

Smyrna drug program draws on teachings of Scientology

Drug Project Suspected as Mask for Cult

By ARTHUR HOWE

Narconon, a state and federally funded drug abuse program, may be a masquerade for a quasi-religious cult, the executive director of the Delaware Agency to Reduce Crime (DARC) charges.

The program, which has operated for the past three years at the Delaware Correctional Center and the Sussex Correctional Institution, is being investigated by the intelligence unit of the state police, prison officials say.

Exactly why the investigation is going on can't be learned. Atty. Gen. Richard R. Wier Jr. has refused comment. Christine Harker, DARC executive director, says Narconon appears to be "connected" to the

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ments, separating church and state.

The state solicitor issued an opinion acknowledging that Narconon is "distinctly similar" to Scientology, but concluded the program was not funded illegally.

Narconon was investigated last summer by the Governor's Investigative Strike Force, which was convinced after talking to the Narconon staff that there was "nothing amiss."

Early last week an officer of the intelligence unit of the state police visited the Delaware Correctional Center and said Narconon was being investigated. He did not say why.

Over a three-year period, Narconon has been funded by \$66,000 in tax money. Narconon officials say they are applying to the federal government for an additional \$22,450 to continue the program.

There appears to be enough factual evidence to connect the Church of Scientology and Narconon, the DARC's Harker said.

"It would be a violation of the Establishment Clause (separating church and state) to fund them."

The executive director of Narconon in Delaware admits to similarities between the two organizations but insists there is nothing religious about Narconon.

This question comes up all over the country and will probably continue to arise," said Jack Malahauski, a former inmate now living in Wilmington. "We use the materials of Scientology in the communications and study aspects of Narconon but we don't go into any religious philosophy."

Tom Bisio, a drug counselor at the Delaware Correctional Center, disagrees. "They (Narconon) are just playing silly games," he said.

"It is relatively obvious despite all their denials that all the training manuals and procedures used in Narconon are the exact procedures used in Scientology."

State Solicitor Norman Barton, though, has not found enough evidence to link the two. Early last summer, before Narconon received its final allocation from the state and federal government, Ms. Harker asked Barton to look into the constitutionality of funding the program.

He returned an opinion that, based on the evidence at hand, there was no "excessive entanglement" between Narconon and the Church of Scientology.

Barton's opinion did concede that some of the material and methodology used in Narconon was "distinctly similar" to that used in Scientology, and that a "relationship" has existed between the two since Narconon began in 1966.

On the basis of Barton's opinion, Ms. Harker, a lawyer herself, said she handed over a final \$5,000 allocation to Narconon "against my better will."

Her suspicions about Narconon grew, in part, from a DARC study of the program, which contradicts Narconon's claims of success.

The DARC study contends, among other things, that 40 percent of a group of inmates who had completed at least one course in Narconon were arrested after release from prison. Sixty per cent of the arrests were on drug-related charges, the study says.

The national Narconon organization said these figures were "misleading" and had "little meaning." Their own figures showed 85 per cent of the parolees who had taken the course were not arrested.

The DARC study further states that 10 to 15 per cent of the inmates in Narconon were not drug abusers, and that the program attracted only half the anticipated number of inmates at Smyrna prison. Narconon did not deny this.

Harker also points to a 1974 California study of a Narconon program which states, "... It appeared that California state money was being used to directly support the Church of Scientology" after the study, Narconon was denied funding in California.

Narconon instructor at Smyrna prison and avowed Scientologist, Jerry Riggan, calls the California study "biased and unreliable." In a written response to DARC, Riggan said, "The question of Narconon's involvement to the Church of Scientology is pointless."

Narconon staffers, however, readily state that all texts used in the course are penned and copyrighted by I. Ron Hubbard, a former science fiction writer, who founded the Church of Scientology.

Scientology itself is described as a patchwork of eastern religions, modern psychology and science fiction — all intricately woven together in Hubbard's computer-based terminology.

In 1972 Narconon was introduced to the prisons at Smyrna and Georgetown. It was a time when national opinion held that much of the nation's crime problem could be traced to drug addiction.

