

We are writing to create awareness about the illegal, unethical, and immoral policies practiced in the Missouri Department of Mental Health (MO DMH); including but not limited to: psychiatric abuse, medical fraud, forced drugging, misuse of guardianship, sexual abuse, racial inequality, coercion and interference with judicial processes. "Hospital" is a euphemistic term used to brand psychiatric prisons. Prisoners (or patients) in these facilities are routinely assaulted, forcibly drugged and coerced into complying with institutional decrees as the only way to regain freedom from incarceration. Relentless coercion and persistent duress make all relationships nonconsensual. Acting under color of law, these detention centers are permitted to operate with impunity. Most miscarriages of justice never get public attention or proper legal consideration. Our stories are not unique. We are just a few of the many human souls being psychologically tortured in MO DMH. More than seventy patients that I am acquainted with have been coerced into taking plea deals, assaulted, threatened and forcibly drugged. "Involuntary medication" is a pleasant but deceptive term used to describe assaults and forced druggings in psychiatric settings. Prisoners are intimidated, violated, forced to comply and humiliated using the most psychologically horrific tactics. Many acquiesce because of coercion, others conform out of sheer terror, while others submit due to fear of lifelong institutionalization. When a human being is committed to MO DMH they essentially lose all of their most basic human rights because constitutional provisions, federal law, state law and internal operating procedures are not observed or enforced in involuntary psychiatric institutions. Intimidation, coercion, and forced drugging are the standards of care in Missouri State psychiatric facilities. MO DMH staff use the threat of being assaulted and drugged by forced injection of Haldol, forced druggings, and coercive methods to: coerce patients into changing their testimony, positions, statements and answers, to coerce patients into being willing to take plea deals, to coerce patients into taking drugs they do not consent to take, to coerce patients into taking drugs even when patients have complained about severe side effects, to coerce patients into accepting healthcare they do not want, to coerce patients into answering questions in violation of their Miranda right to remain silent, to coerce patients into changing their answers to questions, to coerce patients into revealing and changing their trial strategy, to coerce patients into saying they have a disorder even if the patient disagrees, and to coerce patients into "cooperating" and not disagreeing with MO DMH. It is impossible for there to be any fair trials, fair deals, nor voluntary statements because of coercion, duress and fraud on the court. The following is based on D.D.'s experience with Missouri Department of Mental Health (MO DMH) and state psychiatric centers in Missouri. D.D. As a lawyer I never thought competency would be the issue that kept me from going to trial. I went to law school, and all I got was a litigious disorder. Apparently MO DMH has pathologized my profession. I have four graduate degrees, including a juris doctorate and an advanced L.L.M. law degree. I have published law review articles, and been paid to work in litigation departments. I have qualified for multiple National Mock Trial Championships. I have been paid to coach trial advocacy and to teach theory of the case, opening statements, direct examination, cross examination, objections, and closing arguments. I have passed the bar exam, but MO DMH refuses to let me go to trial, insisting that I am Permanently Incapable of Standing Trial (P.I.S.T.). I used every legal method I could think of to refuse MO DMH services and go to trial. I tried to stipulate that I am competent. I tried to waive the issue of competency so I would not bring it up during trial. I filed a right to a speedy trial motion. I wrote a

**Statement of Non-consent per the doctrine of informed consent. I wrote an Advance Healthcare Directive per the Patient Self Determination Act. I obtained a religious exemption membership letter per my religious rights objection. I wrote dozens of grievances trying to enforce my Statement of Non-consent, my Advance Healthcare Directive, and religious rights along with stating that I am competent. I do not have any mental diseases nor defects, nor do I have any biological nor neurological disorders. I wanted to go to trial. MO DMH forced me to take neuroleptics. I have been coerced into being "cooperative". I am being coerced to not complaining and being less litigious. It was the most frightening experience of my entire life to have DMH employees surrounded me and force me to take drugs. They refused to tell me the side effects, alleged benefits, or how the drug would work to alleviate any alleged disorder. Under extreme duress I orally took pills only to avoid being assaulted, physically restrained, and forcibly drugged with an injection of Haldol. It was NOT my choice. I did NOT consent. This horrifically traumatizing experience violated the most basic of my human rights. It is demoralizing to be treated as a non-person. The violation of anybody's autonomy, rights, and dignity is psychologically destructive. I am ethically disgusted and morally repulsed that this could happen in a first world country like the United States where constitutional provisions are supposed to prevent such atrocities. I was never physically aggressive before being imprisoned in MO DMH. Their abusive tactics, me witnessing over 70 patients assaulted and forcibly drugged, in addition to clinicians ignoring valid legal claims and