

PUBLIC COMMENT

THE MOST IMPORTANT NEEDED REFORMS OF MICHIGAN MENTAL HEALTH CODE AND CARE INCLUDE:

1. Explicit protection of the right to informed consent & the right to refuse psychiatric drugs for persons subjected to in-patient or out-patient psychiatric commitment under 330.1401.
2. The clinical certificates required for commitment, which are usually dispositive, should be subjected to civil liability for negligence, illegal misconduct and especially for intentional violations of personal rights.
3. Psychiatric clinical opinion is so unreliable, biased or amenable to bias, corruptible, scientifically defective, subjective, and inevitably arbitrary that these speculative predictions about patients and drugs should not be used to commit a person under 330.1401c or to order medication under 1468(2)(d).
4. An AOT order should be supervised by a CMH agency or other impartial entity, not by a psychiatrist, as should the decision to release a person from an AOT.
5. Physicians who are not psychiatrists should not be empowered to certify persons for commitment. The public should be overseeing the conduct of physicians, rather than the other way around.

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7 pages

APDs—PSYCHIATRY'S LEADING TREATMENT FOR PERSONS WITH SMI—ARE MORE HARMFUL AND LESS EFFECTIVE THAN MOST OF THE DRUGS THAT THE FDA HAS EVER RECALLED. APDs DOUBLE OR TRIPLE THE RISK OF HEART ATTACKS, STROKES, BLOOD CLOTS AND DEATH. FEW RECALLED DRUGS IN US HISTORY CAN BEAT APDs CARDIOVASULAR HARMS ALONE. ALL CURRENT APDs SHOULD BE RECALLED UNDER THE FDA'S OWN STANDARDS, AND DRUG COMPANIES SHOULD BE FORCED TO PRODUCE A BETTER AND MUCH SAFER ANTI-PSYCHOTIC DRUG... A PROFOUNDLY DIFFERENT DRUG THAN THE NEUROLEPTIC DISCOVERED BY DENIKER AND DELAY IN 1952.

ADDITIONALLY, APDs HAVE MANY OTHER HARMFUL EFFECTS. A FEDERAL COURT IN OHIO NOTED YEARS AGO WHEN DECLARING A 14<sup>TH</sup> AMENDMENT RIGHT TO REFUSE APDs THAT ALL APDs CAN CAUSE SIDE EFFECTS "AS VARIED AND SERIOUS AS ANY PHARMACEUTICALS APPROVED FOR USE IN THE U.S." DAVIS V HUBBARD, 506 FS 915, 1990. TODAY APDs ARE STILL A NUMBER 1. DRUG FOR CAUSING ADVERSE EFFECTS. THE VAST ARRAY OF HARMS ATTRIBUTED TO APDs IS TRULY SHOCKING. WHEN THE ONE DRUG THAT IS MASSIVELY PRESCRIBED TO CITIZENS AGAINST, OR WITHOUT, INFORMED CONSENT TURNS OUT TO BE THE MOST DANGEROUS DRUG ALLOWED BY THE FDA, THE PEOPLE SHOULD PUT PSYCHIATRISTS ON TRIAL, RATHER THAN LET PSYCHIATRISTS PUT PEOPLE ON TRIAL.

2.

NON-CONSENSUAL ANTIPSYCHOTIC DRUG PRESCRIBING FOR THOSE SUBJECT TO CIVIL COMMITMENT UNDER MCL 330.1401 ~~often~~. CONSTITUTES HEALTH CARE FRAUD, IN ADDITION TO A VIOLATION OF INDIVIDUAL RIGHTS. AND DOCTORS WHO APPEAR IN COURT ATTEMPTING TO SUBJECT A PERSON TO NONCONSENSUAL APD PRESCRIBING MAY ALSO BE GUILTY OF PERJURY, OBSTRUCTION OF JUSTICE, WITNESS RETALIATION, HATE CRIMES, EXTORTION, RACKETEERING, CONSPIRACY, ASSAULT, AND CIVIL RIGHTS CRIMES. THE GOVERNMENT SHOULD START PROSECUTING THESE PSYCHIATRISTS RATHER THAN CITIZENS WHO OBJECT TO THESE DRUGS.

