

Keynote address by Sally Zinman at Summit 2000, June 6, 2000

I'm sitting between two friends, which is wonderful support. This is the image of the support system, this panel, to be here with their support around me. It's also wonderful to be here among friends. Coming from California last night, I feel I'm coming from the battlefield and this is my recuperation for a few days, until we go back to the battle again. And the battlefield is not filled with so many people [such] as you here, friends, consumers, survivors and supporters.

I want to talk about the battle in California, because I think it's a battle in the nation. It's not just what's happening there, it's happening in the nation: and it's really a battle for our rights and to maintain what we've gotten so far and not go backwards; because there's certainly a backlash, and we could lose the gains of the last 20 or 30 years. I'm talking about the thrust and movement that is steamrolling across the country, to increase and expand forced treatment, including outpatient commitment, and all the things that go with that, all kinds of force and coercion.

But, at the same time, in California and I think it's across the country, there are two trends that are going on, and they're absolutely opposite: one is going up and one is going down. They're contradictory to each other. One is certainly this horrible backlash and regression, and the other is some extraordinary legislation that could happen in California and the extraordinary things that are happening in the client/consumer/survivor movement. For the first time, in California and across the country, state governments are talking about recovery, that people do recover, that they can get totally well, that well-being is possible, that life is not just about maintaining yourself in a board and care home on medication for the rest of your life. For the first time, people are starting to talk about trauma and about the things that happen to us in our lives, and creating systems that don't re-traumatize.

So you almost see yourself on a precipice where you can go in two different directions. We can go backward, or we can go forward to a level that we have not been to before. That's happening across the country. This is not just a battle in California; it's a battle in the nation. And it's not just a battle about one bill, the bill in California, it's called Assembly Bill 1800; it's a battle for the future of mental health policy.

It's about certain core values. I was reading the plank report from last year's summit, and those core values are all around that plank. In fact, the basic topics of the plank evolved from the core values.

I've been involved for almost 25 years and I went back to the core values that we had when we began this movement. And they're the same core values. You can see the thread. We were more radical then. I want to talk about how we organized then, how that organizing has led to now and the kind of organizing we have to do in the future.

Those core values are very clear: community, voluntary, holistic services. Someone said, What part don't they understand, and how many times do you have to say it?

Years ago, we talked about the same thing. We talked about services that dealt with the whole person. We were very anti-medical model, because it was the medical model that had hurt us. We talked about what the psychiatric drugs had done to us, what shock treatment had done to us. But we always talked about holistic services, about seeing people without the colored glasses of diagnoses, and listening to what they were saying. And what they always said and talked about were issues of poverty, issues of friendship, issues of jobs, of recovery; though that might not have been the word they said, that was what they were talking about. Voluntary, consumer-driven holistic services. One core value.

Years ago, it was very clear, the organizing principle of this movement was against force and coercion. There was no question about it. That's why we all came together. The one thing that we agreed on was being against force and coercion. We came out of a world where the whole system was a system of control and force and coercion. That can be turned lopsided and called "for self-determination and for autonomy." That hasn't changed. The core value still is to strive for a system that is based on totally voluntary services.

The National Council on Disability just put out an incredible statement that every instance of force has to be considered as a suspicious act. That's one of the plank statements that came out of the planks last year — that we have to strive for a system that is based on voluntary services, because, in fact, if we had the kinds of voluntary services we needed and wanted, we wouldn't even be dealing with the issue of forced treatment.

We were not in a room. Joe talked about being in a room with not many people. We weren't even in a room. We were certainly not in a hotel. We were in campgrounds and tents and outside, and inclusion in the decision making of the

mental health system was a major goal. And as I was looking at the planks, that has not changed: it was a thread in every single plank, of being involved on every single level of decision making, of evaluating, in every single way.

