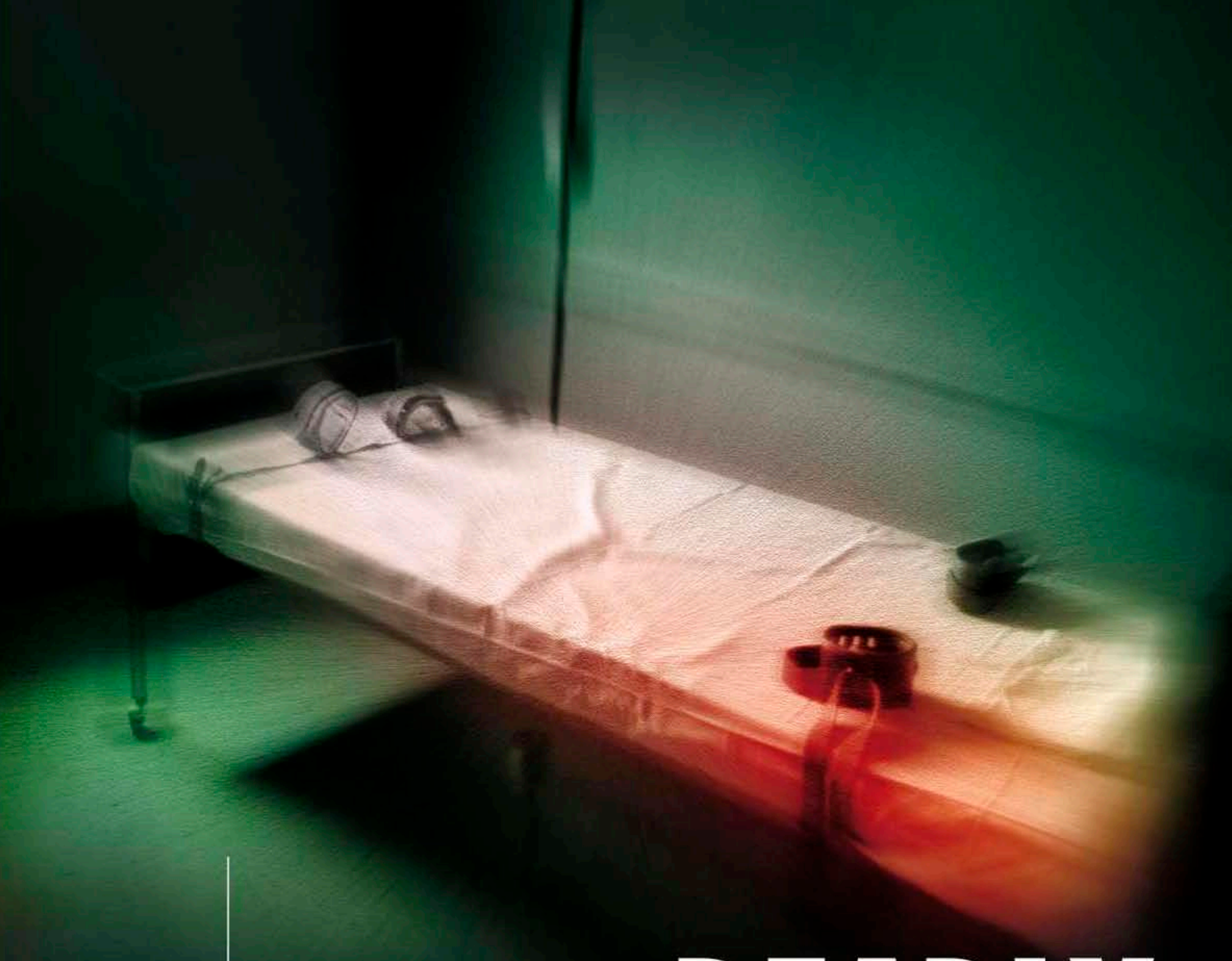


DEADLY RESTRAINTS

Psychiatry's 'Therapeutic' Assault

Report and recommendations
on the violent and dangerous use of
restraints in mental health facilities

Published by
Citizens Commission on Human Rights
Established in 1969

IMPORTANT NOTICE
For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and "diseases" of the mind. The facts, however, demonstrate otherwise:

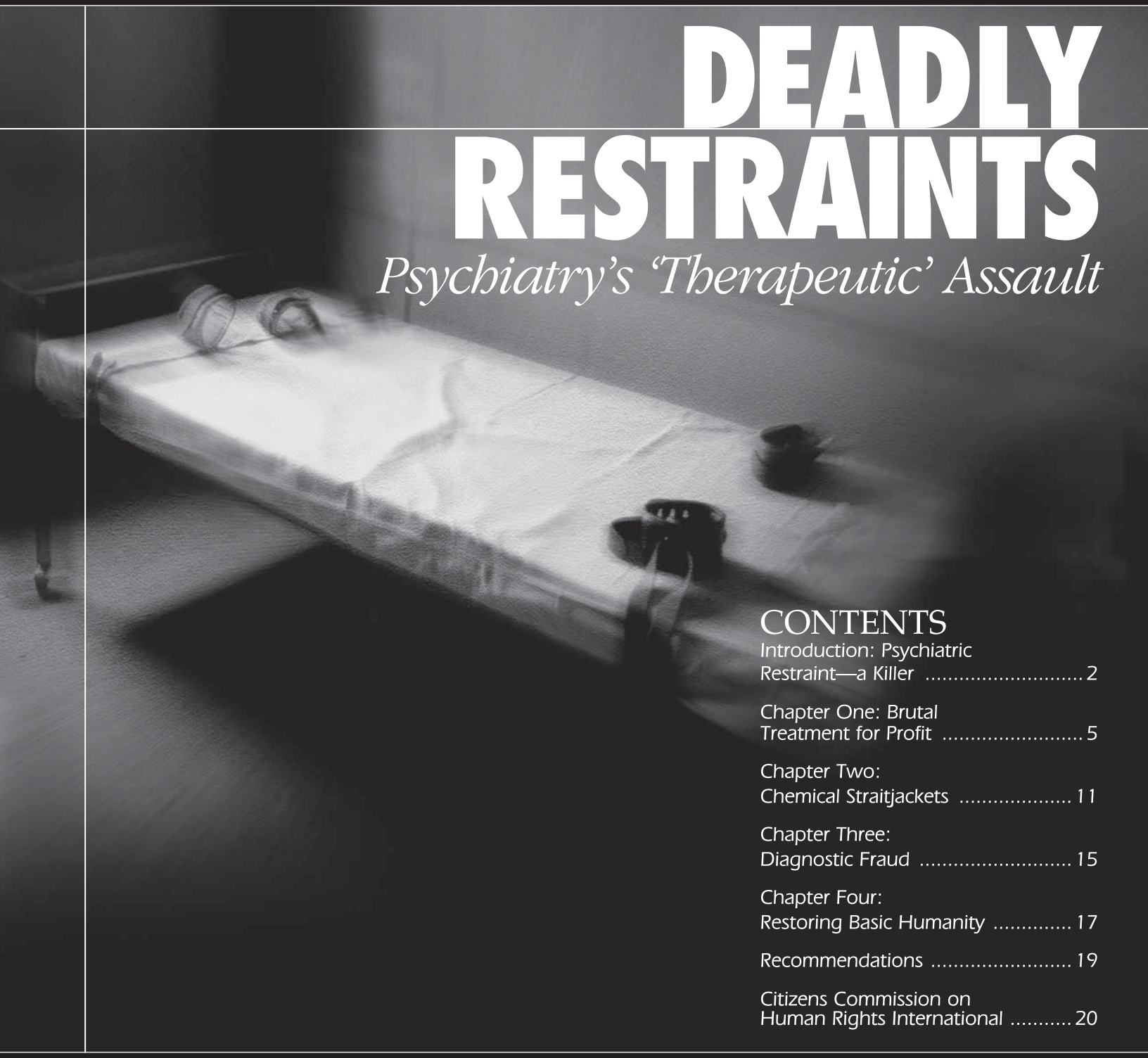
1. PSYCHIATRIC "DISORDERS" ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental "diseases" have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL "DISORDERS," NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with "disorders." In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome.* Harvard Medical School's Joseph Glenmullen, M.D., says that in psychiatry, "all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases." As Dr. Thomas Szasz, Professor of Psychiatry Emeritus, observes, "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases."

