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Chimes of Freedom: International Human Rights and Institutional Mental Disability Law

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"Chimes of Freedom:"[1] International Human Rights and Institutional Mental Disability Law

*Michael L. Perlin**

The past thirty years have witnessed a revolution in American mental disability law. This revolution is one that largely constitutionalized virtually every aspect of the involuntary civil commitment and release process, as well as most "pressure points" in the course of institutionalization (the right to treatment, the right to refuse treatment, the right to the least restrictive alternative course of treatment). It saw the first broad-based, federal civil rights statutes enacted on behalf of persons with mental disabilities. It witnessed the creation of a "patients' bar" to provide legal representation to such persons. Paradoxically, it also saw both a ferocious backlash against forensic patients (especially, but not solely, persons found not guilty by reason of insanity), and a "widening of the net," that, by "blurring" the boundaries of civil and criminal mental disability law, has increased the categories of persons subject to the involuntary civil commitment power (to now include those charged with certain sexually violent offenses and persons subject to "assisted outpatient commitment").[2] This revolution continues today, and there is no reason to expect any abatement in case law, statutory amendments, or advocacy initiatives in the coming years.

But it is a revolution that has largely been a parochial one. There have been important developments in other nations — both in common and civil law countries — but, by and large, this has been an American revolution.

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1. BOB DYLAN, *Chimes of Freedom, on* ANOTHER SIDE OF BOB DYLAN (Warner Bros. 1964).

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2. *See generally*, MICHAEL L. PERLIN, MENTAL DISABILITY LAW: CIVIL AND CRIMINAL (1989); *id.* (2d ed. 1998-2001).

Important cases include: Board of Trustees of Univ. of Ala. v. Garrett, 531 U.S. 356 (2001); Olmstead v. L.C., 527 U.S. 581 (1999); Sutton v. United Air Lines, 527 U.S. 471 (1999); Kansas v. Hendricks, 521 U.S. 346 (1997); Godinez v. Moran, 509 U.S. 389 (1993); Heller v. Doe, 509 U.S. 312 (1993); Riggins v. Nevada, 504 U.S. 127 (1992); Washington v. Harper, 494 U.S. 210 (1990); Zinermon v. Burch, 494 U.S. 113 (1990); City of Cleburne v. Cleburne Living Ctr., 473 U.S. 432 (1985); Jones v. United States, 463 U.S. 354 (1983); Mills v. Rogers, 457 U.S. 291 (1982); Youngberg v. Romeo, 457 U.S. 307 (1982); Vitek v. Jones, 445 U.S. 480 (1980); Addington v. Texas, 441 U.S. 418 (1979); Parham v. J.R., 442 U.S. 584 (1979); O'Connor v. Donaldson, 422 U.S. 563 (1975); Jackson v. Indiana, 406 U.S. 715 (1972); Rennie v. Klein, 653 F. 2d 836 (3d Cir. 1981); Rogers v. Okin, 634 F. 2d 650 (1st Cir. 1980); Wyatt v. Aderholt, 503 F. 2d 1305 (5th Cir. 1974); Lessard v. Schmidt, 349 F. Supp. 1078 (E.D. Wis. 1972); Wyatt v. Stickney, 325 F. Supp. 781 (M.D. Ala. 1971), *aff'd sub. nom.*; Rivers v. Katz, 504 N.Y.S. 2d 74 (1986).

This is curious to some extent. For the conditions that led reformers to launch a series of well-orchestrated attacks on institutional care and on the involuntary civil commitment process in the United States certainly exist in other nations. If there has ever been any question about this, the stunningly graphic and comprehensive reports done by Mental Disability Rights International ("MDRI") on conditions in Hungary, Uruguay, and Mexico eliminate any lingering doubt.[3] Yet, for a variety of reasons, there have been few legal developments in these countries — and others similarly-situated — that parallel what has happened in the United States over the past thirty years.

