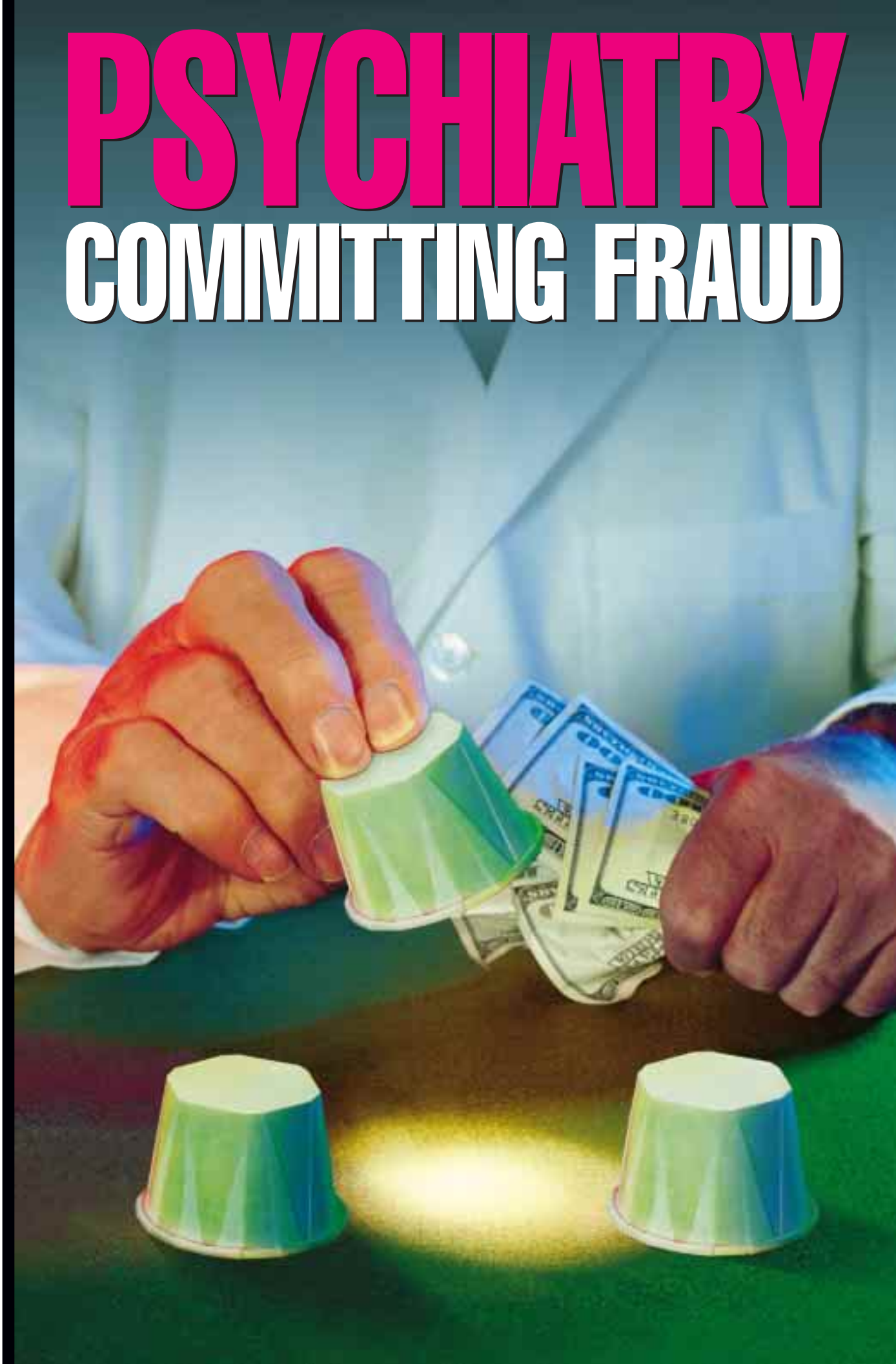
BETRAYING SOCIETY

PSYCHIATRY
COMMITTING FRAUD



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BETRAYING SOCIETY

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Warning: Before you stop taking any psychiatric drug, you need to seek the advice and assistance of a competent non-psychiatric medical doctor.

PHOTO CREDITS: Cover photography by James Sorensen. Page 5: Jeramy Harrel photo by Mario Villafuerte/Army Times; Page 6: Corbis/Bettmann-UPI; Page 11: Vikki Hart/The ImageBank; Page 27: Steve Allen/The ImageBank; Page 35: John Orpin by John Major/Ottawa Citizen.

PSYCHIATRY COMMITTING FRAUD

Extortion in the Name of Mental Healing

INTRODUCTION

PSYCHIATRIC FRAUD

MENTAL HEALTH CARE TODAY

How do you stop violent crime? What about increasing rates of illiteracy, drug and sexual abuse, homelessness and suicide? For governments, the initial societal fix was to spend millions on "experts" who claimed to have the answers to these problems. But when the problems worsened, the experts said they needed billions, not millions. And when the problems continued to worsen, the experts said they needed more billions.

Today, according to these experts, we are facing a truly alarming epidemic that is going to strike one out of every two people—half the population. It is, they say, the cause of society's problems. And it is going to cost even more billions to resolve.

But wait a minute. This epidemic has apparently been escalating since day one. After World War II, these same experts estimated the epidemic affected only one in 10; less than a decade later, they stated that one out of every three people were suffering; and today, they state that every other person is going to suffer the consequences of it. Why is it then, that literally billions of dollars in government funding for research have failed to halt the epidemic? It just keeps rolling remorselessly along, spreading further and wider, in spite of the money, in spite of the research.

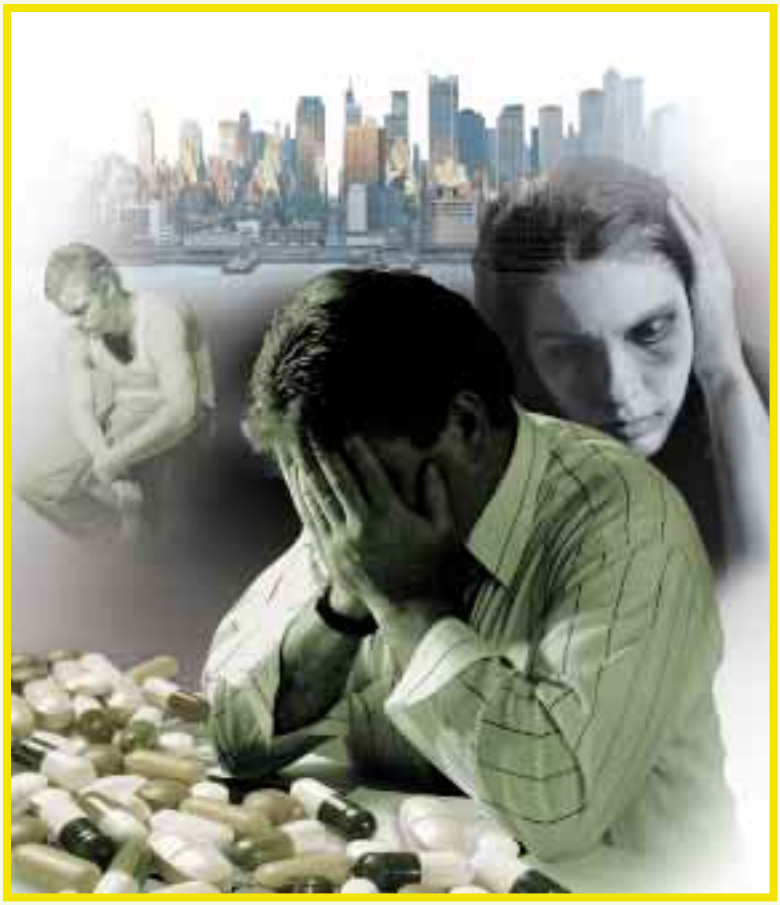
Could it be that these estimates aren't true? Could it be that they represent nothing less than a camouflaged funding push to not only scare the government into keeping its faucet open, but to open it even wider? It is a possibility worth examining. And one we examine in these pages.

The epidemic so alarmingly reported on is mental illness.

This does not mean that serious mental difficulties do not exist, that people's hopes and dreams cannot be shattered or that their methods of coping with this cannot fail. But it does mean that the situation has been exaggerated for the sake of profit and at the expense of not only taxpayers and governments, but people's lives.

This is fraud.

In legal terms, fraud involves intentional deception or deliberate misrepresentation to secure money, rights, property or privilege. In general terms, fraud is understood to mean dishonest dealings, cheating or trickery, most often involving money. Logically then, if the statistics are false, the perpetrators are guilty of committing fraud to the tune of billions.



The obvious question of course, is how could such a massive fraud be conducted without detection? The answer is simple. Psychiatry and psychology actively sought and were given a monopoly over mental health care by governments all around the world. They asserted themselves as the "experts" and as nobody else sought responsibility for the troubled and insane, it was with some relief that the problem was handed over to them.

Unfortunately however, they were given the monopoly without *accountability*.

If indeed the mental health situation is becoming worse, it must be due to their failure to effectively resolve the problem. At the very least, they have proven themselves to be technically incompetent. Furthermore, if they are knowingly incompetent yet claiming to be efficiently handling the problem, then by definition, they are guilty of fraudulent conduct.

Charges of fraud are not new to psychiatry. Unsubstantiated claims of special inner knowledge of the mind and behavior, of being able to cure the disturbed individual, of the denial of the harm inherent in their various treatments—such things in any other field would lend themselves to accusations of quackery. But psychiatrists have managed to fend off such charges over the past decades by claiming they are based on uneducated opinion. Some acts of deception, however, are not so easily defended.

Which brings us to the core function of this booklet. In this booklet, we examine psychiatry and psychology from the point of view of fraud, covering their scientific standing, claims and tools, their statistics and their results. And we show another little-recognized aspect of all fraud in which psychiatry and psychology have both excelled.

Fraud encompasses the taking of something for the giving of nothing.

Our intention is to provide here the necessary markers to enable those in positions of power and trust, including politicians, legislators, doctors, educators, law enforcement agents, health insurers and businessmen, to see for themselves that what is happening amounts to nothing less than extortion, and that it is being perpetrated the world over in the name of mental healing.

With enough independent individuals and groups who have the power and determination to improve societal well-being seeing this for themselves—and willing to take the necessary action—lives will be saved, money will be saved, and the world *will* be saner than it has been for more than 50 years.

Jan Eastgate
International President
Citizens Commission on Human Rights

Violent crime, illiteracy, drug abuse, suicide, homelessness. For governments, the initial societal fix was to spend millions on "experts" who claimed to have the answers to these problems. When the problems worsened, the experts said they needed billions, not millions.

CAUSING HARM

BIG BUSINESS

AT THE EXPENSE OF PEOPLE'S LIVES

According to the United States General Accounting Office, America lost about $100 billion to health care fraud in 1998. That's about 10% of the annual health care budget. It should come as no surprise then to hear that the Justice Department readily acknowledges health care fraud as the number one white-collar crime.[1] This involves all areas of health care of course. But what is not generally realized is that in recent years the largest health care fraud suit in history involved the smallest sector of health care—mental health.

On April 12, 1991, 14-year-old Jeramy Harrel accompanied his mother to a veterinarian to seek help for a stray cat he'd found. A patrol car, with its lights flashing, pulled up beside them, and two hulking uniformed men, who appeared to be police officers, announced that they were taking Jeramy to Colonial Hills

Psychiatry's predatory and profit-driven practices in the United States have led to federal and state fraud investigations that recovered more than $740 million for the government.

1. See Endnotes *on page 49 for all text note references.*

Psychiatric Hospital. They were not police officers but security guards. And they were there because a psychiatrist, Dr. Mark Bowlan, and a child welfare agent—who had *never* spoken with Jeramy or his parents—had filled in an application for the boy's detention, claiming he was a "substance abuser" and that his grandparents had physically abused him. The psychiatrist also stated that Jeramy was "truant from school, failing grades, violent [and] aggressive," and was "likely to cause serious harm to self." If not treated, he added, the boy would "continue to suffer severe and abnormal mental, emotional or physical distress," would continue to deteriorate and was "unable to make a rational and informed decision as to whether or not to submit to treatment."

It took the efforts of United States Texas State Senator Frank Tejeda to finally obtain Jeramy's release after he had discovered the boy's admission was based on the unsubstantiated and untrue comments made by Jeramy's 12-year-old brother.

In all, Jeramy was held for six days. During this period he was drugged without his parent's permission and they were refused permission to visit him. "[He] was a different boy when he came back home," his mother said. "I mean, he was entirely different." He had turned from a vivacious boy to someone with a glassy stare and dragging gait. The family's health insurance was charged $11,000 for this fraudulent "admission" and "treatment."[2]

Jeramy Harrel (right) was wrongly institutionalized, drugged and his parent's insurance billed to the tune of $11,000—due to false comments made by his 12-year-old brother that were acted upon by a psychiatrist.

The case sparked state-wide and national investigations into mental health care fraud and abuse on an unprecedented scale. In 1991, during hearings against private-for-profit psychiatric hospital corporation, National Medical Enterprises (NME), Texas Senator Mike Moncrief stated, "We're the first state to turn the rock over, and it's frightening to see what's crawling out from underneath."[3] The following year he told Congress, "...we have uncovered some of the most elaborate, creative, deceptive, immoral, and illegal schemes being used to fill empty hospital beds.... This is not just unreasonable. It is outrageous. And it is fraudulent."[4]

Psychiatry's predatory and profit-driven practices would ultimately subject NME to 14 separate federal and state investigations. On August 26, 1993, the company was raided by more than 500 FBI and other federal agents and the following year paid out $375 million to the U.S. Justice Department.[5] It was ultimately forced to settle suits encompassing $740 million in claims.[6] And, the scandal caused a domino effect with numerous other private-for-profit psychiatric hospitals paying millions in refunds, penalties and settlements.

On April 28, 1992, Congresswoman Pat Schroeder, Chairwoman of the House of

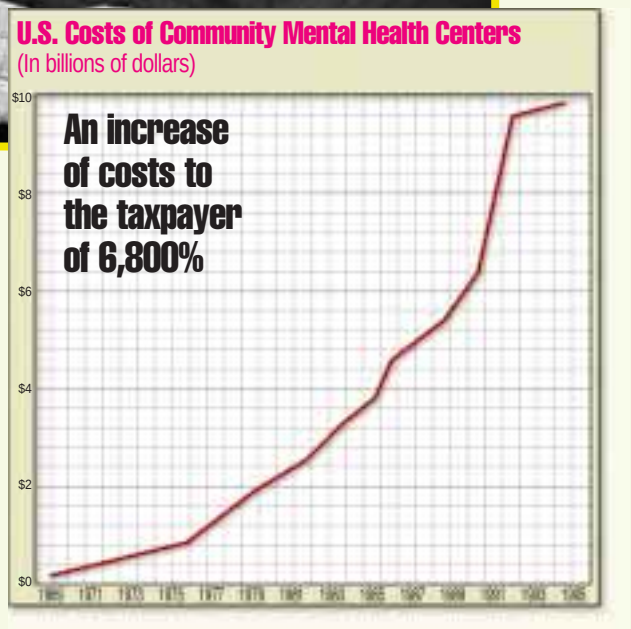
"...We have uncovered some of the most elaborate, creative, deceptive, immoral and illegal schemes being used to fill empty hospital beds.... This is not just unreasonable. It is outrageous. And it is fraudulent."

— Mike Moncrief
Texas State Senator
1992

"The miracle cure Kennedy offered was simply the psychiatric profession's latest snake oil: Drugs and deinstitutionalization.... It sounded grand. Unfortunately, it was a lie."

— Thomas Szasz
Professor of Psychiatry Emeritus
1994

After World War II, American psychiatrists promised that Community Mental Health Centers (CMHCs) would provide the new wave of "expanded mental health care." Then, in 1963, swayed by psychiatrist William Menninger, President John F. Kennedy passed a law which placed these psychiatric clinics around the United States. Menninger met with Kennedy (above) at the White House just before the legislation passed. Billions of dollars were poured into these centers over the next 30 years.



Representatives Select Committee on Children, Youth and Families, delivered a scathing rebuke of America's mental health industry, referring to its "unethical and disturbing practices." Her investigation found that "thousands of adolescents, children, and adults have been hospitalized for psychiatric treatment they didn't need; that hospitals hire bounty hunters to kidnap patients with mental health insurance; that patients are kept against their will until their health insurance benefits run out...[and] that bonuses are paid to hospital employees, including psychiatrists, for keeping the hospital beds filled.... Clearly, this *BUSINESS* of treating minds—particularly this *BIG BUSINESS* of treating *young minds* has not policed itself, and has no incentive to put a stop to the kinds of fraudulent and unethical practices that are going on."[7]

The United States is not the only country affected by this fraud.