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY "MENTAL DISORDER." Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not know the causes or cures for any mental disorder or what their "treatments" specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, "The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness."

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A "CHEMICAL IMBALANCE" IN THE BRAIN IS UNPROVEN OPINION, NOT FACT. One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: "[T]here are no tests available for assessing the chemical status of a living person's brain."

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE'S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable "brain diseases" that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.



DEADLY RESTRAINTS

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INTRODUCTION

Psychiatric Restraint — a Killer

To state the obvious, psychiatric "care" is not supposed to kill patients, and no one expects patients to die in psychiatric hospitals. Yet this is what quietly happens under the watchful eye of psychiatrists every day in psychiatric institutions around the world.

Nine-year-old Randy Steele didn't feel like taking a bath in the psychiatric facility to which he had been admitted. In the scuffle that ensued Randy vomited and then stopped breathing, while staff forcibly restrained him. After being revived, Randy was quickly transferred to another hospital where he died the next day. Hospital records later showed that Randy had been restrained 25 times in the 28 days prior to his death. Despite the evidence of blood discharging from his nose, mouth, eyes and anus, and bruises on his face and abdomen, no criminal charges were filed. At state legislative hearings, Randy's mother, Holly, held up her son's autopsy photos, pleading: "I hope that no other child has to die like this."[1]

Psychiatric staff forced 13-year-old Canadian Stephanie Jobin (already dosed with five different psychiatric drugs) to lie face down on the floor, shoved a beanbag chair on top of her, sat on the chair to pin her down and held her feet. After struggling for 20 minutes, Stephanie stopped breathing. Her death was ruled an accident.[2]

Eleven-year-old Andrew McClain died of traumatic asphyxia (suffocation) and chest compression four days after being admitted to a Connecticut psychiatric facility. Andrew had disobeyed an instruction from a psychiatric aide to move to another table at breakfast. Two staff members subsequently restrained him, one by lying on top of him in a padded seclusion room.

Restraint "procedures" are the most visible evidence of the barbaric practices that psychiatrists choose to call therapy or treatment. And as these examples clearly show, such psychiatric brutality does not soften, as human compassion would deem appropriate, even for the sake of youth.

> "Restraint 'procedures' are perhaps the most visible evidence of the barbaric practices that psychiatrists choose to call therapy or treatment. Such brutality does not soften, as human compassion would deem appropriate, even for the sake of youth."
>
> — Jan Eastgate

Since 1969, the Citizens Commission on Human Rights (CCHR) has investigated and exposed deaths resulting directly from a psychiatrist's "care." As one of its first investigations, CCHR documented 100 unexplained deaths in California's Camarillo and Metropolitan State hospitals. One 36-year-old man was found dead face down in a bed where he had been shackled with leather restraints. A grandmother was found dead in a hospital closet *two weeks* after the staff informed the family that she was missing.

Working with legislators and media CCHR has helped expose the grisly truth that up to 150 restraint deaths occur without accountability every year in the United States alone. At least 13 of the deaths over a two-year period were children, some as young as 6 years old.

Steps taken to curb the death toll have had little effect. Despite the passage of restrictive federal regulations in the United States, during the following three years another nine children died of suffocation or cardiac arrest from violent restraint procedures.

In Japan, regulations were passed prohibiting the use of physical restraints on the elderly after the discovery that private psychiatric hospitals were forcibly incarcerating and illegally restraining elderly patients.[3] Still the violence continued. Dr. Masami Houki, head of the Houki psychiatric clinic in Japan, was convicted of manslaughter after he plugged a 31-year-old female patient's mouth with tissue, then covered it with adhesive, injected her with a tranquilizer, tied her hands and feet, and forced her to lay on the back seat of a car while transferring her to the clinic. She was dead on arrival.[4]

Houki is one of the few psychiatrists—indeed, any psychiatric staff—who has been criminally charged because of deaths resulting from violent restraint procedures, euphemistically called "humane restraint therapy." Meanwhile, thousands of people of all ages continue to die from such callous, physical assault in psychiatric facilities across the globe.

The reason for this is very simple. "Assault" is by definition an attempt or apparent attempt to inflict injury upon another by using unlawful force, along with the ability to injure that person. "Battery" is defined as any unlawful beating or other wrongful physical violence or constraint inflicted on a human being without his consent.

Psychiatric restraint procedures, and all other psychiatric procedures for that matter, qualify as "assault and battery" in every respect except one; they are lawful. Psychiatry has placed itself above the law,



from where it can assault and batter its unfortunate victims with a complete lack of accountability, all in the name of "treatment."

We invite you to review this report and draw your own conclusions about the danger psychiatry poses, not only to our mental health, but to our very lives.

It is imperative that law enforcement and law makers take action to put a stop to these atrocities.

