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Struggling Against Psychiatry's Human Rights Violations

[AN ANTIPSYCHIATRY PERSPECTIVE]

by Don Weitz [*]

First do no harm - The Hippocratic Oath

I was once tortured for six weeks over 50 years ago -- it happened in December 1951 and January 1952 when I was 21. While locked up for 15 months, I was forcibly subjected to a series of 110 sub-coma insulin shocks which psychiatrist Douglass Sharpe prescribed as a treatment for "schizophrenia". Although Dr. Sharpe and other shrinks labeled me "schizophrenic, I never believed and still don't believe I was "schizophrenic" or "mentally ill" and told them I was not crazy or "mentally ill". Like many other antipsychiatry activists and other critics, I totally reject "schizophrenia" and all other psychiatric labels as valid medical terms because they don't exist, they don't refer to medical diseases, they're fraudulent labels. As psychiatric critic Thomas Szasz has explained, psychiatric diagnostic labels are metaphors for dissident or non-conformist conduct, pseudo-medical terms which discredit and permanently stigmatize people.

In the early 1950s, I was just a very confused college student struggling to find himself, a common identity crisis. I was never violent and never charged with a criminal offence. Nevertheless, I lost my freedom, locked up as an involuntary patient, a psychiatric prisoner in McLean Hospital (a teaching-research facility affiliated with Harvard Medical School and Massachusetts General Hospital). It should be called McLean Psychoprison. As is frequently the case, my parents colluded with the psychiatrists -- they committed me.

Within 6-7 weeks of admission to McLean, psychiatrist Douglass Sharpe prescribed a series of insulin shock treatments because I was openly angry and defiant toward my parents and the world -- that's the real reason but you won't find it written in my medical records. where I'm labeled schizophrenic with a discharge diagnosis "schizophrenia -- acute undifferentiated reaction, improved". That fraudulent diagnosis has never been changed or erased on my medical records in over 50 years.

Here's a telling excerpt by Dr. Sharpe written in my medical records which also appears in the book Shrink Resistant:

"The patient was finally placed on sub-coma insulin and after a month of sub-coma insulin three times a day he showed tremendous improvement. There was no longer the outbursts of anger...He spends most of his time trying to figure out what the effect of insulin has on him . . ." (Burstow and Weitz, 1988; Weitz, 2004).

It took me almost 20 years to understand my forced psychiatric incarceration and forced treatment in political terms, 20 years to realize that I was not a “mental patient” but a political prisoner of psychiatry locked up against my will, no right to appeal the commitment or treatment, tortured with subcoma insulin shocks. It took me 20 years to understand that the “mental health system” is an oppressive social control system. Insulin shock was obviously a form of social control and torture - not treatment. This is also true for electroshock, psychiatric drugs, and all forced psychiatric procedures today. If a medical or psychiatric procedure is forced or administered without consent, it’s assault or torture -- not treatment (Weitz, 2002).

Insulin shock was a serious violation of my human rights, it was also a radicalizing experience which permanently sensitized me to the many human rights violations which psychiatrists have committed and are still committing against hundreds of thousands of allegedly “mentally ill” people - under the guise of “safe and effective treatment”, “medication”, “ECT”, “research”, or “mental health reform”. In the 1950s, many of us psychiatric survivors had no rights such as the right not to be treated against our will or without informed consent, the right not to be abused, mistreated, or tortured, the right not to be harmed. Nevertheless, these rights violations are happening today in virtually every psychiatric ward, in every “mental health center” or psychoprison in Canada, the United States and Europe -- despite 'progressive' mental health legislation and despite the fact some of these rights are enshrined in the UN Universal Declaration of Human Rights which was adopted by the UN General Assembly 60 years ago on December 10, 1948 and signed by 47 nations including “free and democratic” Canada and the United States, and more recently enshrined in the UN Convention Against Torture. Everybody including all physicians, should read and discuss these human rights documents. Unfortunately, there is no guarantee that psychiatrists and other doctors will respect our human rights or their own ethical guidelines.

