

THE HIDDEN SIDE OF PSYCHIATRY

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Mental illness is at an all-time high, with 40 million Americans affected, according to reports emanating from organized psychiatry . But just how accurate is this account? As you will see, people seeking help from the mental health industry are often misdiagnosed, wrongfully treated, and abused. Others are deceptively lured to psychiatric facilities, or even kidnapped. No matter how they arrive, though, once they are there, inmates lose all freedoms and are forced to undergo dangerous but sanctioned procedures, such as electro convulsive therapy and treatment with powerful drugs, that can leave them emotionally, mentally, and physically marked for life. Some psychiatric patients are physically and sexually abused. Millions more are told that they need harmful medications, such as Prozac and Ritalin, but are not told of the seriously damaging side effects of these.

Add to all this a mammoth insurance fraud--which we all pay for--and what we have, in sum, is the dark side of psychiatry. Millions of individuals are being grievously harmed by the mental health profession, and it's time that we as a society faced this.

Fraudulent Practices in Mental Health

Fraud in the mental health industry goes beyond being a problem; it's more like an all-pervasive condition. By way of introductory illustration, let's look at the recent legal problems of a company that owned several chains of psychiatric hospitals , National Medical Enterprises (NME) . As author Joe Sharkey reported in his book *Bedlam* [1 ,2) , in 1993 the FBI completed its investigation of fraud in NME's psychiatric hospitals and raided several NME facilities, in Texas,

Colorado, Indiana, Arizona, Missouri, California, Wisconsin, and Minnesota. Sharkey described the extent of the morass into which this enterprise had sunk:

"An estimated 130 lawsuits were filed against NME's psychiatric hospitals by patients . Between 1992 and early 1993 , three major suits were filed by insurance companies against NME for insurance fraud. These suits identified more than \$1 billion in claims paid to NME's psychiatric hospitals. One month after the FBI raids, NME agreed to pay \$125 million to settle two of the large insurance company lawsuits . Soon after, they settled the third suit--bringing the total costs in legal fees and settlements to about \$315 million...

"In April 1994, NME paid almost \$375 million in fines to the U.S . Department of Justice for violations of Federal law. NME had announced that it would completely divest itself of its psychiatric hospitals and reserved \$237 million to cover the write-offs for selling them. All told, NME's settlements and fines have totaled \$927 million."

The NME case was part of a massive investigation which began in 1991 and uncovered systematic fraud within the for-profit psychiatric industry. Insurance company investigators went through 50,000 cases, examining them for fraud, and what they found was startling. 32.6% contained a fraudulent diagnosis to match insurance coverage, while 43.4% of the cases were billed for services not rendered. [*New York Times*, Nov. 24, 1991, *Mental Hospital Chains Accused of Much Cheating on Insurance*]

The Washington Post reported that psychiatric hospitals were participating in nationwide "money-making schemes that milked insurance companies, but offered little in the way of treatment..." One of the most obscene aspects of these "schemes" was the targeting of children. Using manipulative advertising campaigns strategically ran when school report cards were issued, Nevada hospitals suggested to parents that poor grades might be the product of mental illness. Psychiatric hospitals would also place "volunteers" in school counseling offices in order to funnel children into the facilities. [*Washington Post*, Wednesday, April 29, 1991, *Mental Health System Abuses Cited in Care of Adolescents*]

In testimony presented to the U.S. House of Representatives' Select Committee on Children, Youth, and Families on April 28, 1992, Texas State Senator Mike Moncrief related a large number of chilling

stories from former psychiatric patients and their family members in his state:

“In Texas, we have uncovered some of the most elaborate, aggressive, creative, deceptive, immoral, and illegal schemes being used to fill empty hospital beds with insured and paying patients.”

[CCHR Publication, *Psychiatry's Multi-Billion Dollar Fraud*, 1993, p. 16]

Testifying before the same Committee, psychiatrist Charles Arnold said a Houston facility asked him to sign admission forms and provide unneeded tests totaling \$900,000 per year. Arnold summed up what Representative Patricia Schroeder called “one of the most disgraceful and scandalous episodes in the history of health care in America.”:

“Tragically, a large number of psychiatrists, psychologists, social workers, therapists, and psychiatric hospitals...have betrayed the public trust...to benefit themselves financially.”

[*USA TODAY*, April 29, 1992, *Psychiatric Center's Shady Tactics Probed*]

Building the Machine of Broken Promises

In the wake of WWII, leading psychiatrists testified before the United States Congress that the country needed more psychiatrists so that the world could be delivered from delinquency and unhappiness. In 1962, the same group influenced New York's Governor Nelson Rockefeller to support a “master plan for dealing with mental illness” that would provide “more modern care, research and community care” -which was expected to cost New York \$20 million for the first year alone. How could he deny such a caring call? Thus, the Governor announced that the “challenge of major mental illness must be met through expanded and improved programs.”

And expand they did - although the amount of improvement could be strenuously debated. The following year, in 1963, swayed by psychiatrist William Menninger, President John F. Kennedy called for a national mental health policy that “relies primarily upon the new knowledge and new drugs...which make it possible for most of the mentally ill to be successfully and quickly treated in their own communities.” He passed a law implementing Community Mental Health Centers (CMHCs) which were altruistically passed off by psychiatrists in a calculated campaign as an alternative to the “snake pits” of mental institutions. America thus set

the scene for the new wave of “expanded mental health care” that many other countries would follow.

It also set the scene for a massive increase in government funding.

According to Professor Emeritus of Psychiatry, Thomas Szasz, “The miracle cure Kennedy offered was simply the psychiatric profession’s latest snake oil: Drugs and de-institutionalization.... It sounded grand. Unfortunately, it was a lie. The forces that actually propelled the change were economic and legal, specifically, the transfer of funding for psychiatric services from the states to the federal government, and the shift in legal-psychiatric fashions from long-term hospitalization to long-term drugging.”

During the next 30 years, the cost of running the CMHCs and psychiatric outpatient clinics skyrocketed more than 6,800% - from \$140 million in 1969 to \$9.75 billion in 1994. And the national mental health budget soared from \$3.2 billion in 1969 to \$33.1 billion in 1994 - a 934% increase. In 1999, it was \$80 billion. To meet this created demand, the 1950s through the ‘70s saw federal grants for the training of psychiatrists exceed \$2 billion.

In Henry Foley and Steven Sharfstein’s *Madness and Government*, published by the American Psychiatric Association (APA), the authors candidly state: “Naturally, the public expected a return on its investment.... The extravagant claims of enthusiasts - that new treatments were highly effective, that all future potential victims of mental illness and their families would be spared the suffering, that great economies of money would soon be realized - were allowed to pass unchallenged by the professional [psychiatric] side of the professional-political leadership. Promising more than could reasonably be delivered became a way of life for this [APA] leadership.”

A further boon to the industry was the introduction of Medicare insurance (for the elderly) and Medicaid (for the poor) in 1965. Medicare reimbursements for mental hospitalization in general hospitals were unlimited. And the heavily lobbied State legislatures began compelling the health insurance industry to cover the cost of hospital treatment for mental illness. By 1985, a majority of states had enacted mandatory mental health coverage laws. This caused a boom in the number of “for-profit” psychiatric hospitals.

Joe Sharkey, author of *Bedlam: Greed, Profiteering, and Fraud in a Mental Health System Gone Crazy* points out, “In 1965, when

Medicare and Medicaid were enacted, the total U.S. health-care bill was \$65 billion; in 1993, it would be \$939 billion.”

A significant portion of these proceeds made its way into psychiatric pockets. In 1984, there were 220 private psychiatric hospitals; by 1990, there were 466. By the end of the 1980s, four psychiatric-hospital corporations controlled about 80% of the industry and as Sharkey points out, their “focus in treatment was decisively on customers with insurance.”

The growth of private for-profit psychiatric hospitals directly parallels the increase in mental health coverage mandates. In 1991, Richard Lamm, the former Governor of Colorado called psychiatric hospitals “the new cash cow,” adding, “There are so many bloodsuckers in this. When we talk about psychiatric hospitals, we’re not talking about health care, we’re talking about gaming the system.” Likewise, Representative Schroeder in 1992 found “a systematic plan to bilk patients of their hard earned dollars, strip them of their dignity, and leave them worse off than they were before they went for help.” [CCHR, *Psychiatry: Committing Fraud*, 1999, p.7-9]

Community Mental Health Fraud These are not the only avenues open for psychiatric fraud to take place. In 1990, a congressional committee issued a report estimating that Community Mental Health Centers (CMHCs) had diverted between \$40 million and \$100 million to improper uses, and that a quarter of all CMHCs had so thoroughly failed to meet their obligations as to be legally subject to immediate recovery of federal funds. Various CMHCs had built tennis courts and swimming pools with their federal construction grants and, in one instance, used a federal staff grant to hire a lifeguard and swimming instructor.

In another case, federal mental health funds, which were supposed to build centers and provide services to the poor, were diverted to volleyball courts, computer rooms, and for unrelated services that made the hospitals’ illegal profits.

The misuse of funds continues despite the congressional report. In September 1998, Medicare barred 80 CMHCs in nine states from serving the elderly and disabled after investigators found patients had been charged \$600 to \$700 a day while watching television and playing bingo, instead of receiving any care.

In the United States alone, between \$20 billion and \$40 billion a year is defrauded in the multi-billion-dollar mental health field. Put this

into human terms. This is a shocking waste. This is enough money to hire between 500,000 and 1.1 million new teachers; 1 million poor families could enjoy the warmth and security of owning their own home, or hot meals could be provided to each of the country's 33.8 million elderly citizens over the age of 65 for nine months out of that year.

While the financial waste is grim, the cost in human lives and misery is much more appalling. As you will see, the mental health industry commits not only financial fraud, but even destructive fraud in the areas of diagnosis and treatment. And in this game the stakes are considerably higher than dollars. [CCHR, *Psychiatry: Committing Fraud*, 1999, p. 9]

Insurance Scams

The wrongdoings of NME are not the exception; indeed, insurance fraud seems to be the bread and butter of the mental health industry . Scams occur whenever a psychiatrist or a psychiatric institution bills Medicare, Medicaid, or private insurance companies for work they didn't do, for unnecessary or bogus treatments, or for patients confined against their will. Here are a few examples.

Patient Brokering

Consider this story, carried by the Los Angeles Times in 1994 [3].

"Michael quickly realized that A Place For US wasn't a place for him. Overweight and suffering from stress , the New Yorker had flown cross country to attend what was advertised as a weight loss clinic in southern California. The airfare was free and the treatment, he was told, was fully covered by his Blue Cross plan. But when Michael reached Los Angeles, he was shocked to see himself booked into a psychiatric hospital in a rundown section of [town) where he was diagnosed as suffering from psychotic depression and bulimia, conditions he denies ever having. Then he was told he couldn't leave. Michael is one of many stories emerging from federal and state lawsuits in Los Angeles in which insurers accuse A Place For Us of enlisting doctors and hospital staff to falsify diagnosis and medical records in order to obtain payment

for treatment that, whatever its value to patients, was not covered by their health plans."

Michael's story is not an isolated incident. Overweight people are frequent targets of insurance scams. Patient brokers fraudulently advertise 1-800 numbers on television, and people call in thinking that they are talking to health spa representatives. In actuality, they are speaking to sales agents of psychiatric facilities whose only motive is to determine whether or not potential clients have insurance, since the size of their commission depends upon how many patients they can get into the hospital and how long they can keep them there.

It's hard to believe that this is going on in America, but the reality is that, as a result of gross deception by sales agents, people are frequently unaware of the fact that they are about to enter psychiatric institutions. If an unsuspecting party has coverage, the person is flown free to a facility, usually located in Florida or California. A limo awaits at the airport, and the place seems very accommodating until the person actually arrives at the facility and is locked up against his or her will. Once the person realizes what is going on, it's too late. People who become upset and attempt to leave can be threatened or diagnosed as combative.

Civil litigation attorney Randy Lakel works pro bono to represent patients who were voluntarily committed to psychiatric facilities by deceptive patient brokers. He describes a case involving two men from eastern Pennsylvania who were approached by people in the crowd at an Overeaters Anonymous meeting and taken aside. [4] The brokers suggested to them that maybe they needed a little extra help, which could be offered by professionals at overeaters' clinics. The men were lured to the institution under false pretenses and then locked up.

Lakel believes that the problem has reached huge proportions: ". . . There are federal grand juries investigating this. I've also spoken to general counsel from very large insurance companies that have called me up to inquire whether their insurance company was involved in any of my investigations. . . The general impression I got from the mention of a grand jury investigation and the general counsel from a large insurance company was that it was not an isolated incident that I was dealing with."

The broken world of patient brokering encompasses more than fat farm fraud; it affects people who might need help with all types of problems. A nine-month investigation of deceptive brokering practices conducted by Florida's St. Petersburg Times was enlightening--and

upsetting. [5] It was found that patient brokers sometimes share their finder's fees with school counselors who help provide likely young candidates for the brokers', institutions, or with public health workers, union representatives, or police and probation officers who steer prospective patients their way. Finder's fees can be as high as \$3000 per patient, it was found. Another investigation finding was that patients are sometimes given false diagnoses, for insurance purposes. This is not surprising. The trouble is (on a personal level, and letting alone the issue of massive fraud!) these false diagnoses of mental illness can return to haunt patients throughout their lives. Indeed, according to Randy Lakel, the worst part of the problem is having a psychiatric record for life:

"Once people are committed, it goes on their insurance record. These people. . . are appalled that they now have a psychiatric record for the rest of their lives . It can interfere with any kind of employment opportunity . One of the people I talked to was a professional in the medical field. In her application, she was afraid that they were going to ask her if she ever had psychiatric commitment. How do you get that off the record? That, from a legal point of view, is clearly a damage . " [4]

A disturbing aspect of patient brokers and referral services is that they are largely unregulated. As the St. Petersburg Times reported [5] , in Florida and other states , referral personnel do not need licenses or special training before they can deal with the sick and the troubled. So people with criminal records are among the brokers, many of whom will do whatever it takes to get one more body into a treatment center.

Says Paul McDevitt, a licensed Massachusetts mental health counselor [5]:

"These people have no ethics at all. They're morally bankrupt. They're like the grave robbers in old England who provided cadavers for the medical schools . The grave robbers of today are taking the bodies of those so confused as to be dead and shipping them out to treatment centers where they never get well. And the doctors who are the pillars of society are still reaping the benefits and still never asking where the bodies come from.

Bogus and Nonexistent Treatments

Psychiatric facilities consistently charge consumers for nontherapeutic treatments or services not performed. Adolescent facilities

are common perpetrators of this abuse. One Texas hospital, for example, billed insurance companies \$40 a day for relaxation therapy. This treatment, which simply consisted of turning on Muzac while teenagers were getting undressed, was actually far more exorbitant when you consider that each patient's insurance company was billed that price for one person turning on the Muzac one time.

Bruce Wiseman is president of the Citizens Commission on Human Rights, an organization that champions mental health consumer protection [6] . He can provide a plethora of examples of how psychiatrists rip off the system. Wiseman tells of a Texas psychiatrist who was known for his hundred dollar handshake. All he would do was walk by the beds of various patients, shake hands with them, and then bill each person's insurance company a hundred dollars. Another investigation discovered that charges for nutritional counseling were to cover the person going to lunch. Insurance companies are also charged for individual

therapy when a group of people are placed in a room together and told to scream at each other for a couple of hours. "These would be a little bit funny if they weren't so devastating in terms of what they do to insurance premiums and our taxes . " [7]

Wiseman states that psychiatrists collect \$600,000 to 900,000 a year on bogus or nonexistent treatments. "We have plenty of cases where they just bill the insurance company or the government for treatment that was never given. They don't even see the patient and they send the bills in. " [7)

Abusive Treatments

The scenario worsens when you consider that economic exploitation is often coupled with physical abuse. Wiseman tells how an adolescent facility in Reno tormented a 15-year old boy and then billed his parents' insurance company \$400,000:

"They would drug this kid with Haldol, a so-called anti-psychotic drug, until he was in a stupor, and then tie him in four-point restraints. They would tie his hands and feet to the bed, and then tickle him until he was hysterical. For that "treatment" this child's parents' insurance company was billed \$400,000, and the insurance company paid it! If anyone does to a child what the psychiatrist does, it is called child

abuse. But here the insurance company pays almost half a million dollars for it. This is the kind of treatment and insurance fraud that exists. " [8)

This is not an isolated incident, Wiseman explains, but typical of what goes on:

"In the Reno facility, children are subject to frequent take-downs. If a kid smarts off' or jumps the guards, he or she is physically abused. One patient in a Texas hospital had her legs strapped to a chair for four hours because she was moving her legs. They called it purposeful exercise, which she was not supposed to do. Kids are made to stand and look at a wall for 16 hours a day for months on end. There is also sexual abuse regularly going on in these hospitals. " [8]

Nickie Saizon, who regrettably placed her son in a psychiatric facility, says that routine punishments were called treatment. Her insurance company was billed exorbitant amounts for these procedures:

"If they punished them with a time out, they had to sit in a chair in the hallway all day without moving. They charged \$37.50 for that. When the kids would get mad and angry, they would have a nurse and counselors surround the kids and tell them, 'Get mad, get it out, have your fit. ' They would keep on until they got mad and really started having a big fit. Then they put them down on the floor, held them there, and cut their shirt off. For that they charged \$45 . Then they put them in a room which they call a think tank. The room is bare and empty. There is no carpet, no chairs, nothing. They have to go in there and think over how they should have handled the problem. . . They charged \$87.50 for this room. Every time you turned around there were hidden costs. " [9)

Wiseman believes that people would be outraged to learn what really goes on in these institutions: "The general public isn't aware of it, but one would be hard-pressed to walk into any psychiatric hospital and not weep at the 'treatment' that occurs in these places . " [8]

Your Taxes Pay for This

In the final analysis, fraudulent insurance practices hurt taxpayers since the maintenance of moderate insurance rates becomes virtually impossible. Consider these figures. The American public is swindled out of \$42 billion a year. That's \$3 billion a month, \$800 million

a week, \$1 16 million a day, \$4 million an hour, \$80,000 a minute, and \$1300 a second.

The federal government and the insurance industry are finally waking up to the problem and starting to fight back. In 1993 , seven of the largest insurance companies sued one of the largest psychiatric hospital chains, National Medical Enterprises, for \$750 million. In addition, every attorney general now has an assistant attorney general to oversee health care fraud prosecutions. As a result, some progress has been made . Wiseman states:

"Psychiatrists make up 8 percent of doctors , but 1 8 percent of those health care practitioners have been kicked out of the Medicare system for fraud. Last year, \$4 1 1 million was paid to the government in fines and penalties for health care fraud and 90 percent of that was paid by psychiatrists or psychiatric institutions." [7]

Although this is a start, it is Wiseman's belief that to truly resolve the problem the public must become more informed about what' 5 going on, and insist on putting an end to the corruption.