Sincerely,

Jan Eastgate
President, Citizens Commission on
Human Rights International

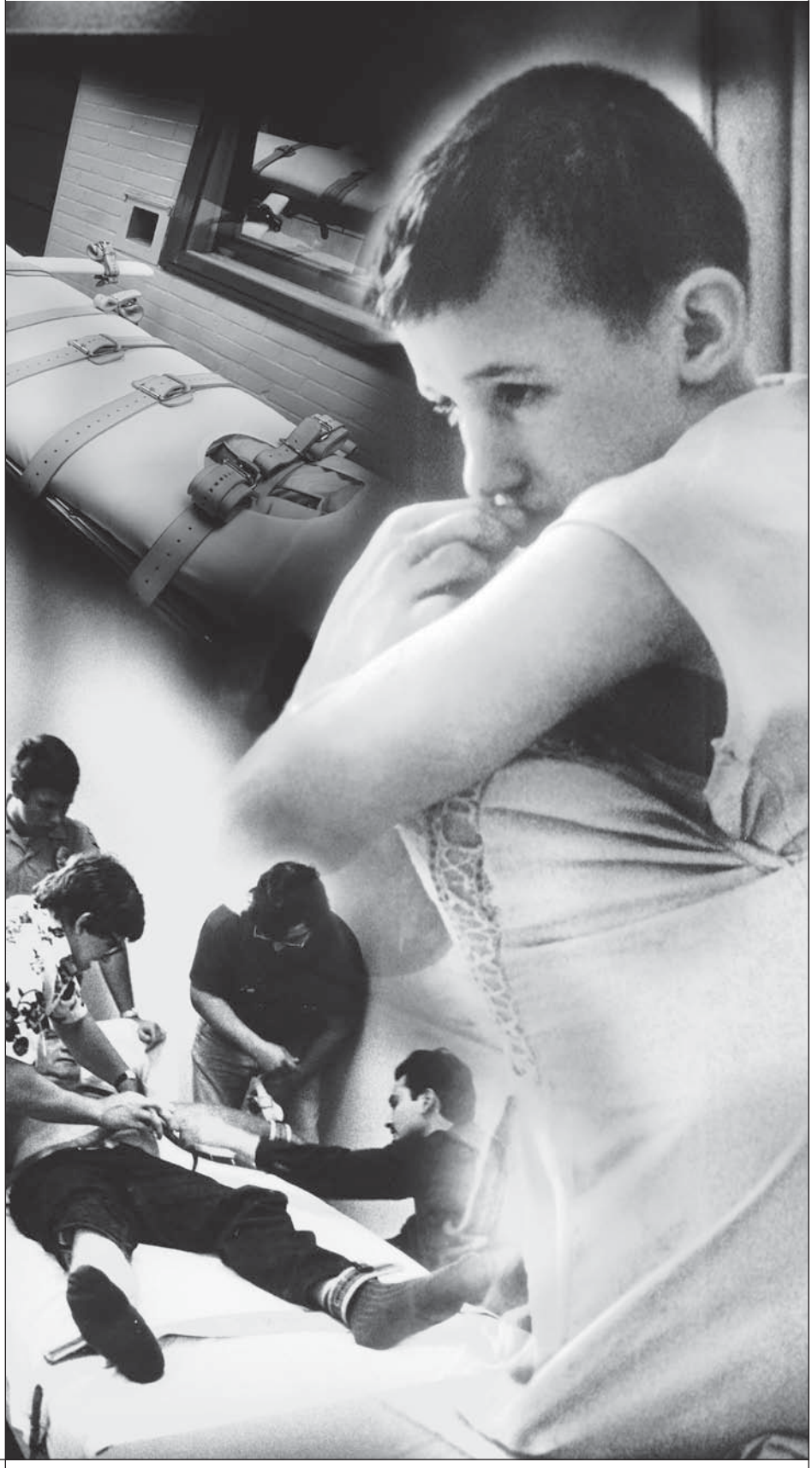
IMPORTANT FACTS

1. Patients are *often provoked* to justify placing them in restraints, resulting in higher insurance reimbursements—at least $1,000 a day.

2. Thousands of patients each year are subjected to "four-point restraints" after being subjected to *known* violence-inducing drugs.

3. Patients can become so exhausted fighting against restraint, they can suffer cardiac and respiratory collapse. Many have died, some as young as six.

4. Heart-wrenching tragedy is regularly repeated under psychiatric "care" in spite of government efforts to prevent such and reflects the viciousness of individual psychiatrists.



CHAPTER ONE
Brutal Treatment for Profit

With billions in government appropriations allocated for mental health treatment to provide the "best possible care," why is it that psychiatrists rely on violence to enforce their will and, as is frequently the case, risk killing their patients?

A California Senate Research Office report cited expert testimony on restraints: "The attempt to impose 'treatment' by force is always counterproductive—creating humiliation, resentment and resistance to further treatment that might be more helpful."[5] The Pennsylvania Office of Mental Health and Substance Abuse Services also reported that seclusion and restraint "do not alleviate human suffering or psychiatric symptoms, do not alter behavior and have frequently resulted in patient and staff injury, emotional trauma and patient death."[6]

> Slammed face down on the floor, Roshelle's arms were yanked across her chest, her wrists gripped from behind by a mental health aide. She was forcibly drugged … blood trickled from the corner of her mouth. … Her limp body was rolled into a blanket and dumped in a seclusion room. No one watched her die.

"I can't breathe," pleaded 16-year-old Roshelle Clayborne, while being restrained at the Laurel Ridge psychiatric center in Texas. Her pleas were ignored. As the *Hartford Courant* reported, "Slammed face-down on the floor, Roshelle's arms were yanked across her chest, her wrists gripped from behind by a mental health aide." She was forcibly drugged, became suddenly still, blood trickled from the corner of her mouth as she lost control of her bodily functions. Her limp body was rolled into a blanket and dumped in a seclusion room. No one watched her die.[7]

In New Zealand, 29-year-old Mansel Watene's death, following a restraint procedure at Carrington State Psychiatric Institution, was determined by a government inquiry to have been preceded by Watene's airways becoming blocked during his struggle with staff as they forcibly restrained him. Ten nurses held him down, tied his ankles with his pajamas, and carried him down a corridor to a seclusion room where he died. A tranquilizer was even administered to him *after* he was dead.[8]

From the patient's perspective, if they don't die, they certainly never forget a restraint experience. In a statement for a California court case related to restraints, Ron Morrison, a registered psychiatric nurse, said, "… an individual who is restrained feels vulnerable, inadequate, humiliated and unprotected. This may result in mental deterioration and exaggerated resentment or contempt for those responsible for the restraint procedure, and may actually aggravate a potentially violent situation, or create the potential for continued violence

in the future."[9] Morrison also reported that patients can become so exhausted fighting against restraint, they risk cardiac and respiratory collapse.[10]

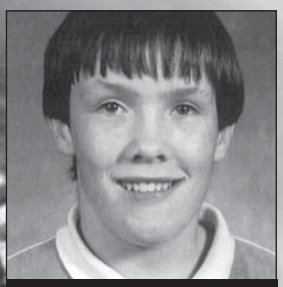
In response to the overwhelming evidence of life-threatening dangers and degradation associated with restraints, psychiatrists simply tell bald-faced lies or devalue death. For example, Donald Milliken, chief of the Department of Psychiatry of the Capital Health Region in Canada, declared, "[R]estraint is not itself harmless; some proportion of those who are restrained may die. We do not know what this proportion is or how many others will come near death and will need to be revived. As clinicians we need to accept that restraint procedures are potentially lethal and to be judicious with their use."[11]

Restraint use is not motivated by concern for the patient. A lawsuit in Denmark revealed that hospitals received additional funding for treating violent patients. Harvard psychiatrist Kenneth Clark reported that in America patients are *often provoked* to justify placing them in restraints, also resulting in higher insurance reimbursements — at least $1,000 a day. The more violent a patient becomes—or is made—the more money the psychiatrist makes.

There is no real mystery here. Unbelievable as it may be, and as Kenneth Clark admits, psychiatrists *intend* to worsen their patients' behavior for the sake of greater profit. The money is why thousands of patients each year are subjected to "four-point restraints" after being subjected to *known* violence-inducing drugs — drugs that are the favored treatment of psychiatrists. While knowing nothing about the causes or cures for mental difficulties, they are experts at treacherously destabilizing and debasing human behavior for pay, very good pay.



Roshelle Clayborne



Tristan Sovern



Randy Steele

Death by Restraint

Restraint methods involve a degree of force that is especially deadly for the young who do not have the ability to expand their chests against the weight of an adult, accounting for the many restraint deaths each year—including those of Roshelle Clayborne, Tristan Sovern and Randy Steele (at right).

But restraint devices and holds in widespread use within mental health facilities can cause a patient of any age to asphyxiate even if the mouth and nose are not blocked. The restraint is more dangerous when coupled with mouth coverings or drugs that suppress respiration.

Those responsible for killing patients are rarely criminally charged as such holds are accepted psychiatric procedure.



DESTROYING LIVES
The Assault on Children

The following cases illustrate the dangers of a "profession" that has no understanding of or answers to mental health problems. The fact that such heart-wrenching tragedy is regularly repeated under psychiatric childcare, in spite of the best government efforts to prevent it, reflects the viciousness of individual psychiatrists. They not only condone such criminal brutality, but dare call it "treatment" or "*humane* restraint therapy."

- 17-year-old Charles Chase Moody of Texas was suffocated to death during a restraint procedure in a Texas behavioral treatment facility.
- 11-year-old Tanner Wilson died from a heart attack while being restrained in an Iowa mental health facility.
- 12-year-old Michael Wiltsei died of asphyxiation while being restrained at a Florida youth center.
- Within two weeks of being admitted to Desert Hills psychiatric hospital in Tucson, Arizona, 15-year-old Edith Campos was sent home to her parents in a coffin. She had died of asphyxiation, her chest compressed when she was held to the ground by hospital staff for at least 10 minutes after reportedly raising her fist during a confrontation with staff members.
- 14-year-old Dustin Phelps died in a home for developmentally disabled children in Ohio. He had been wrapped in a blanket and mattress, tied together with straps and left unattended for four hours.
- 18-year-old Sakena Dorsey died from suffocation during a face-down restraint, with a staff member laying across her back. She had a medical history of asthma.
- 12-year-old Robert Rollins died at a Massachusetts facility after being restrained for 10 minutes, face down on the floor, as a result of a dispute that had escalated over his missing teddy bear.
- 6-year-old Jimmy Kanda died after being strapped to a wheelchair and left unattended in a psychiatric Family Care Home in California. He died from strangulation, trying to free himself from the straps.
- After being wrapped in a plastic and foam blanket for one hour at a mental health facility in Texas, 16-year-old Eric Roberts, died.

