



MASSIVE FRAUD

Psychiatry's Corrupt Industry

Report and recommendations
on the criminal mental
health monopoly

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IMPORTANT NOTICE

For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and “diseases” of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC “DISORDERS” ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental “diseases” have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL “DISORDERS,” NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with “disorders.” In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome*. Harvard Medical School’s Joseph Glenmullen, M.D., says that in psychiatry, “all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.” As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, “There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases.”

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY “MENTAL DISORDERS.” Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not

know the causes or cures for any mental disorder or what their “treatments” specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness.”

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A “CHEMICAL IMBALANCE” IN THE BRAIN IS UNPROVEN OPINION, NOT FACT.

One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE’S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable “brain diseases” that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

MASSIVE FRAUD PSYCHIATRY'S CORRUPT INDUSTRY

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MASSIVE FRAUD
Psychiatry's Corrupt Industry



INTRODUCTION

Crime in Mental Health Care

For decades, psychiatrists and psychologists have claimed a monopoly over the field of mental health. Governments and private health insurance companies have provided them with billions of dollars every year to treat “mental illness,” only to face industry demands for even more funds to improve the supposed, ever-worsening state of mental health. No other industry can afford to fail consistently and expect to get more funding.

A significant portion of these appropriations and insurance reimbursements has been lost due to financial fraud within the mental health industry, an international problem estimated to cost more than a hundred billion dollars every year.¹

■ The United States loses approximately \$100 billion (€81.5 billion) to health care fraud each year.² Up to \$40 billion (€32.6 billion) of this is due to fraudulent practices in the mental health industry.

■ One of the largest health care fraud suits in U.S. history was in *mental health*, yet it is the smallest sector within health care.

■ A study of U.S. Medicaid and Medicare insurance fraud, especially in New York, between

1977 and 1995, showed psychiatry to have the worst track record of all medical disciplines.³

■ Germany reports roughly \$1 billion (€807 million) is defrauded each year.⁴

■ In Australia, health care fraud and patient over-servicing has cost taxpayers up to \$330 million (€226 million) a year.⁵

■ In Ontario, Canada, in August 2002, psychotherapist Michael Bogart was sentenced to 18 months in jail for defrauding the government of almost \$1 million (€815,993), the largest medical fraud case in the history of the province.⁶

Mark Schiller, president of the American Association of Physicians and Surgeons, stated in 2003, “I have frequently seen psychiatrists diagnose patients

with a range of psychiatric diagnoses that aren’t justified, to obtain [insurance] reimbursements.”⁷

However, psychiatrist and psychologist membership bodies do not police this criminality. Instead, as former president of the American Psychiatric Association (APA), Paul Fink, arrogantly admitted: “It is the task of the APA to protect the earning power of psychiatrists.”⁸

The mental health monopoly has practically zero accountability and zero liability for its

“As experience has shown that there *are* many criminal mental health practitioners, CCHR has developed a database at www.psychcrime.org that lists mental health workers who have been convicted and jailed.”

— Jan Eastgate

failures. This has allowed psychiatrists and psychologists to commit far more than just financial fraud. The roster of crimes committed by these "professionals" ranges from fraud, drug offenses, rape and sexual abuse to child molestation, assault, manslaughter and murder.

The primary purpose of mental health treatment must be the therapeutic care and treatment of individuals who are suffering emotional disturbance. It must never be the financial or personal gain of the practitioner. Those suffering are inevitably vulnerable and impressionable. Proper treatment therefore demands the highest level of trustworthiness and integrity in the practitioner.

As experience has shown that there *are* many criminal mental health practitioners, the Citizens Commission on Human Rights has developed a database at www.psychcrime.org that lists people in the mental health industry who have been convicted and jailed.

Created in response to the high number of convicted mental health practitioners who continue to seek employment in the mental health industry, one of its primary purposes is to inform people about the background of those individuals.

There is no place for criminal intent or deed in the field of mental health. CCHR works with others to ensure this standard is upheld.

The website and this publication are presented as a public information service to law enforcement agencies, health care fraud investigators, international police agencies, medical and psychological licensing boards and the



general public with the purpose of bringing to an end criminal psychiatric abuse in the mental health system.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Eastgate". The signature is stylized and cursive.

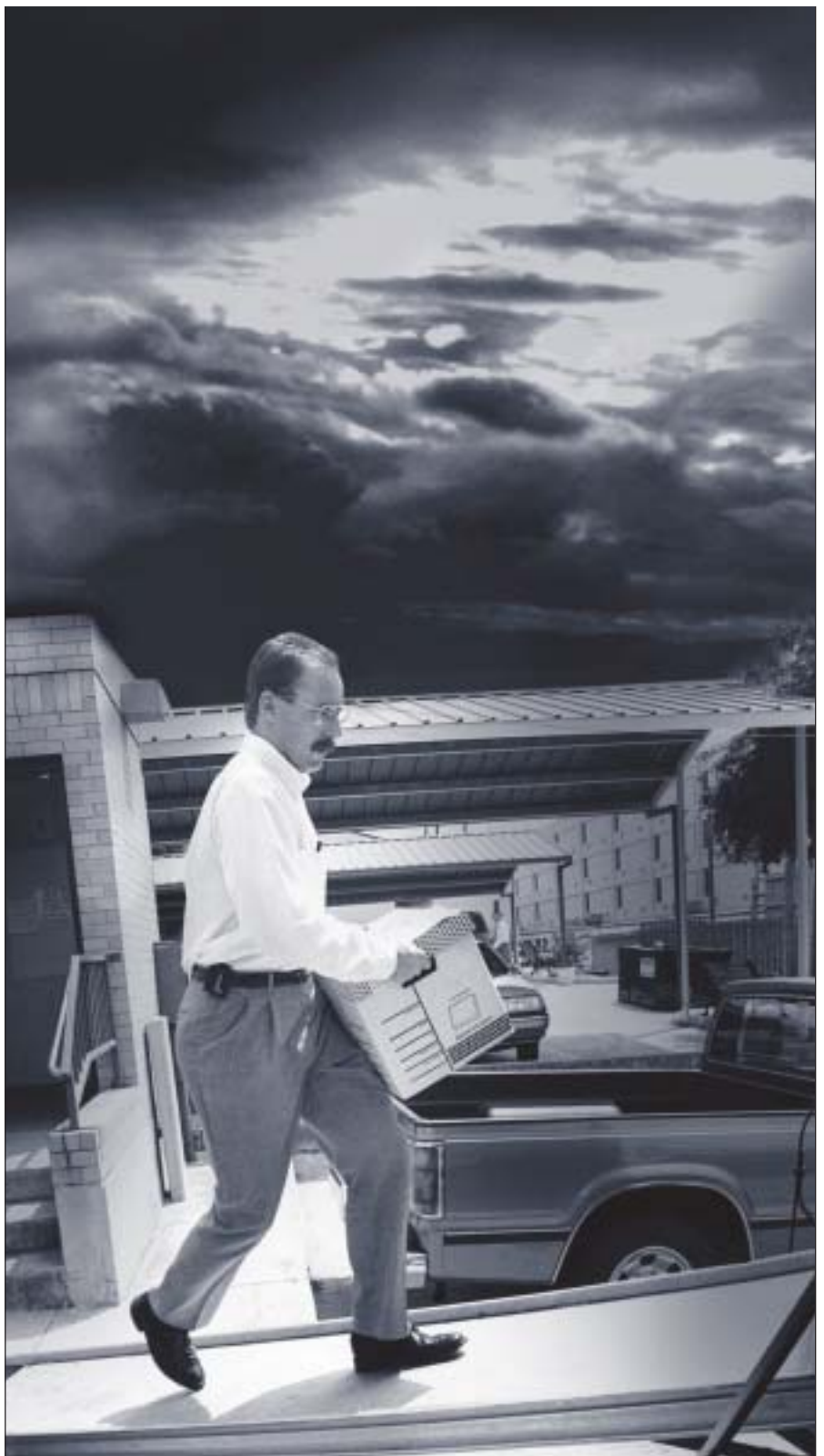
Jan Eastgate
President, Citizens Commission
on Human Rights International

IMPORTANT FACTS

1 Despite more than a decade of healthcare fraud investigations and convictions in the United States alone, psychiatrists and psychologists have not reformed the fraudulent practices that are rife within their ranks. In 2004, a Defense Criminal Investigative Service reported yet another increase in fraud in psychiatric and psychological services.