Psychiatric Research

Each year, hundreds of millions of tax dollars are wasted on pointless research conducted by the National Institutes of Mental Health (NIMH) . For instance, these are examples of the types of studies they are finding under the guise of learning more about sexual behavior: a four-year study of horses masturbating, an eight-year study of castrated quail, a four-year study on the nasal cavities of hamsters during intercourse, a two-year study on the sexual preference and behavior of prairie moles, an 1 1-year study in which female pigeon genitals were stimulated to measure how hormones affect sexual behavior, a 9-year study of maternal licking of the genital region of male versus female ferret babies, a 9-year study on the sexual behavior of lizards, a 23-year study of sexual odors and social factors that affect male Asian monkeys, and a 23-year study on the sexual behavior of male rats as a biological basis for human behavior.

To study the effects of drugs, a 13-year study was undertaken in which rats were given hallucinogens, such as LSD, to see how they react when startled; and a 31 -year study looked at how rhesus monkeys respond to torture while on mind-altering drugs.

The NIMH also carried out a 32-year study on the chemical reactions in the jaw muscles of pigeons to better understand eating disorders in humans.

"This is what the NIMH is doing with our tax dollars, " says Bruce Wiseman. We think it's a travesty, and we think that organization should be eliminated. " [7]

Wiseman goes on to describe an NIMH study on sexual offenders that placed a Florida community at risk: "A few years ago, [NIMH) spent over a million dollars on a program down in Florida where they took 100 known child molesters, showed these guys pornographic material, and then turned them loose on the community to see how they would behave . Then, when these child molesters came back and reported their behaviors to these so-called researchers, they were immune from passing that information along to the authorities. " [7)

If the NIMH were studying how to alleviate mental illness, it would be different. Unfortunately, these studies provide nothing useful to the alleviation of mental suffering. According to Wiseman:

"Billions and billions and billions of dollars are poured into the psychiatric industry . If they could have cured anything, they would have done so over the last few decades. . . . [Psychiatrists) don't actually know what bothers people. Their answer to virtually everything is to drug it. They have convinced governments that they need billions in appropriations. We wonder why we can't balance our budget when studies [such as the above) cost the taxpayers millions and millions of dollars. I don't think there are many Americans who realize that their tax dollars are being spent on studying the nasal cavities of hamsters during intercourse. On the one hand, it's ludicrous. On the other hand, it is destructive and wasteful. " [7]

Inhumane Treatment

Involuntary Commitment

Each year, approximately one and a half million people are taken to psychiatric institutions against their will. That averages out to one person every 75 seconds . Often, there is no reasonable justification for committing a person. According to Bruce Wiseman, psychiatrists commonly make off-the-cuff diagnoses, having no real basis in medical

fact, that result in people getting thrown into psychiatric facilities. This is not only possible, but easy to do, as it is sanctioned by state laws . Psychiatrists are given the police power to lock people up against their will. Sometimes, Wiseman states, people are put away for some of the most ridiculous reasons imaginable:

"A man who was picked up was pronounced schizophrenic by a psychiatrist and taken to a hospital, stripped and shocked. Subsequently, they found out that the man was simply speaking Hungarian. . . . That kind of thing goes on, on a very regular basis.

"Legislation has come out of Texas in the last year or so after the 'kidnapping' of a guy named Kyle Williams whose estranged wife apparently talked to a psychiatrist, and probably didn't have kind things to say about him. As a result, the psychiatrist ordered the guy picked up--a totally normal fellow--and he was thrown into a hospital. " [8)

Laws vary, but individuals are usually locked up for at least three days. During that time, they have no constitutional rights, and no access to an attorney or due process of law. Treatment usually consists of drugs, and sometimes electro convulsive therapy. After three days, they are then brought before a judge to determine whether or not they're sane. At this point, chances for release are slim since people are generally not in very good shape after all that has been done to them. Chances for release are far slimmer if the person's insurance pays for treatment. Wiseman reports:

"We get hundreds and hundreds of reports like this: A young mother took her child into a psychiatric hospital for an evaluation and the hospital insisted that the child stay. The mother decided to stay with the child just to comfort her. Then the mother wanted to leave; the hospital wouldn't let her. When she demanded to leave they placed her in a straitjacket and drugged her.

"A fellow was checked into a psychiatric hospital for back pain. Some doctor referred him, thinking that maybe it was psychosomatic. He was thrown into classes on sex abuse and chemical dependency , which had nothing to do with his problem whatsoever. He demanded to go home and they refused to let him.

When he got angry , they diagnosed him as suicidal and involuntarily committed him. Of course, they bill the insurance companies tremendous amounts of dollars." [8]

Concerning insurance companies' bills, while it's true that companies are bilked out of tremendous amounts of money to pay for people in mental hospitals who shouldn't be there, we should not feel entirely sorry for the insurance industry. According to Dr. Duard Bok, a former employee of Psychiatric Hospitals of America, "the insurance companies pay out on one side, but get it back on the other side. They are double-dipping, because they can disregard their billings from patients because they get it back as shareholders. " [10]

Electro convulsive Therapy

History of Electro convulsive Therapy

Shock "treatment" was first used in 1938 by psychiatrist Ugo Cerletti. He developed the procedure after a trip to a local slaughterhouse where he witnessed pigs being electrocuted by metal tongs attached to their heads. The pigs, which rarely died outright from the electrocution, could then be quietly killed and butchered. The measure was taken to make killing the pigs "painless" and "humane."

Cerletti decided to experiment with animals to see if he could apply what he had seen at the slaughterhouse to humans. He shocked dogs, running currents of electricity in various directions through their heads and entire body. The shocks were increased gradually to find out what it would take to kill an animal. Most of Cerletti's animals would go into convulsions or become temporarily unconscious. According to Cerletti:

"The animals that received the severest treatment remained rigid...then after a violent convulsive seizure they would lie on their sides for a while, sometimes for several minutes, and finally they would attempt to rise. After many attempts...they would succeed in standing up and making a few steps until they were able to run away. These observations gave me convincing evidence of the harmlessness of a few tenths of a second of application through the head of a 125-volt electric current...At this point I felt we could venture to experiment on man..."

[Leonard Roy Frank, *The History of Shock Treatment*, 1978, p.8-9]

Evidently, to Cerletti, anything less than fatal was "harmless."

The first person to ever undergo shock “treatment” was a 39-year-old engineer who had been sent to Cerletti for “observation” after being arrested at a train station for wandering around departing trains without a ticket, according to the police commissioner of Rome. Cerletti described the man as “lucid, well oriented.” Nevertheless, he became Cerletti’s first shock victim. The first jolt hit with force and surprise. At the objections of Cerletti’s staff, he announced that he would shock the man again at a higher voltage to which the engineer pleaded, according to Cerletti’s own account, “Not another one! It’s deadly!” [Leonard Roy Frank, *The History of Shock Treatment*, 1978, p.9]

Early in its use psychiatrists presented various theories as to how ECT “worked.” The *Journal of Nervous and Mental Disorders* reported that it might be the “due to the discomfort, pain and terror...” connected with convulsive treatments. According to the Journal, “Since this terror is often very real...we were inclined to believe that the patient might have been shocked back into reality by the fury of the assault on him.” [Leonard Roy Frank, *The History of Shock Treatment*, 1978, p.22]

Creating terror in mental patients was looked upon as “therapeutic” in psychiatry. In 1812, Benjamin Rush stated that, “Terror acts powerfully upon the body, through the medium of the mind, and should be employed in the cure of madness...FEAR, accompanied with PAIN, and a sense of SHAME, has sometimes cured this disease.” To frighten, injure and degrade were, in essence, a goal of early psychiatric “treatment.” [Leonard Roy Frank, *The History of Shock Treatment*, 1978, p.11]

Cerletti proclaimed the procedure “electroshock”, but as the Citizens Commission of Human Rights points out, the people who profit from it like to call it electro convulsive *therapy* (ECT), because this sounds a little better. Regardless of the label you give it, what this treatment amounts to is the destruction of brain cells by electricity. In other words, it's physician-induced brain damage.

This extreme treatment is given for severe depression, and it does work--in the short term. That's because a facet of the brain damage caused is memory loss, and so patients forget what they were depressed about.

In the 1940s, *The Psychiatric Quarterly* reported that “electric shock therapy abolishes almost entirely the ability to recall recently learned material...” [The Psychiatric Quarterly, vol. 19, no.2, A Review

of the Research Work of the New York State Psychiatric Institute and Hospital for the Year 1944, April, 1945, p. 223]

The American Journal of Psychiatry reported that the procedure had been labeled “annihilation” therapy because “this [ECT] results in severe amnesic reactions” and produced results comparable to prefrontal lobotomy. [Leonard Roy Frank, *The History of Shock Treatment*, 1978, p.20]

Unfortunately, the memory loss is often permanent, a fact generally denied by modern psychiatry. Also, permanent learning disability can be another effect of ECT, with disastrous career, not to mention emotional, ramifications. The bottom line: When the patient's underlying problems return, she or he is even less able to deal with them than before the treatment, because of the brain injury that has been sustained.

The American Journal of Psychiatry reported this in 1947. Patients who had been shocked were unable to do tasks they had done every day for 20 years. Here is the *Journal's* own description of the damaging effects following shock treatment:

“There is a definite restriction in their intuition and imagination and inventiveness. This is a post-lobotomy picture but in a less severe and dramatic form...The findings tend to indicate that shock therapy increases the frequency of readmission and thus raises the question of whether the time saved in the hospital at the first admission is not lost by the early readmission following shock treatment. This is particularly significant since it seems likely that shock therapy does produce deterioration and personality changes which may explain this increased readmission frequency.” [Leonard Roy Frank, *The History of Shock Treatment*, 1978, p.31]

It should be noted that women are twice as likely as men to receive ECT.

In ECT, 180 to 460 volts of electricity are fired through the brain, for a tenth of a second to six seconds, either from temple to temple (bilateral ECT) or from the front to the back of one side of the head (unilateral ECT) . The result is a severe convulsion, or seizure, of long duration--i.e. , a grand mal convulsion, as in an epileptic fit. The usual course of treatment involves 10 to 12 shocks over a period of weeks.

According to an expose by *USA TODAY*, the psychiatric industry has grossly misled the public about the number of deaths caused by shock treatment. While publicly admitting to one death per 10,000 people, the mortality rate has been independently verified as being more on the order of 1 in 200, a rate 50 times higher.

Still, psychiatrists claim that ECT is “safe and effective” -while having no idea of how it works. This hasn’t stopped them from using it to make \$3 billion per year in America alone. In the ’70s in the UK, psychiatrists gave patients up to 20 shocks a day, arguing that it could “wipe the mind clean and let it re-grow.”

ELECTROSHOCK: CRUELTY IN THE NAME OF THERAPY

If Nobel Prize-winning author Ernest Hemingway were alive today, he would probably conduct a heated argument with psychiatrists who hold him up as an example of “great writers with mental illness.” Tricked into a psychiatric institution, he was stripped of his clothes and his dignity, and given more than 20 electroshocks. Several weeks later, he confided to a friend, “What these shock doctors don’t know is about writers and such.... They should make all psychiatrists take a course in creative writing so they’d know about writers.... Well, what is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient....”

In July 1961, days after being released from the Mayo psychiatric clinic, Hemingway committed suicide. [CCHR , *Psychiatry: Manipulating Creativity*, 1997, p32]

Shocks, Drugs, and Deaths

Between 1963 and 1979, Chelmsford was a tranquil-looking psychiatric hospital in the outer suburbs of Sydney, Australia. But behind its nondescript exterior, lives were quietly being ripped apart with a cruel psychiatric treatment called “deep sleep” treatment. People were slammed into a coma with an often lethal cocktail of barbiturates and sedatives, shackled naked to their beds, and kept unconscious for two to three weeks, during which time they were given painful electroshock treatments, sometimes twice daily.

Frequently the patients were shocked without their consent. Some expressly refused ECT, but were treated anyway. Some were told they were going to have a long sleep to “switch off” their brain. Others were told less; they just went to sleep one night and woke up weeks later - brain damaged, sick with pneumonia, nursing blood clots, and with an irreversibly altered personality. Some never woke.

The survivors suffered in silence until 1990, when a full government investigation issued the findings of its 288-day inquiry into deep sleep treatment, and the truth emerged. Forty-eight people had died as a direct result of deep sleep treatment; in all, 183 died either in hospital or within one year of being discharged, and the files of another 18 fatalities were missing. More than 1,100 people - some as young as 12 - had been subjected to “deep sleep” for everything from depression and drug addiction to anorexia, and even some for “ticklish coughs.” Of these, 977 were diagnosed as brain damaged. Those fortunate to survive continued to suffer frightening mental effects resulting directly from the treatment.

In 1985, the perpetrator of these atrocities, Dr. Harry Bailey, was found dead in his car on a lonely dirt road. Ironically, he'd taken an overdose of Tuinal - one of the barbiturates with which he had destroyed the lives of others.

The continued use of this medieval-seeming therapy would perhaps be understandable if it had been shown to be effective. But as explained in a recent article in *The Journal of Mind and Behavior* [11], "Follow-up studies about the effects of ECT in which recipients themselves evaluate the procedure are both rare and embarrassing to the ECT industry. The outcomes of these studies directly contradict propaganda regarding permanent memory loss put forth by the four manufacturers of ECT devices in the United States (Somatics, MECTA, Elcot, and Medcraft), upon whom physicians and the public rely for information, much as the public relies upon pharmaceutical companies for information on drugs."

Former ECT recipient Diana Loper, of the World Association of Electric Shock Survivors, [12] stresses that the only way ECT stops depression is that "it wipes your memory out so you don't know what you were depressed about." Then Loper says, after two weeks of a "brain-damage high," people want to kill themselves when they have never before been suicidal. Loper is passionate in her work to totally ban the

procedure, which she says only causes brain damage and sometimes death:

"ECT is non-FDA approved. The machines were grand fathered to a certain extent but they were put in category 3 , the most hazardous category that there is. . . They're coming in with new machines now saying that they're new and improved, but there's nothing new and improved about this procedure. Why do I want to see this procedure banned? Why does our organization want to see it totally out of the way? Because it's damaging. Psychiatrists. . . are not only damaging people's brains, they are killing people. . . The APA task force states that 1 in 10,000 people die of ECT.

" Our organization will stop this procedure . This is a promise I made . I kept a diary when I was being shocked. And I read my diary and I read it every day. And the last thing I said to my doctor is, 'Some day you'll never do this to anyone again. . . . ' We passed a law in Texas, last session. We have the strongest informed consent bill in the nation. " [13]

What makes Electroshock so damaging? Bruce Wiseman emphasizes that the procedure always creates grand mal seizures: "Electroshock treatments send several hundred volts of electricity through the brain. The brain then becomes starved for oxygen and pulls more blood into the brain. This causes blood vessels to break, damage to the brain, and eventual brain shrinkage. As a result of the lack of oxygen and the destruction of the nerves in the brain, the person has a seizure.

"This treatment is nothing but barbaric. If anyone else did it, they would be locked up as a terrorist. Yet 100,000 people a year in America get electro shocked, generating \$3 billion to the psychiatric industry . That faction of the health care industry doesn't help. They're an enemy of the people and they're destructive. " [7]

Internationally known psychiatrist and author Dr. Peter Breggin adds that the treatment is so off base that doctors fabricate reasons to support it: "Psychiatrists end up distorting a great deal and forcing people into a model that's incorrect," Breggin explains. "Some of my colleagues claim that some undefined biochemical imbalance causes a problem like anxiety or depression, when we've never found a biochemical imbalance. Then, having suggested that maybe there is such a thing as a disturbance in the brain that's hurting a person, my colleagues go and do terrible things to the brain, such as shock treatments for the depressed person.

Breggin believes that this makes as much sense as deliberately putting patients in an automobile accident. "It traumatizes the brain horribly. Each person who gets shock treatment goes into a state called delirium or an acute organic brain syndrome. As a result, they're confused, they don't know which end is up, they may forget where they are and how to get around the hospital ward. They have an electrically induced closed head injury, with all the things you find in other closed head injuries. People are often permanently changed. They don't recover their memories and they don't recover other mental functions. " [14]

Diana Loper discusses a major motivation behind the popularity of ECT, profit: "ECT is the psychiatrist's most lucrative treatment, averaging between \$800 and \$1000 per individual treatment. A single series averages between 12 and 15 treatments, costing between \$10,000 and \$15,000. This isn't even including hospitalization. ECT is administered in private, for-profit psychiatric hospitals. In all states, insurance is what pays for this 'treatment. ' " [15]

Deep Sleep Therapy

Deep sleep therapy, a procedure that has been used in the United States and throughout the world, consists of placing people in a comatose state via barbiturates, hypnotics, and sedatives for two to three weeks, and shocking their brains on a daily or twice-daily basis. Jan Eastgate, the international president of the Citizens Commission on Human Rights, reports on its damaging effects:

"Patients suffered brain damage, pleurisy, double pneumonia, blood clots, and at least 48 people died. It was used in mind control experiments during the 1960s up in Canada as well. And yet it was passed off as a therapy. " [16]

Deep sleep therapy has been combined with psychosurgery for the treatment of asthma, Eastgate reports:

"Women who had asthma attacks were given deep sleep therapy. One woman who had an asthma attack was also given psychosurgery. Sixteen years later she was washing her scalp and cut her finger. She was rushed to the hospital and they said, did you know that you had metal plates sticking out of your head? She didn't realize that when they did the psychosurgery they had actually left metal plates with a serrated edge inside her head. They had to be removed. " [16]

Eastgate says that the treatment has been banned in certain countries, such as Australia, but that international cooperation between psychiatrists allows patients to be transported from nations where the procedure is prohibited to places where it is used. For example, Eastgate says that some Australian patients were sent to a Santa Monica psychiatrist. "So you have, internationally, some pretty horrific abuses. " [16] The Citizens Commission of Human Rights is currently carrying out an international investigation into the matter.

Sexual Abuse

“Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with female and male persons, be they free or slaves.”