FATAL RESULTS
A History of Coercive Restraint

From their origins as no more than punitive prison guards in asylums, psychiatrists have advanced their brutal methodology little beyond the addition of electrical and chemical restraints.

Today, there are several methods used—all violent, all potentially lethal—in which hospital staff physically and brutally restrict a patient's movement, usually just before drugging them unconscious.

In a "prone" restraint, the victim is forcibly pinned to the ground face down using what is called a "basket hold." A psychiatric worker grabs the patient's wrists, crosses both arms over the chest, then grabs the wrists from behind while knocking out the patient's legs from under him and pushing him face down to the floor. Workers then hold each wrist (elbows and arms are crossed underneath the person being held down) and both legs and a fifth person sits or leans on the victim's back.

Another method has the victim thrown face down with his arms outstretched. Four people hold each limb and another sits on top. The consequences include bruises, broken bones and breathing difficulties. Death occurs from suffocation due to positional asphyxiation, caused when the chest cavity is compressed too much for air to get into the lungs.

Tristan Sovern, 16, screamed, "You're choking me ... I can't breathe." At least two of the psychiatric assistants restraining him knew he was having trouble breathing, but they kept up their grip while the teenager cried out for help, face down, arms crossed under his body. Losing consciousness, Tristan was rushed to the Greensboro hospital. But, It was too late— Tristan was dead on arrival.



Historically, psychiatry's treatment methods have nullified and controlled the individual by violence and force. Today, little has changed.

Mechanical restraints include straitjackets, leather belts or straps that cuff around each ankle and wrist. Soundproof rooms, opened only from the outside, are used for seclusion. Mind-numbing drugs are administered as a means of chemical control.

As the following brief history shows, contemporary physical measures bear every resemblance to the earliest torturous restraints.

1700s:

"Wall camisoles" and chains attached to walls or beds restrained patients, following the theory that the more painful the restraint, the better the results. Benjamin Rush, the "father of American psychiatry," whose face still adorns the American Psychiatric Association seal, developed the "tranquilizer" chair. It immobilized an inmate in a state of enormous discomfort and pain.

1787:

French psychiatrist Phillippe Pinel abolished the use of chains on the "insane" but replaced them with straitjackets.

1800s:

The "crib bed" was a low, lattice-type bed cage in which the patient was placed for weeks or months. The use of belts attached to cuffs, leather armlets and anklets and restraint chairs continued, with psychiatrists arguing that these had "great healing virtues."

1855:

The use of "strong rooms" for seclusion became fashionable in some psychiatric hospitals.

1950s:

Mechanical restraints confined patients to their beds or to "holding chairs." In some cases, patients were confined to dark, dungeon-like basements.

1990s:

Troubled by family relationships, 17-year-old Kelly Stafford voluntarily admitted herself to a U.S. psychiatric facility. She was held for 309 days, many of them in cruel darkness behind blackened windows. Her arms and legs were strapped for months at a time.

Katalin Zentai died at a Connecticut Valley psychiatric hospital in December 1996 after being held in a restraint for 30 of the last 36 hours of her life.

After being released from the chair, blood clots formed during her restraint traveled to her lungs and killed her.[12]

2000s:

Current restraint methods include physical, mechanical, electrical and chemical procedures.

2002:

The European Parliament has expressed concern about the continued use of cage beds in a number of Eastern European countries and called on countries to cease this degrading and inhuman practice. (A cage bed is surrounded with bars so the captive cannot get out of the bed, sometimes not even sit up within its confines.) The Czech Republic and Hungary subsequently banned their use. One survivor noted that, "the fear of the cage bed will live inside me forever."[13]

The most accurate depiction of the humiliation and terror of restraints can be seen through the eyes of a victim: "At random times I hear the key in the lock. I try to pull myself together. Anything could be coming: a violent injection, tightening of the belts, releasing them. … Maybe they will let me [get] up to go to the bathroom on the ward. Maybe they will let me out of restraints altogether. I need to negotiate my hardest and under the hardest conditions. … I don't see what I ever did to justify initiation of seclusion and restraints punishment. … When I was finally released from the tiny, locked, smelly seclusion room, where I had spent 3–4 days, I was ready to cooperate in order to avoid a return trip."[14]

Today, several methods are used—all violent, all potentially lethal—in which hospital staff physically and brutally restrict a patient's movement, usually just before drugging them unconscious.



Restraint Chair



Body "Wraps"



Ankle Restraints



Straitjacket

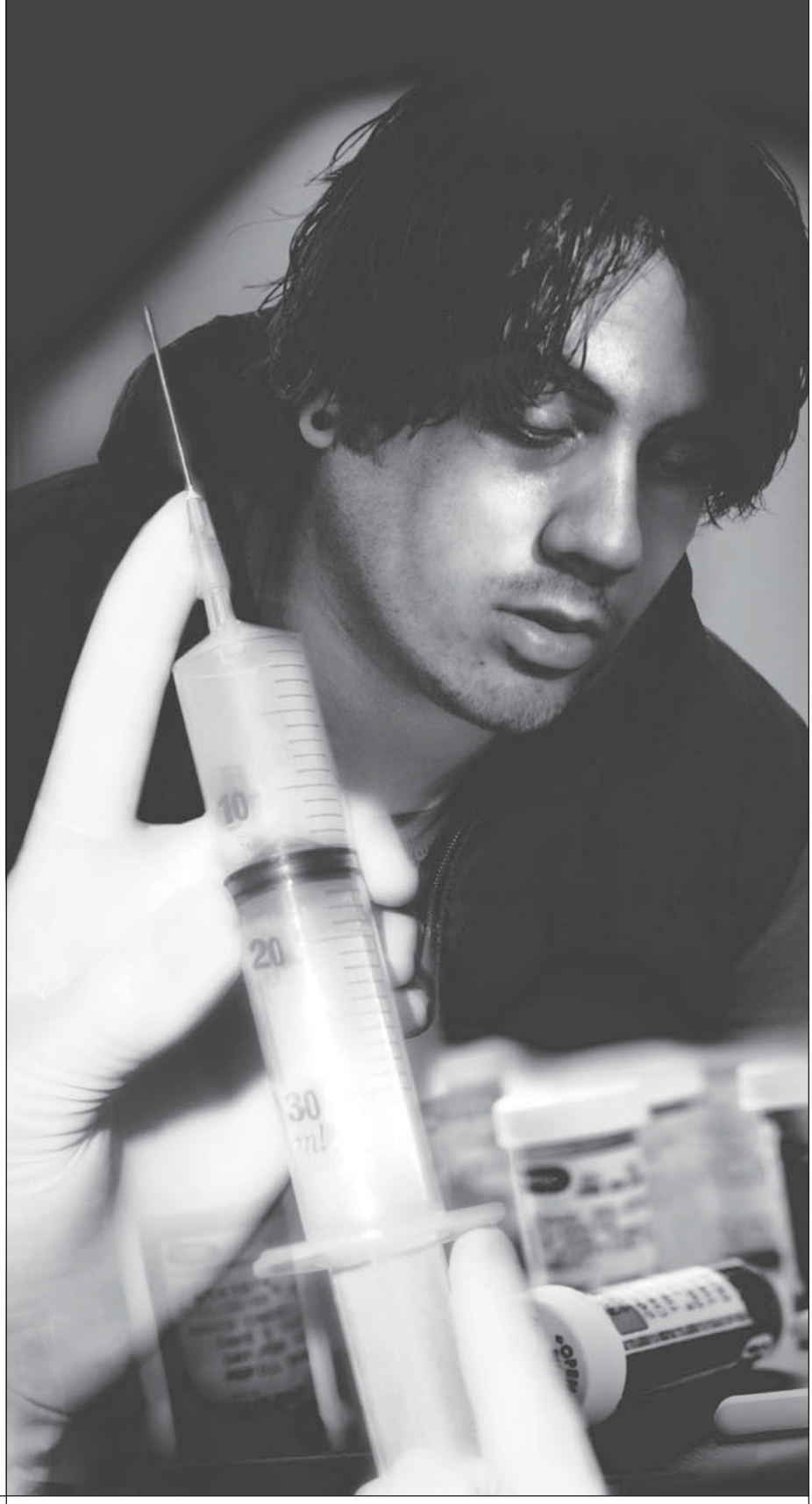
IMPORTANT FACTS

1. Psychiatric drugs can cause inner anxiety and restlessness, leading to violent behavior that is then used to brutally restrain patients.