THE RIGHT NOT TO BE TORTURED

- “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” (United Nations Universal Declaration of Human Rights, Article 5)

- “Everyone has the right not to be subjected to any cruel and unusual treatment or punishment” (Canadian Charter of Rights and Freedoms, Section 12)

Psychiatric prisoners and survivors typically experience forced treatment or treatment without “informed consent” as cruel and inhumane punishment or torture. Psychiatrists rarely inform their prisoners about the many serious effects or risks of their treatments and alternatives, especially non-medical community alternatives such as self-help groups, advocacy groups, crisis centers, co-op housing, supportive housing and drop-ins run by psychiatric survivors. All this despite the fact that “informed consent” is spelled out in Ontario’s Health Care and Consent Act and the historic 1947 Nuremberg Code. For example, whenever psychiatrists and other doctors prescribe “antipsychotic medication” - powerful brain-disabling neuroleptics such as Haldol (haloperidol), Thorazine (chlorpromazine), Clozaril (clozapine), Modecate (fluphenazine), Risperdal (risperidone),

and Zyprexa (olanzapine) as well as antidepressants such as Paxil and Prozac - without your consent or against your will - they are assaulting you, punishing you, violating the Nuremberg Code, violating the UN Universal Declaration of Human Rights, violating the Canadian Charter of Rights and Freedoms, violating The Convention Against Torture, violating your human rights. Forced drugging together with its many traumatic, health and life-threatening effects is a virtual global epidemic, an international disgrace, a crime against humanity.

PSYCHIATRIC DRUGS - CHEMICAL LOBOTOMIES

The labels “antipsychotics” and “antidepressants” are seriously misleading. The “antipsychotics” do not combat or cure “psychosis” or “mental illness”, and “antidepressants” do not combat or cure depression or the fraudulent diagnosis “bipolar mood disorder”. Psychiatric drugs (“medication”) chemically control and disable people -- sometimes permanently. Neuroleptics is a more accurate term for “antipsychotics”, it means “nerve-seizing”. These psychiatric drugs are much more powerful, debilitating and brain-disabling than the “tranquilizers” (benzodiazepines), which by the way are addictive. The neuroleptics and antidepressants frequently make people look and act apathetic, zombie-like as if they’ve been lobotomized -- even at moderate or low doses. These allegedly “safe and effective medications” always produce painful and serious “side effects”, some are health-threatening and brain-damaging; others are life-threatening. Consider these common effects: muscle cramps, dizziness, blurred vision, seizures, tardive dyskinesia (a permanent neurological disorder characterized by involuntary movements caused by the neuroleptics), tardive dementia, akathisia (constant restless pacing), nightmares, psychosis, parkinsonism, neuroleptic malignant syndrome (NMS is a neurological disorder with a prevalence rate of 2%-3%, and mortality rate of 20%-25%), and sudden death. Tardive dyskinesia (TD), tardive dementia, NMS and parkinsonism are all signs of brain damage. Although TD was discovered and reported in medical journals in the mid-1960s, the psychiatrists covered up or failed to warn patients about this horrific neurological “side effect” for about 20 years until the 1980s. After a few weeks or months on such “medication”, most patients look and act like a zombie, apathetic, indifferent to their surroundings. Dr. Peter Breggin (1997; 1991), Dr.Lars Martensson (1998), and other professional critics have documented these horrendous effects. Many psychiatric survivor-activists and other critics prefer the label “chemical lobotomy”, it succinctly describes their zombie experience. In a psychoprison or psychiatric ward, virtually everyone gets drugged - “put on meds”. Or threatened -- “take your meds, or else”. This is also true of children who are admitted to psychiatric wards (LeFrancois, 2006).

Forced drugging compounds this abuse. Informed consent is a cruel sham since psychiatrists rarely if ever warn incarcerated involuntary and voluntary patients about common health risks and non-medical alternatives to the drugs. More often than not, psychiatrists coerce, threaten, or intimidate patients into consenting to “medication” (Burstow et al., 2005; Breggin and Cohen, 1999; Lehmann, 1998; Martensson, 1998; Whitaker, 2002). Powerful personal testimonies against the antidepressants and neuroleptics, including frequent violations of the right to informed consent, were

frequently voiced by approximately twenty-five Canadian survivors during public hearings sponsored by the Coalition Against Psychiatric Assault (CAPA) and held in Toronto City Hall in April 2005 (Burstow et al, 2005).

