

PSYCHIATRIC DIAGNOSTIC MANUAL LINK TO DRUG MANUFACTURERS

A FINANCIAL VESTED INTEREST HARMING
IN THE NAME OF MENTAL HEALTH CARE

*A REPORT BY
CITIZENS COMMISSION ON HUMAN RIGHTS*



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CONTENTS

INTRODUCTION: CCHR: SECURING HUMAN RIGHTS	3
A 36-YEAR PUBLIC WARNING: DIAGNOSTIC MANUAL AND DRUGS ARE A DEADLY MIX	5
DRUG INDUSTRY DRIVEN PSYCHIATRIC DIAGNOSES EXPOSED	10
INTERNATIONAL DRUG WARNINGS	13
A CHRONOLOGY OF HARM	16
YOUR HELP IS NEEDED WHAT YOU CAN DO	22
CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL	23
CCHR'S DECLARATION OF MENTAL HEALTH RIGHTS	25
CCHR COMMISSIONERS	26



INTRODUCTION: CCHR: SECURING HUMAN RIGHTS

In 1969, the Citizens Commission on Human Rights (CCHR) was established to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. Commonly, patients were treated like animals, stripped of their possessions and legal rights, brutalized and warehoused in degrading conditions. They were terrorized with electroshock treatment (ECT), without consent and often as punishment. Psychiatric lobotomies and other psychosurgical procedures destroyed lives. Powerful neuroleptic (nerve seizing) drugs caused irreversible brain and central nervous system damage making patients sluggish, apathetic and lifeless. Patients were frequently assaulted and sexually abused—all under the guise of “therapy.”

Learning of these human rights abominations, the Church of Scientology established CCHR as an independent organization to focus on restoring human rights to the field of mental health worldwide. Dr. Thomas Szasz, professor of psychiatry emeritus from the University of New York Health Science Center in Syracuse and acclaimed lecturer and author of more than 34 books on psychiatry, co-founded CCHR.

CCHR’s work aligns with the United Nations’ Universal Declaration of Human Rights, in particular the following precepts:

- Article 3: “Everyone has the right to life, liberty and security of person,
- Article 5: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment,”
- Article 7: “All are equal before the law and are entitled without any discrimination to equal protection of the law.”

These precepts are violated frequently in the mental health system.

CCHR International heads the CCHR network and is a clearinghouse of information about psychiatry that assists its more than 250 chapters and any organization or individual concerned about psychiatrists’ involuntary commitment laws and depersonalizing “treatments.” It has provided research and evidence that helped CCHRs and others achieve legal protections, such as:

- Legislation in the U.S. that banned the use of electroshock and psychosurgery on children. The use of ECT on children, the elderly and pregnant women in Piemonte, Italy, has also been banned.
- Informed consent for treatment laws that reduced the numbers of people subjected to ECT.
- Deep sleep treatment—a lethal combination of drugs and electroshock—was banned in Australia where it had been responsible for 48 deaths.
- A federal U.S. law that prohibited children being forced onto psychiatric drugs as a requisite for their education.
- Federal regulations and laws in several countries that curb the use of coercive restraint methods.

- Laws that made mental health practitioner sexual involvement with a patient a criminal offense.
- Legal precedents that ensured patients abused by psychiatrists have the right to civilly sue and be compensated.

As this report covers, CCHR has been vigilant in exposing the lack of science behind psychiatry's diagnostic methods that, left unquestioned for years by authorities and insurance companies, led to soaring increases in dangerous psychiatric drugs being prescribed. CCHR's exposure of these drugs has helped to secure the international drug regulatory warnings mentioned in this report.

It continues its watchdog role in more than 34 countries in what is nothing less than a global fight for and protection of the dignity and decency of mankind.

A handwritten signature in black ink, appearing to read 'Jan Eastgate', with a stylized flourish at the end.

Jan Eastgate
President



A 36-YEAR PUBLIC WARNING: DIAGNOSTIC MANUAL AND DRUGS ARE A DEADLY MIX

While mainstream physical medicine deals with diseases such as malaria, bronchitis and hepatitis, psychiatry deals with “disorders.” This difference sets psychiatry far apart from the practice of medicine. For example, medical diseases are never said to exist simply because doctors, without showing physical evidence, say that they do. They are proven by objective evidence such as pathology and have been scientifically linked to various observable and predictable symptoms.

Psychiatrists on the other hand, *declare* that a chemical imbalance in the brain or “disease” causes mental and emotional problems, although no brain illness or malfunction has been proven to exist. None of the 374 disorders listed in the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM) can be physically diagnosed. This is not to say that people do not have problems—sometimes very serious—but it does mean that they have been misled about the nature of their problem for the sake of profit and, often, at the expense of people’s lives.

Based on the DSM psychiatrists *declare* that their drugs and other treatments work to improve mental illness, even though psychiatrists admit that they do not know how or why these drugs “work.”

While the drugs may dull the senses in the same way as a sledgehammer to the head might, close study reveals that none of them can cure, all have horrific side effects, and due to their addictive and psychotropic (mind-altering) properties, all are capable of ruining a person’s life. Quickly or slowly, the bodily systems break down. Tissue damage may occur. Nerves stop functioning normally. Organs and hormonal systems go awry. This can be temporary or permanent.

Like a car run on rocket fuel, you may be able to get it to run a thousand miles an hour, but the tires, the engine, the internal parts, were never meant for this. The machine flies apart. So it is with psychiatric drugs in the body.

Bizarre things happen. Addiction. Exhaustion. Diminished sexual desire. Trembling. Nightmares. Even death. Yet, historically, both the drug manufacturers and the psychiatrists prescribing them have failed to warn patients of these dangers.

ANTIPSYCHOTIC DRUGS’ DEADLY RISKS

For example, in 1954 the antipsychotic drug Thorazine (chlorpromazine) was marketed as a breakthrough drug for treatment of “mental illness.” However, within a very short time doctors in Europe and the United States realized that the drug frequently induced Parkinson’s disease symptoms—shuffling gait, grimacing and drooling. Known as Tardive Dyskinesia (*tardive*, meaning “late” and *dyskinesia* meaning, “abnormal movement of muscles”), in the United States in June



1950s ads promoting antipsychotic drugs

1955, more than 100 psychiatrists met in Philadelphia and spoke at great length about this irreversible drug-induced damage. But that didn't stop them from prescribing the drug.

When CCHR was formed in 1969, it quickly learned of the devastating effects of these drugs and acted to warn others where psychiatrists and their pharmaceutical companies had not.

It would be more than a decade before the APA would publicly inform patients and doctors of the drugs' dangers and only after several highly publicized civil lawsuits found psychiatrists (and their institutions) negligent for failing to warn patients of this risk, with damages in one case topping \$3 million. As the APA put it in its warning letter: "We are further concerned about the apparent increase in litigation over Tardive Dyskinesia." Robert Whitaker, author of *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*, put it this way: "Money, or the fear of losing it, had finally put the APA into an educational mood."

The warning came too late for the estimated 100,000 Americans who had died from neurological damage caused by the antipsychotic drug. CCHR continued to expose the dangers of both these drugs and the "newer" antipsychotics introduced in 1990 that were promoted as having "less side effects" than the older ones. This, too, proved to be false.

