



TO THE MICHIGAN MENTAL HEALTH AND WELLNESS COMMISSION 9-19-13 PUBLIC HEARING
WRITTEN TESTIMONY FOR THE RECORD 3 Pages

Michigan mental health laws and programs should be revised to recognize and respect the patient's right of informed consent for psychiatric medical treatments, and the recipient's constitutional right to refuse mentally and physically intrusive treatments, including psychiatric drugs, which the consumer finds to be counter-therapeutic, unhelpful, or harmful. Michigan is among the worst states in protecting this health-protecting right. MCL 330.1401(d) should be repealed immediately.

ANTIPSYCHOTIC DRUGS ARE A MASSIVE HEALTH CARE FRAUD REQUIRING CRIMINAL PROSECUTIONS AND LAW REFORMS

The psychiatric profession has masqueraded abuse, assault, terror, the infliction of harm and brain damage as therapy throughout its history. The record of widespread psychiatric fraud is clear and indisputable from the times of Benjamin Rush to today, where ECT is still a common psychiatric practice even though its only medical certainty is brain damage. The only justice most victims of psychiatry have ever gotten is a label of mental incompetence for withdrawing the psychiatrist's treatments. More Americans died in public mental hospitals from 1945 to 1965 than died fighting in all the wars in U.S. history. Psychiatry tells us that it was the miraculous advent of antipsychotic drugs which caused deinstitutionalization, and the closing down of the State Hospitals, when most mental patients had been Unconstitutionally confined to begin with. So-called Antipsychotic drugs are now psychiatry's leading treatment. These drugs are pushed on millions of Americans, costing health insurance programs billions of dollars annually. The majority of the prescriptions for APDs will do the patient more harm than good, and if psychiatrists don't know this one must wonder what it is they have been trained to do. Do they really believe that drugs which are known to be toxic to animals are privileges for people? Forced/non-consensual psychotropic drugging, especially should be criminally prosecuted as medical fraud, since in these cases the victim is objecting to a product he/she has experienced as harmful, untherapeutic, or counter-therapeutic, and the guilty drug pusher has been caught intentionally inflicting harm on his vulnerable victim. Properly, under U.S. law the patient who refuses APDs does not prove himself incompetent, he proves medical fraud. State laws to the contrary should be reformed immediately to recognize that patients who refuse, or attempt to refuse APDs, are not properly "in trouble" and cannot be assaulted with the drugs, while Doctors who prescribe APDs against a patient's consent are in trouble with U.S. fraud law and the U.S. Constitution. Psychiatry's reign of error should be finally brought to an end.

U.S. Fraud law applicable to the prescribing of APDs includes: 18 USC 1347, defrauding a health care benefit program, (including Medicaid and Medicare), 10 year felony, 20 year felony where bodily injury results, up to life in prison where death results. 18 USC 1035, 18 USC 287, 18 USC 1341, 1343, 18 USC 1001, 18 USC 371, 18 USC 1518.

In investigating the medical/factual question of APD fraud the following questions should be answered: Do the drugs heal or harm the brain? Are the drugs neurotherapeutic or neurotoxic? Do the drugs make a person healthy or unhealthy? Do they enhance or diminish quality of life? Cause happiness or misery? Tranquility or distress? Cure or disable? Improve or impair mental functioning? The medical evidence is overwhelming that if any person objects to these drugs they have good reason to do so, and psychiatrists know it. I urge immediate investigation of, and corrective action on these matters.

Thank you. Sincerely, 

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THE FIRST AMENDMENT, OBSTRUCTION OF JUSTICE, FRAUD, AND ANTIPSYCHOTIC DRUGS