2. Neuroleptic (nerve-seizing) drugs may temporarily dim psychosis but over the long run make patients more biologically prone to it.

3. The antipsychotic drugs frequently cause nightmares, emotional dullness, sudden uncontrollable muscle cramps and spasms, writhing, squirming, twisting and grimacing movements especially of the legs, face, mouth and tongue, drawing the face into a hideous scowl.

4. The latest antidepressants have been linked to a series of fatal school shootings in the United States and other countries.



CHAPTER TWO
Chemical Straitjackets

Samuel Rangle, 29, was admitted to Patton State Psychiatric Hospital in San Bernardino, California. Knowing from previous experience that he would suffer severe reactions, he refused to take the powerful psychotropic drug Haldol, which is often used to serve as a "chemical restraint." He fled into a room, where several orderlies cornered him. Nine staff jumped on him after a blanket was thrown over his head. Eleven more stood by and watched as he was handcuffed and sat on. Within two hours, Samuel was dead.[15]

Samuel's mother later stated, "My son was taken down like a dog, sat on and crushed to the floor until he took his last breath. Samuel could be heard yelling, 'I can't breathe' over and over, but unfortunately his cry for help fell upon deaf ears."[16]

> "Patients prescribed neuroleptic drugs told of pain so great that they wanted to 'jump out of their skins,' of 'anxiety of annihilating proportions.' One woman banged her head against the wall and cried, 'I just want to get rid of this whole body!'"
>
> — Robert Whitaker,
> Author of *Mad in America*

Samuel had good reason to fear Haldol, a neuroleptic (nerve-seizing) drug.

Neuroleptics frequently cause difficulty in thinking, poor concentration, nightmares, emotional dullness, depression, despair and sexual dysfunction. Physically, they can cause sudden, uncontrollable, painful muscle cramps and spasms that trigger writhing, squirming, twisting and grimacing movements, especially of the legs, face, mouth and tongue, drawing the face into a hideous scowl. A potentially fatal effect is "neuroleptic malignant syndrome," which includes muscle rigidity, altered mental states, irregular pulse or blood pressure and cardiac problems.

Robert Whitaker, author of *Mad in America*, a compelling book covering the history of these and other psychotropic drugs, described another problem: "Neuroleptics temporarily dimmed psychosis but over the long run made patients more biologically prone to it. A second paradoxical effect … was a side effect called *akathisia*" [*a*, without; *kathisia*, sitting; an inability to keep still]. This condition triggers extreme inner anxiety and restlessness. "Patients would endlessly pace, fidget in their chairs and wring their hands—actions that reflected an inner torment. This side effect was also linked to assaultive, violent behavior."[17]

Although the public may think that "crazy" people are likely to behave in violent ways, Whitaker found this was not true of "mental patients" prior to the introduction of neuroleptics. Before 1955, four studies found that patients discharged from psychiatric facilities committed crimes at either the same

or a lower rate than the general population. However, "eight studies conducted from 1965 to 1979 determined that discharged patients were being arrested at rates that exceeded those of the general population. … Akathisia was also clearly a contributing factor."[18]

When investigators finally studied akathisia, "patients gave them an earful." They experienced pain so great that they wanted to "jump out of their skins," and "anxiety of annihilating proportions." One woman banged her head against the wall and cried, "I just want to get rid of this whole body!"[19]

Case studies detail how patients suffering from drug-induced akathisia sought to escape from this misery by jumping from buildings and hanging or stabbing themselves. In one study, 79% of "mental patients" who had tried to kill themselves suffered from akathisia.[20] Various investigators have found that this side effect regularly made patients "more prone to violence," and dubbed the effect, "behavioral toxicity."[21]

At least 50% of all fights in a psychiatric ward could be tied to akathisia. Studies show that moderate-to-high doses of one neuroleptic made half of the patients markedly more aggressive. Patients described "violent urges to assault anyone near" and wanting to kill "the motherf_____s" tormenting them.[22]

Older antidepressants (tricyclics) cause lethargy, difficulty thinking, confusion, poor concentration, memory problems, nightmares and panic feelings. Also delusions, manic reactions, delirium, seizures, liver damage, heart attacks and strokes.

Even Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants such as Prozac, Paxil and Zoloft may cause akathisia and have been linked to a series of school shootings in the U.S. and elsewhere. Drug regulatory agencies, including the U.S. Food and Drug Administration have issued warnings that SSRIs cause anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia, hypomania (abnormal excitement), mania and suicide. [23]

The use of chemical restraints by psychiatrists today is just as unworkable and potentially lethal as psychiatry's archaic physical restraints.

According to the drug makers' own packaging information, these drugs can also cause bizarre dreams, loss of appetite, impotence and confusion. Japanese researchers reported that substantial amounts of these antidepressant drugs can accumulate in the lungs and may be released in toxic levels when a second antidepressant is prescribed.[24]

Withdrawal effects are just as dramatic. Dr. John Zajecka reported in the *Journal of Clinical Psychiatry* that the agitation and irritability experienced by patients withdrawing from one SSRI could cause "aggressiveness and suicidal impulsivity."[25] In *Lancet*, the British medical journal, Dr. Miki Bloch reported that patients have become suicidal and homicidal after stopping an antidepressant, with one man having thoughts of harming "his own children."[26]

The use of chemical restraints by psychiatrists today is not just as unworkable and potentially lethal as psychiatry's archaic physical restraints, but such drug "therapy" actually works to worsen existing mental problems and create new ones for both the individual and for society.

ABUSE CASE REPORTS

'Help' Becomes Betrayal





Many medical studies now report evidence of psychiatric drugs causing persons to become violent or suicidal. History is replete with examples from all ends of the spectrum — from attempted Reagan assassin, John Hinkley (far left) to Andrea Yates, who murdered her five children.



As early as 1975, the journal, *Comprehensive Psychiatry*, reported that akathisia, a "frequent side effect of neuroleptic drugs," was associated with "strong effects of fright, terror, anger or rage, anxiety and vague somatic complaints."[27]

In this context, *The American Journal of Forensic Psychiatry* reported the case of a 23-year-old man injected with a major tranquilizer in the admissions room of a psychiatric unit. After the injection, the man escaped, ran to a park, disrobed and tried to rape a woman. The article further described how, "[H]e proceeded down the street, broke down the front door of a house where an 81-year-old lady was sleeping. He severely beat her with his fists … following which he found knives and stabbed her repeatedly, resulting in her death."

The article continued, describing how he then ran up to another woman who was with her child and "repeatedly stabbed the woman … whereupon he moved onto the next person he encountered, a woman whom he severely assaulted and stabbed."[28]

The report described four other cases of violence attributed to akathisia induced by the same neuroleptic. In one case, a 35-year-old man, "had been receiving [the drug] as an outpatient for approximately four months and described how progressively his head was rushing, that he felt speeded up, that he was in great pain in his head and had an impulse to stab someone to try and get rid of the pain."

A report published in *The Journal of the American Medical Association* also exemplified the tremendous agitation which often accompanies akathisia. Four days after a man described in the report had started taking a neuroleptic drug, "[h]e became uncontrollably agitated, could not sit still, and paced for several hours."