VALIUM ADDICTION EXPOSED

When the minor tranquilizers Librium and Valium came on the market in the early 1960s, they were so widely prescribed that an estimated 10% of Americans had taken these or similar tranquilizers by 1987. No one was warned that the drugs were addictive within 14 days of taking them or that withdrawal could be harder than coming off heroin. Epileptic seizures and death could occur if the drugs were suddenly stopped. CCHR and other patients' rights groups issued warnings and successfully worked to obtain the right of patients to give informed consent for these drugs. A series of suits also established the right to refuse treatment.

PROTECTING CHILDREN FROM RITALIN DAMAGE

Production of the cocaine-like stimulant Ritalin prescribed for so-called Attention Deficit Hyperactivity Disorder (ADHD) had topped 2,400 kilos per year until CCHR's educational campaign drove the quantity down to 1,800 kilos per year in the 1980s. With hundreds of cases reported to CCHR of children suffering suicidal effects and psychosis from Ritalin, CCHR championed their rights and that of their parents to be properly informed. Meanwhile, the pharmaceutical company and psychiatric influence on the Food and Drug Administration (FDA) ensured a steady increase in the number of new stimulants approved to treat "ADHD"—a condition that psychiatrists had literally voted in 1987 to be a "mental disorder" and included in the DSM to garner more insurance reimbursement.

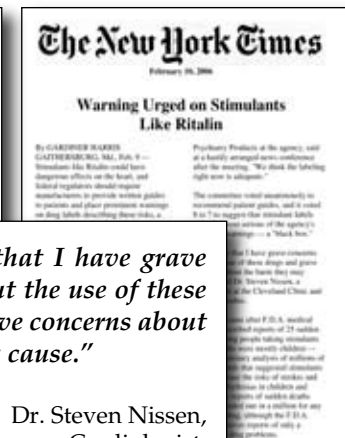
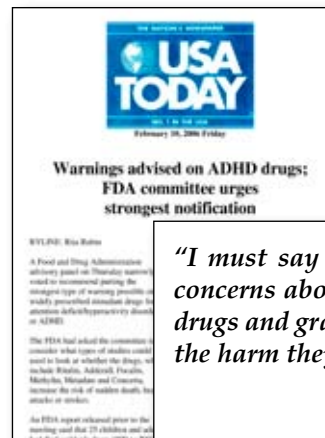


Against this financially driven empire CCHR also informed parents that there was no scientific basis for ADHD and that the stimulants prescribed for it were so potentially abusive that the Drug Enforcement Administration had scheduled Ritalin in the same category as opium, morphine and cocaine.

Finally, in 2006, FDA advisory panels held hearings into reports of children taking stimulants suffering strokes, heart attacks and sudden death; there were 25 deaths linked to the drugs. There were also more than 1,000 reports of children experiencing psychosis and hallucinations. Stronger warnings have now been recommended.

“WONDER DRUG” PROZAC KILLS

When the antidepressant Prozac came on the market in January 1988 it was touted as a “wonder drug” that, like Thorazine earlier, would revolutionize the treatment of “mental illness.” Prozac, a Selective Serotonin (chemical) Reuptake Inhibitor (SSRI) was marketed as “safe and virtually side effect-free.” The manufacturer and psychiatrists claimed its effectiveness was based on the idea that a chemical imbalance in the brain caused “depression” that Prozac corrected.



“I must say that I have grave concerns about the use of these drugs and grave concerns about the harm they cause.”

Dr. Steven Nissen,
Cardiologist,
Cleveland Clinic

CCHR soon documented this was false and that extreme violent behavior and suicide were associated with the drug. Using the Freedom of Information Act, it obtained FDA database records that revealed what the public was *not* being told: that over a three and a half year period Prozac had accumulated more adverse reaction reports than *any other drug* in the 22-year history of the FDA’s drug reporting system. This included 1,000 reports of suicide—in several instances involving children aged five and under. The FDA also had evidence of five violent Prozac-linked deaths.

Armed with this information and medical studies that confirmed the violent-suicidal effects of Prozac, in 1991 CCHR secured an FDA hearing into the evidence. However, the FDA chose to follow the advice of the nine psychiatrists sitting on its advisory panel with financial ties to pharmaceutical companies and failed to warn the public of the risks. The FDA learned to regret its decision as CCHR persisted to raise the alarm about the dangers of Prozac and similar drugs.

Fourteen years later in September 2004, the FDA issued its strongest “black box” warning that the drugs cause suicide in children and adolescents. Within six months

it also reported that the risk could extend to adults and that the drugs cause hostility and aggression.

As for the theory that a chemical imbalance causes depression or any mental disorder that, too, was debunked. Following a wave of publicity in 2005 exposing this chemical imbalance ruse, Dr. Steven Sharfstein, President of the APA, admitted: “We do not have a clean cut lab test” to determine a chemical imbalance in the brain. Another APA executive, Dr. Mark Graff, said the theory was drug industry driven.

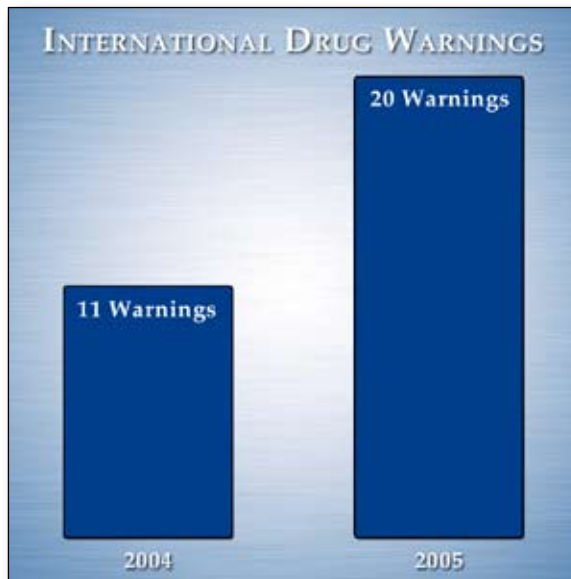
A NEW ERA OF WARNINGS

Today, government agencies, law enforcement officers, educators and those whose job it is to protect the public, are hearing CCHR’s message that psychiatry’s treatments are harmful and that the “disorders” for which they are prescribed are based on opinion only, not scientific or medical fact. They have followed CCHR’s lead in investigating and exposing the dangers inherent in psychiatric practices.



Studies from the *British Medical Journal* and *BMC Medicine* and the European Medicines Agency warned about the dangers of psychiatric drugs.

Numerous studies have now determined that antidepressants cause suicide in children and adults taking them and, according to a study published in the July 2005 edition of *British Medical Journal*, they are no more effective at treating depression than taking a placebo (fake pill). According to lead researcher, Joanna Moncrieff, senior lecturer in psychiatry at University College, London, “The bottom line is that we really don’t have any good evidence that these drugs work.” In 2005, Norwegian researchers reported that patients taking antidepressants were seven times more likely to experience suicide than those taking placebo. An October 2005 *Journal of the American Medical Association* study concluded that new antipsychotic drugs could increase the risk of death in the elderly. In 2006, an analysis of World Health Organization medical records determined that infants whose mothers took antidepressants while pregnant could suffer withdrawal effects.



