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## **Madness Radio Transcript**

**Episode Title:** Abolish Psychiatry? | Vesper Moore

**Air Date:** February 1, 2023

**Host:** Will Hall & Jacks McNamara

**Guest:** Vesper Moore

**Website:** [www.madnessradio.net](http://www.madnessradio.net)

*This transcript is screen-reader accessible. Speaker names are labeled in bold, and the content reflects the original podcast episode aired on February 1, 2023.*

References & topics mentioned:

- [Madnessradio.net](http://Madnessradio.net)
- [Madcamp.net](http://Madcamp.net)
- [IDHA](http://IDHA)
- [vespermoore.com](http://vespermoore.com)

**[Will Hall]** (0:07 - 1:18)

Hey everyone, just a quick announcement, we are very excited to be organizing MadCamp July 20th to 24th, 2023. Summer camp for mad people in the mountains of Northern California. Join us, support this vision.

Check out [Madcamp.net](http://Madcamp.net) and make sure to sign up for the mailing list for updates. MadCamp July 20th to 24th, 2023. [Madcamp.net](http://Madcamp.net).

What does it mean to be called crazy in a crazy world? Listen to Madness Radio, voices and visions from outside mental health. Welcome to Madness Radio.

This is your host, Will Hall, and I'm here today with my co-host, Jacks McNamara. Hey there, Jacks.

**[Jacks McNamara]**

Hey, it's great to be back, Will.

**[Will Hall]**

Yeah, it's been pretty cool co-hosting some episodes with you, and we have a really awesome guest today who actually was on your podcast previously, so people should check that out, Vesper Moore.

**[Jacks McNamara]**



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Yeah, we did an episode on So Many Wings that was a lot of fun a couple years ago. I highly recommend checking it out. Good stuff.

**[Will Hall]**

Yeah, we'll put a link to that in the description for the Madness Radio episode. And here's Vesper's bio. So Vesper Moore is a mad and disability rights advocate, a board member of Mind Freedom International, a board member of the Bazelon Center for Mental Health Law, chief operating officer of Kiva Centers, a peer-run indigenous-led organization based in Massachusetts, and Vesper also hosts the Get Mad with Vesper Moore podcast. So welcome to Madness Radio, Vesper Moore.

**[Vesper Moore]**

Thank you, Will, for having me. It's good to see you again, Jacks.

**[Jacks McNamara]**

Yeah, you too. I have to agree with you, Will, that after hearing that bio, I'm like, we should just be like, Vesper Moore is a super badass. Vesper does all the things.

**[Will Hall]**

Yeah, I know. We were discussing what to put in, how to do the bio, and it's more like, okay, how do we get everything in? Because there's so many more things we didn't even include, which apparently is that you're also a big Dungeons & Dragons player, which we said we're not going to talk about, but I couldn't resist mentioning it.

**[Vesper Moore]**

After we have to start a campaign, we have to do it now.

**[Will Hall]**

Start a campaign. Anyway, how should we get started? Because we certainly don't want to disappoint our listeners by talking about role-playing games at all. \*laughs\*

**[Jacks McNamara]**

Well, I'd love to hear a little bit more, Vesper, about your story of how you got into doing this work. How did you become a mental health advocate and get into the peer world and all of these things that occupy your time? Because I think it's a pretty cool story.

**[Vesper Moore]**

I lived and have been raised and grew up in Massachusetts for the most part. I would spend a few months out of the year in the Dominican Republic and Puerto Rico, where my family is from. When being in Puerto Rico in the Dominican Republic, I noticed this residual effects of



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colonization that had been in the background and the forefront of my life that didn't really come to a head until later on.

It was such a stark contrast being in the Caribbean and being in an inner city in Massachusetts, feeling such a disconnect from the earth, from nature, struggling in a lot of ways. My bedroom was next to a highway and a bridge where quite a few folks would attempt suicide. I think for me at that time, I wouldn't really think about the impact of suicide and the environment that I was growing up in until later in life.

I lived in what a lot of folks would refer to as Section 8 housing. Very, very industrialized. I had a metal door for the front door of our apartment that had bullet holes or bullet dents in it because it was a metal door.

I'm illustrating all of this for you to just really be like growing up as a Hispanic, mixed race, indigenous kid in an inner city in Massachusetts. My community was primarily Black folks, Hispanic folks, and Vietnamese folks. Fast forward, I was really, really struggling with a variety of things, particularly a lot of the violence that I was growing up around, but also a lot of the intergenerational effects of trauma on my mom.

My dad wasn't really present in my life at all. A lot of what my brothers and my cousins were going through, some of my family was gang involved, other folks were not, as well as just not connecting with people, really connecting, engaging, doing well with folks. Eventually, I was in a situation where my mom had called the police out of concern for me because I was struggling. I was like, I want to die. I don't want to live. I don't want to continue to do this.

**[Will Hall]**

How old were you when that was happening?

**[Vesper Moore] (5:54 - 8:01)**

I was 16 at the time. Right around this time, really struggling. Then that led to various stints in and out of the hospital.

More particularly in this situation that I'm describing, the police came into my mom's house, our family home, and they just took up the space. They took up the air. There was a very violent and fearful atmosphere.

It's not that my mom is particularly trustful of police, government, or authority either as a brown Hispanic woman, but rather just the options that were available to her, parenting me. It's something I've been thinking about a lot recently. After that, I was brought into a mental health acute unit through a facility through UMass.



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After that, I was brought into a few different state hospitals, had some terrible experiences, came out the other side, and was really like, where are the community of people who have survived this and been through this speaking out, sharing space with each other, and supporting each other when an industry or a system that is targeting and harming people disproportionately in mass? I think from there, I ended up finding peer support communities, through the recovery learning communities of Massachusetts, got involved in a lot of advocacy efforts, one notably against the Judge Rotenberg Center. There were a lot of protests against the Judge Rotenberg Center, which is an adolescent facility that uses electroshock devices on young adults and other folks, and is absolutely notorious for harming folks.

**[Will Hall]**

Yeah. I remember those campaigns. The campaign against that's been going on for a long time. This is like an aversion therapy. They use it as a punishment control. It's like there's a lot of people with autism diagnosis that are in that center, youth.  
Yeah.

**[Vesper Moore]**

Primarily, autistic youth, their behavior is being, in quotes, corrected by these electroshock devices. The JRC has been called out by so many different entities.

**[Will Hall]**

For decades, yeah, decades and decades.