Non-consensual antipsychotic drugging is, in addition to medical fraud, a most serious abridgment of 1st Amendment liberties, including: the freedom of speech, thought, expression, belief, association, religious exercise, access to the courts, and the right to petition government for redress of grievances. Note, Bruce Winik, The Right To Refuse Treatment: A First Amendment Perspective, 44 U. Miami Law Review, 1. "Antipsychotic drugs have the capacity to severely and even permanently affect an individual's ability to think and communicate." US v Brandon, 158 F3rd 947 (6th Circuit). Once a person is committed to a hospital, and are not dangerous within the facility, then forced drugging massively violates the 1st Amendment's Overbreadth Doctrine, U.S. v Stevens (2010), Erznoznik v Jacksonville, 422 US 205. Forced drugging also violates the Constitution's Least Restrictive Means Test, Shelton v Tucker, 364 US 479, Elrod v Burns, 427 US 347, Bee v Greaves, 744 F2nd 1387, Brandon Id., since 24 hour a day, week on end, APD drugging is a most intrusive, rather than least restrictive infringement. Most 1st Amendment violations, such as the removal of a few books from a middle school library, Board of Educ. V PICO, 457 US 853, pale in comparison to the mental impairment and brain damage caused by forced psychotropic drugging. Psychiatrists will typically deny the drugs invade 1st Amendment guarantees, and attribute patient's complaints about antipsychotic drugs to the patient's own psychosis or mental illness, thereby obstructing, and retaliating against, a patient's honest offering of evidence in a legal matter, with intentional false statements about the effects of the drugs, and about the veracity of the patient. Justice is also obstructed, and the right to court access also abridged, when forced drugging impedes an involuntary recipient's ability to defend themselves in court, safeguard their rights, appeal, sue, prove themselves not mentally ill, or secure release. Note, Bounds v Smith, 430 US 817, Bieragu v Reno, 59 F3rd 1443. Contrary to what psychiatrists would have us believe non-consensual antipsychotic drugging often exacerbates a mental illness, makes people mentally ill, or makes people appear so, thus tainting legal evidence. Honest scientific/scholarly literature clearly indicates that Michigan's forced drugging laws and psychiatrists who act pursuant to them violate the Constitution(s), commit medical fraud, and obstruct justice. It is time for MCL 330.1401 to be immediately reformed to protect the right of informed consent for psychiatric treatments.

Neuropsychopharmacology, K.A. Unruh-Petersen, et al., March 2003. Both first and second generation antipsychotic drugs shrink the brains in monkeys 8-11%, with frontal and parietal lobes shrinking 11-15%

Nature Neuroscience, H. Tost, et al., June 2010: A single dose of a commonly prescribed APD shrinks the brain within hours of administration. "This is the fastest change in brain volume ever seen."

British Journal of Psychiatry, Aug. 1977: Single dose of APD caused "marked slowing of thinking", "profound cognitive restriction", "severe anxiety" and they could not continue work.

Law, Behavior, and Mental Health Policy, Smith and Meyer, 1987: APDs may make "reading, talking, and social interactions difficult or impossible."

Molecular Brain Research, R. Castro, et al., Oct. 1994: APDs "induce long-term deleterious effects in offspring development when administered prenatally."

Lancet, A.L. Madsen, et al., Sept. 1998: APDs caused brain shrinkage/atrophy.

Lars Martinson M.D., Should Neuroleptic Drugs Be Banned?, 1985: APDs cause "serious and certain brain damage."

Gary Konis M.D., Mental Illness Epidemic: Drugs Are The Problem, 2010. APDs cause "cognitive disability, brain damage, loss of creativity, loss of spirituality, loss of empathy, loss of energy, loss of strength, fatigue and tiredness, permanent disability,... increased depression, anxiety, psychosis."

Fred Baughman M.D., Psychiatry Is Not A Medical Practice, 2010: Instead of helping people, psychiatrists use drugs to damage our main organ of adaption-the brain-and call it treatment. Psychiatrists are guilty of a harmful health care fraud.

USA Today Magazine, T. Bibeau, Psychiatric Drugs Kill The Lives of Those Who Take Them, May 1994: APDs have long been known to ruin lives instead of curing illnesses. The drugs can cause psychosis, destroy mental functioning, and make people mute and disabled."

Quarterly Journal of Medicine, B. Charlton, M.D., Why Are Doctors Still Prescribing Neuroleptics?, 2006: APDs should be "replaced by gentler and safer sedatives." "APDs are dangerous, unpleasant, and suppress behavior rather than cure illnesses. The medical truth represents a disaster for the reputation of psychiatry."

Information on a multi-billion dollar Medicaid/Medicare Fraud, a Corrupt and Incompetent FDA, and hundreds of thousands of US citizens have been killed or harmed by these psychiatric drugs.