ELECTROSHOCK -- ELECTROCONVULSIVE BRAINWASHING

Electroshock (officially labeled “electroconvulsive therapy” or “ECT”) is another hi-risk, controversial, degrading and inhumane psychiatric treatment chiefly prescribed for severe “depression”, “bipolar mood disorder”, and sometimes “schizophrenia”. Since its main targets are women and the elderly, the procedure is largely sexist and ageist. in its administration. According to government statistics, including those of Ontario’s Ministry of Health, two to three times more women than men (at least 70%) are prescribed “ECT”. Despite denials by the Canadian Psychiatric Association and shock promoters, the scientific fact is that electroshock always causes some brain damage including permanent memory loss and other intellectual disabilities. A recent, comprehensive study confirmed that women suffer more brain damage by electroshock then men, and that elderly people suffer more damage than younger persons. (Sackeim et al, 2007; CAPA, 2007) The immediate effects of electroshock are also alarming and include epileptic or grand mal seizure, coma, physical weakness, confusion, disorientation, nausea, and a migraine-type headache which can last a day or longer. According to many critics and dissident professionals in the United States such as psychiatrist Peter Breggin and neurologist John Friedberg, electroshock is an “electrically-induced closed head injury.” According to Breggin, Friedberg and other professional critics in the United States, the so-called “improvement” or “high” that some shock survivors experience after several shocks is actually euphoria, a common sign of head injury. One doesn’t have to be a doctor, scientist or engineer to understand that approximately 200 volts -- the average amount of electrical energy delivered to the brain for a half-second or longer 2-3 times a week during a course of “ECT” -- will damage the brain -- permanently. It’s the electricity and seizure which do the damage and cause memory loss -- not depression or any “mental disorder”. Nevertheless, the shock promoters and other psychiatrists continue claiming that the electroshock “seizure is therapeutic”. Try telling that to people with epilepsy and neurologists! More nonsense, more psychobabble.

Women shock survivors and feminist critics appropriately call electroshock “psychiatric rape” -- an appropriate term since electroshock is frequently prescribed or administered over women’s refusal or without their informed consent. The violations of informed consent and trauma that women and men shock survivors experience is systemic -- this alarming fact was exposed by virtually all survivors who courageously testified during two days of public hearings in April 2005 in Toronto City Hall. In a public lecture three years ago at the Ontario Institute for Studies in Education, Dr. Bonnie Burstow -- a widely respected feminist, author, antipsychiatry activist, and chair of the Coalition Against Psychiatric Assault (CAPA) -- called electroshock a 'feminist issue'. I totally agree. I also agree with the term electroconvulsive brainwashing (ECB), an apt term coined by Leonard Roy Frank, a widely-respected shock survivor-activist, author and editor who permanently lost two years of university knowledge as a direct result of over thirty electroshocks and 50 insulin coma shocks in the early 1960s in California. Frank

also calls shock a crime against humanity and wants it abolished -- so do Drs. Burstow, Breggin and Friedberg, and many other critics including shock survivors and human rights activists including myself (Burstow, 2006; Frank,1978, 2006; Breggin, 1997; Weitz, 2004; Weitz et al, 2005; Breeding, 2001).

According to "ECT" statistics for the years 2000-2002 that I obtained from the Ontario government's Ministry of Health, electroshocking women and old people, particularly elderly women, is on the increase in Canada, it's also on the rise in the United States. Shocking old people (some are 80-90 years old) even with consent is elder abuse, mainly because they are in poor or fragile health, more vulnerable than younger people. According to Leonard Frank who has compiled a list of ECT-related deaths, since 1942, electroshock has caused over 400 deaths as reported in English language medical journals; many more have undoubtedly been minimized, not reported, or covered up.

The struggle to abolish this psychiatric atrocity started over 30 years ago in California and organized by the legendary Coalition to Stop Electroshock, which achieved a partial victory in 1982 when over 60% of the citizens of Berkeley voted in favor of a referendum to ban electroshock. The anti-shock struggle continues in California, Texas, the UK and other European counties, and New Zealand. In Canada, I am particularly proud that several of us survivors and activists participated in this anti-shock struggle for several years (1984-1992), when the Toronto-based Ontario Coalition to Stop Electroshock and its successor Resistance Against Psychiatry (RAP) organized several major protest demonstrations in front of 'shock mills' such as the Clarke Institute of Psychiatry and Queen Street Mental Health Centre (since merged into the Centre for Addiction and Mental Health). Some of us also carried out non-violent civil disobedience in the health minister's office. A friend and I were once charged with trespass and arrested for trying to hand out copies of factual anti-shock information to patients on the ward during visiting hours -- we launched a court appeal but lost. Although there are anti-shock campaigns in various cities, unfortunately there is no national or international movement to ban electroshock; I confidently predict there will be (cf. Frank, 2006). In fact, a total of five anti-shock protests were recently held in Toronto, Ottawa, Montreal and Cork, Ireland, on Mother's Day in 2007 and 2008. The theme and slogan in all these protests was "Stop shocking our mothers and grandmothers". The May 2007 protest in Toronto organized by the Coalition Against Psychiatric Assault (CAPA) attracted 140 people; it featured women shock survivors and other women speakers (see http://capa.oise.utoronto.ca; capacanada.wordpress.com).