In the past two years, I have attempted to make a modest change in this picture. Under the auspices of MDRI, I have traveled to Budapest, to Tallinn, to Riga, to Budapest again, and to Sofia, to consult with activists, advocates, progressive mental health professionals, and lawyers providing legal services to persons with mental disabilities. In Budapest, I spoke to members of the Psychiatric Interest Forum; in Tallinn, to members and officials of the Estonian Psychiatric Patients Advocacy Association; in Riga, to members of the Latvian Center on Human Rights and Ethnic Studies. In Budapest, I also met with the secretary of the National Disability Affairs Council, the secretary of the Hungarian Association for Persons with Mental Handicap, and the head of the Hungarian Civil Liberties Union. In Tallinn and Riga, I conferred with law school students and faculty. During my second trip to Budapest, I met with activists from Slovenia, Croatia, Kosovo, Poland, the Czech Republic, and other nations. While in Sofia, I had discussions with activist lawyers and advocates from some of these same nations, as well as from Albania. I also worked with members of the Bulgaria Helsinki Committee, and a representative of Amnesty International.

In each venue, I presented mini-versions of my two introductory mental disability law courses (Mental Health Law, and Criminal Law and Procedure: The Mentally Disabled Defendant), stressing issues involving involuntary civil commitment, institutional rights, deinstitutionalization, and advocacy. In Latvia, I also participated in a set of on-site visits to facilities for persons institutionalized because of mental disabilities. My aim in each case was to "brainstorm" with workshop participants about the optimal sort of ombudsman/advocacy project for each country, to see what kinds of problems were indigenous to those nations, and which were global. It was no surprise that the pictures that I saw in January 2002, from facilities in Bulgaria — half-dressed patients in cage-like rooms, feces smeared on the wall — eerily reflected the conditions at Willowbrook State School in New York City when

3. MDRI is a non-governmental advocacy organization dedicated to the recognition and enforcement of the rights of people with mental disabilities. *See* http://www.mdri.org (last visited Nov. 15, 2002).

they were exposed to a stunned nation some thirty years ago by the then-fledgling investigative reporter Geraldo Rivera.[4]

Teaching in Central and Eastern Europe taught me that the way we treat persons with mental disabilities — in institutions and in the community — is an international human rights issue, and it must be discussed, conceptualized, and taught in that context. It was that experience that led me to think about the need for today's program.

Before speaking further about today's symposium, there is one more "outside event" that I need to share with you: the development of New York Law School's distance learning, on-line Mental Disability Law course. Since the fall of 2000, we have been offering this program (basically a combination of the two introductory mental disability law courses to which I have already referred) domestically to lawyers, advocates, and mental health professionals. Early in January 2002, we launched our first international course in Tokyo.[5] We are now actively seeking philanthropic grant funding to allow us to offer this program to an audience of activists and advocates from Central and Eastern European nations. I tell you this now, because I believe that it may prove the best way of disseminating the important information that is at the core of much of the work that you will be hearing about all day today.

What will this course do, and how does it relate to today's program? I expect and hope that the Central & Eastern Europe ("C&EE") "section" of the Internet course will satisfy these objectives:

1. Provide participants with a firm grounding in all aspects of mental disability law — institutional, forensic, and private;
2. Offer them an opportunity to learn how the "law on the books"/"law in action" dichotomy — a gap that has plagued mental disability law for the past three decades — can best be resolved in the C&EE context; and
3. Allow them to interact in a collaborative way to search for solutions to problems unique to C&EE.

The international iterations of this course include:

- twelve hours of videotapes, which I prepared;

4. *See* Peter Margulies, *The New Class Action Jurisprudence and Public Interest Law*, 25 N.Y.U. REV. L. & SOC. CHANGE 487, 507 (1999) (characterizing the conditions of the New York institution in the Willowbrook experience as "shockingly inhumane").

5. In the fall of 2002, some six months after the conference at which this paper was originally delivered, New York Law School expanded its Internet course to offer a section in Nicaragua. We are currently seeking grant funding to expand that course to other Central American nations as well. Virtually all of the commentary in this paper on the expansion of this course to other nations in Central and Eastern Europe applies equally to potential expansion in Central America.

