CITIZENS COMMISSION ON HUMAN RIGHTS

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. Its co-founder is Dr. Thomas Szasz, professor of psychiatry emeritus and an internationally renowned author. Today, CCHR has more than 130 chapters in over 30 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

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.

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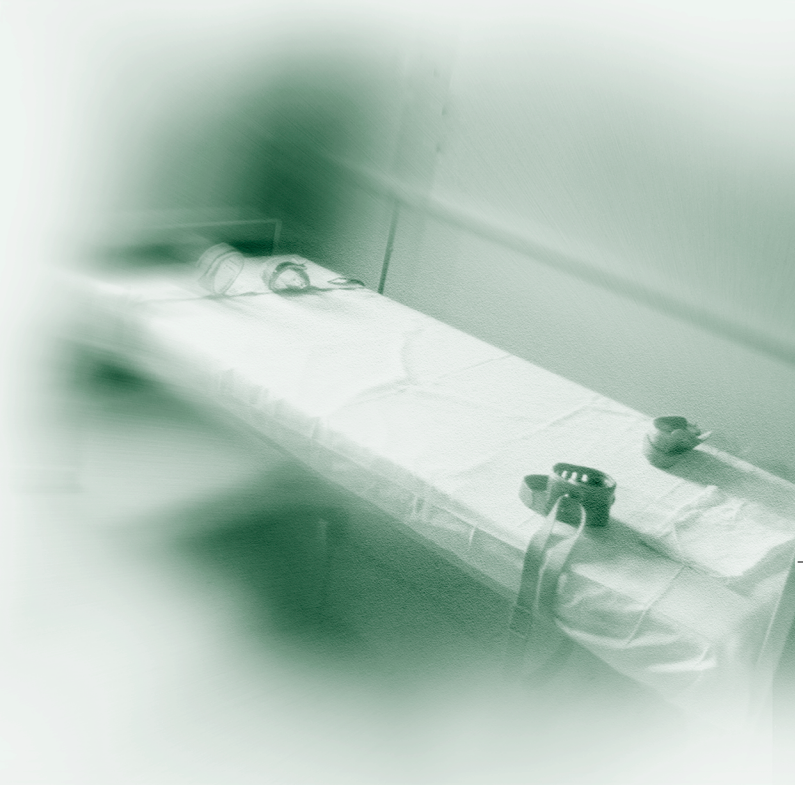

DEADLY RESTRAINTS

PSYCHIATRY'S 'THERAPEUTIC' ASSAULT

A Public Service Report from
Citizens Commission on Human Rights

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 reviving him, he was quickly transferred to another hospital where he died the next day. Hospital records later showed that Randy had been

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 in the event the restraint results 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 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.

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

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2 Victor Malarek, "The Killing of Stephanie," *The Globe and Mail* (Canada), 23 Feb. 2003.
3 Regulation No. 39, "The Standards Regarding Staff, Equipments and Management of the Welfare of the Elderly in Selected Nursing Institutions," (translation), *Health & Welfare Ministry*, 31 Mar. 1999.
4 "I did not plug (her) mouth," *Yomiuri Newspaper* (Japan), 1 Oct. 2003.
5 "Seclusion and Restraints: A Failure, Not A Treatment, Protecting Mental Health Patients from Abuses," California Senate Research Office, Mar. 2002, p. 9.
6 *Ibid*.
7 Declaration of Ron Morrison, for Protection and Advocacy, Inc., Brief of Amicus Curaie in Support of Plaintiffs…, US Court of Appeals, No. 99-56953, 9 Mar. 2000.
8 Donald Milliken, MD, "Death by Restraint," *Canadian Medical Association Journal*, 16 June 1998.
9 Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* (Perseus Publishing, Massachusetts, 2002), p. 187.
10 *Ibid*.
11 "Introducing Thomas Dorman, M.D.," Internet address: http://www.libertyconferences.com/dorman.htm.

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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.

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.

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 and activity that promotes confidence, will do far more for a troubled person than repeated drugging, shocks, violent restraints and other psychiatric abuses. 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, providing the treatment isn't fatal.

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 an estimated 40% of psychiatric admissions.

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 in 2003, Randy's mother, Holly, held up her son's autopsy photos, pleading: "I hope that no other child has to die like this."[1]

In 1998, 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]

"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

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.

Since 1969, the Citizens Commission on Human Rights (CCHR) has investigated and exposed deaths resulting directly from a psychiatrist's "care."

Working with legislators and media in 1999, CCHR 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 six years old.

Steps taken to curb the death toll have had little effect. Despite the passage of restrictive federal regulations in the United States in 1999, another nine children had died of suffocation or cardiac arrest from violent restraint procedures by 2002.