According to Malahauski of the Delaware Narconon group, there are four basic courses in the program: communication, basic study, objective orientation and supervisory.

Since many of the lessons in the courses involve specialized terminology borrowed from Scientology, a Narconon dictionary is provided to help the addict learn, Malahauski said.

To help the student gain self-discipline he also participates in "reality training", of which one of the exercises is "bulbating."

This exercise requires the student to stare into his "coach's" eyes while the coach tries to distract the student. For example, the coach may poke fun at the student's blemishes, crooked nose or any other emotional weak spot.

The ability to withstand the humiliation is considered a significant step toward self-discipline, according to Narconon officials.

"There's really nothing wrong with bulbating as long as you have a trained supervisor present," Malahauski said. "It's definitely a challenging situation for the inmates." Smyrna prison counselor Tom Bisio said, "It's a very heavy philosophy and hard to explain. But I can see how people could become involved in it (Narconon), and make it a way of life."

Bisio says the Narconon instructors working at the prison were extremely conscientious, often work-

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Churches study Brown proposal

By PAUL VOAKES

The religious communities of the Peninsula are about to indicate their response to Gov. Edmund G. Brown Jr.'s proposal to recruit volunteers to work in the state's mental hospitals.

Religious leaders met this week to organize a volunteer program at Agnews State Hospital near Milpitas, which has been designated as one of two sites for the pilot project.

Last month Brown made an impassioned plea to the state's religious leaders, for volunteer aid in the mental hospitals. He formed a Northern California Council to stimulate and coordinate a volunteer effort at Agnews, and a southern California counterpart for a similar program at Metropolitan Hospital in Norwalk, near Los Angeles.

The Rev. Philip Spickler, minister of the Church of Scientology of Palo Alto, is one of the five members of the Northern California council. The council met this week with hospital officials and members of Brown's staff, the Rev. Mr. Spickler said, and the council is ready to make its appeal to the churches and synagogues of Santa Clara and San Mateo counties.

Jerry Bertelsen, the coordinator of volunteer services at the hospital, said the council and the hospital have invited the leaders of a variety of Peninsula religious communities to a meeting at the hospital Feb. 2, to introduce the program. Training of volunteers should begin in mid-February, Bertelsen said.

In making his plea last month, Brown said the citizenry should not expect the civil service to respond to all the human needs in institutions such as mental hospitals.

"There are people out there who need people," Brown said. "That's the idea of this program."

Brown suggested that volunteers visit patients on an individual basis—to talk, read aloud, help write a letter or other simple activities.

The program will have a dual purpose, the Rev. Mr. Spickler explained. It will provide a new degree of "outside" contact for hospital patients and it will allow citizens to make first-hand observations of practices in the state's mental hospitals.

The mental hospital system has been under fire recently in the wake of investigations of patient neglect, and questionable deaths at several of the hospitals.

Bertelsen said the hospital will not be any more "open" to the public than it has been, as "the general public has always been invited to visit at any time."

The program will add a new dimension to the volunteer services, he added. Many groups volunteer to entertain and provide other group services to the patients, he said, but few have ever made regular personal visitations.

"Ours is a program of normalization," Bertelsen said. "We try to get the residents to participate in as many normal activities as they

can. And the more contact they get with normal people, the better off they're going to be."

Bertelsen said there are no "mentally ill" persons at Agnews. Patients there suffer various kinds of mental retardation, he said, and volunteers need not have any experience or special qualifications for the program.

Agnews stopped its treatment of the mentally ill in 1972, Bertelsen said.

He did say that volunteers will be carefully screened and oriented before being placed with a patient.

While the governor has called on religious groups to volunteer for this work, Bertelsen said, the hospital will not allow any volunteers with missionary work in mind. The visits should not have evangelistic motives, he said.

"We'll accept Hare Krisnas if they're here for humanitarian reasons," he said.

The Rev. Mr. Spickler said he has met with a few Palo Alto ministers, and that their response has been enthusiastic.

The Church of Scientology has been involved in mental health programs since its founding, he said. The church's creed includes a desire "to somehow produce a world without crime, insanity or mental or spiritual suppression," he said.

