

A Hunger Strike to Challenge International Domination by Biopsychiatry

This fast is about human rights in mental health. The psychiatric pharmaceutical complex is heedless of its oath to "first do no harm."

Psychiatrists are able with impunity to:

- *** Incarcerate citizens who have committed crimes against neither persons nor property.
- *** Impose diagnostic labels on people that stigmatize and defame them.
- *** Induce proven neurological damage by force and coercion with powerful psychotropic drugs.
- *** Stimulate violence and suicide with drugs promoted as able to control these activities.
- *** Destroy brain cells and memories with an increasing use of electroshock (also known as electro-convulsive therapy)
- *** Employ restraint and solitary confinement - which frequently cause severe emotional trauma, humiliation, physical harm, and even death - in preference to patience and understanding.
- *** Humiliate individuals already damaged by traumatizing assaults to their self-esteem.

These human rights violations and crimes against human decency must end. While the history of psychiatry offers little hope that change will arrive quickly, initial steps can and must be taken.

At the very least, the public has the right to know IMMEDIATELY the evidence upon which psychiatry bases its spurious claims and treatments, and upon which it has gained and betrayed the trust and confidence of the courts, the media, and the public.

WHY WE FAST

There are many different ways to help people experiencing severe mental and emotional crises. People labeled with a psychiatric disability deserve to be able to choose from a wide variety of these empowering alternatives. Self-determination is important to achieve real recovery.

However, choice in the mental health field is severely limited. One approach dominates, and that is a belief in chemical imbalances, genetic determinism and psychiatric drugs as the treatment of choice. This medical model is sometimes termed "biopsychiatry." Far too often, this limited choice has been exceedingly harmful to both the body and the spirit.

Governments and the mental health industry use extensive taxpayer funding, judicial edicts, and repressive laws to enforce a biopsychiatric approach. The mental health system rarely offers options other than psychiatric drugs, and still more rarely offers people full, accurate information about the hazards of psychiatric drugs. The mental health system is coercing increasing numbers of people to take psychiatric drugs against their will, even on an outpatient basis in their own homes. Electroshock, even forced electroshock, is quietly making a comeback.

Biopsychiatry is now one of the most profitable of all industries and its power is globalizing rapidly. The World Health Organization and the World Bank have multi-billion dollar plans to spread biopsychiatry to developing nations.

Given all these facts, citizens have a right to ask:

"Has science established, beyond a reasonable doubt, that so-called 'major mental illnesses' are biological diseases of the brain?"

"Does the government have compelling evidence to justify the way it singles out for its primary support this one theory of the origin of emotional distress and of pharmaceutical remedies for its relief?"

Both public and personal health and safety are dependent on the answers to these questions.

This fast is not about judging individuals who choose to employ biopsychiatric approaches in an effort to seek relief. We respect the right of people to choose the option of prescribed psychiatric drugs. Some of us have made this personal choice.

We must act in the nonviolent tradition of Cesar Chavez and Mahatma Gandhi by saying "No!" to oppression with our bodies and spirits through fasting, while affirming the humanity of those people to whom we make our demands.

"If you see injustice and say nothing, you have taken the side of the oppressor."
-- Desmond Tutu

WE THE UNDERSIGNED WILL REFUSE ALL SOLID FOOD for an indefinite period of time as we await our challenge to be met by the following:

1. American Psychiatric Association (APA)
2. National Alliance for the Mentally Ill (NAMI)
3. Office of the Surgeon General of the United States

WE ASK THAT YOU PRODUCE scientifically-valid evidence for the following, or you publicly admit to media, government officials and the general public that you are unable to do so:

1. EVIDENCE THAT CLEARLY ESTABLISHES the validity of "schizophrenia," "depression" or other "major mental illnesses" as biologically-based brain diseases.
2. EVIDENCE FOR A PHYSICAL DIAGNOSTIC EXAM -- such as a scan or test of the brain, blood, urine, genes, etc. -- that can reliably distinguish individuals with these diagnoses (prior to treatment with psychiatric drugs), from individuals without these diagnoses.
3. EVIDENCE FOR A BASE-LINE STANDARD of a neurochemically-balanced "normal" personality, against which a neurochemical "imbalance" can be measured and corrected by pharmaceutical means.
4. EVIDENCE THAT ANY PSYCHOTROPIC DRUG can correct a "chemical imbalance" attributed to a psychiatric diagnosis, and is anything more than a non-specific alterer of brain physiology.
5. EVIDENCE THAT ANY PSYCHOTROPIC DRUG can reliably decrease the likelihood of violence or suicide.
6. EVIDENCE THAT PSYCHOTROPIC DRUGS do not in fact increase the overall likelihood of violence and suicide.
7. FINALLY, that you reveal publicly evidence published in mainstream medical journals, but unreported in mainstream media, that links use of some psychiatric drugs to structural brain changes.

Until the above demands are met to the satisfaction of an internationally respected panel of scientists and mental health professionals, we plan to drink only liquids and to refuse solid food for an indefinite period of time.

Signed by Fast for Freedom Participants:

Initial core group committed to fasting:

Vince Boehm
Krista Erickson
David Gonzalez
David Oaks
Dawn Rider
Hiromi Sayama
Mickey Weinberg, LCSW

Initial scientific panel to review evidence:

Fred Baughman, MD
Peter Breggin, MD
Mary Boyle, PhD
David Cohen, PhD
Ty Colbert, PhD
Pat Deegan, PhD
Al Galves, PhD
Thomas Greening, PhD
David Jacobs, PhD
Jay Joseph, PhD
Jonathan Leo, PhD
Bruce Levine, PhD
Loren Mosher, MD
Stuart Shipko, MD