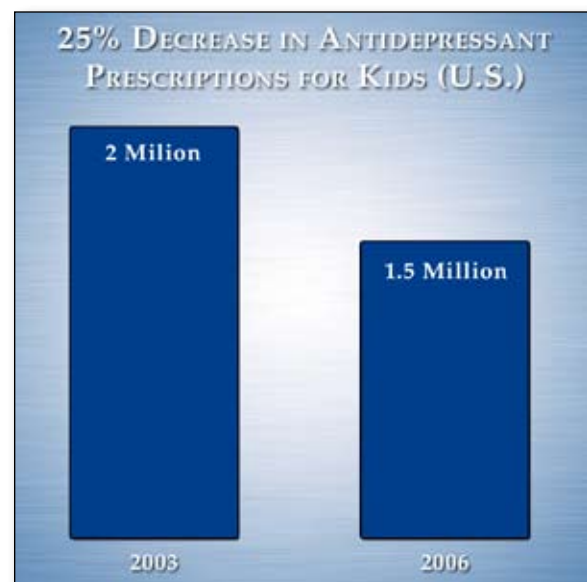
In 2005, there were 20 international drug regulatory warnings issued against psychiatric drugs, up from 11 in 2004. Between late December and May 2006, another 15 major exposés and warnings, including 10 drug regulatory agency reports, warned patients of the damaging side effects of psychiatric drugs.

With the resulting media coverage, consumers and general physicians have become better informed. In the UK, for example, while health agencies' warnings have caused physician reports about adverse reactions to drugs to increase by 5%, following the media exposés on psychiatric drugs this figure soared to 61%.

As this report also shows, a 2006 study of psychiatry's DSM discovered that drug companies have undisclosed financial ties with the development of it, which has helped drive up drug sales that have reached a whopping \$76 billion a year. CCHR has documented this for years in its publications and official reports.

Overall the impact has been telling: Antidepressant prescriptions for children and adolescents in the United States have fallen 25% since the FDA began issuing safety warnings in 2003. There has also been a drop in children taking stimulants. Combined, this represents more than 800,000 American children and adolescents no longer prescribed these mind-altering drugs.

CCHR continues to work to end psychiatry's abusive and coercive practices and, in this way, to return human rights and dignity to all.



DRUG INDUSTRY DRIVEN PSYCHIATRIC DIAGNOSES EXPOSED

Arrived at by what psychiatrists call “consensus,” which in reality is no more scientific or sophisticated than a vote, the APA’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM) contains more than 300 mental disorders. Unlike medical diseases, there is no blood test, x-ray or chemical imbalance test to determine the existence of a psychiatric disorder. Dr. Thomas Szasz writes, “There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases.”

Dr. Jeffrey A. Schaler, Professor of Law, Justice and Society at the American University, Washington, D.C., tells us: “Real disease is found in a cadaver at autopsy. Mental illness is not. Mental illness refers to something that a person does. Real disease refers to something that a person has.”

In his book *Blaming The Brain*, psychologist Elliot S. Valenstein says DSM-IV “is purely descriptive and presents no new scientific insights or any theories about what causes the many mental disorders it lists.”

Unchallenged by government and insurance agencies that fund mental health treatment, the DSM has ensured a continuous market for psychiatrists. Millions have been labeled with a disorder that psychiatrists admit they do not know the cause of or have a cure for. However, CCHR’s message that the DSM-based disorders are unscientific labels and a profiteering scheme is being recognized among the academic and journalistic community.

“DISORDERS MADE TO ORDER”

- An investigative report by the magazine *Mother Jones* determined, “Pharmaceutical companies have come up with a new strategy to market their drugs: First go out and find a new mental illness, then push the pills to cure it.” Carl Elliott, a bioethicist at the University of Minnesota, put it this way in an interview with *The Washington Post*: “The way to sell drugs is to sell psychiatric illness.”
- In November 2005, a study entitled “Depression: A Disconnect between the Advertisements and the Scientific Literature” and published in *Plos Medicine* (Public Library of Science, a non-profit group), confirmed there is no chemical imbalance causing depression and that advertising stating as such is seriously misleading.
- In March 2006, an American Sociological Association study determined that research claiming America is full of “depressed and dysfunctional” people is pure “fiction.” For example, a National Institute of Mental Health study had asserted that 48% of Americans suffered from a mental disorder. However, Allan V. Horwitz of Rutgers University and Jerome C. Wakefield of New York University said that statistics claiming a high incidence of depression and anxiety are based on subjective survey questions that are calculated to get a normal reaction to stressful life, which then gets classified as mental disorder. The researchers blamed the DSM, saying it contributes “to the medicalization of many problems....” Further, “Pharmaceutical companies have also capitalized on these survey findings, which create a broader market for their products.” This has led to an “explosive growth in antidepressants,” the researchers said.



NO BLOOD TEST EXISTS FOR DSM DISORDERS



The most explosive study came from Lisa Cosgrove, a psychologist from the University of Massachusetts, Boston and Sheldon Krimsky, a Tufts University professor, and published in the April 2006 edition of the journal, *Psychotherapy and Psychosomatics*. It exposed how pharmaceutical companies that manufacture drugs for mental disorders funded more than half of the psychiatrists who defined the disorders for the DSM. The study also determined that *every one* of the “experts” on DSM-IV panels overseeing so-called “mood disorders” (which includes depression) and “schizophrenia/psychotic disorders” had undisclosed financial ties to drug companies. These disorders represent the largest categories of psychiatric drugs in the world: 2004 sales of \$20.3 billion for antidepressants and \$14.4 billion for antipsychotic drugs.

Reported in the news internationally, Dr. Cosgrove confirmed what CCHR had been saying for years: “No blood tests exist for the disorders in the DSM. It relies on judgments from practitioners who rely on the manual.”

- Commenting on the study, David Rothman, professor of social medicine at Columbia University’s College of Physicians and Surgeons, said, “The more lucrative [profitable] the drug market, the higher percentage of experts with financial ties—that has to raise serious questions about these panels’ objectivity.”
- Dr. Irwin Savodnik, an assistant clinical professor of psychiatry at the University of California, Los Angeles, responded: “The very vocabulary of psychiatry is now defined at all levels by the pharmaceutical industry.”
- As for ADHD, Dr. Sami Timimi, a consultant and adolescent psychiatrist in the UK, confirms what many medical experts are saying: “There is no evidence to suggest there is a medical condition called ADHD. It is a cultural concept, which is creating a market in various labels... There’s money in it.”

Dr. Vidya Bhushan, an Assistant Professor of Pediatrics at the New York Medical College stated, “[A]n ‘ADD/ADHD gene’ has not been discovered.” Bruce Levine, Ph.D., psychologist and author of *Commonsense Rebellion*, reinforces this: “Remember that no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder.”

As for the latest psychiatric claims that brain scans or imaging can detect mental disorders, in October 2005, *The New York Times* put this to rest after finding that research spanning 30 years revealed that psychiatrists and researchers have never established brain imaging as a means for diagnosing mental disorders and that they could not determine a *single* biological or physical cause to any such disorder.