2 Fraudulently hospitalized citizens have been held until their mental health insurance benefits ran out. The psychiatric “diagnosis” was often changed to exhaust the insurance coverage.

3 The fraud is international in scope. Australia, for example, has reported widespread mental health fraud, including therapists billing insurance companies for having sex with patients.



Psychiatric fraud is rampant around the world. In the U.S., government agencies, including the Federal Bureau of Investigation (FBI), have been forced to raid private psychiatric chains such as National Medical Enterprises (above). Because of psychiatry's fraud and abuses, the company paid a \$740 million fine.



CHAPTER ONE

Mental Health: Big Business

On April 12, 1991, in Dallas, Texas, two uniformed security guards in a patrol car pulled up beside 14-year-old Jeramy Harrell and took him, against his will and his mother's protests, to a private psychiatric hospital owned by Psychiatric Institutes of America (PIA), a subsidiary of National Medical Enterprises (NME). A psychiatrist, Mark Bowlan, and a child welfare agent—who had *never* spoken with Jeramy or his parents—had filed an application to the court for the boy's detention, claiming he was a "substance abuser" and that his grandparents had physically abused him. Bowlan also claimed that Jeramy was "truant from school, failing grades, and violent [and] aggressive." If not treated, he added, the boy would "continue to suffer severe and abnormal mental, emotional or physical distress," and deteriorate.

It took Texas State Senator Frank Tejeda's intervention to obtain Jeramy's release after he had discovered the boy's admission was based on the unsubstantiated and untrue comments made by Jeramy's 12-year-old brother, Jason.

During the six days Jeramy was held in the facility, he was drugged without his parents' authorization and they were also refused permission to visit him. He was turned from a vivacious boy into

someone with a glassy stare and dragging gait. The family's health insurance was billed \$11,000 (€8,975) for this fraudulent "admission" and "treatment."⁹

The case sparked statewide and national investigations on an unprecedented scale into mental health care fraud and abuse.

On April 28, 1992, Congresswoman Pat Schroeder, chairwoman of the House of Representatives Select Committee on Children, Youth and Families, delivered a scathing rebuke of the "unethical and disturbing

practices" discovered. She reported that "thousands of adolescents, children, and adults have been hospitalized for psychiatric treatment they didn't need ... that patients are kept against their will until their health insurance benefits run out ... [and] that bonuses are paid to hospital employees, including psychiatrists, for keeping the hospital beds filled. ..." It was "big business," she said.¹⁰

"...Thousands of adolescents, children, and adults have been hospitalized for psychiatric treatment they didn't need ... patients are kept against their will until their health insurance benefits run out ... [and] bonuses are paid ... for keeping the hospital beds filled."

— Pat Schroeder, U.S. Congresswoman, 1992

Texas State Senator Mike Moncrief testified: "...[W]e have uncovered some of the most elaborate, creative, deceptive, immoral, and illegal schemes being used to fill empty hospital beds. ... This is not just unreasonable. It is outrageous. And it is fraudulent."¹¹

Psychiatry's predatory and profit-driven practices would ultimately subject NME to 14 separate federal and state investigations. On August 26, 1993,

the FBI and other federal agencies raided NME, resulting in the company paying out \$740 million (€603.8 million) in fines and civil claims.¹²

Criminal charges against psychiatrists and hospital directors ensued, continuing up to the present. One conviction resulted in psychiatrist Robert Hadley Gross beginning a one-year jail sentence in April 2004 for billing patient services he never delivered, and for accepting \$860,000 (€701,754) inpatient referral “kickbacks” in the early 1990s.

The scandal caused a domino effect in the United States with numerous other private for-profit psychiatric hospitals paying tens of millions in refunds, penalties and settlements. In 2000, the U.S. Justice Department investigated the private psychiatric hospital chain Charter Behavioral Systems, Inc. for fraud and abuse. That year, the company agreed to pay the government \$7 million (€5.7 million) to settle allegations regarding overcharging Medicare insurance and other federal programs.¹³

In Switzerland, in 1998, police raided three private psychiatric hospitals in the canton of Ticino, arresting and charging Renzo Realini, a renowned psychiatrist and owner of the facilities, with fraud and falsifying documents. Records showed that Realini had been billing for 30-hour days.¹⁴

Australia has also reported widespread mental health fraud, including psychotherapists and psychiatrists billing the government’s Medicare insurance for having sex with patients.¹⁵ One psychiatrist charged Medicare \$98 (€80) for rolling around on a rug with his patient in his backyard before having sex with her in his bedroom.¹⁶

In Russia today, psychiatrists commit unscrupulous fraud by manipulating vulnerable and wealthy patients into signing over control of their homes and property.

In 2004, the U.S. Defense Criminal Investigative Service (DCIS) issued a report stating: “The DCIS has found an increase in fraud in the delivery of mental health services, including those provided by hospitals, clinics and private practitioners. A review of recently completed and ongoing investigations suggests that psychiatric and psychological services are vulnerable to abuse, particularly in the following areas: billing for ‘phantom’ psychotherapy sessions;

Psychiatry's predatory and profit-driven practices are international in scope and fraudulent to the core.



Jeremy Harrell (right) was wrongly institutionalized, drugged and his parent's insurance billed to the tune of \$11,000—all because of false comments made by his 12-year-old brother that were acted upon by a psychiatrist.





Swedish Medical Board

SWEDEN: A 1998 report issued from the offices of the Swedish Medical Board (above) found that psychiatry was responsible for nearly half of the mistreatments of patients reported to the board and referred the matter to prosecution for further action.



Renzo Realini

SWITZERLAND: Famous psychiatrist Renzo Realini was charged with fraud and falsifying documents, after billing for 30-hour days.

billing for excessively long hospital stays for inpatient psychiatric care; providing kickbacks to physicians; and grossly inflating the number of psychotherapy hours provided to obtain thousands of dollars in overpayments from government and private insurance programs.”¹⁷

Other reported fraud schemes have included billing insurance companies for patient therapy when the client was in jail, charging for mental health therapy for a nursing home patient who was in a coma, and providing daily “group therapy” sessions that, in actuality, consisted of giving away free cups of coffee, socializing and listening to music.

Criminals in the Ranks

Crime in the mental health industry is far from limited to money matters. A review of more than 800 convictions of psychiatrists, psychologists and psychotherapists between 1998 and 2004 reveals that 43% of the convictions were for fraud, theft and embezzlement; 32% for sex crimes; 7% for patient assault and violent crime; 6% for drug offenses and another 6% for manslaughter and murder.

In June 2002, New Zealand psychiatrist Colin Bouwer, the former head of psychological medicine at the prestigious Otago University, was sentenced to life imprisonment with a minimum of 15 years non-parole time to be served for murdering his wife by slowly poisoning her with drugs.¹⁸

In November 2003, Ivan Zagainov, a psychiatrist in the Czech Republic, was sentenced to 13 years in jail for the strangulation murder of a 15-year-old female patient.¹⁹

On November 12, 1993, psychiatrist Frederick Aptowitz pleaded guilty to charges of soliciting a former patient to kill a nurse, Terricita Clemons, who had worked for Aptowitz. He paid the former patient \$3,000 (€2,448) to place dynamite under Clemons’ car.²⁰

In the United States, 40% of psychiatrists are sued for malpractice during the course of their career. It is also ironic that while psychiatrists and psychologists claim to be experts of the mind and human behavior, they have the highest rate of drug abuse and suicide within the medical profession.

“...[W]e have uncovered some of the most elaborate, creative, deceptive, immoral, and illegal schemes being used to fill empty hospital beds. ... This is not just unreasonable. It is outrageous. And it is fraudulent.”

