



CITIZENS COMMISSION ON HUMAN RIGHTS

*Established by the Church of Scientology in 1969 to Investigate
and Expose Psychiatric Violations of Human Rights*

Information Letter

Involuntary Psychiatric Commitment A Crack In The Door Of Constitutional Freedoms

“The fact that psychiatric imprisonment is called ‘civil commitment’ is, of course, simply part of the linguistic deception characteristic of the mental-health system. Since civil commitment results in the loss of liberty, and subjects the victim to health hazards at the hands of medical criminals whose ostensible healing function is legitimized by the state, it entails far greater deprivation of rights than does incarceration in prison, a penalty carefully circumscribed by constitutional guarantees and judicial safeguards.”

**Dr. Thomas Szasz, M.D.
Professor of Psychiatry Emeritus**

Seventy-four-year-old William's¹ nightmare began when his home care nurse asked a seemingly innocuous question: “Do you feel depressed?”

Considering that William had just been hospitalized for congestive heart failure, then discharged with orders to use an oxygen tank at home, he felt it quite reasonable to admit that yes, being hooked up to oxygen with his mobility limited did bring his spirits down a bit.

During the next few days, William would wish he had never spoken.

The home care nurse zeroed in on his comment and began to ply him with odd questions: “Have you ever thought about suicide?” And, “If you were going to commit suicide, how would you do it?”

William conceded that everyone had probably at least thought about suicide at one time or another, but it certainly wasn't among his plans. When she persisted with this line of questioning, he clearly told her he was definitely not considering suicide.

For some reason, she didn't believe him.

Instead, she made a telephone call and within ten minutes an attendant from Desert Meadows, a local psychiatric hospital, arrived at William's home.

William, although now quite confused, refused the attendant's invitation to return with him to the psychiatric hospital. He insisted he was fine. Nothing was wrong. And, no, he had no desire to kill himself. The attendant made a phone call.

The police arrived.

They, at least, were willing to transport William to St. Mary's, the medical hospital he had recently been discharged from. In fact, they insisted.

All for his own good, of course.

Fearful now, William finally capitulated. After being unhooked from his oxygen tank, he was searched for weapons and then unceremoniously bundled into a police car and driven to St. Mary's.

He was given no choice. He was read no rights. He was not told he could call an attorney.

Upon arriving at the hospital, William explained to the physician on duty that there had been a misunderstanding. That his words had been taken out of context. That he had no intention of committing suicide.

He was transferred immediately to the Desert Meadows psychiatric hospital.

Without examination William was admitted as "suicidal," to be kept there under an involuntary 72-hour hold for observation.

When he objected to a nurse, he was told to be quiet, or he would be restrained in a straitjacket. By now, William was very afraid - and felt very helpless.

It would get worse.

During the night, after William finally fell asleep, his roommate assaulted him, knocking him out of his bed.

William must have thought he had fallen down Alice's rabbit hole and entered Wonderland when, the next day, the examining psychiatrist said with perfectly convoluted logic that the assault provided evidence that William was "dangerous."

This time, when asked if he was depressed, the frightened, confused, ill and literally imprisoned 74-year-old didn't hesitate. Yes, he certainly was.

The prognosis? William needed to remain in Desert Meadows for another 48 hours - although, by the way, he could be kept as long as six months. And when William objected yet again, the psychiatrist cursed him as a "smart mouth," and stormed out of the room.

Fortunately for William, as it turned out, he began to have a heart attack. As angry and agitated as he was by now, it certainly felt like it anyway. He had trouble breathing, pains racked his chest and his face began to turn the color of sleet.

Back to St. Mary's - where it was discovered he'd suffered an angina attack. And, as it was "only" angina, and as he had already been committed to the care of Desert Meadows, that was where he should be returned.

A very anxious William managed to prevail upon his medical doctor to keep him at St. Mary's—at least until after the court hearing scheduled the next day to assess his competency.

And, thankfully, in spite of the testimony of the Desert Meadows psychiatrists, this was not the usual rubber-stamp, perfunctory hearing and the judge agreed with William, and another doctor, that he was not in need of confinement and not "crazy."

As for the aftermath of William's unsolicited and involuntary imprisonment, his Medicare insurance was billed \$4,000 for four days stay (even though he had only been kept for two days)...and he himself was billed \$800 for the "care" he had undergone.

Introduction

Can this really happen in America today? Can this happen in a country where even criminals are set free if they are not given their rights, where the strongest Constitution in man's history guarantees the individual his liberties?