Today, pharmaceutical companies, drug regulatory agencies and psychiatrists are coming under close scrutiny for their collusion in both the diagnostic process and the drugs approved for treatment. *The New England Journal of Medicine* criticized the FDA leadership, which it said had “made a mockery of the process of evaluating scientific evidence” and “squandered the public trust.” When Canadian officials ordered the suspension of sales of the stimulant Adderall XR (extended release, taken once per day) in 2005 because of the risk of sudden death and stroke, the *Fresno Bee* in California reported how the FDA had written to Canadian regulators asking them to refrain from suspending the drug because the FDA could not handle another “drug safety crisis.”

In November last year, the British House of Commons (Parliament) Health Committee issued a damning report that drug companies have marketed drugs to treat “unhappiness [that] is part of the spectrum of human experience, not a medical condition.”

The renowned Washington “think tank” group Public Citizen came out with a study in April of this year confirming CCHR’s earlier exposés that the psychiatric members of the FDA advisory committees have financial conflicts with drug companies.

These manufacturers are now being held to account for withholding vital information about drug risks and will likely pay the price. In 2006, the influential *Investor’s Business Daily* predicted that the warnings and revelations about psychiatric drugs could bankrupt the pharmaceutical industry in the not too distant future. More than 90% of the American public thinks the pharmaceutical industry is untrustworthy.

From *The New York Times*, *USA Today*, *Chicago Tribune* and *Wall Street Journal* to the *Journal of the American Medical Association*, *British Medical Journal* and others, psychiatry’s diagnostic methods are being thoroughly debunked. As medical experts note, in doing so, it opens the door for people to look for the real cause of their problems and to seek proper and effective medical care and escape the inherent harm caused by psychiatry’s treatments.





INTERNATIONAL DRUG WARNINGS

CCHR was formed within two years of a 1967 meeting of prominent psychiatrists and doctors in Puerto Rico who discussed their objectives for psychotropic drug use on “normal humans” by the year 2000. In what could well be a sequel to Aldous Huxley’s novel *Brave New World*—only it wasn’t fiction—their plan included manufactured “intoxicants” that would create the same appeal as alcohol, marijuana, opiates, and amphetamines, producing “disassociation and euphoria.”

The doctors predicted that the “breadth of drug use may be trivial when we compare it to the possible numbers of chemical substances that will be available for the control of selective aspects of man’s life in the year 2000.”

The resultant report stated, “Those of us who work in this field see a developing potential for nearly a total control of human emotional status, mental functioning, and will to act. These human phenomena can be started, stopped or eliminated by the use of various types of chemical substances. What we can produce with our science now will affect the entire society.”

And affect society it has.

Today, with more than 20 million children worldwide consuming mind-altering drugs and 35 million Americans taking antidepressants, Huxley’s *Brave New World* is a reality.

However, because of CCHR’s constant vigilance and its work with many like-minded individuals and organizations, today there are unprecedented numbers of studies and drug regulatory agency reports exposing the debilitating and often life-threatening effects of psychiatric drugs.

- Study after study has confirmed that children are abusing stimulants such as Ritalin and Adderall, a cultural trend that the media has dubbed “Generation Rx.” The link between stimulant use and illegal drug taking is now broadly publicized. As reported in 2006, teens that abuse prescription drugs are 12 times more likely to use heroin, 14 times likelier to use Ecstasy and 21 times likelier to use cocaine, compared to teens that did not abuse such drugs.
- Studies report that psychiatric drugs do not improve academic performance and that on the contrary, they cause death. A September 2005 study by the Oregon Health & Science University, Evidence-Based Practice Center reviewed 2,287 studies—virtually every study ever conducted on “ADHD” drugs—and found a lack of evidence that they could affect “academic performance, risky behaviors, social achievements, etc.” Further, no drug trials showed their effectiveness.
- In February and March 2006, FDA advisory panels held hearings into reports of children taking stimulants suffering strokes, heart attacks and sudden death. There

were 25 deaths linked to the drugs, prompting prestigious cardiologist and FDA advisor Dr. Steven Nissen to warn that stimulant use has become a “potential public health crisis.” The panels recommended stronger warnings but not a ban on pediatric use that is greatly needed.

- In Australia, drug adverse reaction reports of heart irregularities, psychosis and convulsions related to stimulants has led to dozens of families filing class action suits against one stimulant manufacturer.
- In May, *USA Today* exposed how FDA adverse drug reaction reports linked 45 child deaths to the latest antipsychotic drugs. There were also 1,328 reports of other side effects, some life threatening, such as convulsions and low white blood cell count.
- Of the 45 deaths, at least six were related to diabetes. Other causes of death ranged from heart and pulmonary (lung disease) problems, suicide, choking and liver failure. An 8-year-old boy died of cardiac (heart) arrest.

The *USA Today* article also addressed how these drugs are prescribed for diagnoses that are not based on science.

Sandra Spencer, whose son was placed on a “smorgasbord” (elaborate variety) of drugs said, “Psychiatry is not an exact science” referring to the multiple diagnoses her son had been given.

“The science is nowhere near where it is in other branches of medicine,” said child psychiatrist Barbara Geller.

In another damning admission, John March, chief of child and adolescent psychiatry, Duke University told *USA Today*, “We have no evidence about the safety of these agents or their effectiveness in controlling aggression....We’re conducting a very large experiment on our children.”

With such experimentation, CCHR’s job remains formidable and its watchdog role all the more vital. Those prescribing psychiatric drugs *know* the dangers. They frequently prescribe them to treat conditions for which the drugs are not FDA approved. Despite this potential risk, antipsychotic drug prescriptions for children ages 2 to 18 leaped fivefold—from just under half a million to about 2.5 million between 1995 and 2002. This represented only those children privately insured and doesn’t include the more than 350,000 in institutions and residential centers or those under foster care. The death rate could be as high as 450 as the FDA estimates only 1-10% of adverse reactions are ever reported to it. There were also more than 1,300 reports of other potentially life threatening adverse reactions.



Profit has taken precedence over patient welfare. Between 1991 and 2003, antipsychotic drug sales in the United States for all age groups increased 1,500%, from less than \$500 million to more than \$8 billion.

Forcing widespread implementation of their diagnostic sham, psychiatrists have ensured that more and more people with mental problems—or even no problem at all—are being deceived into thinking that the best answer to life’s many difficulties and challenges lies with the “latest and greatest” psychiatric pill.

Whether you are a legislator, a parent of school-aged children, a teacher, an employer or employee, a homeowner, or simply a community member, our failure in the war against drugs is due largely to our failure to put a stop to the most damaging of all drug pushers in society: psychiatrists.

A diagnosis requiring any form of treatment must be determined and verified by a physical test. Otherwise, it is no different to and just as dangerous as prescribing chemotherapy to someone when no cancer cells are evident. Mental healing treatments should be gauged on how they improve and strengthen individuals, their responsibility, their spiritual well being, and thereby society. Psychiatric drugs cannot achieve this. They do not cure but they do *harm*. A workable and humane mental health system is what the Citizens Commission on Human Rights is working towards.

A CHRONOLOGY OF HARM

The following is a chronology of warnings that have occurred since 2004.