PHYSICAL RESTRAINTS

The use of 2-point and 4-point restraints and solitary confinement ("seclusion") on psychiatric wards is particularly alarming and dangerous. The many psychiatric prisoners and survivors I've talked with describe the restraints as cruel punishment or torture. The restraints consist of thick leather cuffs or straps which are tied around the prisoner's ankles and wrists and anchored to the sides of the bed. As result, the prisoner can hardly move while being forced to lie flat on his/her back for hours at a time, sometimes days with only brief restraint-free periods. Since physically-restrained prisoners are also

chemically restrained by the powerful neuroleptics or antidepressants, they are doubly-restrained. A common staff reason for restraining prisoners is “control” or “management” of allegedly uncontrollable or disruptive prisoner behaviour, or ‘staff shortage”. Frequently, tying up or caging psychiatric prisoners is for the convenience of the staff. Whatever the reason, the prisoner experiences such restraint as severe punishment or torture.

To the best of my knowledge, there have been no significant restrictions in the use of physical restraints in Ontario’s psychiatric hospitals and wards. A few years ago in the early 1990s, lawyer and former Ontario systemic policy advisor Duff Waring published a journal article criticizing the overuse of restraints in Ontario’s 10 provincial psychiatric hospitals (Waring, 1991). There was no media or public concern about his article and similar ones written by a few nurses, no public outrage. There should have been. I still have a vivid memory witnessing in horror my close friend Mel trying to raise himself while being physically restrained by 4-point restraints approximately 10 years ago in the notorious Queen Street Mental Health Centre (currently merged into the Centre for Addiction and Mental Health in Toronto). The nurses and attendants tied his wrists and legs because he was allegedly “uncontrollable”. About the same time, they also threw him into ‘seclusion” (solitary confinement”) for “head banging behavior” -- agitation caused by one or more of the antidepressants. The ward staff kept Mel in restraints and/or seclusion for several weeks -- they finally released him in 1995, two years after several of us survivors and other activists protested outside this notorious psychoprison.

Physical restraints have also caused several deaths in psychoprisons. A few years ago, investigative reporters exposed hundreds of such deaths in a series of articles published in The Hartford Courant (Weiss, 1998). In 2005 in Toronto's notorious centre for addiction and mental health, Jeffrey James died from "pulmonary thromboembolism" after being physically restrained in a 4-point retraint and confined in 'seclusion' for 5 1/2 consecutive days. In Ontario, there have never been media or government investigations into the use of physical restrains and 'seclusion' (solitary confinement).

In Ontario, there was also no media criticism or public outrage over the brutal death of 26-year-old Zdravko Pukec on September 26, 1995 in Whitby Psychiatric Hospital. Pukec was a recently-arrived immigrant from Croatia, At the time of his death, Pukec was already restrained with neuroleptics and cuffs when a head nurse, with the approval of administrator Ron Ballantyne, called the Durham branch of the Ontario Provincial Police (OPP) for help restrain him. The police promptly stormed the ward and pepper-sprayed and forced Pukec to lie face-down on his stomach so he could barely breathe. 30 minutes later he was dead. A coroner’s inquest was a total sham. “Positional asphyxia” -- not pepper spray or police assault -- was listed as a major cause of death. No Whitby psychiatric staff and no OPP were seriously criticized, and no police or hospital staff has ever been charged. A good example of psychiatric justice in Ontario.