1. 18 USC 1347 DEFRAUDING ANY HEALTH CARE INSURANCE PROGRAM 10 YRS, WITH BODILY INJURY 20 YRS
2. 18 USC 1035 FALSE STATEMENTS/REPRESENTATIONS OR CONCEALMENT IN CONNECTION WITH HEALTH CARE SERVICES 5 YRS
3. 18 USC 1951 EXTORTION, ROBBERY, VIOLENCE EFFECTING INTERSTATE COMMERCE 20 YRS
4. 18 USC 1961 RICO—PATTERN OF FRAUD, EXTORTION, WITNESS RETALIATION, OBSTRUCTION OF JUSTICE, CONSPIRACY, ASSAULT WITH NEUROTOXIC DRUGS 20 YRS
5. 18 USC 286,287 BILLING US GOVT INSURANCE PROGRAMS FOR MEDICALLY UNNECESSARY/IMPROPER DRUGS 5YRS, 5YRS
6. 42 USC 1320a-7b FALSE REPRESENTATIONS OF FACTS REGARDING PSYCHOTROPIC DRUGS IN FEDERAL HEALTH CARE PROGRAM 5 YRS, RECEIVING ANY RENUMERATION IN RETURN FOR PRESCRIBING PSYCH DRUGS 5 YRS
7. 18 USC 1341, 1343 MAIL OR WIRE FRAUD IN SCHEME OR ARTIFACE TO DEFRAUD PUBLIC OR PRIVATE INSURER 5 YRS
8. 18 USC 371 CONSPIRACY TO DEFRAUD OR COMMIT ANY OFFENSE AGAINST US 5 YRS
9. 18 USC 2 AIDING AND ABETTING, CULPABLE AS IF THEY DIRECTLY COMMITTED THE CRIME
10. 18 USC 241,242 CIVIL RIGHTS CRIMES 10 YRS

The most important needed reform of the mental health commitment process (330 MCL 1400) is to ensure that persons subjected to in-patient or out-patient commitment are protected in their right to informed consent for very harmful and very intrusive psychotropic drugs (1702,1704). MH crises should be resolved while allowing the patient to choose what types of therapies or drugs work best for themselves and improves their quality of life(1206). The purpose of MH commitment is to resolve dangerousness crises in a manner that honors the individual's therapeutic preferences and choices(1700g,1712), dignity and safety, and in a least restrictive/harmful/intrusive way (1708). Recipients generally will take drugs which alleviate suffering, illness, disability and distress. However, when the drugs cause, rather than alleviate, these things the recipient's right to refuse is backed up by criminal health care fraud law. If the drugs are to be used as chemical restraints to reduce dangerousness, it should be very short term only (1-3 days). The right to refuse psych drugs is clearly and repeatedly derived from constitutional, statutory, common, and administrative law, but is usually just ignored by doctors, judges, administrators, and MDHHS.

The MH commitment process exists to protect people from harm and to help people with mental or social problems, not to inflict harm and cause mental illnesses and mental disability. Most courts have decided that the civilly committed do retain a right to refuse APDs, and yet most courts have overestimated the effectiveness and underestimated the harms of APDs, which are still being uncovered and discovered today. Those who administer MH Code commitments in Michigan should at least get into compliance with the standards enunciated in ROGERS V DEPT MENTAL HEALTH, 458 NE2d 308, DAVIS V HUBBARD, 506 FS 915, PEOPLE V MEDINA, 705 P2d 961, or face the possibility of criminal prosecution for nonconsensual administration of psychotropic drugs. Mental health crises can and should be resolved while allowing the patient to choose what types of treatments or drugs work best for him/her.

Uncorrupted medical science and evidence-based medicine support the thesis that not only is non-consensual psychotropic drug prescribing of the civilly committed usually a violation of constitutional, statutory and common law rights, it also usually constitutes health care fraud among other crimes. Medical science confirms the veracity of patients who object to these drugs.

Peter Gotzsche MD, **DEADLY PSYCHIATRY AND ORGANIZED DENIAL**, 2015, reports in affidavit that neuroleptic drugs cause irreversible brain damage and dramatically decrease people's prospects of getting back to a normal life, and the drugs often cause rather than prevent violence and suicides.

Grace Jackson MD, **DRUG-INDUCED DEMENTIA: A PERFECT CRIME**, 2009, reports in affidavit that anti-psychotic drugs are neurotoxic causing brain injury, destroying brain tissue, and worsening mental illnesses and cognitive decline.