In 1998, the illegal seduction and coercion of Canadian patients into American private psychiatric and substance abuse clinics led to a $175 million suit by the Ontario Health Insurance Plan (OHIP) against NME under its RICO (Racketeer Influenced Corrupt Organizations) Act. Throughout the 1980s in Australia, health care fraud and over-servicing accounted for 7% (or A$100 million—US$ 66.15 million) of total spending on medical benefits by the Commonwealth and the health funds. In 1993, this was costing taxpayers up to A$500 million (US$330.75 million) a year.[8] One psychiatrist was criminally charged with claiming more than $1 million

(US$ 665,500) in Medicare insurance payments by writing out fake referrals of patients to *himself*.[9] The fraud also included psychotherapists and psychiatrists charging the government's Medicare insurance for having sex with patients.[10] Another psychiatrist charged Medicare $98 for rolling around on a rug with his patient in his backyard before having sex with her in his bedroom.[11]

Between 1994 and 1998, scandal rocked Japan after the discovery that private psychiatric hospitals were forcibly incarcerating and illegally restraining patients, falsifying medical records, and inflating the numbers of doctors and nurses in the facilities to obtain more money from the government. Several psychiatrists were convicted of and jailed for fraud.[12]

On December 1, 1998, police raided three private psychiatric hospitals in Ticino, Switzerland, arresting renowned psychiatrist and owner of the facilities, Dr. Renzo Realini, for fraud and falsifying documents. Records showed that the hard-working Realini had been billing for *30-hour* days.[13]

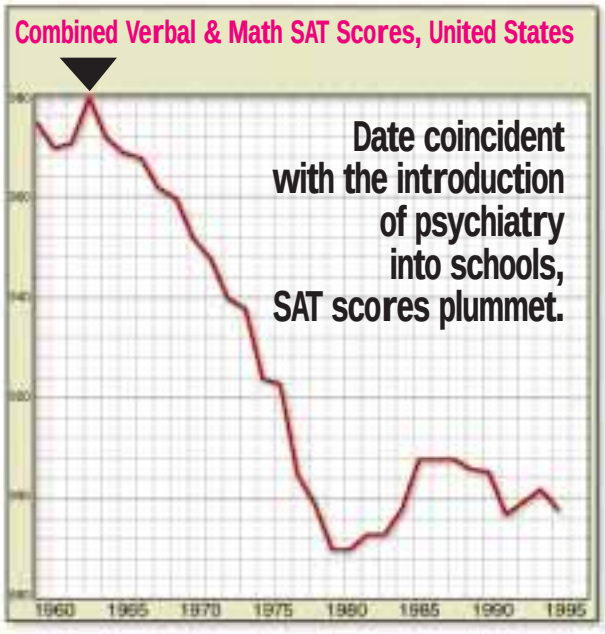
In France, the executive director of a psychiatric nursing home was investigated in 1999 for fraud, falsifying checks, breach of trust, and taking advantage of psychologically dependent patients to obtain their property.[14] At the time of writing, this matter was still under investigation.

Russia faces similar problems with psychiatrists manipulating vulnerable and wealthy patients to obtain their homes and property. And in Brazil, the government was forced to introduce a bill to regulate involuntary commitment because of the number of people being incarcerated by state psychiatric hospitals trying to gain more government funding. As it does in other countries, the mental health care system there pays according to the number of beds filled.

Mental health fraud knows no geographical boundaries. Similar violations of medical ethics have been found in Denmark, Finland, Germany, Greece, Israel, South Africa, New Zealand, and the United Kingdom.

In spite of having what could reasonably be called the world's worst record of financial fraud in health care, right now the United States mental health industry is relentlessly lobbying for a greater share of the country's health care budget. Meanwhile, of course, financial fraud in the mental health sector is still alive and well. With more mental health care being mandated through state and national legislation, it is very likely to get even "healthier."

The campaign for parity (equality) in mental health funding is, in fact, international in scope—as fraud is. An understanding of how this has come about in the United States, and the fraud associated with it will, we hope, provide useful insight into possible future directions of psychiatric financial fraud in other countries.



Scholastic Aptitude Test (SAT) scores have plummeted in American schools since 1963, when psychiatric and psychological programs were implemented. In 1963, SAT scores stood at an average of 980. From that time, the average scores, previously rising, plummeted for 17 years and bottomed out at the low range of 890-900.

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

"Clearly, this business of treating minds...has not policed itself, and has no incentive to put a stop to the kinds of fraudulent and unethical practices that are going on."

— Pat Schroeder
U.S. Representative
1992

"challenge of major mental illness must be met through expanded and improved programs."[15]

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.[16]

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 deinstitutionalization.... 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."[17]

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.[18] And the national mental health budget soared from $3.2 billion in 1969 to $33.1 billion in 1994—a 934% increase.[19] In 1999, it was $80 billion.[20] To meet this created demand, the 1950s through the '70s saw federal grants for the *training* of psychiatrists exceed $2 billion.[21]

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.

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."[22]

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

"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."

— Paul McDevitt
Massachusetts mental health counselor

Psychiatry's Fraudulent Schemes

Dead patients, fictitious prescriptions, anything goes.

In a 1997 article about psychiatric fraud, Mark Schlein, the Director of Florida's Medicaid Insurance, stated: "What we've discovered is that the extent of the fraud is limited only by the imagination. We've discovered a huge variety of fraudulent schemes."[27]

Paul McDevitt, a Massachusetts mental health counselor, sums it up when he says, "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."[28]

The insurance company, Blue Cross & Blue Shield United of Wisconsin, in the United States, says there are as many types of health insurance fraud—which includes mental health—as "the *criminal mind can invent.*"[29] [emphasis added]

The following is a random sample of the extent of imaginative fraud committed by psychiatrists:

- Billing insurers for therapy that was given to people who were dead.
- "False claims"—billing for services never rendered or delivered.
- Charging $150 per day for the use of a television as a therapeutic device and, as mentioned earlier,

charging for watching movies passed off as psychotherapy and billing for playing "bingo."

- Billing for children ages 3 to 5 for treatment of marijuana use.
- Charging $26 for a pregnancy test on a 12-year-old girl a few days after she had commenced her first menstruation.
- Charging for baptisms in the psychiatric hospital swimming pool which were called "recreational therapy."
- Billing patient "wake-up" calls as therapy visits.
- Billing for psychotherapy and other treatments on days when the psychiatrist was out of town or on vacation.
- Billing insurance companies for having sex with patients.

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."[23] 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."

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.[24] 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 disrelated services that made the hospitals' illegal profits.[25]

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.[26]

If fraud is most often about money, there is a built-in economic remedy which guarantees the downfall of any enterprise that specializes in deceiving whole populations and governments into giving up billions of taxpayers' money. No enterprise can arrogantly monopolize authority in any field, knowingly pretend results, politically enforce need where there is none, deliberately produce nothing except the reverse of what they are supposed to produce, take money for it, continue to pretend more results, work hard to produce nothing except even more of what is not needed, manipulate the system of payment to their advantage to voraciously grab even more money, ad infinitum.

Based on the most basic laws of economics, eventually three things will happen. Close public inspection will reveal the lies, the easy money tree will wither and die, and, to put it mildly, there will no longer be any need for their services.

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.

"What we've discovered is that the extent of the fraud is limited only by the imagination. We've discovered a huge variety of fraudulent schemes."

— Mark Schlein
Director
Florida
Medicaid
Insurance
1997

"There is a financial crisis but what is important is not renovations or expensive new buildings. It does not cost any money to ban violence [such as] wrapping children up in strait jackets.... The personnel ought to be warned that this will be punished...."

— Kathleen Hunt

Human Rights Watch 1998

DESTROYING HOPE

For Richer And Poorer

There's no discrimination by psychiatrists—they'll find a way of extracting funds, no matter how rich or poor the community in which they operate. The mental health budgets of Greece, Hungary, Italy, and Russia could hardly compare with America, but the fraud and abuse exist there as well.

Wherever the money goes it is certainly not to compassionate care. Naked, near-starved individuals stare into their own mental nightmares: nightmares created by the very conditions they have been subjected to. Sometimes there are no mattresses for them to sleep on; only thin blankets, if any, are available. They wear rags, have little or no heating during winter and are often left to lie in their own urine and excrement. Sometimes there is no hot water, no soap, and no towels.[30]

In 1999, it was reported that in Psychiatric Hospital Number 2 in Central Russia, the patients are never given vegetables or fruit. In one period of a few months, 24 of 300 patients died. Doctors didn't bother to examine the patients; they merely viewed them from the door. On the patients' death certificates they wrote "heart failure."[31]

"There is even a scarcity of coffins: recently, the dead have been buried in polyethylene sheets," said a nurse, according to Germany's *Stern* magazine. "Sometimes two are buried in the one grave, which means less work."

While patients suffer, the former deputy chief of staff and the chief engineer in one institution sold 263 bathtubs made of corrugated iron which had been destined to repair the hospital's damaged roof. They pocketed the profit.

At least 600,000 children are incarcerated in Russian institutions that one doctor referred to as "death camps."[32] The children are not "mentally ill," they are physically handicapped, retarded or have been abandoned by poverty stricken parents. A panel of "experts," including psychiatrists and psychologists, *diagnose* them as "imbeciles" and "ineducable"—no matter what their condition. The diagnoses are a fraud.

Once institutionalized, the children can be restrained in cloth sacks, tethered by limbs to furniture, denied stimulation, and sometimes left to die half-naked in their own filth. Bedridden children ages 5 to 17 are confined to understaffed "lying-down rooms" and, in some cases, neglected to the point of death. Agitated orphans are given powerful sedatives without medical supervision. They are beaten, locked in freezing rooms for days at a time, and can be abused physically and sexually.[33]

Psychiatrists blame these abuses on the financial crisis in the country. In some cases, however, funding for patient care has been diverted by the institution directors. Also, because these human warehouses receive higher subsidies for sick children, there is an

incentive to keep them incarcerated. Financial crisis is not responsible for the callous brutality with which the children are treated. That is the responsibility of individuals—people.

Italy's Asylums: "Concentration Camps"

In Italy, more than 90 psychiatric asylums were ordered by the government to be closed in 1978. In 1991 however, the Citizens Commission on Human Rights (CCHR) discovered that the order had never been implemented. In asylum inspections with Members of Parliament and the media, CCHR found tens of thousands of forgotten inmates. As Senator Edo Ronchi stated, "They wait for their death. They can do nothing else. They are there under lock and key. They walk up and down along the big room. They stay seated or on the floor among excrement.... They cried and complained."[34] He likened the conditions to "concentration camps."

Why did the condemned asylums stay open? Each patient brought 450,000 lira ($241) per day, enough to keep them in a four-star hotel.[35] Instead, the money was redirected into the pockets of asylum directors and other staff. One administrator used funds to buy government bonds and vacations.[36] In 1996, the government again ordered the asylums to be closed and sold. The proceeds were used to find alternative accommodation and humane care for the thousands of inmates.[37]

Greece: "The Hell Called Leros"

In 1989, the international media exposed how patients had been warehoused in "The hell called Leros"—a psychiatric facility which had originally been a military barrack on the Greek island of Leros.[38] Patients were discovered naked, abused and neglected.[39] Because the institution provided employment for the island, there was no local incentive to close it down.

Hungary: Caging Patients

In Hungary, employees pay 10% of their earnings in payroll deductions while employers pay 43% of wages into a fund that covers health and other social benefits.[40] How are the "mentally ill" treated there? They can be kept in a "cage"—a 7-by-4-foot metal frame placed over the bed, allowing them no room to either sit up or move around. The cage is used as a punishment for misbehaving. The patient's crime? Getting up in the middle of the night and taking food from the refrigerator.[41]

Yet the sad fact is that psychiatric abuses do not exist only in poorer countries. Rape, assault, violence, and neglect resulting in death can be found in any country in which psychiatrists exist, including the United States.

Kathleen Hunt, a representative of the group Human Rights Watch, which inspected the children's institutions in Russia, stressed the position that *all* governments need to take when faced with fraud and patient abuse. "There is a financial crisis, but what is important is not renovations or expensive new buildings. It does not cost any money to ban violence [such as] wrapping children up in strait jackets, locking them up and maltreating them. The personnel ought to be warned that this will be punished...."[42]

1990s: *Hundreds of thousands of Russian children have been fraudulently diagnosed as imbeciles and incarcerated in institutions where they are abused.*

THE QUACKERY OF LABELS

PSYCHIATRY'S CASH COWS: DSM-IV/ICD-10

When it comes to fraud, perhaps psychiatry's most successful achievement is their *Diagnostic Statistical Manual for Mental Disorders* (*DSM*), published by the American Psychiatric Association (APA), and its companion, the *International Classifications of Diseases, Mental Disorders Section* (*ICD*).*

And like virtually all fraud, money is involved. Big money.

In 1993, sales of *DSM*, along with a half-dozen other spinoff products, grossed the APA more than $22 million.[43] The sales of *DSM-IV*, published in 1994, were expected to generate approximately $40 million in revenue and *DSM-V* is predicted to reap the APA $80 million.[44]

But this direct income is only a fraction of the income derived from these manuals. Carefully honed and marketed by psychiatrists for over four decades, the *DSM/ICD* now feature heavily as *diagnostic tools*, not only for individual treatment, but also child custody battles, discrimination cases based on alleged psychiatric disability, court testimony,

Perhaps psychiatry's most lucrative achievement is their Diagnostic Statistical Manual for Mental Disorders (DSM), published by the American Psychiatric Association (APA), and its companion, the International Classifications of Diseases, Mental Disorders Section (ICD).

** The acronym ICD is used to represent specifically the ICD Mental Disorders Section only, not the ICD (Medical) in its entirety.*

education, and more. In fact, wherever a psychiatric opinion is sought or offered, the *DSM/ICD* are presented and increasingly accepted as the final word on sanity, insanity, and so-called mental illness.

The trouble is that this deepening reliance comes at a time when both tools are under increasing attack for their lack of scientific veracity. As studies by Professors Herb Kutchins of California State University and Stuart A. Kirk of the University of New York found, "...there is ample reason to conclude that the latest versions of *DSM* as a clinical tool are unreliable and therefore of questionable validity as a classification system."[45]

Psychiatrist Matthew Dumont also wrote about *DSM*'s hollow pretensions to scientific authority: "The humility and the arrogance in the prose are almost indistinguishable, frolicking like puppies at play. They say: '...while this manual provides a classification of mental disorder...no definition adequately specifies precise boundaries for the concept...' [APA, 1987]...They go on to say: '...there is no assumption that each mental disorder is a discrete entity with sharp boundaries between it and other mental disorders or between it and no mental disorder' [APA, 1987]."[46]

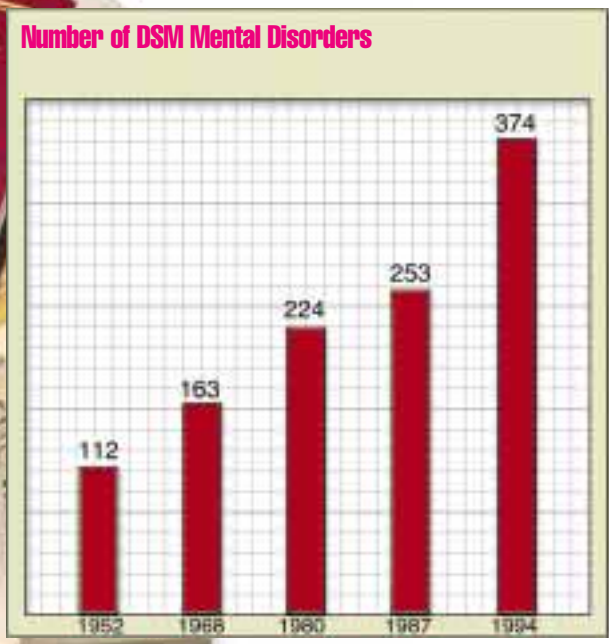
Consider the following diagnoses from the *DSM/ICD*: speech articulation disorder, spelling disorder, written expression disorder, mathematics disorder, nicotine use or withdrawal, caffeine intoxication/withdrawal, and sibling rivalry disorder. Then there is the all-encompassing "related

DSM Sales for the APA (In millions)

The following are "mental disorders" in DSM-IV or ICD-10 that psychiatrists use to label people and thus get paid:

- *Stuttering*
- *Spelling Disorder*
- *Written Expression Disorder*
- *Mathematics Disorder*
- *Caffeine Intoxication/ Withdrawal*
- *Sibling Rivalry Disorder*
- *Phase of Life Problem*

Number of DSM Mental Disorders



"The low level of intellectual effort was shocking. Diagnoses were developed by majority vote on the level we would use to choose a restaurant. You feel like Italian, I feel like Chinese, so let's go to a cafeteria. Then it's typed into the computer."

— Psychologist attending a DSM-III-R hearing

The DSM/ICD now feature heavily as diagnostic tools, not only for individual treatment, but also child custody battles, discrimination cases, court testimony, education, and more. Yet they lack scientific validity. Some say these diagnoses, enforced by laws and agreements, ensure that millions of lives are made to align to an arbitrary yard stick for a "better world," while expanding the client base of a ravenous mental health industry.

Caffeine-Related Disorders

Page 212

Expressive Language Disorder

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Mathematics Disorders

Page 50

disorder" requiring "clinical attention" called "Phase of Life Problem."

By lobbying heavily for the political enforcement of these diagnoses through state, national and international laws and agreements, psychiatry ensures that millions of lives have been, are being, and will be wrenched out of alignment to conform with their yardsticks for a "better" world. The costs to society in both human and financial terms have been astronomical.