**[Vesper Moore]**

For decades and decades. I think just the energy of that, there were more rallies later on, rallies against the Boston Globe for their Desperate and the Dead series, which were primarily authored by reporters talking about families and unhoused folks who were diagnosed with mental health conditions and incidences of violence and all sorts of horrible, sanest stuff, really. From there, I found solidarity amongst psychiatric survivors in the wider Massachusetts community.

I'd say, really, it wasn't until I had different peer support trainings where I learned that there was a history of a psychiatric survivor, consumer survivor, ex-patient, ex-inmate, or wider anti-psychiatry movement. All of these other movements, ideas, the Mad Pride movement, that all arose later on. I actually found it by learning more about Madness Network News, studying a little bit about Leonard Roy Frank.

From there, that journey really brought me to, okay, so why don't we talk about this movement history? Why isn't it recognized across other social justice movements? While I was involved in the peer support space, I was very much involved in queer liberation too, and doing queer liberation work, a little bit on the racial justice front, but not as much at the time.



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Later on, I realized that, oh, wow, private corporation, private industry, has so challenged any movements for radical mental health or any movements that really speak out against these abuses and these harms, really because the language gets co-opted right away. The strategies, the ideas, a lot of people have been bought out historically. There's so many different layers to what was happening.

I think gaining that insight, it made me really passionate about, okay, how do we break out of that perpetual loop of the mental health industrial complex?

**[Will Hall]** (11:07 - 12:07)

Yeah, right on. So many people who get connected through working as peers and get these jobs as peer specialists, they don't make that bigger journey to seeing the larger psychiatric survivor movement. They don't see the historic connections with queer liberation and with racial justice, and they just get a job where they just get paid to be peers.

Were you always somebody who thought in terms of the broader, bigger picture, and then where does your anti-co-optation come from, in a sense? How did you not get co-opted yourself? Because you're exactly, I think, the spirit and the direction of where the movement comes from, first of all, and also where it needs to go to be effective, because we're losing.

The movement is losing. I think the reason is that we have largely been co-opted. We're not making these larger connections with other so-called issues, but the broader context, the broader reality of people's lives.

**[Vesper Moore]**

I think a part of it really is that co-optation, by definition, is taking on the ideals of systems and private industries and them overriding your own personal values. A challenge with that is that as an indigenous Hispanic person of color, it's not necessarily to say that folks can't become co-opted if they are a part of any of these communities or these groups. For me, it really comes from a place of I felt and understood the operational nature of white supremacy, capitalism, a lot of these things, whether or not I had language for it at the time.

I think a struggle with it is, have I ever had moments where I've been brought into a discussion or a presentation or an event that was seeking to tokenize me, that was seeking to do this?

Absolutely, those have come up. Absolutely, those have happened.

I've been furious about it. Over time, just been more and more grounded in why did I do this in the first place? Where is the beauty and the pain?

What communities do I belong to? Who am I doing this for and why?



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**[Jacks McNamara]**

Who are you doing this for?

**[Vesper Moore]**

I'm doing this for communities that are viewed outside of the convention of our society and have been systemically marginalized and removed, destroyed, put through so much. I think there's an inherent history there. Learning about history like the Hiawatha asylum for insane Indians that institutionalized 300 Native Americans and labeled them with horse stealing mania, or thinking of the Detroit riots and black and brown folks being given the label of schizophrenia and their notes reading that it was due to their involvement with the civil rights movement.

It is a foundational root of understanding that psychiatry, the mental health industry, is rooted in oppressing and marginalizing various communities, whether or not if someone identifies as mad or otherwise, but it's used as a control mechanism.

**[Will Hall]**

Yeah, absolutely. That's really the origins of the whole asylum system and the DSM, which is population control, controlling the poor, being able to push aside the people who are no longer productive. The problem I think a lot of people have, and I'm sure some of the people listening right now are having, is like, whoa, Vesper, it's too big.

I can't think about colonialism and psychiatry connected with queer liberation, homelessness, and all these different... How do you not get overwhelmed and burnt out? I guess that's where my previous question was going, is like, what is that quality to make these connections and to feel passionate and then to sustain yourself?

Because that's what we need more than anything right now in this movement.

**[Vesper Moore]**

Sustainability is huge. It's funny that you bring up sustainability because historically I've seen a lot of argument around sustainability, like don't accept the federal dollars, but how do you expect us to sustain our movement? Oh, I can't keep organizing and fighting for liberation because we didn't get that grant.

All of these different statements that are just foundationally untrue. There's so many different ways in which you can sustain and accept various sources of funding, being involved, and stating exactly what you will do to what extent. If people don't like it, if it doesn't serve you, doesn't serve our community, we can go our separate ways.

I mean, that's just the truth when it comes with that, in terms of funding streams. But in terms of personal sustainability, like myself, I don't want to say that I'm like a poster child for not being burnt out, because I definitely do get burnt out, but I can say this, right? I do so much in terms of



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of personal work of realizing that community organizing, the advocacy work, the activism work, whether if it's within systems or outside of, although I like to view them as a continuum of the same thing.

So often if there's like, okay, we need an advocacy strategy, people might be like, okay, so we're going to target the media first. We're going to target these institutions. We're the medical boards for the psychiatric institutions and do et cetera.

And it's like, although that thinking is important, right? Change happens with each person you bring public awareness to, you share community with, you connect with, you take a moment to heal with. So I think for me, it's like, I can almost adjust the depth in which I'm like, whether or not if it is macro, or it is more one-to-one in that way.

And that's been so, so, so important, like honoring rest, honoring what I can and cannot do at what moments. And I mean, for me, I talked to my ancestors a lot. I've actually stopped taking to praying to any necessary deity, but rather my elders and my ancestors.

**[Will Hall]**

Yeah, that was how your story started was your mom is there and she's overwhelmed, doesn't know what to do. And there's no options. Where's the support?

Where's the supportive context? It's not there. And you said something that's really super important is that, yes, you can take money.

It's not about what I heard you say was that it's not necessarily about saying no to funding or saying yes to funding, but being able to walk away from funding as soon as it drifts from your principles, from your values, what your real goals are. Is that the sense you have of it?

**[Vesper Moore]**

Absolutely. I mean, there are companies that are touting ideas like decriminalizing mental illness that are philanthropic arms of pharmaceutical industries. So that's the thing.

We see that, that exists. So when I think about capitalism, what I mean is I mean things that are outside of the market and bringing them into the market, because that's what capitalism does.