interfering in all my attempts to use legal methods and judicial processes broke down my civility and have made me prone to fight-or-flight responses. I have to use all of my will power, drive for life, and self-discipline to battle the physiological effects of being forced to take neuroleptics. I have to fight to maintain my sanity and avoid the situational depression that could easily overtake any rational person confined in a psychiatric prison. I am fighting to preserve my personality. I am fighting for my life. The drugs have severely debilitating effects, are detrimental to human health and toxic to every cell in the human body. The neuroleptics wipe me out, impair my judgment, cloud my thinking, make it difficult to write coherently, drain my energy, give me neuropathy, make me groggy, drowsy and sedated, hinder my ability to defend myself, and have made me vulnerable to being assailed and sexually assaulted multiple times. MO DMH is misusing the guardianship process to force me to have a public administrator as a limited guardian for medication, even though I am completely competent and capable of receiving and evaluating information and communicating decisions, especially those pertaining to legal matters. Nonetheless, the public administrator, Jill Hanley, routinely ignores this and allows MO DMH to force me to take neuroleptics when it is not medically appropriate or necessary. The public administrator has not come to visit me in person since May 2017. She does not return any of my calls. MO DMH has prevented me from using my legal expertise and deliberately interfered with judicial processes. They have taken legal files from my room and prevented me from filing time sensitive documents with the courts. Jill Hanley refuses to give me copies of documents she and MO DMH have filed with the court, including the petition to admit, annual status reports, doctor's reports, court orders and anything else filed with the court from May 2017 to the present. So, I do NOT actually know the alleged legal reason nor the alleged medical reason being given to the court as to why I am still being held in MO DMH custody. The following are based on D.D.'s observations of prisoners/patients in Missouri Department of Mental Health (MO DMH) custody in state**

psychiatric centers in Missouri. J.D. J.D. was a quiet, almost always silent, petite woman who was mostly concerned about getting back custody of her daughter. At 9 A.M. J.D. was sitting quietly in the dayroom watching T.V. A nurse offered her a Haldol pill. "No, Thank you," J.D. politely said. Psychologist Rick Scott approached J.D., got in her personal space, and kept pressuring her to take the Haldol pill. J.D. repeatedly, quietly and politely declined, saying, "No, Thank you," again and again. Several DMH employees came in the dayroom and surrounded J.D. They grabbed her arms and legs and dragged her out of the dayroom and carried her down the hall with J.D. kicking and screaming, "Get your fucking hands off me!" Once they reached her room they held her down, pulled down her pants, and forcibly injected her with Haldol. This horrific scene became a daily occurrence at 9 A.M. and 3 P.M. as J.D. was forcibly injected with Haldol for more than four weeks. Every time they held J.D. down and pulled down her pants to forcibly inject her J.D. would scream and cry out, "Get your fucking hands off me." I felt a wave of adrenaline as part of me wanted to fight the DMH employees off of her, but another part of me knew that would be useless because we were outnumbered, so I had to hold back and not react. R.F. When R.F. came into MO DMH, he was calm and sociable, but consistently refused medication and challenged his alleged diagnosis. One week after R.F. had been at the MPC, it was 3 P.M. and he was calmly sitting in the dayroom conversing with other patients. Several DMH employees came into the dayroom. They told the other patients and me to leave, then they surrounded him. They began grabbing on his arms and pulling up his sleeves. R.F. verbally protested and tried to push their hands away but they grabbed his arms and shoulders and pulled him down the hall towards his room, where they held him down and forcibly injected him with Haldol. R.F. was visibly upset, insulted and angry. I felt frustrated and angry with him. He immediately tried to call his attorney to complain, but there wasn't anything that could be done at the time. One week later, this scene repeated itself and R.F. was forcibly injected with Haldol again even though he was not doing anything dangerous to himself or others. H.G. H.G. was very angry she was forced to come to the MPC. She wore a baggy sweatshirt with the hood pulled over her head, avoided eye contact, and walked around slouching. She refused to eat anything but pre-packaged food for the first three days she was there. She refused medication for the first week. After a few days H.G. was starting to talk to other patients and even did an art project. This progress was halted when she was assaulted and forcibly drugged by forced injection of Haldol. On the day H.G. was forcibly drugged, she received a letter at 1:50 P.M. that said two psychiatrists agreed she had a disorder and that they were going to force drugs on her. H.G. tried to call her attorney but could not get through. She showed me the letter and we sat there in terrified anticipation trying to think of whether there was anything we could do about it. I tried to talk to the charge nurse on her behalf and asked, "Is there anything we could do to delay the forced drugging?" "No, the psychiatrist has already made up his mind," the charge nurse said. At 3:15 P.M. several DMH employees went into H.G.'s room and surrounded her. They blocked both entrances so she couldn't leave. The DMH employees held her down and forcibly injected her with Haldol as H.G. yelled "No!" in protest. This was repeated once a week until H.G. acquiesced and submitted to avoid being assaulted and held down. S.J. When S.J. came to the MPC, it was not his first time in MO DMH custody; he had been a regular, in and out, for dozens of years. S.J. had been conditioned into taking his medication. At 8:30 A.M. one morning S.J. tried to refuse his medication because, "I don't like the way it makes me feel," he said. His verbal refusal was calm,