– a notebook of readings, cases, and materials to supplement the casebook (MENTAL DISABILITY LAW: CASES AND MATERIALS)[6] and book of readings (THE HIDDEN PREJUDICE: MENTAL DISABILITY ON TRIAL);[7]

– weekly reading assignments with "focus questions;"

– on-going, threaded, on-line message boards;

– a weekly, moderated on-line chat room; and

– two live two day-long seminars, one at the beginning of the course, and one at the conclusion.

The course substantively focuses on civil/constitutional issues (involuntary civil commitment, institutional rights, the right to refuse treatment, and deinstitutionalization), criminal issues (competencies, the insanity defense, sentencing, sexually violent predator acts, and the importance of mental disability in criminal trial process issues, such as confessions, the privilege against self-incrimination, and the death penalty), and tort law.[8] Unlike the domestic sections, it also includes an advocacy-training component, specifically tailored for the needs of attorneys, activists, and advocates in C&EE.[9] I have included this additional material for several reasons:

First, I am convinced — after thirteen years of practicing law and eighteen of teaching it — that the presence of a vigorous, independent advocacy system (with trained, specialized counsel) is perhaps the most critical issue in determining whether any true mental health law reform is possible in *any* jurisdiction.[10] Second, there are multiple advocacy models, some of which may be more easily "transportable" to the civil law countries of Europe than others; this component will help participants assess which models will "work better" in their nations (as an aside, I certainly do not believe there is necessarily a "one size fits all" model of advocacy for all the nations in C&EE). Third, my earlier trips to Hungary, Estonia, Latvia, and Bulgaria, have clarified for me the importance of this issue to those who are likely participants in this course; probably a majority of the questions that I was asked in all of the programs in which I participated dealt with issues of advocacy models, ombudsmen projects, etc. Finally, I have written extensively about this issue in a domestic

6. MICHAEL L. PERLIN, MENTAL DISABILITY LAW: CASES AND MATERIALS (1999).

7. *See* MICHAEL L. PERLIN, THE HIDDEN PREJUDICE: MENTAL DISABILITY ON TRIAL xvii-xix (2000) [hereinafter PERLIN, HIDDEN PREJUDICE]. In this book, I discuss the *sanist* and *pretextual* roots of mental disability law. By "sanist," I mean the irrational prejudice that is of the same quality and character of other irrational prejudices that cause and are reflected in prevailing social attitudes of racism, sexism, homophobia, and ethnic bigotry.

8. The course that has been offered in the U.S. has lasted, variously, fourteen or sixteen weeks; this has been reduced to twelve for international iterations of the course.

9. I plan to team-teach the live seminars (on-site in C&EE) with Èva Szeli, one of the other participants in this Symposium, as well as a local advocate/human rights specialist/attorney (a resident of the nation in which the live seminars would be held).

10. *See* Michael L. Perlin, *"The Executioner's Face Is Always Well-Hidden:" The Role of Counsel and the Courts in Determining Who Dies*, 41 N.Y.L. SCH. L. REV. 201, 207 (1996).

context, and am eager to see the extent to which the conclusions that I have reached over the past three decades apply in an international setting.[11]

Earlier, I stated in summary fashion the objectives of the course. Let me now address each of these in a bit more detail, and explain how it links up with today's program.

1. It will provide participants with a firm grounding . . .

There is a remarkable overlap between the body of decisions that define American constitutional mental disability law and the body of international human rights standards that mandate humane treatment of persons with mental disability in every nation in the world.[12] Internationally, there is a shameful history of human rights abuses in psychiatric institutions: the provision of services in a segregated setting that cuts people off from society, often for life; the arbitrary detention from society that takes place when people are committed to institutions without due process; the denial of a person's ability to make choices about their life when they are put under plenary guardianship; the denial of appropriate medical care or basic hygiene in psychiatric facilities; the practice of subjecting people to powerful and dangerous psychotropic medications without adequate standards; and the lack of human rights oversight and enforcement mechanisms to protect against the broad range of abuses in institutions.[13]