**[Will Hall]** (19:13 - 21:28)

Exactly. It's a constant expansion, colonialism, you know, getting into our daily speech, getting into our intimacy, getting into our housing, getting into every aspect of our lives, because it's all growth or die for profits. Because often what happens is advocates, you sort of end up being on a situation where you get trapped.



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Like, okay, we don't want the criminalization of mental illness. We obviously don't want people who are in distress, getting picked up and put in prison. But the pharmaceutical companies come in and say, oh, well, yeah, let's just give those people medications in the community and treatment in the community.

Instead, isn't this a humane alternative? And that's what happens when you have a very narrow view, a very narrow analysis, or you get single issue. And have you seen, I mean, what I think is happening with the Black Lives Matter movement, especially, and also like some pretty high profile things that have happened recently with like Kanye and Britney Spears, and it seems like young people are starting to get it around psychiatric abuse that like, when I came up in the 80s, we were in an era where the environment and the peace movement and the social justice movements were all separate. And then something started to shift, the World Trade

Organization protests happened in 99, where you have tree huggers and labor unionists organizing together to basically riot against the World Trade Organization.

It was like, wow, we were able to bring together these different groups that have kind of been a little bit separate. And so now today, environment, social justice, and even aspects of the union movement and the peace movement are all kind of connected. Do you see that is starting to happen?

Because I'm starting to hear a lot of like the defund the police organizers, Black Lives Matter organizers, talking about the carceral state and how that actually mental health is part of that. The mental health system is just another form of coercion against communities. And are you starting to see that those connections are starting to be made at the grassroots level?

If so, I'd love to be confirmed in my intuition, but sometimes I just think I'm being like, you know, too optimistic, but is that your sense of it?

**[Vesper Moore]**

So I co-organized and was a part of the last three rallies in New York City against the Mayor Adams Mental Health Directive. And I can tell you that organizations like defund the police in New York City were involved. Organizations like NAMI New York City, even though you would think an under NAMI wouldn't necessarily go in this direction because of the fact that NAMI has been, you know, parent led, parent found in a lot of these ways.

Right. So parents have a very different idea of psychiatric survivors, but NAMI NYC was what was on board and doing that work. We had the New York Association for Psych Rehabilitation, and you had like a whole bunch of like a plethora of organizations.

You had doctors, you had abolitionists, you had people for, because I think people are really, really like, like, like tired of it. And I think that that's, that's the point you reach, right? Where,



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where this, this interconnection kind of like these tendrils go through several different movements and they start connecting a lot of these ideas.

I'm seeing environmental justice connect with radical mental health. I'm seeing prison abolitionists who I'm talking to, you know? Yeah.

And, and, but like one of the things is, is like that I'm finding to just communicate a lot of these ideas is that people are saying we still need a prison for the crazy people. That's, that's how, how it's, it's like, like even amongst prison abolitionists, even in the disability rights spaces. And I'm trying to say like, listen, this is the history.

This is where we are. This is what's happening. Like your mission is inherently bound up with ours.

We need to work together.

**[Jacks McNamara]**

Yeah. It's so encouraging to see those links starting to happen, to see people who aren't like radical mental health activists thinking about carceral care, you know, systems of care and just inpatient as something that needs to be abolished. I mean, I feel like it's just starting, maybe I'm wrong.

I'm not deep in the middle of these movements. I'm kind of also watching them from the outsides a little bit, but it feels deeply encouraging to me.

**[Will Hall]** (23:47 - 23:57)

Yeah. And remind us how old are you Vesper? I'm 27.

27. Okay. So maybe it's a little bit, I mean, cause when we were rolling with Icarus project, we were making a lot of these connections.

**[Jacks McNamara]**

We were making them, but I don't feel like we were connecting with other movements who were doing this work. Like Icarus was not connected with abolitionist movements. It was kind of like, we were the mental health activists doing the mental health activism thing.

And then there were the other people doing their things and we weren't necessarily talking. Whereas now I think about, for example, IDHA, the Institute for the Development of Human Arts, and they just ran a whole big course last fall on decarcerating care. That was like very explicitly making these connections between carceral systems of care and abolition.

That analysis wasn't there. I mean, also the cross racial analysis wasn't there. Like when you and I were doing this work in the early two thousands, it was super fucking white.

**[Will Hall]**



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And now what I'm seeing is that there's a lot of leadership that's coming from like totally outside the psychiatric survivor space who are just sort of necessarily kind of arriving at a more radical psychiatric survivor perspective. Like so many, in a weird way, more people have learned about psychiatric abuse from Kanye and Britney than they have from some of our leading organizations. Then I sort of have to kind of wonder like, what are our organizations?

Maybe the organizations are kind of functioning as gatekeepers, or they're kind of holding us back sometimes in that really the work has to be grassroots, volunteer, local, rather than, okay, we're going to get these grants, we're going to get this foundation grants, we're going to get this. I mean, peer respites are wonderful, but it's not very common for the staff to be also involved with activist work and making a lot of those connections. And a lot of the people who get peer specialist jobs, I mean, I think it's great that that money is going into the hands of survivors, but you're super vulnerable.

It's very hard for you to speak up in your interview about your politics or even ask questions about like the connections because you're worried like, oh, am I going to get the disapproval of my superiors? Am I going to lose my job? Am I not going to get that promotion?

Like the vulnerability is kind of like something that creates a real dampener. So the direction of like improving the system, kind of we've gone a little bit in that direction, but we've sort of lost a lot of the more bigger picture questions. Because I mean, I've talked with a number of like Lenny Lapin or John Judge or other people from like the early, early days of the psych survivor movement.

It was completely like a street protest, totally connected with black liberation politics and gay liberation politics and anti-poverty. They were completely calling out capitalism. And then it's sort of like the system sort of says, okay, well, yeah, we're going to put money into this, but we're going to gatekeep.

And these are the people whose voices we're going to let in. And these are the people who we're going to kind of push aside. And now we have a situation in California where the co-optation has been so extreme that they're actually defining peers for the peer specialist certification as including family members.

Which is exactly, that was my reaction. Jack's like, what? You probably knew about that, Vesper, but it's emblematic of a larger problem is if we're not actually pushing from the grassroots, then we just get co-opted at the top.

**[Vesper Moore]**

If you look back at some of the early issues of Madness Network News, like volume eight, like towards the end, I've read through all of them because I manage and maintain that online



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archive. That issue, I think it might be the third issue of volume eight. There's a plea from the anti-psychiatry movement, don't accept the NIH dollars, come back to the movement. They're just trying to buy us out, all of this. And then Madness Network News stopped 35 years. And I was like, it's not great that it stopped either, because if we don't have this education, we're not closing the loop within systems.