2004

February 2: FDA official Dr. Andrew D. Mosholder testified before the FDA's Psychopharmacological Advisory Committee on the Office of Drug Safety Data Resources for the Study of Suicidal Events, warning that children being prescribed the newer antidepressants were at risk of suicide.

March 22: The FDA warned that Prozac-like antidepressants (called Selective Serotonin Reuptake Inhibitors or SSRIs) could cause "anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia [severe restlessness], hypomania [abnormal excitement] and mania [psychosis characterized by exalted feelings, delusions of grandeur]."

June: The Australian Therapeutic Goods Administration published an Adverse Drug Reactions Bulletin reporting that the latest antipsychotics could increase the risk of diabetes.

June: The FDA ordered that the packaging for the stimulant Adderall include a warning about sudden cardiovascular deaths, especially in children with underlying heart disease.

August 20: A Columbia University review of the pediatric (child) clinical trials of Zoloft, Celexa, Effexor, Wellbutrin, Paxil and Prozac, found that young people who took them could experience suicidal thoughts or actions.

September 21: Following a BBC news report on antidepressants causing aggression and homicidal behavior, the British Healthcare Products Regulatory Authority advised that it had issued guidelines that children should not be given most SSRIs because clinical trial data showed an increased rate of harmful outcomes, including hostility.

October 15: The FDA ordered a "black box" warning for antidepressants that they could cause suicidal thoughts and actions in under 18 year olds taking them.

October 21: The New Zealand Medicines Adverse Reactions Committee recommended that old and new antidepressants not be administered to patients less than 18 years of age because of the potential risk of suicide.

December: The Australian Therapeutic Goods Administration children and adolescents prescribed SSRI antidepressants should be carefully monitored for the emergence of suicidal ideation. In a recent study involving Prozac, it said, there was an increase in adverse psychiatric events (acts and ideation [thoughts] of suicide, self-harm, aggression, violence.)

December 9: The European Medicines Agency's Committee for Medicinal Products for Human Use confirmed that product information should be changed for antidepressants to warn of the risk of suicide-related behavior in children and adolescents and of withdrawal reactions on stopping treatment.



December 17: The FDA required that packaging for the “ADHD” drug Straterra carry a new warning advising, “Severe liver damage may progress to liver failure resulting in death or the need for a liver transplant in a small percentage of patients.”

2005

February 9: Health Canada, the Canadian counterpart of the FDA, suspended marketing of Adderall XR (Extended Release, given once a day) due to reports of 20 sudden unexplained deaths (14 in children) and 12 strokes (2 in children) in patients taking Adderall or Adderall XR.

February 18: A study published in the *British Medical Journal* determined that adults taking SSRI antidepressants were more than twice as likely to attempt suicide as patients given placebo.

April: The British House of Commons (Parliament) Health Committee issued a damning report that SSRI antidepressants had been “indiscriminately prescribed on a grand scale” and that drug companies have marketed the drugs without punishment to treat “unhappiness [that] is part of the spectrum of human experience, not a medical condition.”

April 11: The FDA warned that antipsychotic drugs in elderly patients could increase the risk of death.

April 21: A national non-government organization, Partnership for a Drug-Free America, released its findings of a study that determined that 10% of teens (2.3 million) had abused the stimulants Ritalin and Adderall.

April 25: The European Medicines Agency’s Committee for Medicinal Products for Human Use reaffirmed that *all* the latest antidepressants could cause increased suicide-related behavior and hostility in young people.

June 28: The FDA announced its intention to make labeling changes to Concerta and other Ritalin products to include the side effects: “visual hallucinations, suicidal ideation [ideas], psychotic behavior, as well as aggression or violent behavior.”

June 30: The FDA warned that the latest antidepressant Cymbalta could increase suicidal thinking or behavior in pediatric patients taking it.

June 30: The FDA also warned about a potential increased risk of suicidal behavior in adults taking antidepressants, broadening its earlier warning that related only to children and adolescents taking the drugs.

July 1: An FDA “Talk Paper” said that it had requested antidepressant manufacturers to provide all information from their clinical trials on possible increased suicidal behavior in adults taking the drugs.

July 7: The National Center on Addiction and Substance Abuse at Columbia University issued a report called “Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.” that determined 15 million Americans were getting high on painkillers and psychiatric drugs such as the tranquilizer Xanax and the stimulants Ritalin and Adderall. Between 1992 and 2003, the number of 12 to 17 year olds abusing these drugs had risen 212%. Teens who abused prescription drugs were 12 times likelier to use heroin, 15 times likelier to use Ecstasy and 21 times likelier to use cocaine, compared to teens that did not abuse such drugs.

July 16: The *British Medical Journal* published a study, “Efficacy of antidepressants in adults,” by Joanna Moncrieff, senior lecturer in psychiatry at University College London who found that antidepressants were no more effective than a placebo (fake pill) and do not reduce depression. In a media interview on the study, Dr. Moncrieff stated, “The bottom line is that we really don’t have any good evidence that these drugs work.”

August: The Australian Therapeutic Goods Administration found a relationship between antidepressants and suicidality, akathisia (severe restlessness), agitation, nervousness and anxiety in adults. Similar symptoms could occur during withdrawal from the drugs, it determined.

August 19: The European Medicines Agency’s Committee for Medicinal Products for Human Use issued its strongest warning against child antidepressant use, stating that the drugs caused suicide attempts and thoughts, aggression, hostility, aggression, oppositional behavior and anger.

August 22: Norwegian researchers found that patients taking antidepressants were seven times more likely to experience suicide than those taking placebo.

September 7: The Australian Therapeutic Goods Administration warned that antidepressant use during pregnancy could cause “withdrawal effects that can be severe or life-threatening.”

September 13: The Oregon Health & Science University, Evidence-Based Practice Center published the findings of its review of 2,287 studies—virtually every study ever conducted on “ADHD” drugs—and found that there were no trials showing the effectiveness of these drugs and that there was a lack of evidence that they could affect “academic performance, risky behaviors, social achievements, etc.” Further, “We found no evidence on long-term safety of drugs used to treat ADHD in young children” or “adolescents.”

September 22: Dr. Jeffrey Lieberman of Columbia University and other researchers published a federally funded study in the *New England Journal of Medicine* about the effectiveness of certain antipsychotic drugs, comparing an older generation of antipsychotics with several newer ones. Far from proving effectiveness, of the 1,493 patients who had participated, 74% discontinued their antipsychotic drugs before the end of their treatment due to inefficacy, intolerable side effects or other reasons. After 18 months of taking Zyprexa, 64% of the patients taking this stopped, most commonly because it caused sleepiness, weight gain or neurological symptoms like stiffness and tremors.



September 26: *The Italian Gazette* (official news agency of the Italian government) published a resolution of the Agenzia Italiana del Farmaco (Italian Drug Agency, equivalent to the FDA) ordering a warning label for older (tricyclic) antidepressants that the drugs should not be prescribed for under 18 year olds. They also determined that they were associated with heart attacks in people of *any* age.

September 27: The FDA warned that Paxil and other antidepressants taken during the first trimester of pregnancy could cause increased risk of major birth defects, including heart malformations in newborn infants.