COMMUNITY TREATMENT ORDER - ONTARIO’S LEASH LAW

Under Ontario's neoliberal-conservative government (1995-2004), outpatient forced psychiatric drugging or "community treatment orders" (CTOs) became law in Ontario when 'Brian's Law' (named after an Ottawa sportscaster killed by a person with a psychiatric history) was officially proclaimed as an amendment to the Mental Health Act on December 1, 2000 by the Harris-Tory government. CTOs are also law in Saskatchewan and British Columbia, and will probably become law in Manitoba and Alberta. In the United States, these leash laws are called "involuntary outpatient committal" (IOC). Over 41 states have passed this draconian decree which targets many thousands of psychiatric prisoners and survivors for outpatient treatment - usually forced drugging in a clinic, doctor's office, even in one's own home. Under a CTO in Ontario, you can be forced to take psychiatric drugs or electroshock for up to 6 months, sometimes years since CTOs can be legally renewed indefinitely. If you refuse an ordered "medication" or fail to keep a doctor's appointment in the community, an Assertive Community Treatment Team (ACTT) - it typically consists of a psychiatrist, psychologist, nurse and social worker - can forcibly drug you or force you back into a psychoprison, without benefit of a hearing or trial and for a longer period of incarceration.

Despite several public protests against CTOs organized by the survivor-led political action group People Against Psychiatric Treatment (PACT) for almost 3 years (1998-2000) and despite continuing criticism, CTOs have not yet been challenged in court as violations of the Canadian Charter of Rights and Freedoms. It's time CTO and IOC laws as well as Ontario's Consent and Capacity Board, a quasi-appeal court which rubber-stamps virtually all psychiatrist-ordered treatments and involuntary committals, were challenged as serious human rights/civil rights violations. Appeals to this Board are useless, a waste of time since this psychiatrically biased and government-appointed tribunal rejects over 90% of patient appeals. It can be argued that CTOs violate several sections of the Canadian Charter of Rights and Freedoms -- particularly section 7 which guarantees all citizens "the right to life, liberty and security of the person"; section 9 which guarantees "the right not to be arbitrarily detained or imprisoned"; section 12 which guarantees "the right not to be subjected to any cruel and unusual treatment or punishment"; and section 15(2), the equality clause which prohibits discrimination based on "mental or physical disability" and several other grounds including age, sex, colour, religion, and national or ethnic origin (Fabris, 2006; Weitz, 2000).

In the next few years, we can expect more psychiatric imperialism -- more psychiatric invasions of our communities and our privacy, more CTOs and IOCs, more psychiatric abuses, more forced drugging, more electroshock, more use of physical restraints, more patient deaths and more cover-ups, more stigmatizing, more stereotyping, more biased reporting, more medical model myths and psychiatric lies promoted as "medical science" and parroted in corporate-controlled media. Violations of human rights of psychiatric prisoners and other extremely vulnerable populations will continue unless or until many more psychiatric survivors, antipsychiatry activists, other social justice activists, human rights activists, dissident health professionals, and other concerned citizens start speaking out, fighting back, demanding action and real "accountability and transparency" from provincial governments and the federal government -- such as independent and public

investigations of psychiatry's numerous human rights violations. In practical terms, this means much more grassroots organizing, lobbying, networking, direct action and public protests in our own communities, cities, provinces, states, and countries.

Let us not forget that December 10 is International Human Rights Day, the day in 1948 when the United Nations General Assembly adopted the Universal Declaration of Human Rights, Forty-seven nations including Canada signed the historic UN Declaration; since that time, over 100 other countries have ratified it. Let us observe this important day by remembering and celebrating the lives of many courageous psychiatric survivors, political prisoners, colleagues and co-workers wherever they are, brothers and sisters, sons and daughters who died while struggling for their rights in psychoprisons and communities. Let us re-dedicate ourselves to the fight against psychiatry-and-state oppression and for human rights everywhere for everyone. We owe this to ourselves, to all psychiatric survivors, political prisoners and all other people struggling to be free of psychiatric and state oppression, struggling to speak truth to power, struggling to be human. Our human rights are worth fighting for, even dying for. Every day should be Human Rights Day.

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Forced drugging compounds this abuse. Informed consent is a cruel sham since psychiatrists rarely if ever warn incarcerated involuntary and voluntary patients about common health risks and non-medical alternatives to the drugs. More often than not, psychiatrists coerce, threaten, or intimidate patients into consenting to “medication” (Burstow et al., 2005; Breggin and Cohen, 1999; Lehmann, 1998; Martensson, 1998; Whitaker, 2002). Powerful personal testimonies against the antidepressants and neuroleptics, including frequent violations of the right to informed consent, were frequently voiced by approximately twenty-five Canadian survivors during public hearings sponsored by the Coalition Against Psychiatric Assault (CAPA) and held in Toronto City Hall in April 2005 (Burstow et al, 2005).