And what it really is, is that we need to organize singularly around rights-based work. And I mean, that has been the function of Mind Freedom for a long time and a couple of other organizations, but it's not to the depth and breadth that I see in disability rights organizations, prison abolitionist organizations, or others, the rights-based work. People focus on the peer support work from the healthcare treatment perspective, all of these things, and the system reform perspective.

And it's like, okay, there are some policies that can be reformed, but right now, in order to abolish psychiatry, abolish a lot of these things that we're talking about, you have to build the conditions for a society after that exists, where it's like, we no longer need any of this, right? Need in quotes, we never needed it in the first place, but we need to, we are in a position right now where that's important. So I think a lot of people, whether if they know it or not, actually do agree with concepts of abolition and doing the work. They're afraid to go that far.

**[Will Hall]**

But would you agree that a goal is the abolition of the mental health system? Because that's kind of where I am at these, I've actually been there for a while, but it's just not something I necessarily get a lot of opportunity to talk about. But for abolishing the mental health system in the sense that you have to see it as a moral evil, the way that the prison system is.

And if we're not free to name it, then we're never going to actually get beyond it. Or is it the other way around that, no, we're not quite ready to talk about abolishing the mental health system. So let's just not, we're not ready to talk about ending forced treatment because we really need it in certain situations.

And what are your thoughts about that?

**[Vesper Moore]**

So I am very, very much of the mindset of, we don't need forced treatment. We can have community mental health initiatives without a mental health system that exists in the ways that it does. That is the truth of the matter.

Is it possible that after you dismantle a system and you disrupt the status quo of what exists, that you will inevitably build something that is similar to another system? Yes. Uh, but what I will say within that, right.



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**[Will Hall]**

It's so pessimistic though. Oh no, that's so cynical.

**[Vesper Moore]** (30:41 - 32:23)

The thing is, is that, is that when, when we talk about the mental health system, right, where I'm, I'm not just talking about state and federal government, right. We're talking about private industries using the language. I mean, things like Abilify, my site that has been out for the last five, six years now.

Right. Uh, which is a, a, a, a digestible pill that like surveils whether or not you were taking your medication. Right.

Well, like all, all of these different things that exist, this is, um, this is what you would call innovation outpacing regulation. Um, and then what does the regulation do? Cause the regulation of systems is also a control factor.

So for me, yes, I do agree with, with abolishing the mental health system, but we have to actually do this work where it's from a continuum of cause this is where we are positionally meeting people on the reformist end and meeting people on the abolitionist end, recognizing that we are in a continuum of, of in and outside of systems. Because the truth is, is that every day you live your life, you don't know where your water comes from. You might not see the sunset immediately.

You might be very disconnected from an array of things. And all of those are sub factors of systems. So if I'm talking about dismantling a mental health system, it's also every form of policing, it's law enforcement, it's psychiatrists, it's social workers taking away Brown children and black children.

**[Will Hall]**

It's ultimately therapists. I plead guilty. It's ultimately therapists as well. We need to get beyond, get beyond private therapy. Yeah. Right on. It's peer supporters as well.

**[Vesper Moore]**

It's, it's so many. And, and, and that is a function of the mechanism that is capitalism. It is co-opting and taking ideas faster than, than you can change things.

**[Jacks McNamara]**

So I feel like I need to ask the slightly devil's advocate question of just, so I feel pretty strongly that like, can't abolish the mental health system without having viable alternatives to support people and that those viable alternatives in a lot of communities do not currently exist. And like,



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how are we going to make sure people have care inside of a system that is, you know, demonic and horrible? I mean, you know, like I, I personally use psych drugs out myself on madness radio.

I use them. It's not, I wish that I did not. And that I had found a way to live inside of like capitalist, patriarchal bullshit and maintain my sanity.

But I don't, I feel like the kind of community support that I need isn't there in my community, that the kind of systems and structures that would shift things so that life operated at a much lower stress level, such that I could be in this world without those chemical supports at the moment, it's not there. And try and try though, I have to get off the damn drugs and be okay. It has never lasted.

And I feel like it's because the infrastructure isn't there and our communities are broken in a lot of places. And so I'm just curious, like what you envision around how we would have to change the support that is available for people for this to be a viable option.

**[Will Hall]** (34:31 - 37:45)

Yeah, I would just, I would just add to that, that it raises even an even deeper question. Like when Lang and his colleagues did Kingsley Hall, they ended up using force. They ended up tying somebody up.

So there was a number of examples where they just reached a limit, where they didn't. And then you sort of say, well, what kinds of resources are missing? Because what I'm hearing you say, Jacks, and thanks for talking about that personally, because it's really, it's a personal issue for all of us, is it's like a disability.

Where does the disability come from? It's the society is disabling us. You're not disabled.

I'm not disabled, but I can't work 40 hours a week. I have to have a low, and yet I have this financial pressure because the society. So now I'm in this situation, I'm like, well, I can either be on a disability check, but that's my disability check was like \$750 a month.

And I got right question. How do we create a society where people who don't want to be on medications can come off and people want to be on medications. If that's useful, that's great, but they don't have the freedom right now.

Because as you, you're very, very sophisticated, thoughtful. You have a lot of social support. You're super resource, super knowledgeable, and you're up against the wall of capitalism that there's just not, there's just not the.

So then the question to me comes, how do we ask that question that you're asking Jacks? And how do we start to talk about, Hey, maybe we need to talk about a new system. Maybe we talk about socialism.



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And we talk about, people are talking about democratic socialism. I never thought that a presidential candidate who is the most popular candidate in popular politician in the U S Bernie Sanders would be a democratic socialist. That's like a big sea change. I'm remembering, I ended up ranting about Bernie Sanders in the last madness radio show too.

So I don't know what do all roads lead to Bernie Sanders is not the all end all, but, but I guess that's the question I have is like the roots of the psych survivor movement. They call themselves the mental patient liberation front.

They call themselves like psych ex psychiatric inmates. It was a revolutionary movement and I'm, I'm deeply committed to nonviolence. And, and I think that's a whole separate conversation, but can we start talking about, we're not going to actually meet people's mental health under capitalism.