These words are part of the Hippocratic Oath, sworn to by all physicians. You'd never know it, though, considering the results of a 1987 survey of over 1400 psychiatrists, [17]described in the Journal of the American Medical Association. The survey found that 65 percent of the psychiatrists reported treating patients who had been sexually involved with previous therapists, and 87 percent of the psychiatrists surveyed believed that the previous involvement had been harmful to the patients . An interesting finding was that only 8 percent of the psychiatrists polled reported their colleagues' behavior to a professional organization or legal authority . This finding does not speak well for the concept of professionals policing their own ranks. One factor here might be that they all have a vested interest in keeping malpractice insurance premiums down.

Sydney Smith, in a report on "The Seduction of the Female Patient, " [18], reports that nearly half of the patients that are sexually abused by psychiatrists have previously been the victims of sexual abuse of one type or another. Confusion arising from these earlier experiences can make patients easier to victimize--and less willing to come forward with complaints when they are victimized. Plus if they do come forward, they may seem less credible in their complaints; perhaps it was all a result of garbled memories.

Sometimes patient confusion is induced by psychiatrist-administered drugs. Consider the case of Barbara Noel, who, in the book *You Must Be Dreaming*, [19] details her years of sexual abuse by a

renowned psychiatrist. Indeed, Dr. Jules Masserman was known worldwide as a leader in the psychiatric field.

The Citizens Commission on Human Rights summarized Noel's story [20]:

"A past president of the American Psychiatric Association (APA) and honorary president for life of the World Association for Social Psychiatry, Masserman was a powerful man who abused that power often.

"Barbara Noel, who worshipped him and considered herself lucky to have him as her psychiatrist, realized how deep the deception ran when she awoke during a frequent drug-induced sleep administered by Masserman to find him panting loudly as he sexually assaulted her.

"Although this was just a step above necrophilia, Masserman convinced Noel that she could get in touch with her 'real feelings' by taking sodium amytal (a barbiturate) , which ironically had been used in mind control experiments and was found to block memory rather than, as Masserman claimed, enhance it.

"Noel became enraged when she finally realized how she had been abused for years by a supposedly 'respected' professional. However, with Masserman claiming Noel was 'sick' and lying, it took seven long years, court victories by her and two other women who went public after hearing of Noel's case, and even more women breaking their silence before the APA upheld the Illinois Psychiatric Society's decision to suspend Masserman for only five years. And even that suspension was for inappropriate use of drugs, not rape.

"Scandalously, Masserman remained as a member of the APA's Board of Trustees.

Comments the CCHR "It is hard to imagine a teacher who molests a young student would ever be allowed to teach again, but apparently a different set of standards exist for psychiatrists." [20]

In psychiatric facilities, patients are commonly sexually exploited as they are made to barter sex for freedom. Joanne Toggia, whose story is further told in a later section, says, of her abuse by a mental health counselor in a private hospital:

"Finally, the bottom line came down to, if I slept with him, I'd get out. If I didn't, I'd go to the state mental hospital. And at the time, I had four children--2, 3, 4 and 6. I was desperate to see them, so after three weeks of being locked up, I finally slept with him. "[2]

Reports of sexual abuse are less frequent in outpatient settings, where psychiatrists, psychologists, and counselors generally act in supportive and professional ways. But in too many instances they do betray their patients' trust, as the Dr. Masserman saga illustrates. Attorney Steve Silver, who represents clients that were sexually abused by their therapists, gives one account of how unethical behavior on the part of a therapist can devastate patients' lives:

"I prosecuted a case against a female alcohol counselor who was roughly ten years older than her male patient, a married man with a couple of kids. The alcohol counselor ended up doing 'psychotherapy' on this gentleman, his wife, and on their two children. Ultimately, she seduced the man while telling his wife that because of her background of psychological problems she should withhold sexual relations from her husband.

"My client, who was the husband and father in this situation, left his family and married the alcohol counselor. This is a perfect example of even a low-level therapist, such as an alcohol counselor, being able to manipulate an entire family to ultimately serve her own romantic and sexual needs. Of course, it was incredibly destructive to all four members of the family, particularly the children." [22]

The problem is compounded by the fact that grievances against psychiatrists have little effect, leaving them free to prey on numerous other patients. Even if they are punished in one state, psychiatrists can easily set up shop in another. Silver says psychiatric boards are understaffed and in need of increased government regulation and money. "If these types of abuses are to be stopped, there needs to be a public investigation and sufficient resources to prosecute these bad shrinks and stop them from practicing . " [22) Psychology and social work boards are better about investigating sexual abuse, according to Silver, and their investigations can lead to the offending therapist losing his or her license to practice.

Exploitation of Minorities

Psychiatry is built on a foundation of prejudice against minorities, particularly African Americans. In the 1700s, for instance, none less than the father of American psychiatry, Benjamin Rush, asserted that African Americans were black because they had a *disease*, Rush's theory of Negritude, and that we should not tyrannize over them, but rather find a cure for their disease. In 1970, the *American Journal of Psychiatry* reviewed Rush's theory:

"In a brief paper written in 1799, Rush was concerned with uncovering the cause or causes of the Negro's blackness. His conclusion was that the black complexion of the Negro stemmed from a leprous-type disease. He maintained that by seeking a cure for this condition and subsequently removing the Negro's blackness, a great service could be rendered to mankind...He therefore maintained that the removal of the Negro's blackness would render him a certain amount of happiness since it was obvious that some Negroes had difficulty accepting their blackness: "Forever how well they appear to be satisfied with their color, there were many proofs of their preferring that of the white people." The Journal was not critical of Rush, but stated that he "understood well the impact of physical differences on mental attitudes that is a vital factor in racial prejudice..." [*The American Journal of Psychiatry*, vol. 127, no.6, 1970, *Benjamin Rush and the Negro*, Betty L. Plummer]

Rush would become known as the "Father of American Psychiatry" with his face immortalized on the seal of the American Psychiatric Association, perhaps a permanent reminder of how psychiatry sees illness where none exists.

Renowned author and professor emeritus of psychiatry, Dr. Thomas Szasz, wrote in his book, *The Manufacture of Madness*, "With this theory, Rush made the black a medically safe domestic, while at the same time called for his sexual segregation as a carrier of a dread hereditary disease. Here, then, was an early model of the perfect medical concept of illness--one that helps the physician and the society he serves, while justifying social maltreatment as medical prophylaxis [protection from disease]." [CCHR, *Psychiatry: Creating Racism*, 1995, p.9]

When Africans were torn from their families and homes and sold into slavery in the United States, science stood ready to define any disobedience or insubordination by them as a "mental illness."

As early as 1851, Samuel A. Cartwright, a prominent Louisiana physician, published an essay entitled "Report on the diseases and physical peculiarities of the Negro race" in the "New Orleans and

Surgical Journal." Cartwright claimed to have discovered two mental diseases peculiar to blacks, which he believed justified their enslavement. These were called "Drapetomania" and "Dysaesthesia Aethiopsis."

The first term came from 'drapetes', to run away, and 'mania', meaning mad or crazy. Cartwright claimed that this "disease" caused blacks to have an uncontrollable urge to run away from their "masters." The "treatment" for this "illness" was "whipping the devil out of them."

Dysaesthesia Aethiopsis supposedly affected both mind and body. The diagnosable signs included disobedience, answering disrespectfully and refusing to work. The "cure" was to put the person to some kind of hard labor which apparently sent "vitalized blood to the brain to give liberty to the mind."

Much "scientific" and statistical rhetoric was used to justify slavery. One 1840 census "proved" that blacks living under "unnatural conditions of freedom" in the North were more prone to insanity. Dr. Edward Jarvis, a specialist in mental disorders, used this to conclude that slavery shielded blacks from "some of the liabilities and dangers of active self-direction." The census was later found to be a racist facade in that many of the Northern towns credited with mentally deranged blacks had no black inhabitants at all! [CCHR, Psychiatry: Creating Racism, 1995, p.8]

In 1887, G. Stanley Hall, founder of the American Journal of Psychology and first president of the American Psychological Association, put forth the idea that Africans, Indians, and Chinese were members of "adolescent races, in a stage of, incomplete growth. [23] Thus, these ~ lack of equality was justified, because they were not fully adult. From these historical roots of racism, according to the CCHR's Jan Eastgate, all minority groups have become marked for psychiatric abuse:

"You have had a targeting of the African American community, the American Indians, Hispanic groups, as having a lower IQ than so-called whites. Based on this 'scientific' justification, psychiatrists have sterilized African Americans. By 1929, up to 6000 Californians were sterilized, and they were largely African Americans. If you look at the statistics now, psychiatrists involuntarily commit African Americans three to five times as often as they do whites. The diagnosis of African American men as having schizophrenia, by public and private institutions, is 15 times as high as whites. African American adolescents between the ages of 13 and 17 are far more likely to be coerced into

going to community mental health centers where they are placed on mind-altering drugs, major tranquilizers. And they are given higher dosages even than white people. So there's a concerted effort by psychiatry to target minority groups in this country by diagnosing them with spurious labels and then giving them mind-altering drugs and electric shock." [16]

Eastgate's statements may seem shocking but are mild compared to the figures presented in psychiatric literature. For example, the 1986 *Contemporary Directions in Psychopathology* admits:

“state hospital admission rates for the black poor are 75 times that for whites”... “These and similar findings, widely known and reported, tend to be neglected and ignored...”

The text also reported that a cross-national study revealed that psychiatrists at the New York State Psychiatric Institute had “a bias toward diagnosing schizophrenia in black patients” when compared to psychiatrists in London. [*Contemporary Directions in Psychopathology, A Sociopolitical Perspective of DSM-III-R*, Rothblum, Solomon, and Albee, p. 168 and 174]

In 1994 the American Psychiatric Press' Textbook of Psychiatry also acknowledged that studies suggesting a higher rate of schizophrenia in African Americans may have been skewed “due to a systematic bias to over diagnose schizophrenia in blacks.”

In addition to what has been already outlined here about IQ, US eugenics advocate Dr. Paul Popenoe published the findings of his study, entitled "Intelligence and Race--a Review of the Results of the Army Intelligence Tests--The Negro in 1918." With astounding arrogance, he fabricated and propagated the idea that the IQ of blacks was determined by the amount of "white blood" they had. The lighter skinned the black was, the higher his IQ, and the blacker he was, the lower the IQ.

Popenoe concluded, "...the Negroes' low mental estate is irremediable...The Negro is mentally, therefore eugenically, inferior to the white race. All treatment of the Negro...must take into account this fundamental fact."

Psychiatric "treatment" of African Americans has included some of the most barbaric experiments ever carried out in the name of "scientific" research--and not very long ago. In the 1950s in New Orleans, black prisoners were used for psychosurgery experiments which

involved electrodes being implanted into the brain. The experiments were conducted by psychiatrist Dr. Robert Heath from Tulane University and an Australian psychiatrist, Dr. Harry Bailey, who boasted in a lecture to nurses 20 years later that the two psychiatrists had used blacks because it was "cheaper to use Niggers than cats because they were everywhere and cheap experimental animals."

Heath had also been funded by the Central Intelligence Agency (CIA) to carry out drug experiments which included LSD and a drug called bulbocapnine, which in large doses produced "catatonia and stupor." Heath tested the drug on African American prisoners at the Louisiana State Penitentiary. According to one memo, the CIA sought information as to whether the drug could cause "loss of speech, loss of sensitivity to pain, loss of memory, loss of will power and an increase in toxicity in persons with a weak type of central nervous system."

At the National Institute of Mental Health Addiction Research Center in Kentucky in the mid-1950s, drug-addicted African Americans were given LSD, with seven of them kept hallucinating for 77 consecutive days. At this same center, healthy African American men were still being used as test subjects almost 10 years later, this time for an experimental drug, BZ--100 times more powerful than LSD. [CCHR, *Psychiatry: Creating Racism*, 1995, p.9-11]

Nazi Influences on American Psychiatry

Perhaps there was no psychiatrist more influential in Nazi Germany than Ernst Rudin. Rudin was a world leader in the eugenics movement, the pseudo-science which asserts that a "superior" human can be created by selective breeding, allowing only "superior" individuals the right to procreate and preventing that right to what eugenicists called "inferior" individual. That is, those with physical or mental "defects." A long-time advocate of eugenics, Rudin co-founded the German Society of Racial Hygiene in 1905 with his brother-in-law, psychiatrist Alfred Ploetz who demanded the "extirpation of the inferior institution provided employment for the island, there was no local incentive to close it down.

elements of the population" and battled against those of "Jewish and Slavic blood." [*Ideology of Death, Why the Holocaust Happened in Germany.*; John Weiss, p.105-106]

In 1930, Rudin spoke in Washington, D.C., at the First International Congress on Mental Hygiene and called for all associated with the movement, later known as "mental health," to make eugenics the

principle aim of mental hygiene. Rudin was cold and to the point in expressing his philosophy:

“More mental and physical suffering, illness, deficiency, infirmity, poverty, chronic alcoholism, criminality, etc., than we can describe have as the main cause a bad hereditary tendency. Once such a person is born...they need the best and most extensive mental hygiene...It would be better, however, if such persons were not born at all, and that calls for eugenics.”

[*Proceedings of the First International Congress on Mental Hygiene*; Volume One; Frankwood E. Williams, editor, 1932, p.473]

In 1932, Rudin was elected president of the International Federation of Eugenic Organizations propelling him to world leader in the eugenics movement. Within the IFEU, Rudin headed the Committee on Race Psychiatry. [Stefan Kuhl; *The Nazi Connection*; Oxford University Press; 1994, p.21-22]

When Adolf Hitler took power in 1933, Rudin was appointed to help lead Germany's Racial Purity program and he served on the Task Force of Hereditary Experts headed by Nazi SS officer Heinrich Himmler. Rudin helped write and give “scientific” interpretation to the Nazi Sterilization Laws. According to psychiatrist Peter Breggin, “It was Rudin who influenced Hitler, not Hitler who influenced Rudin.” [Peter Breggin, *Toxic Psychiatry*, 1991, p.102]

The sterilization campaign grew to include Jews and Gypsies, who Rudin referred to as “inferior race types.” By 1938 pilot killing programs were established in Germany psychiatric hospitals and the first to die in the Holocaust were some 375,000 German mental patients. Dr. Michael Berenbaum, project director of the United States Holocaust Memorial Museum, says the killing program “involved virtually the entire German psychiatric community.”

[Dr. Michael Berenbaum, *The World Must Know, The History of the Holocaust as Told in the United States Holocaust Memorial Museum*, 1993, p.64]

Over the coming years millions of “inferiors” would be slaughtered in the name of eugenics. Adolph Hitler honored Rudin with a medal for his work as “Pathfinder of Hereditary Hygiene” for the Third Reich. Rudin praised Hitler in a letter stating that “racial hygiene” had only become known in Germany “through the political works of Adolph

Hitler and it was only through him that our dream of more than thirty years has become a reality and the principles of racial hygiene have been translated into action.” . [Dr. Thomas Roder, Volker Kubillus, Anthony Burwell, *Psychiatrists: The Men Behind Hitler*, 1995, p.94]

The principles of racial hygiene would give Europe the Holocaust.

In a special 1943 issue of Rudin’s Journal, *Archive for Racial and Social Biology*, Rudin praised Hiltler for making racial hygiene a fact among the German people, and applauded the sterilization laws for “preventing the further penetration of the German gene pool by Jewish blood.” [Robert J. Lifton,*The Nazi Doctors*, 1986 p.28]

In 1945 Ernst Rudin was called “the most evil man in Germany” and was credited with creating the “Nazi science of murder” by news reporter Victor Bernstien who interviewed the aging psychiatrist. Rudin admitted to Bernstien that when “the killing program began...I was not informed because it was not thought right that I should have such a matter on my conscience.” He fled Germany after the war and was stripped of his Swiss citizenship and placed under house arrest there. He died in 1952. [*PM Daily, Created Nazi Science of Murder: Meet ‘Gentle’ Prof. Rudin, Theorist of ‘Aryanism’*, Tuesday, Aug. 21, 1945, p.5]

In 1996 a German psychiatric journal published “*Ernst Rudin-- a Swiss psychiatrists as the leader of Nazi psychiatry--the final solution as a goal.*” In the article, Rudin was called a “racial fanatic” whose work did not “withstand scientific criticism.” Rudin demanded “coercive measures against the reproduction of...in the racist’s view, undesirable persons. With this objective in mind, he started his psychiatric research...[which] confirmed his preexisting opinions.” [*Fortsch Neurol Psychiatr*, Sept; 64[9]:327-343]

Despite being a racist, a Nazi, and an advocate of the sterilization of Jews, Rudin is still praised by today’s leading psychiatric texts. For example, the 1994 *Comprehensive Textbook of Psychiatry* credits Rudin for laying the foundation for the genetic theory of schizophrenia. In 1990, the National Alliance for Research on Schizophrenia and Depression published an article which praised Rudin for his pioneering work in the field of psychiatric genetics in its Winter Newsletter.

The eugenics movement did not end in Nazi Germany. In 1936 psychiatrist Franz Kallmann left Rudin's fold at the Kaiser Wilhelm Institute and traveled to the New York State Psychiatric Institute [NYSPI] at Columbia University. He was appointed to head its psychiatric genetics program, a field founded by Ernst Rudin. According to psychiatrist Nolan Lewis, then director of NYSPI, "the genetic research division was stabilized by the appointment of Dr. Franz J. Kallmann as senior research psychiatrist. It seems certain that the promotion of long-term research dealing with genetic and eugenic problems of mental disease will prove to be a step in the right direction." [The Psychiatric Quarterly, Vol. 19, No.2, 1945, p.235]

Lewis encouraged psychiatrists to use the common sense of "any animal or plant breeder" when dealing with psychiatric patients. To Lewis, it was important to determine "the character of the stock" on individuals and their relatives. Lewis would become Chairman of the American Psychiatric Association's Task Force on Nomenclature and Statistics for the first edition of the APA's Diagnostic and Statistical Manual of Mental Disorders.

Prior to leaving Nazi Germany, Kallmann, arguing before Hitler's interior ministry, Kallmann called for the sterilization of "schizophrenics" and their apparently healthy relatives. In a 1938 study, Kallmann referred to the mentally ill as "a source of maladjusted crooks, the lowest type of criminal offender...even the most faithful believer in liberty would be better off without those..." In his research, Kallman used less than scientific criteria for making a diagnosis. He included as schizophrenic anyone who was "bull-headed", "cold-hearted," "indecisive," "asocial,"...his list went on and on.

He felt that if psychiatry was to make eugenic progress on a population, sterilization was necessary for "the tainted children and siblings of schizophrenics." After the Holocaust, Kallmann testified on behalf of psychiatrist Otmar von Verschuer, one of Rudin's staff who had personally selected individuals to be killed during the psychiatric killing program. With such aid from the scientific community, von Verschuer was fined \$300, declared free from all responsibility for Nazi crimes, and let go. Von Verschuer's name would show up in the 1950s on the membership list of the American Eugenics Society.