As I said, we would be outside of the door. I have a picture of this, which I think is so incredible. [She holds up a photograph.] There's a picture of some decision makers inside, and outside, you can see protesters outside the door with a sign. That's symbolic of where we were 25 or 30 years ago. That was a major core value: that these services are about us and they have to be from us: nothing about us without us. That we had to develop them, create them, evaluate them.

Then we had a pipe dream of something called self-help services, client-run services. Mental patient "alternatives" is the word we used then. It came out of our heads; they didn't exist at the time. If we couldn't change the mental health system that fast, at least we could create alternatives of what it should look like. And who better to do that than people who were direct recipients of mental health services? So we started evolving the concept of totally client-run, consumer-run self-help services. We talked about stigma, although we called it "sane-ism," which is like racism or any of the other "isms," because basically it's discrimination. We talked about how we ourselves internalized stigma and how it affects our self-image. That's the worst kind of discrimination: internalized discrimination. That's something we have to consciousness-raise ourselves to get rid of.

These were core values, and as I was looking at the plank, they're still there; they haven't changed. Voluntary community services, self-help, client-run services. Striving for a system without force and coercion; being involved in decisions that directly affect us. Those things have stayed the same. So we have a focus; it's very clear. What we did with these core values, where we went. Because organizing is what we were all about, and it's what we're about now, and it's certainly what we have to do in the future to have a national voice. Because I also agree that that's the step we have to go now.

We considered ourselves a civil rights movement; we were organizers, but we didn't look like we do today. We organized from the outside, totally grassroots. We had autonomous, separate, different groups, so that there was no centralized authority coordinating the organizing. We informed each other. Probably one of the first activities we did was to provide information for each other. Because this was a group of people who had no information about the things that directly affected them. We had a book about drugs, written by us and for us, what they did

to you and all the side effects. Nobody had given us that kind of information. [There was] a book about our rights coming out of another group, your rights as a mental patient; nobody had given us that kind of information. We did things such as what we called consciousness-raising groups. This was in the '70s and that was a word that people used [to describe] sitting around in support groups and talking to each other and validating each other's anger and each other's feelings about what had happened to each other, to us.. We had lots of demonstrations, lots of direct political action, and some of it really "in your face" kind of action. I was not part of this, but I remember, in New York, reading that lobotomy, psychosurgery, was resurging, and some of us gathered with pigs' heads and threw them at the psychiatrists. Literally "in your face."

We saw ourselves certainly as a civil rights movement, as a liberation movement. We were trying to make sure that what happened to us would not happen to people that followed. In the very process we literally freed ourselves, we got rid of those internalized images, we rose above the consciousness of what "mental patient" meant at the time. And I believe, as we see now, we started freeing the system; we pushed the system to be a better system. We were connected by one newspaper; there was no Internet that could instantly connect us. We were connected by one conference, which was not funded, so normally it was in campgrounds. We didn't feel you should take money for social change work. This is what the organizing looked like at the time, but it was very, very, strong and it led to incredible things, some real, real changes that are in jeopardy now.

As Joe said, as you look around, [you see] the growth and the power that has occurred in the last 25 years. Obviously, we have learning conferences and trainings like this across the country, in states, in conferences; we were constantly sharing information with each other. We have self-help groups and programs across the country. And that was an idea of consumer/survivor/clients. We have really, literally, created a whole new genre of helping recipients of mental health services.

We have created a whole new range of rights that are in jeopardy now. I can talk about those in California, but certainly [there are] mental patient advocates in every single county that weren't there 25 years ago. The right to refuse treatment under most circumstances, mostly refusing medication: that wasn't there 25 years ago. The right to informed consent with shock treatment: that wasn't there 25 years ago. The right to a hearing before you were kept more than 72 hours, or an automatic hearing: that wasn't there 25 years ago. We didn't have lawyers; there

were not mental patient lawyers, non-profit groups to address the rights of mental patients. There wasn't any protection and advocacy. I'm accused of being client-centric, but much of that came from this movement, from the consumer/survivor movement. This is the spirit. We pushed for these things; we made them happen.

