

Paul Rolland Show, KBOO-FM, Portland, 90.7, Dec. 5, 2017

(Transcript as Compiled by Michael Sturman)

Paul: Here we go. This is Wednesday Talk Radio. We're going to be talking about a subject I've been dealt with.. a number of times in the past with Debra Schwartzkoff, who I said is going to be in town at the Montavilla United Methodist Church tonight for a meeting on "Putting a Stop to Shock: A Major Legal Victory." And we've got on the phone, Michael Sturman, who himself suffered, as a young man suffered, many electroshock treatments, and suffered the results of that. And those results are what were the results of a major lawsuit in California that was just decided on the side of the patients. A settlement was made. Um... I'm not sure of the terms of that. I'm not sure they're known. But we'll be talking with Michael Sturman about that. He'll also be at this event this evening in Portland at the Montavilla United Methodist Church, 7-9 PM. And we're trying to get my other guest, David Potter's, headphones working.

David: They're working now.

Paul: Okay, we're altogether. And David Potter is a member of "Rethinking Psychiatry" and so we'll continue that. And so let's see if Michael is on the line with us. Michael, hello.

Michael: Hello.

Paul: Sorry about that confusion there. Sometimes we have technical difficulties. Yeah, why don't you start out before we talk a little more about this event this event, which I said you'll be at. Talk a little bit about your own personal history, if you would.

Michael: Ah yes...ah... When I was sixteen, I was committed by my...ah... parents to a state hospital. And, this was a long time ago. This was in 19..ah...60. And...ah... I was forced to undergo between 20 and 30 bilateral...ah... electroshock...ah... treatments. And...ah...I experienced... ah... being unable to breathe and unable to move... and...ah...extreme fears of dying during this...ah... procedure. And...ah...later I learned that probably what happened was I was not put to sleep as I should have been first, as they usually do in all...ah... surgical procedures, so you don't experience... extreme pain. But they gave me the..ah... muscle relaxant, which at that time they used Anectine (succinylcholine chloride). Which paralyzes...ah... all of the muscles, including the...ah...diaphragm, which is the muscle which...ah... pumps the lungs. And, consequently, I had..ah... recurrent painful thoughts and nightmares. And now...um...it's almost 60 years later, I still think about it...a... every day. It's such a traumatic experience in my life. And I could only hope that in the...ah... future nothing like this will happen again. And, just last year I was reading in...ah... Peter Breggin's book on electroshock treatment that there is...ah... a minority of Psychiatrists who do electroshock this way. But that most...ah...electroshock Psychiatrists do not approve of it.

Paul: Aha, don't approve of what?

Michael: Ah.. not putting people to sleep before giving them a muscle relaxant.

Paul: Oh, aha. Well, let me just jump forward. There are a lot of different aspects to this. I

imagine that the...you know... practitioners of electroshock... the current modalities of electroshock...would possibly respond by saying that the...the.. technologies and techniques have changed dramatically beyond...you know... just putting people to sleep or not. But even the...the... dose, the...the... the amount of the current, being used. How would you respond to that?

Michael: Well...ah... yes they have changed. Um...at that time they were using bilateral electroshock and now it's more often unipolar. [Correction: should be "they use unipolar, too"]. I understand most still prefer the...ah...old way, bipolar. And...ah... it would seem to me that this was a willful ac, that the doctor would have to give...ah...the muscle relaxant first. And that's the way I experienced it. I was given a shot in my vein in my arm. And, within seconds I experienced the respiratory paralysis.

Paul: Um-huh.

Michael: I don't think...um... that if a doctor wants to do something like that, and he can get away with it...ah... it's possible that...ah... it's still going on. I don't know. I would hope not.

Paul: Um-huh. And so you're going to be talking with Debra Schwartzkoff this evening at, as I said, at the United Methodist Church. They're also going to have David Potter, our other guess. Why don't you say hello, David?

David: Hey, Paul. Good-morning, good morning everybody.

Paul: I was going to have you talk about this, but I kind of got thrown off by that beginning there. So...umm...what are you all going to be talking about this evening?

David: Well, we've got Debra and Michael to tell us all about their victory and on-going work. Debra, of course, has her website, Ect.Justice, or Electroconvulsive Therapy Justice, which is sort of...you know...an anti-jargon-y way of talking about electroshock. And we're also with the celebration. I mean I believe we're going to have cake, streamers, and, you know, kind of a party atmosphere. We've a big victory in a realm that ...you know...has few and far between victories.