September 28: The British National Health Service's Institute for Health and Clinical Excellence released a Clinical Guideline for treatment of "Depression in Children and Young People." It advised "all antidepressant drugs have significant risks when given to children and young people" and instead, they should be "offered advice on the benefits of regular exercise," "sleep hygiene," "nutrition and the benefits of a balanced diet."

September 29: The FDA directed Eli Lilly & Co. to revise Strattera labeling to include a boxed warning about the increased risk of suicidal thinking in children and adolescents taking it.

September 29: The UK Medicines and Healthcare Products Regulatory Agency issued a press release that it had begun a review of the risks of Straterra in light of the FDA's direction.

October: The sales and marketing of the stimulant Cylert were stopped in the U.S. because of the risk of liver damage that could lead to death.

October 17: The FDA ordered Eli Lilly & Co. to add a warning to the packaging of its antidepressant Cymbalta, that it could cause liver damage.

October 19: A study in the *Journal of the American Medical Association* concluded that atypical (newer) antipsychotic drugs could increase the risk of death in elderly people.

October 24: The FDA withdrew Cylert from the market because of its "overall risk of liver toxicity" and liver failure.

December 1: Researchers found that 18% of nearly 23,000 elderly patients taking the older antipsychotics died within the first six months of taking them.

December 8: The FDA warned that Paxil taken by pregnant women in their first trimester may cause birth defects, including heart malformations.

2006

January 5: The FDA said it had received reports of sudden deaths, strokes, heart attacks and hypertension (high blood pressure) in both children and adults taking

“ADHD” drugs and asked its Drug Safety and Risk Management advisory committee to examine the potential of cardiovascular (heart) risks of the drugs.

February 4: A University of Texas study published in *Pediatric Neurology* reported cardiovascular problems in people taking stimulants.

February 5: An analysis of World Health Organization medical records found that infants whose mothers took antidepressants while pregnant could suffer withdrawal effects.

February 6: A study published in the *Archives of Pediatrics and Adolescent Medicine* determined that nearly one-third of newborn infants whose mothers took SSRI antidepressants during pregnancy experienced withdrawal symptoms that included high-pitched crying, tremors and disturbed sleep.

February 9: The FDA’s Drug Safety and Risk Management Advisory Committee urged that the strongest “black box” warning be issued for stimulants, including Ritalin, Adderall and Concerta and that they may cause heart attacks, strokes and sudden death.

February 11: The Australian Therapeutic Goods Administration announced it would review the FDA advisory committee recommendation for stronger warnings against stimulants.

February 20: British authorities warned that the “ADHD” drug Straterra was associated with seizures and potentially lengthening period of the time between heartbeats.

February 25: A study in the journal, *Drug and Alcohol Dependence*, and reported in *The Washington Post* revealed that seven million Americans were estimated to have abused stimulant drugs and a substantial amount of teenagers and young adults now appeared to show signs of addiction.

March 10: Health Canada issued a warning that pregnant women taking SSRIs and other newer antidepressants placed newborns at risk of developing a rare lung and heart condition.

March 22-23: Two FDA advisory panels held hearings into the risk of stimulants and another new “ADHD” drug called Sparlon. Between January 2000 and June 30, 2005, the FDA had received almost 1,000 reports of kids experiencing psychosis or mania while taking the drugs. The first panel recommended stronger warnings against stimulants, emphasizing these on special handouts called “Med Guides” that doctors must give to patients with *each* prescription. The second committee recommended not to approve Sparlon, which the manufacturer, Cephalon, estimated would lose them \$100 million in drug sales.

March 28: The Australian Therapeutic Goods Administration announced its review of reports of 400 adverse reactions to stimulants in children taking them. CCHR had filed a Freedom of Information Act request with the TGA to obtain the reports and released this to the media that ran the story internationally.



May 1: An *American Journal of Psychiatry* study revealed that elderly people prescribed antidepressants such as Prozac, Paxil, and Zoloft are almost five times more likely to commit suicide during the first month on the drugs than those given other classes of antidepressants.

May 3: FDA adverse drug reaction reports linked 45 child deaths to new antipsychotic drugs. There were also more than 1,300 reports of other potentially life-threatening adverse reactions such as convulsions and low white blood cell count.

May 12: GlaxoSmithKline, the manufacturer of Paxil, sent a letter to doctors warning that its antidepressant increases the risk of suicide in adults. It was the first warning of its kind by a manufacturer.

YOUR HELP IS NEEDED

WHAT YOU CAN DO

While a tremendous amount has been achieved, there is still much to be done. Some 20 million children and 8% of the world's population are taking psychiatric drugs that could drive them to violence and suicide or to suffer from other debilitating effects.

We welcome all concerned individuals to join CCHR in its fight for human rights.

1 The influence of psychiatry has wreaked havoc throughout society, especially as a result of the widespread prescription of dangerous psychiatric drugs for stigmatizing "mental disorders" for which psychiatrists have no cures. Citizen groups and responsible government and insurance officials should work together to expose and abolish psychiatry's unscientific diagnostic methods and proven dangerous and life-threatening drugs.

2 If a person has been the victim of psychiatric drug abuse, misdiagnosis, psychiatric fraud or other mental health abuse, they should file a criminal complaint and send a copy to CCHR. Once criminal complaints have been filed, they should also be filed with the state regulatory agencies, such as state medical and psychologists' boards. Such agencies can investigate and revoke or suspend a psychiatrist's or psychologist's license to practice. The person should also seek legal advice to look into filing a civil suit for compensatory, and as applicable, punitive damages.

3 Protections should be put in place to ensure that psychiatrists are prohibited from violating the right of any person to exercise all civil, political, economic, social and cultural rights as recognized in the U.S. Constitution, the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and in other relevant instruments.

WAYS YOU CAN HELP

4 If you are a professional, such as a doctor or attorney, join CCHR as one of its advisory board members by emailing humanrights@cchr.org.

5 Become a member of CCHR International. The introductory membership is \$25, annual memberships are \$300 and corporate memberships are \$500. All donations to CCHR International are tax deductible. CCHR is a non-profit, tax-exempt 501(c)(3) public benefit corporation recognized by the Internal Revenue Service and grants from foundations are welcomed.

6 CCHR booklets and other publications are also available for personalized bulk mailings to groups and individuals of your choice. Contact the Director of Public Information at humanrights@cchr.org or (323) 467-4242 for help in carrying out this important activity.

7 There is a Human Rights Investigator Manual that provides steps for anyone wishing to document psychiatric abuses. This manual can also be used by those who would like to write articles or letters to newspaper editors or legislators. You can also use this manual if you would simply like to advocate the truth about psychiatry and its abuses. This is also available through CCHR.



CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 250 chapters in 34 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

A key CCHR focus is psychiatry's fraudulent use of subjective diagnoses that lack any scientific or medical merit. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments that mask a person's underlying difficulties and prevent his or her recovery.

CCHR has inspired and helped achieve many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.

At its international headquarters in Los Angeles, it has a compelling museum on the history of psychiatry and its practices called "Psychiatry: An Industry of Death." This is open 7 days a week and is a must for anyone concerned about the future of society and the safeguarding of human rights.