and his behavior was not dangerous; he wasn't doing anything to raise concern. Nevertheless, the charge nurse decided to have DMH employees grab his arms, hold him down, and forcibly inject him with Haldol because he refused to take his medication. As he was being held down he said, "Human rights, I have human rights!" He was upset and angry about being forcibly drugged and muttered to himself about human rights. I agreed with him about the human rights issue and I wished I could do something to help him, but I felt helpless to get the DMH employees to respect his wishes. T.W. T.W. was already at the MPC when I came there; he had been there for around two years. TW talked about and missed his two children which were about kindergarten age at the time. T.W. was forced to take pills under the duress of the threat of being assaulted and drugged by forced injection of Haldol; he only took the pills to avoid being forcibly injected. T.W. was told he would be in MO DMH "forever" unless he was willing to take a plea deal. He tried to resist taking a plea deal but felt it was futile. Eventually he gave in and took a plea deal because he felt it was his only way to get out of DMH and not be in DMH "forever". I agreed he was being coerced and that they were violating his rights, but felt powerless to do anything about it. A.D.H. and N.B. An example of insensitivity is when psychiatrist Dr. Edwin Wolfgram confused the identities of two African-American women and called them by the wrong names. A.D.H. and N.B. looked nothing like each other except for having the same skin color. A.D.H. was in her early 20s, slender with a narrower, oval face. N.B. was significantly older, full-figured with a rounder face. A.D.H. and N.B. had different facial features, body types, ages and personalities. "Ms. N.B., can I talk to you?" Wolfgram would say to A.D.H. "My name is A.D.H.," A.D.H. would softly say. Wolfgram would ignore A.D.H.'s name correction and continue to call her by the wrong patient name, saying, "Ms. N.B., we need to talk about your medication." A.D.H. would politely try to correct him again, saying, "My name is A.D.H." I can't help but think, "Who knows what harm resulted from this mix-up?" C.H. C.H. came to the MPC with a lot of dramatic energy. He was also very hungry. The regular portions of food were not enough for him. C.H. would go around and steal food off of the other patients' plates and then shove it in his mouth, eating it as fast as he could. C.H. was an actor and would perform dramatic monologues and dance moves that entertained the other patients and made them laugh. But the DMH employees thought he was too dramatic and had too much energy. One day when C.H. was goofing off and stealing other patients' food, the DMH employees called an "all available" and decided they were going to forcibly drug him. As the DMH employees started to surround him they told us to stay away as he was still goofing off. But since I felt like I knew C.H. and knew he was probably just hungry, I went to my room, got a Snickers bar, and then approached him and handed him the candy. C.H. calmed down and ate the Snickers bar. However, even though C.H. was now calm, the DMH employees still continued to surround him. Then they still held him down and forcibly injected him with Haldol (even though he had calmed down quite a bit and was not dangerous). P.B. P.B. was a large, 300 lb. 6'3" equivalent of a "teenager" in a thirty-year-old's body. P.B. was very loud when he was angry and yelling and would pound the main desk. P.B. had previously punched a hole in the wall with his fist. He had also previously slammed his 300 lb. body against the secure locked door of the ward and busted it open, breaking the lock and breaking the "break-proof" glass. Once P.B. was walking/huffing around the dayroom yelling and cursing about the DMH employees ignoring him and not paying attention to him. Even though P.B. was very loud I didn't feel afraid of him and I went into the dayroom and asked him,

**"What's the matter?" P.B. stopped yelling long enough to talk to me and to explain that he was upset because he uses seek-and-find word searches to keep himself occupied and calm, that he had run out of seek-and-find word searches to do, and that the DMH employees were ignoring him and not helping him find any more. "Is that all you need?" I said. Then I went to my room, got my brain puzzle book, let P.B. pick out the seek-and-find word searches he wanted to do, and then ripped them out of the book and gave them to him. P.B. said that was enough to last him for a while. Giving someone some seek-and-find word searches is much easier and less expensive than forcibly drugging them. A.W. A.W. would wave his arms around, moving back and forth and making clicking sounds on many occasions. A.W.'s movement and clicking sounds would get more rapid and haphazard when he became excited. When A.W. was having one of his excited episodes, the DMH employees would often call an "all available" and forcibly inject him with Haldol to sedate him. I found that by giving A.W. two sticks of Trident Cinnamon gum when he first started to become excited would calm him down. I started keeping Trident Cinnamon gum on me and he would come up