He said he felt about 100 members of the Church of Scientology in Palo Alto would volunteer for the program.

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The ECT Controversy—Part II

By Margaret McDonald

The first half of this article, which appeared in the January 21 issue of Psychiatric News, detailed the provisions of California's AB 1032, which provides rigorous and specific informed consent provisions that must be followed before ECT or psychosurgery can be performed on any patient, voluntary or involuntary, in California. This concluding article on the legislation, which went into effect January 1, 1977, discusses the arguments pro and con taken by groups and individuals supporting or opposing AB 1032. (Because psychosurgery is acknowledged to be a rare and hazardous treatment, and one with an extremely restricted use for which review procedures are generally deemed essential, this article will not focus on the psychosurgery provisions of AB 1032.)

SUPPORT for AB 1032 was widespread and came from organizations that would rarely be united on an issue—the Citizens Commission on Human Rights, a “public service organization” sponsored by the Church of Scientology; the American Civil Liberties Union; the National Organization of Women; the Friends Committee on Legislation; and various individuals. Most of these groups were united by the common denominator of reliance on the same sources of information, particularly the writings of Thomas Szasz, M.D., and John Friedberg, M.D.

Opposition to the legislation came almost too late; it was only after AB 4481, a more stringent informed consent provision than AB 1032 that was ultimately declared unconstitutional, had been passed into law that active and forceful opposition grew, and all of it was from the medical community—the Northern California Psychiatric Society, the American Psychiatric Association, the California Association of Mental Health, the California Medical Association, and other medical societies.

Arguments on both sides ranged from near fanatic to genuinely convincing.

Favoring the legislation, the Friends Committee on Legislation wrote in its January 1976 newsletter: “The medical profession is split on the question of the effectiveness of ECT, as well as on its side effects and after effects. Doctors do agree that the use of ECT has been abused. These abuses were revealed continually in committee hearings on the bill. Ex-patients gave personal accounts of permanent memory loss, impaired learning ability, and a profound sense of alienation. . . . The question is: Should patients have a right to be fully informed about the treatment in advance? Should patients have the right to consent to, or to refuse, the treatment? The FCL feels that patients should have these rights. Although patients who are found incapable of consent may continue to be treated against their will under AB 1032, the bill offers substantial protections hitherto absent from the law.”

Explaining further, a spokesperson from FCL wrote to *Psychiatric News*, “Quakers believe that there is that of God in each of us. If that is so then no class of people (e.g., mental patients) should be denied rights as human beings. So many ex-mental patients testified about their experiences undergoing ECT as a violent, hostile assault. One or two people have said it saved their lives. With this kind of disagreement—and by far the majority of ex-patients opposed, and only doctors supported—we came down in favor of informed consent. Freedom of information seems only fair when dealing with a treatment that does permanent harm and may produce lasting hostilities.”

‘Abuse in Itself’

The Church of Scientology’s Citizens Commission on Human Rights, in a publication entitled “Electro-Convulsive Treatment and Psychosurgery: A Submission,” put forth

three premises: a) electro-convulsive treatment is an abuse in itself, b) the use of electro-convulsive treatment has become an expediency, and c) ECT causes permanent brain damage.

In public hearings on AB 4481, reported in the San Francisco *Examiner*, John Friedberg, M.D., an emergency room physician at Alta Bates Hospital in Berkeley, who said he was fired from a neurology residency at Langley Porter Neuropsychiatric Institute for protesting shock treatment, said, “Shock treatment . . . is a stupid, harmful thing to do to people and should sink into the oblivion of history like leeching, dunking, and the iron maiden.” In the same *Examiner* article, Wade Hudson, from the Network Against Psychiatric Assault, is quoted as saying, “We are concerned about fraud, and we are concerned about force. We are concerned about deception, misinformation, and outright lies, and we are concerned about coercion, intimidation, and high pressure tactics, especially behind closed doors at Langley Porter.” He said the burden of proof of the treatment’s efficacy lies with its proponents and that no studies have ever conclusively proven its safety and effectiveness. Psychiatrist Lee Coleman, M.D., agreed with Hudson’s testimony, saying, “If you can’t say what the risk-benefit ratio is then it is still an experimental procedure.”