Today we're in a crisis that all these things are jeopardized.

Other things have occurred. We have people working in the mental health system. That wasn't even on our horizon at that time; I don't think we would have wanted it at that time, because we were so outside of the system. That has been a huge change, not only being on every single board and commission and committee; in California, it's about 50 percent consumers and family members, with half of that being consumers. There's a requirement in most boards and commissions. There's not a planning body, there's not a review board, that we are not included on at least as tokens. It's not one or two anymore; it's probably more than one or two but we're treated still in some ways as tokens. But we're there, and we weren't there previously. And being staff and being workers in the mental health system is a brand-new phenomenon of maybe the last 10 years, which has changed our perspective and changed our way of organizing, I believe.

But generally, this whole movement backwards threatens the whole structure that we have built in the last 25 years, this whole structure of the mental health system that is consumer-, client-, survivor-driven. And this backlash is not just about us; you have to put it in a context. If we're in the context of the civil rights, human rights movement, there's a backlash against many, many people: against kids, against foreigners. The Americans with Disabilities Act is a real backlash today, and we are part of the disability movement. [It's] against affirmative action. So it's not just us. This is our turn; it's directed against us now, but it is part of a backlash against the gains that people have made for their rights in the last 25 or 30 years.

I want to talk about, specifically, California, but again, always, this is not just the story of California; it's a national battle, and it's a battle for the heart and spirit of the future of the mental health system. And we have to keep it consumer-driven, keep it survivor-driven, where it goes in the direction that it's possible to go. And it is possible to get there. There is incredibly exciting news from Connecticut; they also had a possibility of an outpatient expansion of forced treatment bill and they turned it around to be a bill that did voluntary outreach by consumer teams. That's an incredible thing, and that can happen, and it can happen in California.

I think they call them client empowerment outreach teams, and people are going to be offered, not forced, offered the services.

Assembly Bill 1800 in California started off with this omnibus bill of everything you would not want in a bill: and it is the epitome of force and coercion. It doubled the time of being in hospitals; it lowered the standard of proof, from beyond a reasonable doubt to clear and convincing evidence; it lowered the standard of proof to be there on longer stays. It had, and still does have, provisions for outpatient commitment. It expanded, and still does expand, the definition of gravely disabled, of how you would get into a hospital. Specifically, in California, one of the ways you can get in the hospital, besides being dangerous to yourself and others, is not being able to take care of your food, clothing and shelter, they have added something called, that you are at risk of psychiatric or physical harm. They have defined that to mean that your behavior or symptoms have aggravated where it is more likely than not that in 30 days prior to your commitment — basically they changed it so they can commit you before you're committable because they think that's where you're going. The words very specifically define that. It's very, very loose. At one point, psychiatric harm was so loose, I figured, Well, there I go, because my nails could be considered psychiatric harm. In fact I was walking around these people with my hands behind my back.

At the same time, in California, there is the possibility of a breakthrough that we have never really had before. Because as legislators have sat down and thought about the issues, and the more you think about it and the more you debate it and the more you look at it, you realize that this knee-jerk reaction for more forced treatment, we know it's not the answer, but it is not only not the answer, it would create more of the same problem. As they look at it closer, they have seen that what is absent is services. There are no services; there have not been since deinstitutionalization; services did not follow people into the community. So we're being blamed for being non-compliant with non-existent services. We're being made victims once again.

Somebody I work with, and I don't think she'd mind me saying this, talks about how she was in the hospital for six years and was just put on the street when she was 19. Just taken in a car and given a hundred and some dollars, and just dropped in front of a library in Sacramento and that was it. She was saying, please take me back. I mean, what was she going to do? She was just dumped. There were no services, nothing. And every time she talks about this move in our state and across

the country, she is so outraged. She says, “Nobody did anything for me; now they’re going to try to lock me up because they didn’t do something for me.”

