

Fellowship Proposal for Grace E. Jackson, MD

1. Abstract

A crisis in the integrity of the medical literature regarding psychiatric drugs has eroded the ability of physicians and patients to participate in an adequately informed consent to care. This same crisis results in people being court ordered to take psychiatric drugs with disastrous results. The purpose of this grant will be to (a) correct an information void which illegitimately overestimates the benefits and minimizes the risks of psychiatric drug therapies and (b) allow the Law Project for Psychiatric Rights (PsychRights®) to have an expert witness on call as part of its strategic national campaign against unwarranted court-ordered psychiatric drugging. The funds will be used to support the research, writing, and publication of an authoritative work as well as pay for expert testimony and related work, in order to *advance the quality of mental health care*, and in order to *protect individuals from unwarranted chemical harm*.

2. Problem One: Lack of Definitive Work on Psychotropic Drug Harm

Physicians learn in medical school that the art of healing rests upon three key principles: 1) the duty of physician non-maleficence; 2) the duty of physician benevolence; and 3) the right of patient autonomy, manifested most explicitly in an informed consent to care. Each of these principles has been severely undermined by the current crisis in American medicine in general and especially in psychiatry.

Beginning in the 1990s, with the advent of Evidence Based Medicine, treatment protocols came to be based upon journal articles, textbooks, and training materials that were sponsored primarily by the pharmaceutical companies. This constituted an abrupt departure from the previous history of medicine, during which treatment protocols arose from a balance between epidemiological research, clinical trials, direct observation, knowledge of science (pathophysiology), and intuition. As the favored publications became conduits for increasingly flawed research, the Standard of Care similarly became flawed.

The problems of Evidence *Biased* Medicine are still abundant. This is particularly problematic in the profession of psychiatry, where the majority of practitioners remain oblivious to the fact that the prevailing drug therapies do more to degrade, than to enhance, the structure and function of the human brain.

2.1. Scope of the Problem

According to the federal government, an estimated 50% of Americans will manifest a formally diagnosable “mental disorder” during the course of their lifespan. Based upon the power of the pharmaceutical industry, treatment protocols can be expected to emphasize the use (in many cases, coerced use) of chemical substances which extend the chronicity and severity of the target symptoms. Thus, the scope of the problem is vast. Furthermore, the constitutional right to be free of bodily and mental intrusion is compromised by the ignorance of legal and medical professionals who advocate or compel treatment with drugs that damage the very locus of human consciousness, personality, and self-control.

2.2. Solution

Thus, one purpose of this grant is to procure funding for a research fellowship, designed to remedy the information void in the medical literature. A primary goal will be the *advancement of quality mental health care*. A secondary goal will be the *protection of individuals from unwarranted chemical harm*.

Specifically, the project will support a one-year **research sabbatical** enabling the recipient to complete the background research, writing, and publication of a definitive reference on psychiatric drug harm. This authoritative resource will present the most compelling evidence from basic lab science and medical research, demonstrating how and why the prevailing drug treatments do, in fact, disable or destroy the brain.

2.3. Methods

The fellowship will be conducted by an independent researcher/clinician, who is a recognized authority on the dangers and limitations of psychiatric drugs. With 80% of the background work completed, the fellow will continue to synthesize and interpret the most current sources of research evidence, as published in journals and textbooks from around the world.

Research methods will include:

- a) the identification and retrieval of credible scientific material, using the relevant biomedical databases (MEDLINE, etc)
- b) the critical review of research methodologies and findings, and
- c) the interpretation of this research, in terms of its applied, clinical relevance.

A scholarly, but stylistically accessible, manuscript will begin with a brief overview of neuropathology. First, the reader will learn how pathologists are trained to detect injury,

according to the anatomic appearance of the human brain. Second, the reader will discover the major mechanisms through which chemicals can harm the brain. Third, the reader will find the five lines of evidence which scientists use to predict or establish drug-associated toxicity: animal and human brain tissue analysis (postmortem studies); lab experiments (*in vitro* cell cultures); neuroimaging studies; and, wherever possible, biomarkers obtained from living subjects. Finally, the reader will find separate chapters, verifying the brain-damaging effects of each class of psychiatric medication (antidepressant, antipsychotic, anti-anxiety, mood stabilizer, and stimulant).

2.4. Benefit

The benefit of this research fellowship will be realized in the publication of an authoritative reference, useful to clinicians, consumers, and the courts. Patients and clinicians will be able to use this material to more fully inform their decisions about the standard drug therapies. Courts may use this material to inform decisions about the propriety of coerced drugging, and to understand the context in which involuntary treatment may become tantamount to medical assault.