and get some gum whenever he needed it. E.G. E.G. was having a bad day Friday. She had been looking forward all day to the mail coming because she wanted to look at some catalogs. When the mail came and there were no catalogs, it was the last straw for E.G. She became enraged. She hit three DMH employees and tore one of the male employee's shirt. An "all available" was called. The DMH employees surrounded E.G., held her down and forcibly injected her with Haldol. They grabbed onto her limbs, gripping them tightly, and forced her into a restraint chair, where they strapped her down. I went to my room, rummaged through my stuff and found a couple of catalogs, I brought them to E.G.'s room, where she was still strapped in the restraint chair and had three DMH employees hovering over her. "Do you want these catalogs?" I asked E.G. "Yes," said E.G. I asked the DMH employees to give E.G. the catalogs as soon as they could. Some solutions could be so simple. The following are told from the first-person perspective of prisoners/patients based on their experience with the Missouri Department of Mental Health (MO DMH) and state psychiatric centers in Missouri. E.H. Acting under the color of law, the Missouri Department of Mental Health (MO DMH) is detaining me indefinitely although I have not exhibited any definitive symptomatology consistent with the various diagnostic labels that have been affixed to me over the years. I have been falsely imprisoned in MO DMH since 2006. I was given bad legal advice and erroneous information regarding Not Guilty by Reason of Insanity (NGRI) pleas. I was misinformed about the length of incarceration and discharge procedures. Had I known what I was getting myself into, I never would have plead NGRI. Upon my admission to the St. Louis Psychiatric Rehabilitation Center (SLPRC) in February of 2011, I was forcibly and illegally drugged within 7 days of my arrival. Douglas McCoy, the attendant physician, blatantly violated state and federal laws as well as MO DMH Department Operating Regulation (DOR) 4.152, regarding forced medication policies and procedures. On February 18, 2011, I was surrounded by 20-30 SLPRC employees as I was quietly sitting alone. I verbally objected to being drugged against my will without becoming aggressive, but I was still given an injection against my will. Then the staff disable the ward telephones for the remainder of the evening so that I could not contact my attorney, family or police. I had seriously adverse reactions to the neuroleptic drugs I was forced to ingest. I was unable to read or write, dysphorically intoxicated and experienced bouts of narcolepsy. It was the worst two weeks of my life. There were illegal orders written to continue**

drugging me for several years following that incident. No court order was ever obtained. I used the internal grievance process to no avail, so I applied for assistance with Missouri Protection & Advocacy Services. My complaint was never investigated and was summarily dismissed. In October of 2015, I was assaulted by an employee and falsely accused of punching my attacker. Subsequently, I was tied to a bed and forcibly injected with a cocktail of psychotropic drugs that left me disoriented for almost a week. The attendant physician, Davinder Hayreh, sought to obtain a forced drugging order, but unlike McCoy he did attempt to follow the procedure specified by DOR 4.152, which at the time required two psychiatrists to agree to the forced drugging. However, the person used to write a second opinion, Amy Ramirez, was not qualified to write it, as she was not a psychiatrist. This blatant disregard for policy and procedure clearly shows how corruption and collusion are the culture of SLPRC. Both of these incidents are well-documented. Roy Wilson, the former Medical Director of SLPRC, told me that they did not have to follow any procedures to forcibly drug me. He also stated, "The only way you will ever get out of here is through me because I am not only the Medical Director; I am also head of the Forensic Review Committee... Unless you voluntarily take medication and convince us that you truly believe you need the medications we prescribe, you will be here for a very long time." He then went on to threaten me with lifelong institutionalization. In addition to being falsely imprisoned, I am still being threatened with lifelong institutionalization. Indefinite imprisonment is the standard of care provided for involuntarily committed persons in the State of Missouri. My due process rights are clearly being violated. I have been illegally forced to take psychiatric drugs. I am continuously being harassed and administration of SLPRC is always trying to intimidate, manipulate, and coerce me into doing whatever they want me to do at the time. This is a cruel and most unusual form of punishment for any human being to face. The hierarchy of SLPRC feel that they are above the law and exempt from punishment or reprimand. I have been assaulted by SLPRC employees and have had dozens of non-contraband items seized and improperly disposed of. My mail has been opened and checks have been cashed without my signature of approval. I was coerced into signing over 40% of my earned wages to MO DMH for "care and treatment", even though it clearly states in my order of commitment that my confinement is to be paid by the City of St. Louis, State of Missouri. I am being forced to keep all of my funds in this institution's account and I am not allowed to spend a dime without prior approval. SLPRC regularly defrauds the Medicaid system. I have been denied medical care on several occasions. I have paid three private attorneys in excess of \$40,000 but they are only interested in taking advantage of vulnerable persons like myself. I have yet