— Mike Moncrief, Texas State Senator, 1992



IMPORTANT FACTS

1 With mental health care insurance coverage being mandated in the U.S., fraud levels are expected to escalate.

2 Drug abuse and drug fraud are common occurrences among psychiatrists.

3 Community Mental Health Centers (CMHC) have not saved money as promised, but, on the contrary, led to massive increases in government spending and fraud, with no commensurate results.

4 In Japan, psychiatric facility staff falsified patient records and inflated the numbers of treating doctors and nurses to extort more money from the government.



New Jersey psychologist Carl Lichtman pleaded guilty to defrauding 36 insurance carriers of \$3.5 million for therapy sessions that never took place. In May 1996, he was also ordered to reimburse the insurance companies \$2.8 million and \$200,000 to the state Department of Insurance.



CHAPTER TWO

Cunning Psychiatric Fraud

With mental health care insurance coverage in the United States being *mandated* through state and national legislation, and psychiatrists pushing for *all* children and adults to be “screened for mental illnesses during their routine physical exams,” fraud levels can only be expected to escalate.²¹

Speaking about mental health fraud, Paul McDevitt, a Massachusetts counselor, said, “These people have no ethics at all. They’re morally bankrupt. They’re like the grave robbers in old England who provided cadavers for the medical schools.”²² Except that in the case of psychiatrists and psychologists, the people that they’re exploiting are still alive.

In a 1997 article on psychiatric fraud, Mark Schlein, the director of Florida’s Medicaid Insurance, stated: “What we’ve discovered is that the extent of the fraud is limited only by the imagination. We’ve discovered a huge variety of fraudulent schemes.”²³

Insurance Fraud

■ In 2002, a Pennsylvania mental health provider agreed to pay \$7.8 million (€6.3 million) to settle criminal charges of false and fraudulent Medicare and Medicaid insurance claims.²⁴

■ In 2000, Tennessee psychiatrist Jan A. Mayer was sentenced to three years in prison and ordered to pay nearly \$400,000 (€326,397) in restitution for his role in a scheme to submit false bills to several government and private insurance agencies, including bills for 24 hours of work during periods that he was vacationing in Puerto Rico.

■ In 2000, in Mainz, Germany, psychiatrist Otto Benkert was sentenced to 11 months in jail, suspended in lieu of probation, fined \$176,171 (€143,754) and ordered to pay \$704,683 (€575,000) in compensation for defrauding the university where he worked as the Chief of Psychiatry.

■ In 1997, a Brisbane, Australia psychiatrist, Mary Jane Ditton, was convicted of making false claims to Medicare, after systematically doubling the amount of time

she spent in consultation with patients. She was ordered to repay nearly \$35,000 (€28,500) and sentenced to 2 1/2 years in jail.²⁵

■ Between 1994 and 1998, scandal rocked Japan after the discovery that private psychiatric hospitals were forcibly incarcerating and illegally restraining patients, falsifying medical records, and inflating the numbers of doctors and nurses in the facilities to obtain more money from the government. Several psychiatrists were convicted of fraud and jailed.²⁶

“What we’ve discovered is that the extent of the fraud is limited only by the imagination. We’ve discovered a huge variety of fraudulent schemes.”
— Mark Schlein, Director of Florida’s Medicaid Insurance, 1997

DRUG PROFITEER:

Massachusetts psychiatrist Christopher V. Rowland (right) was convicted of prescribing addictive drugs to addicts, one of whom died of an overdose of heroin and tranquilizers within days of filling his last prescription.



Christopher Rowland

Drug Fraud

Drug abuse and drug fraud are common occurrences in the psychiatric system. According to one veteran California health care fraud investigator, and as seen in these following examples, one of the simplest ways to detect fraud is to look for excessive prescribing rates among psychiatrists.

■ In May 2004, New York psychiatrist David Roemer was sentenced after pleading guilty to a charge of felony conspiracy in a prescription drug scam that defrauded the government's insurance scheme and

flooded the streets with millions of dollars in highly addictive narcotics and other drugs, including the tranquilizer Xanax. Roemer worked with four accomplices who recruited Medicaid insurance recipients from the streets and drug treatment centers. On the ride to Roemer's office, the recruits were given money and told what drugs to ask for. Roemer then "sold" them the



"There are few things more pathetic than a crooked doctor, particularly one who uses his office like a drug dealership."

— New York Attorney General Dennis Vacco, on the conviction of psychiatrist Priyakant S. Doshi, 1996

prescriptions, which they then took to pharmacies and filled using their Medicaid benefits. The pills were handed over to the recruiters who sold them on the black market. Roemer was sentenced to 10 1/2 years in prison and ordered to pay more than \$340,000 (€277,438) in restitution to the Medicaid program.²⁷

■ "There are few things more pathetic than a crooked doctor, particularly one who uses his office like a drug dealership," New York Attorney General Dennis Vacco said during a press conference announcing the conviction and sentencing of psychiatrist Priyakant S. Doshi. In 1996, Doshi was sentenced up to 7 1/2 years in jail for indiscriminately dispensing drugs, "with no intent to determine if his patients really needed them."

■ When Texas psychiatrist Frank Dunn was convicted in October 1992 for illegally distributing prescription drugs, Assistant District Attorney Susan Patterson told the court, "He is a drug dealer of the highest caliber ... the pinnacle of the pyramid." Drug abusers knew Dunn as "Dr. Feel Good." He was sentenced to 16 years in prison and fined \$10,000 (€8,160).

Community Mental Health Fraud in the U.S.

In 2003, financial audits discovered that Kedren Community Mental Health Center in California had mis-spent \$1.4 million (€1.1 million) in funds, including paying for

its president's Land Rover vehicle and Cadillac, and for some employees' theater tickets and trips to Las Vegas, New Orleans, Georgia, Washington, D.C. and London.²⁸

In 1990, a U.S. Congressional committee issued a report estimating that Community Mental Health Centers (CMHCs) had diverted between \$40 million to \$100 million (€32.6 mil-

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lion to €81.5 million) to improper uses. Various CMHCs had built tennis courts and swimming pools with their federal construction grants and, in one instance, used a federal staff grant to hire a lifeguard and swimming instructor.²⁹

The misuse of funds continued despite the congressional report. In September 1998, Medicare barred 80 CMHCs in nine states from serving the elderly and disabled after investigators found patients had been charged \$600 to \$700 (€489 to €571) a day for watching television and playing bingo, rather than receiving any care.³⁰

FRAUDULENT SCHEMES

Dead Patients, Fictitious Evaluations

The insurance company Blue Cross & Blue Shield United of Wisconsin reported that there are as many types of health insurance fraud as "the criminal mind can invent."³¹ [Emphasis added]

The following is a random sample of the range of fraud committed by psychiatrists and psychologists:

- Creating fictitious psychiatric evaluations to exhaust the patient's insurance.
- Billing insurers for therapy provided to dead people.
- "False claims"—billing for services never rendered or delivered.
- Billing the insurance company for patient cooking classes, bingo games and music listening.
- Billing for children aged between 3 and 5 for treatment of marijuana use.
- Charging for baptisms in the psychiatric hospital swimming pool that were called "recreational therapy."
- Billing patient "wake-up" calls as therapy visits.
- Billing insurance companies for sex with patients.
- Billing for theater tickets and trips overseas.
- Spending government welfare funds on social events for employees.