We have to have some kind of real alternative. And I've seen some polls where if you poll under people under 30, you mentioned best for your 26. If we pull people, people under 30, there's a lot of people who agree with that, that like capitalism is not, is not doing it. We need a different system. And it's, but it's hard to get paid by the County. If you're talking about that on madness radio, it's hard to get paid.

You know, it's not your job description to talk about socialism with your, you know, your, your clients, if you're a social worker, social work, so that whole perspective gets silenced, but it's out there. A lot of people are saying the system is broken. We need a completely different system. So what are your thoughts about that?

**[Vesper Moore]**

I would say for myself, if you could definitely say that I'm, I'm more of a we're talking about what impacts people in quotes, you know, their mental health, even though mental health can be a euphemism in many ways for social control. It's this idea that the way in which we move through society, the way in which we are valued is based on what we can produce and what we can, and how frequently we can produce and create, whether if it's this, this, this show where we're producing right now, or if it's, or if it's a written blog or if it's another piece, like, like a piece of our value is connected to that because we are culturally taught to believe that as a result of wider industrialization in so many different ways. Right. So I think first there has to be like a public awareness and realization around that.

And I think COVID global pandemic, right. Was a good opportunity for people to be like, Hey, can we slow down? Can we think differently about this?



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Can we do? And then people started like, wow, I'm really struggling. And then that led to, to the levels of social awareness and things that we're talking about right now.

But to go back to Jack's question of like, how do we do this? Right. We have to be able to build communities and approaches and ideas somehow without using the tools of the oppressor and the tools of the oppressor come with the funding.

So it's like, that can be a challenge. That's not to say that it's an impossible. There's a great organization that I've been talking to recently called friendship bench in Zimbabwe.

They train grandmothers and CBT and dbt, and they sit on benches outside and they meet with folks in their community and they get back to their community and they do this. Right. There's, there's other great initiatives like that in India and Ghana and many different places.

And then here in the U S there's a, such a, such a private corporate perspective on mental health and forced treatment. And, you know, the way in which psych drugs are marketed, I think that's something we should fight against psych drugs being marketed and whether or not, if those psych drugs have, have worked for, for, for a person or, or have, or haven't the idea that psych drugs for many of us, right. Can be both for some of us life-saving and others life destroying.

And we have to hold and contend with both of those truths somehow.

**[Will Hall]** (40:29 - 43:19)

The same conversation is taking a place in communities around the country. Like, well, what do we do if we're not going to call the police, if there's a rapist or there's somebody who's stealing stuff, or there's things that are going on with violence in my community. You know what I mean?

Yeah, I can, I can have an anti-capitalist perspective. I can look at how patriarchy and white supremacy and capitalism and poverty are all driving this violence, but, you know, I'm going to pick up the phone and call 911. The police are going to come in.

Cause there isn't, you know, in a lot of organizations, if there's a sexual abuse situation and they don't want to involve lawyers or police, like, I mean, do we really transformative justice is a great idea, but you know, that's a lot of time and meetings and who can afford to, and then, and then for me, like the COVID example is, is, is, is great. It's so wild that that just happened. And we're almost like forgotten that the whole society was, it was such an intense thing.

But there was a moment where I was thinking, wow, I was thinking, wow, this could be like the mutual aid movement moment. People are going to stop working. They're going to get paid to stop working.

So it's going to be like universal basic income, income, which happened in like Canada and other places. We're going to get paid. We're not going to have to work.



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Our basic needs are going to get taken care of. They're just going to cut the military budget, or they're going to get the money by taxing their rich or something. We're going to have all this time.

And then as this virus comes through, which we thought was maybe going to kill lots of people or disable, it did, but we were terrified it was going to be even worse than it. We would, we'd be able to build these mutual aid structures. And fortunately the virus wasn't what we feared it was, but it also was like capitalism basically just shut that down.

I mean, whenever we talk about COVID now, no one talks about, oh, there should be paid sick leave. Unless we have paid sick leave, that's going to spread COVID because people are going to be sick and they're going to go to work. No one talks about that because it's shut out of the whole capitalist media framing.

And so we just talk about like vaccine access and we just talk about all these other issues. But fundamentally, it does come down to do we have the time and the space because our needs are basically taken care of to spend the time caring for each other. I mean, I think if the rent situation was such that people had a spare room in their apartment, or they had a spare room in their house, a lot of mental health crisis people could avoid the hospital because there's a spare room that they can, if they knew a friend or someone in the family who wasn't working, who just was had more time than they could spend time as doing organic so-called peer support in their natural environment. So it all comes back to how pressurized an individual and false scarcity the society is to not allow mutual aid.

**[Vesper Moore]**

I think a big part of that too is how do you inspire a society that wants to stop policing and authoritarianism, right? Authority in general. I mean, I think a piece of that is we don't have, more specifically the mental health system and mental health industries, we don't have people who are working in those spaces as much or at least outwardly saying that they are working to build a society where this system is no longer necessary.

Yeah. That's a big component across the board. Everyone who is in a role that involves policing should be for and actively working on for a society that can exist without that role needing to be anywhere.

**[Will Hall]**

Right on. And policing and forced treatment, anybody who's in a, because so many people will say, well, you know, I had a client or there was someone in our agency and we didn't have anywhere else to send them. So of course they have to go in the hospital.



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That's the moment that morally you have to be outspoken about creating alternatives rather than just sort of throwing up your hands and saying, oh, well, it's unrealistic to be against forced treatment. Like, no, make it realistic by demanding alternatives.

**[Jacks McNamara]**

Yeah. I recently was teaching a workshop for a bunch of graduate student interns, like therapist interns. How was the, I don't remember the full subject of it, but the reason I'm bringing it up is because there was a component where I was talking about non-coercive alternatives for crisis care.

You know, and I was talking about like sotheria houses and peer respites and crisis hotlines that don't call the police and blah, blah, blah, blah, blah. And, you know, that you can like get somebody a hotel room and people can take shifts staying with them and just like different ways to potentially keep somebody safe. And, you know, as a therapist ways that you can invoke somebody's support system with their consent, you know, like, Hey, can I call your sibling?

Let's all sit down together and like have a family meeting and think about how to keep you safe right now, instead of like, let me 5150 you, you know, and, and the grad student therapy interns, like their minds were just blown, you know, just blown of like, wait, you want me to take home this whole list of things to do instead of 5150 and someone like you can do those things, you know? And I was like, yeah, I mean, like, you know, in my work, like I have a personal vow that I will never call the cops on anyone that I work with period the end. And, and that vow has been tested.

