



OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

Lilly Settles Over Zyprexa

By Alex Berenson, Reprinted from *The New York Times*, 1/5/07

Eli Lilly agreed yesterday to pay up to \$500 million to settle 18,000 lawsuits from people who claimed they had developed diabetes or other diseases after taking Zyprexa, Lilly's drug for schizophrenia and bipolar disorder.

Including earlier settlements over Zyprexa, Lilly has now agreed to pay at least \$1.2 billion to 28,500 people who said they were injured by the drug. At least 1,200 suits are still pending, the company said. About 20 million people worldwide have taken Zyprexa since its introduction in 1996.

The settlement covers cases filed in state and federal courts by law firms or groups of firms for 18,000 clients, Lilly said. The federal suits have been overseen in Brooklyn by Judge Jack B. Weinstein of the Eastern District of New York.

The settlement will not affect continuing civil or criminal investigations of Zyprexa by state attorneys general and federal prosecutors.

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NAMI-San Francisco is OPEN for Business!

1010 Gough St., San Francisco, CA 94109
Phone for this location is 415-474-7310 x 437.

Stay tuned for information on office hours and resources that will be available, including videos and a lending library.

Kitty Dukakis on ECT Therapy

By Kitty Dukakis, *Newsweek*, 9/18/06

In a new book, Kitty Dukakis credits electroconvulsive therapy for relieving her famously disabling depression.

As many as 100,000 people in the United States each year receive electroconvulsive therapy, a treatment that has improved dramatically since it was first used in the 1930s. On the advice of her doctors, Kitty Dukakis started ECT treatment in 2001 after suffering for decades from severe depression, substance-abuse problems and hospitalizations. Here, Dukakis's firsthand account.

Next thing I know I am waking up. I am on an upper floor of Massachusetts General Hospital, in the unit where I slept last night. I feel lightheaded, groggy, the way you do when anesthesia is wearing off and you are floating between sleep and wakefulness. I vaguely recall the anesthesiologist having had me count to 10, but I never got beyond three or four. I am not sure I got the treatment. One clue is a slight headache. Another is the goo in my hair, where they must have attached the electrodes.

There is one more sign that I did in fact have my first session of seizure therapy: I feel good—I feel alive. Michael is standing there next to the nurse as I struggle to keep my eyes open, and I give him a big grin. That surprises him right away. As we head home to Brookline, I remember that it is our anniversary. Our 38th. I turn to Michael and say, "Let's go out for dinner tonight!" He asks, "What?" I say, "I'm serious. Let's do it!" Michael and I did eat out at a restaurant that night,

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3rd Wednesday of each month
 6:30 - 8:00 pm
 1010 Gough St.
 (between Eddy & Ellis)

The Monthly Meeting

January 17

Laurie Williams,
 the new NAMIWALK 2007 director,
 pep rally for our May 8 walk!
 Board elections will be held.

February 21

SPECIAL PROGRAM on depression! **Kitty Dukakis** will be speaking about her life-long battle with serious depression. She has just written a book about how electric shock therapy has been a miracle for her. Dr. Stuart Eisendrath, the head of the Depression Clinic at Langlely Porter will appear with her to talk about treatment options and possibilities for depression.

Lilly Settles from page 1

Both Lilly and lawyers for plaintiffs said they were pleased with the agreement. With global sales of roughly \$4.2 billion last year, Zyprexa is Lilly's largest-selling drug and a major contributor to the company's profits. Lilly shares were relatively flat after the settlement announcement. They rose 11 cents yesterday, to \$52.36.

Zyprexa is the brand name for olanzapine, a potent chemical that binds to receptors in the brain to reduce psychotic hallucinations and delusions. Clinical trials show that in many patients, Zyprexa also causes severe weight gain and increases in cholesterol and blood sugar.