Paul: Yes so...ah...we'll have you talk a little more about the court case. Michael, maybe you could talk about...your...do you have any relationship to that particular court case?

Michael: No, I don't...ah...Debra is the one who is knowledgeable about that...um...glad to see it, though. I think something needs to be done to...ah...stop the practice...ah...because so many people are...ah...reporting brain damage and problem associated with it. And I myself...ah...experienced a diminution...ah...a reduction in my intellectual functioning. I returned to school after...ah...my hospitalization. Previously, I been an...ah...nearly all "A" honor student. And, then I was struggling just to get by. [Correction: struggling to get B's and C's]. And...ah...the most outstanding...ah...problem I had, I was...ah...having difficulties...ah...saying simple things...to...to... not be able to find...ah...common words...which is...ah... symptom of aphasia. Which frequently follows strokes and...ah...other types of...a...brain damage. And, I went to...ahh... great lengths to...ah...regain my talking skills. I made over...ah...a thousand cassette tapes, and I would redo them until I was satisfied, more-or-

less. And...ah...fortunately, I was able to...ah...recover my speech functioning and my academic functioning. But I understand that there are many...who are permanently disabled in so many ways. It's really...ah...glaring tragedy. Something needs to be done. The profession has not even gone so far as to research how many there many people...actually have brain damage due to electric shock that is long-lasting.

Paul: Um-huh.

Michael: And...ah...the best estimate...ah...maybe 25 to over 50%. But this is just an estimate. And we definitely need to know because if...ah...the risk is 50%...ah...there's no sense...ah... in going on with electric shock. Or even if it's...ah...if it's 25, and, there are vulnerable groups like...ah...persons under eighteen...ah...it has to be...ah... regulated much better than it is now.

Paul: Yet, when you say 25 to 50%, it makes you wonder how many people have actually received this so-called treatment over the years. Do you have any idea on any numbers of how many people have actually received it?

Michael: Well...ah...Dr. Breggin in his book *Electroshock...ah, ah...Disabling Effects* estimated over 100,000 in the United States each year. So that would add up to millions and millions. And, remarkably...ah...the thing is electroshock is now undergoing a revival in the U.S. where...ah...we're on a fee for service...ah...payment plan where doctor's receive a certain fee for their service. While in the UK, which has...ah...a socialized medicine, where doctor are on salary, a fixed salary, it's gone down...ah...very, very substantially. It's been seen as risky and...ah...unnecessary because there are so many alternatives in terms of drugs or psychotherapy. So it just becomes ...ah...a greater and greater tragedy in this country all the time. And...ah...I'm so glad to...ah...hear about this lawsuit. I hope it leads to much better things in the future.

Paul: A little bit, I'm going to read a little bit from this...ah...article by Peter Breggin that. Just came out about a month ago. Because there been any significant research or...er,er...compiling of any data base on...you know...the exact number of people and...the...amount of damage, the amount and kind of damage they've had, it hard to know...whether. You know, you say in the note you wrote me, you went on to get a Bachelor and Master Degree in Psychology, and to practice...you know...Clinical Psychology for over thirty years. So, you obviously...with a lot of will and effort and your part...ah...able to overcome...the...the...damage that was done. But it is hard to know if you were one of the lucky ones...you know...how common it is...you know...because...because...both because there is little information and data compiled on it. But also because of what you wrote next that you were afraid to openly discuss your experience, fearing that it might have repercussions at work or in your social life. So...the fear. It's a very insidious thing this electroshock. It's got such a stigma that it's almost the perfect...

Michael: Yeah, yeah, it's like...

Paul: Go ahead.

Michael: It's...ah...like persons with AIDS. Um...at the place where I worked their information was regarded with ultra-confidentiality. You weren't even allowed to mention in any Psychological report, sort of the route where we normally would indicate medical illnesses that

they had. Of course, it's not as...ah... bad as AIDS. I just wonder...ah... if people think in terms of stereotypes. If somebody had electroshock, someone was at a state hospital. Wow, everything they do is considered in a new light, in a very negative light. And...ah...people are looking at you like you had...ah... a magnifying glass, and they could see into your head. Of course, they don't. And...ah...they can very easily come to biased and wrong conclusions. [dial tone interrupts].

Paul: We're hearing the dial tone.

Michael: Oh, sorry.

Paul: That was...ah...I think that was on our end. Go ahead.