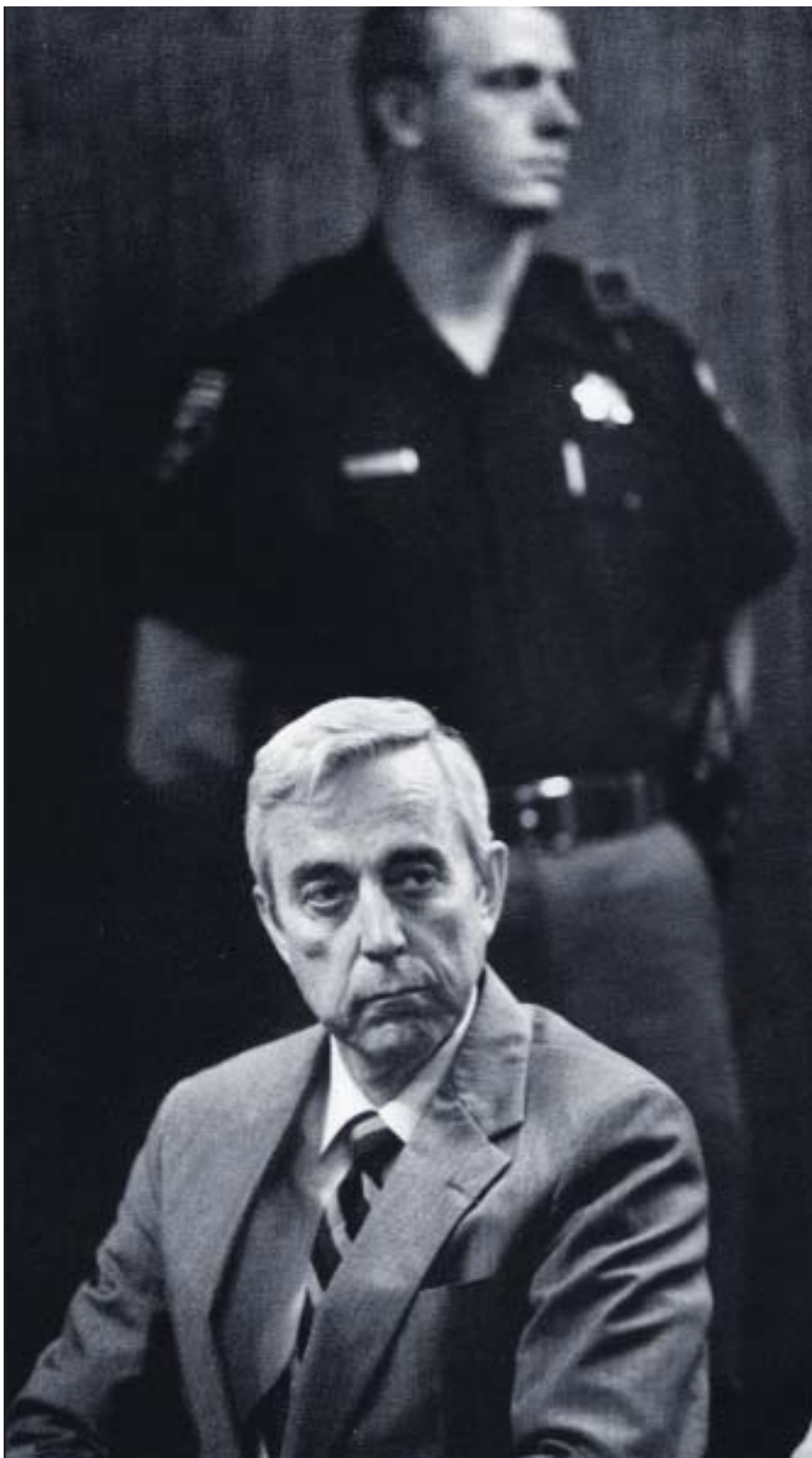
IMPORTANT FACTS

1 Studies in numerous countries reveal that between 10% and 25% of psychiatrists and psychologists admit to sexually abusing their patients.

2 Germany reported that 50% of registered psychologists and psychotherapists are unacceptable as practitioners because they have *more* problems than their patients.

3 The so-called ethics system used by psychiatrists has been universally attacked as soft and inadequate.

4 A 1997 Canadian study of psychiatrists revealed that 10% admitted to sexually abusing their patients; 80% of those are repeat offenders.



Psychiatrist Markham Berry pleaded guilty to sexually abusing six young boys sent to him for help. According to a law enforcement investigator on the case, Berry was an experienced pedophile who had been abusing youngsters for decades.



CHAPTER THREE

Sexual Abuse of Patients

Psychiatrists and psychologists rarely consider that raping a *patient* is rape. Instead, it is euphemistically called “sexual contact,” a “sexual relationship” or “crossing the boundaries” when one of its members sexually forces himself on a patient, often with the help of drugs or electroshock treatment.

Studies in numerous countries reveal that between 10% and 25% of psychiatrists and psychologists admit to sexually abusing their patients.³²

A 1997 Canadian study of psychiatrists revealed that 10% admitted to sexually abusing their patients; 80% of those were repeat offenders. Many had undergone personal analysis or psychotherapy in an unsuccessful effort to rehabilitate themselves.

In a 1999 British study of therapist-patient sexual contact among psychologists, 25% reported having treated a patient who had been sexually involved with another therapist.³³

Germany reported that 50% of registered psychologists and psychotherapists are unacceptable as practitioners because they have *more* problems than their patients. A third of the patients seeing these mental health practitioners claim to have been mentally or sexually abused by them.³⁴

While psychiatric rape is punishable by the justice system, in most of the cases professional registration boards deal with psychiatrists’ and

psychologists’ rape merely as “professional misconduct.”

These boards decide what discipline should be imposed. Following this logic, if a plumber raped a customer, his fate should be decided by a society of plumbers. That, of course, will not happen and, in the same way, neither should professional registration boards be allowed to operate as law. Especially when they have proven they cannot be trusted.

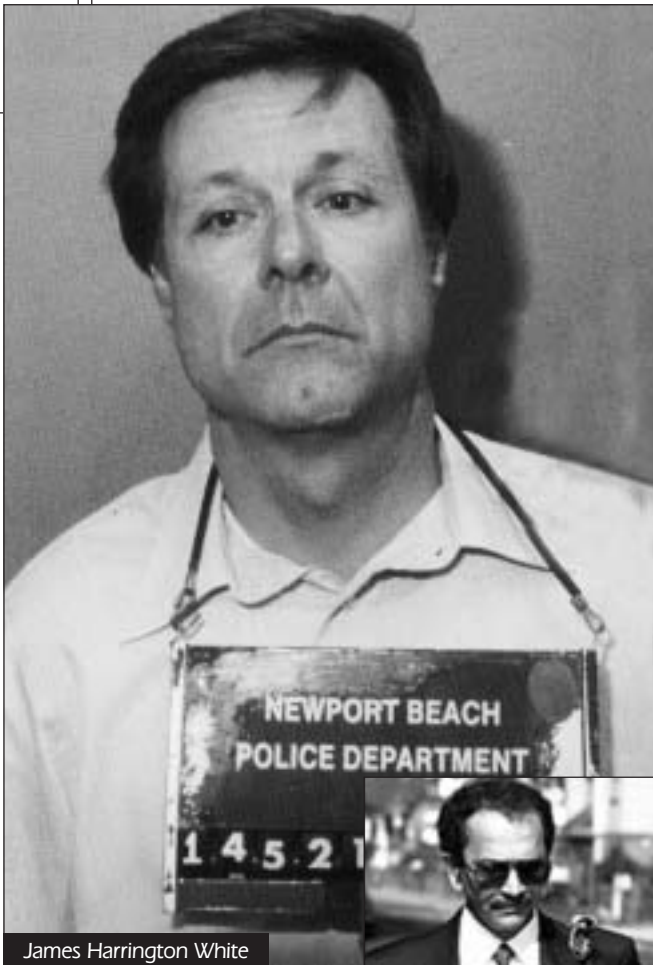
The so-called ethics system used by psychia-

trists has been universally attacked as soft and inadequate. In 1996, the World Psychiatric Association (WPA) claimed that “Ethical behavior is based on the psychiatrist’s individual sense of responsibility towards the patient and their judgment in determining what is correct and appropriate con-

While psychiatric rape is punishable by the justice system, in most of the cases professional registration boards deal with psychiatrists and psychologists’ rape as “professional misconduct.” The so-called ethics system used by psychiatrists has been universally attacked as soft and inadequate.

duct. External standards and influences such as professional codes of conduct, the study of ethics, or the rule of law by themselves *will not guarantee the ethical practice of medicine.*” [Emphasis added]

Consider Australian psychiatrist Paul Stenberg, who took a patient to a spa in a gymnasium and rubbed her breasts and vagina, telling her it was “therapy.” He had sexual intercourse with another patient and suggested she try heroin. In 2000, Stenberg voluntarily resigned his license, promising the Medical Board he would never practice anywhere in the world. The Board believed that this



James Harrington White



Kolathur Unni



Janis Steele



Robert Ferguson

Psychotherapists are increasingly facing criminal charges for sexually abusing persons who seek their help. Psychotherapists Robert Ferguson (bottom left) and Janis Steele (left) were the first to be prosecuted under a Colorado law specifically criminalizing such sexual abuse. Both Steele and California psychiatrist James Harrington White (top), a notorious pedophile, were prosecuted with the assistance of investigators from the Citizens Commission on Human Rights.