Documents provided to The New York Times last month by a lawyer who represents mentally ill patients show that Lilly played down the risks of Zyprexa to doctors as the drug's sales soared after its introduction in 1996. The internal documents show that in Lilly's clinical trials, 16 percent of people taking Zyprexa gained more than 66 pounds after a year on the drug, a far higher figure than the company disclosed to doctors.

The documents also show that Lilly marketed the drug as appropriate for patients who did not meet accepted diagnoses of schizophrenia or bipolar disorder, Zyprexa's only approved uses. By law, drug makers may promote their drugs only for diseases for which the Food and Drug Administration has found the medicines to be safe and effective, though doctors may prescribe drugs in any way they see fit.

In response to questions about the information in the documents, Lilly has denied any wrongdoing and said it provided all relevant information to doctors and the F.D.A. Lilly has also said it did not promote Zyprexa for conditions other than schizophrenia or bipolar disorder.

In 2004, a panel of the American Diabetes Association found that Zyprexa caused diabetes more than other widely used antipsychotic drugs, in part because it tends to cause much more weight gain. But the F.D.A. has never made a similar finding. Instead, the F.D.A. added a warning in 2003 to the label of Zyprexa and other new antipsychotic drugs about their tendency to cause high blood sugar.

In 2005, a \$700 million agreement covered 8,000 patients, and the company has made 2,500 individual settlements whose total value has not been disclosed, Lilly said. The 2005 settlement valued claims at about \$90,000 a plaintiff, while yesterday's agreement values claims at about \$27,000 a plaintiff, at most.

The lower value for the new claims comes in part because of the F.D.A. label change, which has allowed Lilly to say that it adequately warned doctors of the risks of Zyprexa after 2003. The label change may also help to protect Lilly from future lawsuits, analysts and lawyers say. In its statement, Lilly said the settlement did not

change its view that Zyprexa is a safe and effective treatment for mental illness. "We wanted to reduce significant uncertainties involved in litigating such complex cases," Sidney Taurel, Lilly's chief executive, said in the statement.

Richard Meadow, one of the lead lawyers for the plaintiffs, said the deal was fair to both sides. "Prolonging this litigation further is in no one's best interest," he said.

Mother Wonders if Psychosis Drug Helped Kill Son

By Alex Berenson, Reprinted from The New York Times, 1/4/07

At first, the psychiatric drug Zyprexa may have saved John Eric Kauffman's life, rescuing him from his hallucinations and other symptoms of acute psychosis. But while taking Zyprexa for five years, Mr. Kauffman, who had been a soccer player in high school and had maintained a normal weight into his mid-30s, gained about 80 pounds. He was found dead on March 27 at his apartment in Decatur, Ga., just outside Atlanta. An autopsy showed that the 41-year-old Mr. Kauffman, who was 5'10", weighed 259 pounds when he died. His mother believes that the weight he gained while on Zyprexa contributed to the heart disease that killed him.

Eli Lilly, which makes Zyprexa, said in a statement that Mr. Kauffman had other medical conditions that could have led to his death and that "Zyprexa is a lifesaving drug." The company said it was saddened by Mr. Kauffman's death.

No one would say Mr. Kauffman had an easy life. Like millions of other Americans, he suffered from bipolar disorder, a mental illness characterized by periods of depression and mania that can end with psychotic hallucinations and delusions.

After his final breakdown, in 2000, a hospital in Georgia put Mr. Kauffman on Zyprexa, a powerful antipsychotic drug. Like other medicines Mr. Kauffman had taken, the Zyprexa stabilized his moods. For the next five and a half years, his illness remained relatively

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County Mental Health

The County mental health access line
for all consumers is

415-255-3737

The Mobile Crisis Unit is

415-355-8300

controlled. But his weight ballooned - a common side effect of Zyprexa.

His mother, Millie Beik, provided information about Mr. Kauffman, including medical records, to The New York Times.