After complaining of "a jumpy feeling inside and violent urges to assault anyone near him," the man assaulted and tried to kill his dog. The researcher noted the irony that the neuroleptic caused violence, "a behavior the drug was meant to alleviate."[29]

In his book, *In the Belly of the Beast*, Jack Henry Abbott described how akathisia could turn one inside out: "These drugs … do not calm or sedate the nerves. They attack. They attack from so deep inside you, you cannot locate the source of the pain. … The muscles of your jawbone go berserk, so that you bite the inside of your mouth and your jaw locks and the pain throbs. For hours every day this will occur. Your spinal column stiffens so that you can hardly move your head or your neck and sometimes your back bends like a bow and you cannot stand up. The pain grinds into your fiber. … You ache with restlessness, so you feel you have to walk, to pace. And then as soon as you start pacing, the opposite occurs to you; you must sit and rest. Back and forth, up and down you go in pain you cannot locate, in such wretched anxiety you are overwhelmed, because you cannot get relief even in breathing."[30]

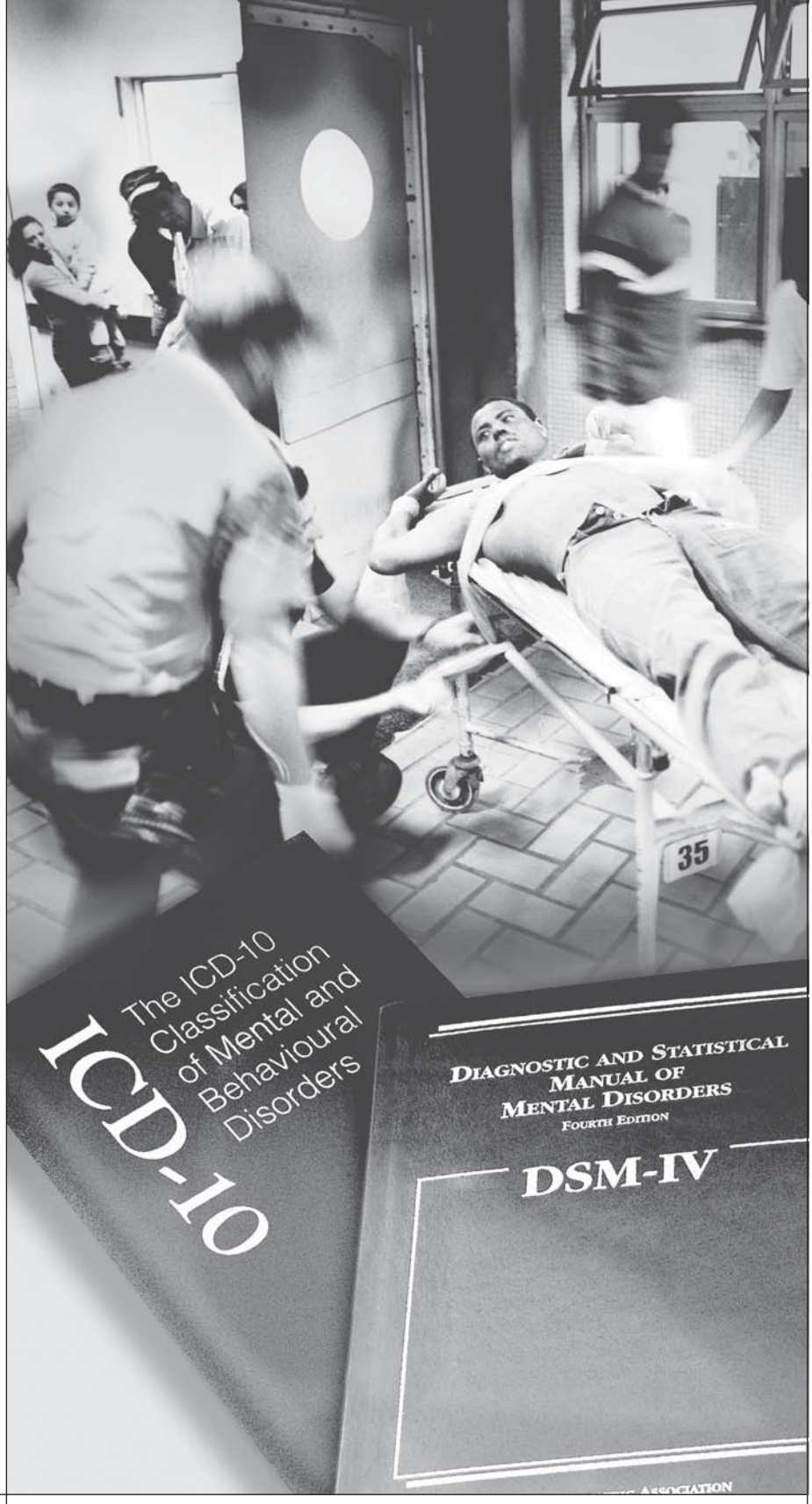
IMPORTANT FACTS

1. In psychiatry, *all* its diagnoses are called "disorders" because none of them are established medical diseases.

2. Decided on by a vote of American Psychiatric Association members, mental "disorders" are based on opinion, not science.

3. Norman Sartorius, former president of the World Psychiatric Association, has declared: "The time when psychiatrists considered they could cure the mentally ill is gone. In the future the mentally ill will have to learn to live with their illness."

4. Dr. Rex Cowdry, director of the National Institute of Mental Health, admitted to the U.S. Congress that psychiatrists do not know the causes of any mental illness, nor do they have "methods of 'curing' these illnesses yet."



CHAPTER THREE

Diagnostic Fraud

Every person that is admitted to a psychiatric facility, drugged, restrained and even killed is suffering from a condition that psychiatrists admit they do not know the cause of or cannot cure. In medicine, strict criteria exist for calling a condition a *disease*. In addition to a *predictable* group of symptoms, the *cause* of the symptoms or some understanding of their physiology (functions) must be established. Malaria is a *disease* caused by a parasite that is transmitted from an infected to an uninfected individual by the bite of a particular mosquito. Its *symptoms* include periodic chills and fever.

In the absence of a known cause or physiology, a group of symptoms, presumed to be related, is called a *disorder*. "In psychiatry, *all* of its diagnoses are called disorders because none of them are established diseases," says Dr. Joseph Glenmullen of Harvard Medical School. In fact, psychiatry has never advanced beyond theory, conjecture and opinion.

Dr. Rex Cowdry, director of the National Institute of Mental Health (NIMH), testified before the U.S. Congress in 1995, saying: "Over five decades, research supported and conducted by NIMH has defined the core symptoms of the severe mental illnesses ...." However, "*we do not know the causes*. We don't have the methods of 'curing' these illnesses yet."[31] [Emphasis added]

> The harsh reality is that thousands die or are physically and mentally disabled each year because of psychiatry's unscientific and fraudulent diagnoses.

Members of the American Psychiatric Association do not do tests to confirm a mental disorder. They vote on observed symptoms and then include these in their *Diagnostic and Statistical Manual for Mental Disorders* (*DSM*) and its companion, the *International Classifications of Diseases (ICD)*. Its list of mental disorders is driven by how the psychiatrist will bill the insurance companies, not by science.

Professor Herb Kutchins from the California State University, Sacramento, and Stuart A. Kirk from the State University of New York, Albany, authors of *Making Us Crazy*, state, "There are indeed many illusions about *DSM* and very strong needs among its developers to believe that their dreams of scientific excellence and utility have come true, that is, that its diagnostic criteria have bolstered the validity, reliability and accuracy of diagnoses used by mental health clinicians."[32] The bitter medicine is that *DSM* has unsuccessfully attempted to medicalize too many human troubles.

That "bitter medicine" is much more than just the failure of the *DSM* and psychiatrists are much more than just frauds living high at the public's expense. The harsh reality is that in their hands, these "diagnostic" manuals have been used to decide the fate of too many people, often leading to brutal assault and death.

IMPORTANT FACTS

1. It is a well-established medical fact that undiagnosed and untreated physical disease creates the same mental symptoms that psychiatry chooses to define as a "psychiatric disorder."