The Real Human Suffering

Dr. Sydney Walker III, a neurologist, psychiatrist and author of *A Dose of Sanity*, says that the *DSM* has "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."[47]

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...."[48]

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."[49]

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.

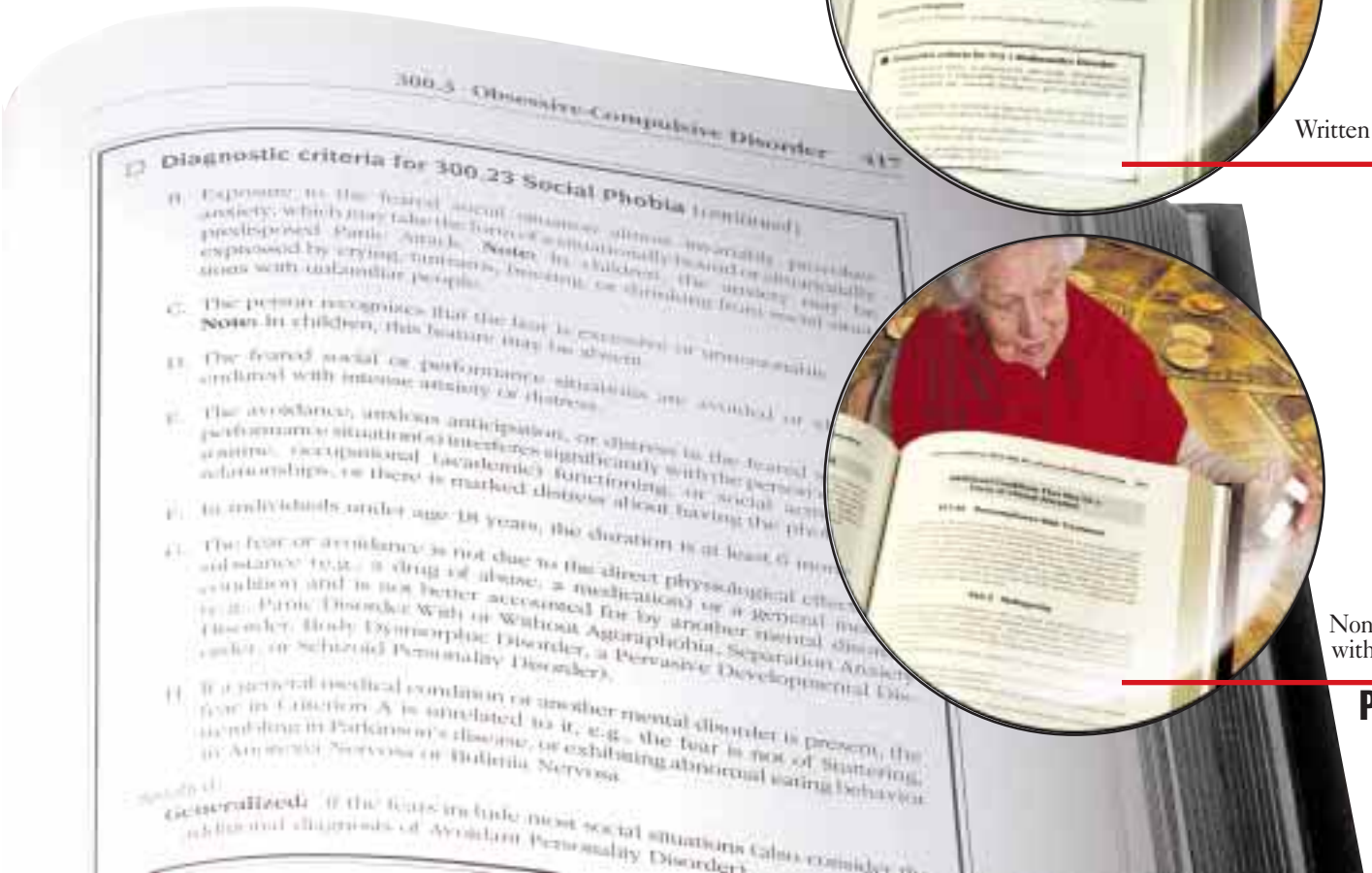
Psychiatry and psychology give science and medicine a bad name. They have muddied genuinely scientific waters, betrayed their medical roots, falsely conveyed that behaviors are brain-based, and offer physically harmful treatments as their only "solutions."

Conduct Disorder

Page 85

Disorder of Written Expression

Page 51



Noncompliance with Treatment

Page 683

Science's parasite: The Old "Science Positioning Ploy"

Let's take a critical look at the real validity of psychiatry and psychology. And with the increasing roster of professional detractors from within their own ranks, know that we are far from alone in our assessment.

As New York psychiatrist Ron Leifer says, his profession will find a mental illness in everything and there's no science to it: "Everyone is neurotic. I have no trouble giving out diagnoses. In my office I only see abnormal people. Out of my office, I see only normal people. It's up to me. It's just a joke. This is what I mean by this fraud, this arrogant fraud...To make some kind of pretension that this is a scientific statement is...damaging to the culture...."[50]

"...Modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness."

— David Kaiser
Psychiatrist
1996

Bluntly, psychiatry and psychology give science a bad name. In fact, because they have also muddied the genuinely scientific waters, let's briefly review what a science is.

Science is the systematically arranged knowledge of the material world which has been gathered in a four-step process: 1) observation of phenomena; 2) collection of data; 3) creation of a hypothesis or theory by inductive reasoning, and 4) testing of the hypothesis by repeated observation and controlled experiments. And it should be workable and invariably right for the body of knowledge in which it lies.

According to Margaret Hagen, Ph.D., a psychologist and lecturer at Boston University, these are some of the key criteria for a science: "The findings discovered through observation in one laboratory must be replicable in another laboratory. Data measured and gathered by one instrument must be the same as data gathered by another similar instrument. And thus the objectivity comes not from an individual practitioner but from a system that demands consistent and repeatable results."[51]

But there is also junk science. According to Peter Huber, author of *Galileo's Revenge: Junk Science in the Courtroom*, "Junk science is the mirror image of real science, with much of the same form but none of the same substance....It is a hodgepodge of biased data, spurious inference, and logical legerdemain [trickery], patched together by researchers whose enthusiasm for discovery and diagnosis far outstrips their skill. It is a catalog of every conceivable kind of error: data dredging, wishful thinking, truculent dogmatism, and, now and again, outright fraud."

Today, psychiatry and psychology are classic junk science.

But as anyone familiar with contemporary marketing knows, positioning oneself in the public's mind with another who is a leader in some way or who is popular, automatically serves to enhance one's own weaker position. True science is well-credentialed, popular and successful. And so psychiatry and psychology fraudulently dress themselves up in the trappings of respectable science to gain advantage, position and money.

Neither psychiatry or psychology has ever conclusively studied the measurement of mental phenomena. They have no means of measuring the mind. They do not have precise and universally agreed upon definitions of terms—they cannot even agree on key terms, such as "schizophrenia." And they have no clearly defined phenomena—their conclusions vary with the observer.

Playing God

Perhaps the "best" example of psychiatry's scientific pretension is the manner in which new "illnesses" are added to the *DSM*. Psychiatrists literally *vote* on what constitutes a mental illness or disorder by raising their hands at a conference. A psychologist attending a *DSM-III-R* hearing noted: "The low level of intellectual effort was shocking. Diagnoses were developed by majority vote on the level we would use to choose a restaurant. You feel like Italian, I feel like Chinese, so let's go to a cafeteria. Then it's typed into the computer."[52]

They can also be voted out *if they are too much trouble*. In 1973, the APA voted—5,584 to 3,810—to cease calling "homosexuality" a mental disorder after gay activists picketed the APA conferences.[53] In 1987, "self-defeating personality disorder" was voted in as a "provisional" label. Used to describe self-sacrificing people, especially women, who choose careers or relationships that are likely to cause disap-

Bizarre "mental disorders" such as Multiple Personality Disorder (MPD), which involves psychiatrists unscrupulously implanting false memories into their patients' minds, have resulted in court settlements of up to $10.6 million. Patricia Burgus was drugged and hypnotized to believe she had murdered and cannibalized 2,000 children a year. Another woman was diagnosed with 126 personalities, including a duck and Satan. The 1973 book, Sybil, *influenced a sudden rise in the number of MPD diagnoses. But in 1998, Sybil's experiences were found to be a "fraudulent construction," motivated by her treating psychiatrist and the author of* Sybil, *to create a best seller.*

pointment, it was bitterly fought by female psychiatrists who said it made the normal behavior of women sound pathological. The diagnosis was *voted* out in the next *DSM*.[54]

Hitching a Ride: The "Medical Positioning Ploy"

Most have now heard of "biologically-based brain disorders," "biochemical imbalances in the brain" and other techno-jargon fed to the media by psychiatry. These cutting edge "discoveries" are supported with statements such as "medical science has now proven" the existence of "biologically based brain-disorders" requiring them to be treated "no differently from diseases such as diabetes, cancer, and AIDS."

While the media blindly accepts this authoritative posture, many who know better don't. In 1996, psychiatrist David Kaiser pointed out that "...modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness.... Patients [have] been diagnosed with 'chemical imbalances' despite the fact that no test exists to support such a claim, and ... there is no real conception of what a correct chemical balance would look like."[55]

The following year, Dr. Ron Leifer made an even stronger statement: "There's no biological imbalance. When people come to me and they say, 'I have a biochemical imbalance,' I say, 'Show me your lab tests.' There are no lab tests. So what's the biochemical imbalance?"[56]

In 1998, Loren Mosher, M.D., an APA member of 30 years, also wrote that there is no evidence confirming "brain disease attribution."[57]

"People with real or alleged psychiatric or behavioral disorders are being misdiagnosed—and harmed—to an astonishing degree.... [They are] put on drugs, put in institutions, and sent into a limbo from which they may never return...."

— Charles B. Inlander
President, The People's Medical Society
Co-author of Medicine on Trial

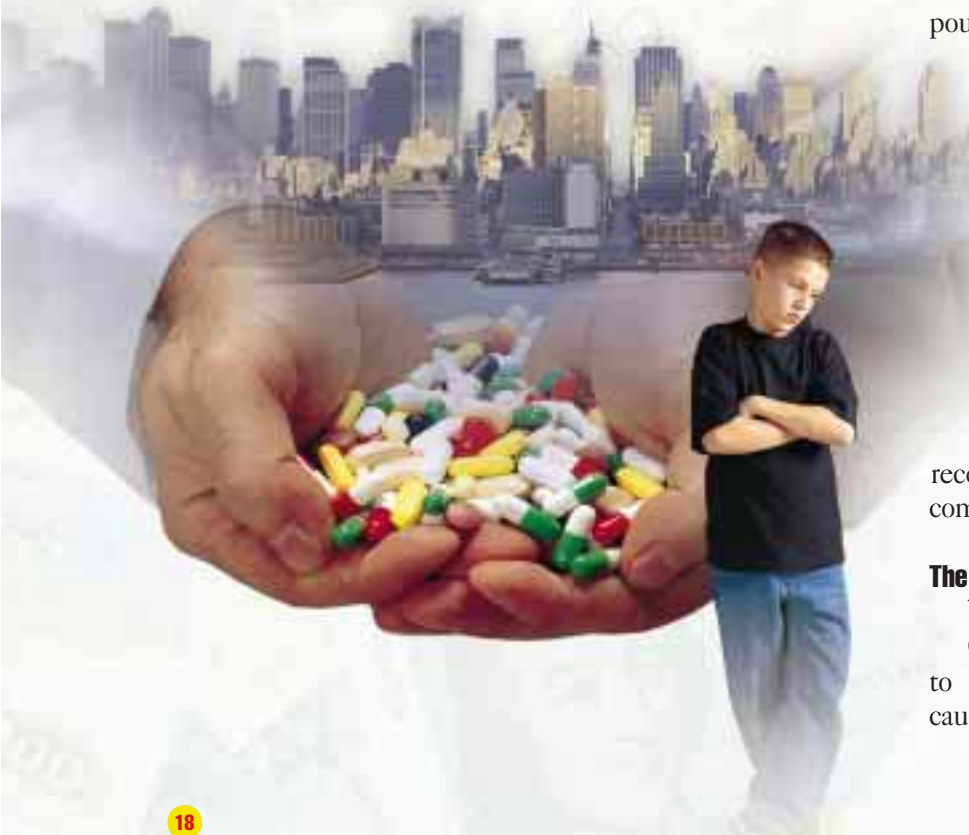
Mental health research based on psychiatry's diagnostic manuals "virtually guarantees that research findings will be misleading and will point future researchers in wrong directions."

— Dr. Sydney Walker III
1996

On an even more fundamental level, there is actually no *pathological* evidence whatsoever of the existence of mental *illness*. Nevertheless, the term has enabled psychiatry to successfully develop and market the biophysical model (the brain). The term is also so much a part of our language today that its validity is no longer questioned.

Finally, claiming a parallel between treatments for physical illness and mental disorders is pure wishful thinking. Diabetic patients, cancer victims or heart disease sufferers cannot be forcibly hospitalized, deprived of their liberty, treated against their will and then be coerced under court order to continue treatment they may not want. They have a *choice*.

These claims and statements are simply the psychiatric propaganda machine hard at work, positioning themselves with the good name and image of physical medicine to gain advantage. Psychiatry and psychology are nothing but freeloaders who, by association, are tarnishing medicine's reputation.



The Drug Push

According to Dr. Sydney Walker, "It's important to remember...that a number of *DSM*-oriented psychiatrists have, to a large degree, abandoned the science of differential diagnosis, and thus consider most psychiatric illnesses 'incurable.' This leaves them with only two weapons: psychotherapy and drugs. It's not surprising that they're among the first to leap on each new drug bandwagon; like long-ago doctors who recommended bleeding for every ailment, they have little else to offer. ..."

Dr. Sidney Wolfe, director of Public Citizen's Health Research Group, stated, "We are moving into an era where any quirk of a personality is fair game for a drug. On one hand, we are telling kids to just say no to drugs, but on the other hand...[we say] 'Take this. You'll feel good.'"[58]

Today, numerous magazine articles parrot scientific-sounding breakthroughs in the field of drug "therapy." In reality they are no more than clever paid advertising which promotes the latest sophisticated, high-tech guesswork to further accommodate existing drugs, or justify new ones.

Why this big public relations push? According to Dr. Walker, "The American Psychiatric Association is literally built on a foundation of drug money: millions of dollars of pharmaceutical advertising money are poured into the APA's publications, conferences, continuing education programs, and seminars." That influence, he says, "has focused on expanding the number of 'psychiatric disorders' recognized by the APA, and the number of drug treatments recommended for these disorders. After all, every *DSM* 'diagnosis,' is a potential gold mine for pharmaceutical firms." Between 15% and 20% of the APA's income in recent years has come directly from drug company advertising in APA journals.

The Drug Consequences

What are these "miracle" drugs?

One antidepressant carelessly prescribed to thousands of children each year can cause bed-wetting, aggression, and create

Left, Margaret Hagen, Ph.D., a psychologist and lecturer at Boston University and author of Whores of the Court — The Fraud of Psychiatric Testimony and the Rape of American Justice. *Right, Tana Dineen, Canadian psychologist and author of* Manufacturing Victims.

hormonal imbalances in adolescents and adults. Women taking psychotropic drugs are also more likely than other young women to suffer heart attacks. A *Journal of Clinical Psychiatry* study found that 43% of patients taking antidepressants reported sexual problems. Studies in Canada, Germany and Japan also linked several antidepressant drugs to increasing the growth of cancer. Benzodiazepines (minor tranquilizers) "are as addictive as many 'hard core' street drugs," Dr. Walker says.

In fact, historically, virtually every "safe" or "harmless" psychotropic drug has been later found to have serious or even fatal effects.[59]

Psychiatry steadfastly downplays the dangers of psychiatric drugs.

Walker analyzes how "ludicrous the *DSM*-and-drug-approach is." Imagine, he says, what would happen if a physician "simply gave patients symptom-masking drugs instead of diagnosing and treating them." He gives the example of a patient visiting a general practitioner with a swollen hand which is twice its normal size, feels hot and is turning an unpleasant color. "Now suppose the physician—instead of diagnosing the patient's life-threatening infection and treating the infection with antibiotics—simply prescribes pain-killing drugs and sends the patient home! Treating a patient's behavioral symptoms with Prozac and Ritalin is no different." While the patient may be lulled into a temporary sense of wellness, whatever condition has caused the symptom is still present and often growing worse.

Kutchins and Kirk, authors of *Making Us Crazy,* conclude: "The public at large may gain false comfort from a diagnostic psychiatric manual that encourages belief in the illusion that the harshness, brutality, and pain in their lives and in their communities can be explained by a psychiatric label and eradicated by a pill. Certainly, there are plenty of problems that we all have and a myriad of peculiar ways that we struggle...to cope with them. But could life be any different? Far too often, the psychiatric bible has been making us crazy—when we are just human."[60]

And so, while psychiatrists have managed for years to make it look, feel and sound convincingly scientific, their diagnoses are finally beginning to be seen for the dangerous frauds that they really are. Much more than just marketing tools or harmless billing codes for treatment, in their hands these manuals can literally be used to decide someone's fate.