For many patients, the side effects of Zyprexa are severe. Connecting them to specific deaths can be difficult, because people with mental illness develop diabetes and heart disease more frequently than other adults. But in 2002, a statistical analysis conducted for Eli Lilly found that compared with an older antipsychotic drug, Haldol, patients taking Zyprexa would be significantly more likely to develop heart disease, based on the results of a clinical trial comparing the two drugs. Exactly how many people have died as a result of Zyprexa's side effects, and whether Lilly adequately disclosed those risks, are central issues in the thousands of product-liability lawsuits pending against the company, and in state and federal investigations.

Because Mr. Kauffman also smoked heavily for much of his life, and led a sedentary existence in his last years, no one can be sure that the weight he gained while on Zyprexa caused his heart attack.

Zyprexa, taken by about two million people worldwide last year, is approved to treat schizophrenia and bipolar disorder. Besides causing severe weight gain, it increases blood sugar and cholesterol in many people who take it, all risk factors for heart disease.


In a statement responding to questions for this article, Lilly said it had reported the death of Mr. Kauffman to federal regulators, as it is legally required to do. The company said it could not comment on the specific causes of his death but noted that the report it submitted to regulators showed that he had "a complicated medical history that may have led to this unfortunate outcome."

"Zyprexa," Lilly's statement said, "is a lifesaving drug and it has helped millions of people worldwide with schizophrenia and bipolar disorder regain control of their lives."

Documents provided to The Times by a lawyer who represents mentally ill patients show that Eli Lilly, which makes Zyprexa, has sought for a decade to play down those side effects - even though its own clinical trials show the drug causes 16 percent of the patients who take Zyprexa to gain more than 66 pounds after a year.

Eli Lilly now faces federal and state investigations about the way it marketed Zyprexa. Last week - after articles in The Times about the Zyprexa documents - Australian drug regulators ordered Lilly to provide more information about what it knew, and when, about Zyprexa's side effects.

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for the NAMI SF Chapter!!

625 Valencia Street at 17th Street
415-861-4910

Lilly says side effects from Zyprexa must be measured against the potentially devastating consequences of uncontrolled mental illness. But some leading psychiatrists say that because of its physical side effects Zyprexa should be used only by patients who are acutely psychotic and that patients should take other medicines for long-term treatment.

"Lilly always downplayed the side effects," said Dr. S. Nassir Ghaemi, a specialist on bipolar disorder at Emory University in Atlanta. "They've tended to admit weight gain, but in various ways they've minimized its relevance."

Dr. Ghaemi said Lilly had also encouraged an overly positive view of its studies on the effectiveness of Zyprexa as a long-term treatment for bipolar disorder. There is more data to support the use of older and far cheaper drugs like lithium, he said.

Last year, Lilly paid \$700 million to settle 8,000 lawsuits from people who said they had developed diabetes or other diseases after taking Zyprexa. Thousands more suits are still pending.

But Ms. Beik is not suing Lilly. She simply wants her son's case to be known, she said, because she considers it a cautionary tale about Zyprexa's tendency to cause severe weight gain. "I don't think that price should be paid," she said.

Mr. Kauffman's story, like that of many people with severe mental illness, is one of a slow and steady decline. Growing up in DeKalb, Ill., west of Chicago, he acted in school plays and was a goalie on the soccer team. A photograph taken at his prom in 1982 shows a handsome young man with a messy mop of dark brown hair.

But in 1984, in his freshman year at Beloit College in Wisconsin, Mr. Kauffman suffered a breakdown and was found to have the most severe form of bipolar disorder. He returned home and, after medication stabilized his condition, enrolled in Northern Illinois University. He graduated from there in 1989 with a degree in political science.

For the next year, he worked as a bus driver ferrying

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making an anniversary I wanted to forget into one I will remember always. I was back at the hospital on an out-patient basis the next two weeks for four more treatments. After the second one I went to the hairdresser, then a dinner party and watched the Red Sox on TV.