to meet a lawyer who is willing to address the defects of Missouri statutory law. Very few attorneys practice mental health law in Missouri, and almost none have experience with involuntary discharge procedures. Involuntary psychiatric confinement is a damaging experience. There is no real "therapy," "treatment" or "rehabilitation" in Missouri psychiatric institutions, only excessive incarceration that destroys the lives of people who are supposed to be receiving help. There is absolutely no evidence whatsoever that involuntary hospitalization rehabilitates people. SLPRC is not a convalescent home or an asylum. This is a prison. The administration of psychotropic drugs is the primary "treatment" for detainees. Confinement of a person on the grounds of insanity is only lawful until that person recovers his/her mental health. Jurisdiction over insanity acquittees ends when sanity is restored, but SLPRC and MO DMH refuse to acknowledge this rule of law. NGRI

acquittals are not meant to be a life sentence. Anonymous "Who grows up and thinks, "I want to be in the system?" Children in foster care can age out and prisoners can be paroled, but involuntarily committed people in the Missouri Department of Mental Health (MO DMH) are relatively forgotten. I am writing from within this system, and I want to provide you (the reader) with an accurate account of some of the experiences I have experienced and/or witnessed. I am going to elaborate on being incarcerated in an institution called Forensic Treatment Center South (FTC-South), formerly known as Saint Louis Psychiatric Rehabilitation Center (SLPRC). Some say this facility is more humane than the prison; they've never been to FTC-South. This building is structurally unsound. To reside here is to one's own peril. The roof leaks into bedrooms, mold proliferates and insects swarm and hide in beds. The plumbing is a constant source of trouble. Certain pipes are "fixed" repeatedly but only after much complaint. Maybe we're not supposed to be smart enough to know something is broken. Inequality is an objective reality of living in FTC-South. This population of prisoner is predominantly black men. The lowest level employees, psychiatric technicians (PTs) and dietary workers are almost exclusively black. They are the lowest paid employees in MO DMH. The social workers are all white women. The psychologists are also all white. Most of the doctors are from foreign countries. There are NO AFRICAN-AMERICAN CLINICIANS at FTC-South. Drug compliance is not optional. It is certainly implied that one cannot be release without taking psychotropic drugs. I have been forcibly drugged for throwing a cup of water on a social worker and a nurse practitioner. I was surrounded by DMH employees and forcibly injected with a cocktail of Haldol, Benadryl and one other unknown substance. I was asleep for approximately 24 hours after that. I have witnessed many other prisoners undergo the same "treatment" including being strapped to a restraint chair. It cannot be emphasized enough how much they rely on drugs. If we are addicts we are addicted to the various psychotropic drugs they experiment on us with. I'm supposedly getting better but instead I am being psychiatrically abused by the very people who are supposed to be helping me rehabilitate myself. The methods used to subjugate patients are the same methods used in earlier years. The terminology has just changed to reflect the new and supposedly better "treatment" modalities. I am sustaining more trauma suffering through this experience than being on the streets unmedicated. Most of the staff in every department are disgruntled workers. Their union reps do little to advocate for them. Imagine what the level of care they provide looks like. They heap various psychological abuses upon us. Examples include, but not limited to: name-calling, manipulation and sexual abuse. Some employees empathize with us but they are outnumbered by the cruel. The administration always hides, covers up or minimizes the rampant corruption in this facility. This place is a prison, not an asylum. People will fight for better prison conditions, but no one comes to our aid. Sentencing for indeterminate amounts of time seems unconstitutional. There was someone here for ten years because they beat a mailbox with a shovel causing property damage. Who will be our champion? Who will investigate our suffering? I am writing this letter anonymously because I am afraid of the harsh, cruel retaliation that will surely follow. B.A. "The Woes of Being in Here (SLPRC)" (Caged Like an Animal Without Any Rights) September 11, 2017 was my "voluntary admission" date to the St. Louis Psychiatric Rehabilitation Center (SLPRC). From the start, the DMH staff lie to you by saying, "If you don't sign yourself in we will pick you up and handcuff you in front of your neighbors." Of course, you don't want that, so you sign yourself in! With tears and questions!x!x! Then, when you