Although important books about psychiatric drug toxicity have appeared in the past (e.g., Breggin's *Brain Disabling Treatments in Psychiatry*; Keshavan and Kennedy's *Drug-Induced Dysfunction in Psychiatry*), they are no longer timely. Moreover, with new technologies and discoveries in the fields of chemistry and molecular biology, toxicologists and pathologists have collected more evidence about the harmfulness of psychiatric medications than has ever been published before.

There is a critical need for this material to be compiled and synthesized in one volume; to be articulated in a clearly accessible style; and to be distributed in as timely a fashion as possible. This includes being available to attorneys who are resisting coerced psychiatric drugging orders.

3. Problem Two: Need for a Readily Available Expert Witness

The three key elements in mounting PsychRights strategic litigation campaign against forced psychiatric drugging and electroshock in the United States are (a) having a local (normally state) coordinator or coordinating committee, with whom PsychRights will work to determine strategy, etc., for that state, (b) obtaining suitable legal representation, and (c) having an expert witness available. In addition to the research and publishing component, this fellowship would fund Dr. Jackson's availability as an expert witness.

3.1. Scope of the problem

A key element of PsychRights' substantive challenge to forced psychiatric drugging is that it is generally ineffective, counterproductive and very harmful. It also decreases, rather than increases public safety. This is well-established scientifically. The drugs'

effectiveness and safety are key legal predicates to forced drugging, but because people faced with court ordered forced psychiatric drugging virtually never have an expert witness to counter the state's witness who inaccurately testifies that the drugs are effective and safe, the public mental health system obtains forced drugging orders with great ease.

3.2. The Solution

Having Dr. Jackson, available to testify in cases on an on-call basis, is an extremely cost-effective way for PsychRights to be able to bring in the best expert testimony available.

4. Qualifications

The proposed fellow, Dr. Grace E. Jackson¹, is a former Naval psychiatrist who resigned her commission in 2002, due to her concerns about the ethics and efficacy of that community's psychiatric "standard of care."

Since transitioning out of the military five years ago, Dr. Jackson has established herself as an internationally recognized authority on psychiatric drugs and their toxicities. She has lectured widely in the United States and abroad, and she has authored several articles, chapters, and one book (*Rethinking Psychiatric Drugs: A Guide for Informed Consent*).

In addition to her clinical and educational pursuits, Dr. Jackson has qualified as an expert witness in multiple court cases, offering testimony on behalf of patients' rights to avoid unjustifiable iatrogenic harm. It is in this regard that the testimony of the late Dr. Loren Mosher, former director of schizophrenia research at the National Institute of Mental Health, constitute a most formidable recommendation:

"Dr. Jackson knows more about the mechanisms of actions of the various psychotropic medications than any clinician I am aware of."

Mostly due to Dr. Jackson's testimony, the trial and Supreme Court in Alaska in *Weiss v. Alaska Psychiatric Institute*, 138 P3d 238, 240 (Alaska 2006), concluded there is a valid debate over the safety and effectiveness of psychiatric drugs.

It is this proven record of expertise – now expanded by three additional years of research, clinical, and publication experience – which qualifies Dr. Jackson for the proposed fellowship.

5. Evaluation

The success of the proposed fellowship will be evaluated by its administrators, including written reports evaluations.

¹ Dr. Jackson's Curriculum Vitae is appended to this grant proposal.

6. Budget

Funding for the proposed fellowship is \$6,667 per month (\$80,000 on an annual basis) *via* contract from PsychRights to Dr. Jackson for 75% of her time through 2009, for a total of \$220,000.

7. Conclusion

The Open Society Institute can fulfill a critical need by funding the proposed fellowship, in an effort to advance the quality of mental health care and to protect the constitutional rights of individuals in avoiding unwarranted chemical harm.

The intended recipient is a recognized authority on the limitations and toxicity of psychiatric medications, whose scholarship has commanded international respect.

Dr. Jackson possesses the knowledge and experience which are vital to the successful completion of the fellowship objectives. The anticipated publication and educational activities will empower clinicians, consumers, and the courts to reflect more critically upon the prevailing drug therapies. Her prospective testimony in strategic forced drugging cases can be a key component in ameliorating the pervasiveness of this barbaric practice. Hopefully, this will lead to support for the implementation of non-toxic alternatives to the current standards of chemical harm.