Franz Kallman was on the board of directors of the American Eugenics Society and in 1954, the Society announced that the foundation was in place for a program of "negative eugenics" in the United States.

Negative eugenics is the suppression of the reproduction of what are considered “inferior” people. According to the March, 1954 *Eugenics Quarterly*, the editors stated “there can be no arbitrary decisions as to who should or should not have children” and that such a program, targeting those with “inferior” genes, would make it possible to “diminish the heavy burden of the socially inadequate and other defective hereditary types.” Admittedly, the difficulty of such a plan was in educating the public; the editors stating that such a broad educational program must start “with the leaders in education.” [*Eugenics Quarterly*, Vol. 1, No. 1, 1954, *The Role of the American Eugenics Society*, p.1-3]

Just as Rudin had pushed to prevent the reproduction of what he considered “inferior race types,” the American Eugenics Society, was making a pitch in the U.S. to do the same thing.

Finally, the Society stated that the ultimate goal was to “increase the proportion of children born with the promise of sound character and good intelligence.” This mission statement would lead to psychiatry’s interest in “character disorders” of children and would also pave the way for “learning disabilities.” It would become the focus of psychiatry to examine the character and intelligence of U.S. school children in the years to come. The board of directors of the American Eugenics Society included not only Franz Kallmann, but men like Paul Popenoe who openly praised Hitler’s sterilization policy. Perhaps most disturbing was that fact that the American Eugenics Society’s board was also represented by Dr. Gordon Allen of the National Institute of Mental Health.

From the 1940s until his death in 1965, NIMH funded Kallman’s research and the American Psychiatric Association’s *American Journal of Psychiatry* regularly ran an annual “progress” report authored by Kallmann titled “Progress in Psychiatry-Heridity and Eugenics.” Kallmann frequently cited the works of Nazi psychiatrists in his publications as well as citing prominent eugenic publications. The *Journal* even published Kallmann’s brief acknowledgment of Nazi Ernst Rudin upon his death in the early 1950s. The eugenics movement was under scrutiny because of what transpired in Nazi Germany. Kallmann wrote:

“Perhaps it was a reflection of the turbulence of our times that the death on October 22, 1952 of Professor Ernst Rudin, one of the founders of psychiatric genetics, went practically unnoticed.” [*The American Journal of Psychiatry*, Vol. 109, No.7, 1953, p. 491]

In 1961 the National Institute of Mental Health and American Eugenics Society co-sponsored a celebration honoring Kallmann for 25 years of work at NYSPI.

In the early 1960s Kallmann worked with medical geneticist Linda Erlenmeyer-Kimling, also at NYSPI. Erlenmeyer-Kimling was a member of the American Eugenics Society and was interested in determining what children were at “high risk” for becoming adult schizophrenics, Kallmann’s “tainted children.” In May of 1964, the New York Times reported that research conducted by Kallmann and Erlenmeyer-Kimling showed that the birth rate of schizophrenics was rising “at an alarming rate.” Kallmann was concerned that no one was “doing anything about it” and felt that if not held in check, the birth rate of schizophrenics would eventually surpass that of the general population. It was important for Kallmann to “do something”, but first those that needed something done with them had to be identified. The early identification as children of potential carriers of defective genes was also a goal of Kallmann’s teacher, Ernst Rudin. This would become the goal of Kallmann’s associate, Linda Erlenmeyer-Kimling, to discover what children were, in her words, the “schizophrenic-to-be.”

In the late 1960s, Erlenmeyer-Kimling hypothesized that “attentional deficits” might characterize children susceptible to schizophrenia. She helped organize a conference with other eugenic psychiatrists, such as Irving Gottesman, on “The Genetic Restructuring of Human Populations.”

In 1971, along with Gottesman, also an AES member, Erlenmeyer-Kimling published an article titled “A Foundation for Informed Eugenics.” They begin, “Who’s minding the quality of the human gene pool? Hardly anybody, it seems, except for a large handful of eugenically minded scientists, some of whom are organized under the flag of the American Eugenics Society...” The two writers called for people to be ranked by “an Index of Social Value” or ISV. They argued, “the big question about an individual is not ... his I.Q., income... but what is his social value.” They argued for family size limits and insisted “policy making should be guided by the goals of optimizing the quality of the gene pool...via an index of social value.” All of this could be “cautiously pursued in an enlightened society.” [*Social Biology*, Vol. 18, 1971, *A Foundation for Informed Eugenics*, Irving I. Gottesman and Linda Erlenmeyer-Kimling, p. S1 and S7]

That same year, the National Institute of Mental Health began funding Erlenmeyer-Kimling and NYSPI to conduct the “New York High-Risk Project” for the proposed purpose of finding a “characteristics that typify...individuals who will later become schizophrenic.” [Erlenmeyer-Kimling, *The New York High Risk Project*, from *Children at Risk for Schizophrenia*, Watt, Anthony, Wynne, and Rolf 1984, p.169]

The term eugenics was becoming dated going into the 1970s and in 1972 the American Eugenics Society changed its name to the Society for the Study of Social Biology and in 1976 Erlenmeyer-Kimling became its president. Eugenecists were now “social biologists” dealing with “social biology”...the term used by Nazi Ernst Rudin.

In 1981, the American Handbook of Psychiatry published the first decade of findings of “high risk” research. Citing Erlenmeyer-Kimling’s work, psychiatrist Clarice Kestenbaum, who worked with Erlenmeyer-Kimling on the project, reported that the “preschizophrenic child has ... problems in attention that lead to school difficulties and social problems.” “Pre-manic depressives” were said to be distractible and manifested subtle learning disabilities. In other words, as eugenecists had stated decades earlier, children considered to be future “schizophrenics” were not of “sound character or good intelligence.” The Handbook recommended “genetic counseling” for the parents of children with attention problems and learning disabilities. [*The Child at Risk for Major Psychiatric Illness*, Clarice. J. Kestenbaum, in *The American Handbook of Psychiatry*, 1981, p. 166]

About the same time the American Psychiatric Association officially recognized “Attention Deficit Disorder.” Even early on, when ADD was called “Minimal Brain Damage,” it was seen to be a possible precursor to schizophrenia by psychiatrist Paul Wender. Wender had spent the 1960s working at NIMH with psychiatrist Seymour Kety and psychologist David Rosenthal conducting adoption studies, trying to find the types of mental illness that were common to adopted away children of “schizophrenics.” Kety would go on to become a director of the American Eugenics Society under it new name during the 1980s.

In the late 60s, the three NIMH scientists attended an international conference on the “Transmission of Schizophrenia” organized by Kety and Rosenthal. They picked the participants. One third of those in attendance were, or would become officers or directors of the American or British Eugenics Society. In the Forward of the proceedings

of the meeting, Kety and Rosenthal acknowledged Nazi Ernst Rudin. Wender would popularize “minimal brain damage” and “hyperactivity” at the beginning of the 1970s. He was once asked what he had learned from his adoption studies to which he is said to have replied, “You should breed with exquisite care, then marry whomever you choose.”

In the early 1960s, children who were “hyperactive”, talkative, overly curious, who had a short attention span, and showed poor motor skills such as not being able to write inside the lines on writing paper were said to have “childhood schizophrenia.” The cause of the schizophrenia? “Attentional deficits.”

Within the next decade, organized psychiatry would have parents, teachers, and “support groups” searching for children with “attention deficits.” This was precisely the goal of the American eugenics movement. In 1976, while president of the Society for the Study of Social Biology, Erlenmeyer-Kimling stated that “it is not unreasonable to assume that vulnerable children [to schizophrenia] ...could eventually be located through mass screening programs using...identification measures originally worked out in the studies of high-risk groups.” [Erlenmeyer-Kimling, *Schizophrenia: A Bag of Dilemmas*, in *Social Biology*, Vol. 23, No. 2 1976, p. 133]

In 1991 the U.S. Department of Education mandated that teachers actively seek to identify “ADD” children. The mass screening of children with “attentional deficits” had begun.

Throughout the 90s, individuals like Erlenmeyer-Kimling and Irving Gottesman have remained close to NIMH serving on the advisory board of its *Schizophrenia Bulletin*. Erlenmeyer-Kimling also received acknowledgement for her contribution to the section on childhood psychiatric disorders in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders-IV*. [p.853]

Our gene pool is still being “protected.”

Nazi-Like Solutions in the 70s

In 1972, psychiatrist T.L. Pinklington, former Vice President of the World Federation of Mental Health from 1966-1970, advised other doctors that the number of children being born with I.Q.s below 100 was increasing around the world. Pinklington felt that the constant absorption

into the world's gene pool of such individuals would have devastating social and economic consequences in the future. He suggested that "technologically advanced nations are obliged to review the complexity of life they create" and "embark upon a modern eugenics program...or consider some form of legalized euthanasia" to reduce the number of below-100 I.Q. individuals. According to Pinklington, this, combined with other methods of prevention might be "the final solution" to this particular psychiatric problem. [Pinklington, *The Concept and Prevalence of Mental Retardation*, in *The Practitioner*, Vol. 209, No. 1249, 1972, p. 75]

In 1975, Gordon Allen of the National Institute of Mental Health was vice president of the Society for the Study of Social Biology, formerly the American Eugenics Society. Allen was also on the editorial board for the society's publication, *Social Biology*. That year, *Social Biology* ran a 16 page article exploring the possibility of having the state regulate who could or could not have children by granting a license to have children, this to allow "regulating the quantity and quality of the human population." Author David Heer suggested that such a plan could be enforced by "immediately putting to death unlicensed babies." But some children could be given up for adoption to parents who could not have children of their own, and, According to Heer, this would mean "only putting to death those children who could not be given up for adoption." Also suggested was the placement of long-term surgically implanted contraceptives into girls upon reaching puberty. Any children born without a license would be the property of the state. Parents who already had two children but wanted more would have to "prove the genetic superiority of their existing children." [Heer, *Marketable Licenses for Babies, Boulding's Proposal Revisited*, in *Social Biology*, Vol. 22, no. 1, 1975, p. 1, 3, 4, 13]

The ideas generated by Ernst Rudin could still be seen in modern "scientific" publications.

Abuse of Senior Citizens

After being placed in nursing homes, older people are routinely forced into taking psychotropic medications as a way of keeping them sedated. Eastgate comments on this and other lamentable treatments: "I think it's a sad indictment of society when people [who have put so many years and so much effort] into working, some of them fighting for this

country, end up in a nursing home, are drugged out of their heads, electric shocked, and have to live out their final days in such misery." [16]

Actually , an alarming trend today is that many elderly people are being taken out of nursing homes--and put into private mental hospitals. But it is not their family members who are doing this. Indeed, family members are often not consulted. The initiators of these transfers are social workers and other employees of private psychiatric hospitals, who, amazingly, have the legal power to transfer people to the institutions with which they're affiliated, based solely on these employees' say-so. A powerful motive exists for these forced visits to mental institutions-- Medicare money . The government will pay the many hundreds of dollars a day that it costs for a person to stay in one of these private hospitals, while the nursing home from which the person was snatched can continue to collect charges for his empty bed during his absence. The situation has grown so widespread and horrendous that it was documented on a "20/20" TV news magazine segment recently [24].

As documented by 20/20's hidden camera, for-profit psychiatric institutions are not doing much to improve their inmates' mental health. Rather, they're mainly holding pens for people while their insurance money is procured. An example shown of these hospitals' modus operandi: doctors billing for psychotherapy for Alzheimer's patients who clearly could not participate in a psychotherapy session. But note that not all of the senior citizens captured by these institutions have Alzheimer's--or any mental problem, for that matter. As shown by 20/20, some are mentally and emotionally fine. Their only problem is that they're old, and seemingly easy marks for being, basically, kidnapped.

A factor in this problem is the growth of the for-profit hospital industry, which only makes profits when its beds are filled, and which finds the elderly to be the most easily procurable bed-fillers. Author Joe Sharkey describes the upsurge in for-profit institution. [25]:

"The private-for-profit psychiatric hospital industry has its roots in the mid 1960s with the creation of Medicare and Medicaid programs. These programs created the climate in which a huge corporate hospital industry could thrive . The rapid rise in health-care spending over the last 30 years has paralleled the expansion of both private health insurance coverage and federal insurance programs like Medicare and Medicaid. Federal spending for health care via Medicare and Medicaid programs has risen from 51 percent of the total health care spending in 1960 to more than 80 percent in 1983 . The for-profit hospital became an

investor-driven enterprise, and profits drove the expansion of the industry . By 1990 , nearly half of all U. S . community hospitals were owned by a multi-unit organization, including the large national chains. One out of every four U. S . hospitals was owned by a national corporate chain.

The extent of the fraud perpetrated by mental hospital chains is staggering. Explains The New York Times: "In the past, estimates have put fraud and abuse at about 10 percent of the nation's health care costs, between \$60 billion and \$80 billion. But law enforcement officials and fraud specialists like Edward S. Kurtansky, New York State Deputy Attorney General, say that accumulating evidence, particularly the new findings at the for-profit psychiatric hospitals, indicates that because so much abuse goes undetected or unreported that the percentage is probably much higher. " [26] Unfortunately, it is the elderly who are frequently the victims in private-hospital fraud.

By the way, anyone who doubts that the for-profit hospitals take the for-profit part of their identity very seriously should consider that their internal handbooks set admissions goals According to a manual obtained by the Fort Worth Star Telegram,

Psychiatric Institutes of America (which was a part of the infamous National Medical Enterprises) set a greater than 50-percent admission goal for people requesting free evaluations at their numerous hospitals. The manual also states that the goal of reasonable hospitalizations jumps to 70 percent for those facilities that didn't advertise, apparently because they would attract more serious cases. [27]

Prozac: Second Opinion

Prozac is one of the most heavily prescribed psychiatric drugs in use today, but there are good reasons to challenge its popularity . While this medication is primarily prescribed as an antidepressant, it is itself associated with depression, and other severe side effects , such as nervous system damage . What' s more , its use has been implicated in suicides and homicides. To understand why this drug was approved in the first place and how the public became brainwashed into embracing it, we must first investigate cover-ups during the testing phase and then look at the powerful interest groups behind its promotion.

Worthless Clinical Trials

Dr. Peter Breggin, author of *Talking Back to Prozac: What Doctors Aren't Telling You About Today's Most Controversial Drug*, believes strongly that Prozac should never have been approved. He backs up his assertion with a multiplicity of reasons.

First, studies were performed by the manufacturer's own hand-picked doctors who chose to ignore evidence of Prozac's stimulant properties. Patients becoming agitated were administered sedatives, such as Klonopin, Ativan, Xanax, and Valium. This fact in itself, Breggin says, invalidates the studies, because whatever effect the patients were experiencing was not provided by Prozac alone. "Basically," Breggin argues, "the FDA should have said, 'We're approving Prozac in combination with addictive sedatives.'" [14]

Second, researchers lied about the number of people tested. Eli Lilly, the manufacturer, claims that thousands of people received Prozac in controlled clinical trials during its testing phase. In actuality, the numbers were far lower, since those who failed to complete the studies due to negative side effects were never accounted for. FDA material, derived via the Freedom of Information Act, shows that up to 50 percent of the test patients dropped out of the studies because of serious side effects. In his book [28], Dr. Breggin reports that, in the final analysis, only 286 people were used as a basis for Prozac's approval. Significantly, Lilly has never challenged this information. "They've had me under oath in court," Breggin says, "and they haven't contested a single word that I've written in the book." [14]

Third, tests purposefully excluded the kinds of patients who would later receive Prozac--those who are suicidal, psychotic, and afflicted with other emotional/mental disorders. Even now, Breggin reminds us, Lilly could easily study how many people have attempted or committed suicide since the drug's release:

"One of the easiest things to study is whether your patients are alive or not. It's much easier to study that than whether they've gotten over their depression. That's a hard thing to judge. How do you know somebody's feeling better or not feeling better? It's very complicated. But it's very easy to see if a person made a suicide attempt or if a person committed suicide. . Lilly excluded all suicidal patients from its outpatient studies that were used for the approval of the drug. They also excluded patients who were psychotic, who had all kinds of problems for which the drug nonetheless is now given." [14]

We are now reaping the consequences of irresponsible approval. Dr. Breggin has testified as a medical expert in an ongoing lawsuit, the case of Joseph Wesbecker, who, while taking Prozac, shot 20 people, killing eight of them and then himself. The data in that trial indicated that Lilly knew beforehand that patients taking Prozac were having much higher suicide attempt rates than patients taking placebos or other drugs.

The Medical Industrial Complex

Why did Eli Lilly and the FDA use trickery to approve a drug it knew to be ineffective and unsafe? Breggin says this happened because psychiatry is part of the medical industrial complex, which, like any industry, is looking to sell products:

"One way to look at this is to consider the "industrialization" of suffering. Getting Prozac from a doctor is very similar to getting a Ford or a Toyota from a car dealer. We are at the end point of an industrialized process with a product. Now, psychiatrists are like salesmen in the car showroom. We go to a psychiatrist and he's going to try and sell us a car, only the car in this case is a psychiatric drug, and very frequently it's going to be Prozac. . . The FDA is influenced by what the manufacturers do and what the manufacturer tells them. " [14]

Prozac is not the first pharmaceutical to be questioned after FDA authorization. Hundreds of drugs that initially pass their tests end up having major label changes--i.e., a major new warning has to be made--or wind up being withdrawn. In the field of psychiatry, the rate is especially high. During the time Prozac was approved, about 16 other psychiatric drugs passed inspection, and nine of these have since had major label changes. Breggin says that the FDA reveals the truth of the matter to physicians, but not to the public: "A few months ago, " he reports, "I attended a full day's seminar put on by the FDA where they were openly admitting this. . . They had a black poster there that said, 'Once a drug is approved, is it safe? No , it's not! ' They were making the point that many drugs turn out to be very dangerous after approval. " [14]

There are a number of reasons why dangerous effects of medications are not known early on. One is that the individual studies performed by the FDA usually have a hundred patients or less . Four thousand patients may be tested as 40 groups of 100. According to

Breggin, this means that scientists are less likely to notice a reaction in one patient:

"They may think, Jane got depressed when she took Prozac but she was probably going to get more depressed anyway. In 40 different studies, 40 or more people may be missed. Perhaps a fatal reaction shows up once in 5,000,000. That's a lot of fatalities but it may not show up at all in a group of 5000. Or it may be missed. Eli Lilly was developing a drug for the treatment of a liver disorder. A couple of people died from this drug but it was missed in the early stages of the study. So, it's very easy for things to get through. " [14]

In addition, FDA doctors have close affiliations with drug companies. Paul Leiber, who approves psychopharmacological drugs at the FDA, is known to have friendly communication with Lilly. Breggin states, "This guy is a friend to Prozac. One statement I found in the Lilly material even says so. You have some real issues here having to do with the collaborative kind of relationship. " [14]

There are always doctors who can be easily bought. When violence and suicide were related to Prozac at FDA-held hearings, Breggin reports that "most of the doctors who were making the judgment at the hearing were taking money from drug companies. " One consultant, who supported Prozac in court, was getting paid huge sums by Lilly to write a paper on the subject. Another doctor who voted in favor of the drug was paid by Lilly to tour the country and make speeches on its safety and benefits. "Dozens of them are getting paid by Lilly and doing clinical research for them. Nonetheless, they think they can sit fairly in judgment about whether Prozac is harmful or not. " [14]

Breggin stresses that it all comes back to the fact that organized psychiatry is part of a medical industrial complex. "It is out to push drugs, not ethics, " he feels. "It's not science but a myth. They're part of industry. They're no more objective than doctors who work for tobacco companies and say tobacco doesn't cause cancer." [14]

Side Effects of Prozac

Overstimulation

Prozac acts like a stimulant, and some of its side effects are thus the same as those of amphetamines. Breggin explains that "the major

adverse effects of the amphetamines--like those of Prozac--are exaggerations of the desired effects, specifically stimulation, including insomnia, anxiety, and hyperactivity. . . As is now commonly done with Prozac, amphetamines were often prescribed along with a sedative to relieve over stimulation. " [29].