It not only can, but it does. The fact is, every 1¼ minutes, someone in the U.S. becomes the next victim of involuntary incarceration in a psychiatric hospital. And before you finish reading this booklet, four more people—perhaps a friend, a family member, a neighbor—will have been committed.

And there's nothing they can do about it.

The Present Danger

In each state of the 50 United States, psychiatrists play out the scenario experienced by William, or those even more horrific. At least William was not subjected to powerful psychotropic drugs or tranquilizers—a usual form of treatment given during that 72-hour period before the court hearing. Nor did he receive electroconvulsive therapy (ECT), more commonly known as shock treatment. Nor did he receive psychosurgery, where healthy portions of the brain are destroyed, as still can be done in some states to those involuntarily committed. William “just” lost his liberty for a couple of days. His, and the more dangerous scenarios, are not just plausible, they happen. And their enactment is protected and guaranteed by state laws lobbied into existence by psychiatrists under the often specious grounds of “public safety” and “concern for the troubled individual.” As a result, more than 1.5 million citizens are forced each year to enter psychiatric hospitals and undergo dangerous and harmful treatments against their will.

This less-than-charitable “concern for the troubled individual” yields the psychiatric industry upwards of \$25 billion per year. And it is ultimately financed by the unwitting taxpayer who, more likely than not, has never even heard of involuntary commitment procedures.

While involuntary commitment laws enrich the psychiatric industry, they not only deprive individuals of their freedom of choice, but milk millions of health insurance dollars annually from private, state, national and military health plans. And while psychiatrists and psychiatric hospitals are today being investigated nationally and in state hearings for insurance fraud, mistreatment of patients, sexual violations and other crimes, the crux of their power— involuntary commitment laws—receives no focused attention.

Statutory checks on the abuse of these laws are scarce, readily sidestepped and widely ignored. Yet the minds and memories of those subjected to this capriciousness have frequently been destroyed after involuntary imprisonment in psychiatric facilities across the nation—be it a small clinic, private hospital or a government-run institution. And commitment laws have been used for every wrong reason: financial, sexual, business advantage, inheritance, political suppression, and even to maintain governmental secrecy.

If someone ran amok in the street, grabbing citizens because he disapproved of their behavior, locked them up in a house and submitted them to mind-altering drugs or the brutal torture of electric shock in efforts to change or nullify this behavior, there would be a public outcry. The perpetrator would be charged with assault and mayhem and locked up for many years.

But because the perpetrator is a psychiatrist and the brutal acts he commits are obscured

through tangled terms such as “mental health care” or the patient’s “right to treatment,” the systemic social and mental crippling of millions of people each year is ignored. In this Wonderland, the innocent patient is locked up; the perpetrator of abuse is allowed to roam free to repeat his crime.

When any psychiatrist has full legal power to cause your involuntary physical detention by force (kidnapping), subject you to physical pain and mental stress (torture), leave you permanently mentally damaged (cruel and unusual punishment), with or without proving to your peers that you are a danger to yourself or have committed a crime (due process of law, trial by jury) then, by definition, a totalitarian state exists.

Because of their ubiquity and far-reaching powers, involuntary commitment laws lay a truly concrete foundation for totalitarianism. And they are not, it must be stressed, a threat of what might be, but a present danger—representing America’s gaping breach in the otherwise admirable wall of individual Constitutional rights.

How Does Involuntary Commitment Occur?

In two words, very easily. Laws vary by state, but generally four procedures are used to deprive people of liberty in order to subject them to treatment. Under most state laws it has to be determined that persons are a danger to themselves or others or are “gravely disabled.” Under some laws, however, if you are found walking down the street intoxicated, or if you get into a violent altercation with your neighbor, either would be sufficient cause to be picked up and carted off to a psychiatric hold.

The ways in which a person can be detained are:

1. Emergency detention is the fastest and easiest method of commitment and is used most often because it circumvents the judicial process and therefore deprives the person of nearly all rights. It is “the predominant commitment route in many states, especially in major cities,” according to a 1984 survey of 20 state’s laws and it is “often used even when no emergency actually exists.” Community psychiatrists or mental health practitioners, hospital officials and peace officers only need write a statement with “facts” showing why a person should be admitted.²

According to California statistics, emergency detention orders account for 60% of involuntary admissions. The admission usually is considered a “short-term” detention – a “72-hour hold.” However, this can involve three days of treatment with major tranquilizers that render a person senseless. Additionally, if the person was conveyed to the hospital by police—as is often the case—the admission particulars become a part of the permanent record against him or her.