2. There are humane alternatives to the psychiatric monopoly. People in desperate circumstances must be provided proper and effective *medical* care.

3. Italy's Dr. Giorgio Antonucci provided non-drug treatment to patients that psychiatrists had labeled as "dangerous" but who, with proper medical care and communication, were stable and discharged from the hospital.

4. The use of physical and mechanical restraints is an assault and should be outlawed.



CHAPTER FOUR

Restoring Basic Humanity

Dr. Sydney Walker III, a neurologist, psychiatrist and author of *A Dose of Sanity*, scoffed at the *Diagnostic and Statistical Manual of Mental Disorders,* saying it had "led to the unnecessary drugging of millions … who could be diagnosed, treated and cured without the use of toxic and potentially lethal medications."[33]

Charles B. Inlander, president of The People's Medical Society, and his colleagues wrote 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."[34]

Researchers tell us: "The most common medically induced psychiatric symptoms are apathy, anxiety, visual hallucinations, mood and personality changes, dementia, depression, delusional thinking, sleep disorders (frequent or early morning awaking), poor concentration, changed speech patterns, tachycardia [rapid heartbeat], nocturia [excessive urination at night], tremulousness and confusion."

"No single psychiatric symptom exists that cannot at times be caused or aggravated by various physical illnesses," researcher Erwin Koranyi reported in a Canadian study.

> Mental health facilities should be equipped with a full complement of diagnostic equipment to locate underlying and undiagnosed physical conditions affecting mental health.

The psychiatrist blatantly and continually chooses to ignore this evidence. Nevertheless, it is a well-established fact that undiagnosed and untreated physical disease creates the very same mental and physical symptoms that psychiatry chooses to define as symptoms of untreated psychiatric conditions. The critical difference is that correctly diagnosing and treating the physical condition cures the disease, thereby automatically resolving the mental and physical symptoms. By contrast, psychiatric diagnosis and treatment of supposed mental illness has never determined the cause, therefore never cures the "illness" and—because it is hit and miss at best—always worsens the symptoms, provided the treatment is not fatal.

There are humane alternatives to the psychiatric industry's monopoly. People in desperate circumstances must be provided proper and effective *medical* care. Sound medical attention, good nutrition, a healthy, safe environment that promotes confidence, will do far more than repeated drugging, shocks, violent restraints and other psychiatric abuses.

Mental health facilities should have non-psychiatric physicians on their staff and be equipped with a full complement of diagnostic equipment to locate underlying and undiagnosed physical conditions. Such correct diagnosis would prevent almost every admission to a psychiatric facility, saving taxpayers' dollars and, more importantly, human lives.

REAL HELP

Curing the 'Incurable' Without Psychiatry

In Imola, Italy, Dr. Giorgio Antonucci developed a non-drug program for treating "schizophrenia" that achieved much greater success than psychiatry's dehumanization and chronic drugging.

Dr. Antonucci firmly believed in the value of human life and that communication, not enforced incarceration and inhumane physical treatments, could heal even the seriously disturbed mind.

At the Institute of Osservanza (Observance), Dr. Antonucci treated dozens of so-called schizophrenic women, most of whom had been continuously strapped to their beds (some for up to 20 years). Straitjackets were used as well as plastic masks to keep patients from biting.

Dr. Antonucci began to release the women from their confinement, spending many, many hours each day talking with them and "penetrating their deliriums and anguish." In every case, Dr. Antonucci listened to stories of years of desperation and institutional suffering.

Under Dr. Antonucci's leadership, all psychiatric "treatments" were abandoned and some of the most oppressive psychiatric wards were dismantled. He ensured that patients were treated compassionately, with respect and without the use of drugs. In fact, under his guidance the ward transformed from the most violent in the facility to its calmest. After a few months, his "dangerous" patients were free, walking quietly in the asylum garden. Eventually they were stable and discharged from the hospital; many were taught how to read and write, and how to work and care for themselves for the first time in their lives.

Alternative programs also come at a much lower cost to the community. This and a number of similar programs constitute permanent testimony to the existence of both genuine answers and hope for those seriously troubled.



Dr. Giorgio Antonucci freed dozens of "incurable" patients with compassion, communication and respect.

RECOMMENDATIONS

Recommendations

1. The use of physical and mechanical restraints should be outlawed. Until this occurs, any psychiatric staff member—and the psychiatrist who authorized the procedure—should be criminally culpable should the restraint result in physical damage or death.

2. Anyone who has been abused, assaulted or falsely imprisoned by a psychiatrist or other mental health practitioner should file a complaint with the police and send a copy of the complaint to CCHR.

3. Press for criminal charges and file additional complaints with medical, psychological or regulatory agencies that can investigate and revoke a psychiatrist's or psychologist's license to practice.

4. If you or a relative or friend have been falsely imprisoned in a psychiatric facility, assaulted, abused or damaged by a mental health practitioner, seek attorney advice about filing a civil suit against any offending psychiatrist and his or her hospital, associations and teaching institutions for compensatory and punitive damages. Let CCHR know about your situation.

5. Legal protections should be put in place to ensure that psychiatrists and psychologists are prohibited from violating the right of any person to exercise all civil, political, economic, social, religious and cultural rights as recognized in the U.S. Constitution, the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and in other relevant civil or human rights instruments.

6. The pernicious influence of psychiatry has wreaked havoc throughout society, especially in hospitals, educational systems and prisons. Citizens groups and responsible government officials should work together to expose and abolish psychiatry's hidden manipulation of society.



Citizens Commission on Human Rights International

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 250 chapters in over 34 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws and brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.

MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

Dr. John Breeding, Ph.D.
Psychologist and author:

"I am honored to be part of the ongoing effort of the Citizens Commission on Human Rights to defend us all against the false beliefs and damaging practices of psychiatry. I have done a great deal of my work in alliance with CCHR and I deeply appreciate all the staff there. There is immense untold damage caused by psychiatry today and the coercion is absolutely terrible. However, more and more people are becoming aware and taking action, thanks to CCHR."

Dennis Cowan
Health Care Fraud Investigator:

"I would like to congratulate the Citizens Commission on Human Rights for its consistent work in exposing fraudulent and harmful practices in the field of mental health. The CCHR staff is a dedicated group. Their expertise, publications, and reports are a tool for any investigator conducting investigations into mental health fraud or other criminal activity in the system. CCHR's work and materials also alert consumers and the public about the degree of mental health fraud and abuse and that they, too, can easily become a victim of it."

Mike Moncrief
Texas Senator:

"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."

For further information:

CCHR International
6616 Sunset Blvd.
Los Angeles, CA, USA 90028
Telephone: (323) 467-4242 • (800) 869-2247 • Fax: (323) 467-3720
www.cchr.org • e-mail: humanrights@cchr.org

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Anatoli Prokopenko
Gayle Ruzicka
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Shelley Ucinski
Micheal Walker
Charles Whittman, III

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Bob Duggan
Joyce Gaines
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Cecilio Ramirez
Sebastien Sainsbury
Roberto Santos

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Pastor Michael Davis
Bishop Samuel V.J. Rowland

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Janice Hill
Nedra Jones. Ph. D.
Elvira Manthey
Sheila Matthews
Lynette Riley-Mundine
Ghulam Abbas Sajan
William Tower
Ishrat Nasim
Patricia Weathers
Allan Wohrnitz, B.Sc.
Lloyd Wyles

CCHR National Offices

CCHR Australia
Citizens Commission on
Human Rights Australia
P.O. Box 6402
North Sydney
New South Wales 2059
Australia
Phone: 612-9964-9844
E-mail: cchranzo@tpg.com.au

CCHR Austria
Citizens Commission on
Human Rights Austria
(Bürgerkommission für
Menschenrechte Österreich)
Postfach 130
A-1072 Wien, Austria
Phone: 43-1-877-02-23
E-mail: info@cchr.at

CCHR Belgium
Citizens Commission on
Human Rights Belgium
(Belgisch comite voor de rechten
van de mens)
Postbus 338
2800 Mechelen 3, Belgium
E-mail: info@cchr.de