Tana Dineen, Canadian psychologist and author of *Manufacturing Victims*, says that adding up the total reported number of sufferers of 17 different disorders alone, "the number of Americans who are mentally ill reached 560,950,000—more than *double* the population of the country!"[61]

Obviously, if psychiatry has its way, it will eventually decide the fate of one and all.

HIGH COST, NO CURES

SOCIETY'S FAILED & COSTLY "SCIENCE"

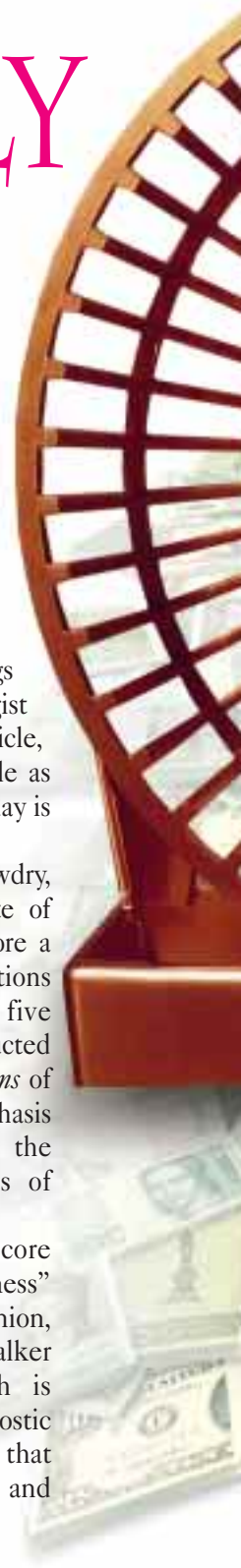
A vital aspect of any true and valuable science is its ongoing research effort to discover new knowledge, new fundamental truths which assist mankind. This is another way to judge a science; and certainly another way to become familiar with the real face of psychiatry and psychology.

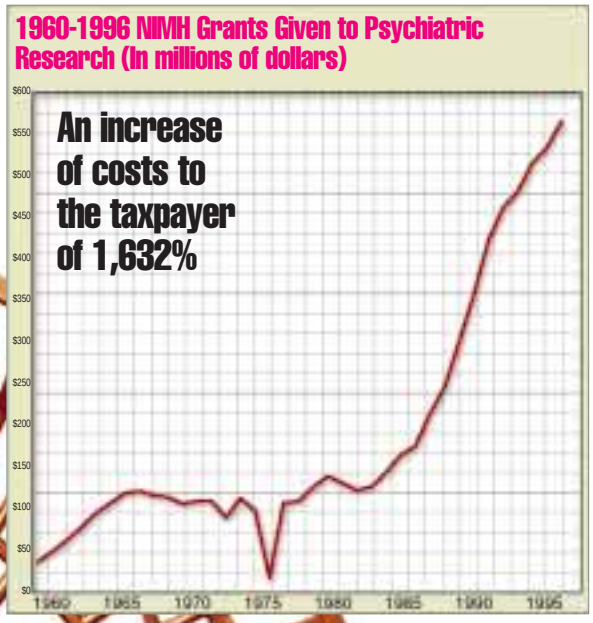
In 1961, in the United States, a report called *Action for Mental Health* opened the door to unlimited mental health research and funding without accountability for results. It stated that science "*can meet an ends test, but not a means test and not a timetable or appeal for a specified result.*" Let's see how they have fared.

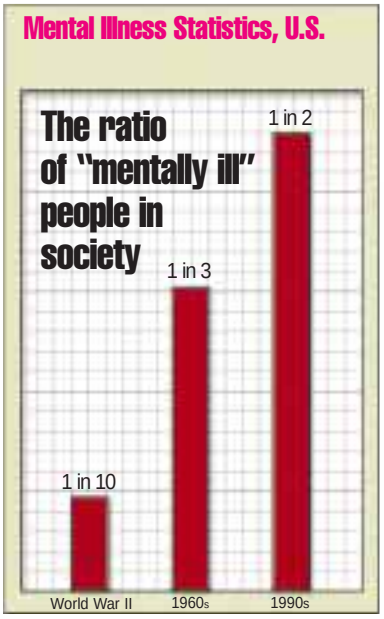
For psychology, a 1963 study called "Psychology: A Study of Science" concluded: "The *hope* of a psychological science became indistinguishable from the *fact* of psychological science. The entire subsequent history of psychology can be seen as a ritualistic endeavor to emulate the forms of science in order to sustain the delusion that it already is a science" and its knowledge given to society has been "uniformly negative."[62] Almost twenty years later things were no better, according to psychologist Roger Mills. As he stated in his 1980 article, "Psychology Goes Insane, Botches Role as Science"—"The field of psychology today is literally a mess."[63]

For psychiatry, in 1995, Dr. Rex Cowdry, then director of the National Institute of Mental Health (NIMH), testified before a House of Representatives Appropriations Committee Hearing, saying: "Over five decades, research supported and conducted by NIMH has defined the core *symptoms* of the severe mental illnesses...." [emphasis added] However, "we do not know the causes. We don't have the methods of 'curing' these illnesses yet."[64]

But the definitions of these "core symptoms of the severe mental illness" constitute the *DSM/ICD*, which are opinion, not science. Furthermore, as Dr. Walker points out, mental health research is primarily based on psychiatry's diagnostic manuals which "virtually guarantees that research findings will be misleading and







The ratio of "mentally ill" to "normal" people keeps on growing. Despite billions of taxpayers' dollars given for psychiatric research over five decades by the U.S. National Institute for Mental Health (NIMH), the 1995 director, Dr. Rex Cowdry, stated: "We do not know the causes [of mental illness]. We don't have the methods of 'curing' these illnesses yet." He then asked for $558 million in annual funding.

"When one reads psychiatric journals now, one senses a dangerous giddiness about the field's 'discoveries' and 'progress,' which in my view are wildly and irresponsibly overstated."

— Dr. David Kaiser
1996

Psychiatry's chilling experiments have included: *(Above) In the early 1900s, mummifying bodies of patients in Italy while they were still alive; (Left) Destroying healthy brains using lobotomy operations.*

will point future researchers in wrong directions."

As for the 50 years of research into schizophrenia, Cowdry said that "the ultimate goal" of "preventing the illness, has largely eluded scientists."[65] In the same breath, he ironically asked the government to hand over more than $558 million in annual research funds.

Between 1948 and 1996, NIMH awarded more than $6 billion in government grants to psychiatric research, with an increase of 1,632% between 1960 and 1996, alone.[66] In 1999, the annual budget was close to $900 million.[67]

In June 1999, a *Time* magazine article reported, "...there are no cures for mental illness—only lifelong management—and treatment is highly unpredictable"! It then argued that this sorry state of affairs could only be addressed with more government money for mental health programs.

And so, almost 40 years after the *Action For Mental Health* report, as they continue to resist any call for accountability (surely a specified end result such as a *cure* would constitute a reasonable request), psychiatrists and psychologists fail the ends test and have certainly proven they cannot meet any timetable. Meanwhile, they shamelessly chase more and more "means."

It seems that the net gain in beneficial knowledge from 50 years of psychiatric research is the hit-and-miss suppression of symptoms with mind-numbing drugs. And even this is under increasing attack from both without and within their ranks.

Historical Precedents: Give Them an Inch, They'll Take a Life

While the failure of psychiatry in the research stakes strongly recommends tightening, if not closing, the purse strings, there is an ominous side to psychiatric research which demands universal vigilance.

In April 1997, an international code was passed by the Council of Europe that, repre-

senting some 40 countries, allows researchers, among them psychiatrists, to conduct experiments on a *mentally ill* person without his consent. The *Convention for the Protection of Human Rights and Dignity of the Human Being With Regard To The Application of Biology and Medicine,* euphemistically calls unfettered research on this vulnerable group an "intervention" which can be performed if it is "aimed at treating his or her mental disorder" and "where, without such treatment, serious harm is likely to result to his or her health."

While consent for the *incapable* "mentally ill" person can be provided by a representative, authority, or a person or body approved by law, the experiment can be conducted, even if it may not benefit the person concerned and has "the aim of contributing, through significant improvement in the scientific understanding of the individual's condition, disease, or disorder." The code does nothing less than usurp the Nuremberg Code, written to prevent the torturous Nazi medical experiments from ever happening again.

While America is not a signatory to the European convention, the trend has reached the United States. In 1999, the Health Department of Albany, New York, claimed that "mental patients" should have risky experiments conducted on them—even if they are incapable of consenting and do not stand to benefit from them.[68] When in 1998, a 17-member United States commission called for tougher research standards to protect the mentally ill, Dr. Joseph T. Coyle, chairman of Harvard Medical School's department of psychiatry argued that to single out people with mental illness for *special protections* would be to *stigmatize* them![69]

Child Experimentation

In the 1990s, the *New York Post* exposed how NIMH partially funded research which 16-year-old Maria will never forget. Researchers "put a clear cube around my head, tied around my neck," she said of her ordeal at the New York Psychiatric Institute (NYPI). Then they pumped carbon dioxide into the cube. Maria would later write: "I had an oxygen tube in my nose.... The test was supposed to last for 40 minutes. I could only take it for 20 minutes...I started to cry...After the CO2 test, they said yes, I was depressed." More than 120 other children and teenagers ages 7 to 18 were subjected to the same experiment.[70]

During the same period, NYPI performed little-known but extensive drug experiments on troubled kids as young as 6 years of age and failed to tell the children and their parents about serious risks associated with the drug. This included heightened suicidal thoughts, violent behavior and wild manic episodes.[71]

A brief history of psychiatry's experiments and treatments is another chilling reminder of how unregulated psychiatric "research" and other activities can lead to horrifying results.

■ Between 1906 and 1917, psychiatrist Giuseppe Paravicini butchered patients at the Mombello Provincial Mental Health Center in Italy. In 1980, the extremely well-preserved bodies of people who had been mummified—apparently some while still *alive*—were discovered. This included 12 bodies without arms, several sawed-open heads, the head of a bearded woman, an aborted fetus in a large jar of formaldehyde, about 50 brains, kidneys, lungs, legs, arms, and ears, the entire bodies of two women, and a penis that had been expertly mummified by injecting the Formalin through the thigh arteries.[72]

■ Between 1907 and 1922, America's Dr. Henry Cotton was inspired to treat psychotic patients with gastrointestinal surgery and by extracting teeth—43% of his patients died. Upon his death the *American Journal of Psychiatry* hailed his work as "an extraordinary record by one of the most stimulating figures of our generation."[73]

■ In the 1940s and '50s, Dr. John Nathaniel Rosen developed a technique for treating "schizophrenic" patients that involved *slapping* them. In 1971, he received the Man of the Year Award from the American Academy of Psychotherapy.[74]

■ Throughout the 1940s and '50s, more than 100,000 mutilating psychosurgeries

Continued on page 26

A study of research papers published in the *British Journal of Psychiatry* in 1993 found that 34% of the papers had "poor or potentially misleading presentation of results."

"It has occurred to me with forcible irony that psychiatry has literally lost its mind....The field has gone far down the road into a kind of delusion [with] pseudo-scientific understanding of human nature and mental illness."

— Dr. David Kaiser
1996

Sex, Animals and Financial Waste

The United States National Institute of Mental Health (NIMH) was founded in 1946 to foster and aid psychiatric research, provide grants for the training of psychiatrists and aid the states in the *prevention*, *diagnosis* and *treatment* of "psychiatric disorders" through grants and technical assistance. Similar psychiatric research organizations exist in almost every country and warrant the closest scrutiny.

More than half a century later, psychiatry and psychology have failed to provide any real or workable knowledge regarding the human mind or human behavior. Many grants are simply wasteful and ludicrous—all funded at the taxpayer's expense. Consider the small selection of examples below.

- A 21-year study from the mid-1970s to the mid-1990s was given $1,505,326 to examine the behavior of Norway rat-pups, including their nursing behavior, responses to a variety of odors, changes in their salt appetite, and an analysis of their urine in relation to maternal licking of the pups.[83]
- As of 1996, NIMH had sponsored a 30-year, $3,156,044 study of "the vocal learning" of birds. A review of the grant abstracts indicates that researchers have *hoped* this will offer insight into the learning and/or speech process of infants, children and adults.[84] Another 11-year study costing $1,395,953 examined the "brain basis of vocal communication" in songbirds and specifically the "vocal signals in the brains of zebra finches."[85] A five-year study of budgerigars cost taxpayers $321,097. Researchers believed that "...budgerigars may provide a unique system for examining how acoustic and visual information is coordinated in vocal learning."[86]
- A $771,805, 15-year research project called "Psychobiological Studies of Reproductive Behavior," studied Whiptail Lizards to determine how the temperature of the incubating egg becomes a biological signal to channel sexual development. Researchers aimed to gain insight into "how genes and environment interact in the development of behavior."[87]
- In a five-year project started in 1994, researchers studied "crickets and flies because these insects can serve as model systems for under-

standing sensory processing and communication in higher animals....” In 1994 and 1995, NIMH awarded $213,304 to this project.[88]

■ Electric fish were studied for 21 years starting in 1975 at a cost of $1,631,035. Researchers examined the processing of sensory information in these electric fish while drugged and after surgical brain lesions to determine the effect of these treatments on the fishes’ electronic “chirping.”[89] Another 15-year study of the communication skills of electric fish in South America and Africa cost taxpayers $1,424,255.[90]

After decades of studying insects, mammals and fish in an attempt to understand human behavior, the NIMH is an unmitigated failure in achieving the *prevention*, *diagnosis* and *treatment* of “mental disorders.”

Practicing psychiatrist David Kaiser writes, “It has occurred to me with forcible irony that psychiatry has quite literally lost its mind...the field has gone far down the road into a kind of delusion, whose main tenets consist of a particularly pernicious biologic determinism and a pseudo-scientific understanding of human nature and mental illness.”[91]

The net gain in beneficial knowledge from 50 years of psychiatric research is the hit and miss suppression of symptoms with mind-numbing drugs. And even this is under increasing attack from both without and within their ranks.

were performed around the world. The prefrontal lobotomy was a barbarous act where an ice-pick like instrument was inserted beneath the eyelid and with a surgical mallet was driven through the eye socket bone into the brain. The fibers of the frontal brain lobes were severed, causing irreversible damage. The hallmark of lobotomy was the deterioration of intellect and loss of personality—essentially the loss of self.

■ Canadian psychiatrist Ewen Cameron, once president of both the World and American Psychiatric Associations, subjected people to repeated recorded messages after which electroshock was administered in order to break down their personalities. In addition to electroshock, his 1950s and '60s experimental procedures, which were funded by the Central Intelligence Agency (CIA), included giving patients LSD and curare, a drug that can cause paralysis.[75] On October 5, 1988, the CIA, represented by the US Department of Justice, settled a suit by some of Cameron's former patients for $750,000.[76] In 1968, the *British Medical Journal* had hailed Cameron for helping psychiatrists become better doctors.[77]

■ In 1988, Fini Schulsinger, a professor of psychiatry and former Secretary General of the World Psychiatric Assocation, was approved by Denmark's "science-ethics" committee to conduct a barbaric study: Women who had sought an abortion, who were six months pregnant and supposedly suffering from "schizophrenia," were aborted and their fetuses used to investigate whether "schizophrenia" was due to "brain-defects."[78]

Flawed Research

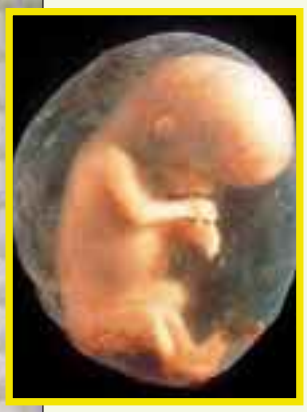
Another manifestation of psychiatry's fraudulent nature is the questionable validity of its research results. Two studies published by the *British Journal of Psychiatry* in 1979 and 1995 found there were consistently high—between 40% and 45%—statistical error rates in psychiatric research presenting statistical results. The 1995 study examined research papers published in the journal in 1993 and found that 34% of the papers had "poor or potentially misleading presentation of results." It cites D. G. Altman, author of *Practical Statistics for Medical Research:* "...What, then, should we think about researchers who use the wrong techniques (either willfully or in ignorance), use the right techniques wrongly, misinterpret their results, report their results selectively, cite the literature selectively, and draw unjustified conclusions? We should be appalled."[79]

Dr. Kaiser said in the *Psychiatric Times* in 1996, "When one reads psychiatric journals now, one senses a dangerous giddiness about the field's 'discoveries' and 'progress,' which in my view are wildly and irresponsibly overstated."[80]

Dr. Walker claims that pharmaceutical companies throw research money in the direction of psychiatrists who support *DSM*-and-drug psychiatry, and refuse to fund research that might *reduce* the use of drugs in mental health treatment. This massages "the results of the research they fund in order to 'prove,' in virtually every case, the existence of new 'psychiatric disorders' and the need to treat them with new drugs."