Mental Illness Principles ("MI Principles") approved by the United Nations can be used as a guide to the interpretation of international human rights covenants as they apply to people with mental disabilities. In the case of *Congo v. Ecuador*,[14] for example, the Inter-American Commission on Human Rights made this finding:

> [T]he Commission considers that in the present case the guarantees established under article 5 of the American Convention must be interpreted in light of the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care. These principles were adopted by the

11. *See* PERLIN, *supra* note 2, at ch. 2B (2d ed. 1998); Michael L. Perlin & Robert L. Sadoff, *Ethical Issues in the Representation of Individuals in the Commitment Process*, 45 LAW & CONTEMP. PROBS. 161 (1982); Michael L. Perlin, *Fatal Assumption: A Critical Evaluation of the Role of Counsel in Mental Disability Cases*, 16 LAW & HUM. BEHAV. 39 (1992).

12. *See, e.g.*, Eric Rosenthal & Leonard S. Rubenstein, *International Human Rights Advocacy under the "Principles for the Protection of Persons with Mental Illness,"* 16 INT'L J. L. & PSYCHIATRY 257 (1993).

13. Violations such as these are documented in the reports prepared by Mental Disability Rights International in its comprehensive and well-publicized studies of the systems in Uruguay, Hungary, and Mexico. MENTAL DISABILITY RIGHTS INT'L, HUMAN RIGHTS AND MENTAL HEALTH: MEXICO (2000); MENTAL DISABILITY RIGHTS INT'L, HUMAN RIGHTS AND MENTAL HEALTH: HUNGARY (1997); MENTAL DISABILITY RIGHTS INT'L, HUMAN RIGHTS AND MENTAL HEALTH: URUGUAY (1995), *available at* http://www.mdri.org/publications/index.htm [hereinafter MDRI STUDIES].

14. Congo v. Ecuador, Case No. 11.427, Inter-Am. C.H.R. 475 (1999) (citations omitted).

> United Nations General Assembly as a guide to the interpretation in matters of protection of human rights of persons with mental disabilities, which this body regards as a particularly vulnerable group.[15]

The case continued in a footnote:

> The UN Principles for the Protection of Persons with Mental Illness are regarded as the most complete standards for protection of the rights of persons with mental disability at the international level. These Principles serve as a guide to States in the design and/or reform of mental health systems and are of utmost utility in evaluating the practices of existing systems. Mental Health Principle 23 establishes that each State must adopt the legislative, judicial, administrative, educational, and other measures that may be necessary to implement them. These Principles are also standards of assessment that makes international human rights monitoring by NGO's more possible.[16]

This course will teach participants the basics of all the major components of mental disability law: civil/constitutional mental disability law, institutional mental disability law, forensic mental disability law, and private mental disability tort law. It will illuminate the parallels with international human rights law (flowing from the promulgation of United Nations' standards, principles, treaties, and international court decisions) in such a way that participants will be able to most effectively integrate the substance of the law into the practice of mental disability law (and mental disability advocacy) in Central & Eastern Europe.

2. The "law on the books"/"law in action" dichotomy . . .

There is a gap that has plagued American mental disability law since it began. Cases are decided on the Supreme Court level, yet are not implemented in the states. The United States Supreme Court has articulated sophisticated doctrine, for example, by mandating dangerousness as a prerequisite for an involuntary civil commitment finding, yet trial courts ignore that doctrine.[17] The Supreme Court has issued elaborate guidelines to be used in cases of criminal defendants who will likely never regain their competence to stand

15. *Id.* at para. 54.

16. *Id.* at n.8; *see also* MDRI STUDIES, *supra* note 12; Eric Rosenthal, International Human Rights Protections for Institutionalized People with Disabilities: An Agenda for International Action, Annex B, Delivered at Let the World Know: International Seminar on Human Rights and Disability (Nov. 5-9, 2000) (prepared for U.N. Special Rapporteur Bengt Linqvist, suggests an agenda for international action based on MDRI's experience working with the MI Principles and the international convention).