Michael: Well, I was just saying...ah...just to take precautions, I didn't...ah...discuss it. Also, it was very embarrassing, of course, to...ah...have something like that happen to you. And, even if someone has cancer...uh...they're warned not to discuss it with their employer, because...ah...it may have implications as far as their health insurance, cost to the employer for health benefits. So, I...I think I did right thing there. At the same time, I'm very concerned about...ah...the profession, and it's going on with electroshock treatment. And, in particular, with individuals who would do like what was done to me and get away with it. And, no legal repercussions or...ah... professional repercussions occur. I know the doctor who did it. And, he went right on, he went into private practice, and he...ah... probably made loads of money. (laughs). And here I was left with this tremendous...ah... trauma and...ah...the...the...ah...difficult chore of overcoming...ah...what shouldn't have happened in the first place. And...ah.. you know...ah...to speak of it...ah... very bluntly, it was criminal.

Paul: Well, that's why it's important that this...ah... lawsuit happened. It seems that now this...ah...was not against any doctor, any particular...ah...practitioner of the treatment, but against the manufacturer [of electroshock machine]. Let me just read. Uh...I speaking with Michael Sturman on the phone, who was...ah... coming up to Portland to be at an event this evening called, "Putting a Stop to Shock: A Major Legal Victory." That's to be at 7-9 PM at Montavilla United Methodist Church. That's at 232 SE 80th Ave. And...ah... you can go to our program page, "Wednesday Talk Radio," at KBOO-FM...ah... and get all the information about that and more. Ah, the number to call in: 503-231-8187.

I just want to get a couple of paragraphs in here so you really know more about what it is we're actually talking about. This is by Peter Breggin on the... website, "Mad in America." "A long awaited major electroconvulsive therapy case that was on the eve of trial just settled to the satisfaction of the injured ECT patients and the DK law group by trial attorney David Karen in California. While the settlement amount remains confidential, as an expert in the case I am pleased to report," this is Peter Breggin saying, "That this resolved litigation is a significant victory. The evidence secured has paved the way for more suits against ECT manufacturers that are on the way. The lawsuit against the ECT manufacturer had a critical breakthrough when the California judge recently allowed the case to proceed to jury trial after their motion for summary judgment was denied. The judge's decision has effectively established for bringing this and other lawsuits against ECT manufacturers for their failure to warn of known or knowable risks of brain damage caused

by ECT.” And it goes on for another couple pages. And this is a link to also...to the program page for this program, KBOO.FM.

And...a...Peter Breggin is a longtime advocate against psychiatric abuse. He himself is a Psychiatrist, and he has written a number of books, including that book on Electroshock. And he's...a...an expert witness in this case. It's very fascinating. It's really interesting...the...the...his...his summaries, an insider's look. So, anybody who's particularly interested in...in...this issue, in psychiatric rights issues, in all sorts of issues around mental health, is worth checking out this out. This is kind of...a...a...on the cutting edge...I think of the movement...because...ah...it's been so hard to make a dent in...in the whole use of electroshock, especially since it's coming back, and sort of been re-packaged as a kinder, friendlier version of electroshock. So...um...David, do we have any callers? Oh...ah...I got Sean on Line 2. Okay, go ahead, you're on the air.

Sean: Good morning. Paul, I want to thank your guests for their very important work. Um, my grandfather was in what can best be described as a snake pit from 1952-1957 at Elgin State Hospital, outside of Chicago. Um, so I grew up hearing all the horror stories about the old mental hospitals. Um, when I was fifteen in 1987, I myself became very depressed. I was hospitalized in an adolescent psychiatric hospital. And I had a very different experience. Both my parents...um...they were divorced but they both belonged to strong labor unions. And so, I received very excellent psychiatric care that had very little emphasis on medication. It's nothing like ECT or anything like that. It was mostly talk therapy, individual and group. Um, my question for your two guests today is, do they think, in their opinion...um... that we've thrown out the baby with the bath water? It seems to be that, like our homeless population, there is, you know, a significant percentage suffer from mental illness. And, they would benefit greatly from well-run, well-funded psychiatric hospital. But it seems the upper-middle class and wealthy people, see asylums as the old snake pits. When poor people would benefit greatly from well-run, well-funded psychiatric hospitals.

David: I would say what the homeless people might benefit primarily would be housing. And I think...you know...anybody...just imagine being on the street, getting little sleep, etc. etc. That could make anybody, you know, quote “crazy.” So before we put people in hospitals, selling...ah...drugs to...a...the public and earning profits for the pharmaceutical companies or...a...selling electroshock treatments, as that's what drives this industry primarily. We should...you know...take a step back and say, you know, what happens if you just give people the health-care of housing. That's all relevant, and that could easily account for half...