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resignation provided “protection to the public.” Within two years, however, Stenberg was again sexually abusing patients he was not supposed to be treating.

But when processed in the criminal justice system, psychiatrists and psychologists’ sexual abuse of patients *does* get prosecuted as a criminal offense:

■ In May 2004, U.K. psychiatrist Michael Haslam was convicted and jailed for three years for indecent assault against three female patients while employed by the National Health Service in the 1980s.³⁵

■ On October 31, 2002, French psychotherapist Jean-Pierre Tremel was sentenced to 10 years in prison for raping and sexually abusing two young patients that the court recognized as being extremely vulnerable. Tremel, age 52, claimed his “treatment” was based on an “Oriental tradition” wherein “old men introduce girls to sexual practices.”³⁶

■ On July 4, 2002, London psychiatrist Kolathur Unni was jailed for 18 months for sexually attacking a female patient during a hypnotherapy session. Unni had a history of patient sexual assault and had been struck off the medical register in New Zealand for similar incidents.

■ In February 2004, Canadian psychiatrist John Orpin lost his appeal on a 1998 sentence for physically and sexually abusing female patients during bizarre hypnotic sessions. While the women were drugged, he raped and

sodomized them. Some were shackled to a wall and beaten with a belt. Orpin told them that his penis was a “healing staff” and that anal rape represented “unconditional love.” He pleaded guilty to assault and sexual assault of two women.

■ On February 11, 1998, Missouri psychiatrist William Cone was sentenced to 133 years in prison for sexual and deviate sexual assault of two patients. Cone told the women they had been weaned too early and needed to be “re-parented,” which required having sex with him. To convince them, he gave them large amounts of psychotropic drugs to which they became addicted. Cone claimed in his defense that he suffered from “alcoholism and sexual dependency”—a “form of moral insanity brought on by my obsessive preoccupation with work, power and perfection. ...”



Mototaka Yasuda



William Cone

Today, there are more than 25 statutes in Australia, Germany, Israel, Sweden and the U.S. to address the increasing number of sex crimes committed by mental health practitioners.

Assistant Attorney General David Cosgrove told the court: “He [Cone] is a predator. ... These people came to him for healing and he injured them. I’ve never had a defendant inflict so much pain and so much injury on so

many people. There’s a message that needs to be sent to this defendant and everyone else in his shoes.”

Today, there are more than 25 statutes in Australia (Victoria), Germany, Israel, Sweden, the United States and other countries specifically designed to address the increasing number of sex crimes committed by psychiatrists and psychologists. Many of these laws recognize that patient “consent” is not a defense. Convicted psychiatrists can face up to 10 years imprisonment per incident.



John Orpin

Above: Former Canadian psychiatrist John Orpin was convicted for sexually assaulting female patients during bizarre hypnotic therapy sessions. Top left: A Japanese hospital chain was shut down after human rights violations were discovered and released to the media. Head psychiatrist Mototaka Yasuda, runs from media as he heads to court. Left: William Cone, a psychiatrist from Missouri, was sentenced to 133 years in prison for sexual and deviate sexual assault of two patients.

INNOCENCE BETRAYED

The Rape and Abuse of Children

The most contemptible of crimes committed by psychiatrists and psychologists involve the sexual abuse of children who are frequently entrusted to their care by courts, child protective and family services, and other government agencies.

As reported in 2001, a national U.S. study of therapist-client sex reported that one out of 20 clients who had been sexually abused by their therapist was a minor. The female victims' ages ranged from three to 17, and from seven to 16 for the males.³⁷ The average age was seven for girls and 12 for boys.

■ On July 24, 2002, Danish psychologist, Bjarne Skovsager (54), was sentenced to six years in prison for numerous and severe sexual abuses—including sodomy and indecent exposure—against three boys between the ages of seven and 11. Skovsager was ordered to pay compensation to each boy. In sentencing, the judge stated, “You have had a relationship of trust with the family which you systematically and severely exploited.”³⁸

■ In 1997, Oakland Circuit Court Judge Alice Gilbert denied psychologist Julian Gordon's bail request, ordering him to remain in jail pending an appeal of his conviction for molesting and sodomizing a teenage boy.

Gordon, appointed by a county probate court to work with troubled teens, was sentenced to 15 years in prison. Judge Gilbert stated, “There is no civilization if we don't protect our children.”

■ Psychiatrist Paul Bridges was convicted in August 2000 of assaulting two boys, aged 15 and 16, both vulnerable runaways. In 1996, the 15-year-old had visited Bridges at his home, where Bridges photographed the boy naked and indecently assaulted him. Three years later, a 16-year-old boy responded to an advertisement

Bridges had placed seeking “male models” and was also sexually assaulted. Police discovered Bridges was running a nationwide pedophile ring.

■ The same year, Robert Bruce Craft, a Georgia psychiatrist working for the State Department of Family and Children's Services treating abused and emotionally disturbed children, was sentenced to 20 years in prison for felony sexual exploitation of a minor and child molestation. The Assistant District Attorney called Craft's crimes “deliberate acts that stole children's innocence.” “Twenty years isn't enough,” she told the judge. “If he served every day it would not be enough. If he lives to be 107, like my grandmother, then I hope it's spent in [jail].”

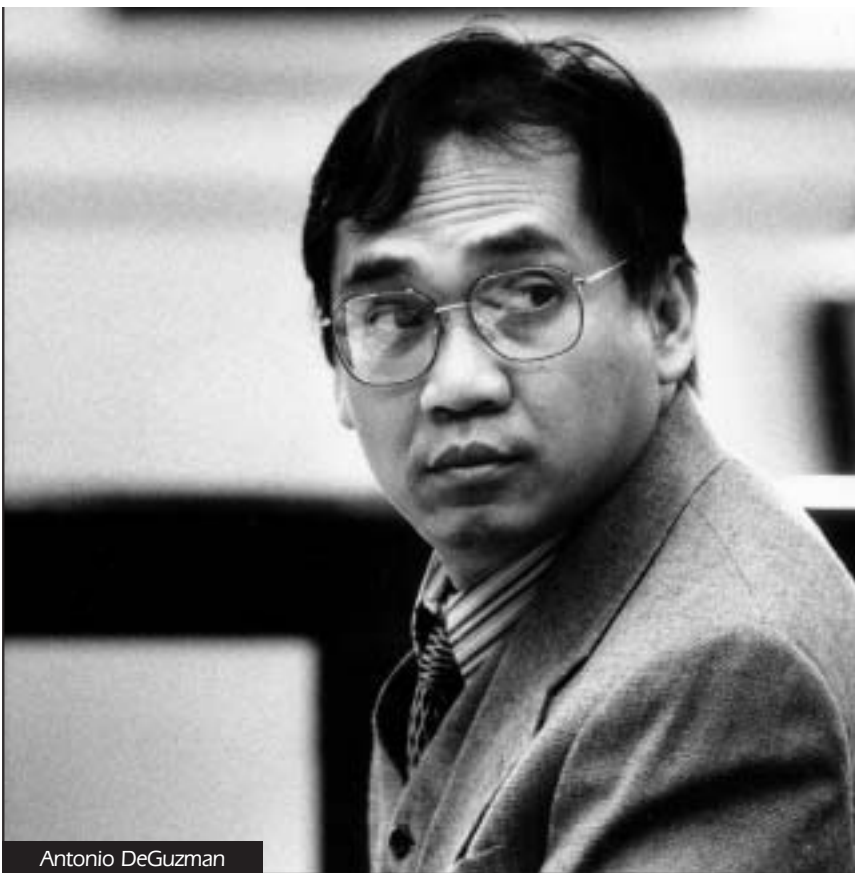
“You have had a relationship of trust with the family which you systematically and severely exploited. ...”

