

Hi, my name is Les Cook and I am a psychiatric survivor. I run Dreamweaver's Peer Support, an organization designed to help people, like Ms. Green, who have been given a psychiatric label. To help the same people where the diagnosis is the results of poverty, homelessness, hopelessness and the resignation that they would have to submit themselves to those who would ignore, neglect and invalidate them and their situations.

The police, who were suppose to protect Esmin Green and be her first responder, left her to die so there was no protection afforded to her, while they did protect themselves and the staff. Those same individuals, by taking away her choice and insisting that she take their toxic drugs, perpetrated her in the worst way possible. They ignored her to death. They essentially murdered her. No one truly listened to her cries for help; of being in poverty, of being assigned a psychiatric label or having a psychiatric history.

Then, typical of people who have no conscience, who, what the biomedical model calls sociopathic, they then covered up their own abusive behaviour. This is the bio medical model at its worst. Those who were responsible for her care ignored her to death and then tried to cover it up.

Callous and cold, they tried to cover it up by tampering with documents. If a picture speaks a thousands words then that tape spoke volumes. Those providers lied to save their own butts and it cost them more than just their jobs. It has cost them their integrity.

Kings County Hospital needs to be held accountable and those providers who committed murder through neglect need to be held accountable. She was an inmate in this supposed place of healing. The mental health system has a long history of systemic abuse where they advocate to forcibly medicate us with their toxic drugs and prevent us from having children by using chemical eugenics. They perpetrate violence against us claiming that if they don't use seclusion and restraints, we will visit violence upon them.

This was no different from Bedlam. This was no different from leeching. It was considered okay to just leave her there dying and not ask her the real questions and really try to help her. It was okay to admit her and then take away all her choices for self-determination. To fail to make her situation a little better by giving her a choice and to not have the focus be the label she was assigned through poverty and hopelessness. This behaviour was amoral by any standard and an abomination in a supposedly honourable profession.

The system failed her in many ways and it amazes me now that DJ Jaffe and E. Fuller Torrey are nowhere in sight. They advocate for us to be medicated and forced into treatment, now the treatment killed someone and they are hiding. No, not a peep out of them because they know that this kind of neglect does happen in one form or another and is usually swept under the rug and never reported.

Where is NAMI—NYS saying this outrageous and condemning this heinous act? They are nowhere to be found because it doesn't address their agenda. They never realized she could be anyone of them. Ms. Green was someone's mom, sister, aunt, niece, partner, church member, day care provider, friend, tenant and neighbor. She lived and worked and like so many of us do, she paid her taxes and did the right thing.

Where is the media now? They are the first to report on how violent we are. Where are they now to follow up on her death? Is it because we have no rights since we have a psychiatric label. I've heard from other people "NOPE—Not On Planet Earth" do we have rights. I am a human being and I have rights. Why have they not come to us to hear our side of the story? Why haven't they defended us and ask us how we feel about the neglect? Why because there is no Pulitzer's or Angel Awards in it for them.

I noticed that Big Pharma with its chemical eugenics are no where to be found to condemn this horrific act. It's their medications that cause our early deaths by as much as twenty five years. It's their medications that cause diabetes; heart

disease; obesity; sexual dysfunction; neurological disorders like Tardive Dyskinesia and seizures; and preventing us from having full productive lives that include having children. I have no doubt that Big Pharma played a major role in Ms. Green's death. Look at the out of court settlements regarding Zyprexa. Eli Lilly seems to think that it's okay to dump medications like that into the Medicare/Medicaid system, knowing that they will kill us sooner.

I would also like to ask where are those culturally competent peers who try to tell me that if we just had culturally competent services people would recover. They are the ones who preach that without cultural competency there can be no recovery. Guess what, without Choice there can be no recovery regardless of whether it's to take meds or not; to engage in the helping process or not. Even if we had the most culturally competent services available, if it is by force then there is no recovery. Forcibly admitting her into the hospital was not treatment, it unlawful incarceration and torture. Anytime there is force, there can be no recovery. I, quite frankly, don't care what window dressing we put on it.

There must be a paradigm shift in how we think and how we help people recover who have been hit with an assigned psychiatric label via poverty and social circumstances. We must begin to look at natural supports and we must begin to realize that people with a psychiatric history are complete people just the way they are.

We talk about wellness as part of recovery but what do we really do to promote that idea? Nothing. We just tell people to take a pill and you'll feel better. Recovery is a very personal journey and for each one of us assigned a psychiatric label, the journey is very different. I have an assigned psychiatric label because of I am a man who lives in a woman's body. Since the dominate paradigm sees me as a woman, I must have a psychiatric label since I live outside of society's norms. The current system has never done anything to help me address the need to match the outside with the inside.

This system, in its imperfect scientific state, has condemned me for even who I love. My being transgendered or a lesbian, at one point in time, was considered a mental illness. There is no bio-medical model test to prove beyond a reasonable doubt that a person has a mental illness. It is usually a set of socio-economic circumstances that will you get caught up in the public mental health system. When do they address trauma? What about the stressors associated with poverty? What about the real issues that affect us all?

They say that it's okay to use us as guinea pigs for their toxic drugs that kill us. They tell us that you can go smoke if you behave, even to those who don't smoke. It use to be that if you didn't smoke before you went in-patient, you did after you were released because it was the only way you could get a breathe of fresh air outside. So when you're in-patient and craving nicotine, you'll be more irritable and anxious and as usual they will even try to medicate that away.

I remember being told of the atrocities being committed at Kings County Hospital while I was in-patient at Coney Island Hospital. I didn't know what was worse, the atrocities at Kings County or being repeatedly raped by a male nurse at Coney Island. I made a vow to myself that I would never end up at Kings County but unfortunately, I did end up here in the infamous G Building.