In Japan, regulations were passed in 2000 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. In 2003, Dr. Masami Houki, head of the Houki psychiatric clinic in Japan, was charged with manslaughter after he plugged the mouth of a 31-year-old female patient with tissue, put adhesive tape over her mouth, 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 his clinic. She was dead on arrival.[4]

Houki is one of the few psychiatrists—indeed, any psychiatric staff—who has been criminally charged due to 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 there it can assault and batter its unfortunate victims with a complete lack of accountability, all in the name of "treatment."

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

Jan Eastgate, President,
Citizens Commission
on Human Rights International

CHAPTER FOUR
RESTORING BASIC HUMANITY

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."

Researchers tell us: "The most common medically induced psychiatric symptoms are apathy, anxiety, visual hallucinations, mood and

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 for 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." [Emphasis added]

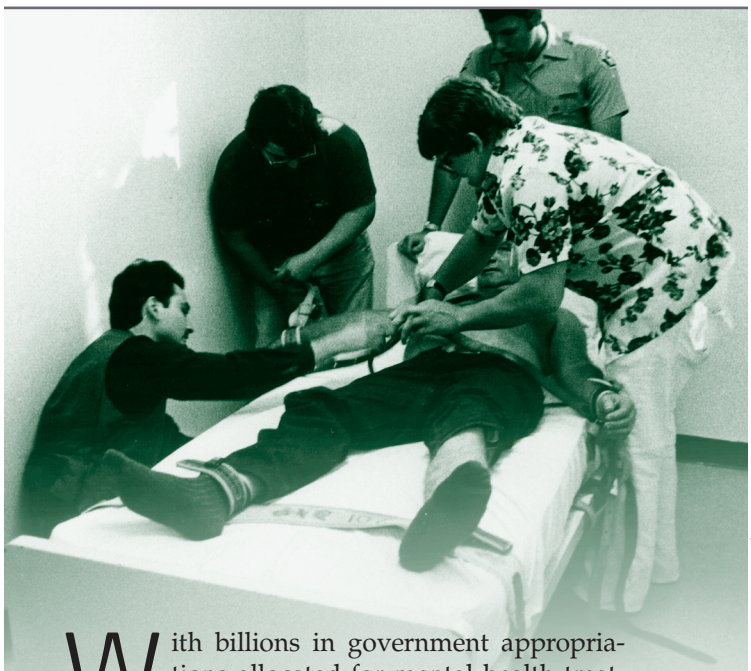
The harsh reality is that thousands die or are physically and mentally disabled each year because of psychiatry's unscientific and fraudulent diagnoses.

The definitions of these "core symptoms" constitute the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Decided upon by a vote of American Psychiatric Association members, psychiatry and psychology's "disorders" are not based on science.

As Dr. Thomas Dorman, an internist and member of the Royal College of Physicians of the United Kingdom and Canada, wrote, "In short, the whole business of creating psychiatric categories of 'disease,' formalizing them with consensus, and subsequently ascribing diagnostic codes to them, which in turn leads to their use for insurance billing, is nothing but an extended racket furnishing psychiatry a pseudo-scientific aura. The perpetrators are, of course, feeding at the public trough."[11]

However, the "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 individuals' fates, often leading to brutal assault and death.

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?

In a 2002 California Senate Research Office report, expert testimony stated, "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 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]

From the patient's perspective, if they don't die, they certainly never forget a restraint experience.

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.

In a statement for a 2002 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." Morrison also reported that patients can become so exhausted fighting against restraints, they risk cardiac and respiratory collapse.[7]

In response to the overwhelming evidence of life-threatening dangers and degradation associated with restraints, psychiatrists simply tell bald-faced lies or devalue death. Donald Milliken, chief of the Department of Psychiatry in the Capital Health Region in Canada for example, 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."[8]

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, which also results 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.

CHAPTER THREE
DIAGNOSTIC FRAUD

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. Malaria's *symptoms* include periodic chills and fever.

In the absence of a known cause or physiology, a group of symptoms, presumed to be related, is

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* … 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."

When investigators finally studied akathisia, "patients gave them an earful." They experienced 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!"[9]

Case studies have detailed 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.[10]

Various investigators found that this side effect regularly made patients more prone to violence and dubbed the effect, "behavioral toxicity."

Even the latest Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants can cause akathisia, and have been linked to a series of school shootings in the United States and elsewhere.

The use of chemical restraints by psychiatrists today is unworkable and potentially lethal. Their drugs actually worsen existing mental problems and create new ones for the individual.

The major tranquilizers (antipsychotics) damage the extrapyramidal system, the extensive complex network of nerve fibers that moderates motor control, resulting in muscle rigidity, spasms, various involuntary movements which draw the face and body into bizarre contortions.

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; this factor accounts for the many restraint deaths each year—including those of Roshelle Clayborne, aged 16; Tristan Sovern, aged 12 and Randy Steele, aged 9 (below).

But the 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.