ELECTROSHOCK -- ELECTROCONVULSIVE BRAINWASHING

Electroshock (officially labeled “electroconvulsive therapy” or “ECT”) is another hi-risk, controversial, degrading and inhumane psychiatric treatment chiefly prescribed for severe “depression”, “bipolar mood disorder”, and sometimes “schizophrenia”. Since its main targets are women and the elderly, the procedure is largely sexist and ageist. in its administration. According to government statistics, including those of Ontario’s Ministry of Health, two to three times more women than men (at least 70%) are prescribed “ECT”. Despite denials by the Canadian Psychiatric Association and shock promoters, the scientific fact is that electroshock always causes some brain damage including permanent memory loss and other intellectual disabilities. A recent, comprehensive study confirmed that women suffer more brain damage by electroshock then men, and that elderly people suffer more damage than younger persons. (Sackeim et al, 2007; CAPA, 2007) The immediate effects of electroshock are also alarming and include epileptic or grand mal seizure, coma, physical weakness, confusion, disorientation, nausea, and a migraine-type headache which can last a day or longer. According to many critics and dissident professionals in the United States such as psychiatrist Peter Breggin and neurologist John Friedberg, electroshock is an “electrically-induced closed head injury.” According to Breggin, Friedberg and other professional critics in the United States, the so-called “improvement” or “high” that some shock survivors experience after several shocks is actually euphoria, a common sign of head injury. One doesn’t have to be a doctor, scientist or engineer to understand that approximately 200 volts -- the average amount of electrical energy delivered to the brain for a half-second or longer 2-3 times a week during a course of “ECT” -- will damage the brain -- permanently. It’s the electricity and seizure which do the damage and cause memory loss -- not depression or any “mental disorder”. Nevertheless, the shock promoters and other psychiatrists continue claiming that the electroshock “seizure is therapeutic”. Try telling that to people with epilepsy and neurologists! More nonsense, more psychobabble.

Women shock survivors and feminist critics appropriately call electroshock “psychiatric rape” -- an appropriate term since electroshock is frequently prescribed or administered over women’s refusal or without their informed consent. The violations of informed consent and trauma that women and men shock survivors experience is systemic -- this alarming fact was exposed by virtually all survivors who courageously testified during two days of public hearings in April 2005 in Toronto City Hall. In a public lecture three years ago at the Ontario Institute for Studies in Education, Dr. Bonnie Burstow -- a widely respected feminist, author, antipsychiatry activist, and chair of the Coalition Against Psychiatric Assault (CAPA) -- called electroshock a 'feminist issue'. I totally agree. I also agree with the term electroconvulsive brainwashing (ECB), an apt term coined by Leonard Roy Frank, a widely-respected shock survivor-activist, author and editor who permanently lost two years of university knowledge as a direct result of over thirty electroshocks and 50 insulin coma shocks in the early 1960s in California. Frank also calls shock a crime against humanity and wants it abolished -- so do Drs. Burstow, Breggin and Friedberg, and many other critics including shock survivors and human rights activists including myself (Burstow, 2006; Frank,1978, 2006; Breggin, 1997; Weitz, 2004; Weitz et al, 2005; Breeding, 2001).

According to “ECT” statistics for the years 2000-2002 that I obtained from the Ontario government’s Ministry of Health, electroshocking women and old people, particularly elderly women, is on the increase in Canada, it’s also on the rise in the United States. Shocking old people (some are 80-90 years old) even with consent is elder abuse, mainly because they are in poor or fragile health, more vulnerable than younger people. According to Leonard Frank who has compiled a list of ECT-related deaths, since 1942, electroshock has caused over 400 deaths as reported in English language medical journals; many more have undoubtedly been minimized, not reported, or covered up.