— Judge during the sentencing of Bjarne Skovsager



Bjarne Skovsager

Donald Persson



Antonio DeGuzman



Alan J. Horowitz



Bert Potter

Above: In 1998, Massachusetts psychiatrist DeGuzman was sentenced to 3–4 years in prison with 15 years probation for fondling three young male patients.

■ Antonio DeGuzman, a Massachusetts adolescent psychiatrist, was sentenced to 3–4 years in prison and 15 years probation for fondling three young male patients. The prosecuting attorney stated, “Sexual assault against young people is bad enough, but when that person is a physician in a white coat ... it is not very hard to understand that he is the devil in disguise.”

■ Donald Persson, a Utah psychologist, described himself as “a moral person” when he was sentenced to 10 years imprisonment for the rape of a 12-year-old girl. Evidence seized in the criminal case indicated that he may have sexually abused as many as 16 young girls—several under the age of five—since 1972.³⁹

■ In 1992, Alan J. Horowitz, a New York psychiatrist, was sentenced to 10 to 20 years for sodomizing three boys aged seven to nine, and for sexually abusing a 14-year-old girl. Horowitz defended himself saying that he was a “normal

pedophile.” Police investigations found a trail of sexual abuse of patients dating back to the late 1960s, when Horowitz worked for a community organization that helped impoverished, inner-city children.

■ In New Zealand, a commune of psychotherapists started by psychiatrist Bill Rowntree and psychiatric nurse Bert Potter, was investigated for the sexual abuse of children as part of their “therapy” plan. Eight psychotherapists and commune members were convicted in the early 1990s. Despite spending more than seven years in prison on child sex charges, including sexual assault of his own children, Potter was reported to have still asserted that “sexual activity initiated by the child and kept at their level is not harmful.” This included one three-year-old girl performing oral sex on men, and a girl of 11 being given the drug Ecstasy. Another adolescent was assigned the “task” of having sex with Potter after school because he told her she had an emotional block.⁴⁰

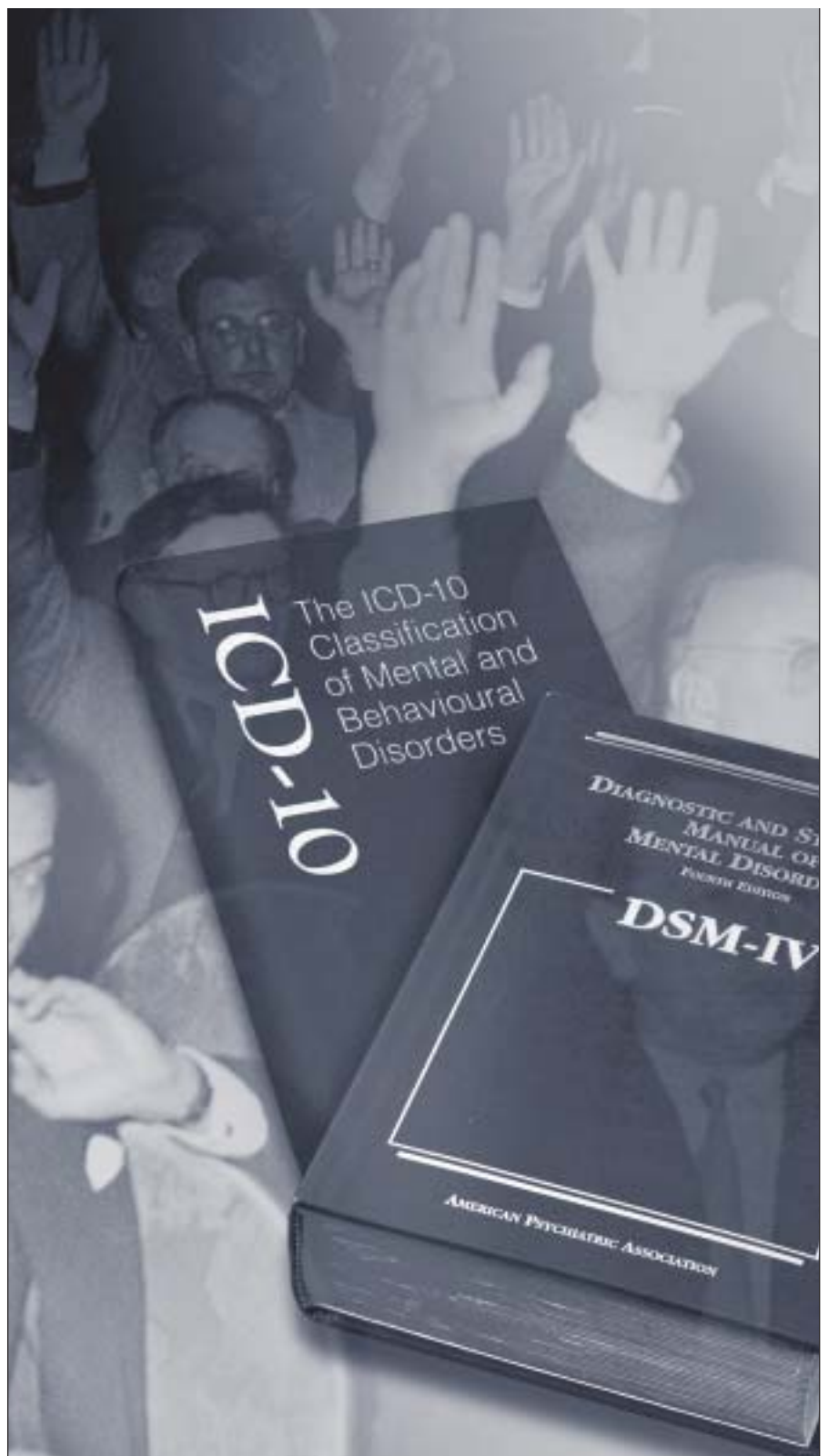
IMPORTANT FACTS

1 One of psychiatry's most successful means of defrauding those who pay for psychiatric treatment is through the use of its *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

2 The unscientific and spurious nature of *DSM* invites fraud.

3 *DSM* is the therapist's password for insurance reimbursement, providing the key to the dollars from private health and government insurance carriers.

4 The *DSM*, itself, says that it cannot be used for forensic purposes and cannot establish the "existence for legal purposes of a 'mental disorder,' 'mental disability,' 'mental disease,' or 'mental defect.'" In relation to criminal responsibility, yet it is used in court cases to do just that.



Unlike in medical practices, the psychiatric profession has no tests to validate any mental disorder or "disease." Many disorders are literally voted into existence without scientific basis or proof.



CHAPTER FOUR

Inventing 'Diseases,' Spawning Fraud

In legal terms, fraud involves intentional deception or deliberate misrepresentation to secure money, rights, property or privilege. In general terms, fraud is understood to mean dishonest dealings, cheating or trickery.

One of psychiatry's most successful means of defrauding those who pay for psychiatric treatment is through the use of its *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the companion mental disorders section of the *International Classifications of Diseases*, mental disorders section (*ICD-10*).

As Professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, state, "... one of the most powerful effects of *DSM* is due to its connection to insurance coverage: *DSM* is the psychotherapist's password for insurance reimbursement. Whether you are depressed or just blue, manic-depressive or just moody, anxious or just high-strung is not simply a matter of semantics; it is the key to millions of dollars in insurance coverage for psychotherapy, hospitalization and medications. This vital connection exists because all mental health professionals must list a psychiatric diagnostic label, accompanied by

appropriate code number, on their claims for insurance reimbursement.

"*DSM* provides the key to the dollars not only from private health insurance carriers but also from massive government programs such as Medicaid, Social Security Disability Income, benefit programs for veterans and Medicare."⁴¹

The unscientific and spurious nature of *DSM* invites fraud.