CCHR Canada
Citizens Commission on
Human Rights Canada
27 Carlton St., Suite 304
Toronto, Ontario
M5B 1L2 Canada
Phone: 1-416-971-8555
E-mail:
officemanager@on.aibn.com

CCHR Colombia
Citizens Commission on Human
Rights Colombia
P.O. Box 359339
Bogota, Colombia
Phone: 57-1-251-0377
E-mail: ccdhcol@hotmail.com

CCHR Czech Republic
Citizens Commission on Human
Rights Czech Republic
Obcanská komise za
lidská práva
Václavské námestí 17
110 00 Praha 1, Czech Republic
Phone/Fax: 420-224-009-156
E-mail: cchr-cz@volny.cz

CCHR Denmark
Citizens Commission on
Human Rights Denmark
(Medborgernes Menneskerettig-
hedskommission—MMK)
Faksingevej 9A
2700 Brønshøj, Denmark
Phone: 45 39 62 90 39
E-mail: info@mmk.info

CCHR Finland
Citizens Commission on
Human Rights Finland
Post Box 145
00511 Helsinki, Finland
Phone: 358-9-8594-869

CCHR France
Citizens Commission on
Human Rights France
(Commission des Citoyens pour
les Droits de l'Homme—CCDH)
BP 10076
75561 Paris Cedex 12 , France
Phone: 33 1 40 01 09 70
Fax: 33 1 40 01 05 20
E-mail: ccdh@wanadoo.fr

CCHR Germany
Citizens Commission on
Human Rights Germany
(Kommission für Verstöße
der Psychiatrie gegen
Menschenrechte e.V.—KVPM)
Amalienstraße 49a
80799 München, Germany
Phone: 49 89 273 0354
Fax: 49 89 28 98 6704
E-mail: kvpm@gmx.de

CCHR Greece
Citizens Commission on
Human Rights Greece
P.O. Box 31268
Athens 47, Postal Code 10-035
Athens, Greece
Phone: 210-3604895

CCHR Holland
Citizens Commission on
Human Rights Holland
Postbus 36000
1020 MA, Amsterdam
Holland
Phone/Fax: 3120-4942510
E-mail: info@ncrm.nl

CCHR Hungary
Citizens Commission on
Human Rights Hungary
Pf. 182
1461 Budapest, Hungary
Phone: 36 1 342 6355
Fax: 36 1 344 4724
E-mail: info@cchr.hu

CCHR Israel
Citizens Commission
on Human Rights Israel
P.O. Box 37020
61369 Tel Aviv, Israel
Phone: 972 3 5660699
Fax: 972 3 5663750
E-mail: cchr_isr@netvision.net.il

CCHR Italy
Citizens Commission
on Human Rights Italy
(Comitato dei Cittadini per i
Diritti Umani ONLUS—CCDU)
Viale Monza 1
20125 Milano, Italy
E-mail: info@ccdu.org

CCHR Japan
Citizens Commission on
Human Rights Japan
2-11-7-7F Kitaotsuka
Toshima-ku Tokyo
170-0004, Japan
Phone/Fax: 81 3 3576 1741
E-mail:
cchrjapan@bpost.plala.or.jp

CCHR Latvia
Citizens Commission on
Human Rights Latvia
Dzelzavas 80-48
Riga, Latvia 1082
Phone: 371-758-3940
E-mail: cchr-latvia@inbox.lv

CCHR Mexico
Citizens Commission
on Human Rights Mexico
(Comisión de Ciudadanos por
los Derechos Humanos—CCDH)
Cordobanes 47, San Jose
Insurgents
México 03900 D.F.
Phone: 55-8596-5030
E-mail:
protegelasaludmental@yahoo.com

CCHR Nepal
Citizens Commission
on Human Rights Nepal
P.O. Box 1679
Kathmandu, Nepal
Phone: 977-1-448-6053
E-mail: nepalcchr@hotmail.com

CCHR New Zealand
Citizens Commission on
Human Rights New Zealand
P.O. Box 5257
Wellesley Street
Auckland 1141, New Zealand
Phone/Fax: 649 580 0060
E-mail: cchr@xtra.co.nz

CCHR Norway
Citizens Commission on
Human Rights Norway
(Medborgernes
menneskerettighets-kommisjon,
MMK)
Postboks 308
4803 Arendal, Norway
Phone: 47 40468626
E-mail: mmknorge@online.no

CCHR Russia
Citizens Commission on
Human Rights Russia
Borisa Galushkina #19A
129301, Moscow
Russia CIS
Phone: (495) 540-1599
E-mail: cchr@g-telecom.ru

CCHR South Africa
Citizens Commission on
Human Rights South Africa
P.O. Box 710
Johannesburg 2000
Republic of South Africa
Phone: 011 27 11 624 3538
E-mail: suzette@cchr.co.za

CCHR Spain
Citizens Commission on
Human Rights Spain
(Comisión de Ciudadanos por los
Derechos Humanos—CCDH)
c/Maestro Arbos No 5–4
Oficina 29
28045 Madrid, Spain
Phone: 34-91-527-35-08
E-mail:
administration@ccdh.es

CCHR Sweden
Citizens Commission on
Human Rights Sweden
(Kommittén för Mänskliga
Rättigheter—KMR)
Box 2
124 21 Stockholm, Sweden
Phone/Fax: 46 8 83 8518
E-mail: info.kmr@telia.com

CCHR Switzerland
Citizens Commission
on Human Rights Lausanne
(Commission des Citoyens pour
les droits de l'Homme—CCDH)
Case postale 5773
1002 Lausanne, Switzerland
Phone: 41 21 646 6226
E-mail: cchrlau@dplanet.ch

CCHR Taiwan
Citizens Commission on
Human Rights Taiwan
Taichung P.O. Box 36-127
Taiwan, R.O.C.
Phone: 42-471-2072
E-mail: tao5lanna@yahoo.com.tw

CCHR United Kingdom
Citizens Commission on
Human Rights United Kingdom
P.O. Box 188
East Grinstead, West Sussex
RH19 4RB, United Kingdom
Phone: 44 1342 31 3926
Fax: 44 1342 32 5559
E-mail: info@cchr.org.uk.

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Citizens Commission on Human Rights
RAISING PUBLIC AWARENESS

Education is a vital part of any initiative to reverse social decline. CCHR takes this responsibility very seriously. Through the broad dissemination of CCHR's Internet site, books, newsletters and other publications, more and more patients, families, professionals, lawmakers and countless others are becoming educated on the truth about psychiatry, and that something effective can and should be done about it.

CCHR's publications—available in 15 languages—show the harmful impact of psychiatry on racism, education, women, justice, drug rehabilitation, morals, the elderly, religion, and many other areas. A list of these includes:

THE REAL CRISIS—*In Mental Health Today*
Report and recommendations on the lack of science and results within the mental health industry

MASSIVE FRAUD—*Psychiatry's Corrupt Industry*
Report and recommendations on a criminal mental health monopoly

PSYCHIATRIC MALPRACTICE—*The Subversion of Medicine*
Report and recommendations on psychiatry's destructive impact on health care

INVENTING DISORDERS—*For Drug Profits*
Report and recommendations on the unscientific fraud perpetrated by psychiatry

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CITIZENS COMMISSION ON HUMAN RIGHTS
The International Mental Health Watchdog

WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent, non-psychiatric, medical doctor.

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"It may be stating the obvious that psychiatric 'care' is not supposed to kill patients, and certainly no one expects patients to die in psychiatric hospitals. Yet this is what quietly happens under the watchful eye of psychiatrists every day in psychiatric institutions around the world. Psychiatric restraint procedures are 'assault and battery' in every respect, except one; they are lawful. And because of this, thousands of individuals die each year."

— Jan Eastgate
President, Citizens Commission on Human Rights International

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Citizens Commission on Human Rights International
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www.cchr.org • e-mail: humanrights@cchr.org