It’s an outrage, that we would be victimized to start with and then held responsible for the problems of the mental health system. Because that’s what’s happening. And I think the more these legislators are looking at this, the more they’re seeing that. So there are great possibilities that also are happening in California; remember I said there are these two trends. one is regressing and one is going upwards, to really, I think, a level we have not been at before. We had created, with a coalition — and I’ll talk about how we organize now, because it’s different than how we did 25 or 30 years ago — put together in a coalition, we have sponsored alternative legislation, which is about discharge planning and advance directives, legislation that talks about the real answers. People are dumped on the streets from hospitals with no links to the community, with no connections, if there were services in the community to be linked to.

And advance directives are really a way of protecting your rights at a time when people are taking your rights away, of protecting your right to choose at a time when people think you have no right to choose.

There’s also a bill that has come out of the legislature literally called client and family-member empowerment projects. For the first time in 30 years, there is legislation in our state — I’m not sure about other states — that would legislate self-help client-run programs. That is incredible. Like Connecticut. There is really a move — you can see it, and feel it, and taste it — of going to another level in the direction of recovery and client empowerment. This bill would be a Request for Proposals; there’s not that huge amount of money, so it couldn’t be statewide right off, but it is for more involvement of family and client members on every level of decision-making, in staffing, and it specifically says, in one of the phrases, for client-run self-help programs. What an incredible, wonderful thing! Then there’s a bill for more patients’ rights advocates, to change the ratio of patients’ rights advocates to clients because [the number of advocates] is so small. The ratio now is one advocate for [approximately] 500,000 clients. [The goal is] to make that a smaller number, and also to enable advocates to go out into the community, where they don’t have time to go and don’t go, to board and care homes and community facilities. So there are incredibly good things happening because there are these two movements going in two different directions.

How we're organizing today: well, that's fascinating because we're not the same people. We're inside the building now. We even dress differently. Actually, we're doing both; we're outside and we're inside. And we can walk inside now. We can walk like, talk like, deal with the people you have to deal with. As I said, we're forming coalitions. We have a coalition formed with three other organizations: protection and advocacy, the patients' rights advocacy group in California, and the psychosocial rehabilitation group called the California Association of Social Rehabilitation Agencies. Like [IAPSRS], that group in California. And we have formed together in what we call a CARES coalition to fight this bill, to fight force and coercion, and also to create an atmosphere and bills that will go in the direction of recovery and client services and the client-driven system. We put together position papers, which we have taken everywhere and distributed everywhere and have tables every place you can go, talking about our basic issues. And we have focused on specific arguments. I know many of you have developed the same arguments that we're talking about.

We've talked about the myths that this kind of expansion of forced treatment, this drive across the country, is based on. People should understand that this is a very well-financed drive across country to take our rights away. Ten or so years ago, there were also attempts in the California legislature to change the grave disability definition and some other things, but it didn't have this kind of money about it. There's a national group called the Treatment Advocacy Center that is dedicated and funded to take our rights away. Period. The Torrey machine. But it's based on myths. And we try to describe those myths. I think that we've made enough impact in our state about the violence card that is being played, that many of the very respectable family members in the state of California have written a public letter urging their peers not to use violence in pursuing this agenda. That it is hurtful, that it just recreates the stigma, it just perpetuates the stigma. They argue back and forth this issue that using violence is not appropriate. This incredible letter by at least five or six of the past presidents of the California NAMI. I have to say that the NAMI group in California is very split about this issue. They had taken a position for the expansion of forced treatment but they are still internally very split. One of the incredible things about Connecticut is that NAMI Connecticut came out against it.