experience how they treat you and others you ask, "Can I go home now?" "No," they tell you. I voluntarily signed in," I say. "So, there's a pandemic going on—you can't go home yet," they say. Upon coming in SLPRC and checking in, I couldn't get my clothes because they said the last place I stayed for a few days had "Bedbugs". Now, I became a little disturbed because DMH staff insisted I go to that group home!!! DMH staff picked the place. They put me in there. So, they feed me "New Medication" because I didn't receive the "Bedbugs" news too well nor the news about me staying here. Wanted to regain control of my sense of well-being. Hard to stop crying. I've observed different issues here with clientele that may have some mental problems. But, I also know everybody has a mental problem if they don't conform to what society dictates. Life is too short not to conform so I feel sorry for me and my mental state. During my time here I've gained more than 60 pounds in less than 4 years due to medicine, been rushed to the hospital for my heart, and had lung cancer treated for the first time here. I take 14 pills a day. I used to write very well; now I can only do a page-and-a-half, otherwise I have to stop if I want the recipient to read it thoroughly or to read it at all. I was an avid speller and great with sentence structure. Now I can hardly spell at all. I used to be able to just write; now I have to think about my sentence structure. My hands shake from the medicine I take if I'm using my hands or under stress. The medicine affected my memory. I'm older now and forget certain events that have happened in my life. I didn't have that problem before I came here. I feel I do things stupidly because of the medicine and I never would have said that about myself; but I have done some stupid things or said stupid things. I have talked to some fellow clients and asked them did they have any hardships with involuntary medicine. A few stated they had: slurring of speech, eyes rolling back in their head, the shakes, and been nervous with interacting with people. A.S. I was locked up for child support that I did not owe. I was sent into the mental health system being called incompetent. Then I was sent into the Metropolitan St. Louis Psychiatric Center (MPC), where psychiatrist Dr. Edwin Wolfgram wrote lies about me. Wolfgram lied in open court when I was supposed to get out by claiming that I had all types of drunk driving offenses, that I was a burglar, and that I was a robber with a gun. These statements were all false, as can be verified by checking CaseNet. Then Wolfgram claimed I had a manic attack that I did not have to get me into the St. Louis Psychiatric Rehabilitation Center (SLPRC). So I am being held in a psych ward being given medicines that I do not need and that just screw me up. The first medicine they gave me made me so tired I could barely sit down for five minutes to eat. I had to lie down to get rid of the seriously painful sensation that disturbed my body. The one they have me on now dried up my whole face. The skin just flakes off. Forensic Psychiatry The following observations and reflections are based on E.H.'s experience with Missouri Department of Mental Health (MO DMH) and state psychiatric centers in Missouri. Americans take great pride in constitutionally guaranteed civil liberties, yet those rights are often ignored or abridged by government agencies and institutions when they pertain to certain classes of people. The men and women involuntarily committed to psychiatric facilities are routinely deprived of civil liberties in a way that no other population are. An indefinite period of confinement is an inhumane and unjustifiable denial of civil liberties. No field of medicine allows this style of forced "treatment". "Experts" frequently and openly subvert statutory and case law criteria that impose rigorous behavioral standards as predicates for commitment. This outright disregard of the law is done under the pretenses of "we know what is best for patients" and employees of these inhumane



establishments believe that it is justifiable to ignore legal obligations. Psychiatrists frequently lie in court. E. Fuller Torrey, the most prominent proponent of coercive psychiatry egregiously states, "It would be hard to find any American psychiatrist working with the mentally ill who has not, at a minimum, exaggerated the dangerousness of a mentally ill person's behavior to obtain an order for judicial commitment." in his book "Out of the Shadows" (published in 1997). Dr. Torrey also goes on to say that lying to the courts is a good thing. This is a common misconception shared by despots in this profession who claim that their mission is to assist individuals with mental wellness. Legal protections for those labeled with a psychiatric diagnosis are illusory and court proceedings mock justice to the detriment of those involuntarily committed persons. This current paradigm for dealing with mental health cases has created a mental health crisis that demeans the accused, breeds disrespect for statutory law, reinforces shoddy lawyering and blasé judging, and often compels perjurious and corrupt testimonies. Everybody should be skeptical of the validity of a process that relies on duplicity to achieve its results. There is no reliable methodology for deciding who should be involuntarily committed or who should be released from confinement. The scientific reliability of diagnosing someone with a mental illness is extremely questionable. Even more questionable is the ability to predict dangerousness. No doctor in the world can accurately predict what someone might do in the future. Commitment is primarily based on biased and prejudicial profiling. The concept of a gravely disabled person is a subjective matter. It makes no sense that "professional judgment" should prevail when professional judgments can be conflicting, erroneous, or completely fallacious. Erring on the side of caution and incarcerating people indefinitely is particularly harmful because the vast majority of psychiatric wards do not even offer effective stabilization and treatment for psychological disorders. There is absolutely no evidence whatsoever that involuntary hospitalization "rehabilitates" people. Involuntary psychiatric confinement is a damaging experience. There are very few interventions available. The administration of psychotropic drugs is the primary "treatment" for detainees. This environment exacerbates fear, alienation, and completely dissociates people from any semblance of normalcy. Intimidation and manipulation