Other testimony reported in the *Examiner* came from Ollie Bozarth, co-chairperson of the California mental health task force of the National Organization of Women, who said NOW protested the use of ECT because “it is used predominantly on women,” and that a study had shown that over 70 percent of ECT was performed on women “whose only illness is nonconformity to the role of women demanded by society.” An ECT “veteran,” Bozarth described the treatment as being “like a tornado, leaving some areas undamaged while destroying adjacent areas.” She wrote to *Psychiatric News*, “I guarantee you that if a doctor had to receive a shock treatment for each one he prescribed, he’d quickly think of another

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'treatment.' Also, if you removed the huge monetary rewards to doctors and hospitals which give shock, that would stop them. That's a challenge."

Another tack is taken by Brent A. Barnhart, an ACLU legislative representative, and his two co-authors, Michael Lee Pinkerton and Robert T. Roth, in an article entitled "Informed Consent to Organic Behavior Control: An Analysis of the Element of Competency," soon to appear in the *Santa Clara Law Review*. In the article, the authors outline the three elements of informed consent (knowledge, volition, and competency) and argue that consent should be redefined "entirely in terms of knowledge and volition; competency should be eliminated as an additional element. We are persuaded that this third element is a value-laden concept which permits the negation of an individual's informed and voluntary choice on the basis of criteria not subject to factual analysis." They feel that elements of informed consent beyond knowledge and volition "add nothing by way of protection. On the contrary, they serve to negate the person's ability to make his or her own informed and voluntary decision. . . . The addition of the competency element gives authorities the power to negate, based upon personal opinions regarding the advisability of the decision or medical diagnoses concerning 'mental illness,' a voluntary and knowledgeable decision. . . . Since there is wide disagreement within these disciplines as to the appropriateness of a positivistic medical model, and hence the legitimacy of labeling individuals as 'mentally ill,' 'mentally disordered,' 'incompetent,' and 'incapacitated,' it is inappropriate for the law, on the basis of such conceptions, to countenance treatments which affect the very core of the individual." Referring to AB 1032's provision for transfer of ability to give informed consent to a relative or other appropriate third party if the patient is deemed incapable, the authors state, "It is our view that consent given by a third party for the purpose of altering mentation is not legitimate consent—that an individual's consent to such treatment cannot be transferred or substituted."

Opposition to AB 1032 was not nearly as broadly based as support; rather it came almost entirely from the medical community. In a memorandum on legislation, the Northern Cali-

fornia Psychiatric Society stated its position that "all of these moves toward legislative regulation represent unwise and potentially harmful actions which jeopardize the effective practice of medicine.

"No treatment in medicine is perfect, no doctor is immune to making mistakes. Undoubtedly, instances can be found where bad judgment or self-interest has dominated treatment. Similar imperfections can be found in any business, or profession, or in public service. It is the position of the society that such instances are rare in psychiatric practice, and that when they occur they are best handled by panels of physicians from the same specialty to review the problems and take appropriate action.

"Such peer judgment as a means of establishing and enforcing standards of medical and psychiatric practice is being extended widely in California. This is the trend which the society believes to be in the public interest, rather than a multiplication of legislative restrictions and interdictions."

A spokesman for the California Mental Health Association outlined for *Psychiatric News* that group's three-point opposition. First, he said, the association feels that strong informed consent criteria are vital and that if good criteria exist they are all that is needed before treatment is performed; otherwise there is intrusion into the physician-patient relationship which should not exist. If the patient is incompetent to give informed consent, it should be given by the next of kin or a conservator. The group's next area of objection lies with the absolute prohibition of ECT on minors, even in life-threatening circumstances, a position seen as being too extreme. Finally they feel that the law is too cumbersome and too costly to be practically used and pointed out that the extra cost falls on the patient and the taxpayer. The California Medical Association took a position similar to those of the California Psychiatric Association and California Mental Health Association.