Over stimulating the central nervous system can cause a wide range of symptoms, including agitation, anxiety, nervousness, increased headaches, sweating, nightmares, insomnia, weight loss, and loss of appetite. Two common manifestations of overstimulation are akathisia and agitation, discussed below.

Akathisia

The term akathisia refers to a need to move about. A person feels driven to shuffle his or her feet, or to stand up and walk around. At the same time, there is an inner sense of anxiety or irritability, "like chalk going down a chalkboard, only it's y6ur spine. " [14] The feeling can be mild or torturous.

Agitation. Prozac can produce extreme feelings of agitation, often associated with akathisia. Studies have shown 30 to 40 percent of people on Prozac, even when some of them are taking sedatives, get agitated or get akathisia. Both of these conditions are associated with violence and suicide because they are related to a breakdown of impulse control.

Psychosis

When overstimulation becomes extreme, a patient's nervousness reaches psychotic proportions. People become manic and do outlandish things. They start directing traffic naked, or spending all their money. Extreme overstimulation can ruin lives . People can become paranoid and extremely dangerous to others , as well as bizarrely depressed and compulsively suicidal. This effect was noted in FDA controlled studies that were only four to six weeks long. Out of the 286 people who finished the short-term studies, 1 percent became psychotic. Actually, the rate may be higher than 1 percent since these were such short, controlled studies, and the population of people studied was so narrow. As mentioned earlier, the people chosen for the study were carefully screened to exclude those with a history of being manic

depressive, schizophrenic, or suicidal. As a result, one can see that the craziness people experienced was strongly associated with the drug.

Depression

Depression is an after-effect of overstimulation. While researching FDA materials on Prozac, Breggin discovered that Lilly knew Prozac caused depression and that, in fact, the company initially reported it:

"Lilly admitted on paper, in its final statement about the drug's side effects, that it commonly caused patients to get depressed. Then it got scratched out at the FDA, along with a whole bunch of other things. It went from being 'common, ' and being scratched out, to not even appearing under 'uncommon. ' It just disappeared from the label. " [14]

In other words, the manufacturer admitted that Prozac causes the very thing it is supposed to cure. Ultimately, this places patients in jeopardy. Breggin explains:

" [People] start taking the drug, and in the beginning they feel better. Maybe, after all, because it's just good to get a drug. They feel like, wow, I'm doing something for myself. Or maybe the drug gives them a burst of energy. Stimulants will do that. They will make people feel energized. Then they get more depressed.

They get suicidal feelings. They don't know the drug hasn't been tested on suicidal patients. They don't know that Eli Lilly once listed depression as an effect of the drug . And so they end up thinking they need more Prozac , and their doctor agrees. When that fails to work, they end up eventually getting shock treatment, never knowing that if they hadn't been started on Prozac they might never have gotten so severely depressed. " [14]

Tardive Dystonia and Tardive Dyskinesia

There have been reports of serious nerve damage with Prozac. Some former users charge that Prozac has essentially wrecked their nervous systems, leaving them with permanent disabilities such as tardive

dystonia, a condition in which muscles tense up involuntarily, or tardive dyskinesia, in which there is involuntary movement.

Many psychiatric drugs, such as Haldol and Thorazine, are recognized as causing tardive dyskinesia (TD) in roughly one out of five long-term users, and warnings are contained in the manufacturers' prescribing information cautioning against this permanent brain damage caused by the drugs. But no such warning is provided with Prozac by the manufacturer. The Prozac package insert does note that users of the drug have developed dystonia and dyskinesia, but it contains no suggestion that these conditions could become permanent. Current medical knowledge holds that the permanent damage of TD is not expected to develop until the person has been on the psychiatric drug for a year or more, hence the name "tardive" (meaning "late developing"). With Prozac, however, the condition can develop rapidly and without warning.

Tardive dystonia and dyskinesia are conditions that should not be taken lightly, because they can stigmatize a person for life. The movements and postures associated with these conditions can look bizarre, and may make a person seem quite mentally ill when in fact his or her movements are side effects of medications intended to alleviate mental illness. These symptoms can persist long after the person has come off the drug, and in some cases they never remit at all because parts of the brain that control muscle function have been destroyed by the drug.

Sexual Dysfunction

Prozac affects serotonin levels and may therefore cause sexual dysfunction. Men may find themselves unable to ejaculate or get an erection, and women may have difficulty obtaining an orgasm. One study showed this problem to occur in half the people using the medication. Breggin says the percentage may be even higher, noting that many people taking Prozac won't complain about sexual dysfunction because this drug tends to make them less interested in other people. In fact, Breggin terms Prozac an "anti-empathy drug" for this reason. Even those in psychiatry who praise the drug, Breggin points out, admit that it reduces sensitivity. "That, of course, can reduce sexual interest, and diminish whether you care about having a sexual problem." [14]

"Again, when Lilly studied this matter for the FDA," reports Breggin, "they found only a small number of people were having sexual dysfunctions. Then after the drug was approved, they found out that they

were wrong and that a very large percentage of people were having this particular problem. " [14)

Skin Rashes

Several kinds of rashes are associated with Prozac use. At the most serious extreme, rashes that appear reflect serious immunological disorders, such as lupus erythematosus or serum sickness, which is accompanied by fever, chills, and an abnormal white blood cell count. A few deaths have been associated with Prozac-induced skin rashes.

Cancer

Animal studies show that Prozac, as well as a number of other antidepressants, enhance tumor growth.

The Chemical Imbalance

Are “chemical imbalances” real? Psychiatrist David Kaiser commented on psychiatry’s promotion of such imbalances to the public in the December, 1996 *Psychiatric Times*. “Unfortunately what I also see these days are the casualties of this new biologic psychiatry, as patients often come to me with many years of past treatment. Patients having been diagnosed with “chemical imbalances” despite the fact that no test exists to support such a claim, and that there is no real conception of what a correct chemical balance would look like.” Additionally, Kaiser points out that “modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness. This does not stop psychiatry from making essentially unproven claims that depression, bipolar illness, anxiety disorders, alcoholism, and a host of other disorders are in fact primarily biologic and probably genetic in origin, and that it is only a matter of time until all this is proven.”

Kaiser is not alone in his opinion. Psychiatrist Loren Mosher resigned from the APA after 35 years of membership stating that “what we are dealing with here is fashion, politics, and money. This level of intellectual/scientific dishonesty is just too egregious for me to continue to support by my membership.” [David Kaiser, *Against Biologic*

Psychiatry, in *Psychiatric Times*, Vol. 13, Issue 12, 1996, internet article text does not include page numbers]

The “Chemical Imbalance” is Born

In 1963, a time in U.S. psychopharmacological infancy, LIFE magazine introduced the broad public to the concept of brain chemical imbalances. Psychiatrists had been experimenting with drugs, particularly LSD, and astounding themselves at the wide variety of behaviors, emotions, and personality changes they could induce in someone with only a tiny spec of the drug. A hypothesis was born out this. If such wide variations in behavior could be made with such a small amount of a drug, which no doubt affected the brain, then any variations from “normal” behavior must be due to extremely fine changes in brain chemistry. The idea that some *other external cause* of behavioral disturbance could exist seemed to be discarded. Brain chemistry simply needed to be “balanced.” Psychologists such as B.F. Skinner said that scientists could and should control human behavior and predicted that in the future an individuals mood, emotions, and motivation would be maintained at any desired level through the use of drugs.

In 1967, psychiatrist Nathan Klien, an MK-Ultra participant, made a chilling prediction which showed just how much psychiatry wanted to use drugs for behavior control, not for “treating mental illness.” Klien had been studying the effects of psychiatric drugs on “normal humans” and reported that “...the present breadth of drug use may be almost trivial when we compare it to the possible numbers of chemical substances that will be available for the control of selective aspects of man’s life by the year 2000...if we accept the position that human mood, motivation, and emotion are reflections of a neurochemical state of the brain, then drugs can provide a simple, rapid, expedient means to produce any desired neurochemical state we wish. The sooner that we cease to confuse scientific and moral statements about drug use, the sooner we can consider the types of neurochemical states that we wish to provide for people.” [*EIR, British Psychiatry: From Eugenics to Assassination*, Anton Chaitkin, October 7, 1994, p.39]

Psychiatrists had decided they would provide the public with the types of chemical personality they saw fit. What would follow in the years to come would be the medicalization of any behavior psychiatry deemed “inappropriate.”

As David Kaiser had noted, psychiatrists cannot measure levels of neurotransmitters in the brain in the way doctors can measure sugar

levels in a diabetic patient. The question must be asked then, how can you balance or adjust something which cannot be measured? More importantly, does an actual chemical imbalance exist? Parents are told routinely that children given an ADD diagnosis have a chemical imbalance and that amphetaminelike drugs will balance the child's brain chemistry.

Thomas J. Moore, Senior Fellow in Health Policy at George Washington University Medical Center writes that while some "claim hyperactivity in children is a 'biochemical imbalance'...researchers cannot identify which chemicals...or find abnormal levels" in children. "The chemical imbalance theory has not been established by scientific evidence." [Thomas J. Moore, *Prescription for Disaster*, 1998, p.22]

It has been pointed out by psychiatrists themselves that the downfall of psychiatric diagnosis is that psychiatrists never look beyond symptoms. If a child is "hyperactive" - a symptom - the psychiatrists say, "He has hyperactivity!" Psychiatrist Sidney Walker says this is like telling your doctor you have a bad cough - a symptom - and getting a "diagnosis" of "coughing disorder", without finding out if the cough is caused from a cold, lung cancer, or tuberculosis. [Sidney Walker, *The Hyperactivity Hoax*, 1998 p. 6]

Psychiatrists never look beyond "symptoms", they merely classify symptoms as the "disease." Dr. Mary Ann Block says she hates to see children given labels of "hyperactivity" or "attention deficit disorder." In fact, she refuses to use such labels. She says, "How sad it is to see children drugged while their underlying health problems go untreated." [Mary Ann Block, *No More Ritalin, Treating ADHD Without Drugs*, 1996 p.49]

"Theory Begging"

In psychology and psychiatry there is a phenomenon called 'theory begging' which can explain the notion of 'chemical imbalances.' Theory begging is the reporting of a scientific theory as 'fact' so often that it becomes accepted *as* fact within the profession despite having *never* been proven. For example, it is taken for granted by psychiatry that patients said to have 'mental illness' have a 'chemical imbalance' in their brain. The 'chemical imbalance' is taken for granted, not actually found and verified by medical test. As Nathan Klien had said, psychiatry had

“accepted the position” of chemical imbalances, a position that has yet to be verified.

While the rest of medicine has made great advances in diagnostic techniques, psychiatry has lagged behind. In 1994 psychiatrists Richard Keefe and Philip Harvey explained the current process of psychiatric diagnosis:

“The process of diagnosis is very different in psychiatry. Since there are no clear indications of a specific biological abnormality that causes any of the psychiatric disorders, no laboratory tests have been developed to confirm or refute any psychiatric diagnosis.” [Richard Keefe and Philip Harvey, *Understanding Schizophrenia*, 1994 p.19]

In fact, they state that psychiatrists must rely *only* on what they observe and what they are *told* from friends or relatives to make a psychiatric diagnosis. Could a cardiologist accurately and safely treat patients using this type of diagnostic protocol?

Psychiatrist Mark Gold says that “up to 40% of all diagnoses of depression are misdiagnoses of common and uncommon physical illness...There are at least 75 diseases that first appear with emotional symptoms. People with these diseases often get locked up in psychiatric hospitals.” [Mark Gold, *The Good News About Depression*, 1986, p.XV]

Gold admits that psychiatrists do not rule out other medical problems, rather, they *rule in* their diagnosis, failing to diagnose the nearly one hundred medical illnesses which contain ‘depression’ as a symptom of that disease process.

In a Florida study, 100 consecutively admitted patients to a psychiatric hospital who had been given a psychiatric diagnosis were given a complete medical examination. Doctors concluded that nearly half of the patients’ psychiatric problems were secondary manifestations of an undiagnosed medical problem. According to Gold, nearly all of these patients would have ended up warehoused in state run mental health facilities, which costs the patients their health with tax dollars paying for the negligence. Some patients die confined in mental hospitals as their real illness, cancer for example, goes untreated.

In the Florida study, psychiatrists missed diagnosing physical illness in 80% of the cases. Gold said he was “embarrassed” at how bad psychiatrists were at “doctoring” and that one third of psychiatrists admit

feeling incompetent to give a patient a complete physical examination.
[Mark Gold, *The Good News About Depression*, 1986, p.22-24]

Dr. Sydney Walker III, a neurologist, psychiatrist and author of *A Dose of Sanity*, says that psychiatric labels have “led to the unnecessary drugging of millions of Americans who could be diagnosed, treated, and cured without the use of toxic and potentially lethal medications.”

Charles B. Inlander, president of The People’s Medical Society, and his colleagues write in *Medicine on Trial*, “People with real or alleged psychiatric or behavioral disorders are being misdiagnosed - and harmed - to an astonishing degree...Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return...” [CCHR publication, *Psychiatry: Committing Fraud*, 1999, p.14]

Dr. Walker refers to a case from Frederick Goggan’s book, *Medical Mimics of Psychiatric Disorders*, in which a 27-year-old executive was hospitalized after attempting to kill herself by overdosing on the antidepressants prescribed by her psychiatrist. The attempted suicide followed a year of psychotherapy that had failed to relieve her fatigue, cognitive problems, and despondency. This time, however, doctors did a thorough physical exam and found what the psychiatrist didn’t even look for. She had hypothyroidism which can manifest with “listlessness, sadness, and hopelessness.” She was given thyroid supplements and has since been free of all “psychiatric symptoms” and has “thrived both personally and professionally.”

In another case reported by Dr. Walker, John, a happy and successful family man, began suffering from inexplicable sadness and exhaustion. Unable to concentrate at work, he cut down his overtime, slept in late on weekends, and lost control of his emotions, inexplicably subjected to fits of uncontrollable weeping. He saw three doctors, two of them psychiatrists, who saddled him with a variety of *DSM* labels and treated him with 26 different drugs. A fourth doctor conducted a thorough *medical* diagnostic and physical evaluation and found that John was suffering from a slow-growing tumor of the brain lining. John’s tumor was removed, and his sadness and fatigue rapidly cleared. [CCHR publication, *Psychiatry: Committing Fraud*, 1999, p.15]

Biochemical Imbalance

If you don't have a biochemical imbalance before starting Prozac, you certainly will have one once you are on it! Prozac has been shown to have drastic effects on the brain's serotonergic system. Serotonin is a neurotransmitter, or chemical messenger, that normally connects to receptor sites and fires nerves. Prozac prevents serotonin from being removed from the active place where it's working in the brain. It keeps the sparks alive longer, and as a result, a lot of excess firing takes place. The brain doesn't like all the overstimulation and eliminates 30-40 percent or more of receptors. The brain, in effect, is saying, I'm not going to have receptors for all this serotonin. It's a compensatory mechanism for the overstimulation. Receptors can be compared to catcher's mitts. The balls being thrown are like serotonin. After awhile the brain just eliminates its catcher's mitts. It says, I'm catching too much serotonin. I'm going to get rid of my catcher's mitts.

Eli Lilly knew about the disappearance of receptors from their laboratory experiments. What they failed to study, however, was whether or not receptors ever come back. The experiment, which would have been simple to perform, could have consisted of stopping the drug, waiting a couple of weeks, sacrificing some of the animals, and then seeing if their brains had come back to normal. The information could also have been indirectly gleaned from performing spinal taps on human beings before and after they had taken Prozac, to see if the breakdown products indicated that the brain returns to normal. Neither of these approaches were ever attempted. Obviously, Lilly is not concerned with this issue.

Dependence

Since Prozac's release, millions of Americans have come to depend on it and to believe that their lives are better because of it. Concerning this reality, Breggin says:

"First of all, I don't think Prozac should have been approved. But now that it's out there it shouldn't be taken away from anybody who thinks that it's helping them. People should be warned, however, about its dangerous effects. If, for example, Joseph Wesbecker committed a mass murder while on Prozac, then we're weighing the potential good of the drug against some real disasters.

"The other issue to look at is why people like to take drugs. The fact that so many people feel helped by this drug doesn't necessarily mean you or I would feel helped.

"Evidence from the FDA trials suggests that this is a very poor drug. Even a New York Times article recently said that follow-up studies show Prozac as not very effective.

"But when you give something to people and tell them it's a miracle, they'll believe it. . . Also, the drug does have stimulant effects. And while we no longer believe that stimulants should be given for depression, certainly people can feel like it's helping them. " [14)

Overcoming Depression Without Drugs

At the core of the problem are psychiatric theories that limit the range of acceptable human behavior.

Psychiatrists consider that any behavior that limits an individual's survival as a biologic organism, any behavior that is not centered on a bell curve, is going against evolution and is in some way destructive, even if only to the individual. Consider New York State Psychiatric Institute's Donald Klien's explanation of how psychiatry should determine whether or not someone is "ill."