Paul: And the support networks. The most cutting-edge programs have these. Putting them in housing and then having all the medical or whatever support is needed, you know.

David: Right, and we do a monthly event. This is a monthly thing on the first Wednesday...um...on different topics. And last month we had a person who is beginning...a training. It going to be a training throughout the year on a number of weekends throughout the year for, you know, people in this field, a training in open dialogue. Open dialogue was pioneered, and is still practiced, and is the primary Psychiatric modality in western Lapland in Finland. If

open dialogue, now, which totally de-emphasizes drugs, rarely used outside of hospitals. They send practitioners to work with people in their homes, in their families, in front of them, they always discuss everything in a group, in public. So, there is a vast difference about respect, about openness. It's about not traumatizing people, telling them they are broken and they are never going to get fixed, and it's better to take away their drugs and nonsense like that. That system, that's been operating in Finland, in Lapland, for 20-25 years has the best outcomes in the world for....a....psychosis, so-called psychosis.

Paul: Specifically, psychosis?

David: I...ah...believe that's the emphasis. I'm not an expert on that, on the precise boundaries of that. They just claim that.

Paul: Okay. Ah...Ah... a general invitation for people to come out to these monthly "Rethinking Psychiatry" events. Last month, as David said, was on open dialogue. This month it's on "Putting a Stop to Shock: A Legal Victory" at the Montavilla United Methodist Church this evening at 7 PM. And,...uh....meet people. And if you yourself have struggled or struggling with any mental health issues, emotional health issues, are...um...making it difficult for you to survive in this extreme difficult competitive, profit oriented world, which I think is really the...ah... basis for our problems. And, so we should altogether, struggle together, in the profit system as the way to solve our problems. Okay, we're talking specifically about ECT, Electroconvulsive Therapy. Anyways, otherwise known as electroshock.

Of, I know it's kind of dated now, but...ah..."One Flew Over the Cuckoo Nest," really gave a very stark view. That movie, maybe singlehandedly, really brought a lot of things out into the open that may have...ah... led to a number of changes, possibly. But anyways, we talking to David Potter in the studio, who's a member of "Rethinking Psychiatry" and Michael Sturman on the phone. And, the number to call and join the conversation is: 503-231-8187. That's the number to call in.

So, Michael, you said, you know, this whole issue of being afraid to discuss our experience. That must have been, you know, made it difficult to...you know...compare and contrast your experience with other people. How long did it take you to actually start meeting people who'd undergone, who'd also undergone electroshock, and to understand you aren't so alone in this?

Michael: Well, uh...I really...when I first got out of the hospital, I...ah...told my family, who...ah...who didn't believe me. And...uh...I also discussed it.... I was very, very upset when I got out because of how I've been treated. The overall...a...program was...a...custodial care. Most of the time, you...ah.... just sat around and did nothing. And...I...was very mad about it. I really had to really work hard to get out of there. And...ah....while I was at the hospital I went to summer school and proved I could do it. And then...ah...my mother died, and there was a delay in getting me out...ah...because of that and finally...ah...I got to go home four days a week for tutoring. And, I was released...ah...after that. When I showed I could do it.

And, when I got back, I, of course, was extremely angry as people who've been deprived and ...ah...traumatized are. And, people just, more-or-less, blew me off. If I discussed with one of

the kids I knew at school, they didn't want anything to do with me anymore. My family said I should be grateful I got so much help, the state hospitals were wonderful. And...ah... so, gradually, I just shut up. Then when...ah...I got my Master Degree and my jobs, I decided it wasn't worth the risk because of...ah...how...ah... mentally ill were seen back then. I think if I had been more open and tried to discuss it, I would have been told more-or-less the same thing—I was making it up, that this could never have happened, the doctors are wonderful, and so on. So...ah...it really wasn't until after I retired...ah... in 2009, and I discovered...ah...Deborah's group on-line, ECT. Justice, that I...ah...told anyone what was going on. I think things are a little bit different now. There's more of...a...hospitable...a... climate...a...towards people who have...a...LGBT and...a...a variety of handicapping conditions in their histories. And...ah...there wasn't very much to lose. Who's going to do anything to me now?

Paul: Um-huh.