Another frequent use of this emergency detention route is the “converting” of voluntary patients to involuntary ones. Any person foolish enough to voluntarily sign into a psychiatric facility must accept whatever regimen of drugs and other treatment the staff find “necessary”—and, of course, profitable. When the voluntary patient feels abused, finds no benefit in the treatment or seeks to return home, “conversion” allows the victim to be rapidly switched to the involuntarily detained category.

2. Semi-judicial commitment differs from emergency commitment only in that it does not require immediate capture and detention of the victim. A psychiatrist examines a person and certifies, in writing, that hospitalization is required. A judge then reviews the paperwork for authenticity and signs the authorization for involuntary detainment. The individual is not present at this transaction and therefore has no right to defend him or herself—it is merely a

rubber-stamp procedure.

3. Judicial commitment requires court jurisdiction prior to commitment. Legal documents must be filed alleging the person should be involuntarily hospitalized. Judicial commitments are more adversarial than the first two methods. Some states give victims the right to an attorney. However, while the outcome may be decided by a judge, it rarely involves a jury.
4. Conservatorship or Guardianship laws allow the legal guardian or conservator of someone found to be “incompetent” to commit that person at will, without any judicial approval or review. This presumes greatly that an earlier court procedure accurately diagnosed the victim as incompetent.

In most states, “any person with knowledge of the facts or with reliable information may file a petition for a non-emergency judicial commitment.”

Your Rights—On Paper

According to a national survey of psychiatric examinations in civil and criminal cases, researchers found that while rights may appear to be granted on paper to a “mental patient,” these will routinely be abridged unless an attorney is present to defend those rights.³

Some states give a person the right to legal counsel, but not all. Regardless, the likely scenario is that they may be forced to pay for an attorney to defend themselves - against incarceration that will eat up their insurance, and psychiatric treatment that they don't want.

This is like being kidnapped, imprisoned in a house for up to 20 days and assaulted daily, only to be told later by the courts that you have to pay the defendant room and board.

While in criminal matters you have the right to remain silent, during psychiatric examination that could determine whether or not you go to jail—have your liberty deprived—in a civil commitment matter, your silence could be diagnosed as being withdrawn, resistive or suffering a “Noncompliance With Treatment” disorder. Whatever you say, however, can and will be used against you. It's a case of “die if you do, die if you don't.” Only two states—Wisconsin and Illinois—actually require that a respondent be notified of the right to remain silent during a “mental health” examination.

If the information (by the person with “knowledge” or the psychiatrist) used to commit you is false, or the diagnosis turns out to be wrong, or if you are given treatment that physically damages you, no psychiatrist will be held liable. He only needs to show that he acted according to statutory requirements and liability cannot be challenged. The burden of proving negligence also rests with the victim.

Many states do not even require the victim be notified of his or her rights. Where they do, there are no uniform stipulations of how, by whom and—notably vague—how soon after commitment. Many don't require notification be given in understandable (non-legal, non-medical) language.

Less Rights Than Criminals

The undeniable fact is that basic human rights granted even to killers or terrorists are denied people labeled mentally disordered. The “burden of proof” for civil committal is largely based only on “probable cause,” “reasonable grounds,” or a “reason to believe” there is a danger to self or others. On the other hand, for any alleged criminal to be convicted of a crime and incarcerated, it has to be proved “beyond reasonable doubt” that a crime has been committed.

The lack of regard for the welfare of the institutionalized is also evident in the lack of accountability demanded by the government of psychiatrists and psychiatric hospitals. While common criminals, their crimes, race, age, method of incarceration and release are statutorily recorded, the counting of the victims of psychiatric commitment is considered both too laborious and a financial burden by governments. The most recent collection of statistics at a national level for involuntary commitment are from 1986.

Between 1.5 and 2 million persons are committed or coercively admitted to psychiatric facilities annually.⁴ This does not include those committed through criminal proceedings. The 1986 national data counts only civil commitments from in-patient programs nearly a decade ago and is extrapolated from a very small sample. As far as mental health authorities are aware there are an annual estimated 424,450 involuntary committals nationwide—a 38% increase on the estimate six years earlier. The error of this estimate becomes apparent when using California's statistics. With 10% of the U.S. population, California averaged more than 150,000 civil commitments every year between 1985 and 1991.

These acknowledged commitments could just be the tip of the iceberg. In his book, *Reign of Error*, psychiatrist Lee Coleman discovered that for each formal involuntary commitment, “there are **several more** (emphasis added) in which patients are pressured to ‘sign in’ in order to avoid formal commitment.” In short, coercion and manipulation by mental health professionals push the published statistics downward and obscure the true number of involuntary commitments.