17. *See generally* PERLIN, HIDDEN PREJUDICE, *supra* note 6, at 59-76.

trial, yet, nearly thirty years later, half of the fifty states still ignore these standards.[18] This gap is a reflection of the level of *pretextuality* that permeates American mental disability law. By "pretextuality", I mean

> that courts accept (either implicitly or explicitly) testimonial dishonesty and engage similarly in dishonest (frequently meretricious) decisionmaking, specifically where witnesses, especially expert witnesses, show a 'high propensity to purposely distort their testimony in order to achieve desired ends.' This pretextuality is poisonous; it infects all participants in the judicial system, breeds cynicism and disrespect for the law, demeans participants, and reinforces shoddy lawyering, blase judging, and, at times, perjurious and/or corrupt testifying.[19]

As a result of this pretextuality, the law on the books is often little more than an illusion; "successful" cases brought on behalf of persons with mental disabilities are often little more than "paper victories."[20]

Residents of Central and Eastern European nations are no strangers to pretextuality in many other areas of the law. I hope that through this course I will be able to help participants identify the pretexts endemic to mental disability law, and to develop strategies for dealing with these pretexts in their work. A recent analysis of the European Commission on Human Rights, by way of example, concluded that that body has interpreted the European Convention on Human Rights "very restrictively in psychiatric cases."[21] The cases analyzed in this article — cases that characterize the handcuffing of patients as "therapeutically necessary"[22] or that sanction the use of seclusion for "disciplinary" purposes[23] — certainly bespeak pretextuality. It is essential that such pretextuality be identified and answered.

3. Interactive collaboration . . .

Many of the problems faced in C&EE are regional ones that flow from decades of totalitarian regimes. Currently-existing advocacy programs are

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18. Grant Morris & J. Reid Meloy, *Out of Mind? Out of Sight: The Uncivil Commitment of Permanently Incompetent Criminal Defendants*, 27 U.C. DAVIS L. REV. 1 (1993).

19. Michael L. Perlin, *"Their Promises of Paradise:" Will Olmstead v. L.C. Resuscitate the Constitutional "Least Restrictive Alternative" Principle in Mental Disability Law?*, 37 HOUSTON L. REV. 999, 1046-47 (2000) (citations omitted).

20. Michael S. Lottman, *Paper Victories and Hard Realities, in* PAPER VICTORIES AND HARD REALITIES: THE IMPLEMENTATION OF THE LEGAL AND CONSTITUTIONAL RIGHTS OF THE MENTALLY DISABLED 93 (Valerie Bradley & Gary Clarke eds., 1976). I discuss the implications of this concept in, inter alia, Perlin, *supra* note 19, at 1049.

21. David Hewitt, *Do Human Rights Impact on Mental Health Law?*, 151 NEW L. J. 1278, 1278 (2001).

22. Herczegfalvy v. Austria, 15 Eur. Ct. H.R. 437 (1993), discussed in Hewitt, *supra* note 21, at 1278.

23. Dhoest v. Belgium, 12 Eur. Ct. H.R. 135 (1987), discussed in Hewitt, *supra* note 21, at 1278.

often modest and operate on "shoestring budgets." I believe that an interactive program, such as the one I am describing, offers participants an excellent opportunity for on-going, robust interaction in a supportive environment.

One of the course's features is permanent message boards on its web-site. Each week the instructor begins a new "threaded message" discussing that week's readings. All participants are encouraged to join in and discuss the reading and the videotapes prior to the chatroom session. Each week in the chatroom, the students and the mentor professor discuss the readings, focusing on a few of the most critical issues raised in the cases and materials. The conversation is free-wheeling, but always respectful. Time, literally, flies. And new ideas circulate with dizzying speed. After the chatroom sessions, flurries of e-mails — both to the entire group and to individuals — explore further and in greater depth some of the ideas pursued in the chatroom. The written assignments build on the readings, the tape viewings, the message boards, and the chatrooms. The in-person seminars are the culmination of the course.