Peter Breggin MD, **BRAIN DISABLING TREATMENTS IN PSYCHIATRY**, 2008, Antipsychotic drugs damage the brain, impair or disable mental functioning, and worsen or cause illnesses. The drugs cause brain dysfunction, a chemical lobotomy.

Both 1<sup>st</sup> and 2<sup>nd</sup> generation APDs significantly shrink and damage monkey brains. DORPH-PETERSEN, et al, **NEUROPSYCHOPHARMACOLOGY**, 2005

A single dose of APD shrinks the brain within hours of administration. TOST, et al, **NATURE NEUROSCIENCE**, 2010. "This is the fastest change in brain volume ever seen", MEYER-LINDENBERG, UNIV. OF HEIDELBERG

APDs usually fail to treat psychosis, and when they do improvements are usually minimal, and are rarely sustained over time. APDs fail to prevent relapses. And the extent of injury to and impairment of multiple body systems caused by the drugs shows need for clinical and regulatory reappraisal of APDs. MOORE, FURBERG, **DRUG SAFETY**, 2017

2<sup>nd</sup> generation APDs are a "chimera", no more efficacious, no clearly different side effects, and much more expensive than 1<sup>st</sup> generation APDs. TYRER, KENDALL, **THE LANCET**, 2009

2<sup>nd</sup> generation APDs found not beneficial for persons over 40 years old, regardless of drug or diagnosis. The drugs proved lacking in both safety and effectiveness. JESTE (past President APA), et al, **JOURNAL OF CLINICAL PSYCHIATRY**, 2013

Meta-analysis reported only 18% responder rate for 2<sup>nd</sup> generation APDs, even without factoring in harms and risks which could outweigh drug benefits. LEUCHT, et al, **JOURNAL OF MOLECULAR PSYCHIATRY**, 2009

1<sup>st</sup> and 2<sup>nd</sup> generation APDs incidence and severity of adverse effects, dystonic reactions, akathisia, parkinsonism, and dyskinesia, were similar. APDs are well known to induce or exacerbate psychosis. ROSEBUSH, MAZUREK, **NEUROLOGY**, 1999

APDs can cause suicidal depression. LEHMANN, **JOURNAL OF PSYCHOTHERAPY**, 2012

APDs can worsen psychosis and aggression. TAKEUCHI, REMINGTON, **PSYCHOPHARMACOLOGY**, 2013

APDs kill the elderly at rates even higher than previously thought, and deaths increase with dose amount prescribed. MAUST, et al, **JAMA PSYCHIATRY**, 2015

44% of patients consuming APDs in study died within 10 years. Waddington, et al, **BRITISH JOURNAL OF PSYCHIATRY**, 1998

Serious health problems or death are much more frequent among older adults, 65+, when prescribed APDs, Rochan, et al, **ARCHIVES INTERNAL MEDICINE**, 2008

Exposure to APDs in fetal life or early childhood produces long-term behavioral dysfunction in animal experiments. MILSTEIN, et al, **NEUROSCIENCE**, 2010

**MICHIGAN MENTAL HEALTH CODE SHOULD BE REVISED TO ENSURE THAT ILLEGAL MISCONDUCT IN PSYCHIATRIC COMMITMENT CLINICAL CERTIFICATIONS/EXAMINATIONS IS SUBJECTED TO CIVIL LIABILITY**

Wrongful psychiatric commitment can result in catastrophic harms to the recipient. Upholding the rule of law is especially important where a vulnerable group of people have been historically victimized by abuses of power and violated by constitutional betrayal and subjected to discrimination and oppression. Michigan should work to improve quality of care rather than coercion. It is a great disservice to scare people away from mental health care because the system threatens to assault them with harmful counter-therapeutic drugs. Unfortunately Michigan is not only among the worst states in protecting informed consent, Mich is also among the worst states in protecting the rights of persons not to be illegally and wrongfully committed.

Michigan should revise the Mental Health Code to ensure civil liability for psychiatric commitment certifications. Most of the other states have statutes that hold liable negligent or intentional misconduct in psychiatric commitment evaluations/certifications.

Civil justice is crucial to both deterring wrong-doing and remedying injury. In Michigan, the judiciary has improperly deprived persons subjected to illegal commitment certifications the right to sue for redress by creating an absolute immunity from liability even for intentional wrongs, Dabkowski v Davis, 111 NW2d 68, (1961). The judiciary in other states such as New York and New Jersey have recognized no such immunity, and hold physician certifications to a negligence/medical malpractice standard. The creation of the absolute immunity in Michigan was especially improper given the notorious unconstitutionality of psychiatric commitment proceedings and the history of abuse.

