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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RECOMMENDATIONS

1 ECT and psychosurgery should be labeled what they are—torture—and they should be banned.

2 Until such a ban, criminal laws should specifically provide penalties for psychiatrists and staff who administer ECT and psychosurgery to any non-consenting patient or if the “informed consent” procedure was in any way shortened or falsified.

3 Psychiatrists administering ECT and psychosurgery should be held fully accountable, civilly and criminally, for their effects on the recipient and be criminally prosecuted for any damage arising from their “treatment.”

Caution: No one should stop taking any psychiatric drug without the advice and assistance of a competent non-psychiatric medical doctor.
CCHR has successfully campaigned for legislative protections against brutal psychiatric “treatment”:

1976: California passed a precedent-setting law prohibiting the use of ECT and psychosurgery without patient consent and banning its use on children under the age of 12. It became a model for mental health laws around the world.

1993: Texas passed the strictest law on shock treatment to date, banning the use of ECT on children under the age of 16 and requiring all deaths that occur within 14 days of ECT to be reported to the government.

1999: The Piemonte Regional Council in Italy passed a resolution, stating that because psychiatrists do not know how ECT “works” and its scientific veracity is “questionable,” its use should be prohibited, at least on children, the elderly and pregnant women, and no doctor must be obliged to recommend ECT.

1999: A Scottish family won an $82,600 (£66,414) settlement from the Greater Glasgow Health Board over the death of 30-year-old Joseph Doherty, who committed suicide while undergoing ECT. Doherty’s medical records show that before being electro-shocked, he had repeatedly refused to consent to ECT.

2003: The U.S. Medicare health insurance program stopped coverage of “multiple seizure” ECT, after an investigation revealed that the practice is unworkable and places patients at severe risk.

Electroshock treatment—also known as Electroconvulsive Therapy (ECT)—and psychosurgery “treatments” are reportedly trying to stage a comeback. Yet, since their inception, these procedures have been dogged by conflict between the ECT psychiatrists who swear by them, and the multitudes of victims and families of victims whose lives have been completely ruined by them.

Anyone who has seen and been sickened by a recording of an actual ECT or psychosurgery procedure knows too well they have all the marks of physical torture that belongs in the armory of a KGB interrogator, rather than in the inventory of a “medical practitioner.” However, very few people have seen such recordings—especially those who legislate their mandatory application—fewer have witnessed them first hand. The “treatment” involves up to 460 volts of electricity sent searing through the brain, creating a grand mal seizure and brain damage.

Psychiatrists deceptively cloak these procedures with medical legitimacy: the hospital setting, white-coated assistants, anesthetics, muscle paralyzing drugs and sophisticated-looking equipment. The effects of shock treatment are horrible, but the full ramifications are not explained to the patients or families. Worse, when objections are raised, they are overruled.

That both procedures are extremely profitable to psychiatrists and hospitals, while resulting in continued long and expensive psychiatric “care” afterward, guaranteeing future business and income to the psychiatrist, is not mentioned in conversations to convince the unwilling or unsuspecting.

With literally billions in profits realized from ECT and psychosurgery, there is an appalling level of misinformation about them today, most of it spread by psychiatrists. There are many scientists critical of the procedure.

In 2004, Dr. John Friedberg, a neurologist who has researched the effects of ECT for over 30 years, stated, “It
hundreds of other symptoms can be caused by a plethora of known physical conditions, which psychiatrists never thoroughly investigate before prescribing their unworkable, debilitating treatments.

Researchers Richard Hall and Michael Popkin list 21 medical conditions that can cause anxiety, 12 conditions that can cause depression, 56 conditions that can cause mental disturbance in general and 40 types of drugs that can create “psychiatric symptoms.”

In 1967 they wrote, “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 awakening), poor concentration, changed speech patterns, tachycardia [rapid heartbeat], nocturia [excessive urination at night], tremulousness and confusion.”

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.”

The educational institutions responsible for training psychiatrists should also be held accountable for the havoc psychiatry’s treatments wreak. The tuitions they are paid are spent on creating a clique of people who have no regard for human rights and, in many instances, human life. Harsh words? Maybe. But academic freedom cannot be upheld when the final result is massive physical and emotional harm for countless people.