THE SOLUTION IS PROPER MEDICAL CARE

Article 3 of CCHR's Declaration of Human Mental Health Rights states: "The right to have a thorough physical and clinical examination by a competent registered general practitioner of one's choice, to ensure that one's mental condition is not caused by any undetected and untreated physical illness, injury or defect, and the right to seek a second medical opinion of one's choice."

CCHR has long been an advocate for competent, non-psychiatric, medical evaluation of people with mental problems. Undiagnosed and untreated physical conditions can manifest as "psychiatric" symptoms. In 1982, CCHR campaigned for Senate Bill 929 in California that established a pilot project to provide medical evaluation of people in public psychiatric hospitals. Subsequently, the California Department of Mental Health Medical Evaluation Field Manual—which CCHR assisted in introducing—stated: "Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients...physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder...."

More information about non-abusive alternatives to psychiatric treatment is available on CCHR's website, www.cchr.org.

MISSION STATEMENT

The Citizens Commission on Human Rights investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

For further information, contact:

Citizens Commission on Human Rights International
6616 Sunset Blvd.
Los Angeles, California 90028, U.S.A.

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

Fax: (323) 467-3720
e-mail: humanrights@cchr.org



CCHR'S DECLARATION OF MENTAL HEALTH RIGHTS

In 1969, CCHR wrote its Declaration of Mental Health Rights. The purpose of this declaration is to define, popularize and defend mental health rights for the mentally disturbed and all vulnerable peoples.

A partial list of these rights includes:

- No person shall be given psychiatric or psychological treatment against his or her will.
- No person may be denied his or her personal liberty by reason of so-called mental illness, without a fair jury trial by laymen and with proper legal representation.
- No person shall be admitted to or held in a psychiatric facility because of their religious, political or cultural beliefs and practices.
- Any patient has the right to be treated with dignity as a human being; to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice; to accept or refuse treatment but in particular, the right to refuse sterilization, electroshock, insulin shock, lobotomy (or any other psychosurgical brain operation), aversion therapy, narcotherapy, deep sleep therapy, and psychiatric drugs.
- A patient must have the right to have copies of his/her psychiatric hospital records and to take legal action with regard to any false information contained therein which may be damaging to one's reputation.
- A patient must have the right to sue psychiatrists, their associations and colleges, the institution, or staff for unlawful detention, false reports, or damaging treatment.
- A patient has the right to a safe environment without having in the environment, persons placed there for criminal reasons.
- A patient has the right to education or training so as to enable one better to earn a living when discharged, the right of choice over what kind of education or training is received, and
- The right to receive visitors and a minister of one's own faith.

CCHR COMMISSIONERS

CCHR's board of advisors, called Commissioners, includes doctors, lawyers, educators, celebrities, business professionals and civil and human rights representatives. Their duties include advising CCHR in their professional capacity, on issues relating to CCHR's mission to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing.

FOUNDING COMMISSIONER

Thomas Szasz, Professor of Psychiatry Emeritus, State University of New York Health Science Center

BOARD MEMBER

Isadore M. Chait

SCIENCE, MEDICINE & HEALTH

Rohit Adi, M.D., Diplomate of the American Board of Internal Medicine, assistant director of a level II trauma center (U.S.)

Professor Garland Allen, Professor of Biology and researcher (U.S.)

Giorgio Antonucci, M.D., Medical doctor and author who worked in Imola Psychiatric Institution. Successfully treated the seriously disturbed without the use of drugs (Italy)

Mark Barber, D.D.S., Dentist and researcher (U.S.)

Lisa Bazler, B.A., M.A., Psychologist, co-author of *Psychology Debunked*.

Ryan Bazler, B.S. in electrical engineering, co-author of *Psychology Debunked*, co-founder of Christian Backpacking Youth Ministry (U.S.)

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Lisa Benest, M.D., Dermatologist (U.S.)

Mary Ann Block, D.O., Licensed osteopathic physician, medical director of The Block Center in Dallas, Texas, author of *No More ADHD* (U.S.)

John Breeding, Ph.D., Psychologist, director of Texans for Safe Education and author of *The Wildest Colts Make the Best Horses* (U.S.)

Lisa Cain, Associate professor of psychology (U.S.)

Anthony Castiglia, M.D., Physician and member of the American College for Advancement in Medicine (U.S.)

Roberto Cestari, M.D., General Medical Practitioner, author and President of CCHR Italy

Beth Clay, President BCGA International, LLC, an integral health consulting and government relations firm (U.S.)

Ann Y. Coxon, M.B., B.S., Neurologist (UK)

Moirá Dolan, M.D., General Medical Practitioner and researcher (U.S.)

Dan L. Edmunds, M.A., B.C.S.A., ED.D., Psychotherapist and lecturer (U.S.)

David Enger, Ph.D., Child psychologist and former special education director (U.S.)

Seth Farber, Ph.D., Psychologist, author and founder of the Network Against Coercive Psychiatry (U.S.)

Milton Fried, M.D., B.S., Bachelor of Science in Psychology, member of the American College for the Advancement of Medicine and American Academy of Integrative Medicine (U.S.)



Mark Filidei, D.O., Medical Director of the Whitaker Wellness Center in California (U.S.)
Howard Glasser, M.A., Executive Director of the Children's Success Foundation, psychologist and author (U.S.)
Edward C. Hamlyn, M.D., Founding member of the Royal College of General Practitioners, medical doctor with the International Allergy Testing Center (UK)
Brett Hartman, Psy.D., Clinical psychologist and author of *Hammerhead 84* (U.S.)
Lawrence B. Hooper, M.D., Medical doctor specializing in Family Practice (U.S.)
Georgia Janisch, R.D., Registered dietician (U.S.)
Jonathan Kalman, B.A., N.D., Naturopathic doctor, graduate of the Southwest College of Naturopathic Medicine and Health Sciences, B.A. in Anthropology (U.S.)
Anna C. Law, M.D., Emergency room physician (U.S.)
Richard Lippin, M.D., Specialist in Occupational Medicine (U.S.)
Lloyd McPhee, Health Insurance Agent (U.S.)
Joan Mathews-Larson, Ph.D., Founder of Health Recovery Center, Minneapolis, Minnesota (U.S.)
Conrad Maulfair, D.O., Doctor of Osteopathy, founder of Maulfair Medical Center (U.S.)
Coleen Maulfair, Executive Director of Maulfair Medical Center (U.S.)
Clinton Ray Miller, Lobbyist for alternative health (U.S.)
Craig Newnes, Consultant Clinical Psychologist, editor of the *Journal of Critical Psychology, Counseling and Psychotherapy* (UK)
Mary Jo Pagel, M.D., Specialist in Internal Medicine and Preventative and Industrial Medicine (U.S.)
Vladimir Pshizov, M.D., Psychiatrist and author (Commonwealth of Independent States, CIS)
Lawrence Retief, M.D., Family practitioner from South Africa who helped expose apartheid psychiatric practices (South Africa)
Megan Shields, M.D., Family Practitioner from California (U.S.)
David Tanton, Ph.D., Holistic nutritionist, founder and research director of Soaring Heights Longevity Research Center (U.S.)
William Tutman, Ph.D. Former clinical psychologist and executive of the Campaign to Stop the Federal Violence Initiative (U.S.)
Michael Wisner, Environmental health activist and author of *Living Healthy in a Toxic World* (U.S.)
Tony Urbanek, M.D., D.D.S., Prior fellowship with the National Institutes of Health, and an Oral and Maxillofacial Surgeon (U.S.)
Julian Whitaker, M.D., Founder of the Whitaker Wellness Center in California (U.S.)
Sergej Zapuskalov, M.D., Former Soviet psychiatrist (CIS)
Norman Zucker, M.D., Medical doctor specializing in nutrition, hormone therapies, anti-ageing therapies and allergy management (U.S.)