A vivid example of this kind of collusion came in 1994 when Dr. Lewis Judd, head of the department of psychiatry at the University of California at San Diego and a former director of NIMH, claimed to have discovered a new mental disorder, "subsyndromal symptomatic depression" (SSD) which causes "significant social debility" in 8.4% of the population. SSD's universal symptoms included fatigue, lack of concentration, and weight gain. The treatment for SSD, Judd said, consisted of the application of the newer antidepressant drugs, the Selective Serotonin Re-uptake Inhibitors (SSRIs). The manufacturer of one of these antidepressants had subsidized Judd's research with a $1.2 million grant and his findings appeared as a supplement to the *Journal of Clinical Psychiatry* funded by a division of the manufacturer.[81]

It certainly does not help the integrity of research if the researchers themselves are criminally dishonest. For example, in December 1997 and October 1998, two Georgia drug researchers, Richard Borison and Bruce Diamond, were jailed for defrauding millions of dollars in research money and



Further psychiatric experiments included conducting "schizophrenic" research in Denmark on the aborted fetuses of women six months pregnant.

After decades and billions of government money poured into research, we know psychiatry and psychology by their own self-serving admission of failure.

providing substandard treatment to patients participating in trials. Borison, once Chief of Psychiatry at the Medical College of Georgia, pleaded guilty to charges that he diverted research money meant for the school to his own private companies. Patients' charts were falsified so that it appeared they had been seen by a doctor when they had not, and Diamond, a former professor, routinely forged Borison's signature on lab reports and other documents.[82]

Borison and Diamond amassed almost half a million dollars worth of antiques, art and other items for their homes, including a $32,000 fountain, a $1,000 rug and four bronze doors worth $16,000. Borison was sentenced to 15 years in jail and a further 15 years probation, agreed to pay $4.26 million to the state's public university system and surrendered his medical license. Diamond was sentenced to five years in jail, 10 years probation, and agreed to pay $1.1 million in restitution.

After decades and billions in government money poured into research, we know psychiatry and psychology by such conceited and illogical assertions as "insanity is incurable and lifelong." We know them by their own self-serving admission of failure.

Notwithstanding their statistics being suspect, they tell us that the number of "mentally ill" has gone from one in 10 after WW II to half the population today. There comes a time in any business when throwing money at a failing project in the faint hope that some return will be realized is just plain bad business. In the case of psychiatric research, it seems we have been throwing money *away*. There are no "cures"—just more diseases created and more requests for funding.

BUSINESS AS USUAL

MAKING MONEY IS CHILD'S PLAY

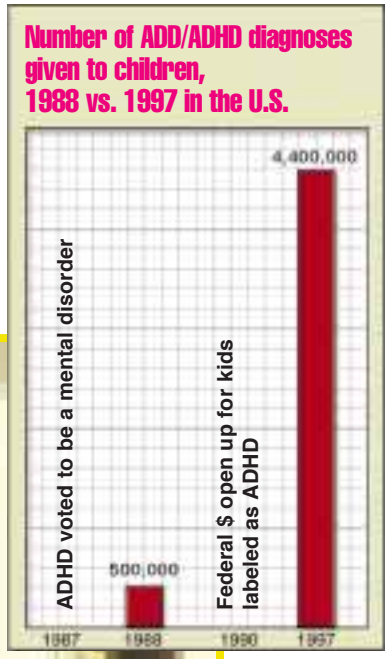
One distinguishing feature of psychiatry and psychology is their interest in individuals and groups who are in some way heavily dependent on others for their care and survival. The homeless, criminals, the elderly, drug addicts and the mentally handicapped have all become targets for psychiatry's and psychology's marketing efforts—providing, of course, that government health care or private health insurance is footing the bill.

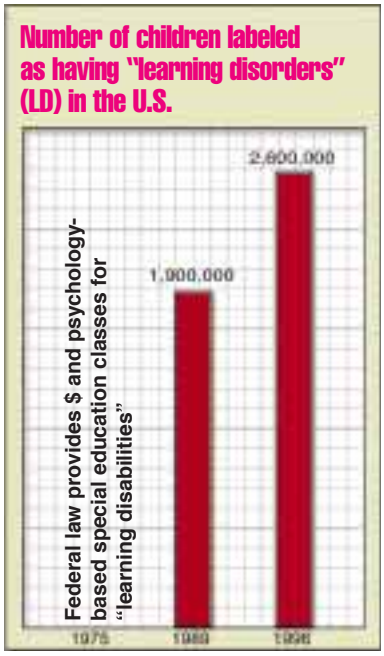
Perhaps the most contemptible mental health strategy to date involves children. Recent history has shown that the defenseless innocence of children has failed to soften psychiatry's or psychology's quest for profit, and failed completely to inspire them to reassess the validity, safety, effectiveness or consequences of their drugs and treatments on children. Rather, it has sent them into a feeding frenzy. Children have been

The defenseless innocence of children hasn't softened psychiatry's or psychology's quest for profit. Today, fueled by government financial incentives, millions of American children are diagnosed with "Attention Deficit Disorder' (ADD) and "Attention Deficit Hyperactivity Disorder" (ADHD), conditions which experts say are a fraud.

manipulated, used, deceived, sexually and physically abused, drugged, and killed—all just *business as usual*.

In 1994, Dr. Thomas Szasz, Professor of Psychiatry Emeritus stated, "Like fast-food chains, child psychiatric inpatient units and the wholesale psychiatric drugging of children, in and out of hospitals, are recent...and remarkably popular products and practices." He added, "Today, hundreds of thousands of children are imprisoned in psychiatric hospitals, most of them, even according to psychiatric authorities, unnecessarily."[92] A study of 20,000 hospitalized children in America, conducted by Ira M. Schwartz, a social worker at the University of Michigan, found that up to 75% of the admissions were *unnecessary*.[93]





And not only unnecessary, but unworkable. In Denmark, for example, a 30-year follow-up study of 322 former child psychiatric patients found that these children were later admitted to psychiatric hospitals *50 times* more often than comparable age groups from the general population![94]

Joe Sharkey pinpoints the common denominator: "Pure economics explains the psychiatric hospitals' inordinate interest in children. The profit margin for a psychiatric bed occupied by an adult is 20%. For a child, it's 30%, since children demand less service and attention." In 1989, children and adolescents accounted for well over $1 billion of the $3 billion paid to private psychiatric hospitals for inpatient treatment in the United States.

Diagnosing Kids for Profit

The United States National Center for Health Statistics reported that between 1980 and 1987, the number of children between the ages of 10 and 19 who were *committed* to psychiatric units —public and private— ballooned by 43%, from 126,000 to 180,000.[95] Experts say that today, well over 300,000 adolescents and children are placed in psychiatric hospitals and treatment centers each year.[96]

The main tool used to achieve this phenomenal growth rate was the omnipotent *DSM*. The 1980 edition of *DSM-III* added 32 "mental disorders" to its "Infancy, Childhood, and Adolescence" section. Seven years later, in 1987, the handbook was revised, adding a further 29 disorders, including a dramatic increase in the section, "Disorders Usually First Diagnosed In Infancy, Childhood or Adolescence."

This "ushered in a population of children with behavior problems that had never before been considered serious enough to require medical intervention, let alone hospitalization," Sharkey stated. The behavior and the kids "were the kind that would formerly have been dealt with at home, by parents, as part of the normal tribulations of child-raising."

In 1987, the APA included "Attention Deficit Hyperactivity Disorder" (ADHD) in *DSM-III-R*. Within a year, 500,000 children

"Today, hundreds of thousands of children are imprisoned in psychiatric hospitals, most of them, even according to psychiatric authorities, unnecessarily."

— Thomas Szasz
Professor of Psychiatry Emeritus
1994

ADHD is "a fraud intended to justify starting children on a life of drug addiction."

— Dr. Edward C. Hamlyn
Founding member Royal College of General Practitioners UK, 1998

in the United States alone were diagnosed with this bogus affliction.[97]

This was further fueled by federal government incentives in 1990, when low-income parents whose children were diagnosed with "ADHD" were given more than $450 a month.[98] In 1991, federal education grants also provided schools with $400 in annual grant money for each child diagnosed with "ADHD."[99] The number of children diagnosed with this "disorder" soared again. By 1997, the number of children labeled as having "ADHD" had risen alarmingly to 4.4 million.[100]

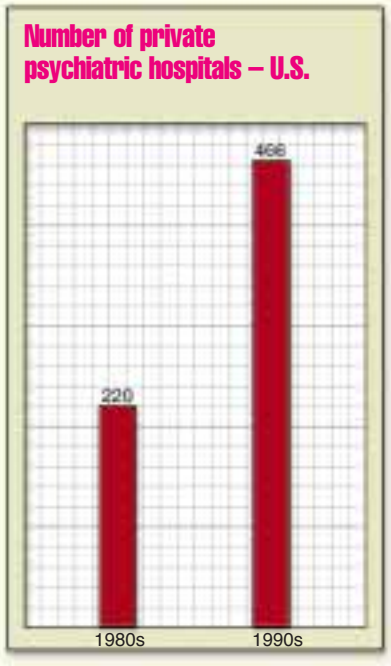
In 1989, more than one-third of child and adolescent patient stays in American hospitals were based on diagnoses of "conduct disorder," "adolescent adjustment disorder," and "oppositional defiant disorder."[101] The number of children labeled as having a "Learning Disorder" soared from 1.9 million in 1989 to 2.6 million in 1996.[102]

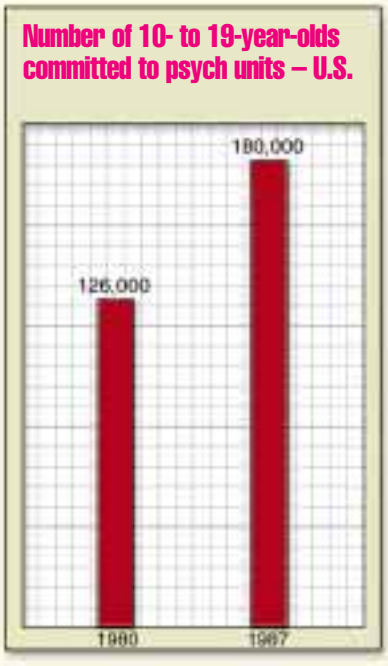
What this mostly boils down to is the negation of good medical practice and the drugging of entirely normal children. "Charlie" was a 10-year-old who suffered violent mood swings, yelled obscenities, kicked his sister, couldn't control his temper at school, cursed his teachers and had low grades. He was suspected of having "attention deficit disorder" or "conduct disorder" but was eventually labeled as "hyperactive." His mother was told, "You have two choices: give him Ritalin, or let him suffer." Charlie was put on Ritalin, but a second medical opinion—based on physical examination and thorough testing—discovered he had high blood sugar and low insulin. "Either condition, if uncontrolled, can lead to mood swings, erratic behavior, and violent outbursts—the very symptoms 'hyperactive' Charlie had exhibited," Dr. Walker stated. After proper medical treatment, his "hyperactive behaviors cleared, his aggression and tantrums stopped, and his grades went up."

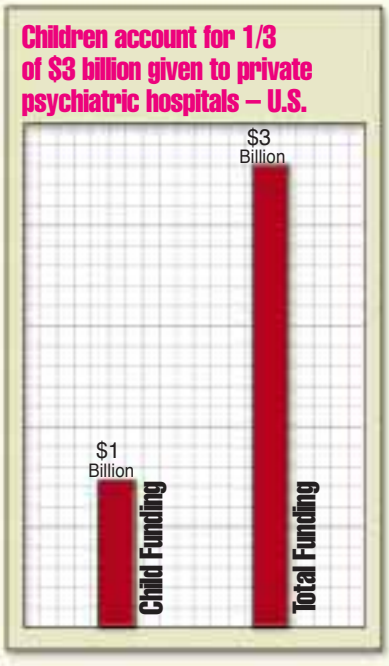
Pediatric neurologist Dr. Fred Baughman, who has discovered real diseases, says that "The fundamental flaw...is that ADD [ADHD] has never been proven to be a disease, or anything physical or biological."

In October 1998, Dr. Edward C. Hamlyn, a founding member of the Royal College of General Practitioners in the United Kingdom, announced ADHD as "a fraud intended to justify starting these children on a life of drug addiction." Saying that many of these children simply need to be tested for allergies, he added, "It is malpractice to remain ignorant of the nature of the 'hyperactive child disorder' and ignorant to advise drug treatment which is unscientific and wholly harmful."

Pure economics explains psychiatry's interest in children. The profit margin for a psychiatric bed for a child is higher than for adults, since children demand less service and attention.







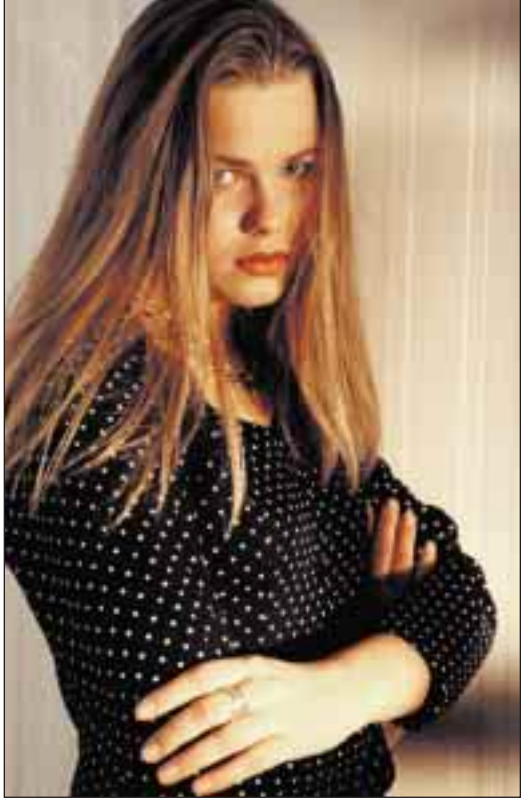
In 1999, the Australian Medical Association (AMA) came out strongly against the thousands of healthy children being wrongly diagnosed with ADD and then prescribed mind-altering amphetamines. According to Dr. Joe Kosterich, chairman of the federal AMA, "The diagnosis of ADD is entirely subjective.... There is no test. It is just down to interpretation. Maybe a child blurts out in class or doesn't sit still. The lines between an ADD sufferer and a healthy exuberant kid can be very blurred."[103]

In 1998, experts converged on a United States National Institutes of Health "Consensus Conference on the Diagnosis and Treatment of ADHD" to decide if there was a legitimate scientific basis for it. They were forced to conclude, "We don't have an independent, valid test for ADHD; there are no data to indicate that ADHD is due to a brain malfunction...and finally, after years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains speculative."

However, business as usual means that millions of normal children continue to be prescribed dangerous, mind-altering drugs all over the world. One of the main drugs, Ritalin, is an amphetamine-like drug which is potentially addictive, can cause symptoms ranging from thought disorder to insomnia and cardiac arrhythmia, and can stunt a child's growth.[104] Suicide is a major complication of withdrawal from this and similar drugs.[105] Dr. Mary Anne Block, author of *No More Ritalin*, calls it "Kiddy Cocaine" because of its effects on the brain and because it can lead to cocaine or other illicit drug usage.

Business as usual also means that the number of children placed on psychiatric drugs has escalated out of control: Six million American children are prescribed psychotropic drugs, including 909,000 who take Selective Serotonin Re-uptake Inhibitor (SSRI) antidepressants. In fact, however, it is totally under control—psychiatric control.

Between 2,000 and 6,000 British children are popping psychotropic pills to "calm themselves down."[106] Each year in Germany, 500,000 prescriptions for psychiatric drugs



are given to school children, with every seventh psychiatric pill administered to children under the age of 11.

In his book *The Brain has a Mind*, Richard Restak says such drugs could lead users to conclude that "if the world isn't behaving as you believe that it should, and you feel good while taking your own special drug, then say no to the world rather than to the drug."

When academic-based educational systems are replaced with psychological "feel-good" programs designed to modify behavior and beliefs, as is happening throughout the Western world, because of psychiatry's involvement in education, this will only escalate.

Psychiatry and Psychology in Our Schools Destroy "Right and Wrong"

William Kilpatrick, author of *Why Johnny Can't Tell Right From Wrong*, points out that "feelings, personal growth, and a totally non-judgmental attitude" are increasingly emphasized in programs known as "Values Clarification," "Self Esteem" or collectively as "Outcome-Based Education." He says, "...no models of good behavior are provided, no reason is given why a boy or girl should want to be good in the first place.... They come away with the impression that even the most basic values are matters of

DSM and private psychiatric hospitals "ushered in a population of children with behavior problems that had never before been considered serious enough to require medical intervention."

— Joe Sharkey

Author
Bedlam: Greed, Profiteering, and Fraud in a Mental Health System Gone Crazy
1994

"Though shocked by bizarre shootings in schools, few Americans have noticed how many shooters were among the 6 million kids now on psychotropic drugs."

"Guns & Doses"
Washington Times' Insight Magazine 1999

dispute." Consequently, "it becomes clear why their scores are low and why morals are on a steep decline."

"Into this quagmire," says Beverly Eakman, author of *Cloning of the American Mind, Eradicating Morality through Education*, "comes the concept of intervention, which today is a cornerstone of education—and also for mental health."[107] Intervention, she says, usually means labeling the child "at risk" in order to obtain more government funding or to justify psychological or psychiatric programs being introduced into the class or child's curriculum.