Michael: I'm not working for anybody. Nobody has that kind of power to do anything to me. So, I want to see something done about all of this. And, it's just...ah...what I think it's a really awful situation. And, the research that has been done to date has showed that...ah...ECT really doesn't work very well. And...ah...the Federal Drug...our own Federal Drug Administration said...ah...in their report on ECT of 2016 that...ah... there's no proof it works beyond a month, it does not work for Schizophrenia, Catatonia...ah... or anything...ah...except Major Depression and, possibly, Bipolar Disorder. And, that's limited to a month. And, there's been no follow-up on...ah...the many anecdotal reports that's been received of...ah...brain dysfunction and disability. And, yet there they're going on with it. It's a very lucrative...ah...thing. Medicaid and Medicare pay for it in this country, and many insurance companies will pay for it. And, yet, there are so many reasons it shouldn't be going on.

Paul: Um-huh. Let's...we've got a couple more callers. Let's first go to Brian. Go ahead, you're on the air.

Brian. Ah, hi, I have been listening to your conversation today. And, I'm one of these homeless mental patients that people talk about on the radio sometimes. And, I hear you discussing the problems in the mental health care system. And, I almost wish it would stop, because I really feel that you 're confused. Ah...ah...I don't want to be confrontational. I know what is being presented as psychiatric care has helped some people. But for the vast majority of these people, what is being done is not helpful. Ah, they're wrong with their diagnosis 60% of the time. And, although medications are not used properly, they are absolutely essential for people with severe mental illness like Bipolar and Schizophrenia. Better education about medications and better protection of the patient is essential. There are dozens of agencies that are supposed to help me get my mental health care, and you can't find them, you can't access them. And, if you do, you're told they don't have the budget to help. A recent example was that I was just sitting in a doctor's office, a general practitioner, shaking uncontrollably because I had been refused appropriate care by a Psychiatrist at the VA. At the same time, I was sitting there shaking, the VA was telling me we've done everything on our check-list things to do. Therefore, you have received mental health care, and you're fine now. That happens all the time. The standard of care is so bad, 80% of the mental

spent on mental health care, in my opinion, is wasted. I really wish someone would look into that. I'll take any comments off the air. Sorry for rambling, I'm a mental patient. Bye.

Paul: Thank-you for the call. You know, it's all good, man, it's important to hear. You know, we're talking about a big subject. We're actually thinking about making this a more regular thing on...a...Wednesday Talk Radio once a month. We'll see how that goes, but yet there's so many people suffering and...ah...David and I have had...ah...our own briefer experiences, touches with the difficulties, major difficulties, in our own mental health. And, that's why we're both interested in this issue, but...you know...I count myself lucky. Perhaps David does too, because the people have been obviously struggling for quite a bit longer. And, the help which is offered in this dog-eat-dog is...ah....woefully insufficient. We're specifically talking this morning about...

David: Could I say something?

Paul: Go ahead.

David: So, Rethinking Psychiatry, you know...ah...we're about exploring options. Ah...I think...I mean we don't have any lengthy dogma, but we're kind of a forum for people who are concerned about the system to discuss it and learn about alternatives and present those alternatives in these monthly events and educate ourselves and the public about these options. So, options, alternatives, that's kind of the theme as opposed to force, right? So, if you, caller, have found the medication you're taking helpful, more power to you! But, my experience in a very brief incident, being held a few days and being forcibly drugged was the worst experience of my life. I mean, it was the most horrifying thing, it was like a chemical rape to have people force me to take something that was...you know...making me feel like a zombie. It was shutting down my neurochemistry. But that's how the system runs. It's run as if a doctor, so-called...a person can tell you what's good for you. And, all too often what they claim is good for you is really what's good for the system. It's good for the nurses, you know. Basically, to sum it up a little short, I would say basically in hospitals from my own observation and reading...ah...success is, you know, you shut people up. Now they're better, they shut-up. They're happily smiling in a daze, they're so much better. It's not really about finding what works with the patient. It's what makes people docile.

Paul: We'd like to think that things have changed since the days of...ah. Well, the first caller, Sean, talked about the idea of the snake pit, you know...the...the...the mental institution where people are...like...like..."One Flew Over the Cuckoos Nest," where people were basically shut down. And, there was supposed to be this transition into community mental health. And, then, you know, Reaganism came in and put a dash to that. So, the whole structure that was supposed to be put in place to replace that...never...never came into being, which is the reason why....one of the reasons why people are just shunted to jail or I don't know, the street.