Roshelle Clayborne, 16

Tristan Sovern, 12

Randy Steele, 9

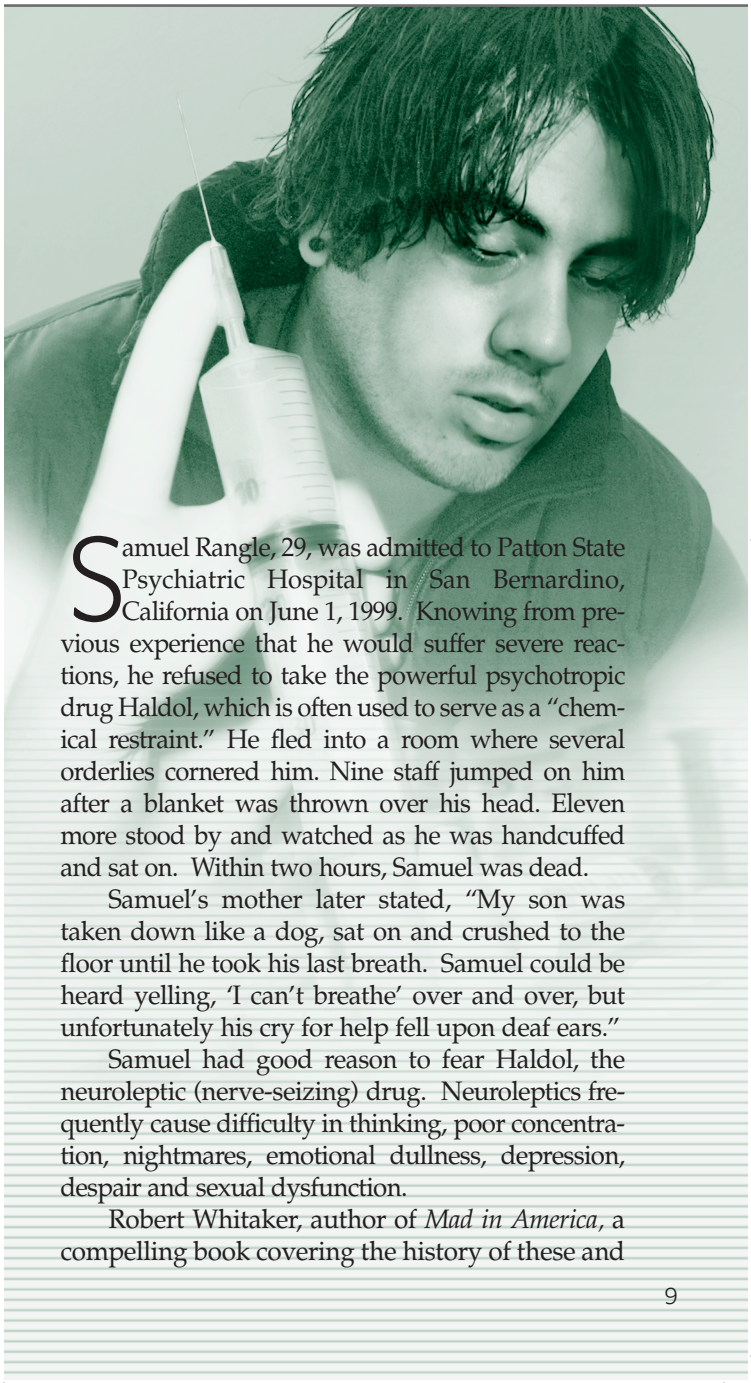
There is no real mystery here. Unbelievable as it may be, and as Kenneth Clark admits, psychiatrists *intend* to degrade their patients' behavior for the sake of greater profit. The money is why thousands of patients each year are subjected to "four-point restraints," after being subjected to *known* violence-inducing drugs—drugs that are the favored treatment of the psychiatrist.

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 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."

- **2002:** 17-year-old Charles Chase Moody of Texas was suffocated to death during a restraint procedure in a Texas behavioral treatment facility.
- **2001:** 11-year-old Tanner Wilson died from a heart attack while being restrained in an Iowa mental health facility.
- **2000:** 12-year-old Michael Wiltsei died of asphyxiation while being restrained at a Florida Youth Center.
- **1998:** 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.
- **1996:** Jimmy Kanda, age 6, 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.

CHAPTER TWO CHEMICAL STRAITJACKETS



Samuel Rangle, 29, was admitted to Patton State Psychiatric Hospital in San Bernardino, California on June 1, 1999. 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.

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."

Samuel had good reason to fear Haldol, the neuroleptic (nerve-seizing) drug. Neuroleptics frequently cause difficulty in thinking, poor concentration, nightmares, emotional dullness, depression, despair and sexual dysfunction.

Robert Whitaker, author of *Mad in America*, a compelling book covering the history of these and