Today, mediation and counseling are often used instead of deterrents (warnings, suspensions, or demerits) by school administrators, despite numerous studies having concluded that mediation and counseling "are among the least effective for reducing delinquency."[108]

University of Maryland Professor Denise Gottfredson, conducted an evaluation of school-based crime prevention programs for the United States Justice Department and reported that peer-group counseling was "preponderantly harmful." Frequent discussions of parent/home issues in the groups "may have led to a weakening of parental bonding and a subsequent increase in delinquency," she said.[109]

Eakman also discovered that "under the cover of 'mental health,' and 'student assessment,' consultant-industry psychologists are using the government grant process as the primary vehicle for infusing experimental therapies, many of them medically dangerous and/or politically motivated, into school testing programs and curricula."

In Pennsylvania in 1995-96, teachers used a 61-question psychological survey called the Disruptive Behaviors Disorders (DBD) Rating Scale. Some 39 of its questions were taken directly from *DSM-IV*. The information, collected without the knowledge and consent of many parents, allowed teachers to rate each pupil on everything from fidgeting in class to "excessive" talking, humming, impulsiveness, forgetfulness, and bossiness. The data was computerized by the nearby Western Psychiatric Institute. Parents had to resort to court to force the Institute to destroy the potentially harmful and invasive information.[110]

What do we have to show for our schools being turned into mental health clinics? Literacy levels have crashed and the very problems that psychiatrists and psychologists have been paid to prevent—violent crime, drug abuse and child/teen suicide—have spiraled out of control.

"GUNS & DOSES"

Psychiatry Creates Senseless Violence at Society's Cost

Washington Times' Insight Magazine *covered this issue in a June 1999 article entitled "Guns and Doses."*

Whenever and wherever tragedy and violence occur, business as usual for psychiatrists and psychologists is to use the opportunity to promote the fiction that things would have been better had they been given more funds and resources.

Take the shooting spree at Columbine High School in Littleton, Colorado, by teenagers Eric Harris and Dylan Klebold on April 20, 1999. Twelve students and one teacher were killed and 23 others wounded before the two boys shot and killed themselves. But as the *Washington Times' Insight* magazine headlined in their June 1999 article entitled "Guns and Doses," "Though shocked by bizarre shootings in schools, few Americans have noticed how many shooters were among the 6 million kids now on psychotropic drugs."[111]

In this tragic case, Harris had been taking Luvox, an antidepressant with side effects which include mania, irritability, aggression and hostility.[112] Mania can produce in individuals "bizarre, grandiose, highly elaborate destructive plans, including mass murder...."[113]

National columnist Arianna Huffington points out that while government laments children's "easy access to guns in a culture where they've

been exposed to lots and lots and lots of violence," they ignore the "phenomenal increase in prescriptions of Prozac and other antidepressants written for children."[114]

In 1999, the out-going president of the APA, Rodrigo Munoz, claimed that "...there is little valid evidence to prove a causal relationship between the use of antidepressant medications and destructive behavior."[115] Yet since the 1960s, studies have shown that various psychiatric drugs can cause extreme anger and hostile behavior.

A 1998 British report said that at least 5% of SSRI patients suffered "commonly recognized" side effects which include agitation, anxiety and nervousness. Around 5% of the reported side effects indicate aggression, hallucinations, malaise and depersonalization.[116]

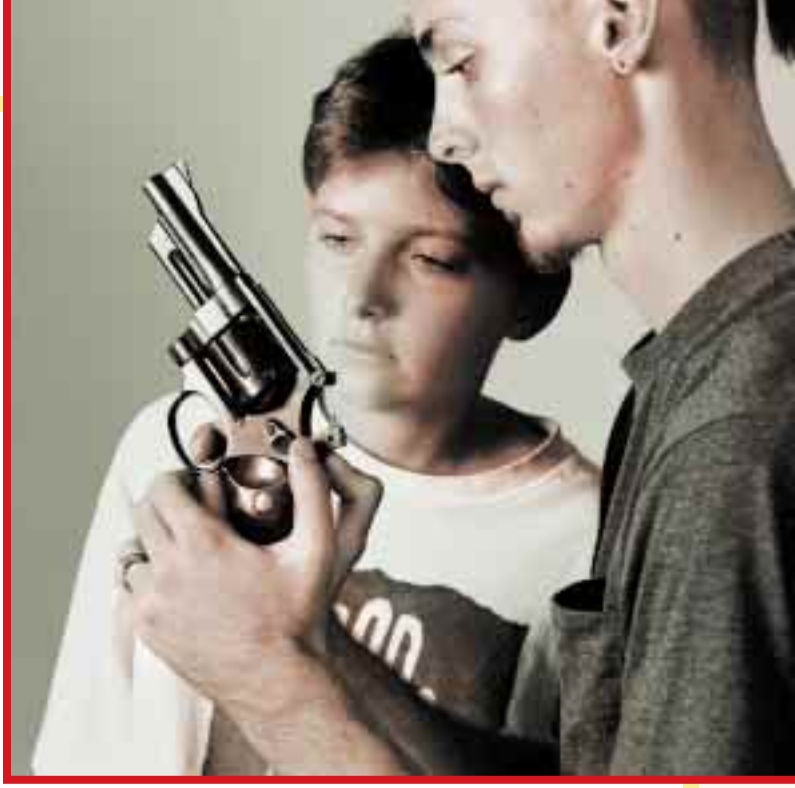
A 1995 Nordic conference reported that the new antidepressant drugs, in particular, have a stimulating, amphetamine-like effect causing consumers to become "*aggressive*" or "suffer hallucinations and/or suicidal thoughts."[117]

In 1995, nine Australian psychiatrists reported patients had slashed themselves or become preoccupied with violence while taking SSRIs. "I didn't want to die, I just felt like tearing my flesh to pieces," one patient told them.[118]

In the side effects section of the 1999 *Physician's Desk Reference (PDR) Family Guide*, certain drugs are listed to potentially cause harmful side effects. Under "violent behavior" the only drug listed is Prozac. Ritalin is listed under "inappropriate behavior." While Clozaril, Compazine, Stelazine, Haldol and Navane are all prescribed for *psychotic disorders,* psychosis is listed as a side effect.

Psychiatrists blame violent crime on the offending person's failure to continue his medication, while *knowing* that extreme violence is a documented side-effect of withdrawal from psychiatric drugs. A 1995 Danish medical study reported withdrawal symptoms from psychotropic drug dependence, including "irritability, aggression, an urge to destroy and, in the worst cases, an urge to kill."[119]

In 1996, the National Preferred Medicines Center Inc. in New Zealand, issued a report on "Acute drug withdrawal," saying that withdrawal from psychoactive drugs can cause 1) rebound effects that exacerbate previous symptoms of a "disease," and 2) new symptoms unrelated to the condition that had not been previously experienced by the patient. Antidepressants can create "agitation, severe depression, hallucinations, aggressiveness, hypomania [abnormal excitement] and akathisia [a severe restlessness that can cause agitation and psychosis]."[120]



Withdrawal effects from these drugs can be severe and require medical supervision to ensure the person safely detoxifies.

The many violent crimes committed by children and adolescents on psychiatric drugs include these: T.J. Soloman, a 15-year-old at Heritage High School in Georgia was being treated with Ritalin; on May 20, 1999, he opened fire on and wounded six classmates.[121] On April 19, 1999, Shawn Cooper, a 15-year-old student from Notus, Idaho, fired two shotgun rounds, narrowly missing students and school staff. He was taking Ritalin.[122] On May 21, 1998, 14-year-old Kip Kinkel shot and killed his parents and then went on a wild shooting spree at his Springfield, Oregon, high school that left two dead and 22 injured. He was reportedly taking Prozac and Ritalin and had been attending "anger management" classes.[123] While on vacation in Las Vegas on May 25, 1997, 18-year-old Jeremy Strohmeyer raped and murdered a 7-year-old girl in the ladies rest room in a casino. He had been prescribed Dexedrine and started taking it a week before the killing.[124]

Yes, as shocking and revolting as it is, psychiatrists and psychologists *do* know the connection between psychiatric drugs and violence and suicide, *do* know the individual and community dangers of children taking and withdrawing from psychiatric drugs. But it is good business, much too lucrative to interrupt merely to protect or save lives.

FRAUD IN THE RANKS

PSYCHIATRY'S CRIMINALS

If there is one thing likely to infuriate a law-abiding citizen more than anything else, it is seeing the guilty not only getting away with their crimes, but being favored over the victim, or even rewarded in some wicked perversion of our sense of justice. These actions not only insult our intelligence, but threaten our sense of personal and communal security.

What happened to strong and effective justice and why are criminals being mollycoddled at the expense of honest citizens?

To answer these questions, it is necessary to understand precisely who is "treating" criminals and adjudicating their fitness to re-enter society. Around the world it is psychiatrists and psychologists who now issue authoritative pronouncements on criminal behavior.

This is no response to the desires of the community, but rather a carefully propagated fraud. Without a scrap of scientific proof, psychiatry has deemed criminality to be a mental illness. Of course, with this pseudoscientific sleight of hand, and with no one to challenge them, the psychiatrist and psychologist inherited society's criminal problem.

Why would they want it? Well, having insinuated themselves into the field of criminal justice and treatment, the psychiatrist and psychologist have since constructed a very lucrative and self-perpetuating market. Margaret Hagen, Ph.D., author of *Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice*, estimates that in child custody cases alone, child evaluation "specialists" are raking in an additional $60 million a year. "With an average of three forensic psychological experts per trial, at $200 an hour for an average of about five hours each, the cost to plaintiffs and defendants of expert psychological witnesses in such trials is about $15 billion," she stated. Depending upon your point of view, integrity has nothing or everything to do with this situation. These "experts" testify for whomever pays, be it plaintiff or accused.

Most importantly, by making it a matter of biological aberration, psychiatry and psychology have progressively decriminalized criminality, with the result that dangerous criminals have been automatically excused all personal responsibility for their crimes. The *ICD-10* lists burning down buildings as "pathological fire-setting," theft as "pathological stealing," and both the *ICD* and *DSM* list sexual molestation of children as "pedophilia"—a "habit and impulse disorder." *DSM-IV* also claims that physically abusing a child is a related mental disorder.

Just how far this trend has influenced society appeared in an April 26, 1999, article in Washington DC's *Insight* news magazine. Clinical professor of child psychiatry Richard Gardner was quoted as saying, "Society's excessively moralistic and punitive reactions toward pedophiles...go far beyond what I consider to be the gravity of the crime." Gardner proposes that pedophilia serves procreative purposes![125]

Then there is the "violently vulnerable brain." Astoundingly, psychiatrist Daniel Amen has been allowed to testify in criminal trials that a defendant is not responsible for his actions because violent people have "different brains than people who don't act violently." With no scientific proof, his evidence has helped sway the jury to be more lenient on the defendant in 20 criminal trials. This included a 17-year-old boy charged with the attempted murder of a 16-year-old boy who was left brain damaged from the assault.[126]

Many psychiatrists have an intimate knowledge of criminality—one which has nothing to do with the profession's involvement in the expert witness field. For example, take psychiatrist Harvey Lothringer. In 1962, Lothringer killed a 19-year-old college student while performing an

Without a scrap of scientific proof, psychiatry has deemed criminality to be a mental illness.

Far-left: *In 1998, Massachusetts psychiatrist Antonio DeGuzman was sentenced to 3–4 years prison with 15 years probation for fondling three young male patients. The prosecutor in the case said DeGuzman's actions were like a "devil in disguise."*

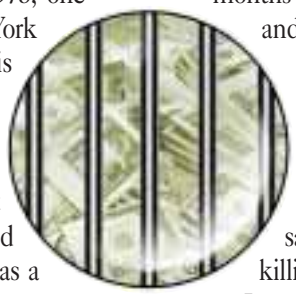
Center: *New Jersey psychologist Carl Lichtman pleaded guilty to defrauding 36 insurance carriers of $3.5 million for therapy sessions that never took place. In May 1996, he was also ordered to reimburse the insurance companies $2.8 million and $200,000 to the state Department of Insurance.*

Near left: *Former Canadian psychiatrist John Orpin was convicted and jailed for six years for sexually assaulting female patients during bizarre hypnotic therapy sessions. Orphin had earlier been convicted of defrauding the Canadian government health insurance plan by billing it for time spent having sex with a patient.*

Free to commit more crimes, the unrehabilitated criminal is an almost guaranteed source of future income for the psychiatrist. Meanwhile, society is guaranteed spiraling criminal justice and criminal "treatment" costs, more criminals and a greatly lowered sense of security.

illegal abortion and then tried to hide the crime by cutting her up with a scalpel and power saw and flushing her down the toilet in his Queens, New York, home. Fleeing to Europe, he was extradited back to the United States, pleaded guilty to second-degree manslaughter and agreed not to practice medicine again.[127]

Serving only half of an eight-year sentence, he was released on parole in 1968. In 1973, one year after his parole ended, the New York State licensing board reinstated his medical license, and two years later he was certified to practice psychiatry and became a member of the APA. In 1978, he began work at the Westchester County Jail and Westchester County Medical Center as a forensic psychiatrist. In 1996, Lothringer was working with EMSA Correctional Care, the Fort Lauderdale, Florida-based firm that provides health and mental health services to Westchester's correctional system.[128]



In 1994, psychiatrist James E. McClendon billed Georgia's Medicaid program $6.6 million, claiming to have given 488 hours of psychotherapy to children *every week*. In fact, the children were attending after-school programs. In November 1998, McClendon was sentenced to six and half years in jail and ordered to pay $6.77 million in restitution for conspiracy and money laundering.[129] For fiscal year 1995, it was estimated that *vision* and *preventive* dental care for all adults on Medicaid in Georgia would have cost $6.8 million—roughly what McClendon was paid. Neither program was funded because the dollars had gone to pay for psychiatry's fraud instead.

In 1998 alone, at least 100 psychiatrists and psychologists internationally were convicted and jailed for crimes; of these, 69% were for insurance fraud and/or theft of funds, 16% were for sex crimes, and 5% were jailed for murder/attempted murder. Here are some specifics.

Virginia psychiatrist Robert C. Showalter was an expert witness for the defense in criminal cases until he lost his license to practice for forcing male patients to masturbate in front of him, something he called "masturbation therapy." Convicted also of overbilling insurers, in 1999 he was sentenced to six months of house arrest, two years probation and fined $20,000.[130]

In 1998, South African psychiatrist Omar Sabadia was sentenced to a 65-year jail sentence for murdering his wife to collect her $600,000 life insurance policy, after squandering his savings in gambling. He arranged the killing through one of his patients.[131]

In 1998, Israeli psychiatrist Gideon Yanovitz was sentenced to a suspended 15-month jail term for taking bribes from conscripts seeking psychiatric draft deferments from the army.[132]

In May 1998, former Canadian psychiatrist John Orpin was convicted and jailed for six years for sexually assaulting female patients during bizarre hypnotic therapy sessions. While the women were drugged, he raped and sodomized them. Some were shackled to a wall and beaten with a belt. He told his patients his penis was a "healing staff" and that anal rape was "unconditional love." Orpin had earlier been convicted of defrauding the Canadian government health insurance plan by billing it for time spent having sex with a patient.[133]

In 1997, Kansas child psychiatrist John Buckles Lester was sent to prison for 41 months after the appeal on his 1994 conviction of molesting a 14-year-old and a 15-year-old boy was denied. The boys were under his care at a private psychiatric hospital due to their troubled background of being physically and sexually abused by other adults.[134]

In 1997, a Brisbane, Australia psychiatrist, Mary Jane Ditton, was convicted of systematically dou-

bling the amount of time she spent in consultation with patients in her Medicare health insurance claims. She was ordered to repay nearly $35,000 and was sentenced to 2 1/2 years in jail.[135] Ditton also had an affair with a depressed and suicidal patient and was struck off the Medical Register in 1998.[136]

"There are few things more pathetic than a crooked doctor, particularly one who uses his office like a drug dealership," said New York Attorney General Dennis Vacco during a press release announcing the conviction and sentencing of psychiatrist Priyakant S. Doshi. In 1996, Doshi was sentenced to up to 7 1/2 years in jail for indiscriminately dispensing drugs, including Valium, "with no intent to determine if his patients really needed them."[137]

On November 12, 1993, German-trained psychiatrist Frederick Aptowitz pleaded guilty to charges of soliciting a former patient to kill a nurse, Terricita Clemons, who had worked for Aptowitz. Clemons was one of three people who were suing the psychiatrist for sexual harassment in a $1.25 million lawsuit. Aptowitz paid the former patient $3,000 to place dynamite under Clemons' car.[138]

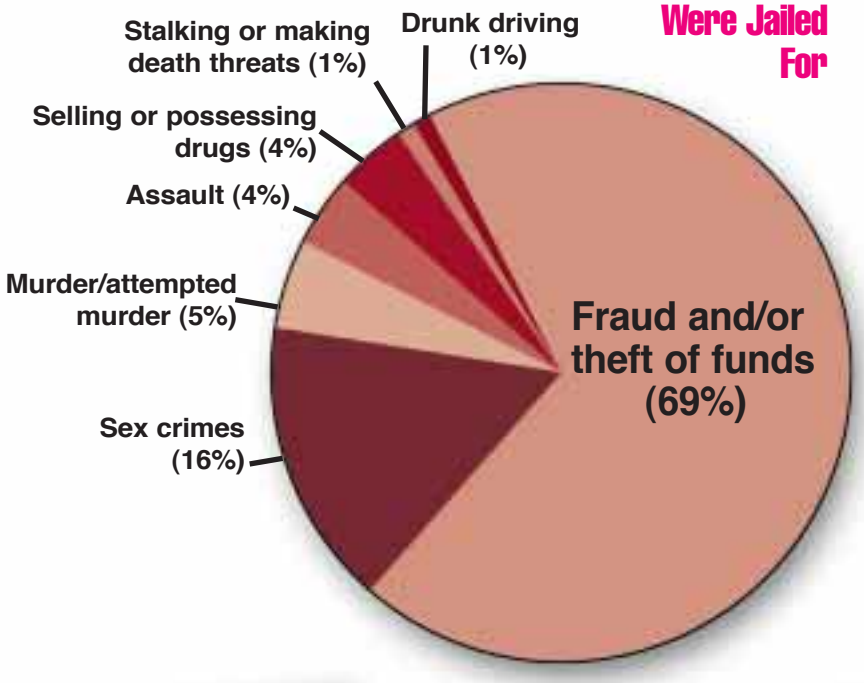
In 1999, the American Psychological Association *Psychological Bulletin* released a study which concluded that there is no widescale psychological harm to children who have been sexually abused. Consequently, the term "child sexual abuse" should be dumped in some cases when children consent to have sex with adults.[139] In view of this irresponsible and by most standards criminal, view of sexual abuse, it is not surprising that at least 10% of all psychiatrists, psychologists and psychotherapists *admit* to sexually abusing their patients. Some studies estimate that the figure could be really as high as 25%, and a California study claims 48%. In Australia, 10% of patients who undergo psychotherapy are sexually exploited.[140]

Psychiatry has the dubious distinction of having laws in countries such as Germany, Sweden and in 15 states of the United States specifically designed to address the increasing number of sex crimes committed by its members.