According to Dr. Coleman, “Since California has one-tenth of the nation’s people, we arrive at a national figure of 1.5 million to 2 million involuntary admissions per year in the United States.”⁵

“Voluntary” Admissions

Nor do these numbers reflect “conversions,” the quick legality whereby the patient who signed in voluntarily is legally converted to an involuntary status and trapped in a hospital against his or her will.

According to the renowned author, Dr. Thomas Szasz, a long-time critic of psychiatry and member of the advisory board for Citizens Commission on Human Rights International, “voluntary mental hospitalization is always potentially and often actually a covert form of involuntary mental hospitalization” with patients often “entering a psychiatric institution under the threat of commitment. Once confined, they cannot secure their release as can medical patients, and when they insist on release against psychiatric advice, they may be committed by their relatives and physicians.”⁶

Psychiatric detainment can end up being a life sentence. Apart from the fact that the committal process can keep a person indefinitely in the hospital for years, people may be released conditionally or under conservatorship orders. Conservators serve as guardians for persons deemed “mentally incompetent.” In California alone, for 1990-1991, there were 22,268 “conservatorship” orders. The subjects are required to accept any treatment that is meted out to them.

And there is one more important question: Who judges you to be a danger to yourself or others?

Why, the experts, the psychiatrists of course. They are the ones qualified to make such judgments.

Our Alice in Wonderland analogy becomes even more appropriate. If psychiatrists are the ones who make these decisions, why then has the American Psychiatric Association (APA) argued before the California Supreme Court that “this fond hope of the capability accurately to predict violence in advance is simply not fulfilled,” and issued a strong denial to the Court that

“mental health professionals are in some way more qualified than the general public to predict future violent behavior.”? The reason is simple. The APA took this position because in 1969, a family sued a therapist who had not warned them of the danger posed by his patient—who had murdered their daughter.

Psychiatrists are not only unaccountable, the APA claimed, but they are unqualified to make such decisions.

How, then, can society accept involuntary commitment based upon the word of these people?

And lest you still feel a false sense of security due to the existence of paper laws which supposedly protect your rights, Lee Coleman and others claim they are frequently ignored. Coleman speaks from personal experience when he says, “Indeed, all groups of professionals in the mental health system—judges, attorneys, psychiatrists, administrators, social workers, psychiatric nurses and technicians—often ignore the law because they consider the legal limitations merely a formality that need not hinder their work. They see themselves as answering to a higher authority, one that requires the patient to receive treatment no matter what.”

Coleman should know. Responsible for a crisis intervention unit in the San Francisco Bay Area for two years, “I was a party to this lawlessness.” After this experience, he later refused to participate in any form of involuntary psychiatry.

Unfortunately, there are not many Lee Colemans and Thomas Szaszs among psychiatric ranks.

What Happens When You Are Admitted?

Ernest Hemingway was involuntarily committed before being given the ECT that drove him to suicide. After the brutal electric shock experience, he penned his saddest words in a letter to an old friend:

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

Restraints, imprisonment and other violations of civil liberties are the least people have to fear from involuntary admission into psychiatric institutions. A far worse fate is treatment.

Stated briefly, psychiatric treatment is severely limited to a paucity of methodologies which fall into essentially three categories—drugs, ECT and psychosurgery. And due to the limited avenues available to the profession, these fall in and out of favor as often as hemlines rise and fall on Paris’ runways of fashion.

Electric shock treatment is little more than the firing of 180 to 460 volts of electricity through the brain, either from temple to temple or from the front to the back of one side of the head. Each technique has its adherents. ECT had its beginnings in early Roman times when people would place an electrical torpedo fish against their heads to rid themselves of headaches. It would probably be equally effective for a headache sufferer to strike his finger with a hammer. The more modern pioneer in this field was an Italian, Ugo Cerletti, who saw that slaughterhouse operators used electric shock to send pigs into epileptic convulsions in order to slit their throats. Which is essentially what ECT does to humans; it creates a severe grand mal convulsion of long duration. And it leaves irreversible brain damage, as documented in many studies.

Still, the administration of electric shock treatment is lucrative; it brings an estimated annual income of more than \$3 billion to the psychiatric industry. The industry argues that since those early days of slaughterhouses, and even the later ones of such casualties as Ernest Hemingway, ECT has been “improved,” but an expert on ECT results, neurologist John Friedberg, M.D.,

likened these improvements to “the flowers planted at Buchenwald.” They salve the guilty conscience by masking the patient’s screams.

