of force and coercion, rather than on compassion and empowerment.

Our struggle has many fronts – grass-roots self-help organizing, legislative work, protest, research, civil disobedience, litigation, and more. I spent much of my career working to change public policy from the inside, and, in the end, I was not particularly successful. While we made a number of small but important gains, it didn't take long for shifting political winds to blow most of these changes away.

So more recently, I've worked to change public opinion through cultural projects, including museum exhibits, oral history, film, radio documentaries, and theatre. These approaches have the potential to reach ordinary people in a way that more traditional advocacy techniques may not.

I'm very lucky that some incredible artistic raw material found me, particularly the abandoned suitcases discovered in an asylum attic that became the basis of a major exhibit at the New York State Museum on the lives of 12 of the suitcase owners.

I used to lurk in the exhibit galleries to overhear visitors' comments. The most frequent thing I heard was "My god... that could have been me!" Watching so many strangers express empathy with long-deceased mental patients, I witnessed the power of art to persuade the heart. I saw concretely, as the early labor movement activists taught us, that we need bread and roses, too.