This machine is oiled by the violence myth. One of the proponents of this expansion of forced treatment literally wrote and spoke at a public meeting the strategy behind it, which is that you don't win things, you don't change laws in the mental health arena; the only way you change things is by taking it out of the



mental health arena and making it a crime/public safety issue. So that's what they've done: they've made us a crime/public safety issue because that's how you change laws. And for me, the means to the end is probably worse than the end, because we are left, long after this fight is over, we're going to be left with the increased discrimination about us and our every single daily lives because of the means that they're using. And, as you know, they have data bases of violent crimes, they go to committees, they go to legislatures, they go to the newspapers with their little packets of violent crimes all based on myths. They talk about the "untreated mentally ill" as creating these violent crimes. Well, one, there has never been research that I know of that specifically says people are untreated or treated. They don't know that. They would never know it anyway, because we always lie about whether we're taking medication or not. And we have to, because it's not a trustful system. But also, the most recent research does state that we are no more dangerous than our counterparts in the community; the more recent research says, taken without drugs and alcohol, and drugs and alcohol change the equation. But the research, the facts, don't make any difference. We are being scapegoated for the violence in society. It's as simple as that. And these people pushing this agenda have done it, and they've done it to pass a law.

The myth of incompetence: that we have broken brains and they'll always be broken, and the part that makes the decision is broken, therefore it can't make the decision. And, again, the most recent research contradicts that, that most of the time we are competent to make decisions. Although our decision making may be impaired compared to a group of people who are not in an acute mental state, it is adequate to make decisions. Some of this research comes from the MacArthur studies that were done in the last 10 years, specifically about the issue of forced treatment. And they've studied coercion, incompetence, and violence, because those are the things pushing forced treatment.

And the biggest myth is that the drugs work all the time: that there are these new miracle drugs that have no side effects. There are a new class of drugs that are better than [Thorazine], and they have fewer side effects and work better and many people I know are on them and are very happy with them. But the research says that maybe they work about 50 percent of time. And there are effects that are unwanted. Let's not say side effects; they are effects that are not wanted. And often in psychiatry the new wonder drugs are the lobotomies of yesterday. The guy who created the lobotomy, you have to remember, got the Nobel Prize as a breakthrough in science. Often, most people I know who have found a drug have

taken five or 10 years to find it, so they've gone through those five or 10 years suffering, looking for the magic pill that [finally] helped them.

We talked about the lack of services in the community. What is needed is real, holistic services. As I said, if you provided services of the kind and nature we wanted, you wouldn't be dealing with forced treatment. Every instance of forced treatment is a system failure, because they're not providing something that people want.

Somebody on the floor of the legislature, a legislator, said the same thing: that forced treatment drives people away from treatment. I'm so glad to be sitting on this panel with Jean Campbell, because we use her research over and over and over again, the Well-Being Project, in which people surveyed who had experienced forced treatment. Of those people, 55 percent said they would never go near any kind of treatment — voluntary, involuntary, nothing — because of their experience with force and coercion. We talk about, and I think it's really true, that we don't want that divisiveness in our state; because we have really worked very hard in the last 10 or 15 years to create real partnerships with family members, with other “stakeholders,” with the mental health professionals, with the administrators. And this issue is dividing us, is turning people in the same home against each other, and the mental health community should be working on changes we can all agree on. And those that I have mentioned, they are changes that we can all agree on and come to consensus about.

And we have talked about these points over, and over, and over again. We're very focused about the issues and the things that are wrong in going in the direction of force and coercion.

We've done letter-writing campaigns and cards to legislators. One of our whole newsletters – the Cal Net Gazette that's published four times a year – was just the writings, a compendium of the writings of clients/consumers/survivors, to legislators, letters to editors — an incredible newspaper, that's all it is — in the words of people, the way they describe their heartfelt feeling about this attack on their being and rights.

One thing we've also talked about that I didn't mention, and it's interesting that I didn't mention it, because it's not something you're supposed to talk about, and I forgot about it, and it's the most important thing, which is freedom, civil rights. We deserve the same freedom and the same civil and human rights as any other

group of people. And it's interesting that I didn't mention it because it's supposedly a no-no in front of the legislature, because that's not "in" now. Although every time you go anywhere there are symbols of freedom in our whole country; you just look at signs; a coin has liberty on it. This is what our country is about. And they should put "except," and list a long list of groups that are the exception. And little by little these groups have come into the aura of freedom. African Americans, women, gay people, and it's our turn.