The struggle to abolish this psychiatric atrocity started over 30 years ago in California and organized by the legendary Coalition to Stop Electroshock, which achieved a partial victory in 1982 when over 60% of the citizens of Berkeley voted in favor of a referendum to ban electroshock. The anti-shock struggle continues in California, Texas, the UK and other European counties, and New Zealand. In Canada, I am particularly proud that several of us survivors and activists participated in this anti-shock struggle for several years (1984-1992), when the Toronto-based Ontario Coalition to Stop Electroshock and its successor Resistance Against Psychiatry (RAP) organized several major protest demonstrations in front of ‘shock mills’ such as the Clarke Institute of Psychiatry and Queen Street Mental Health Centre (since merged into the Centre for Addiction and Mental Health). Some of us also carried out non-violent civil disobedience in the health minister’s office. A friend and I were once charged with trespass and arrested for trying to hand out copies of factual anti-shock information to patients on the ward during visiting hours -- we launched a court appeal but lost. Although there are anti-shock campaigns in various cities, unfortunately there is no national or international movement to ban electroshock; I confidently predict there will be (cf. Frank, 2006). In fact, a total of five anti-shock protests were recently held in Toronto, Ottawa, Montreal and Cork, Ireland, on Mother’s Day in 2007 and 2008. The theme and slogan in all these protests was “Stop shocking our mothers and grandmothers”. The May 2007 protest in Toronto

organized by the Coalition Against Psychiatric Assault (CAPA) attracted 140 people; it featured women shock survivors and other women speakers (see http://capa.oise.utoronto.ca; capacanada.wordpress.com).

PHYSICAL RESTRAINTS

The use of 2-point and 4-point restraints and solitary confinement ("seclusion") on psychiatric wards is particularly alarming and dangerous. The many psychiatric prisoners and survivors I've talked with describe the restraints as cruel punishment or torture. The restraints consist of thick leather cuffs or straps which are tied around the prisoner's ankles and wrists and anchored to the sides of the bed. As result, the prisoner can hardly move while being forced to lie flat on his/her back for hours at a time, sometimes days with only brief restraint-free periods. Since physically-restrained prisoners are also chemically restrained by the powerful neuroleptics or antidepressants, they are doubly-restrained. A common staff reason for restraining prisoners is "control" or "management" of allegedly uncontrollable or disruptive prisoner behaviour, or 'staff shortage". Frequently, tying up or caging psychiatric prisoners is for the convenience of the staff. Whatever the reason, the prisoner experiences such restraint as severe punishment or torture.

To the best of my knowledge, there have been no significant restrictions in the use of physical restraints in Ontario's psychiatric hospitals and wards. A few years ago in the early 1990s, lawyer and former Ontario systemic policy advisor Duff Waring published a journal article criticizing the overuse of restraints in Ontario's 10 provincial psychiatric hospitals (Waring, 1991). There was no media or public concern about his article and similar ones written by a few nurses, no public outrage. There should have been. I still have a vivid memory witnessing in horror my close friend Mel trying to raise himself while being physically restrained by 4-point restraints approximately 10 years ago in the notorious Queen Street Mental Health Centre (currently merged into the Centre for Addiction and Mental Health in Toronto). The nurses and attendants tied his wrists and legs because he was allegedly "uncontrollable". About the same time, they also threw him into 'seclusion" (solitary confinement") for "head banging behavior" -- agitation caused by one or more of the antidepressants. The ward staff kept Mel in restraints and/or seclusion for several weeks -- they finally released him in 1995, two years after several of us survivors and other activists protested outside this notorious psychoprison.

Physical restraints have also caused several deaths in psychoprisons. A few years ago, investigative reporters exposed hundreds of such deaths in a series of articles published in The Hartford Courant (Weiss, 1998). In 2005 in Toronto's notorious centre for addiction and mental health, Jeffrey James died from "pulmonary thromboembolism" after being physically restrained in a 4-point retraint and confined in 'seclusion' for 5 1/2 consecutive days. In Ontario, there have never been media or government investigations into the use of physical restrains and 'seclusion' (solitary confinement).

In Ontario, there was also no media criticism or public outrage over the brutal death of 26-year-old Zdravko Pukec on September 26, 1995 in Whitby Psychiatric Hospital.

Pukec was a recently-arrived immigrant from Croatia, At the time of his death, Pukec was already restrained with neuroleptics and cuffs when a head nurse, with the approval of administrator Ron Ballantyne, called the Durham branch of the Ontario Provincial Police (OPP) for help restrain him. The police promptly stormed the ward and pepper-sprayed and forced Pukec to lie face-down on his stomach so he could barely breathe. 30 minutes later he was dead. A coroner's inquest was a total sham. "Positional asphyxia" -- not pepper spray or police assault -- was listed as a major cause of death. No Whitby psychiatric staff and no OPP were seriously criticized, and no police or hospital staff has ever been charged. A good example of psychiatric justice in Ontario.