POLITICS & LAW

State Rep. Russell Albert, New Hampshire (U.S.)
Timothy Bowles, Esq., Attorney (U.S.)
Robert Butcher, Barrister and solicitor (Australia)
Robert E. Byron, LLC, Attorney (U.S.)
Lars Engstrand, Attorney (Sweden)
State Rep. Wayne Harper, B.A., M.S., Utah (U.S.)

Gregory Hessian, J.D., Attorney, Juris Doctor (U.S.)
Janice Hill, Founder of the Janice Hill Foundation parents' group. (UK)
State Sen. Karen Johnson, Arizona, Chairperson of the Family Services Committee, member of the Appropriations and Finance Committees, Co-chair of the Joint Legislative Committee on Children and Family Services (U.S.)
Nedra Jones, Vice President Silicon Valley chapter of the National Association for the Advancement of Colored People (U.S.)
Leonid Lemberick, Esq., Attorney (CIS)
Vladimir Leonov, M.P., Member of Parliament of Leningradsky region (CIS)
Jonathan W. Lubell, LL.B., Attorney, former president of the National Lawyers Guild, New York City Chapter (U.S.)
Lev Levinson, Legal Advocate (CIS)
Jeff Lustman, Esq., Attorney, specializing in representing patients subject to involuntary commitment (U.S.)
Lord Duncan McNair, Former Member of Parliament (UK)
Norma Markovski, Attorney and human rights advocate (Australia)
Kendrick Moxon, Esq., Attorney (U.S.)
Curtis Oda, Utah State Representative, now an insurance agent (U.S.)
Col. Stanislav Pylov, Director of Personnel for the Ministry of Internal Affairs of the Russian Federation (CIS)
Steven Russell, Esq., Attorney (U.S.)
State Rep. Aaron Tilton, Utah (U.S.)
State Rep. Mark Thompson, Utah (U.S.)
State Rep. Matt Throckmorton, Utah (U.S.)
William Tower, California Director of the American Family Rights Association (U.S.)
Lloyd Wyles, Australian National Executive Director of the national Indigenous Human Rights Congress (Australia)

ARTS & ENTERTAINMENT

Kirstie Alley, Golden Globe and Emmy award winning actor (U.S.)
Anne Archer, Academy Award nominated actor (U.S.)
Jennifer Aspen, Actor (U.S.)
Catherine Bell, Actor (U.S.)
David Campbell, Multi-platinum recording arranger, composer and musician (U.S.)
Raven Kane Campbell, Singer, Composer and playwright (U.S.)
Nancy Cartwright, Emmy Award-winning actor and voice-over artist, the "Voice of Bart Simpson" (U.S.)
Kate Ceberano, Five-time platinum and four-time gold album recording artist (Australia)
Chick Corea, Multi-Grammy Award winner, jazz composer and pianist (U.S.)
Bodhi Elfman, Actor (U.S.)
Jenna Elfman, Golden Globe winning actor (U.S.)
Isaac Hayes, Academy Award and Grammy Award winning composer, musician and actor (U.S.)

Donna Isham, Manager (U.S.)
Mark Isham, Multi-Award winning composer (Grammy, Emmy, Cleo and ASCAP's Henry Mancini Award for Lifetime Achievement), recording artist and



instrumentalist (U.S.)
Jason Lee, Actor (U.S.)
Geoff Levin, Musician and composer (U.S.)
Gordon Lewis, Author, publisher and archivist (U.S.)
Juliette Lewis, Academy and Golden Globe Award nominated actor, and singer/songwriter (U.S.)
Jim Meskimen, Actor (U.S.)
Tamra Meskimen, Actor (U.S.)
Marisol Nichols, Actor (U.S.)
John Novello, Keyboardist, composer, arranger, musical director and producer (U.S.)
David Pomeranz, Multi-platinum award winning recording artist and songwriter (U.S.)
Kelly Preston, Actor (U.S.)
Harriet Schock, Award-winning singer and songwriter (U.S.)
Michelle Stafford, Emmy Award Winning Actor (U.S.)
Cass Warner, President and Founder of Warner Sisters Productions and author (U.S.)
Miles Watkins, Director (U.S.)
Kelly Yaegermann, Actor, producer (U.S.)

EDUCATION

Doctor Samuel Blumenfeld, Former teacher, educator and author of nine books, which include *Homeschooling: A Parent's Guide to Teaching Children*, *How to Tutor*, *The New Illiterates* and *NEA: The Trojan Horse* (U.S.)
Cassandra Casey, Founder of ASPIRE (Alliance to Stop Psychiatry's Influence in Religion and Education), Utah (U.S.)
Gleb Dubov, Ph.D., Psychologist and educator (CIS)
Beverly Eakman, Executive Director of the U.S. National Education Consortium, author of *Educating For The New World Order* and *Cloning of the American Mind: Eradicating Morality Through Education* (U.S.)
Professor Antony Flew, Professor of Philosophy (UK)
Wendy Ghiora, Ph.D., School vice principal (U.S.)
Wendy McCants-Thomas, Founder of Victory Ranch, Inc., a charter school which offers non-drug outreach programs for children and, instead, provides literacy and education assessment (U.S.)
James Paicopolos, Licensed elementary teacher, school psychologist and school director (U.S.)
Nickolai Pavlovsky, University Lecturer in Ethics (CIS)
Anatoli Prokopenko, Archivist, historian and author (CIS)
Gayle Ruzicka, Director of Eagle Forum, Utah, an educational and family rights organization (U.S.)
Joel Turtel, Psychologist, education policy analyst and author of *Public Schools, Public Menace: How Public Schools Lie to Parents and Betray Our Children* (U.S.)
Shelley Ucinski, former School Board Member, New Hampshire (U.S.)

BUSINESS

Lawrence Anthony, Environmentalist and businessman (South Africa)

Michael Baybak, Principal of an international financial PR/marketing firm serving the mining, oil/gas and technology sectors. (U.S.)

Luis Colon, Businessman, CEO, MGE, Inc. (U.S.)

Phillip Brown, Executive Director of Global Business Incubation (U.S.)

Bob Duggan, Founding principal of a securities investment and venture capital firm, Robert Duggan & Associates (U.S.)

James A. Mackie, Businessman and mental health advocate (UK)

Joyce Gaines, CEO, UMS Banking, Director, Professional Business Bank (U.S.)

Sebastien Sainsbury, Businessman (UK)

Roberto Santos, Businessman (Mexico)

RELIGION

Reverend Doctor Jim Nicholls, Doctor of Theology, founder of the television and radio program "The Voice of Freedom"