"...there is a strong presumption that something has gone wrong if something is sufficiently unusual...If we do not equate infrequency with dysfunction, we need another basis to infer abnormality: deviation from a specific standard...Can we arrive at a standard that is not simply an expression of personal preference, but is given to us by the biology of the situation? I propose that evolutionary theory allows us to infer such a standard -- suboptimal functioning -- and further helps us to specify the optimum. This often allows us to state that something is biologically wrong, not simply unusual or objectionable."

In other words, if a particular behavior does not meet the "optimum" as set by the psychiatrist, a person can be "considered" ill. This is illness by declaration, not diagnosis.

So emotional upsets are considered diseases. When a child is anxious or can't concentrate in school, it is called a disease. If someone is sad or depressed, it's called a disease. Breggin says that counter to current dogma, there are real reasons for emotional pain, and ways of becoming healthy that do not involve drugs:

"I think that depression comes from many different sources. I think anybody who is depressed should have a medical evaluation. There are tests for whether your blood sugar is functioning normally, whether you have diabetes, whether you have hypothyroid disease, whether you have Cushing's disease, whether your nutrition is poor, and whether you need to improve your nutrition. So general health matters.

"While there are some diseases, on occasion, that can make a person anxious, afraid, or depressed, it's far, far more likely that the sources of human suffering at any given moment come from something other than a psychiatric disease. . . Most people become depressed because of their life experiences. Life is very difficult. Life is full of tragedy. From childhood on, people are exposed to a great many stresses. Women, in particular, become depressed more often than men and have good reason. It's harder for them to get many of their desires fulfilled. It's often harder for them to make a relationship feel satisfying. It's harder for them to have the same achievements in the career arena. Almost anyone I talk with about being depressed has a reason somewhere along the line for why their view of life is filled with hopelessness.

Breggin feels that coming out of a depression involves understanding what has gone into your life that has led up to your being depressed and what ideas you have about life that aren't helping you to live better, as well as learning new principles that are more positive and creative. "What I try to provide, " he says, "and what I think every good therapist tries to provide, is a warm, supportive, encouraging relationship to help a person rebuild hope and confidence in themselves, to rebuild an idea about how to live life."

Breggin believes that a holistic approach to treating depression allows a patient the opportunity to look at his or her life, and to choose to live in a new and far better way. Depression, in that light, is viewed as a signal that something is wrong, something is not understood, or some values are not being fulfilled. While drugs can jerk people out of their depression, they fail to help them deal with life. Unfortunately, Breggin says, drugs are out there and millions are taking them. "Now, they are a basic part of American life and it is really a matter of following the dollars back to the drug companies and to organized psychiatry. " [14)

Psychiatry's Influence on Education

It began with Edward Lee Thorndike, who implemented experimental psychology into the American educational system in the early 1900s, a move which came to influence the rest of the world. To Thorndike, a committed "animal psychologist," teaching was "the art of giving and withholding stimuli with the result of producing or preventing certain responses.... Education is interested primarily... in all the changes which make possible a better adjustment of human nature to its surroundings."

Essentially, Thorndike proposed that schools transform themselves from places of learning to places of "therapy."

In 1927 psychiatrist William Alanson White agreed, saying "Education has been... too much confined to teaching. It needs to be developed as a scheme for assisting and guiding the developing personality."

The training manual of the U.S. National Training Laboratory (NTL) which re-educated teachers, shows that the agenda was chillingly put into place: "Although they [children] appear to behave appropriately and seem normal by most cultural standards, they may actually be in need of mental health care in order to help them change, adapt, and conform to the planned society in which there will be no conflict of attitudes or beliefs."

This attitude persisted throughout the century, but might never have gathered the strength it did were it not for government sponsorship and involvement in the psychiatric education movement in the early 1960s.

In 1961, psychologist Carl Rogers decided that academic evaluation would "damage" a child's "self-esteem." The result was the virtual elimination of traditional subject matter such as math and literature in favor of the "exploration of feelings," with teachers as "facilitators."

Author Joe Sharkey summed up the sequence of events: "By the 1950s, 'child psychology' was a familiar term, conveying the now firmly established idea that psychoanalytic intervention, usually in a school or child guidance clinic staffed by psychologists, was a way to protect the well-being of children.... By the late sixties, federal health planners were seriously considering proposals to require that all children be given a baseline psychological screening at age two or three as a way to predict future problems." Since the inception of non-directive therapy into our classrooms, "Rogerian education" has hidden under many

different names: Values Clarification, Encounter Groups, Self-Esteem Training, Mastery Learning. And now, after all of its old names have fallen into disrepute, Rogers' unworkable educational technique has today emerged under a new banner: Outcome-Based Education, or "OBE."

OBE requires its students to attain preordained "outcomes" before they are allowed to graduate. These outcomes do not provide skills or knowledge, but train children in behavior, attitudes and feelings. In effect, what the schools are telling students is, "If you don't think the way we want you to, you cannot get a diploma."

The result of Rogerian education was a total collapse of our school system, and even Rogers knew it. Toward the end of his life, he came to call it a "pattern of failure." His colleague, psychologist William Coulson, did likewise, describing OBE as "the idea where we drop subject matter and we drop Carnegie Units [grading from A to F] and we just let students find their way, keeping them in school until they manifest the politically correct attitudes."

By then, however, it was too late. A whole movement had grown up around Rogers and Coulson, one which they could no longer control. And today, as psychiatric influence continues to grow in our schools, we have children who cannot read or apply simple math to everyday problems.

By the mid 1980s, 13 percent of American 17-year-olds were functionally illiterate, i.e., cannot read above the fourth grade level. Between 25 and 44 million American adults cannot read the poison warnings on a can of pesticide, a letter from a child's teacher, or the front page of the daily newspaper.

As of 1993, it was conservatively estimated that there were almost 100,000 people with literacy difficulties in New Zealand. A survey carried out on Australians in 1989 showed that some 32 percent "had problems completing job histories or reading commercial medicine labels."

Meanwhile, in Britain, more than 2 million people are said to be completely illiterate. And according to a United Nations report, between 500,000 and 800,000 Germans were totally illiterate in 1989. [CCHR, *Psychiatry: Destroying Morals*, 1995, p. 8-11]

The Management of Child Behavior Through Medication

A growing number of children are being referred by their schools to doctors for the treatment of behavioral and learning disorders attributed to brain dysfunction. Millions of students are now sent to special education classes or given prescriptions for Ritalin and other powerful, addictive medications for conditions termed learning disabilities, dyslexia, attention deficit hyperactivity disorder (ADHD), and attention deficit disorder (ADD). Fred Bauman, M.D. , a specialist in child neurology for 35 years, contends that these children are said to have conditions that do not really exist:

"I diagnose these children the same way that I diagnose real diseases, such as epilepsy, brain tumors, and so on, and I find that they are normal. I do not find that I can validate the presence of any disease in this population of children.

"Nonetheless, the diagnosing and labeling continues, and schools, not liking my verdict, have access to plenty of physicians that will validate their diagnoses and give them the prescription they want, which is a medication or a referral to special education. That's what is going on. After all these years, neither dyslexia nor ADHD are diseases that can be validated in the true sense of the word, and that's the bottom line. " [30)

Dr. Bauman's statement is confirmed by current educational research. In a study in the Harvard Educational Review, the accuracy of labels ascribed to young children was questioned, and it was determined that "more than 80 percent of the student population could be classified as learning disabled by one or more of the definitions presently in use. " Furthermore, "based upon the records of those already certified as learning disabled and those not, experienced evaluators could not tell the difference. " [31)

Psychiatrist and board certified neurologist Sidney Walker:

“These children are labeled hyperactive by family practitioners, neurologists, and psychiatrists. Some of them are initially ‘diagnosed’ by teachers, school counselors, or nurses. There’s only one problem with this scenario: Hyperactivity is not a disease. It’s a hoax perpetrated by doctors who have no idea what’s really wrong with these children.” [Sidney Walker, III, The Hyperactivity Hoax, 1998 p.5]

Walker says that the real underlying medical problems facing many children labeled “ADD” go undiagnosed and untreated. He has

found a disturbing link between adult cocaine addiction and early use of the amphetamine-like drug Ritalin. In a survey of adult cocaine users, he found that most of them had an untreated physical complaint that existed since childhood. About two thirds of those individuals had been given Ritalin as children. While Walker admits that one survey does not necessarily prove a link between undiagnosed medical problems, Ritalin use, and subsequent drug use, it does raise questions which should be explored.

The U.S. Drug Enforcement Administration has looked at this issue as well. A 1995 DEA report cited a study which showed an increase in adult cocaine use in individuals exposed to Ritalin as children when compared to children given the same psychiatric diagnosis but not treated with Ritalin.

Why are schools misdiagnosing and mislabeling children? The problem is rooted in the failure of the school system to acknowledge that it is not particularly good at teaching children who stand out from average learners. Rather, the system blames students for not fitting in. Such children may rate poorly on culturally biased standardized tests, enter school less experienced at reading and writing than their classmates, be resistant to socialization practices, or even be more intelligent than their peers.

In *Learning Denied*, Denny Taylor, a distinguished educator and award-winning Senior Research Fellow at the Institute of Urban and Minority Education, Teachers College, Columbia University, tells how the educational system repeatedly misdiagnosed a bright, articulate, literate first grader named Patrick, and recommended that he be placed in special education and under medical management.

Taylor writes that problems are bureaucratic, not child-centered: ". . . Recent research presented in the social science literature indicates that there are many children like Patrick who have been (and continue to be) handicapped by our educational system. Patrick's case is not atypical. Relying on testing to find out what is 'wrong' with the child, blaming the child when he or she does not learn in the ways expected in our public institutions, and searching for the glitch in the child's neurological makeup so that the school (system) can be exonerated if and when the child 'fails' are ~all typical of the ways in which we 'educate' children. " [32)

She then quotes educational researcher Sapon-Shevin, who explains that "Viewing children as deficient leads special education to direct its efforts

toward forcing the child to change in order to fit in or be accepted. This approach legitimizes behavioral and medical management techniques which attempt to 'fix' the child." [33)

An increasingly used tool for "fixing" children is drug therapy, promoted by child psychiatrists and neurologists who infiltrate schools in order to make a profit. Bauman points out that "there is a great deal of money involved here and there are powerful industries connected with this. Since the early 70s, we've had a tremendous overproduction of physicians of all sorts in this country, specifically specialists . Unfortunately , most specialties have to invent things to do , to pay the bills, as it were. Child psychiatry, in particular, has had a game plan to connect with the public schools of the country. They give their consultative services free. For-profit and not-for-profit child psychiatric hospitals offer free evaluations to the schools and give in-service conferences where they convey these disease theories to educators. . . . So, there is a real quid pro quo arrangement going on between public education and academic medicine. . . . " [30)

He goes on to assert that unnecessary medication will end only when doctors are held accountable for their actions: "Before a physician can administer a certain therapy to your child, there has to be an informed consent in writing. According to Maitonson vs. Klein (1960), a physician administering treatment without informed consent of the patient is guilty of malpractice, no matter how skillfully the treatment may be administered. If a physician wants to put your child on an addictive medication to treat ADHD, and say that it is a proven disease or a biochemical imbalance in the brain, that is a misrepresentation because there is no validation of ADHD as a disease. " [30)

Student Psychological Records

In 1989, Carolyn Steinke founded the group Parents Involved in Education after she learned of another serious problem in our schools--the intrusion into the personal lives of children and their families . She formed the California-based organization after discovering that the emphasis of educational curriculums had radically shifted from what children should know when they graduate to what they should be and demonstrate. An integral part of this new emphasis, Steinke says, is the administration, by teachers, of psychological tests to children. This, she learned, was an invasion of Federal Code 98.4, the Hatch Amendment, which says that no student shall be required, as part of any test or

curriculum, to reveal information concerning mental or psychological problems that can be potentially embarrassing to the student or his family, as well as other personal and family information, such as political affiliations. Steinke's group is attempting to make parents aware of what may or may not legally transpire in a classroom.

She tells the story of one emotionally fragile sixth grade boy, who was asked to write about personal trauma in his life:

"This child came from an emotional background that was very sad. His mother was very unstable emotionally and had even gone so far as to put a gun to the father's head in front of the children, and threaten to kill him. In a court of law, she lost custody. This little boy now is living with his daddy, a new mama, and a new baby.

"Here he is in the sixth grade and he's taking a stress test called the Kid's Stress Test. The mom and dad were never told that their child was taking this test. The only reason we got our hands on it was because he took it home.

"The test starts out by saying, life can be hard when you're a child growing up. Grown-ups think that kids have it easy. They say that all we have to do is go to school and play and that they can take care of us so we really have nothing to worry about. Well, grown-ups aren't so smart after all. They don't know everything . Kids have plenty of things to worry about and here are some stories. . . . Some kids get beat. Some are screamed and yelled at. Some come from divorced homes.

"He was supposed to write down which stories he identified with and then answer a list of questions which directly related to the home: Do you have too much responsibility? Not enough responsibility? Do you live in a crowded home? Are conditions at home physically not good? Are they dirty or messy or are you poor? Do you not have enough to eat? Is someone at home on drugs or alcohol? Are your parents separated or divorced? Does a person physically pick on you at home? I never have enough time to study for tests; I have too many chores and responsibilities; I don't have enough money; on and on and on....

"At the end of the test, the child was to total up his score based on how much stress he had. Then he was asked: Are you surprised at your stress level? Is it good or bad? Is there anything you can do to help yourself? Do you think your relative is suffering from stress? If yes , what can you do to help them? " [34)

Steinke is concerned about the possible effects of these tests on troubled children. For instance, the sixth-grade boy who had endured so much trauma at home did not need that all brought back as a result of a written test. As Steinke puts it, "If children really have emotional problems and you open them up to hemorrhaging, who is going to be there to close them?"

She also asks, "What are they doing with the answers to these questions?" Parents Involved in Education has learned that the information obtained by the federal government is being stored, and that it can potentially be used against children at some later date:

"Electronic portfolios store the information for each child. We find states all over the nation that are adopting legislation to put into there what they call the speedy express, ' that is, an electronic transcript. It is the exchange of permanent records electronically for students in schools from the National Center on Education Statistics. . We see what kind of information they are keeping on our children, and it is absolutely privacy-invading. " [34)

Steinke reports that on the federal level, the Department of Labor's Secretary's Commission on Achieving Necessary Skills has made an alliance with the Department of Education. Together, they've developed a "learning for living blueprint on performance. " This hook-up between the Departments of Labor and Education is called Worklink, and it functions as a school-to-work records system. Worklink is promoted to employers as having information they need to know in order to make sound hiring decisions.

Steinke tells how Worklink is promoted as a tool for businesses: "Employers are told, the more information you have about an applicant's real skills, the better your hiring decisions and the less your employee turnover work will be. Teachers' confidential ratings are supplied of students' work-related behaviors, attitudinal evaluations, and psychological evaluations Worklink has all this information on an electronic database. An employer can search for a list of names that match their needs." [34)

Parents Involved in Education expresses grave concern about this entire process of obtaining, storing, and using information about children. Steinke explains how a teacher's ratings might "blacklist" a child much later in life. "Their honesty, their integrity, and what they get out of the classroom, can be used against the child all of their life. If they get a 6 out of a low on honesty, do you think they'll ever get hired? " [34)

Who is Mentally Ill?

Is our culture too bent on finding a mental "condition" to explain away whatever is wrong in people's lives, or whatever doesn't meet the norm? As we've seen, underlying some of the questionable practices in psychiatry today is the issue of who is really mentally ill. At this juncture it's important to ask ourselves whether we are over-medicalizing our lives.

For instance, is a child who is uncontrollable in school really suffering from a disorder (attention deficit hyperactivity disorder), or is he simply in need of a different type of learning environment? The answer may determine whether he is put on a powerful drug for many years. Should a depressed senior citizen be considered a patient with a disease, or simply someone responding to the changing circumstances of her life? The answer may determine whether she will become subject to repeated electric shocks to the brain. Clearly, the question of whether we're too disease- or condition-oriented is more than an academic one for many people.

Dr. Thomas Szasz, distinguished author and professor of psychiatry emeritus, is one psychiatrist who has never believed in the mental-condition-oriented

mindset [35) "Ever since I first reflected on matters such as madness and madhouses and especially the incarceration of insane persons in insane asylums--long before I went to college, much less medical school--it has seemed to me that the entire edifice of psychiatry rests on two false premises, namely: that persons called 'mental patients' have something others do not have--mental illness; and that they lack something others do have--free will and responsibility. In short, psychiatry is a house of cards, held up by nothing more, or less, than mass belief in the truth of its principles and the goodness of its practices. If this is so, then psychiatry is a religion, not a science, a system of social controls, not a system of treating illness."

One of Szasz's themes has always been that people's behavior should be viewed first and foremost as a reaction to circumstances, rather than as manifestations of disorders. If we're too mechanistic in our view of behavior, then "joy and sadness, fear and elation, anger, greed--all human aspirations and passions--are thus interpreted as the manifestations of

unintentional, amoral, biochemical processes. In such a world, nothing is willed; everything happens.

Yet, this mechanistic, disease-oriented mindset is predominant, and increasing. As the Citizens Commission on Human Rights puts it, [37) "Psychiatry has consistently invented more and more mental illnesses during the last decades, and the pharmaceutical companies have then invented the chemical 'cures.' Worse, the effects of these drugs create yet more categories of mental illness. It is a circle that profits everyone but the patients."

An article in the Journal of Mind and Behavior [38) elaborates:

"The first DSM, published in 1952, listed 60 types and subtypes of mental illness. Sixteen years later, DSM II more than doubled the number of disorders. The number of disorders grew to more than 200 with DSM III in 1980. The current guide, DSM III-R (1987) includes tobacco dependence, developmental disorders and sexual dysfunction, school learning problems, and adolescent rebellion disorders. DSM IV 9in preparation) will add more disorders. Clearly the more of the ordinary human problems in living that are labeled 'mental illnesses , ' the more people will be found who suffer from at least one of them--and a cynic might add, the more conditions that therapists can treat and for which they can collect health-insurance payments."

Patients Speak Out

The best way to learn about psychiatry's darker side is from the firsthand accounts of patients. The individuals who tell their stories here are not exceptional cases . In fact, their tales of what happened to them behind the locked doors of mental health facilities are representative of many, many others. Nor are these people necessarily mentally ill. These are in many senses average Americans who have the same questions, concerns, and problems as anyone else, but who mistakenly placed their faith in psychiatry . These people tell us that what happened to them could happen to anybody . What they share is a knowledge that our mental health industry is very sick and needs immediate reform. Let's hear their side of the story.