"...[O]ne of the most powerful effects of *DSM* is due to its connection to insurance coverage: *DSM* is the psychotherapist's password for insurance reimbursement ... it is the key to millions of dollars in insurance coverage for psychotherapy, hospitalization and medications."

— Professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, 1997

Dr. Robert F. Stuckey, a former medical director at one of National Medical Enterprises' psychiatric hospitals, admitted that psychiatrists and hospital staff "were absolute geniuses at diagnosing insurance." When a prospective patient contacted the hospital, his or her insurance was thoroughly researched. Once the patient was admitted, insurance was regularly reviewed to ascertain "how the hospital could

legally acquire every dollar possible that was still available that day, on that policy," Stuckey said.

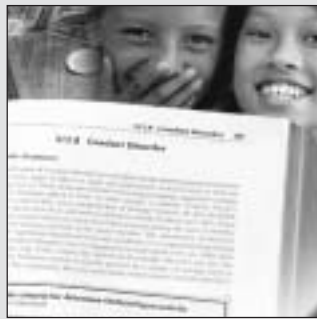
"The patient usually received the diagnosis that matched the category with the most money available to it. ... The primary function of the hospital, a function so important that it rendered all other functions incidental, was to extract every single penny possible from the patients."⁴²

Selling Psychiatric 'Illness'

From the first Diagnostic and Statistical Manual (DSM) which named 112 mental disorders, to the latest edition which now includes 374, the criteria used for psychiatric diagnoses are a parody of science-based illnesses. Used by psychiatrists to bilk hospitals, governments and insurance, they give medicine a bad name. The billable list includes:



Caffeine-Related Disorder
DSM Page 212



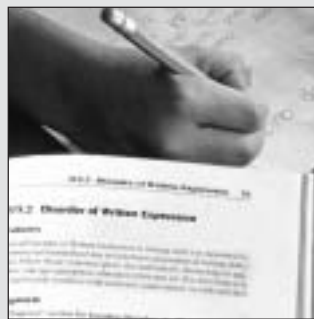
Conduct Disorder
DSM Page 85



Expressive Language Disorder
DSM Page 55



Mathematics Disorder
DSM Page 50



Disorder of Written Expression
DSM Page 51

Joe Sharkey, author of *Bedlam*, a book about psychiatric fraud, says that in the 1980s psychiatrists created diagnoses designed to meet insurance requirements for hospitalizing youths. "Those new diagnoses were breathtaking in their scope. Consider the wide range of child and adolescent behaviors and classroom difficulties that are assigned official code numbers (keyed to insurance reimbursement) and classified as disorders in psychiatry's clinical bible, the *Diagnostic and Statistical Manual (DSM-III-R)*."⁴³

The following childhood diagnoses are part of the *DSM/ICD*:

- Speech Articulation Disorder
- Spelling Disorder
- Written Expression Disorder
- Mathematics Disorder
- Stuttering
- Communication Disorder
Not Otherwise Specified
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder
- Conduct Disorder
- Phonological Disorder
- Sibling Rivalry Disorder
- Noncompliance with Treatment
Disorder

and the all-encompassing "Phase of Life Problem."

Carefully honed and marketed by psychiatrists for over four decades, the *DSM* and *ICD* are now featured heavily as diagnostic tools, not only for individual treatment, but also for child custody battles, discrimination cases based on alleged psychiatric disability, court testimony, education and more. In fact, wherever a psychiatric opinion is sought or offered, the *DSM/ICD* are increasingly accepted as the final word on sanity, insanity and so-called mental illness.



“Our legal system has been told that clinical psychology is a *scientific* discipline, that its theories and methodology are those of a mature science, and our legal system has believed it.

Given the deplorable state of the ‘science’ of clinical psychology, that is truly unbelievable.”

— Margaret Hagen, Ph.D., psychologist and lecturer, Boston University

For adults, disorders that are fraudulently billed for include:

- Sleepwalking Disorder
- Nicotine Withdrawal
- Caffeine Intoxication/Withdrawal
- Sleep Terror Disorder (includes waking up in a sweat from a nightmare)
- Nightmare Disorder

New York practitioner Ron Leifer warns that psychiatrists will find a mental illness in everything and that there’s no science to it. Labeling the *DSM* diagnostic method, “arrogant fraud,” he says, “To make some kind of pretension that this is a scientific statement is ... damaging to the culture.”⁴⁴

According to Margaret Hagen, Ph.D., a psychologist and lecturer at Boston University, “Our legal system has been told that clinical psychology is a *scientific* discipline, that its theories and methodology are those of a mature science, and our legal system has believed it. Given the deplorable state of the ‘science’ of clinical psychology, that is truly unbelievable.”

According to the *DSM*, itself, “When the *DSM-IV* categories, criteria, and textual descriptions are employed for forensic purposes, there are significant risks that diagnostic information will be mis-

used and misunderstood.” And it is “not sufficient to establish the existence for legal purposes of a ‘mental disorder,’ ‘mental disability,’ ‘mental disease,’ or ‘mental defect,’” in relation to competency, criminal responsibility or disability.

Invented “mental diseases” have absolved the guilty of their crimes through an insanity defense. Psychiatry’s billing bible also includes the following “disorders,” excuses for what are, in fact, crimes:

- *Pedophilia*, a “habit and impulse disorder” to excuse child molestation
- *Physical abuse of a child* “problem”
- *Sexual abuse of a child* “problem”
- *Pyromania disorder*, for arson
- *Pathological fire-setting*, also for arson
- *Pathological stealing*, for theft

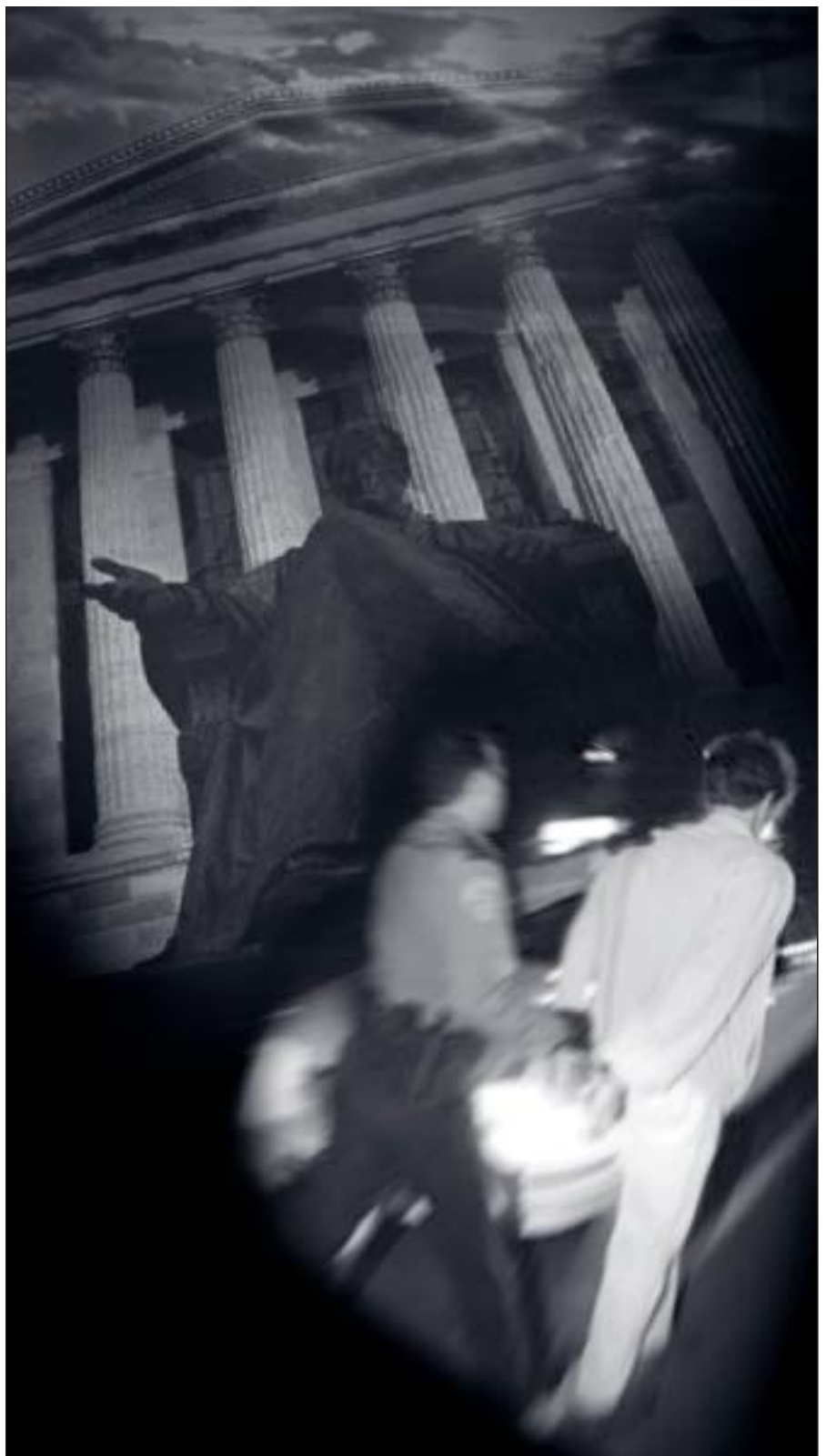
Dr. Thomas Dorman, member of the Royal College of Physicians of the United Kingdom and Canada, sums it up this way: “In short, the whole business of creating psychiatric categories of ‘disease,’ formalizing them with consensus, and subsequently ascribing diagnostic codes to them, which in turn leads to their use for insurance billing, is nothing but an extended racket furnishing psychiatry a pseudo-scientific aura. The perpetrators are, of course, feeding at the public trough.”⁴⁵

