

Submitter: Thomas Busse
On Behalf Of: CCHRC
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Instead of "studying" a condition that is already well studied, why not just ban the inhumane state-sponsored psychiatric practices and "standard of care" guidelines that create it?

Tardive dyskensia is primarily caused by the administration of neuroleptic drugs (aka "antipsychotics" such as thiorazine) often in an involuntary or coercive manner on vulnerable individuals by the pseudoscientific practice of psychiatry. Unfortunately, the Oregon Health Authority is the absolute wrong institution to study this iatrogenic epidemic because it is the OHA's and medical profession's very policies that are creating it. A study of this very serious doctor-caused condition needs to be considered in tandem with the Dept. of Justice's "Commitment to Change" workgroup. The workgroup is initiating a process to make it easier for the State of Oregon to force people to take these neurotoxic drugs based on the longstanding "chemical imbalance" hoax that underpins the fraudulent authority of the American Psychiatric Association.

What is really going on with these drugs is a chemical lobotomy to turn people into vegetables to make them manageable or capable to stand trial for a crime and then when the drugs cause TD because they are permanently neurotoxic to the dopaminergic pathways (which are actually normal in schizophrenics and not "chemically imbalanced"), the quacks at Oregon State Hospital fall into their own mass formation psychosis telling themselves the TD they forced onto people was caused by the "chemical imbalance" the doctors actually created but thought they were fixing.

The legislature should be highly concerned the Commitment to Change Workgroup excludes representatives from the anti-psychiatry movement such as the Citizen's Commission on Human Rights or from PsychRights or even from civil liberties groups - the people who have actually done the homework and read the literature instead of blindly following the APA's authority and guidelines. The medical professionals on the Workgroup all represent institutions that believe in the fraudulent "benefit" of neuroleptics such as the quacks who run Oregon State Hospital and the law enforcement personnel and attorneys on the Workgroup are not being told the truth by "mental health professionals" that neuroleptics have absolutely no value. All forced and coerced drugging needs to be banned. Period.

Here is the report the OHA will not give you:

1. If a person diagnosed with schizophrenia is never prescribed neuroleptics, the

chance of long-term recovery is 80%, but if even after a brief period of administration, that starts to plunge - down to only a 5% recovery rate for those who have been forced to take neuroleptics for over a year. TD usually becomes manifest after three years.

2. Per Dr. Peter Goetzsche, co-founder of the evidence-based Cochrane Collaborative, 99% of psychiatric drug prescriptions should be abolished because they cause net harm (see his 2015 book "Deadly Psychiatry and Organized Denial")

3. MRI studies by Dr. Raquel Gur of UPenn Medical Center (and the expert witness for the defense in the James Holmes trial) show that neuroleptics cause the thalamus and basal ganglion structures to swell and the frontal lobes to shrink. Over time these drugs worsen the very symptoms they are meant to treat.

4. In an acute situation where tranquilization may be desirable, there is no need to use a neuroleptic. Better is a benzodiazapine or even better GHB, which is not neurotoxic.

5. Talk therapy and psychoanalysis is far more effective for long term recovery because it can identify the triggers and stressors that can lead to delusional or paranoid episodes leading to social ill adjustment. Forced drugging or forced therapy makes it impossible to develop any bond of trust with a clinician. If a person needs to be restrained - let that be handled by police.