Angele Painter "They treated me like a criminal."

At 63 , Angele Painter was forcibly taken from her home without any provocation, handcuffed, and dragged to a psychiatric facility where she was strip searched, forcibly drugged, and made to stay against her will. This all as a result of her having called a city agency about environmental pollutants in her home that were making her sick. It should be noted that Aligele is of Armenian origin and has a noticeable accent (but does speak English fairly well and understands it, since her husband is American). Her accent, combined with her frustration at having been given the runaround by various governmental offices, may have led to a misunderstanding over the phone. Be that as it may, there is no excuse for the way she was treated. This is an abbreviated account of her almost surrealistic nightmare:

"The house we bought over four years ago had mechanical problems. It had chemical contamination and I became sick. I had a bitter sensation and a headache, and I suffered. I called our lawyer and he suggested I call the health department.

"I did, and two or three people came. One of them suggested [a particular home remodeling plan) since the furnace was in the laundry room and that's why the odor was traveling. It would cost a lot of money and we couldn't afford to do that. It was a very bad situation.

"Since we couldn't afford it, I called social services because I thought they might have a senior citizen's program. I called and explained. They might have misunderstood me because the next thing that happened was that the police and the Kimball Hospital aides and nurses came. They were holding flashlights and hollering. They wanted to come in and they scared me. They forced themselves in. Then they started blaming me for calling them and complaining. They accused me and said there was nothing wrong with the furnace, that I was just making up the story. They treated me like a criminal. They didn't let me call my husband. I was scared and shocked. I said, 'I can't believe this, treating me like a criminal. I haven't done anything. '

"They said, 'We have to take you to the hospital' and I said 'What for? We can sit and talk. ' 'No, ' they said, 'if you don't come, we'll cuff your hands. ' I was more scared. Then they called another policeman. They cuffed my hands and dragged me out. The nurses were so angry at me. They were scary looking people. They humiliated me in front of the neighbors. I mentioned to the nurses that I had back problems and was taking medication. They didn't care. One of the nurses said to the police

that I might have a gun and shoot. They started checking me and I got upset. They shoved me in the back of the police car.

"They took me to Kimball Hospital. It was awful, scary. A nurse's aide came and asked me questions and wrote things down. Then they wanted to give me medication. I refused. Four big men came and held my hands as they gave me a shot of medication against my will.

"Later, a psychiatrist came and I said to him, 'This is wrong what they are doing. Thank God, I'm of sound mind, I'm intelligent. This is unfair and unjust.' He just smiled and said, 'Mrs. Painter, you must have problems. We'll take you away.

"They put me on a gurney and then into an ambulance and took me to Hampton Hospital. I was cold and I couldn't believe what was happening. Then a gentleman came towards morning. He said, 'Mrs. Painter, I have your statement here. It says that you have told them that you want to commit suicide.' I said, 'This is absolutely wrong. I have never thought about it. I have never said anything. Whatever I have said, they have written the wrong thing.'

"When I explained the situation, he told me I could get a lawyer. I begged the doctor to let me go but he said to me, 'Once you are here, you are under our observation.' I suffered a lot.

"Finally [through my husband's intercession) I got out. But it was a terrible experience. During my stay there, I met other people that had come wrongfully. One of them calls it police brutality . " [39)

Amy Rankin: "Shock treatments have destroyed my life."

Amy Rankin has been in the hands of psychiatric authorities for most of her childhood and adolescent years. An abused child, she was placed in a hospital at 13 for depression and suicidal tendencies after years of counseling and prescribed medication. There she remained for the next five years of her life. This is her account of how five years of "therapy" in an institution, which included a weekly series of electric shock treatments, left her emotionally crippled for life:

"At first, I was in a private institution. But when my insurance ran out I was moved to a state facility. After being in therapy for awhile the

doctors decided to give me electric shock. I was 14 at the time. In one year, I had anywhere from 40 to 60 treatments.

"The whole experience was frustrating and horrifying. I never participated in my own life decisions; decisions were always being made by adults. I was always being told what to do and where to go. I had no sense of control and felt totally discounted by the people who were supposed to be there to help me. As an abused child, I felt discounted by my own family. Then I felt discounted by the very people who were supposed to be helping me. Instead of realizing that it was a living problem, they thought I had some kind of biological disorder in my brain.

"If we showed any kind of anger or if we were feeling discounted and we tried to express that, it was seen as psychotic behavior. We were tied in restraints and given shocks to make us calm down. We were given medication that has the same effect as a straitjacket. You can't move and you can't think because you're on Thorazine or Mellaril. You can't write letters or communicate with anyone because you're so drugged up.

"As a result of the shock treatments, I have been left with a closed head injury. That's the best way I can describe it. It was not an effective way of dealing with depression because everything that was disturbing me was still there. I just didn't know why I was disturbed. It's like knowing that a square peg won't fit into a round hole but not knowing why.

"Shock treatments have destroyed my life. I still have to deal with emotional stress, and I have not learned how to deal with it.

"My whole life has been complicated by shock treatments. I was an eighth grader when I got shocked. After shock, I have third- and fourth-grade academic skills. As an adult, that has prevented me from knowing where the letter O is in the alphabet. It's difficult to know what has more value, a dime or a nickel. I have to ask someone how to spell coffee 16 times. If I walk down the street, it means not being able to read a street sign. It means not being able to fill out an application that asks me to explain how some of my skills can help in the job. It means not

knowing how to write words that I want to use. It means going into a grocery store, giving the clerk a \$5 bill, and not knowing whether or not I get back the correct change because I can't remember how to count money. That's what it's like. It doesn't go away. It's permanent and it's totally frustrating. It's not a matter of relearning these things. It's having to live with a closed head injury on top of everything else.

"I run a national newsletter for shock survivors who feel they've been harmed by this treatment. Almost everyone who reads the newspaper and contacts me tells me that they feel they've been harmed. Not one survivor has told me that this treatment has benefited them. I would encourage shock survivors and mental health consumers to really take a look at how they're being oppressed. " [15)

Sandra: "When the psychiatrist suggested hospitalization, I trusted his advice. .

In 1968, a woman named Sandra sought psychiatric help for depression over the death of her baby . When her psychiatrist suggested hospitalization, she trusted that he knew what was best for her. Once in the hospital, though, she quickly changed her opinion:

"We're taught in this society to see a psychiatrist for depression. And that's what I did. I started seeing a psychiatrist for a normal real-life sadness in my life. Anybody would be sad after the death of a baby. And when the psychiatrist suggested hospitalization, I trusted his advice and walked into the hospital of my own free will. I was no danger to myself or to anyone else. I was there because I had a broken heart over the death of my baby . And they started shock treatments on me.

"When I had had the first one, I woke up terrified and with an excruciating headache. I couldn't think straight. When I tried to leave the hospital, the nurse called the guards. The elevators were stopped. I was dragged to my room and tied to my bed in four-point restraints. Four-point restraints is having each ankle and wrist bound securely so that you can't move or fight or get away. I was force-drugged and force-shocked. I was literally left laying in my own sweat and tears until I smelled like a filthy animal. I received this treatment over and over again until by the time I got out of the hospital I couldn't connect my thoughts well enough to even carry on a normal conversation. I was born and raised in the Birmingham, Alabama area. I didn't know my way around town anymore. I couldn't even find my way to the store. One of my sisters said that I reminded her of a zombie . Another sister said that I seemed to have the mentality of a three-year-old child. It literally took me years to be able to connect my thoughts well enough to carry on a normal conversation.

"When I learned that the same thing is happening to other people today I had to start getting involved. I got heavily involved with children's issues because this is so sad, and started a group called CRY, Citizens Rescuing

Youth, to stop psychiatry from making mental patients out of our children. Psychiatry is zeroing in on the fact that Medicaid pays hundreds of dollars a day for the in-house psychiatric evaluation of children.

" One of the cases I handled personally was that of a mother who literally lost all vital signs because she had an ovary rupture. They were able to bring her back but she was unable to care for herself much less her two young sons . She signed what she thought was temporary custody of these two children to the State Department of Human Resources. Since psychiatry had been lecturing at the State Department of Human Resources on how they can help these foster children in state custody, these children, who were normally upset about being away from their mother, were put in a psychiatric hospital.

"When their mother was able to get them back, they weren't given to her. She was denied visiting rights for months. The youngest child, age 7, was overmedicated on psychiatric drugs and put in what they call a quiet room, which is actually a padded cell. He was so broken-hearted that while he was having hallucinations from the drugs they had given him, he tried to hang himself on his own shoe laces . [40)

Diana Loper. "It only takes a minute to destroy a brain.

At 24, Diana Loper was given electroshock for post-partum depression and an inability to sleep after the birth of her child. After 24 treatments, she was released in a far worse condition, and could no longer care for herself or her family . As a result, her husband divorced her and her child was taken away by the courts. This is her story:

"My story is many stories. There are thousands. Over a hundred thousand persons per year receive ECT I don't even like to use the term therapy--this is only a procedure.

"I had a premature child, post-partum depression, and sleep deprivation. The post-partum depression is, of course, what we call the baby blues, and the sleep deprivation was from having a very sick child. I was married to a preacher and we decided to go to a psychiatrist to talk about what was going on with me. This psychiatrist decided that I needed shock treatments.

"I didn't go for everything they said but my husband did. The psychiatrist told my husband, 'Well, you know, she's very depressed, and all we have

to do is put her to sleep. There will be a little bit of a jolt through her body, and she'll have a little convulsion. It will be like going to sleep. And then she'll wake up the next day and everything will be fine. She'll be happy again. She won't be depressed. ' I remember looking at that psychiatrist and saying, 'Let's get real here. What are you going to do to me? Are you going to wipe out all the bad that ever happened to me. . . ?' My husband then said, 'Now, honey, listen to me. You cry all the time. Let's try this procedure. It won't hurt. It will only take a minute.'

"So, they gave me 24 shock treatments for my post-partum depression and sleep deprivation. If I had been allowed to go ahead and play this out and let it go through its natural course, I probably would have been alright. But young, new husband, new baby, away from home, you go to these people you supposedly trust. My husband signed for the treatments believing that this was going to do some good. God only knows how he thought that but that's what he thought. And so, I was shocked against my will. I was straitjacketed and forcibly shocked.

"What happens with ECT is they give you a certain drug that puts you to sleep. Then, when you wake up, your grief is supposedly over. After this procedure had been given to me, I woke up in a room by myself and didn't know where I was or who I was because what this procedure does is it puts you on a euphoric high, a brain-damage high. They might as well just take a sledge hammer and knock you in the head with it because after a head injury you walk around like, what's going on? The world is wonderful. The world is fine. It will put you on this high. . . But six months after shock~, after your brain-damage high is over, you're suicidal. I did not go into the hospital because I was suicidal. After they got through shocking me, I was.

"After the insurance money runs out, they will put you on the street. Well, they put me on the street. I had no way of starting life because they did no follow-up. . . . So, what it did was wiped out my life, and I had to start over, but I did not know where to start over or who to start over with.

"After the shock treatments, I didn't know my child, I didn't know my husband. My husband didn't want to be married to me anymore because I wasn't the same person that I was. So my husband divorced me. The courts took my child away from me . I read on what was probably a second-grade level and did math on a sixth-grade level. I kept a diary during this whole process of being shocked and remember the last thing I

wrote. It states that if it's the last thing I do before I die, you'll never be able to do this to anyone again.

"I got back on my feet with the help of my parents. I learned what a toothbrush was again, and I learned how to put my shoes on the right feet. I kind of started my life all over again because I knew that I had a child that I had to find and I didn't want him to find this basket case of a mother running around.

"It only takes a minute to destroy a brain. And those doctors destroyed my brain and my life. Now I have epilepsy. I have two grand mal seizures a day because of this procedure. The only reason I did not lock myself up in my house and never come out again was to stand up for what I know is right. I know that this is a treatment that needs to be banned. There's nothing good about this treatment. It's a brain-injury high. It's a closed head injury. The recipients of this horrible treatment who join our organization, The World Association of Electroshock survivors, say that their memory never returns to normal after ECT " [13,41)

Karen Robbins: "I've been falsely imprisoned."

Karen Robbins was imprisoned at the University Behavioral Center in Orlando, Florida, after responding to a phony health spa advertisement promoted by a patient broker via television. Her case is currently in litigation:

"I was watching a TV program and I made a 1-800 call about going to a health spa in Florida. I thought, 'Gee, that would be a wonderful thing to do. ' It was during a time in my life when I wanted some changes made and I thought a health spa would be wonderful for weight loss.

"When I got to Florida I was picked up by limousine. When I entered the lobby of the center, it was very nice and friendly. But when they closed the doors behind me and locked them, I could not leave. I noticed that the people who were there were mental patients. It was very obvious. There were people who were shaking and people who had no control of themselves . There were one-on-one caregivers. I was terrified. They kept me there for seven days against my will and they billed my insurance company over a thousand dollars a day.

"The first thing I did was ask to talk to someone and they said that because it was going on 6 : 00 there was no one there who could help me out, that I would have to wait until the next day. The next day, they gave me another runaround. They told me that I was a very, very sick person, that I was totally depressed, co-dependent, and extremely violent. I just looked at them and I said, 'I'm sorry, but there must be someone else in this room because that's not me.'

"I tried to leave on several occasions but there were very, very large guards and they denied me access to the door. I told them that I wanted to go home, that first of all they had kidnapped me, they had brought me there under false pretenses, and they were keeping me there against my will. They were interested in only two things: money from my insurance company, and keeping me there as long as they could to obtain that money.

"It was six days of telling them I wanted to be released. I did not sleep all the while I was there. From morning until night there was violence going on. There was screaming . There were outbursts . I was afraid to sleep . They told me I could go in 72 hours. The doctor said, 'I have the right to keep you. I said, 'you have no right to keep me here. I've been falsely imprisoned.'

"Finally on Monday, I told them, 'if you do not release me I am going to have a class action lawsuit against you. ' I said, 'you are keeping me here against my will and you are harming me instead of doing me any good. ' With that, they called the patient broker that got me in there and the broker said, 'Let her go; she's a trouble-maker. ' " [42)

Nickie Saizon: "He came out worse than when he came in.

Nicki's insurance company was milked after she admitted her son to a psychiatric facility, in good faith, to help him overcome a drug problem. Five and a half weeks and thousands of dollars later her son, never having gotten the help he needed, came out worse than when he entered:

"In October 1987, my son told me that he had a drug problem and that he wanted help. I had no idea where to turn so I looked in the Yellow Pages and found a place in Ft. Worth called Care Unit. First, I had to go up there and meet with a counselor. They said that they had to see if he was eligible to come in. I found out later that they were checking to see if we

had insurance, which unfortunately we did. He was eligible so I put him in there.

"It was supposed to cost about \$300-\$400 per day but they have a lot of hidden costs. They had a community room with a TV but they would charge \$35 to watch. They had Narcotics Anonymous (NA) meetings where they would charge anywhere from \$30-60 per meeting. Then they had what they call family week. They required that you go all week. After I got there, they told me it was \$150 extra. They also charged \$15 for a meal ticket. And they had a different psychologist there. It was not the psychiatrist that I got the bill from. I talked to him maybe 15 minutes out of the whole week. I never met the psychiatrist I got the bill from.

"They did nothing. I finally pulled him one evening after going to visit him. I was sitting across from the nurse's station waiting for the NA meeting to end so that I could visit with my son. When the [fleeting ended and all the kids came out, I did not see him. I waited a few minutes and finally asked one of the kids where he was. They said they didn't know and walked off. Then one of the kids came back and said he was in his room. I went in his room where I found him so doped up on tranquilizers that he did not know what day it was, what time it was, nothing. He came out and the nurse said, 'We have been so concerned. I've been taking your blood pressure and checking on you to see if you were still breathing. ' I said, it's over, and we went home. My total bill for Care Unit for 5 weeks was \$15,663.07." [9]

Later, on the recommendation of one of the nurses from Care Unit who stayed in touch with her son, Nickie admitted her son to a state facility, which resulted in more expense and devastation:

"One of the nurses kept in contact with him by phone and we ended up readmitting him on Christmas Eve. But then they called me and said they couldn't handle him and wanted to transfer him to the psychiatric institute in Ft. Worth. I later found out that this is like a big corporation. They all work together.

"When they go to the Psychiatric Institute (P1), they are locked in. We couldn't bring in anything, not toothpaste, shampoo, or anything. They had to get it through the hospital. They would give him small sample tubes of shampoo and the shampoo would cost \$8 a bottle and the conditioner was \$10 a bottle. When he went in, he had some burns on his arms and they used the tiny sample tube that the pharmaceutical companies give them, and charged \$25 for that little tube. Then they charged you \$20 for the nurse to put it on. I mean, they had it all broken

down. Everything was under lock and key, elevators, everything. I had to go there once a week and meet with a psychologist. They charged \$125 a week for that. My bill for P1 was \$38,231.95.

"I dropped my son off at Psychiatric Institute on December 27th. I picked him up February 27th. I dropped my son off on December 27th. I picked up a stranger on February 27th. When he was up there, some kids were there who were in with the skinheads and he got involved with them. He came out worse than when he came in. " [9)

Evelyn Woodson: "They put my child on Ritalin without my permission.

Evelyn Woodson's son was placed in a psychiatric facility while a neurological problem went undiagnosed:

"It's very painful for me to retell this story. The reason I do it is because I don't want other people to experience what my son and I experienced.

"The first time that I noticed that my child had some sort of visual problem was when he was an infant. . . At about 18 months, he would go upstairs without our noticing, and fall downstairs. This happened several times. . . X-rays never indicated any damage. . . Then, when he was five, he fell while running and broke his arm. Again, this let me know that there was a persisting visual impairment of some sort. I sought all types of diagnoses from various medical doctors and it was always a question mark. Nobody could give me a clear diagnosis of what the problem was.

"In intelligence, he did not manifest any type of deficit whatsoever. To the contrary, he was much more intelligent than children his own age. He could hold conversations with me about things that I was very surprised at. For instance, he knew what bionics were. He could draw robots before age five, he could design rocket ships....

"As he entered elementary school, there were always complaints that he didn't complete his assignments. He was subjected to corporal punishment because he could not complete the work, and each time that I approached the schoolteacher and the principal regarding these matters, I was degraded and blamed for upholding my child in wrongdoing and not forcing him to conform. I found that to be very frightening. It's like trying to fit a square peg into a round hole. They did not have a program or an individual assessment where they could figure out where this child was and where he needed to go . They were not willing to make any type of

an educational plan for this child. I let him go through the third grade in public school . Then I took him out and put him in private school . It was very difficult for me because I wasn't working and I was separated from my husband at the time.