These are the type of people who "treat" criminals and adjudicate their fitness to re-enter society. In 1997, *Psychology Today* reported, "Suicide, stress, divorce—psychologists and other mental health professionals may actually be more screwed up than the rest of us." The article on "Why Shrinks Have So Many Problems" reveals that psychiatrists commit suicide at rates about twice those expected of physicians and, citing a 1980 APA study, says, "The occurrence of suicides by psychiatrists is quite constant year-to-year, indicating a relatively stable over-supply of depressed psychiatrists."

According to a 1997 report, psychiatrists also top the list of medical doctors most likely to get a divorce.[141] Another survey reports that one out of

International Breakdown of 1998 Criminal Charges Psychiatrists Were Jailed For



"Suicide, stress, divorce—psychologists and other mental health professionals may actually be more screwed up than the rest of us."

— "Why Shrinks Have So Many Problems"
Psychology Today
1997

every four psychologists has suicidal feelings at times, and as many as one in 16 may have even attempted suicide.[142] Studies show that drug addiction rates are significantly higher among psychiatrists than among the general population or among other stressful medical professions.[143] In one survey of 531 psychiatrists, it was also revealed that 25% had chosen the field of psychiatry because of their own psychiatric problems or treatment.[144]

Fifty percent of registered psychologists and psychotherapists in Germany are said to be unacceptable as practitioners because they have *more* problems than their patients. A third of them are more concerned about money, and a third of the patients seeing these mental health practitioners claim to have been mentally or sexually abused by them.[145]

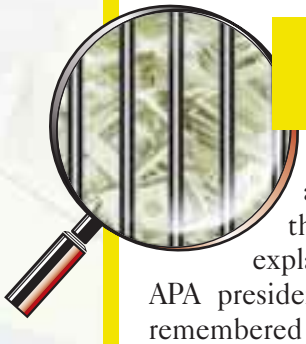
And what of their treatments? Sten Levander, Professor of Forensic Psychiatry in Stockholm, Sweden, conducted a study of 177 sex offenders over a 15-year period. He found psychiatric treatment for prisoners involved in all forms of sexual crimes is much less effective than prison.[146]

What does psychiatry's involvement contribute to the criminal justice system? Not much, other than what appears to be a truly intimate understanding of criminal behavior. But, free to commit more crimes, the unrehabilitated criminal is an almost guaranteed source of future income for the psychiatrist. Meanwhile, society is guaranteed spiraling criminal justice and criminal "treatment" costs, more criminals and a greatly lowered sense of security.

Criminality must be simply and predictably adjudicated by the courts against known and standard criminal codes. The time has come to bring sanity back to the handling of criminality by removing the corrosive influence of psychiatry and psychology from the world's justice and criminal rehabilitation systems.

The state of our "expert" psychiatrists, paid billions of dollars to resolve society's problems

Catch Me If You Can



Why is there a failure of membership bodies representing psychiatrists to police the ethics of their own members? One explanation comes from former APA president Dr. Paul Fink, who is remembered for saying: "It is the task of the APA to protect the earning power of psychiatrists."[147] So much for the responsibility to police. The fact is that deregistered, even criminally charged and jailed psychiatric professionals can skip states, even countries, and continue practicing. Some of the most infamous mental health criminals continue to "care" for the most vulnerable in society by simply changing cities or countries.

In 1998, three psychiatric nurses from Novillars psychiatric institution in Besanson, France, were convicted for beating, sexually abusing and mistreating patients.[148] One of the nurses convicted of assault later went to work at a Geneva psychiatric institution. CCHR France alerted the CCHR office in Switzerland which informed the hospital. The nurse was forced to resign.

In the early 1990s, Kwabena Akuffo-Akoto, a psychiatrist from New Brunswick, Canada, was sexually abusing his patients. One woman, an alcoholic, had been plied with alcohol under the pretext of wanting to see how she behaved while drunk. She passed out and woke up naked in bed next to him; he informed her they had had sex "a few times." Charges were filed against Akuffo-Akoto in 1997; however, two days before he was due to face the charges, he fled to Britain where he continued to practice under a British license. More than a year later, in December 1998, Britain's medical licensing board finally caught up with him and struck him off their medical register.[149]

Psychiatrist Linda Astor's deception began with the first letter she sent from the United States to Hutt Valley Health in New Zealand in 1995. With a report of glowing credentials and accomplishments, she maneuvered her way into a position of power and responsibility for the mental health care of scores of New Zealanders. While at Hutt Valley she was able to suspend the liberty of her patients and prescribe and administer drugs and electroshock. On June 30, 1990, Astor traveled to Nice, France, on paid leave to a medical conference from which she never returned.[150]

New Zealand authorities searched Astor's house and found a "supermarket of drugs," including a synthetic female hormone, anti-anxiety drugs, stimulants and tranquilizers. Further investigations found that her credentials were false and she had been convicted of petty larceny in the United States. What of her psychiatric background? Records traced her degree in psychiatry and doctorate in neuropsychopharmacology to Poland; here, it was also discovered that Astor was probably a man—a fact that none of her psychiatric colleagues in New Zealand seemed to notice. Astor was last traced to Germany but to date has not been found.

Obviously, more thorough reporting and policing systems on psychiatric crime are needed between states and countries. Medical licensing boards and international agencies such as Interpol, the FBI, Drug Enforcement Administration, Customs and Immigration Services should be informed so they can keep records.

More thorough reporting and policing systems on psychiatric crime are needed between states and countries.

BAD RESULTS

MERCHANTS OF CHAOS

THE RUIN IS EVERYWHERE!

A group of seasoned business experts in the United States were invited to evaluate a selection of graphs and information representing the history of an anonymous professional organization. For more than 30 years, the organization had been continuously contracted by the government to improve certain problems in the community that were their specific area of expertise.

One graph showed the account of government funding. The others anonymously measured the improvement or decline of the assigned problems for the same period. While the funding graph showed a large and constant increase, all of the performance graphs showed significant worsening of the selected community problems.

Other information provided was that the company was experiencing problems of its own, such as finding it difficult to attract new people into the profession, that many of its staff had severe personal problems and that criminal convictions of employees were common.

One of the business experts, a vice president and investment banker with a New York Stock Exchange member firm that was established in 1855 said, "This is a total failure—what else is there to say. These statistics suggest a direct failure."[151]

"They are in trouble," a financial planner and money manager said. "These results are horrible and show most likely poor management, poor products and absolutely no success whatsoever," a money and fund manager of 22 years responded. "Obviously there is something wrong," an investment advisor commented. "...[W]hy does the government keep investing in this?" An insurance executive for a $7.5 billion plus major national insurance company stated, "This is horrible. Why would anyone invest in this government program?"

The anonymous organization was psychiatry. And the continuously worsening problems graphed were rates of drug abuse, suicide, literacy and crime.

"But," some critic might say, "analyzing the field of mental health care in this way is the same as reducing human suffering to numbers on a spreadsheet. You cannot count the cost of helping those who suffer mental illness." And with this, the point has been missed entirely. Unless results are measured in any activity, there is no accurate way to determine if results are improving or worsening. Similarly, there is no sure way to know if the management plan is working, or if something should be changed or not.

The point missed is that in spite of receiving huge increases in funding in the United States, psychiatry and psychology not only failed but managed to make things drastically worse.

Remember that after World War II, they promised governments that they could improve education and mental health, they could deliver the world from delinquency and unhappiness, and they should care for the criminally insane, and more.

Let's examine the actual figures of their influence. The mental health budget in America went from $3.2 billion in 1969 to $33.1 billion in 1994. In 1999, the mental health budget was estimated at $80 billion.

More than $6 billion has been spent over the past 50 years on psychiatric research by NIMH. Today, NIMH receives nearly $900 million a year. In addition, The National Alliance for Research on Schizophrenia and Depression (NARSAD) has awarded a total of $82 million in government research grants over 13 years, and $18 million for 1999 alone.[152]

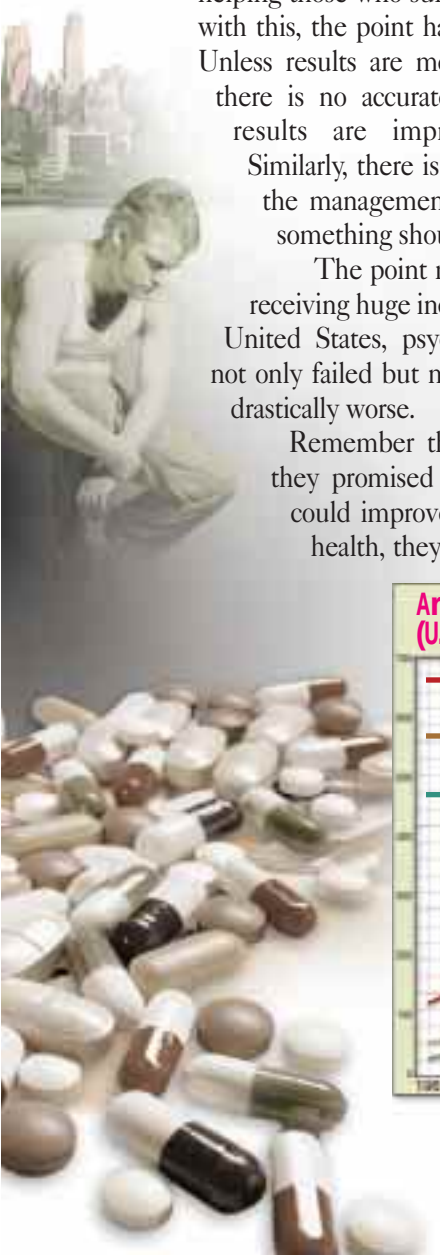
What has all this public investment bought?

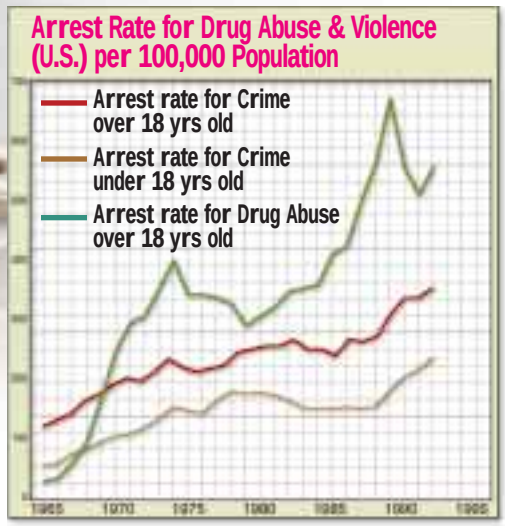
From 1965 to 1992, the arrest rates for violent crime by Americans 18 years of age and older increased by 152%, from 135.6 per 100,000 population in 1965 to 341.9 in 1992.[153] For children under the age of 18, it rose by 262%. In 1996, more than 30% of those jailed for violent offenses were under 24 years of age.

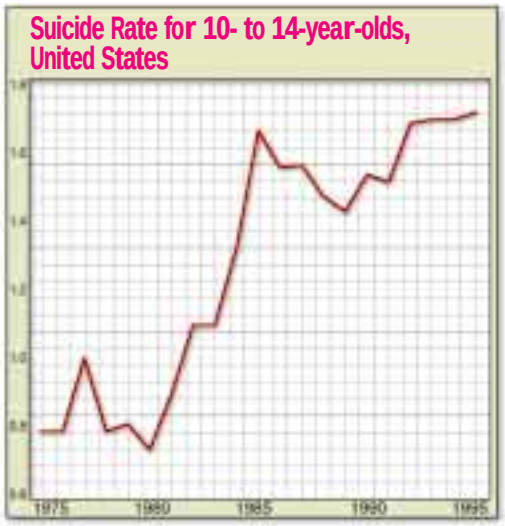
In 1997, sales of psychotropic drugs topped $1.5 billion, double the figure of two years earlier. Despite hefty funding of the federal government's "War on Drugs" program, estimated at $70 billion, and relying heavily on psychological/psychiatric drug prevention and education methods, heroin and marijuana usage in the United States is rising. From 1965 to 1992, the arrest rate for drug abuse violations for 18-year-olds and older increased by 1,424%: 36.4 in 1965 to 554.7 in 1992.

In 1985, there were 811,000 drug-related arrests in America. In 1994, the figure had jumped to 1.35 million. There are now 4

After World War II, psychiatrists and psychologists promised governments improved education and mental health, deliverance from delinquency, and more. They failed to deliver.

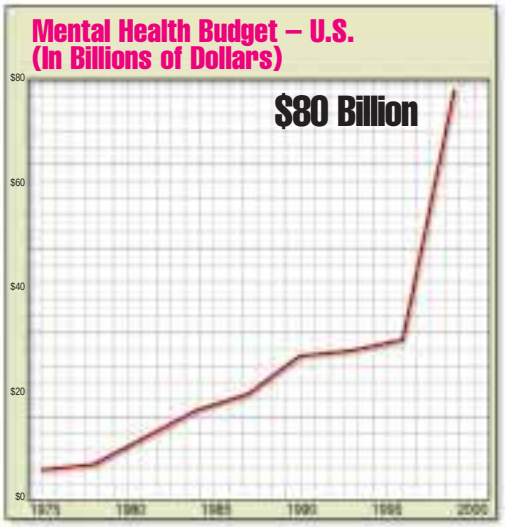


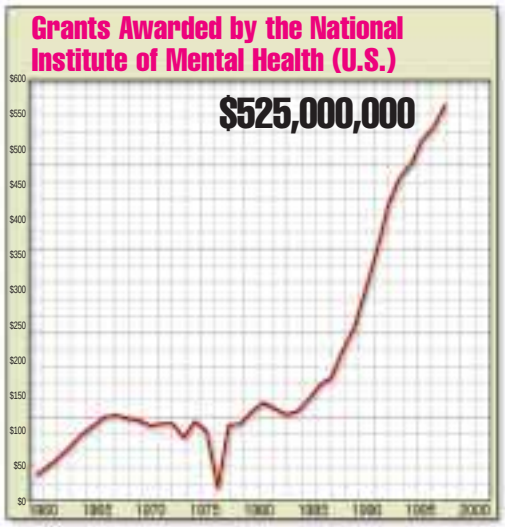




"These results are horrible and show most likely poor management, poor products and absolutely no success whatsoever."

— U.S. money and fund manager
1999





million "casual users" and 2.2 million "heavy users" of cocaine.

Teen suicides have tripled since 1960; today, suicide is the second leading cause of death (after accidents) for 15- to 24-year-olds.

This pattern of deterioration is not limited to the United States.

Denmark has the highest benzodiazepines (minor tranquilizers) usage of all Scandanavian countries. Of the top-40 list of most sold medications in Denmark, three are psychotropic drugs. Antidepressant prescriptions since 1990 have increased by 75%, caused almost entirely by the release of SSRI antidepressants. In 1994 alone, when the total sales of these drugs exceeded 334 million kroner (US $52.1 million), there was a 50% increase.

With a high usage of psychotropic drugs, the country's suicide rate is twice that of the United States. Every fourth death among young people ages 15 to 29 is caused by suicide.

In the UK, mental health funding rose 30% from 1992-93 to 1998-99, from 26,972,000 pounds (US $42.74 million) to 35,108,000 pounds (US $55.63 million). Despite an increasing mental health budget over many years, the country's crime and drug abuse problems have continued to rise.