are used to control the thoughts and actions of an already vulnerable population of people who are too cognitively impaired or too afraid to express themselves openly and freely. Being locked up, drugged and treated like a convicted criminal with no privacy or freedom often creates psychiatric disorders instead of curing them. The prisonlike environment and the power dynamics acted out by employees reinforces a person's sense of helplessness, creates distrust, and encourages adversarial relationships between detainees and "caregivers". Treatment staff behave more like jailers than medical professionals. Coercive psychiatry is an inhumane practice that should be abolished, and the fact that judges almost always defer to the opinion of bureaucratic psychiatrists employed by the state gravely undermines justice. Adjudication is dependent upon psychiatric conjecture endorsed by the state. The claim that mental illnesses are diagnosable disorders of the brain does not meet the rigorous standards of real science. The term "mental illness" is a preemptive rhetorical metaphor, not an analytic truth. Although the linguistic pretensions of psychiatry and its pseudo-medical jargon would have you believe otherwise, there is absolutely no scientific proof that psychological disorders are biologically based brain diseases. Persuasive propaganda controls the debate, disarms criticism, obfuscates reality, and prejudices public perception of psychiatry as a legitimate medical practice.

Psychiatric dogma defines psychiatry as medicine, and relentless propaganda reinforces it. Depriving people of liberty and responsibility on the grounds of a theoretical disease is a grave violation of basic human rights. Persons alleged to have mental diseases have reasons for their actions that must be fully understood. Dismissing the cause of someone's actions as the result of a non-existent pathology is a profoundly immoral forensic practice. Mental hospitals are like prisons, not hospitals. Involuntary hospitalization is not medical care. It is a type of imprisonment, and coercive clinicians function as judges and jailers, not healers or caregivers. Psychiatrists define deviance as disease and social control as treatment. Incarcerates do not have the options of rejecting diagnostic labeling or freedom to choose any of the people we are forced to interact with for treatment related purposes. Coercive psychiatric relations are like slavery and forced sexual relations (rape). Using pseudo-medical jargon for protection, coercive psychiatry deprives human beings of individual freedom and autonomy. Deceptive language insulates psychiatric institutions from the responsibility of reprehensible acts committed by its employees. Brain washing (programming and indoctrination), manipulation and intimidation have been sanctioned by psychiatric establishments and made acceptable by declaring these tactics to be therapeutic. Over-diagnosing and affixing diagnostic labels to people who are socially odd or challenging is a standard practice. Psychiatric clinicians pretentiously analyze the human psyche, make rash and biased judgments, infringe upon constitutionally protected rights and seek to impose hegemony over the most mundane issues of daily living. Controlling people by force, authorized by the state, is the opposite of healing wounded souls. Anyone who seeks to help others must eschew the use of force. Psychiatrists persist in speaking in terms of mysterious mental maladies and continuously refrain from disclosing fully and frankly what they actually do. All psychologists and psychiatrists really do is talk; sometimes individually, other times in groups. They discuss, analyze and speculate about these interactions and usually recommend certain modes of conduct while discouraging others. This is the "work" these "experts" actually do. Whether or not these conversations have any real therapeutic value is a purely subjective matter of opinion. The purpose of these meandering dialogs is to medicalize subjects and assess and control human behavior. Involuntarily committed persons are forced to participate in these meaningless and informal chats or they are reproached for not "engaging in treatment". Using its own meta-language psychiatry manufactures basic labels to define complex issues pertaining to the souls and psyches of human beings. These simplified and often inaccurate explanations only serve to further pervert justice and conceal the truth about institutionalized prisoners and pro-institutional clinicians whose primary interest is employment and stated benefits. Imitating medicine and using its own specialized terminology, psychiatrist routinely over-diagnose common behaviors and falsely accuse committed persons of displaying deviant or "symptomatic" behaviors concurrent with theoretical pathologies. Unsupportable and palpably false doctrines have proliferated and become widely accepted in this present era. In modern science new diseases are being discovered, but in psychiatry they are being invented for medical billing purposes. The enterprise of inventing mental diseases is unconstrained by fixed criteria or empirical scientific data. Once a hypothetical disease is proven, it is no longer considered a mental disorder and is reclassified as a bodily disease. The definitions of "therapy", "treatment", and "rehabilitation" are totalitarian in involuntary settings. Psychiatrists can do many things without clear guidelines or boundaries and claim it to be therapy. The role of sick mental