You know, I have had clients who are like, I have a loaded gun in my bedside drawer, you know, like, but I'm just like, I, I don't fucking care. Like I know how much harm it causes people to involuntarily call the cops on them, and I'm not going to do it. And I think people need to state that and really be vocal and loud and brave, you know, that there are actually other things you can do.

**[Will Hall] (46:30 - 49:40)**

That's so powerful as a therapist for you to say that. And I, I share that completely. It always just makes me so angry that therapists went without even thinking at the end of their emails or their voicemail will just say, if this is a crisis, call 911.

It's just, it's just, they're just going along with the herd. That's what they've been taught. That's what they is acceptable.

That's what they have been told is the right thing to do. And it's such a twisting of compassion, such a twisting of, so yeah, I think, I think what we need is more. I mean, I have a lot of colleagues who they work in foundations or they work in the County or they work in some program and all, you know, in maybe less guarded moments, they'll say, well, yeah, that's nice.



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We'll force treatment, but I'm not, I'm not really against, I think we need to, I think we need to start drawing lines and saying, look, we want everybody to be come out against forced treatment. And that's one of the things that's so great about mind freedom is for lots of different reasons. I mean, mind freedom and you're, you're on the board, that's why I mentioned it. There are people, you know, in this movement who go way back, who have just not compromised on this issue. I don't, I don't feel like I've ever compromised on this issue, mind freedom. And so there's this, there's this bedrock of, look, we can hold on to this and we need to, we need to expand it.

We need to start saying it's really not okay to have organizations or individuals that claim to speak for us. And then in the background, they're sort of like, well, no, I'm not really against forced treatment. I, you know, it's like, okay.

It's like force the vote, right? Yeah. Come out and defend that in public.

If that's really what you think, let's have this conversation because now's the time for us to be coming out against. And then also I think it educates us because there are, there are people who have genuine questions like, well, what, what do I do if, what would I do if, and that's, but that's, that's the right conversation to have. Not just, oh no, no, I can't be against forced treatment because it's unrealistic.

Let's have a conversation about how to make it. You know, I talk about sometimes when I'm working with other therapists or supervision or something, naming the ethical dilemma. Like, look, I don't, I don't want you to be in this situation, but I personally am not available or able to give you the resources.

And that's an ethical dilemma. We're working under a system that's broken. There's no alternative for your son or daughter or you right now.

And just naming it rather than rationalizing, oh, he has to go. You know, that's, that's, he's got it's he's crossed the line. He must like naming that.

And then you can say, okay, we're in this ethical dilemma. How do we get out of it? That's when we start to have the conversation and what the alternatives look like.

And ultimately I think that there are, there are a lot of parents who will be natural allies in this. Definitely because they're, they're getting victimized. They're getting hurt by not having the resources as well, but it really fundamentally takes those of us who've been through it, who get it to be at the leading voices of it.

**[Vesper Moore]**



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Yeah. And is there an exhaustion, right? That's a product of capitalism that actually leads folks to not want to, to talk through those conflicts, to figure out, you know, a restorative justice approach.

They're like, that takes too much time. It's, it is easier to disappear people and put them in institutions, right? It's horrible for us where that has happened to us.

Right. But, you know, in terms of systems, in terms of people who, who, who haven't experienced that or have been thought of as disposable, you know, it's, it's like, oh, this is an easy solution. We need to be like, no, it's not an option.

It shouldn't be an option.

**[Jacks McNamara]** (50:26 - 50:26)

Yeah.

**[Will Hall]**

Yeah. It's, it's inspiring that this conversation is starting to happen in multiple places in society.

The homelessness discussion, people are starting to realize that it's, it's exhausted.

We just need to solve the housing crisis. We can't just keep creating, talking about services and creating, you know, nonprofit industrial complex responses to homelessness. We get to need to get to the heart.

This is starting to really break open in California. This California has been under liberal democratic control since forever. And the homelessness situation is getting worse because no one's challenging the roots of it.

And it's starting to happen in the, in the defund the police. And I, it got the defund slogan got kind of twisted because no one is saying defund communities. We're talking about fund communities, but with alternatives to the police, and then just got kind of twisted by the mainstream media conversation.

**[Vesper Moore]**

Well, it's an example again, of, of industry, private industry using the language I talked to. I've talked to a lot of early disability rights organizers. I talked to a lot of early psych survivor organizers.

And something that seems to be a trend is that private industry did not look the same way in the sixties, seventies, eighties, or nineties that it does now like private industries through the roof. Everything that you do can lead to profit for a company now where that did not exist before. And language that you use to speak of liberation, to speak of these can immediately be adopted by a company and taken over and co-opted.

That is, that is what we see at lightning speed that can happen.



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**[Will Hall]**

Many, many times there's activists who come up out of activism and volunteer activism, and then they just move right into job descriptions and they can't somehow they, other parts of them just drop away. They're not quite as free to speak there. And a lot of that's like you were saying, the pressures of, of capitalism, how are you going to survive?

If you, I mean, it's great when you're 22 and you're not thinking about, but you start to get a little bit old. Maybe this is a stereotype, but you start to think about, well, actually I can't really, I've got a family to take care of. I'm more vulnerable than I realized when I was younger that I could just go out and be a protester.

So again, it comes back to there's systemic social context around the politics and the economics.

**[Vesper Moore]**

And I build civil disobedience into my budget. So like, I know in the event that I'm arrested, I have it. I have the money set aside to bail me out.

And the thing about that is, is that it's important. It's important for us to do. I mean, I love that. So the thing is, is that community sustainability, mutual aid, that is where it is at. And that is something that we talk about when we think about the 10 principles of disability justice. When you think about some of the early ideas of anti-psychiatry and what those ideas look like. And the commonality is an anti-capitalist stance. The commonality is recognizing that we have to slow the industrial wheel and make people realize like, Hey, there's so much to dismantle here. There's so much to build here.

There's so much to do together. Collectively. We weren't meant to live this way. This is not sustainable for you. It's not sustainable for your family. It's not sustainable for your friends, your coworkers, everyone, you know, we have to do this together.

**[Will Hall]**

Is there anybody in the US Congress who's speaking our language and pushing our politics and who really gets this and is a champion for what we're talking about? Because I'm not, I'm not seeing them.

**[Vesper Moore]**

April, 2021 last year, I was invited to the white house for the confirmation of justice Jackson, because I had rallied with a group of disability rights activists to have her appointed to the Supreme court. Reason being was that the folks who fought for disability rights in the Supreme court were, you know, we had some folks stepping down. We, we had lost RBG.