David: I can't comment, I mean I haven't really studied closely how bad forcibly...you know...hold you by force hospital are now compared to then, but they still exist. Still people, I mean I had a friend, who was in the state hospital and had to have a two-day administrative trial [hearing] to avoid massive, I mean getting the worst so-called anti-psychotic drugs forcibly administrated. And, this was a gentle, thoughtful, soft-spoken guy. Ah, that was in the Oregon

State Hospital over here just a few years ago. So, yeah, maybe things have improved, but I don't know, but they're still so bad. I'd still take it's a snake pit of a sort.

Paul: Right. I guess...I didn't mean to say that...I guess there are so many layers of confusion or lack of good understanding. But, yeah, obviously....there....there are still hospitals. The big, huge, you know, where everybody was sort of dumped, I guess, that's sort of gone away, but not completely.

David: I don't think so. Oregon State Hospital, whatever it's called state hospital, they're big, prison-like institutions. Not with cells, per se, but people are held there.

Paul: I've got to change this mental narrative in my mind.

David: I don't know how it's so wonderfully better. You know, it's not clear to me. I'm not sure that's happened.

Paul: No, what I'm saying is that there was a phase where a lot of hospitals were closed. And, there was supposed to be this transition to community mental health. And, that never happened, but there are still big hospitals. So anyways, let's go to our next caller, Harry. Hello, you're on the air.

Harry: Greetings everyone and thank-you for taking my call. And...ah... thank-you to KBOO and you, Paul, for bringing up this subject. I remember about two years ago you brought up this subject when they had demonstrations at Kaiser Permanente.

Paul: Um-huh.

Harry: And I realized that Kaiser Permanente were doing these shock therapies. It was unbelievable. I belonged to Kaiser for all my life, and they were...uh...always considered progressive type of mental, I mean medical...uh...institution. And I was shocked to learn they are still doing this, and it is all over the country. But they'd been doing it for years. You would think they would have collected and find out, hey, does it work or not. Um...putting electricity through someone's brain would...hm...cause damage. I could see maybe doing it just once to see if it would help. But the gentleman...ah...what's on your program said it only lasts for a month! So that means what? It doesn't work. Right?

Paul: Yeah, yeah. So, Michael, would you like to respond to that?

Michael: Well...ah...it's not what I'm saying, it's what the...a...Federal Drug Administration is saying. Also, in the...in the UK...ah...John [Read] actually from New Zealand...John has studies on...ah...long term mental health outcomes following electroshock. And...ah...actually there are very few studies. And, his conclusion was that it doesn't work, and it has no place today when we have...a...scientific, evidence based...a...medical practice. You would not want to take an...ah...antibiotic that has not been tested and not been followed for its side-effects. So what is going on is that practitioners use their own judgment instead of research, science, or...the warning of the FDA which would, I would say are of overwhelming significance. And...a...to speak frankly, a lot of them do it for the money. They can charge more for...a...an electric shock treatment. The only problem, you wouldn't believe how much they charge for something like

that... ah...than for...a...medication, which is much less dangerous. If you have side-effects from medication, it can usually be discontinued except...ah... when they...built up subtly as they do in tardive dyskinesia. And, it's not until years and years after you start taking the medication that the problem becomes apparent.

So...ah...you know...it's a horrible situation. However, in Oregon...ah...electroshock is now prohibited in public institutions. And, this is the state, of course, where "Cuckoo's Nest" was...a...filmed in 1974-5. And, where they showed this horrific...ah...electroshock that shocked the nation. And...ah...also in Arizona. There are four states that prohibit electroshock in children, which are Texas, California, Tennessee, and Colorado. And...ah...most of the others require informed consent, although that's at the doctor's discretion. It may not include information on...ah...long term brain damage. And...ah...also some states allow minors to appeal their doctor's decision to administer electroshock such as Michigan. So, things have changed, but, of course, not enough. And...a...there still can be an involuntary administration of medication, but that's only in cases where there's an...ah...imminent danger of harm to self or others. And, patients do have the legal right to refuse to take medication [otherwise]. Of course, that's always not the best decision if they are very sick.

Paul: And, of course, this law suits we've been talking about is going to be discussed this evening, again, at the Rethinking Psychiatry" event at...a...Montavilla United Methodist Church at 7.