IMPORTANT FACTS

1 Mentally troubled persons and residents living in residential psychiatric facilities are easy targets for exploitation: fraud, assault and sexual and/or financial abuse.

2 Psychiatrists, psychologists, psychotherapists and their hospitals must be made fully accountable for their funding, practices and treatments—and their results.

3 Any psychiatrist or psychologist facing professional board investigation for sexual abuse of a client should always be suspected of fraudulent billing practices.



It will always be left to agencies external to the mental health system to police it. Psychiatrists and psychologists will not change direction, any more than they did after a decade of exposure of massive fraud in private for-profit hospitals in the 1990s.



CHAPTER FIVE

What Should Be Done?

A Medicare Fraud and Abuse Training Manual advises examining mental health services for fraud and abuse. The reasons given include: patients trust their therapist/counselor; mentally ill persons are easy targets for exploitation; and residents living in residential psychiatric facilities are at risk for exploitation by health care providers.

According to the Arkansas Attorney General, "Physical abuse or neglect is any action or failure to act that causes unreasonable suffering, misery, injury or harm to a resident ... from striking or sexually assaulting a patient to withholding necessary and adequate food, physical care or medical attention.

Financial abuse includes the misuse of a resident's trust funds to pay for nursing home services already being paid for by the Medicaid [insurance] program or for uses of a patient's funds not authorized by either the resident or resident's guardian, trustee, administrator, etc."

Other things to watch for include misrepresenting the length of a "therapy session" (billing for a one-hour rate when the patient only received 20 minutes); billing for individual consultation or therapy when the patient was part of "group therapy"; billing for patients that cannot possibly benefit from "therapy" (such as comatose patients); and billing for outside contractors (therapists) not covered by the facility's insurance. Drug prescription records should also be monitored. Any

psychiatrist or psychologist facing professional board investigation for sexual abuse of a client should always be suspected of fraudulent billing practices.

It will always be left to agencies external to the mental health system to police it. Psychiatrists and psychologists will not change direction, any more than they did after a decade of exposure of massive fraud in private for-profit hospitals in the 1990s. Author Joe Sharkey states, "... As anyone who watches television

...[A]s anyone who watches television and reads the papers is aware, psychiatric hospitals ... general hospitals, and addiction treatment centers are still eagerly trolling for customers who have insurance."

— Joe Sharkey, author of *Bedlam*

and reads the papers is aware, psychiatric hospitals, psychiatric wings of general hospitals, and addiction treatment centers are still eagerly trolling for customers who have insurance."

According to the *California Department of*

Mental Health Medical Evaluation Field Manual (1991)—which CCHR assisted in introducing—"Mental health professionals ... have a professional and a legal obligation to recognize the presence of physical disease in their patients ... Physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder."⁴⁶ In fact, up to 40% of psychiatric facility admissions would be unnecessary if patients were first properly medically examined. This represents enormous potential savings in terms of dollars and suffering.

Ultimately, psychiatrists, psychologists, psychotherapists and their hospitals must be made fully accountable for their funding, practices and treatments, and their results, or lack thereof. This includes criminal acts that should be dealt with only through the courts, not medical tribunals.



RECOMMENDATIONS

Recommendations

- 1 Establish or increase the number of psychiatric fraud investigation units to recover funds that are embezzled in the mental health system.
- 2 Clinical and financial audits of all government-run and private psychiatric facilities that receive government subsidies or insurance payments should be done to ensure accountability; statistics on admissions, treatment and deaths, without breaching patient confidentiality, should be compiled for review.
- 3 A list of convicted psychiatrists and mental health workers, especially those convicted and/or disciplined for fraud and sexual abuse should be kept on state, national and international law enforcement and police agencies databases, to prevent criminally convicted and/or deregistered mental health practitioners from gaining employment elsewhere in the mental health field.
- 4 No convicted mental health practitioner should be employed by government agencies, especially in correctional/prison facilities or schools.
- 5 The *DSM* and/or *ICD* (mental disorders section) should be removed from use in all government agencies, departments and other bodies including criminal, educational and justice systems.
- 6 Establish rights for patients and their insurance companies to receive refunds for mental health treatment which did not achieve the promised result or improvement, or which resulted in proven harm to the individual, thereby ensuring that responsibility lies with the individual practitioner and psychiatric facility rather than the government or its agencies.
- 7 None of the 374 mental disorders in the *DSM/ICD* should be eligible for insurance coverage because they have no scientific, physical validation. Governmental, criminal, educational and judicial agencies should not rely on the *DSM* or *ICD* (mental disorders section).
- 8 Provide funding and insurance coverage only for proven, workable treatments that verifiably and dramatically improve or cure mental health problems.



Citizens Commission on Human Rights International

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 130 chapters in over 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

Senator Mike Moncrief, Texas:

"Efforts by organizations such as yours are critical in the effort to protect individuals from abuses like those we uncovered in Texas, and elsewhere in the nation."

Dennis Cowan

Health Care Fraud Investigator, USA:

"I would like to congratulate the Citizens Commission on Human Rights for its consistent work in exposing fraudulent and harmful practices in the field of mental health. The CCHR staff is a dedicated group. Their expertise, publications, and reports are a tool for any investigator conducting investigations into mental health fraud or other criminal activity in the system. CCHR's work and materials also alert consumers and the public about the degree of mental health fraud and

abuse and that they, too, can easily become a victim of it."

Chris Brightmore

**Former Detective Chief Superintendent,
Metropolitan Police
United Kingdom:**

"I am acutely aware of the evil that malicious, or even misguided, psychiatrists are capable of if their activities are not carefully monitored. This is the crucial role that CCHR so heroically performs. In May 2001, I had the great pleasure and privilege of opening the Fraud Section of CCHR's exhibit in Los Angeles. After touring the exhibition, which I must say is one of the most impressive I have ever seen, and looking over the accomplishments of CCHR, I can see why some psychiatrists regard the organization's growing strength with considerable apprehension."

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“There comes a time in any business when throwing money at a failing project in the faint hope that some return will be realized, is just plain bad business. In the case of psychiatry, however, it seems we have been literally throwing money away. There are no cures — just more disorders created, more demands for funding, and more fraud. But the true cost is not dollars; it is people’s lives.”

*— Jan Eastgate, President,
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