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We had, you know, all of these things that had happened and we're like, we need someone there. She was the first black woman appointed to the Supreme court, as you know. And once she was successfully appointed, got a letter, had to rush over, be there like the, the, the next day.  
Right.

**[Will Hall]**

You left this out of your super bad-ass bio. One of the many things that were left out of the super bad-ass bio.

**[Vesper Moore]** (55:16 - 57:18)

It's interesting how, like, like, like, like where you end up and where you go. Cause it was, it was interesting being at, at, at the white house because apparently they have people who like, who sometimes work at Disney, like, like work the lines to get into the white house, which I found very interesting from a capitalist standpoint that like, Oh, you could, you could bring a private industry to, to, to, to, to do this work. But anyway, when we look at politicians who, who are most aligned with our thinking, it is the democratic socialists more often than not, at least people who identify as democratic socialists.

We have a lot of liberals who are very much more on, on the front of it is progressive to make sure that these unhoused people have a over their heads. So therefore institutionalizing them is okay. And that is an issue that I keep running into.

Cause I'm like, no, no, no, no, no, but you don't get it or, or you do get it. And you're just like, I need to solve this. And people in my constituency need to see that I'm doing something about this and I'm taking charge.

And it's having those critical conversations with these politicians in terms of who is, is, is, you know willing to, to work and support and do some of this. I mean, I can tell you that, that justice Brown Jackson or, you know first and foremost, she, she is someone who has fought for, for the ADA since early on and, and has fought for a lot of these things, whether or not if she's completely politically aligned, that's another story. And, you know people like Alexandria Ocasio-Cortez are very aligned.

I think to an extent, once again, when it comes to forced treatment, I think people aren't willing to like go there. Bernie Sanders, I'm actually not sure. Interesting thing about Bernie though, there have been a few psych survivors out of Vermont that have talked about Bernie showing up to, to some of those early rallies and, and supporting those efforts early on.  
So I don't know his, his stance currently on some of these issues.

**[Will Hall]**



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I think his platform was really, really progressive in 2020 on disability rights in general. It mentioned voluntary community supports and peer support and, but the problem also is, is the forced treatment, but also the more treatment is better. There's this pharma influence that just extends to both sides of the aisle where people tend to think that, oh, medicine, good treatment, good people.

And it's, it's real. A lot of, for a lot of people, it's lack of access. They, they, people want to get in the hospital.

They want to have a, a, a appointment to, for, to think about medications. They want to get some kind of access to treatment, but then you have on the other side of the, of the equations, like what kind of treatment and what are people being offered? So I think we're still pretty far away from that.

I just would like to see, I would like to see some national leadership for our issues and really challenging people in Congress.

**[Jacks McNamara]**

And no, I was just curious, something in what you were just saying was making me think about involuntary outpatient treatment, you know, like forced outpatient commitment kind of thing, forced drugs on that level. Cause we haven't really been, we haven't really been talking about that. We've been talking about forced inpatient treatment and in New York, the, the policies they're trying to push through right now, those include involuntary outpatient treatment, right?

**[Vesper Moore]**

Yeah. I mean, I've been talking about it as, as the trend of re-institutionalization across the country. The interesting thing about the re-institutionalization language, again, that I was saying earlier, some people might think of that as positive.

Others might think negative when they hear that language. But you saw this with the, with the care courts in California, which began being implemented in, in March of last year. And there, there was a fight.

**[Jacks McNamara]**

What are care courts?

**[Vesper Moore]**

It's involuntary outpatient treatment. It is, it is the same taking unhoused people that are deemed mentally ill by the wider system and having them brought into settings for forced treatment. And that is what we are seeing with the Mayor Adams mental health directive.



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A lot of people don't want to call it a plan because it is a directive. And the concern is primarily taking a lot of the unhoused people out of subways, having police officers do a lot of this effort, bringing people to, to an institution to be brought in for, for, for assessment and evaluation, but, you know, more likely committed at that moment in time. And that is by any means necessary, whether if that is chemical restraint, putting them on a medication, you know, or, you know, that they do not choose, or maybe even fully understand because of the trauma of living on the streets for 20 some odd years or however long they have.

**[Jacks McNamara]** (1:00:20 - 1:00:42)

Well, in a lot of these drugs, I mean, I think people don't realize when we talk involuntary outpatient treatment, often what we're talking is injectables that last for a very long time, you know, so it's not like someone's being ordered to take some pills and they can choose whether or not to take those pills. It's like, you're getting a shot that's going to last you for one month, three months, and that's it. You're on an antipsychotic.

Boom.

**[Vesper Moore]**

Yep. Haldol, Thorazine, the, the, the usual, I would say is something that we are seeing in both of these states in terms of utilization and in terms of, in quotes, keeping the unhoused in line in some of these institutions.

**[Will Hall]**

Yeah. There's a parallel that happened with the war on drugs because it was considered a compassionate alternative to mandate treatment. You get busted something that's associated with illegal substances, and then you get mandated to basically outpatient treatment for addiction, addiction, addiction treatment.

And then there's another position that just says, well, wait a second, why don't we just end the war on drugs? And for so many years, people are, people are saying, well, no, that's impossible. But actually now we're much closer to actually doing that.

I mean, cannabis is getting more and more legal and there's a much stronger position that's coming forward around no longer criminalizing drug use. But then you have the other side of it, because I've talked to people in Europe who are in countries where there's more of a harm reduction approach where they aren't, they aren't criminalizing drug use. But what they say is that, well, actually what ends up happening is that they just, people just don't get services at all. They just are, are left, it becomes neglect. So this, this debate or this tension or contradiction between control through coercion or neglect is I think the false dichotomy. That's the trap that we get into.



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I think that's the same thing with the defund the police, because people feel like their communities will be neglected if they aren't, they don't have police services because those are the only services that they've known to, to rely on. So again, it's this larger, larger conversation that connects issues.

**[Vesper Moore]**

We also need organizations, well, not necessarily organizations, but just groups and initiatives. They don't, it doesn't have to be a nonprofit, but as long as it is sustained in some way and can continue, that are fighting against forced treatment and, you know, organizations that aren't like the treatment advocacy centers. These treatment advocacy centers largely are very much pro-force treatment there that, and in a lot of ways are representing themselves as entities that, that represent our movement and our ideas collectively when they do not, they really, really do not.

**[Will Hall]**

Yeah. That's been a big problem for decades. And I guess that was the treatment advocacy center is the primary person is E.