It's a shot across the bow, I believe. Let me just read another paragraph...um. "An assembled cast," let me just read another excerpt from Peter Breggin's, "An assembled cast of expert stepped up to support the ECT plaintiffs, including the single most compelling ECT Psychiatrists in the country, the ex-director of the FDA, the author of the ECT-FDA citizen petition, and the pre-eminent NASA JPL." That's...a...a Jet Propulsion Laboratory Electrical Engineer. "Plaintiffs were surrounded by some of the greatest experts anywhere, all testifying on behalf of the ECT manufacturers." Wait a second, I think I'm missing something. Anyways, this was...a...major case because there is a... Okay, no, no, no. These were actually in support of ...the...the a...a...plaintiffs in this lawsuit. I thought it was the other way around. Okay, never mind. So this is...a...a...from Peter Breggin's, "Breakthrough in Law Suit Against the ECT Manufacturers." I guess my point is...a...this is going to be felt throughout the industry. This...you know...they had to settle, it didn't go to jury trial. They settled because they were worried that...a...the jury trial was going to go against them. And, he says a lot of evidence came out that...in...in the discovery process through this trial that is going to be really helpful to future cases.

Alright, it's a quarter of nine in the morning. This is Wednesday Talk Radio. I'm your host, Paul Rolland, and I'm in the studio with David Potter with "Rethinking Psychiatry" and I'm on the phone with Michael Sturman, an electroshock survivor who's going to be speaking this evening at this event with "Rethinking Psychiatry." I want to tell you what's coming up this week on KBOO. [Skipped]. We just got a few minutes left. We don't have any callers right now it doesn't look like. Oh, we do have a caller. Jeremy, you're on the air.

Jeremy: Hi, I got real upset there when you said it doesn't look like we're going to have any more callers. Anyways, I've been waiting a long time.

Paul: Sorry, the screen went blank on me momentarily. Go ahead.

Jeremy: Yeah, a couple of things. There's a confusion as to how many are in the hospital now to previously. Uh, there's a significantly lower state hospital population. But...but...David Potter is absolutely correct in saying it doesn't mean there's not big hospitals locking up people against their will and...ah...committing what is legally understood as assault and battery. In attempt to understand my own hospitalization. Actually, I was a patient, in retrospect, I was an inmate. Um...um...right to refuse...um...drugs or shock. Um...um...bringing someone into custody against the will is understood as an illegal detention, legally speaking, and then...then...to shove a needle in them or strap electrodes onto their head can be understood as assault and battery. But I...unfortunately, no one ever gets to sue for that.

Very slowly have they established the right to refuse some of these things, although it's not...it's not...particularly well-developed because...what...what...Psychiatrists have maintained is...uh...people are being dangerous to themselves or to others for refusing these treatments. And, I'm sorry, I forget the name of your other guest, that's the one on the phone, Michael. He just said it might not be a good idea for some people to refuse drugs if they're very sick.

And that...with that...I'd like to raise my big question, which is: if you break a bone, and present yourself at the emergency room, they use a diagnostic test which is scientifically valid. They take an X-ray...um...and they see an apparent...um...muscular skeletal issue and then they can remediate that. The analogy is break your brain. On the other hand, and this is...um... not an original thought, I think...um...um... there are a whole lot of people who need, who are asking for, and in some ways and...uh...very rarely receiving an appropriate response that they are in some emotional distress. I don't think this is biochemically driven, I think...its...its...we're a miserable society and we drive a lot of people crazy. I think it's not unreasonable for the society to have some sort of response to that. It sounds like Lapland's got it figured out and we sure don't. But I would argue with Michael at the idea of people being sick mentally, and, thereby, "needing" medication. This drives right into the particularly ugly paradigm of the last 40 years. They started pushing Prozac, which is as if people have some sort of Serotonin imbalance. Or...or...you know...manic depressive, which, you know, Michael also said are particularly well-responsive to electroshock. But when I became unhinged, I was diagnosed both Manic-Depressive and Schizophrenic at one point, and I ended up at an inch from being shocked. And...I...I really feel I dodged the bullet there. That...that...you know...the best reference I ever heard on how electroshock works is hitting someone on the head with a sledgehammer. Um...they'll probably forget how miserable they are for a short amount of time.

Paul: Well, let's...

Jeremy: And...and... anyways, I'd like Michael to respond to the idea. Maybe no one should get this, maybe it should be illegal to stick electrodes in somebody's head. And, maybe it should be illegal to forcibly drug anybody, because it really is assault and battery to invade their body with some chemicals. Now, if people...

Paul: Oops! We're running out of time here.

Jeremy: I run on.

Paul: That's okay. I just want to admonish you there's certain words you can't say on the air. I had to press the mute button, so people couldn't hear and lost some of what you said. That's the negative part of using those words. Otherwise, we have a problem with the FCC. Michael, would you like to respond to what he had to say?