Psychosurgery has even more techniques—the prefrontal lobotomy, the transorbital leukotomy, cingulotomy, stereotaxis operations—all of which involve destroying healthy portions of the individual’s brain. Psychosurgery, tearing a person’s brain to pieces by scalpel, electrode implants or burning, is not treatment but mental murder. It is about as effective as fixing a telephone exchange by throwing a hand grenade into the switchboard. State laws still allow this procedure to be carried out.

Drugs. The most innovative and currently popular of psychiatry’s treatments is the use of mind-altering drugs (whether major tranquilizers to quiet the individual or psychotropic drugs to alter his or her perception) if only because new drugs keep coming as fast as they can be patented. Again, the target is the brain and the suppression of certain functions. The side effects are often horrendous, although these are seldom explained to patients. Ritalin, for example, carelessly dispensed to so-called hyperactive children of all ages, has turned normal and healthy kids into listless and sometimes violent and suicidal addicts.

The common thread of all these procedures is the incapacitation in some manner of the individual. And when one considers that most psychiatric cases address those who indulge in behavior not approved of by others, this form of control becomes a logical and even acceptable goal—to those who seek such control.

Psychiatric “Doublespeak”

The fact that these actions are couched in such Orwellian doublespeak as “for his own good,” “to prevent him from committing harm,” etc., is unfortunate, for it obfuscates the intention. Still, psychiatry is no stranger to this kind of verbal diversion. In fact, its main rallying cry before the Second World War was *Mental Hygiene*. Then, after Hitler and his pet psychiatrists had denigrated the concept through their incessant and indiscriminate search for this ideal upon millions of helpless subjects, the name was changed. Directly after the war, and the subsequent disclosure of German activities in this area, a meeting of British and American psychiatrists coined the phrase that has so far stood the test of time: *Mental Health*. And what exactly is mental health? There appear to be as many definitions as there are psychiatrists, but the common denominator seems to be a kind of conformity to some hygienic mental standard.

Like the definition of “danger to self or others,” it is a standard set, of course, by psychiatrists. And it is a standard they are just as unqualified to adjudicate.

Considering that someone supposedly has to set standards of behavior, this would not appear to be a disastrous situation—if not for the facts that psychiatry as a profession contains individuals who have the highest suicide rate of any single profession⁷, and the highest incidence of drug abuse.⁸ Add to the equation the facts that 10% of all psychiatrists openly admit to the commission of sexual abuse of patients⁹, that according to one study two-thirds of psychiatrists are “seriously mentally ill,”¹⁰ and that an American Psychiatric Association Task Force found psychiatrists are more likely to be atheists¹¹, and you might be forgiven for wondering if perhaps these are not the people you would wish to blindly follow into this Brave New World of Mental Health.

And you would be forgiven for the slight sense of unease you might feel with the knowledge that these are the very people who can forcibly but legally overcome constitutional safeguards and through their invasive treatments literally change your mind.

A Financial Parasite

With health care eating up vast amounts of our national budget, the first cut to make is the cost of “treating” people who prefer not to be mentally treated. Involuntary commitment laws hike federal, state, county, city and private health care costs under the strange circumstance of a patient-recipient who cannot say no.

It would not be an unfair analogy to ask you to imagine a stockbroker calling at your home with two guards. And to further assume that state law requires you to buy and pay for the stocks that he, a legally licensed professional, has decided you need. Might he be biased in his assessment of what is good for you?

Which brings up the obvious question: Should private insurance companies and governments be legally required to underwrite such commercial opportunism?

Involuntary commitment creates an astonishing debt load on our health care system.

Charges of \$1,925 per day for hospitalization and treatment are common, according to Congressional hearings headed by Colorado Representative Patricia Schroeder, Chair of the House Select Committee on Children, Youth and Families—\$1,300 for therapy, \$625 for a semi-private room. Schroeder’s hearings revealed “a pattern of being released after 28 days.” This is also usually the day insurance benefits will run out, according to USA TODAY.¹²

Given a conservative daily cost of \$940 for both hospitalization and treatment—less than half of the congressional estimate—each involuntary commitment costs around \$16,700.^{13,14} Newspaper reports cite the expense as high as \$35,000 per commitment.¹⁵ With up to 1.5 million people committed yearly, and using a conservative individual figure of \$16,700, the annual health care drain is almost \$25 billion! And this is paying for a service that most would refuse if given the chance.

Who pays the \$25 billion annually?

All 250 million of us American citizens. Some is paid in excess taxes, some in inflated health insurance premiums. The premiums may be shared by employees or shouldered by businesses who pass them on to customers in higher prices. But the quotient remains the same: The average person pays the psychiatric industry \$100 in taxes, premiums and higher prices each year.