I remember that my admission was for a medication adjustment but what I saw was terrifying. I remember seeing a woman tied up in a camisole and strapped to a gurney by the nurses station under the window. I saw another woman, also in a camisole, being dragged across the floor by her legs into another room. I was so scared that I couldn't wait for my then partner to arrive for a visit and bring me some decent food and a sense of normalcy. I didn't contradict or question anything that a staff member said to me because I was terrified that I would end up in a camisole and in four-point restraints or chemical restraints. I knew that I had to take the medications orally or they were going to restrain me and inject them into me. After the trauma I had endured at Coney Island Hospital, I wasn't going to risk being restrained again.

I remember being committed to a CDT after I got out of Coney Island Hospital, as if the answer was to warehouse me in ineffective treatment and then warehouse me in provider-based housing. We are consistently locked out of safe and accessible neighborhoods because of the city planning commissions. By the police, we are known as the “crazies” who live in the mental building. They do extra patrols, not for our safety, but for the safety of our neighbors who were indoctrinated by the media stigma campaign against us. They believe that we are all violent, when in fact, far more violence is committed against us by the very nature of our label. This furthers the stigma that people adopt when they don’t want us in their neighborhoods. We have to fight NIMBY and NOPE attitudes in order to live in culturally appropriate neighborhoods. I want to get a quart of milk from the corner store and know that the store owner speaks my language, regardless of whether I speak Spanish or Arabic. Likewise, if the only language that I spoke was Italian, I would want to be in an Italian neighborhood where they do speak Italian.

It’s not the housing providers that are the problem when it comes to culturally appropriate housing, it’s those planning boards. They have the final say as to whether a housing-provider like Community Access can purchase a building so that they can provide housing to peers in need. It’s those planning boards, the sympathetic ones at least, that relegate us to unsafe neighborhoods and unscrupulous over-landlords.

In NYAPRS E-News, it touts about affordable housing but not for people with an assigned psychiatric label. We, as usual, are not even invited to the table to discuss our needs, our wants and our desires. It is because of the stigma that we are violent; we can’t recover; and can’t be productive members of society.

The biomedical model co-opts peers everyday and makes them become a cog in that machine. Yet that was never their original design. They were supposed to be the shameless agitators of the system and now they act like mini-providers who speak the language of the biomedical model. But now if you were to ask

them about altered states of consciousness, they would be lost. If you were to try to explain to them why we do not choose to buy in to our assigned labels, they would have a problem because they have forgotten from where it is they came. Peer services that have been co-opted by the medical model are no longer about empowerment of the individual but have become an industry of disempowerment where recovery isn't an option.

It should be required for peers and providers to read books by Dr. Peter Stastny, Dr. Peter Breggin, Darby Penney and Robert Whitaker. This would include titles like *Alternatives Beyond Psychiatry*, *Toxic Psychiatry*, *The Lives They Left Behind and Mad In America*. This is the retraining that they need to have in order to treat us as human beings with human rights and with dignity.

I have often felt the answer is to offer peer specialist training services in the original model Celia Brown designed. She was an original Highlander and it is from her and other peers like her, that the Highlander statement reads "act individually and collectively to ensure that self-determination, respect, ethical behavior, and humane voluntary supports and services become the foundation of a reinvented mental health system. This system must first and foremost do no harm." Sadly, the system hasn't realized it is still committing atrocities against people with a psychiatric label everyday. Celia and many others have yet to see their dream realized and it is my sincere hope that this time, this dream will be realized.

Mental Illness is a fabricated billion dollar business that relies on the bio-medical model, Big Pharma and the socio-economic inequities to line their pockets and pay their stockholders. Their need to validate themselves as a real science, as real medicine, is why the recovery model is so difficult for them to accept. They believe that my peers can't recover without medications, forced and intrusive treatment, secluded housing and forced dependence upon a system that is broken at best. The answer is to look for alternatives beyond the psych ER and stop admitting people because of socio-economic conditions.

If you don't buy into your psychiatric label, then the biomedical model doesn't exist for you. If you are in acute crisis, peer support services, balanced decision making, supported decision making, natural supports in the community and a sanctuary model of respite care exist but not here in New York City. The environment is too oppressive and NIMBY/NOPE attitudes prevent this recovery model from taking root and flourishing. This was the model of recovery that Esmine Green needed, not the biomedical model that wanted to admit and medicate her against her will. Slowly but surely peer services are becoming an industry; a business in every way, shape and form similar to the bio-medical model.

Now, other state Agencies want to improve services but not find alternatives to biomedical model. The answer is NOT to throw good money after bad, as my grandfather used to tell me all the time. The solution is to help them resolve those socio-economic conditions that bring about the kinds of poverty which create mental illness.

When do we acknowledge the trauma that the hospitals cause us by locking us up? Being locked up for no other reason than stressors caused by socio-economic inequities that are a normal part of everyday life. The answer is to look beyond the ER, to look to alternatives to help people find their own voice through empowerment by asking them their truth and validating that truth. My brothers and sisters who are currently inmates at the G building are locked up here because of poverty and hopelessness.

My vow, then and now, was that someday I would make it better for people like us. I want to see peer services return to their roots and just be peer services without the biomedical model. I want to see peers engage in the private sector for services that are recovery based and empowering; to work with people who don't care about a psychiatric label or if you're taking medications or not, only that you know how to do the job. My friend, Gina, calls it "peer support lite."

“One-third less bloat and none of the medication weight gain.” This is how I envision peer services.

The LGBTQ community once said that “we are everywhere.” Well, so are we. We are your friends, your neighbors, your parents, your aunts, your uncles, your siblings and a part of your human family.