Michael: Well...ah...the way I look at it is...a...what works for the individual. It maybe that...um... a that medications work. I'm against...a...shocks treatment. I don't think that works for manic depression or anything else. But...a...I looked up the Oregon Statutes on electroshock. Also, those for fifty states, the District of Columbia, and Puerto Rico. And, in Oregon...ah...electroshock is banned in public institutions. So, there should be no more "Cuckoo's Nest." Of course...ah...whether...the state hospital is obeying the law or certain practitioners are obeying the law is a different story. And, the same is true of forced drugging. There are certain individuals who have a mental illness who get out-of-control because of their illness. In those situations, it's legal to force drugs on them. Otherwise, my understanding, it isn't. Of course, what really happens is perhaps an entirely different story. And, it's known that practitioners often [delete often] lie about situations, and they will make up things and force things on people, which...ah...they really shouldn't. But, again, it's really what works for the individual. If someone is taking drugs, and they have relief and many people will swear by these drugs, fine. Ah... if someone doesn't like the drugs... What has recently come up is there's...a...very large portion, not very large, but a portion of people who have the most severe mental illness, schizophrenia or manic depression, who...ah...do well without drugs. And, this has been shown especially in the Scandinavian countries, as you mentioned. So...ah...

Paul: Michael, we're about out of ...we're almost out of time here. Just to respond briefly to Jeremy's point, what's the status of mental illness, whether it's... You can make an analogy to physical injuries or illness and...ah...that's a big question. I imagine it's quite an alive one within "Rethinking Psychiatry," I imagine.

David: We're generally busy organizing events as opposed to having long philosophical arguments. But I love...I'm always up for that, I'd love to be able to talk here...ah...let's see...

Paul: Let's go to our next caller. We're almost out of time here. We've only got a couple of minutes. So, let's go to Brandon, who's going to be our last caller. Go ahead, you're on the air.

Brandon: Hey there...I...I...just about ready to rocket to work real quick. Just one thing...ah...I know there's a lot of psychedelic research studies in the last twenty years or ten years. There's been a big revival recently. I know MAPS is an awesome website, MAPS.org., an Multidisciplinary Forum for Psychedelic Studies. Ah...I'm not an expert, but I do know that psychedelics are...you know...opening new doors, and treatment for depression and PTSD. And, there is a measure, coming up in 2020 in Oregon to legalize psilocybin. I'm hoping that can...maybe...break down the lock in Oregon a little more to psychedelic research. Ah...and I know that needs at least 140,000 signatures on and it's coming up pretty soon. So...

Paul: Okay, let's a...that'll be a subject for a future show, for sure. I went to the Portland Psychedelic Society Conference recently. It was actually amazing and there has been really some incredible research done, opened up over the last ten, fifteen years. And, yeah, lots of breakthrough. I'll be covering that. Thank-you for flying that. A little bit of our topic. I just want to remind people. "Putting a Stop to Shock: A Major Legal Victory," this evening, 7 PM, Montavilla United Methodist Church, 232 SE 80th Ave. Come and find out all about this...Oh, go ahead.

David: That's just a few blocks from the Academy Theatre, a landmark that people can put in their brain. So, that's where that is.

Paul: My neighborhood. Well, Michael, any last thoughts for our listeners about anything you've heard or that's come up for you.

Michael: Well, I don't know anything about...a...about Psychedelics. I understand that their use in Psychiatry is experimental still. But...ah...in spite of all I've said about the problems, there is good treatment available. Ah...you often shop around for it and find out somebody who is reputed to be good. And...ah...you have to make a special effort to stay away from...ah...shock doctors, doctors with acidic personalities, and those who would do you harm.

Paul: Okay. Thank-you so much and we'll see you this evening up here in...a...Portland. David, any words about "Rethinking Psychiatry" or anything else?

David: Ah, we're a growing project. We're a growing movement. I encourage people to get involved. Um...we're in favor of informed choices. Not only in regards to electroshock, but to drugs also. You know, people should know that...ah...taking a lot of heavy psychiatric medication can take 20-25 years off someone's life due to the toxic nature of these drugs. So that should...so, people should definitely be informed, and they should have a choice before ingesting or injecting toxic substances.

Paul: Okay...ah...we got to get out of here, but you can find out more about "Rethinking Psychiatry," about the event this evening, and...ah...get involved if you want at KBOO-FM Wednesday Talk Radio. And, ah, thank-you so much for listening, thank-you David, thank-you, Michael. May Paul Rolland be with you next week!