Most states stipulate that commitment exams/certifications are actionable for either negligence or gross negligence/willful misconduct. Absolute immunity means that those who abuse the commitment power cannot be sued no matter how harmful, obvious, corrupt, abusive, unconstitutional, malicious or frequent the misconduct. Absolute immunity results in a catastrophic theft of the individual's rights. Malpractice, intentional torts including, abuse of process, assault and battery, false imprisonment, fraud, malicious prosecution, privacy, and all constitutional claims are all eliminated by absolute immunity. Michigan judges have no legitimate authority to make or unmake laws, or make special exceptions in the laws, unless a law conflicts with the constitution. Can you imagine judges ignoring shockingly unconstitutional laws and instead making laws which allow select groups of persons to evade the laws and constitutional accountability, contrary to constitutional rules- such as equal protection of the laws, and repugnant to our principles of liberty and justice for all, and the rule of law. The immunity set forth in Dabkowski v Davis is an abuse of judicial power and a perversion of the common law. Note, Mich. Const. Art. III 2 (judicial branch shall not exercise legislative powers), 7 (Common law repugnant to the constitution invalid). Note also Michigan's first constitution Art. I 21 "All acts of the legislature contrary to this [Bill of Rights] or any other article of this constitution shall be void."

The public policy debate over absolute immunity is properly ended by the fact that the other states have proven that obstructing justice for these victims of psychiatric abuse is completely unnecessary. The debate is about whether law and justice are wiser than no law or justice, and whether it is wise to keep those wielding great powers over the lives and liberties of others accountable to the law. Careful examination of the history psychiatric commitments throughout the U.S. indicates liability is in the public's interest. The real policy problem is that lawyers shy away from wrongful commitment cases no matter how meritorious.

## **OTHER STATES MENTAL HEALTH CODE CIVIL LIABILITY STATUTES**

**Illinois 405-5/6-103** "All persons acting in good faith and **without negligence** in connection with the preparation of applications, petitions, certificates or other documents, for the apprehension, transportation, examination, treatment... incur no liability."

**California GC 856** "A public employee is not liable for carrying out **with due care** a determination of whether to confine a person for mental illness." "Nothing in this section exonerates a public employee from liability for injury proximately caused by his **negligent or wrongful act or omission** in carrying or failing to carry out a determination to confine or not confine a person for mental illness."

**Florida 394.459(10)** "Any person who violates or abuses any rights or privileges of patients provided by this part is liable for damages as determined by law. Any person who acts in good faith in compliance with the provisions of this part is immune from from civil or criminal liability for his or her actions in connection with the admission, diagnosis, treatment, or discharge of a patient to or from a facility. However, this section does not relieve any person from liability if such person commits **negligence**."

**Tennessee 33-3-901** "All persons acting in good faith, reasonably and **without negligence** in connection with the preparation of petitions, applications, certificates or other documents or the apprehension, detention, discharge, examination, transportation or treatment of a person under this title shall be free of all liability."

**Delaware 16-5004** No medical doctor shall be subject to civil damages for psychiatric certification unless such harm was the result of **negligent, reckless, willful, wanton and/or intentional misconduct**.

**North Dakota 25-03.1-42** A physician or psychiatrist who in good faith exercises professional judgment in fulfilling an obligation under this chapter is not subject to liability unless it was done in a **negligent** manner.

**Kansas 59-29b80** Any person acting in good faith and without **negligence** pursuant to the act shall be free from liability.

**Kentucky 202A.301** Persons carrying out duties or rendering professional opinions in this chapter shall be free of liability for such actions, provided that such activities are performed in good faith within the scope of their professional duties and in a manner consistent with accepted **professional practices**.

**Texas 7-571.019(b)** A physician performing a medical examination and providing information to the court in a court proceeding held under this subtitle is considered an officer of the court and is not liable for the examination or testimony when acting **without malice**.

**Rhode Island 40.1-5-41** No physician shall be made to answer in any court for his or her participation in any proceeding under this subchapter except upon a showing of actual **fraud**.

**Oregon 426.335(4)** No person appointed to conduct an examination report shall be held liable if the examiner acts in good faith and **without malice**.