Fuller Torrey, who has a history of advocating for what it seems like a compassionate response, more housing, for example, but it ends up being just so extremely pro-medical model and extremely pro-medications and forced medications. And all the arguments are again, these compassionate, well, we shouldn't neglect people. Therefore we should force them onto drugs. And I think that the treatment advocacy center is actually bankrolled by a family member. There's a very, very rich, the Stanley foundation.

**[Vesper Moore]**

Another layer too, is, is, is the simplification of change, right? So like people are like, okay, overall statement, housing, not hospitals care, not courts. These, these statements are, are statements that, that movements are using now, people are speaking out against now our movement.

You know, I see a lot of people saying these statements, well, like, what do you actually mean by that? And what are the details in that? Right.

Because you can have a readily available alternative, but does it, will it turn into another form of policing? And that's something that we need basically like a fail-safe in place for.

**[Will Hall]**

So we're the fail-safe best for the movement. We are the one that, yeah, people who've been through it. Cause I mean, that was, there was a lot of excitement about, about peer support, peer specialists.



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And now I've, I go around and talk to people and there are peer specialists that are just medication enforcers. They prevent people from thinking in terms of rights issues. And they're, those are the ones that get rewarded and hired and promoted are the ones that maybe fit into. And the other people who are trying to swim upstream, they burn out or they get pushed out or they don't get hired in the first place. So again, there's this constant if you're not dealing with the roots of the problem, then whatever positive thing that we're promoting can end up just being co-opted in the end.

**[Jacks McNamara]**

So is there anything else that you're wanting to add in right now that we haven't touched on yet?

**[Vesper Moore]** (1:05:15 - 1:08:00)

Yeah. I think to like looking forward, thinking of the future, thinking of, of, of how, how we continue to organize, right? Important takeaways are organizing are singularly around human rights, civil rights, as it relates to mental health and disability rights.

I like to think about organizing around mad liberation, right? Liberating our minds from, from carceral mental health, incarcerating punishment-based mental health in our society in every context, and also freeing ourselves from, from other carceral systems and capitalist ideas. It's not just limited to psychiatry and the psychiatric system.

We also need to build things, not necessarily always in, just in opposition of psychiatry and like in completely independent of psychiatry, but like rather new ideas that are our own, right? That's continuing, that, that is of continuous importance, I would say. Another piece as well is, is that there's so much in terms of identity and sometimes with identity, you know, the ideas of identity freedom and talking about a lot of these things that we silo ourselves in terms of identity and we don't organize enough around where our beliefs meet, where they diverge, how we can work together.

I think that's a very, very important piece as well. In order to have the solidarity that we need to do some of the things that we're talking about, we will need to organize with the parents, with, with the police, you know, with, with these people, right? And when I mean police, I mean people who, who police in many different contexts.

Psychiatrists who seek to end the harms of psychiatry that are, you know, social workers that seek to end the harms of social work. Psychologists that seek to, to do the same. It's there, there's so much in terms of importance there, right?

How do we inspire that change? How do we do that work? And it's, it's uncomfortable.



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It's challenging. And I think something that's, that's really important with that is, is that in order for us to hope, we have to think about it as, as a practice, as a discipline. This is something that I always end up doing.

I always end up quoting Miriam Kaba, but thinking of hope as a discipline. And the reason for that is, is that in order for these ideas to exist, we do have to hope and envision them. Although these, these systems, these corporations can be so disheartening and life destroying.

**[Jacks McNamara]**

I love that hope is a discipline. That's really beautiful.

**[Will Hall]**

Yeah. We really need to remember that capitalism is actually a little blip in human history. It's a very strange, brief, several hundred year moment and monarchy existed and everybody thought, Oh, the divine right of Kings and caste systems and serfdom and slavery, and it's all just natural.

And then that has changed. And I think there's a lot of reason, if you look at history to think that people are able to do something different. So I think also the coalitions, like you were saying, working with different people is crucial.

And I would hope that ending forced treatment, abolishing forced treatment could be the bedrock of building that coalition or one of those coalitions.

**[Jacks McNamara]**

Curious, I feel like we're drawing towards a close and I'm wondering if you could tell us what you see in the movements now that gives you hope. Like, what do you look out at? And you're like, that's fucking awesome.

Maybe humanity is not going to die. My people are doing a good job.

**[Will Hall]**

Great question.

**[Vesper Moore]** (1:09:10 - 1:10:32)

That is an excellent question. I mean, it's a little bit of what we were talking about earlier, movements, organizing together who have not organized together before. I'd say the willingness to know and speak out against the violence that we've seen in the mental health system historically and currently.

I've been seeing that as more of a trend than before. And regardless of a lot of the things that might be challenging with the peer support industry at large, having ideas of community, working



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to build communities of healing independent of these industries and these systems, they're going to be fundamentally rooted in some of the ideas that have been built with peer support. So a beautiful thing about that too is that more and more folks are taking on mutual aid initiatives that are led by psychiatric survivors and mad people and disabled people. And they're like, you know what? We're going to take our power back. We're going to put it back into our own hands.

And they're like, I have to figure out how to do this and get away from this policing hierarchy of a society that we all live in.

**[Will Hall]**

Vesper, how can people get in touch with you if they want to follow up and contact you?

**[Vesper Moore]**

You can contact me through my website, which is [www.vespermoore.com](http://www.vespermoore.com). You'll see my email there. It's an Outlook email.

You can contact me various ways, whether that'd be through Madness Network News or for peer support initiatives, or if that's for just community organizing. I like to think of myself as someone who is of many multitudes and is connected in many different ways. And if you're looking to do some of this wonderful change work, healing work, radical work, feel free to contact me.

**[Jacks McNamara]**

Awesome. Thank you so much, Vesper. It's been really great to have you on Madness Radio today.

**[Will Hall]**

Yeah. Thanks a lot, Vesper, for joining us today.

**[Vesper Moore]**

Thank you for having me.

**[Will Hall]** (1:11:25 - 1:11:58)

You've been listening to an interview with Vesper Moore. Vesper Moore is a mad and disability rights activist, a board member at Mind Freedom International, a board member of the Bazelon Center for Mental Health Law, and the chief operating officer of Kiva Centers, a peer-run indigenous-led organization based in Massachusetts. Vesper also hosts the podcast, Get MADD with Vesper Moore.



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That's all the time we have on Madness Radio. Thanks for joining me, Jacks McNamara and from Will Hall. See you next time.