



March 23, 2021

To: dhsombudsman.smhcp@state.mn.us

Fr: Joseph Rogers, Executive Director, National Mental Health Consumers' Self-Help Clearinghouse

(jrogers08034@gmail.com), and

Susan Rogers, Director, National Mental Health Consumers' Self-Help Clearinghouse

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Re: Please stop the forced ECT of Charles Helmer

We are writing to strongly urge you to prevent the forced electroconvulsive treatment (ECT) of Charles Helmer, a 22-year-old man who was discharged on March 22, 2021, from Fairview Riverside Psychiatric Clinic at the University of Minnesota to live in a group home. We have learned that, unless you intervene to prevent it, he will be subjected to forced ECT, also known as shock treatment, this Friday, March 26, and on subsequent occasions.

Electroconvulsive therapy “damages memory and cognition, and brings no lasting relief,” according to a recent article in *Aeon* by Dr. John Read, available at this link ([click here](#)). In addition, autopsies have repeatedly shown that it causes brain damage. In fact, “[t]he idea that ECT causes brain damage was so obvious to the early proponents that they incorporated it into an explanation for how ECT worked,” Read writes. The article notes that other studies have shown that “there’s no evidence of any benefits beyond the end of the course of treatments, and no evidence that ECT prevents suicide...Furthermore, some people kill themselves because of the damage done to them by ECT.”

ECT is rightly controversial. Its risks—permanent amnesia and permanent deficits in cognitive abilities—have been confirmed by prominent proponents of ECT, including Dr. Harold Sackeim, whose 2007 study in *Neuropsychopharmacology* ends on this chilling note: “[T]his study provides the first evidence in a large, prospective sample that adverse cognitive effects can persist for an extended period, and that they characterize routine treatment with ECT in community settings.” For the study, [click here](#).

In 2011, when the Food and Drug Administration made one of its periodic attempts to reclassify ECT equipment from Class III (the highest risk category) to Class II—which it subsequently accomplished—psychiatrist Daniel B. Fisher, M.D., Ph.D., was one of those who testified to prevent the reclassification. For his testimony, [click here](#). “In my expert opinion and that of a recent review of the ECT literature by Drs. John Read and Richard Bentall,” Dr. Fisher said, “the short-term gains of ECT do not justify its associated brain damage, memory loss, cognitive deficits and increased risk of death.” (For the literature review, [click here](#).)

Again, we strongly urge you to intervene to help Charles Helmer by preventing him from receiving forced ECT. Thank you.

Sincerely,

Joseph Rogers, Executive Director, National Mental Health Consumers' Self-Help [Clearinghouse](#), and

Susan Rogers, Director, National Mental Health Consumers' Self-Help [Clearinghouse](#)