I have had eight sets of ECT since 2001. It is not an exaggeration to say that electroconvulsive therapy has opened a new reality for me. I used to deny when a depressive episode was coming on, to myself and to others. Now I call my doctor, Charlie Welch, as soon as I spot the gathering clouds. As important, ECT has gotten me off antidepressants. I withdrew slowly, with help from my doctors. Since I have been off I know the full range of my feelings. I get into the car now and put on music, the classical station. I sometimes cry because it conjures up feelings of my dad, who died on March 29, 2003, and was a conductor of the Boston Pops. Once I went off antidepressants, I finally could grieve.

ECT has even helped with talk therapy, strange as that may sound. I had been with Roger Weiss, my therapist, for five or six years. After ECT, I was able to work on issues that I couldn't before, with him and on my own. I stopped smoking 15 months ago and feel terrific about that. I am working on my road rage, which is especially challenging every winter when we head to L.A. and start driving those confounding freeways. I am even addressing what my kids call my sense of entitlement. They kid me for behaving like the "queen bee." It is not ECT per se that is curing me of those bad habits. It is staying well enough for long enough that I can start looking at behaviors I want to change. Why, for instance, do I always introduce myself by my last name as well as my first? Kara, Andrea and John say I am seeking the recognition that comes with the name

Dukakis. Whether they are right or not, it was impossible to acknowledge they might be when I was depressed.


Memory loss is ECT's most feared side effect. It is what the public hears about most often and what critics complain about most loudly. I believe anyone who says her ability to remember has been permanently damaged, and that big chunks of her life were lost. Who would make up something like that? On the other hand, most ECT patients I know have had milder memory problems, and some have had none. As for the situation I know best, mine, the memory issues are real but manageable.

Things I lose generally come back. Other memories I prefer to lose, including those about the depression I was suffering. But there are some memories-of meetings I have attended, people's homes I have visited-that I don't want to lose but I can't help it. They generally involve things I did two weeks before and two weeks after ECT. Often they are just wiped out.

I forget telephone numbers, including ones I dial all the time. I sometimes don't know where I am supposed to go or at what time. What embarrasses me most is forgetting people's names. I live in a political world. My remembering someone may only be mildly important to them, but it is really important to me. After ECT I still go to receptions, dinners and other public events, with Michael or on my own, but I generally am not on my game. I sometimes forget commitments I make to help people. I tell a refugee from Cambodia that I will call the State Department on his behalf. I tell a friend of a friend that I know just the surgeon for her, or a lawyer, or a psychiatrist. Then I don't make the call or get back to them with the name. Promising it, then not doing it because I don't remember, is terrible. They must think I'm a ditz, or maybe insincere.

I have learned ways to partly compensate for whatever loss I still experience. I call my sister Jinny, Michael and my kids, asking what my niece Betsy's phone number is, what we did yesterday and what we are planning to do tomorrow. I apologize prior to asking. I wonder when they are going to run out of patience with "Kitty being Kitty." I hate losing memories, which means losing control over my past and my mind, but the control ECT gives me over my disabling depression is worth this relatively minor cost. It just is.

*From "Shock" by Kitty Dukakis and Larry Tye. To be published by Avery, a division of Penguin Group (USA). © 2006 by Kitty Dukakis and Larry Tye.
URL: <http://www.msnbc.msn.com/id/14754161/site/newsweek/>*



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senior citizens around DeKalb. In a short local newspaper profile of him in 1990, he listed his favorite book as "Catch-22," his favorite musician as Elvis Costello, and his favorite moment in life as a soccer game in which he had made 47 saves. A few months later, he followed his mother and stepfather to Atlanta and enrolled in Georgia State University, hoping to earn a master's degree in political science. "He wanted so much to become a political science professor," Ms. Beik said.

But trying to work while attending school proved to be more stress than Mr. Kauffman could handle, Ms. Beik said. In 1992, he suffered his most severe psychotic breakdown. He traveled around the country, telling his parents he intended to work on a political campaign. Instead, he spent much of the year homeless, and his medical records show that he was repeatedly admitted to hospitals.

Mr. Kauffman returned home at the end of 1992, but he never completely recovered, Ms. Beik said. He never worked again, and he rarely dated.