A November 1997 European Union report shows that Britain uses more illegal drugs than any other member state. In 1997, one in eight Britons under the age of 40 admitted to having used cannabis in the previous year. Thirteen percent of Britons admit to using cannabis, putting the country ahead of Spain (11.6%), France (8.9%), Germany (8.8%) and Denmark (7%).

In the UK, recorded violent crimes rose by 2,077% from 1946 to 1994. The arrest rate for homicides by 17-year-olds increased by 121%

Medical students in the United States have chosen not to specialize in psychiatry, recognizing it as a losing proposition.

from 1985 to 1991.[154] The number of offenses recorded by UK police increased 18%, from 3,892,200 in 1987 to 4,583,300 in 1997.

Then there is the increase in psychotropic drug use which seems to have only exacerbated the suicide rate in the country. From 1994 to 1996, there was a 15% increase in women on antidepressants and 19% in men. In 1994, 30.5 per 1,000 men and 71.2 per 1,000 women were prescribed antidepressants. By 1996, this had risen to 36.2 and 81.9 respectively.

Between 1991 and 1997 doctors in Britain attributed 125 deaths and 11,931 adverse reactions to one of the SSRI antidepressants. Department of Health figures show that the number of prescriptions for 20 mg capsules of this one antidepressant increased from 365,200 in 1991 to 2,997,700 in 1997 (including repeat prescriptions).

The suicide rate among males has been rising: in 1982, the rate for males ages 15 to 24 was 7 per 100,000; by 1992, it had risen to 12 per 100,000, a 71% increase. Four times more men than women commit suicide.

Germany spends more than 4.9 billion deutschmarks (US$2.6 billion) on its psychiatric and neurological hospitals. This doesn't include the costs of forensic psychiatry nor psychiatry's involvement in criminal and drug rehabilitation or schools. In 1993 alone, a murder was committed every three hours. Three quarters of the country's teenagers have used hash. The number of people who took hard drugs for the first time tripled from 1983 to 1993.

Switzerland's psychiatric clinic costs increased from $261,052,631 in 1985 to $493,223,684 in 1995. The suicide rate increased by 40%, from 1,067 suicides in 1969 to 1,494 in 1994. The crime rate increased 8% in one year alone: in 1997, there were 337,676 crimes reported compared to 310,391 in 1996.

In spite of these results, psychiatrists and psychologists will not change direction, any more than they did after a decade of exposure of massive psychiatric fraud in private-for-profit hospitals in the early 1990s. As author Joe Sharkey states, "...[A]s anyone who watches television and reads the papers is aware, psychiatric hospitals, psychiatric wings of general hospitals, and addiction treatment centers are still eagerly trolling for customers who have insurance."

Their propaganda machine will continue to roll out the same promises of future success and imminent breakthroughs that it has for decades. But remember that in the 1950s, psychiatrists turned the world on to major tranquilizers, later found to be so dangerous they were likened to a "chemical lobotomy." In the 1960s and 70s, the big promise was minor tranquilizers which the world learned—too late—were highly addictive and harmful. Then came the "safe and effective" SSRI antidepressants, and today, we witness unprecedented violence and suicide—known side effects of these drugs.

In January 1999 we were told of the *latest coup* in the quest for chemical control of our lives—something that will give depressed patients, "more reason than ever to keep hope alive (substance P)." It has now been "determined" that substance P in the human body "play[s] a role in the perception of mental anguish" and another new drug is being developed to treat this. Meanwhile, while we are assured that psychiatry is making great "strides" in mapping the brain, the only "solution" being presented is another chemical.

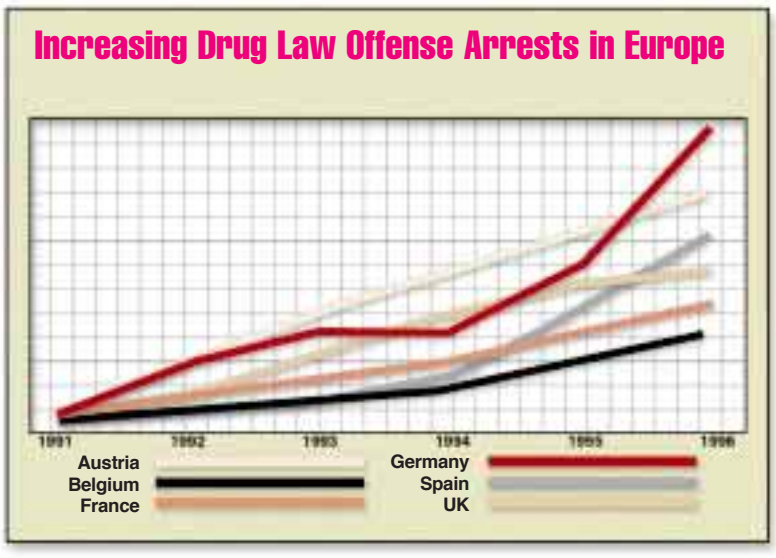
Schizophrenia, they say, is "expected to afflict 24.4 million people in low-income societies by the year 2000, a 45% increase over the number afflicted in 1985." "Paranoid schizophrenia" is about "50% more common in developed countries." Fabricated but alarming statistics will continue to pour out as psychiatry distinguishes itself as the only profession which gets away with promoting its failures to obtain more government funds.

Fortunately, students, at least, are recognizing psychiatry as a losing proposition. Today, only 3% of medical students in the United States choose to specialize in psychiatry. The number of new psychiatric residents reached its peak in 1969 and has been on a steady decline since. From 1990 to 1998, the number of medical school graduates entering psychiatry decreased by more than 35%, from 690 graduates in 1990 to 450 in 1998.[155] Medical students rated psychiatry much lower in terms of "treatment efficacy, scientific foundation, bright and interesting future, and being a rapidly advancing field in medicine."[156]

But these are merely statistics. The real message is this: in spite of an investment of billions of dollars, the world has received and will continue to receive nothing but more trouble—and presumptuous demands from the troublemakers for even more money. Is it any wonder that Dr. Szasz says psychiatry is "probably the single most destructive force that has affected the...society within the last fifty years"?

"Obviously there is something wrong...why does the government keep investing in this?"

— U.S. investment adviser
1999



HELP, NOT BETRAYAL

SANE SOLUTIONS FOR A TROUBLED WORLD

No one denies that people can have difficult problems in their lives, that at times they can be mentally unstable, even psychotic. Mental health care is therefore both valid and necessary. However, the emphasis must be on *workable* mental healing methods which improve and strengthen individuals and thereby society by restoring people to personal strength, ability, competence, confidence, stability, responsibility and spiritual well-being.

While psychiatrists may have betrayed their medical roots, the fact remains that workable healing methods *do exist.* The first action to undertake with someone manifesting "psychiatric" symptoms is a full and searching medical examination. Dr. Sydney Walker says: "The moral is that *very little is undiagnosable, but much is not being diagnosed.*"

Various studies support this: in 1982, Robert Hoffman reported that of 215 patients admitted to a medical-psychiatric hospital unit, 41% were initially misdiagnosed; in addition, he found that 63% of patients labeled as having an "untreatable dementia" had treatable disorders. A 1985 study of 131 randomly selected patients at the Manhattan Psychiatric Center found that "approximately 75% of the patients re-evaluated may have been wrongly diagnosed when admitted to the center" and that "frequent misdiagnosis of schizophrenia caused severe harm to many patients who were inappropriately given powerful drugs, such as neuroleptics, that mask symptoms...."[157] Researcher Erwin

Koryani's study showed that half of the people seeking psychiatric help in a clinic population had readily diagnosable physical problems which were often the sole cause for their mental symptoms.[158]

In 1990, Lorrin Koran and colleagues examined 529 randomly selected patients in eight treatment programs in a state mental health system, finding that nearly 38% of those patients had a significant, detectable *physical* disease—but less than half of them had been diagnosed. As Koran points out, "A physical disease incorrectly diagnosed as a mental disease can lead to a *lifetime on psychotropic drugs*, *loss of productivity, physical and social deterioration and shattered dreams.*"[159] [emphasis added]

Evidence shows that certain readily available nutrients can immediately stop neurotic and psychotic reaction.[160] Apparently however, psychiatrists cannot tolerate "competition," even if the alternative works. ICD-10 calls "abuse of non-dependence-producing substances," including "herbal or folk remedies" and "vitamins" a mental disorder. One of the "symptoms" of this is "Attempts to dissuade or forbid the use of the substance are often met with resistance...."

"Biological no-fault brain diseases" should be discounted as unproven, fallacious and harmful. As Dr. Mosher says, these are a "no-fault insurance against personal responsibility." Were such a theory valid, then treatment would become *the territory of neurologists*. We would not need psychiatrists.

Therefore, it is imperative that the mental health field have highly trained and ethical practitioners who are committed primarily to their patient's and patient family's well being.

"It is time for psychiatrists to return to being physicians—not seers, priests, gurus, or pill pushers, but real physicians. It's time for them to start asking what's *really* wrong with their 'hyperactive,' 'depressed,' and 'anxious' patients, and to start uncovering and treating the causes of their problems—not just hiding their symptoms under layers of dangerous and addictive drugs," Dr. Walker recommends.

Involuntary mental hospitalization should be discouraged. As Thomas Szasz states, "...[I]f we do not discourage easy commitment, there will never develop the social tension which may be necessary for creating adequate facilities for, say, indigent old people."[161] Hospitals should be restricted to the care of consenting, voluntary, adult patients. Those who break the law, but are classified as mentally ill, should be in special prison hospitals. If someone is violent, he should be dealt with by the courts, but psychiatrists are not needed for this.

Should a person require hospitalization, treatment should be delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people's rights.

Szasz points out that an independent agency is also needed which "would assist persons threatened with commitment and those already hospitalized." It would be entrusted with the task of promoting and protecting the interests of the patient.[162] Such an agency could also assist the individual in filing complaints against psychiatric misconduct, neglect or abuse.

The emphasis must be on workable mental healing methods which improve and strengthen individuals and thereby society, by restoring people to personal strength, ability, competence, confidence, stability, responsibility and spiritual well-being.

Szasz concludes in his book *The Myth of Mental Illness*, "Although powerful institutional forces lend their massive weight to the tradition of keeping psychiatric problems within the conceptual framework of medicine, the moral and scientific challenge is clear: we must recast and redefine the problem of 'mental illness' so that it may be encompassed in a morally explicit science of man.... Human behavior is fundamentally moral behavior. Attempts to describe and alter such behavior without, at the same time, coming to grips with the issue of ethical values are therefore doomed to failure. Hence, so long as the moral dimensions of psychiatric theories and therapies remain hidden and inexplicit, their scientific worth will be seriously limited."

Ultimately, psychiatrists, psychologists, psychotherapists and their hospitals must be made fully accountable for their funding.

Recommendations

1) That there be clinical and financial audits conducted of all government-run and private psychiatric facilities that receive government subsidies or insurance payments. An annual reporting system should be implemented which would cover, but is not limited to, the number of patients admitted voluntarily/involuntarily; of the involuntarily admitted patients, confirmation that they were legally represented and were admitted only after a court hearing found them incapable of consent; confirmation that each patient presenting for admission was given a thorough physical examination (and what this constituted) to determine that no underlying and untreated physical problem was causing their mental condition; the number of discharges for the year; the drugs that were administered and general dosage; the number of electroshock treatments given, if any; the number of deaths of inmates either in the facility or after being transferred to a general hospital; the cause of death of each patient as determined by a medical doctor, not psychiatrist, and confirmed by a coroner's investigation, along with notification of whether the death occurred within 14 days of electroshock or during any physical, mechanical or chemical restraint; confirmation that each patient was given a copy of and was explained his rights; the number of complaints filed by patients against staff for maltreatment or other abuse; and full accounting of the funding provided each facility, including any external research grants from private foundations or companies. This information should be made public record and accountable to taxpayers whose money funds such facilities, and without breaching patient confidentiality.

2) That psychiatric fraud investigation units be established in every state/province of each country and that their services be advertised in daily newspapers.

3) That a list of convicted psychiatrists and mental health workers, especially those convicted and/or disciplined for fraud and sexual abuse, be kept on state, national and international data bases of law enforcement and police agencies, health departments and medical boards, to prevent criminally convicted and/or deregistered mental health practitioners from gaining employment elsewhere in the mental health field.

4) That no convicted mental health practitioner be employed by government agencies, especially in correctional/prison facilities or schools.

5) That governments recommend and ultimately demand scientific validation for all "mental disorders" before these can be claimed against insurance, and that all legislation which uses *DSM/ICD* (Mental Disorders Section) as guidelines in any way, such as for determining disability, discrimination, etc., should be amended to remove all reference to them.

6) That the *DSM/ICD* (Mental Disorders Section) be removed from use in all government agencies, departments and

other bodies including at least criminal, educational and justice systems.

7) That investigations be held into the National Institute of Mental Health and similar psychiatric research agencies in each country to determine if funds have been wasted, and that appropriate legal action be taken where waste and fraud, including medical fraud, is found.

8) That the *Convention for the Protection of Human Rights and Dignity of the Human Being With Regard To The Application of Biology and Medicine* and medical research guidelines be amended so that no one deemed "mentally ill" can be used for experiments without their full, informed, written consent.

9) That psychiatrists and psychologists sign a Mental Health Practice Code that *legally* binds them to certain standards of practice before they can be employed in government-run or subsidized hospitals or be eligible for health insurance coverage.

10) That psychiatric and psychological programs and drugs be prohibited from schools, colleges and universities and that schools be returned to places of educational basics and learning.

11) That health insurance coverage for mental health problems be provided on the proviso that full, searching physical examinations are first undertaken to determine that no underlying, physical condition is causing the person's mental condition.

12) That in the case of violent crime, all law enforcement agencies implement a mandatory toxicology reporting system that specifies testing for all psychiatric drugs in any homicide or violent crime.

WHAT YOU CAN DO

Contact the Citizens Commission on Human Rights. Become better informed about psychiatry, its practices, programs and treatments. Realize that your voice can influence many, if not millions, of people. Ensure that it is the right message. To assist you, there are many publications which are available at no cost from CCHR, as well as several books for sale.

Books

Psychiatry: The Ultimate Betrayal
$24.95 plus tax and shipping.
Psychiatrists: The Men Behind Hitler
$24.95 plus tax and shipping.

Free Publications

Creating Racism: Psychiatry's Betrayal in the Guise of Help; Harming Lives: Psychiatry, Victimizing The Elderly; Creating Crime: Psychiatry, Eradicating Justice; Betraying Women: Psychiatric Rape; Destroying Lives: Psychiatry, Education's Ruin; Creating Chaos: Psychiatry, Destroying Morals; Creating Evil: Psychiatry, Destroying Religion; Inflicting Pain: Psychiatry, Destroys Minds; Harming Artists: Psychiatry, Manipulating Creativity; and *Harming Lives: Psychiatry, Betraying and Drugging Children.*

Visit Our Web Site

Internet Address: http://www.cchr.org; *E-Mail Address:* humanrights@cchr.org.

"It is time for psychiatrists to return to being physicians—not seers, priests, gurus, or pill pushers, but real physicians."

— Dr. Sydney Walker
1996

"CCHR is the only organization that is playing hardball against psychiatric fraud and abuse. It was the first to seriously spearhead a movement against it. It has steadfastly insisted on the individual's constitutional right to freedom of conscience."

— Beverly Eakman

Co-founder, U.S. National Education Consortium and Author 1999

THE CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology as an independent body to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. At that time, the victims of psychiatry were a forgotten minority group, warehoused after dreadful—often terrifying—conditions in institutions around the world. CCHR is now an international organization with more than 129 chapters in 30 countries.

The Commission includes doctors and other medical specialists, artists, lawyers, educators and civil and human rights representatives who advise and assist in their professional capacity. However, CCHR does not provide medical or legal advice but recommends that persons who feel they suffer from adverse reactions from psychiatric treatments seek competent medical examination by non-psychiatric medical specialists.

In an effort to divert attention from CCHR's exposure of their abuses, crimes and harmful practices, psychiatrists will say that CCHR is against medical practice. This is not true. It has long been the policy of CCHR that anyone with a physical condition requiring medical treatment should see a competent, non-psychiatric physician.

Following is a sample of the extensive acknowledgment that CCHR has received for its significant achievements:

The main task of CCHR has been to achieve reform in the field of mental health and the preservation of rights of individuals under the Universal Declaration of Human Rights. CCHR has been responsible for many great reforms. At least 30 bills [now more than 100] throughout the world, which would otherwise have inhibited the rights of patients, or would have given psychiatry the power to commit minority groups and individuals against their will, have been defeated by CCHR actions.

— Erica Daes
Special Rapporteur report to the
UN Human Rights Commission
1986

Efforts by organizations such as yours are critical in the effort to protect individuals from abuses like those we uncovered in Texas, and elsewhere in the nation.

— Mike Moncrief
Texas State Senator
1994

Jan Eastgate
President CCHR International

Bruce Wiseman
President CCHR United States

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There comes a time
in any business when throwing
money at a failing project in the
faint hope that some return will be
realized, is just plain bad business.
In the case of psychiatry,
however, it seems we have been
literally throwing money away.
There are no cures
— just more disorders created,
more demands for funding, and
more fraud.

But the true cost is not dollars,
it is people's lives.