"At one point, the school psychologist got involved. They shifted the focus from a possible medical problem to a behavioral disorder. At that time, I was not aware that people were being exploited just for the sake of money . That was a hard lesson that I learned.

"When he was 12, I was told by the school psychologist that he needed to be in a residential program. This occurred because I asked them to assess my son's IQ and to give him an aptitude test in order to properly place him in the school system. Rather than dealing with this, it was easier for them to blame my son. Again, I went to a neurologist. They told me that my son needed to have a brain scan. The brain scan did not manifest any type of tumor or any type of problem....

"In 1985, he was admitted to a residential program. That was a very bad experience. When I first took him to be admitted, I had to give them \$800 cash up front. They told me that I could see my child any time of the day or night. They told me I could call and speak to someone at the facility at any time . But once they got my child in and the doors were locked, everything changed. They put my child on Ritalin without my permission. They did not allow me to see my child. . . . When I did get the opportunity to speak to my son, I questioned him and he told me that the drugs that they had given him made him hyper. They put him in a room with a child who was totally psychotic and the child attacked my son.

" . . . I called the administrator and explained to them that I had been told one

thing and something else was happening. I basically got the brush-off. They set up an appointment for me to come in and speak with them. I thought I was going to talk about the conditions that my son was being subjected to. Later, I found out that they disguised that as an evaluation for me. There were things being written

up about me without my knowledge I later got the transcripts from the facility and found out they labeled me as a 'black woman that is striving to be white. ' My child is interracial and his father is white.

"In that evaluation, I was asked about my background, my history, and what kind of childhood I had. I said that my stepmother was white, and

she was. My mother died when I was 13 months so I never knew her. My stepmother was the person who raised me, and that was the only female role model that I related to. I figured that was something that swayed me to not have prejudice, and thereby eventually marry into a white family . That was twisted and misused to make it look as if I was some kind of a sick person for being in a mixed marriage . That was eventually used in court to try to prosecute my son when he ran into some legal problems later on.

"As he got older, the problems persisted. In 1989, when he was 15 , I took him to a neurologist, and the neurologist said that he didn't think my son had any type of medical problem. I knew better because I'm a mother with two other older children. I knew this child was manifesting a medical problem because he was very, very forgetful. He would do his homework many times and he would lose it before he got to school. Or he would leave it at home. He just couldn't remember things.

"All the way through this, there was a lot of insurance fraud. And my son was put on Prozac in another institution without my permission, and it has destroyed him. He is not able to hold a job. He'll be 21 years old. He's not eligible for 551 or any type of assistance. He is married and has a child and cannot support the child. I'm basically having to do that.

"My son was diagnosed in 1991 with a right temporal lobe lesion. That's almost like a brain tumor, and that was there all along.

"The lesson is that the people that are working in the psychiatric field are not always healthy people, because they have an addiction to money and power. That's what I ran into, compulsive obsession over money and exercising power over people because they use the law to lock people up and hold them against their will. They can get judges to sign orders to hold people, but when the insurance money runs out, they throw the person out destroyed with drugs and by having been exposed to people that really do have a lot of psychological problems. My son wasn't t born with psychological problems. They have manufactured them through paperwork and through drugs. " [43)

Luninging Pasion: "Then they found out that we did not have a job with insurance. My son was released."

Luninging Pasion's 16-year-old son had been feeling sad, but never suicidal, due to normal adolescent romance problems . Yet he was

abducted from his school and placed in a psychiatric facility for no apparent reason--other than the fact that somebody thought his family had insurance coverage. When Luninging tried to get him back, the psychiatrist threatened to report her to child services and to take her son away for good. Only upon learning that the family had no insurance coverage did they let him go:

"My son was taken out of school when he was 16 years old. They told me the reason they took my son was because he was suicidal. But before they took my son, I was called to the school and my insurance was checked by the sex and drug counselor. Then the sex and drug counselor gave my telephone number to an institute that called me and asked me to bring my son to them. I told them that there was no need for my son to be brought to that hospital.

"When they found that I was not going to bring my son to them, they insisted on doing a free evaluation at the school, even though I told them that there was no need for my son to be brought there. I was forced to say yes to the free evaluation because they wouldn't put down the phone until I said yes.

"The following day, the lady from the institute went to the school and took my son without even telling me that they were going to take out him from school. I don't know why they took him out of the school. The school even told me that my son wasn't doing anything wrong. They just told me that this lady took my son from school....

"Then when I went there they didn't want to give my son to me. They told me that they had the legal right to hold my son. They told me that my son was disoriented and confused . But I remember on that same morning having brought my son to school and he was alright. Every day I went there, for about four days. I didn't have any chance of talking to my son for longer than five minutes. My son told me that he would be there until April. He was taken February 22nd. I told my son, they cannot do that. I am going to try to take you out of this place.

"After 72 hours, I went to the institute and this lady told me that, whether I liked it or not, my son would remain here. I prayed at the time because it was really painful. They didn't want to listen to me. They didn't want to understand me. All they wanted to do was to lock my son up. Then, after praying, I told them that in 1 983 , my husband was laid off because I wanted to tell them that I did not have any money to pay their business. I knew that if you bring somebody into the hospital you have to pay for it. So, I told the woman there that I could not pay her. After hearing that my

husband was laid off, she started asking me where my husband was working. Then they found out that we did not have a job with insurance. My son was released. " [44)

Lillian: "It was a virtual hellhole."

Lillian's family and work problems, combined with her hypothyroidism, were causing her to experience depression. But when she sought psychiatric help, the potent medications she was given caused side effects that worsened her condition. As a result, she was institutionalized at the Carrier Center near Princeton, New Jersey, for 60 days, during which time she was strip-searched, tied to chairs, forced to take drugs, and given electroshock therapy without her consent:

"Up until five years ago, I had a full-time job teaching. I was taking care of an invalid mother who had Alzheimer's disease. Then my mother died after being in the hospital for a month. I discovered I had a very severe hypothyroid condition, and I was being evicted from my apartment after living there for 40 years. It was being turned into a condominium and it was being renovated over my head. Walls were being knocked down and pipes were getting broken, causing leaks and so on.

"I developed a major depression and went to visit a psychiatrist, the first one I

ever encountered in my life. He gave me strong doses of Xanax. And when I went to see him again, he added another strong medication called Desyrel. As a result, I developed side effects. The most severe ones were breathing difficulties and hair loss. This difficulty in breathing made my life very uncomfortable. And since no one at that time realized that it was from the side effect of the medication, I was diagnosed as being psychotic.

"I was taken to a psychiatric facility where, after a two-minute evaluation by the admitting physician, I was put into the intensive care unit. I was given constant supervision, so much so that I wasn't allowed to go to the bathroom myself. I would have to wait maybe 15, 20 minutes before someone would get ready to take me. I was not allowed to eat with a fork and knife, only a spoon, and at the end of our meal, when spoons were counted, if one was missing, we were strip-searched. I found myself being tied to a chair to keep me from walking when I wanted to.

"Somehow, while I was there, I developed an injury to my arm, a torn tendon. When I didn't want to take the medication that was given to me, because I was afraid of side effects, I was given it involuntarily. I was held down by two male, so-called medical assistants, and it was injected into my buttocks. For two hours, we were locked out of our room so that they could search our drawers and closets for whatever they wanted to find. I couldn't use a telephone when I wanted to. When my husband would come to visit, someone was sitting there listening to our conversation. It was a virtual hellhole. It was the Carrier Institute near Princeton, New Jersey, and they 'charged my insurance company \$550 a day just for room and board. That didn't include the payments to the attending physicians and whatever other expenses were encountered.

"During the time I was there, I was forcibly given ECT without my consent, although I found out later that my husband had given them permission. The lesson I learned is that before people do anything like that to another person, and listen to other people's misguided advice, they should think more carefully and think about alternative treatments for someone. I was just fortunate that I came out alright. " [45)

Marsha Stocker. "when my insurance was up, I was dumped."

Marsha Stocker thought she was entering a clinic for a checkup--not a psychiatric hospital that would lock her up for 48 days and force surgery on her:

"I was told that I had an eating disorder and that I needed to go to the hospital for some tests. What I didn't know was that they had no patients scheduled to come in and that they were apparently preying on people with private insurance . I went down and explained to them my problem. They told me that I had an eating disorder, and I told them I didn't think so. I was told that I was denying or lying, and I told them I wanted to leave. I got up to leave and the next thing I knew, I was being carted off to the psychiatric ward and told that I could not take care of myself, and that I was suicidal. I was in shock and I didn't know what to do. They did say that I could talk to an attorney . He told me that by law they could keep me for 96 hours and that I had to stay.

"I was given Prozac and told that if I did not take it I could be put in the state hospital and kept there involuntarily and indefinitely. I was told that I could be given shock treatments . I was told that no one in my family would know where I was. They didn't have to give out any information

about me. All my identification, everything, was taken away. So, I did what I had to: I took the medication and waited for a hearing. But I did not go to a hearing. I was kept for 48 days. During that time, I was given surgery that I did not want. I repeatedly asked to leave and was repeatedly told that I could not care for myself.

"When the doctor came in after 96 hours, he asked me about my past medical history and I told him I had a lump on my breast, which I had had for 16 years. Two other doctors had told me that it was a calcification. I was 42 years old and this was normal. All of a sudden, it was cancer and I needed an \$11,000 surgery. During the surgery, nerves were severed in my arm, which has left me with permanent damage. I had a lumpectomy and radiation. I've since asked doctors to look at the slides. They tell me that it shows calcifications but they have no way of knowing whether or not it was cancerous without the biopsy slides, which I have never received.

"When my insurance was up, I was dumped, and here I am today, still struggling to find out what really went on." [46)

Joanne Togli: "If I slept with him, I'd get out."

Joanne Togli was supposed to get help for her problems in the hospital. Instead, she was made to endure sexual abuse by her counselor there:

"I was an abused wife who went to a preacher for help. In return I got locked up in a mental hospital behind three sets of locked doors. The first day I was there, they took away everything I had. They took all of my clothes away from me my purse and everything else, and they put me in a room with nothing in it. Any time I wanted to use the telephone, they had an excuse. I couldn't call my family. I was put on drugs, antidepressants, and different things like that. Every time I attempted to get out, they'd have an excuse for me not to. Finally, the bottom line came down to, if I slept with him [the counselor), I'd get out. If I didn't, I'd go to the state mental hospital. And at the time, I had four children, 2, 3, 4, and 6. I was desperate to see them so after three weeks of being locked up, I finally slept with him.

"There are two parts to the hospital--there's a locked unit and an open unit. In the locked unit I slept with him once and in the open unit I slept with him twice. I went home and just when I thought I was free of everything, he started coming over to my apartment. I thought he might

send me to the state hospital if I didn't sleep with him so I did for awhile. Then, as I got more strength, and I realized that I was out in the community, I turned him in to the police.

"I was talking to my friends when I got out of the hospital--we had made friends--it came up in a conversation that he had made them do it too. At that point, we knew we totally had him.

"The day we turned him in, he got picked up by the police. They looked through the records. In the records it had things like, he had hugged and kissed at private counseling. . . There was never any doubt about what happened to us: He got put in jail--but just until he could get bond. And then once he went to trial, there were no charges because there was no gun or knife used. Had he used a gun or knife, it would have been a different situation. According to people in the community, he is still practicing today. " [21)

Gloria Denanya Jones: "You need to know your rights."

Gloria sought professional help after discovering that her husband was unfaithful. As a result, she was labeled suicidal, locked up, and stigmatized:

"I was taken to a psychiatric facility by a member of my family because of some personal problems that I was experiencing, normal problems, like infidelity, which happen every day; I was a little upset about some of the things that I was finding out about my husband's relationships. I went there for an interview to see if I possibly needed an evaluation but they decided that they would keep me. The doctor said that my mind was racing because I was talking very fast. I said that I did not want to stay. I tried to leave and the men in white came after me. This is when the doctor told me that I better sign myself in or she would put me in lockup and I would not like that at all. I had to sign myself in.

"They took all my personal possessions and gave me a pamphlet which told me my rights but, since they had taken my reading glasses from me, I really couldn't read anything. They put me on a drug called lithium, which made me very, very calm, almost comatose. And I had to sit there for 72 hours. They kept saying that I was there on a hold and I kept saying that I was not. But when we would go into what they called a cognitive therapy program, which is 1 to 2 hours a day--they had a group of anywhere from 4 to 12 people, whoever they had in the hospital who

were not in lockup--they kept asking me if I was suicidal. I said I was never suicidal. I was never a threat to myself or anyone else. I said, I came in here for a personal problem. And they kept telling me, well, you're here on a hold, and you're only here on a hold if you are a threat. And I said, this is something that I don't understand.

"I refused to sign any papers as far as releasing them from any obligation or responsibility for any medication that I took. I did take their medication because I did not want to go to lockup . I was next to the lockup and I saw exactly what it was that happened to people when they were locked up. They were strapped down and put in a room. After they unstrapped them, they locked them in a room, and they were only allowed to come out whenever they needed to , I guess to smoke a cigarette or eat. Sometimes they never even got to get out of their room. Anyway, I was there and I just kept protesting and saying that I shouldn't be there and that they had no right to do this. Some of the people there kept telling me, 'if you don't stop saying that, they are going to put you in lockup. ' So, I just did basically what I was told and I just had to stay there the 72 hours. I believe that had my insurance covered that part of the stay that they probably would have kept me longer.

"I have learned from this experience that people need to know what their rights are. I was denied my rights for due process. I was taken away from my child, my home, my business--and it was against my will--for something that was a domestic problem, for something that had nothing to do with any type of real depression.

"You need to know your rights. The public is not aware. I have talked to several people about this because I came out and said I was committed and held for 72 hours. They had similar stories. And I can't believe that this happens today. It's not right. It's just not right. " [47)

Danielle Deschamps: what the psychiatric establishment has done is usurp the judiciary power.

Danielle Deschamps was kidnapped and taken to a psychiatric institute for reasons unbeknownst to her at the time. A native of France, she noticed a large percentage of foreign people in her ward. She reported that of the 12 to 15 people in the ward, there was a Polish woman, a woman from Colombia, a man from Belgium, and a Polish man:

"I was kidnapped on Columbus Day, October 8, 1990, at 9:00 in the morning. I had a wonderful night. I was very happy to have the day off. I fed my pets. I drank my coffee outside and was just starting the laundry. All of a sudden a policeman and a psychiatrist came, a very fancy woman. They told me to follow them or I would be put in restraints. It was what I heard happened in Europe. As a little girl, some of the members of my Catholic family were picked up and sent to concentration camps. I could not believe that this was happening to me here in America! I could not believe it!

"When they arrived at my house, they took me by total surprise. All they said was 'You follow us immediately.' So I called a friend of mine and she came right away. She said, 'There is no need to take her away. Don't take her away.' And she cried. She came with me in the police car and once we got there, she still took my side....

"I didn't know why I was committed. I wasn't told anything. I didn't know why, when I got to the snake pit, my clothing was taken away from me. I was in a cage in the emergency room with two glass windows. This is in Bergen Pines, Paramus, New Jersey.

"When I arrived in the glass cage, there were male policemen there and two nurses. They told me to immediately undress. I said no because I had a good night's sleep and I am not sick. I have no reason to be here. They told me to be quiet and give my clothing to them immediately. I understood that I was all by myself. I don't have a single relative in the U.S. So, out of panic, I undressed. One hour later, they ordered me to take some pills. I said no because I never take any pills except aspirin, very seldom. . . I'm not a person for drugs. And they called the policeman, got one who was six feet tall, and took a needle and ripped down my pants and injected me.

"I asked to call the French consulate and they said no way. They barely let me go to the bathroom. I was accompanied by police. Then I was sent to unit C-i. I still thought I would come home the same night. I didn't know it would go that far. Little by little, I took Haldol and lithium. I fell into a coma, what they call comatose sleep, one that has been denounced by many American organizations and by myself....

"Three years later, thanks to the Citizen's Commission on Human Rights, I have been able to obtain my records. Now I know why I was arrested. I was arrested for allegedly scratching, biting, and throwing hot water on my husband. I never did that but he must have signed a statement saying I did. He must have signed this as an excuse. What the psychiatric

establishment has done is usurp the judiciary power. If my husband accused me of biting him, I should have gone before a judge. There should have been proof of bite marks. There were no bite marks. I never bit anybody in my life, not even my husband on bad days!

"I demand reparation for this. My reputation has been completely wrecked. My daughter, who was 12 years old at the time, does not understand why her mother was put into a mental institution. . . ." [48)

Pat Garring: "When I went to turn him in. . . I realized I wasn't 't the only one."

Pat's story is one of sexual abuse in an outpatient setting:

"My story takes place over a 20-year period. Actually, the sexual abuse started in 1987-1989. I was married at the time and my husband was his patient. Then, I became his patient and was given many drugs His idea of sex was to make you feel like you were inadequate. He had a lot of power and a lot of control. He was doing this to other women at the same time, and he had been doing this to these other women for 20 years.

"I finally got enough courage to turn him in. When I went to turn him in to the investigators, I realized that I wasn't the only one. After I told one investigator who he was, he said, 'I was afraid that you were going to say his name. I need to call in a special investigator. ' And that's what he did. They told me there were 17 cases ahead of mine but mine was the strongest. That was back in August 1991 and he came to trial in March 1994. I testified for 4 hours against this man. Only four of us were in any condition to testify, but my testimony was the strongest.

"He ended up surrendering his license at the end of March but essentially he went into retirement because, in Utah, it is not a felony, it is not a crime, to sexually abuse a patient. It is only grossly immoral. That has to change.

"I went on television, September 9, 1993 , in shadow so no one could see my face, to tell people about this man, hoping other people would come forward. Not many did. Then, in March 1994, I went on television full-faced, with full name, because he had surrendered his license. Another lady was on the TV but they shadowed her out because she just couldn't take everything that happened to her. For 20 years, her whole session was drugs and to sit on the couch and have sex. [49]

Endnotes

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6. The Citizens Commission on Human Rights can be reached at 1-800-869-2247.

Help is free.

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TX 78761 to get involved in banning ECT worldwide and to receive The Disconnect News.

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45. Gary Null interview with Lillian, Feb. 16, 1995.
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- 47 . Gary Null interview with Gloria Denanya Jones , Feb . 21 , 1995.
- 48 . Gary Null interview with Danielle Deschamps , Feb . 21 , 1995.
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