In 1994, the Social Security Administration deemed him permanently disabled and he began to receive disability payments. He filed for bankruptcy that year. According to the filing, he had \$110 in assets - \$50 in cash, a \$10 radio and \$50 in clothes - and about \$10,000 in debts.

From 1992 to 2000, Mr. Kauffman did not suffer any psychotic breakdowns, according to his mother. During that period, he took lithium, a mood stabilizer commonly prescribed for people with bipolar disorder, and Stelazine, an older antipsychotic drug. With the help of his parents, he moved to an apartment complex that offered subsidized housing.

But in late 1999, a psychiatrist switched him from lithium, which can cause kidney damage, to Depakote, another mood stabilizer. In early 2000, Mr. Kauffman stopped taking the Depakote, according to his mother.

As the year went on, he began to give away his possessions, as he had in previous manic episodes, and became paranoid. During 2000, he was repeatedly hospitalized, once after throwing cans of food out of the window of his sixth-floor apartment. In August, he was institutionalized for a month at a public hospital in Georgia. There he was put on 20 milligrams a day of Zyprexa, a relatively high dose.

The Zyprexa, along with the Depakote, which he was

still taking, stabilized his illness. But the drugs also left him severely sedated, hardly able to talk, his mother said. "He was so tired and he slept so much," Ms. Beik said. "He loved Shakespeare, and he was an avid reader in high school. At the end of his life, it was so sad, he couldn't read a page."

In addition, his health and hygiene deteriorated. In the 1990 newspaper profile, Mr. Kauffman had called himself extremely well-organized. But after 2000, he became slovenly, his mother said. He spent most days in his apartment smoking.

A therapist who treated Mr. Kauffman while he was taking Zyprexa recalls him as seeming shy and sad. "He was intelligent enough to have the sense that his life hadn't panned out in a normal fashion," the therapist said in an interview. "He always reminded me of a person standing outside a house with a party going on, looking at it." The therapist spoke on the condition that her name not be used because of rules covering the confidentiality of discussions with psychiatric patients.

As late as 2004, Mr. Kauffman prepared a simple one-page résumé of his spotty work history - evidence that he perhaps hoped to re-enter the work force. He never did.

As Mr. Kauffman's weight increased from 2000 to 2006, he began to suffer from other health problems, including high blood pressure. In Dec. 05, a doctor ordered him to stop smoking, and he did. But in early 2006, he began to tell his parents that he was having hallucinations of people appearing in his apartment. On March 16, a psychiatrist increased his dose of Zyprexa to 30 milligrams, a very high level.

That decision may have been a mistake, doctors say. Ending smoking causes the body to metabolize Zyprexa more slowly, and so Mr. Kauffman might have actually needed a lower rather than higher dose.

A few days later, Mr. Kauffman spoke to his mother for the last time. By March 26, they had been out of contact for several days. That was unusual, and she feared he might be in trouble. She drove to his apartment building in Decatur the next day and convinced the building's manager to check Mr. Kauffman's apartment. He was dead, his body already beginning to decompose.

An autopsy paid for by his mother and conducted by a private forensic pathologist showed he had died of an irregular heartbeat-probably, the report said, as the result of an enlarged heart caused by his history of high blood pressure.

Ms. Beik acknowledged she cannot be certain that Zyprexa caused her son's death. But the weight gain it produced was most likely a contributing factor, she said. And she is angry that Eli Lilly played down the risks of Zyprexa. The company should have been more honest with doctors, as well as the millions of people who take Zyprexa, she said.

Instead Lilly has marketed Zyprexa as safer and more effective than older drugs, despite scant evidence, psychiatrists say.

Ms. Beik notes that Stelazine - an older drug that is no longer widely used even though a federally financed clinical trial showed it works about as well as Zyprexa - stabilized Mr. Kauffman's illness for eight years without causing him to gain weight.

"He was on other drugs that worked," she said.