As I said, we are different people now. During those last 20 or 25 years we mainstreamed more, we reached out, so we are not just the radical group of people that we once were 25 years ago, [with] very pure, clear principles. In mainstreaming, when you bring everybody in you have to represent everybody so it's a different kind of mixture of people. We're more centralized. In California and most other states there is a central entity to coordinate all these activities, which in our state is the California Network of Mental Health Clients. And we have, now, money for our services. We have some money; not the kind of money the opposition has, not even in the same ballpark, but some money to do these things.

I think, more than anything, working in the committees, the policy-making boards, the evaluation boards, and working within the system has changed our approach, so we're able to negotiate inside as we were not previously. It's a different way of organizing, but it is still organizing for the same goals. We have visited legislators, we have written letters to legislators, we have proposed our own legislation with the "CARES" coalition, which is the alternative, real answers, to the problems and the suffering in the mental health system. No one denies that there is suffering in the mental health system, that we suffer, that people in the streets are suffering because of unmet needs. We know that. People are in jails, and they shouldn't be, because of the lack of mental health services.

But it's a broken system, it's not broken people. Or the broken system has broken people. We've worked on every single fact-finding and policy-making committee that has occurred in the last year and a half. And there have been three major efforts, because of this issue coming to the fore of mental health. There's a think tank called the Little Hoover Commission that we were very intricately involved in, in their advisory council, and speaking at their hearings. The state came forward, some of the major state stakeholder groups, and created forums, 30 different forums with over 2,000 people across the state of California, as well as a two-day, major stakeholder meeting that we were intricately involved in. There

were three subcommittees, and we were on every single subcommittee, more than one of us. We were constantly negotiating, constantly talking, constantly educating.

More recently, there is a joint committee on mental health reform that we have become intricately involved in. Ultimately, they had four hearings. In the fourth hearing, we were able to get, from our efforts and from pushing and pushing and being somewhat in your face, to get a whole client panel. Alice Washington was on that panel. Interestingly enough, the bill about client and family member empowerment, one of the legislators who was the co-chair of this joint committee scratched the whole bill and changed the bill to client and family member empowerment after hearing that panel, and the family member panel (there were two panels that night). So we have worked inside, talking, negotiating, educating, as much as possible. We have a list of people who have expressed an interest in this issue and we send out news alerts, now it's about 150 individuals and self-help groups, almost every two or three weeks.

The Internet has been an incredible method of organizing. As I'm looking at Sylvia [Caras] I remember being at a conference with her five or six years ago, more, and she was trying to tell me about the Internet, and what was she talking about? I just didn't get it. She was like this pioneer out there, and we were in our own little circles, and I couldn't get outside of that circle. But it is an incredible way [to organize]. We have two closed lists in which we strategize and provide information on a daily level, as well as nationally. I knew about Connecticut instantly, and literally took it off the Internet, formatted it, and took it to the legislators: you're not alone, look, Connecticut did this. The Internet has been an incredible way of organizing and we are constantly using that as immediate ways of communicating,

At the same time we've been outside. And we have very clearly, very up front, honestly said, right from the beginning, two years ago, and that's how long we've been talking about this, two years ago at a planning council meeting, we knew this was coming, and we knew what our position would be, and we publicly stated it to the mental health community, that we don't want to fight, we'd rather have partnerships, we want to work together, but this is our life and this is our liberty and we're going to have to fight for it. Period. And we've said that very clearly.

So besides being inside, we've been outside also. We've had at least two demonstrations in those two years. We visited a NAMI demonstration also, so let's

say two and a half. Jay [Mahler], stand up. [Jay stands up to show that he is wearing the T-shirt Sally is describing.] We've got our shirt: And it says, "Those who cannot remember the past are condemned to repeat it." [It has] the symbol that we've used — I have the buttons here — of a black upside-down triangle. That symbolizes the disabled people who were the first people killed in Nazi Germany. I don't know if people are aware of that, but a quarter of a million disabled people, physically and mentally, were the first people gassed by the killing machines in Nazi Germany. Then those same machines, which had been perfected on us, moved on to other populations. They had to wear the upside-down cloth triangle to designate that they were put in these institutions and ultimately killed. They were considered genetically inferior; does something sound familiar to you?