Psychiatric colleges, their institutions and psychiatrists themselves must be held accountable for the abuses of basic statutory and human rights committed daily in the name of “help.”

Jan Eastgate
President,
Citizens Commission on Human Rights International
Physically intrusive and damaging practices such as ECT and psychosurgery violate the doctor’s pledge to uphold the Hippocratic Oath and “do no harm.”

The first and most obvious solution to psychiatric abuses is to eliminate funding for psychiatric practices that perpetrate those abuses. If insurance companies and governments did not pay for psychiatrists to deliver brain-damaging shocks and psychosurgery, these methods would quickly fade into oblivion.

Once the psychiatrist who profits by keeping his patients ignorant of effective treatments is removed, dozens of workable alternatives come into view. Persons who have been “diagnosed” to have a psychiatric disorder should get a full and searching clinical examination by a competent, non-psychiatric physician.

Fatigue, disorientation, delirium, confusion, inability to concentrate, inexplicable pains and
ing wires through the skull and into the brain. They connect to a battery pack implanted in the chest, similar to the heart pacemaker and emanate high-frequency electrical impulses directly into the head.\textsuperscript{11} Psychiatrists are using it experimentally on the “mentally” ill, charging around $50,000 per patient.\textsuperscript{12}

In TMS, a magnetic coil is placed near the patient’s scalp and a powerful and rapidly changing magnetic field passes through skin and bone and penetrates a few centimeters into the outer cortex (gray matter) of the brain and induces an electrical current.\textsuperscript{13} Repetitive TMS can cause seizures or epileptic convulsions in healthy subjects.\textsuperscript{14}

VNS is a nerve-brain stimulator. An electrode is wrapped around the vagus nerve in the neck and then connected to a pacemaker implanted in the patient’s chest wall. The apparatus is programmed to produce electrical stimuli in the brain.\textsuperscript{15}

Over the past few decades, many critics have drawn comparisons between psychiatric experiments and the unconscionable “science” perpetrated by Nazi practitioners in concentration camps. Psychiatrists will not be able to dispel these notions, unless and until they stop claiming scientific value for their techniques. If history is anything to go by, they will once again plead to be given “another chance” and new treatments will be used to create an appearance of scientific progress. But in the end, they will be no closer to effecting any cures; all they will have accomplished is assault and mayhem in the name of therapy.

In the late 1990s, scores of Russian teenage drug addicts received brain surgery in a barbaric and failed effort to handle their addictions.
By the late 1940s, the crippling and lethal effects of psychosurgery were a matter of public record and smashed its false image as a miracle cure. Alarm bells rang due to the following signs of harm:

- A death and suicide mortality rate of up to 20%
- Infections leading to cerebral abscesses
- Meningitis (serious infectious disease in the brain)
- Osteomyelitis (infectious inflammatory disease of the bone) of the skull
- Epileptic seizures in more than 50% of recipients

Despite the lethal and damaging effects of the operation, psychiatrists continue to advocate its use. At the St. Petersburg Institute of the Human Brain in Russia, Dr. Sviatoslav Medvedev supervised over 100 psychosurgery procedures between 1997 and 1999, given mainly to teenagers to “cure” them of drug addiction. “I think the West is too cautious about neurosurgery because of the obsession with human rights,” he said.  

Alexander Lusikian, who successfully sued the Institute in 2002, disagrees: “They drilled my head without any anesthetic. They kept drilling and cauterizing [burning] exposed areas of my brain ... blood was everywhere. ... During the three or four days after the operation ... the pain in my head was so terrible—as if it was beaten with a baseball bat. And when the pain passed a little, I felt the desire to take drugs.” Within two months, Alexander reverted to drugs.

**BRAIN IMPLANTS: THE LATEST PSYCHIATRIC ‘SNAKE OIL’**

With ECT and psychosurgery under intense critical public scrutiny, psychiatry is now feverishly searching for a new “breakthrough miracle”—“deep brain stimulation,” “transcranial magnetic stimulation” (TMS) and “vagus nerve stimulation” (VNS) (vagus nerve is the cranial nerve that connects the brain to the internal organs in the body) are the new catch phrases.