patient is imposed on people, often against their wills, and if the accused does not act out this role of sick mental patient he/she will be psychologically tortured to elicit responses that can be interpreted and documented as evidence of a defective mental state. As an additional insult, the accused will be condemned as "lacking insight" into his/her alleged mental defect if he/she does not agree with an improper diagnosis. The only way to ascertain the veracity of any statement is to investigate and cross-examine each controversy thoroughly. Without critical analysis and rational, unbiased discernment you cannot discover the truth of any debatable matter. Whenever a person identifies with the oppressor consciousness, conversations are always one-sided and manipulative. When there is no communion between parties there is only a covert imposition of authority as justification for paternalistic treatment by the party that controls the narrative. Confinement of a person on the grounds of insanity is only lawful until that person recovers his/her mental health. Periodic re-examination and release procedures are usually provided by the state. Missouri is a rare exception. NGRI acquittals are not meant to be a life sentence. Jurisdiction over insanity acquittees ends when sanity is restored, but many of the restraining authorities refuse to acknowledge this rule of law. Extended detention without judicial determination is a serious defect in Missouri statutory law. Prosecutors are ethically required to proactively address systemic abuses and correct vague and unconstitutional statutes. Prosecutors also have a duty to correct institutional malfeasance and should prosecute all guilty parties. Is indefinite commitment with the burden of seeking release and proving mental fitness placed on acquittees constitutional? In institutional settings "treatment" is a totalitarian term. It is literally whatever the authorities declare it to be. I am continuously being threatened with lifelong institutionalization for things like not playing whiffle-ball to disagreeing with diagnoses, and everything in between. My inability to be intimidated and unwillingness to yield to coercion have prolonged my incarceration for more than a decade. Anything the established order opposes is defined as "interfering with treatment". Meta-linguistic deceptions perpetuate the myth of mental illness. This syntactical duplicity is the chief cornerstone used to justify coercive psychiatry. MO DMH never uses real science- i.e. brain imaging or physical testing to assess the mental status of a person. It is always purely a matter of opinion that is questionable and often inconsistent among the shady professional imperialists that are regarded as "experts" at affixing labels to explain mysterious mental conditions opined as "sickness". Drug testing is sometimes used but the presence of psychoactive substances is rarely the only cause specified for the instability of an individual. Other imaginary diseases are usually branded upon people being examined. All "examinations" are conducted through conversations and/or the review of records from previous conversations. Hyperbole and pseudo-medical jargon is intentionally used to confuse or express ideas above the level of common comprehension, especially when their "practice" is brought into question. "Treatment" in everyday language is simply brainwashing; forcible and systemic pressure to eliminate the free will of prisoners held captive in psychiatric settings. Brainwashing, intimidation and coercion have been made acceptable by psychiatric institutions by calling it therapy. "Clients" who are challenging to the corrupt establishment are targeted for speculation and negative attention. Clinicians with superiority complexes analyze human behavior in grandiose fashion and are always complicit in feigning expertise that they know they do not actually possess. A major component of incompetence is the inability to recognize its own ignorance and or stupidity. The clinicians at SLPRC do not possess the

cultural competence to provide cross-cultural diagnoses or accurately evaluate members of the African diaspora. As long as arrogant and condescending Caucasians believe that their culture, values, and intellectual capacity to be superior, there can be no true and meaningful dialogue between them and any non-white people. SLPRC has created a caste system which makes authentic communication impossible. An extremely dishonest and non-transparent group with little, if any, basic human empathy or ethical integrity cannot reasonably be expected to facilitate effective therapies, compassionate treatment modalities, or any type of real rehabilitation. Bold and disrespectful overlords fabricate narratives, distort facts and obfuscate truth whenever they deem it to be convenient. Whenever a person of color is not acting as a sycophant or subordinate, white people feel threatened and intimidated; or at the very least, irritated, exasperated, or enraged. Anyone who has ever been employed by, or incarcerated in SLPRC can attest to the fact that this is an informal, unprofessional and racist institution. Saint Louis Psychiatric Rehabilitation Center (SLPRC) is not a convalescent home or an asylum. This is a prison. In addition to locked doors, chemical restraints are used to subdue, incapacitate and control prisoners. Intimidation, coercion and non-transparency are the tactics employed to maintain totalitarian control of its detainees. MO DMH and SLPRC specifically should invite a special commission to investigate institutional maleficence and psychiatric abuse if they truly have nothing to hide. How can meaningful change occur in a systemic culture that is so pervasively corrupt? It would be impossible to fire everyone involved and start fresh since almost every employee is guilty of punishable offenses, so the only logical resolution is to completely shut down MO DMH as it exists and find suitable replacements to provide real social services to those in need.