### **Michigan MENTAL HEALTH CODE (EXCERPT)**

Act 258 of 1974

#### **330.1439 Cause of action against person filing petition.**

Sec. 439. A cause of action shall not be cognizable in a court of this state against a person who in good faith files a petition under this chapter alleging that an individual is a person requiring treatment, unless the petition is filed as the result of an act or omission amounting to gross negligence or willful and wanton misconduct.

#### **330.1427b Liability of peace officer.**

Sec. 427b. (1) A peace officer who acts in compliance with this act is acting in the course of official duty and is not civilly liable for the action taken.

(2) Subsection (1) does not apply to a peace officer who, while acting in compliance with this act, engages in behavior involving gross negligence or wilful and wanton misconduct.

MICHIGAN'S DRUG COMPANY IMMUNITY LAW SHOULD BE REPEALED IMMEDIATELY

Michigan's drug company immunity law MCL 600.2946(S) disserves the public, is unconstitutional, and should be repealed immediately. The fact that Michigan is the only state with such a law proves that the law is unnecessary, unfair, and serves only to steal from Michigan's victims. Lawsuits do more than compensate the injured, they encourage safer drugs and discourage the production of dangerous drugs. Michigan's law is a step in the wrong direction towards exposing the public to more harmful drugs. Moreover, lawsuits are often the only way of to expose the bogus, biased, science and ubiquitous fraudulent misconduct of drug companies. MCL 600.2946(S) is also brazenly unconstitutional. It is a "special law" which benefits only drug corporations at the expense of Michigan's citizens (Mich. Const. Art.4, Sec.29). Out-of-state, out-of-country, drug corporations, are absolved of all their liabilities for harms, paid for by the Michigan public, and paid for by the injured and most in need of help. This unconstitutional special law confers special privileges and immunities on corporate tort defendants, while imposing special disabilities on the tort plaintiffs injured by drugs. The harm and deprivation of justice this law does to Michigan citizens is severe, while the benefits to the public are non-existent. Note, Best v Taylor Machine Works, 689 NE2nd 1057, Ill. 1997, \$500,000 non-economic damages cap in product liability actions is unconstitutional special law.

This law also deprives Michigan citizens of their rights to equal protection of the laws, due process, access to the courts to remedy injury, and the right to jury trial. Compare the complete elimination of all tort liability for drug companies to: \$1.2 Million dollar non-economic damages cap on medical malpractice actions violates right to jury trial, Atlanta Oculoplastic Surgery, P.C. v Nestlehutt, 691 SE2nd 218, Ga. 2010. \$875,000 non-econ. personal injury damages cap violates equal protection, Brannigan v Usltula, 587 A2nd 1232, N.H. 1991. \$1 Million dollar medical malpractice damages cap violates due process, Knowles v U.S., 544 NW2nd 183, S.D. 1996. \$1 Million dollar Med. Mal. damage cap violates due process, right to remedy and right to jury trial, Kansas Malpractice Victims v Bell, 757 P2nd 251, Kan. 1988, citing Marbury v Madison, 1803: "The very essence of civil liberty certainly consists in the right of every individual to claim the protection of the laws, whenever he receives an injury." Med. Mal. screening hearings constitute "special class legislation enacted solely for the benefit" of medical tort defendants violating equal protection, Boucher v Sayeed, 459 A2nd 87, R.I. 1983. As stated by the court in Jeanne v Hawkes Hospital, 598 NE2nd 1174, Ohio 1991: "It is not the business of government to manipulate the law so as to provide succor to one class, the medical, by depriving another", the equal protection mandated by the constitution.

Whether or not the FDA is an unreliable, incompetent, corrupt, rogue agency, FDA approval does not ensure that a drug is not defective or unreasonably dangerous. All that FDA approval tells us is that a drug company produced a study or two, on a small number of people, for a limited span of time, showing the drug worked a little better than placebo, that is it. FDA approval is a minimum marketing standard, not an appropriate liability standard. The actual safety and harms of drugs usually are not known until the drug is widely distributed to consumers after FDA approval, and then drugs are virtually never recalled no matter how dangerous they are. The people of Michigan don't need a law applauding the performance of the FDA, let alone depriving them of recovery when injured. When the chronic, massive, documented, fraudulent misconduct of the drug companies is factored into analysis of Michigan's immunity law, the law becomes even more in need of immediate repeal. Note, Marcia Angell (former editor of New England Journal of Medicine) Drug Companies and Doctors: A story of Corruption, 2009, The Truth About The Drug Companies: How They Deceive Us and What To Do About It, 2004.