Now, how does all this link up with today's program? I have several answers:

1. The hub of today's program is MDRI's release of its scathing Hungary social care home report.[24] That report excoriates the conditions of individuals in these facilities, and demonstrates the extent to which social reform efforts are needed. To plan a meaningful and potentially effective strategy, it is necessary to consider all of the past efforts (some successful, some not) over the past three decades of institutional litigation in the United States.

2. Hungary is *not* the only nation in its region in need of such social reform. You will also be hearing about conditions in Bulgaria (to which I have already alluded), and how other human rights groups have mobilized to meet that challenge. There is no over-estimating the significance of this: finally, abuses of persons with mental disabilities are being considered human rights abuses. Again, there is a parallel here worth thinking about: it was not until 1972 that the United States Supreme Court — in the case of *Jackson v. Indiana*[25] — first held that the due process clause applied to the "nature and duration" of the involuntary civil commitment process. It would have been inconceivable to hold this conference the day before that case was decided. It is only when we reach a consensus that abuses in institutions for persons with mental disabilities *are* human rights violations that conferences, such as this one, will be replicated regularly in other nations.

3. I am thus convinced that although the problems in C&EE appear very different from the problems we face here, it is absolutely essential that constitutional developments over the past thirty years in the United States (develop-

24. *See* Symposium, *International Human Rights Law and the Institutional Treatment of Persons with Mental Disabilities: The Case of Hungary,* 21 N.Y.L SCH. J. INT'L & COMP. L. 339 (2002).

25. 406 U.S. 715 (1972).

ments that form the basis of much of the international human rights law that will be the focus of today's program) be contextualized for advocates and activists. I believe that the most cost-efficient and effective means of doing that is via an Internet-based course.

4. Having said all of this, there are other issues involved that need to be considered as well: court processes, litigation, jurisprudence, the relationship between these human rights questions and broader political matters. Each of these will be addressed as well in the context of this program.

Our program is divided into four main segments, each one of which will be moderated by a New York Law School professor: myself, Stephen Ellmann, Terry Cone, and Paul Dubinsky. I am grateful to my colleagues for their help. In the first segment, Dr. Èva Szeli, Director of European Operations in MDRI's Budapest office, will speak on "International Mental Disability Law: The Central & Eastern European Experience." Dr. Szeli, a lawyer and a psychologist (as well as a frequent co-collaborator who has traveled with me through the old town neighborhoods of Riga and Tallinn on my never-ending search for Bob Dylan rarities) will discuss her work throughout the region, as well as her work in Hungary (both on the social care home report and other initiatives). Also, Krassimir Kanev, a human rights advocate with the Bulgaria Helsinki Committee, will talk about "International Mental Disability Law and Human Rights Law: The Helsinki Committee Perspective," and share with us the first important connections between the mental disability law "movement" and the international human rights movement.

In the second segment, three speakers, Dr. Katalin Peto, Eszter Kismodi, Esq., and Gabor Gombos (a psychiatrist, lawyer, and advocate for persons with mental disabilities), will each discuss the social care home report: what it says, how it came to be drafted, how the hands-on research was performed, and what its implications are for other nations in the region. Then, two New York Law School students, Sara Rotkin '02 and Jean Bliss '03, both of whom accompanied me to Budapest on my trip in October 2001, will present a report on that conference, and how it gave "life to advocacy ideals."

The third segment is one presentation by Eric Rosenthal, Executive Director of MDRI, in Washington, DC. He is the one person in the world most responsible for meaningful human rights reform in psychiatric institutions in Central and Eastern Europe. He will speak on "The Application of International Human Rights Law to Institutional Mental Disability Law," contextualizing today's programs in both contexts.