Insurance companies are likewise involuntary financiers because they pay much of the mental health industry’s bills. They are, in effect, betrayed by the psychiatrists who sit on their examining boards and vouch for their unproven treatments as “accepted medical practice.”

These companies would be wiser simply not to cover psychiatric treatment; it raises everyone’s insurance rates and cures no one. On the contrary, aside from the tragic individual cost, psychiatry’s impact on society has been drastically detrimental. Psychiatry and psychology, which are paid billions of dollars to eradicate the problems of the mind, actually create and perpetuate them. The evidence of psychiatry’s failure is everywhere.

The crime rate, including rape, assault and murder, is on a long-term increase, and has reached epidemic proportions. The fact that most criminals pass through psychiatry’s portals before the crime speaks for itself. The number of mentally ill, per the statistics of psychiatric bodies themselves, continues to rise each year—which serves to point out the ironic existence of a profession which must constantly advertise its failures in order to gain greater government funding. And the catastrophic decline of educational standards and results over the last three decades are coincidental with psychiatric influence in not only the counseling of students but in the choice of educational materials and curriculums. One could also point out pop psychology’s

effects upon a generation or two that have self-indulgence and gratification as their goal, and the subsequent breakdown of society's basic building block—the family.¹⁶

That the man-in-the-street will do pretty much anything to stay out of the hands of these people says much for his innate common sense.

Colorado's Schroeder held investigative hearings in Washington, D.C. on psychiatry's unlawful detention, insurance fraud and patient abuse in 1992. She and her committee listened to literally hundreds of horror stories from victims across the United States. Involuntary commitment played roles in nearly all. In some it was straightforward "emergency commitment." In many, mental health professionals typed up a quick conversion to emergency commitment when the voluntarily signed-in victim realized he or she had been lured into a dangerous insurance scam and demanded release.

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

Psychiatrists' conduct, their interest in easy seizure of people, their inhuman acts and torture committed in the name of "treatment" and their fraudulent and failing "science," is at complete variance to their public facade of "mental health."

What Do You Do With Someone Who Is "Dangerous"?

The first thing to realize is that if mental asylums were places of rest, where people did not fear to seek help, knowing they would not be assaulted with drugs and shock—but where they could receive real medical help—people would be more approachable about being helped.

In his book, *Psychiatric Slavery*, Szasz says, "When people do not know 'what else' to do with, say, a lethargic, withdrawn adolescent, a petty criminal, an exhibitionist, or a difficult grandparent—our society tells them, in effect, to put the 'offender' in a mental hospital. To overcome this, we shall have to create an increasing number of humane and rational alternatives to involuntary mental hospitalization. Old-age homes, workshops, temporary homes for indigent persons whose family ties have been disintegrated, progressive prison communities—these and many other facilities will be needed to assume the tasks now entrusted to mental hospitals."

But the dangerous person who is violent must be dealt with independent of psychiatrists. In his book, *The Therapeutic State*, Szasz wrote, "To be sure some people are dangerous. We in America—especially if we live in the big cities—need hardly be reminded of this painful fact. But in American law, dangerousness is not supposed to be an abstract psychological condition attributed to a person; instead, it is supposed to be an inference drawn from the fact that a person has committed a violent act that is illegal, has been charged with it, tried for it, and found guilty of it. In which case, he should be punished, not 'treated'—in a jail, not in a hospital."

If a dangerous offense is committed by a person, then the fact remains criminal statutes exist to address this. As Szasz states, "All criminal behavior should be controlled by means of the criminal law, from the administration of which psychiatrists ought to be excluded."

What Must Be Done?

First, as pointed out above, there needs to be an increase in humane and rational alternatives to psychiatric involuntary institutionalization. Second, involuntary commitment laws must be abolished and this unconstitutional and coercive practice stopped.

Third, any psychiatrist found to be using coercion, threats or malice to get people to “accept” psychiatric treatment, or who hospitalizes a patient against their will should be charged with assault and false imprisonment.

Unless our legislators know that there is a serious problem here, nothing will get done. Take the initiative towards achieving human rights in this country and write to your congressman and senators today to have these oppressive commitment laws abolished.

Remember, in the time that you have taken to read this, four more people—perhaps a friend, a family member, a neighbor—have been committed.

The Citizens Commission on Human Rights offers assistance to persons whose human rights have been violated by psychiatrists. Human rights can be measured by whether there is freedom from false accusations and from brutality and punishment without offense. Psychiatrists violate this because their “diagnostic” methods are merely false accusations, they use involuntary commitment laws to incarcerate people who have committed no crime, and they use brutal “treatments” that, if given by anyone else, would be labeled as torture or punishment. Therefore, it is not even the case that psychiatrists commit human rights violations, it is that psychiatry itself, *is* a human rights violation.