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THE STATE HAS DUTY TO PREVENT AND REMEDY PSYCHIATRIC DRUG FRAUD AND HARMS AND TO PROHIBIT NON-  
CONSENSUAL PSYCHOTROPIC DRUG PRESCRIBING

Competent scientific investigation of "antipsychotic" drugs (APDs) shows that these drugs are neurotoxic, not neurotherapeutic, as physicians and drug companies would have us believe. This means the drugs harm rather than heal the brain, and makes persons sick rather than well. The 1<sup>st</sup> APD, Thorazine, originated as a surgical anesthetic, and was introduced to the medical world in the 1950s as a chemical lobotomy for mental patients. Later modifications simply made APDs more "potent" in impairing the mind and harming mental and physical health. 2<sup>nd</sup> generation APDs, introduced in the 1990s, are more of the same, fraudulent, medically harmful, mind-impairing and much more expensive. This is corroborated by the research literature. Note also, former Eli Lilly Vice President for Neuroscience Discovery Research and Clinical Investigation, H.B. Fibiiger, Schizophrenia Bulletin, 2012: "The data are in and it is clear that a massive experiment has failed... not a single mechanistically novel has reached the psychiatric drug market in more than 30 years... The field lacks sufficient basic knowledge" about brain functioning and the quality of psychiatric drugs is not going to be improved soon. APDs are more harmful and deadly than cigarette smoking and recovery rates are higher for persons who do not consume APDs. Note, WHO report that recovery rates are much higher in countries that don't use APDs because they can't afford them. WHO has also warned about the corruption and unethical practices endemic to the pharmaceutical industry. The state should be seeking monetary compensation from drug companies for defrauding patients and health insurance programs with APDs, and should prohibit by statute forcing these drugs on persons against informed consent.

The FDA has not done a very good job of protecting the public from psychotropic drugs. The FDA finally produced a black-box warning that mothers who take Depakote during the 1<sup>st</sup> trimester are about 50 times more likely to give birth to children with neural tube defects in 2006, many years later than they should have. Omtzig, et al., Prenatal Diagnosis of Spinal Bifida After First-trimester Valproate Exposure, 1992. The FDA produce black-box warning about early death risk of 2<sup>nd</sup> generation APDs in 2006 without noticing that 1<sup>st</sup> generation APDs, used since the 1950s, were even more deadly to the elderly. Schneeweiss, et al., Risk of Death in Elderly Users of Conventional vs Atypical Antipsychotic Medications, NEJM 2005. Kales, et al., American Journal of Psychiatry, 2012 indicates 20% of elderly died within 180 days taking conventional APD. A most recent study indicates APDs may be even more deadly, Moust, et al., JAMA, Psychiatry, 2015. In 2001 a JAMA article reported that 2<sup>nd</sup> generation APD Zyprexa greatly increased diabetes risk, Britain, Japan, and Australia issued diabetes warnings in 2002, the FDA did not warn until 2004. Shamefully, the FDA has also recently approved APDs for Depression and for younger children. The FDA continues to be a servant of a corrupt industry, instead of a servant of the public's health. Drug Co. immunity based on FDA approval is wrong. Forcing psychotropic drugs on persons against consent is criminal.

Research literature has exposed psychiatric drugs and psychiatric practices to be abominable. While about 80% of women were not informed of the teratogenicity of "mood-stabilizing" drugs, more than 50% had a complication of pregnancy, Barnes, et al., Journal of Psychopharmacology, 2007. Fetal exposure to Depakote (which has been rampantly prescribed as an add-on with other psychiatric drugs) caused significant cognitive impairment in children, Meador, et al., NEJM, 2009. The babies of mothers who took APDs while pregnant had significantly lower than normal scores on tests of movement, posture and reflexes. Only one in 5 babies exposed to prenatal APDs had normal test results, Johnson, et al., Archives of General Psychiatry, 2012. Psychiatrists are biased to prescribe drug because drug companies pay and persuade them, and because they don't offer much else. Policy, however, should be grounded on patient benefit and satisfaction, rather than on Doctor benefit and satisfaction-compounded by conflict of interest. The state should help persons in crisis without forcing bad medicine, without using bogus science and with respect for constitutional liberties, civil rights, and human dignity.

Thank you. Sincerely,



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