Competent scientific investigation of "antipsychotic" drugs shows that these drugs are *neurotoxic, not neurotherapeutic*, as physicians and drug companies would have society believe. The first "antipsychotic" drug Chlorpromazine/Thorazine originated as a surgical anesthetic, and was glowingly introduced to the world, in the 1950s, by its inventors, as a "chemical lobotomy", for mental patients, causing sedation, "artificial hibernation", indifference, and suppression of mental and physical activity. Later modifications of APDs made them even more "potent" in impairing the mind, and harming mental and physical health. The fraud and harms of these drugs was not sufficiently exposed in law and in government, and so the 2nd generation APDs, introduced in the 1990s, are more of the same, fraudulent, mind-impairing, health-damaging, and more expensive. Note, former Eli Lilly Vice President for Neuroscience Discovery Research and Clinical Investigation, H.Christian Fibiger, Schizophrenia Bulletin, Psychiatry, 2012: "The data are in, and it is clear that a massive experiment has failed... not a single mechanistically novel drug has reached the psychiatric market in more than 30 years." "The field lacks sufficient basic knowledge" about brain functioning, and the quality of psychiatric drugs is not going to be improved soon. Id. What's more is that we continue to have a psychiatric profession built around prescribing and touting these drugs, declaring in court that those who object to APDs drugs must be mentally incompetent, and pressuring or forcing vulnerable citizens to take these drugs. While research shows that even persons with schizophrenia, the leading target for APDs, have significantly higher rates of recovery when they avoid APDs. How bad are antipsychotic drugs and the psychiatric profession which pushes them?.

Archives of General Psychiatry, K. Johnson, et al, April 2012: The babies of mothers who took antipsychotic drugs while pregnant have significantly lower than normal scores on standard tests of movement, posture, and reflexes. Only 1 in 5 babies exposed to prenatal antipsychotic drugs (APDs) had normal test results.

The American Journal of Psychiatry, H. Kales, et al, Jan. 2012: 20% of elderly prescribed APD Haldol died within 180 days, more than 12% died when taking Risperdal or Zyprexa in this large national sample.

Nursing Ethics, P. Barker, July 2012: Psychiatric drugs are used to control behavior, not to treat illness, as is widely and falsely proclaimed by the psychiatric profession. Much of contemporary mental health policy and practice is dominated by this pervasive misrepresentation of APDs.

New England Journal of Medicine, K. Meador, et al, April 2009: Fetal exposure to Depakote, (which has been rampantly prescribed to psychiatric patients, often as an add-on with other psychiatric drugs) caused significant cognitive impairment in children at 3 years of age.

The FDA has not done a very good job of protecting the public from Psychotropic drugs. Mothers who take Depakote during the first trimester are about 50 times more likely to give birth to give birth to children with neural tube birth defects. The FDA finally produced a black-box warning about this in 2006, at least 20 years later than they should have. Note, Prenatal Diagnosis, Omtzig, et al, Prenatal Diagnosis of Spinal Bifida after First-trimester Valproate Exposure, 1992. Zyprexa was identified in the AMA Journal to make patients 10 times more likely to get diabetes in 2001, by 2002 Britain, Australia, and Japan issued diabetes warnings. The FDA did not warn of the Zyprexa diabetes risk until 2004. Journal of Psychopharmacology, Barnes, et al, Informing Patients of The Teratogenic Potential of Mood Stabilizing Drugs, 2007: 8 of 14 women taking mood stabilizing drugs while pregnant had a complication of pregnancy, leaving it to psychiatrists to warn about risks. Psychiatrists often prescribe APDs for mental issues where the FDA has not approved their use, and where there is no legitimate medical/scientific evidence that the drugs will help, while the drugs are known to be costly and harmful. C. Alexander, et al, Pharmacoepidemiology and Drug Safety, 2012. Despite an FDA Black-box warning APDs have been prescribed to more than a quarter of America's nursing home residents. And despite the U.S. Govt. and State govt. lawsuits against the manufacturers of the 2nd generation APDs (Including Zyprexa, Risperdal, Abilify, and Seroquel) . which have exposed chronic bogus science and illegal and fraudulent misconduct surrounding these psychiatric drugs, the FDA has over the last several years, continued to expand FDA approval indications. Note, Seroquel's Toll-Controversial Antipsychotic Drug Now Marketed For Depression, M. Rosenberg Jan. 2011.



Quarterly Journal of Medicine, B. Chariton, M.D., Why Are Doctors Still Prescribing Neuroleptics, 2009: APDs should be "replaced by gentler and safer sedatives. "APDs are dangerous, unpleasant, and suppress behavior rather than cure illnesses. The medical truth represents a disaster for the reputation of psychiatry.

Neuroscience, Milstein, et al., Nov. 2010: Animal experiments indicate exposure to APDs in fetal life or early childhood "produces long term behavioral dysfunctions."

Lawrence Stevens J.D., Psychiatric Drugs: Cure or Quackery?, 1997: APDs damage the brain clearly and permanently. It is "criminal" to use these drugs on mental patients, and "a crime worse than rape" to force them on patients against their consent. APDs cause "misery- not tranquility", "they blot out a person's ability to think and act", but "this is disabling people, not therapy".

Gene Bennett