We have buttons, also the button with the 1800 and the line across it, "Stop the expansion of forced treatment." They're yellow buttons with big black words and we wear them all over. In fact, in the legislature, as they were debating this bill in the Assembly — and it did pass in the Assembly — that does not mean it's going to pass, because it's not, but it did pass the first house. The person who introduced the bill talked about the buttons. Actually there are also other buttons, which name her, and those were the ones she talked about. They are not from us, and they're not yellow. But she talked about those yellow buttons with the phrase about her. She got it all mixed up, but it was very clear that people in that building know the yellow shirts and the yellow buttons, and they know we are a mass to be reckoned with.

We also determined that there would be no place, no time, ever, where this was discussed where we weren't at. Period. And that was because two years ago we were really taken by surprise. There was a hearing in Los Angeles . . . and we didn't know about it. We were taken by surprise. It was really a cheerleading thing for the expansion of forced treatment and for Torrey's agenda, for this agenda. And there was family member after family member telling these horrible, tragic stories. And they really are tragic, sad stories. But if you listen to them, the answer does not add up, it doesn't add up to what they're getting to. It doesn't add up to: you need more forced treatment; it adds up to: you need more services. If there were services out there that you could voluntarily access, these things would not have happened. We're all in the same boat.

At any rate, we vowed that that would not happen again, and it hasn't. We have organized every single meeting, small meetings, big meetings, local meetings. We were able to organize, because we have a centralized authority, we have a

centralized network and regional organizing. We are organized in the state around regions now, and local groups. We can contact people immediately on the Internet, or otherwise, and get people there. Again, with the same symbol, with the shirts, with the buttons, we're there.

We have been able in California to unify consumers and survivors from every walk of life. Survey after survey, meeting after meeting, this has been the number one agenda. And it's from "compliant consumers" to "defiant survivors" — we're all together. People who believe in the medical model and the genetic model and biological model and people who absolutely don't are on the [same] side. From right to left, we've been able to unify. We're literally a mainstream movement. And that's why I'm here, because I think it is so significant. We could not have done or been doing what we're doing in California without that kind of unification of all the diverse voices in the mental health community.

Initially, we were invalidated by our opponents, saying, It's those radicals, they don't believe in any forced treatment. They don't believe in mental illness anyway; I know them, I remember them from 25 years ago. They can't say that anymore. Because it's not. Because we have people testifying, saying, I have a mental illness, this is my diagnosis, this is my mental illness, and I take this drug, and don't force treatment on me. I want to be part of my treatment decisions.

We are unified and we are focused. And I think that's what the movement nationally has to do. The reason why we're faced with the threat we're faced with is because we have not been unified and focused on the national level. We have not had a national voice, we have not set the national agenda. People who are for force and coercion have set the national agenda. So we have to get out there nationally, I firmly believe this, and create that kind of unified voice that we have in California and other states: unified and focused. That's why I thought it was so important to come to this summit, because the summit is moving in that direction. That was what was so extraordinary last year in the focus. In the force and coercion plank that I was in, there were people from the right to the left, people who were for some forced treatment and people like myself who were for no forced treatment. And we were able to come out with consensus issues. And those are what we have to move ahead with.

I have no problem standing in front of the legislature in California and saying, enforce the current law consistently across the state. I'm totally against forced

treatment; I don't like the current law; but that's okay, because our focus is on not expanding forced treatment. And that's what we've come together in a unified voice [to do]. And that's what this movement has to do. We have to have a national presence, we have to set the national agenda, and there is no other group of people who should set it than us, because it is about us.

Thank you.