If you, or a family member, or anyone you know, has been damaged by psychiatric treatments or practices, or have had their human rights violated by psychiatrists, we would like to hear from you. We may be able to help.

CCHR does not provide medical or legal advice but recommends that persons who feel they suffer from adverse reactions from psychiatric treatments, seek competent medical examination by non-psychiatric medical specialists.

CCHR has an Advisory Board of professionals, including doctors and other medical specialists, lawyers and civil and human rights representatives who advise us in an official capacity.

The Citizens Commission on Human Rights offers this information as a public service. Data related to this subject are taken from authoritative medical and other references.

Let Us Count The Ways

It is not difficult to join the ranks of the involuntarily committed. Here are a few ways:

- 1) You have a fight with your neighbor who reports you to the police. Before the next 72 hours is up, you could be locked-up in a psychiatric ward, drugged with major tranquilizers, be told you are “dangerous” and, in the time it takes to rubber-stamp a document, be committed.
- 2) You sign yourself in voluntarily to a psychiatric hospital because you are suffering from job

stress. Once there you decide the “treatment” being offered is harmful. You are diagnosed as suffering from “non compliance with treatment” and are therefore a danger to yourself. You will be taken—drugged—before a court and involuntarily committed until psychiatrists say you can leave.

- 3) You answer an advertisement by a local hospital offering “help” and say you are feeling depressed over your husband’s death. Within an hour a stranger arrives at your door and informs you that you must accompany him to a psychiatric hospital. You will not be allowed to call your lawyer.
- 4) You leave a party intoxicated and are walking down the street. The police pick you up and take you to a psychiatric hospital where you are held and drugged for 72 hours. The fact that you were taken involuntarily to a psychiatric institution will become a permanent record against you.
- 5) You have been suffering long-term pain from a neck injury sustained playing football. A psychiatrist diagnoses this as a “pain disorder associated with a medical condition.” You could be sent to a psychiatric hospital and be legally forced to remain there and accept any “treatment” given.
- 6) A family member takes you to a psychiatric hospital because of an upset over your marriage breaking up. You don’t want to stay. A psychiatrist tells you either to admit yourself voluntarily or be committed indefinitely. You become another “voluntary” admission statistic and, under threat, take any drug the psychiatrist prescribes for you.
- 7) You are taken to a psychiatric hospital distraught over being the victim of a rape. Life doesn’t seem worth living. A psychiatrist has you committed then tells you the “therapy” you need is to have sexual intercourse with him. After he’s finished with you, he warns that if you tell anyone, he’ll keep you in the hospital for life.
- 8) Your “legally” appointed guardian decides you are too much trouble. Without any legal hearing or trial you are incarcerated indefinitely in a psychiatric hospital and given whatever treatment psychiatrists decide.

These are only a few of the many ways in which involuntary commitments take place.

Once admitted involuntarily to a psychiatric hospital psychiatrists will have the right to commit the most brutal and injurious acts upon you, including forcibly injecting you with physically damaging drugs. You will have no right to seek legal redress or compensation because psychiatrists are not liable under involuntary commitment laws for what they do to you.

For instance, once you are committed to a psychiatric hospital, you may not be informed of the side effects of the major tranquilizers given you. After several months you may start to suffer uncontrollable shaking and twitching spasms from the drugs. You will be diagnosed as suffering the psychiatric disorder “Neuroleptic-Induced Parkinsonism” or “Neuroleptic Malignant Syndrome.” You will never recover.

Once you have been declared “mentally incompetent” by psychiatrists, you lose your right to drive, your right to vote and are declared unfit to manage money and property. A “guardian” is usually appointed to manage all your affairs. But your nightmare may not last forever. When your medical insurance is entirely used up, you will in all likelihood be discharged as “cured” of something you weren’t suffering from in the first place.

But your experience will follow you. Your “history” can and will be used against you for the rest of your life. Business and career doors will close.

While They Pay, You Stay

Imagine hearing these words:

“You are dangerous to yourself and others. I have decided so. Starting now, you’ll be kept in a psychiatric hospital for 72 hours. No second opinion is required. I’m the sole judge. Maybe I’ll let you phone your family, maybe not. Don’t object! That’s aggressive behavior and proves you are dangerous. It’s all quite legal. I can do what I want with you.