COMMUNITY TREATMENT ORDER - ONTARIO'S LEASH LAW

Under Ontario's neoliberal-conservative government (1995-2004), outpatient forced psychiatric drugging or "community treatment orders" (CTOs) became law in Ontario when 'Brian's Law' (named after an Ottawa sportscaster killed by a person with a psychiatric history) was officially proclaimed as an amendment to the Mental Health Act on December 1, 2000 by the Harris-Tory government. CTOs are also law in Saskatchewan and British Columbia, and will probably become law in Manitoba and Alberta. In the United States, these leash laws are called "involuntary outpatient committal" (IOC). Over 41 states have passed this draconian decree which targets many thousands of psychiatric prisoners and survivors for outpatient treatment - usually forced drugging in a clinic, doctor's office, even in one's own home. Under a CTO in Ontario, you can be forced to take psychiatric drugs or electroshock for up to 6 months, sometimes years since CTOs can be legally renewed indefinitely. If you refuse an ordered "medication" or fail to keep a doctor's appointment in the community, an Assertive Community Treatment Team (ACTT) - it typically consists of a psychiatrist, psychologist, nurse and social worker - can forcibly drug you or force you back into a psychoprison, without benefit of a hearing or trial and for a longer period of incarceration.

Despite several public protests against CTOs organized by the survivor-led political action group People Against Psychiatric Treatment (PACT) for almost 3 years (1998-2000) and despite continuing criticism, CTOs have not yet been challenged in court as violations of the Canadian Charter of Rights and Freedoms. It's time CTO and IOC laws as well as Ontario's Consent and Capacity Board, a quasi-appeal court which rubber-stamps virtually all psychiatrist-ordered treatments and involuntary committals, were challenged as serious human rights/civil rights violations. Appeals to this Board are useless, a waste of time since this psychiatrically biased and government-appointed tribunal rejects over 90% of patient appeals. It can be argued that CTOs violate several sections of the Canadian Charter of Rights and Freedoms -- particularly section 7 which guarantees all citizens "the right to life, liberty and security of the person"; section 9 which guarantees "the right not to be arbitrarily detained or imprisoned"; section 12 which guarantees "the right not to be subjected to any cruel and unusual treatment or punishment"; and section 15(2), the equality clause which prohibits discrimination based on "mental or physical disability" and several other grounds including age, sex, colour, religion, and national or ethnic origin (Fabris, 2006; Weitz, 2000).

In the next few years, we can expect more psychiatric imperialism -- more psychiatric invasions of our communities and our privacy, more CTOs and IOCs, more psychiatric abuses, more forced drugging, more electroshock, more use of physical restraints, more patient deaths and more cover-ups, more stigmatizing, more stereotyping, more biased reporting, more medical model myths and psychiatric lies promoted as "medical science" and parroted in corporate-controlled media. Violations of human rights of psychiatric prisoners and other extremely vulnerable populations will continue unless or until many more psychiatric survivors, antipsychiatry activists, other social justice activists, human rights activists, dissident health professionals, and other concerned citizens start speaking out, fighting back, demanding action and real "accountability and transparency" from provincial governments and the federal government -- such as independent and public investigations of psychiatry's numerous human rights violations. In practical terms, this means much more grassroots organizing, lobbying, networking, direct action and public protests in our own communities, cities, provinces, states, and countries.

Let us not forget that December 10 is International Human Rights Day, the day in 1948 when the United Nations General Assembly adopted the Universal Declaration of Human Rights, Forty-seven nations including Canada signed the historic UN Declaration; since that time, over 100 other countries have ratified it. Let us observe this important day by remembering and celebrating the lives of many courageous psychiatric survivors, political prisoners, colleagues and co-workers wherever they are, brothers and sisters, sons and daughters who died while struggling for their rights in psychoprisons and communities. Let us re-dedicate ourselves to the fight against psychiatry-and-state oppression and for human rights everywhere for everyone. We owe this to ourselves, to all psychiatric survivors, political prisoners and all other people struggling to be free of psychiatric and state oppression, struggling to speak truth to power, struggling to be human. Our human rights are worth fighting for, even dying for. Every day should be Human Rights Day.

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