Deep brain stimulation (DBS) involves thread-

Even worse, what if the doctor were to tell a patient the following was the likely outcome of an upcoming operation: “brain damage, memory loss, disorientation that creates the illusion that problems are gone.” Yet these are the results of shock treatment according to the 2003 U.S. Mental Health Foundation ECT Fact Sheet.

The theory behind ECT hasn’t advanced beyond that of the Ancient Greeks who tried to cure mental problems using convulsive shock created by a drug called Hellebore. It may sound crude but it is a fact: the ECT procedure itself is no more scientific or therapeutic than being hit over the head with a bat.

Today, ECT remains in use as a psychiatric treatment, despite legislative bans and laws limiting its use, its lack of science and its high risk of harm, because it is highly lucrative.

**DEVASTATING EFFECTS**

An ECT consent form used in the United States advises that memory of recent events “may be disturbed; dates, names of new friends, public events, telephone numbers may be difficult to recall.” However, the “memory difficulty”—amnesia—is supposedly gone “within four weeks after the last treatment” and “only occasionally do problems persist for months.”

In addition to the large body of scientific literature that proves otherwise, tens of thousands of shock victims would disagree with these claims. Delores McQueen of Lincoln, California, received 20 electroshocks. Three years later, she had yet to recover large parts of her memory. She forgot how to ride horses, which she’d once trained; she couldn’t remember family...
hunting and fishing trips; and she couldn’t remember her old friends. For this “safe and effective therapy,” taking approximately 15 minutes of the psychiatrist’s time for each treatment, the payment was $18,000.

A 2001 Columbia University study found ECT so ineffective at ridding patients of their depression that nearly all who receive it relapse within six months.5

Psychiatrist Harold A. Sackheim, a major proponent of ECT, when addressing the frequency with which patients complain of memory loss, stated, “As a field, we have more readily acknowledged the possibility of death due to ECT than the possibility of profound memory loss, despite the fact that adverse effects on cognition [consciousness] are by far ECT’s most common side effects.”6

In 2004, Dr. John Friedberg testified that memory loss “happens in every single case of shock treatment.” The memory loss can be “permanent and irreversible.” It’s “…enormously patchy and variable. That’s always the case with brain injuries.”7

Dr. Colin Ross explains that existing ECT literature shows “there is a lot of brain damage, there is memory loss, the death rate does go up, the suicide rate doesn’t go down. [I]f those are the facts from a very well-designed, big study, then you’d have to conclude we shouldn’t do ECT…[T]he literature that exists strongly supports the conclusion that it isn’t effective beyond the period of time of the treatment and there are a lot of dangers and side effects and a lot of damage.”8

The American Psychiatric Association claims an ECT death rate of one in 10,000 patients. However, Texas statistics reveal the death rate among the elderly receiving ECT is 1 in 200.9

Rarely do psychiatrists tell patients these facts, violating “informed consent” and, in doing so, committing assault and malpractice. Criminal statutes should apply to any psychiatrist who administers ECT and so harms a patient.

“What is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient.”

— Ernest Hemingway, Nobel prize-winning author

Unlile medical brain surgery that alleviates actual physical conditions, psychosurgery attempts to brutally alter behavior by destroying perfectly healthy brain tissue.

The most notorious psychosurgery procedure is lobotomy. Egas Moniz of Lisbon, Portugal, began it in 1935. But it was U.S. psychiatrist Walter J. Freeman who became its leading proponent. He performed his first lobotomy using electroshock as an anesthetic. He inserted an ice pick beneath the eye socket bone and drove it into the brain with a surgical mallet. Movement of the ice pick then severed the fibers of the frontal brain lobes. This caused irreversible brain damage. Freeman conceded that 25% of lobotomized patients could be “considered as adjusting at the level of a domestic invalid or household pet.” Moniz was awarded the Nobel Prize for his brain butchery; Freeman lost his medical license after killing a patient with lobotomy.