PLAN of California

Two master **Special Needs Trust Plans** are offered to families in California. The plans would designate a minimum of \$150,000 or \$300,000 to contract with PLAN to give oversight of both fiduciary and personal support services without endangering public entitlements.

Contact Baron Miller (415) 522-0500 or
PLAN of California (888) 574-1258

Support Groups



Family Members' Groups

African American Family Support

1st Thursdays, 5:30-7:30 pm at
1380 Howard St., Rm 537. Call Wanda at 255-3694

San Francisco Family Support Group

Tuesdays, 5:15-6:45 p.m. at SF General Hospital, 1001 Potrero St., Room 7M30. Info: Susanne at 415-558-5900

Sibling & Adult Children Network

Call Mary Gullekson at 474-7010 for information

Berkeley Sibling Support Group

Call Carolyn Defay at (510) 644-8579

Bilingual & Monolingual Support Groups

Chinese Families Mental Health Alliance. Ed Koo 352-2047

Consumer Self-Help Groups

Depression & Bipolar Support All. (formerly DMDA)

Saturday afternoons at 1:30-3:00 and
1st Mondays at 6:45-8:00 pm in the Saint Francis Hospital,
900 Hyde St., 2nd Floor Conf. Room. Call 519-0171

SPIRITMENDERS Community Drop-in Center

2940 – 16th Street #B2 (415) 552-8565

OASIS (Office of Self Help)

1095 Market Street at 7th, Suite 202 (415) 575-1400

RECOVERY, Inc. for nervous ailments.

(415) 333-6454 (meets at California Pacific in SF)

Consumers with Schizophrenia

3rd Wednesday of each month, 5:30 pm
1380 Howard St., 5th floor. Info: Susanne at 558-5900

Hoarding & Cluttering Support

2nd Monday and 4th Wednesday of each month.
Antonio (415) 421-2926 x306

Health and Wellness Action Advocacy

1st Thursday of each month, 1-3pm. Antonio at
(415) 421-2926, x306

Anxiety & Panic Self Help Group: John (650) 755-0883

Alcoholics Anonymous: San Fran: (415) 621-1326

Marin: (415) 499-0400 San Mateo: (650) 573-6811

Narcotics Anonymous SF Helpline: (415) 621-8600

NAMI-San Francisco is a self-help organization of family members, mental health consumers, friends, professionals and other interested citizens, united to provide support, education and advocacy for persons with severe mental illness. NAMI-San Francisco is a private, non-profit organization.

New Support Group

Wednesday, May 3

6:00 P.M. to 7:30 P.M.

at Jewish Family Service Agency, 2150 Post Street
Facilitator: Ms. Laura Kleinman, M.S.W.



NAMI-SF Support Groups

- 1) 1010 Gough
2nd Wednesday at 6:30
Contact Vickie at (415) 661-5208
- 2) San Francisco General Hospital
7th Floor, Room 7 M 30
Tuesdays, 5:15 – 6:45 p.m.
Call Susanne Killing at 558-5900

DBSA

Depression and Bipolar Support Alliance of San Francisco

*(formerly San Francisco Depressive
and Manic Depressive Association)*



Regular Support Group:

every Monday at 6:45-8:15pm and
every Saturday at 1:30-3:00pm.

Young Adults Support Group:

1st and 3rd Monday of each month at 6:45-
8:15pm for 18 to 25+ year old people.
Contact Harry at 650-430-2909 for information.

Friends And Family Support Group:

1st and 3rd Monday of each month at 6:45-
8:15pm. Contact Jane at 415-519-0171 or
Harry at 650-430-2909 for information.

Location:

2nd floor of St. Francis Hospital
900 Hyde St.

between Pine and Bush in San Francisco
Conference rooms B, C, and D

Meetings are on a drop in basis and are open to
peers, please note we do not allow observers. You
do not need to be a member to attend, however
memberships are \$20.00 a year and you are
encouraged to join and support the organization.