Then, there will be four interlinked presentations from four different perspectives. I've entitled it, "Bridging the Gap: American and Other Perspectives," in an effort to demonstrate how what we are talking about today is related to a variety of important jurisprudential, political, social, and judicial perspectives. Professor Bruce Winick, from the University of Miami Law

School, and one of the founders of the school of "therapeutic jurisprudence,"[26] will speak on "Therapeutic Jurisprudence Perspectives" on the questions before us. Professor Robert Dinerstein, of American University Law School is one of the few American law professors who has done significant social reform work in this area of the world,[27] will speak on "Guardianship Reform Perspectives." Judge Ginger Lerner-Wren, of the Broward County Criminal Court in Florida, and the judge who sits on what is, by all accounts, the best Mental Health Court in the nation,[28] will discuss "Court Systems Perspectives." And finally, Professor Elizabeth Duquette, who teaches at both the University of Chicago and Northwestern Law Schools,[29] will place this in a greater political context, by speaking on "European Union Perspectives."

Now finally, a word about my title. As more than a few of you have already guessed, there's a Bob Dylan connection. My title comes, in part, from Dylan's all-too-rarely heard masterpiece, *Chimes of Freedom*,[30] a composition that critic Robert Shelton has characterized as Dylan's "most political song" and an expression of "affinity" for a "legion of the abused."[31] The first verse of the song concludes:

> Flashing for the warriors whose strength is not to fight,
> Flashing for the refugees on the unarmed road of flight,
> An' for each an' ev'ry underdog soldier in the night,
> An' we gazed upon the chimes of freedom flashing.[32]

I cannot think of a finer way of characterizing what we are discussing here today.

CONCLUSION

This is not an easy effort. As you will learn from many of our upcoming speakers, there is much resistance, much opposition, and much more to do. But I am confident that, eventually, we will succeed; the importance of this

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26. *See, e.g.*, DAVID WEXLER & BRUCE WINICK, LAW IN A THERAPEUTIC KEY: DEVELOPMENTS IN THERAPEUTIC JURISPRUDENCE (Carolina Academic Press ed., 1996).

27. Professor Dinerstein serves on the board of directors of Mental Disabilities Rights International, and Institute Evros, the European Advocacy Information Centre, in Ljubljana, Slovenia. His international work, in disability and clinical legal education, has taken him to Chile, Columbia, Peru, Hungary, Poland, Montenegro, Japan, and Slovenia, among other places.

28. *See, e.g.*, LeRoy Kondo, *Advocacy of the Establishment of Mental Health Specialty Courts in the Provision of Therapeutic Justice for Mentally Ill Offenders*, 24 SEATTLE U. L. REV. 373 (2000).

29. *See, e.g.*, Elizabth Duquette, *Human Rights in the European Union: Internal Versus External Objectives*, 34 CORNELL INT'L L.J. 363 (2001).

30. DYLAN, *supra* note 1.

31. ROBERT SHELTON, NO DIRECTION HOME: THE LIFE AND MUSIC OF BOB DYLAN 220 (1997). *Id.* at 197 (explaining use of phrase). I have used a quotation from this song in a title once before: Michael L. Perlin, *"For the Misdemeanor Outlaw:" The Impact of the ADA on the Institutionalization of Criminal Defendants with Mental Disabilities*, 52 ALA. L. REV. 193 (2000).

32. DYLAN, *supra* note 1.

enterprise is too important to ignore. A revolution in mental disability law has changed the way we think about, treat, and empower those persons with mental disabilities. Trail-blazing NGOs, such as MDRI, have changed the way we think about the relationship between human rights and mental disability law across the globe. And, not coincidentally, a revolution in technology has changed the way we deliver, teach, and learn information.

We will hear today about developments in Central and Eastern Europe. I am confident that, if funding becomes available for our Internet project, we will be able to share information, ideas, and creative solutions with other mental disability activists in Central and Eastern Europe in a cost-efficient way that will dramatically increase the number of individuals who will have the capacity to provide grass roots advocacy in those nations and to restructure the practice of mental disability law and the delivery of mental health services in that region of the world.

I have been involved in mental disability law for thirty years. It is only in the past two years that I have been involved with international groups seeking solutions to international human rights-based issues. For the first time, I truly believe I have the capacity to "gaze upon the chimes of freedom flashing."[33]

33. *Id.*