“For three days you will be treated with mind-altering drugs and you may even be electric shocked. You’ll be unconscious for long periods, never recalling who did what to your body. Unlike a convicted criminal, you’ll have no legal recourse. If you escape, police will bring you back. I’m entirely in control and that’s the law.

“After three days of drugs and shock, you’ll be wheeled into court and I will convince a judge that you can’t care for yourself. I’ll swear you require more psychiatric care till someone decides you’re ‘cured.’ That could take months, maybe years. Don’t worry, your health insurance pays most of it. And, while they pay, you stay.”

Think about it.

For further information, we suggest you read CCHR’s publications:

1. The Rise of Senseless Violence in Society: Psychiatry’s Role In The Creation of Crime, 1992.
 2. Psychiatry’s Multibillion-Dollar Fraud: A Common Sense Appraisal of Psychiatry and Your Tax Dollars, 1993.
 3. CCHR Information Letter: Psychiatric Rape.
 4. CCHR Information Letter: The Shocking Truth About ECT.
 5. CCHR Information Letter: Citizens Commission on Human Rights.
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Footnotes

- 1 "William" is a pseudonym: the name has been changed to protect the innocent. This is one of thousands of cases that CCHR has documented since its establishment in 1969.
- 2 Van Duizend, Richard, J.D. McGraw. Bradley D., J D., Keilitz, Ingo, Ph.D., "An Overview of State Involuntary Civil Commitment Statutes", *Mental and Physical Disability Law Reporter*. May-June. (1984)
- 3 Miller. Robert D., Maier. Gary J.. Kaye. Michael. "The Right to Remain Silent During Psychiatric Examination in Civil and Criminal Cases - A National Survey and an Analysis." *International Journal of Law and Psychiatry*, Vol 9, No. 1, pp. 77-94, (1986), USA
- 4 Coleman, Lee, M.D., *Reign of Error*. Beacon Press Boston. (1984), pp. ix, 249
- 5 See 4 above
- 6 Szasz, Thomas, M.D., *The Therapeutic State*. Prometheus Books, New York. (1984), p. 18
- 7 Rich, Charles L., M.D. and Pitts, Ferris N., M.D. 'Suicide by psychiatrists: A Study of Medical Specialists Among 18,730 consecutive physician deaths during a five-year period. 1967-72". *Journal of Clinical Psychiatry*, (1980), 41:261-262; Council on Scientific Affairs, "Results and Implications of the AMA-APA Physician Mortality Project." *JAMA* June 5, 1987, Vol 257, No. 21, p. 2950
- 8 Doyle, Brian B., M.D., "The Impaired Psychiatrist." *Psychiatric Annals*, November 1987, Vol. 17. No. 11. p. 760
- 9 Kardener, Sheldon H.. M.D. Et Al., "A Survey of Physicians' Attitudes and Practices Regarding Erotic and Nonerotic Contact with Patients," *American Journal of Psychiatry*, 130: 10, October 1973, p. 1080
- 10 "Report Says Hospitals Hire Mentally Ill Psychiatrists," *Los Angeles Times*, October 8, 1980, p. 12
- 11 McAllister, Robert J., M.D., 'New Psychiatric Programs For Religion Professionals," *The Psychiatric Times*. Vol.. V, No.3, March 1988; Larson, David B., M.D., M.S.P.H., Pattison, E. Mansell, M.D., "Systematic Analysis of Research on Religious Variables in Four Major Psychiatric Journals. 1978-1982", *American Journal of Psychiatry*, 143:3. March 1986, pp. 329-334; American Psychiatric Association Task Force Report 10: 'Psychiatrist's Viewpoints on Religion and Their Services to Religious Institutions and the Ministry", Washington, D.C., APA, 1975
- 12 "Psychiatric centers' shady tactics probed," Tim Friend, *USA Today*, April 29, 1992
- 13 "Stays shrink at psychiatric hospitals as cost-cutting reshapes the industry," *The Wall Street Journal*, September 1. 1994. [the length of the average psychiatric hospitalization was 17.8 days in 1993]
- 14 \$940 for 17.8 days is \$16,732. With 1.5 million people, this multiplies out to approximately \$25 billion
- 15 See 12 above
- 16 See CCHR's publication, *The Rise of Senseless Violence in Society: Psychiatry's Role in the Creation of Crime*, (1992), chapters 1, 8, 9

Readers who want additional information are encouraged to contact the Citizens Commission on Human Rights.

Citizens Commission on Human Rights® International
6616 Sunset Blvd.
Los Angeles, California 90028
United States

Telephone:
(323) 467-4242 or
(800) 869-2247

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