StigmaBusters: December '06

By Stella March

Dear fellow StigmaBusters,

It's been a great year for StigmaBusters! As we look forward to 2007, we also look back on a year of accomplishments, which we highlight below. It was through the generous financial support of people like you that NAMI was able to step up its efforts to fight stigma in 2006, and for that we say thank you. If you have never made a financial contribution in support of NAMI's work, or have not done so this year, we hope that you will take the opportunity to do so now.

2006 Highlights:

- More than 20,000 people subscribed to our monthly alerts.
- With the participation of NAMI StigmaBusters, the National Anti-Stigma Campaign was launched, sponsored by the U.S. Department of Health & Human Services and the Advertising Council. Public service announcements (PSAs) are available for use in local communities. For the first time in history, the authority of the federal government is being put behind a sustained national PSA campaign to reduce stigma and encourage support of people with mental illnesses. Special congratulations to NAMI's In Our Own Voice presenters who are a model for the campaign's grassroots civic education.
- NAMI presented StigmaBuster strategy and tactics in a teleconference sponsored by the ADS Center. (Resource Center to Address Discrimination & Stigma).
- Complaints to ABC-TV and the FOX-TV are believed to have contributed to network decisions to cancel the heavily stigmatizing comedy *Crumbs* and the reality show *Unanimous*. Several companies took StigmaBuster

concerns seriously and pulled advertising from the shows' time slots.

- NAMI worked with the Entertainment Industries Council to produce a guide on bipolar disorder for producers, directors and screenwriters, as part of additional efforts to overcome stigma in Hollywood. NAMI also presented CBS-TV with an award for its CBS Cares campaign on depression.
- Protests of "haunted insane asylum" attractions received national attention at Halloween. Media coverage included the front page of the Chicago Tribune and CBS Radio. The themes of some attractions were changed, and even where not, public dialogue was achieved.
- The "Obsessive Compulsive Action Figure" led to healthy dialogue among StigmaBusters about the uses of humor and whether mental illness is ever funny. An informal survey of readers revealed the following opinions:
50% -- Yes, but only when it's not stigmatizing in nature; i.e., making fun of the illness, not the person, and especially if it educates others or helps a person cope.
25% -- Yes, but only when we are laughing among ourselves, consumers, families and therapists.
14% -- Never
11% -- Yes. Lighten up. Laughter is the best medicine.
- Local action based on StigmaBuster models continue to bring success. NAMI Oregon recently protested a bank advertisement that used every stigmatizing word in the dictionary (e.g., crazy, bonkers, psycho, mental, screwy, wacko, etc.) Not only did the bank president apologize and cancel the ad, but the bank also made a contribution to the state organization and signaled a desire to partner with NAMI in the community.

That's the kind of education StigmaBusters seek to achieve—moving from protest to partnership!

Out of the Fog is published 10 times a year by NAMI-San Francisco, a non-profit organization affiliated with the National Alliance on Mental Illness, which goes by the acronym NAMI, and NAMI-California, the statewide affiliate.

NAMI San Francisco

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Send newsletter additions/submissions/change requests to renee.deger@yahoo.com



Please Join NAMI SF

NAMI-San Francisco is moving to a system where members renew in their anniversary months, but many of you are on the calendar-year system.

Please let us count you. There is power in numbers. We need the support of families, friends, consumers, professionals and others who share our goals. Your dues help us pay for the printing of the newsletter, educational materials and mailings and the Family-to-Family Education Course, an invaluable resource for people who love someone with a mental illness.

Checks may be made out to "NAMI San Francisco"

Please mail to:

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PMB 426
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- \$10 Consumer
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- \$500 or more for Sustaining Membership

• I cannot join NAMI-San Francisco at this time but I would like to receive *Out of the Fog* or I am enclosing a donation of \$ _____ to help cover the cost of *Out of the Fog*.

NAMI SAN FRANCISCO

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**BIG NEWS inside ... special visit by Kitty Dukakis planned and
NAMI-San Francisco has a new office ... TAKE A LOOK!**