'Asinine'

In a telephone interview with *Psychiatric News*, Gary Aden, M.D., speaking for the International Psychiatric Association for the Advancement of Electrotherapy (the group prefers not to use the terms "shock" or "convulsive"), said that group objects

to AB 1032 as being an "asinine" and "self-defeating" piece of legislation. He said the group does not feel that guidelines can be laid by legislative fiat for medical practices and that such laws are dangerous not just for electrotherapy but for other medical practices. He said public policy should be formulated on the basis of accomplishment rather than on the theoretical potential for abuse, noting that any medical procedure can be abused. He cited the following as potential operational hazards to the law:

- Voluntary patients' access to treatment may be compromised.
- He predicted that increasingly psychiatrists will avoid becoming involved with involuntary patients.
- The bill has a deterrent effect on the administration of ECT, causes undue delay for the patient to receive treatment, and may result in a suicide in the meanwhile.

• He said that the spectre of seeing involuntary patients who are homicidal or a danger to themselves being taken miles from the hospital to the courtroom to determine that they may or may not receive ECT "is in my mind tragic." (He said judges in San Diego, and he does not know the policy in other locations, will not go to the hospital for hearings.)

Aden further stated that there is increasing evidence that ECT may be preferential to drugs in the treatment of depressions, and said some studies suggest that ECT resulted in less morbidity and less mortality than drug treatment. Aden said a lawsuit challenging the constitutionality of AB 1032 will definitely be filed by his group.

Ed Rudin, M.D., director of the Sutter Memorial Mental Health Center, in Sacramento, spoke to *Psychiatric News* about some of the gray areas in AB 1032, perhaps the greatest of which is the question of appeal mechanisms. He said that psychiatrists are reading the wording of the law to mean that if the decision on the patient's competency to give informed consent is not unanimous the matter goes into a hearing procedure, and if agreement is lacking as to the need for the recommended treatment, the treatment would probably not be given. He said the law is unclear in cases in which the physicians are in disagreement and the patient wants the treatment; the question of whether

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the patient prevails must be answered in court, he said.

Rudin said the dilemma of who pays for the additional personnel required for review procedures is one reason the law is being challenged. He noted that California has a law stating that a bill mandating the expenditure of additional funds must also include an appropriation of those funds or a statement in the bill that the expenditure of extra funds will not be necessary (AB 1032 has the latter). Under AB 1032, if a patient falls in the Short-Doyle category, any additional costs, including reviewing physicians but not necessarily lawyers, would be covered under the Short-Doyle allocation; however there was no addition to the Short-Doyle allocation for these procedures.

Rudin cited as a precedent the old

abortion laws calling for additional reviewing physicians, for whom the patient was obliged to pay. He speculated that the same standard would apply to AB 1032 but said this question, too, may be tested in court.

He said AB 1032 is more lenient on the need to exhaust all alternative treatments before recommending ECT than AB 4481 was, noting that the older bill required the trying and elimination of all less intrusive treatments first. AB 1032 requires the presentation of all the available choices with full explanation, he said, but the patient can then choose which treatment he/she prefers if competent to give informed consent.

Although the large bulk of opposition to AB 1032 came from medicine, there were a few patients who came

forward to testify on the benefits of ECT, although there were far more who testified as to its adverse effects. One patient who said she benefited from the treatment was quoted in the same San Francisco *Examiner* article as Friedberg and Bozarth. She said, "It is by far the most effective therapy for severe depression that exists. . . . There is no pain I have been through, including severe burns, that is as horrible as severe depression."

As with most questions of freedom, dignity, and humanity, there is no easy answer, no pat formula to be applied across the board. AB 1032 is, unfortunately, no exception, and, as with *Tarasoff* and *Caesar*, the world will once again be watching California for an answer.

**Colorado
Springs**



SUN

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Human-rights group fights shock therapy

By James Graham

Staff Writer

The practice began some 40 years ago in Italy when a doctor witnessed swine being administered electric shock enroute to the slaughterhouse.

The sight was an inspiration for a psychiatric practice — electro convulsive therapy — which has been used to treat some forms of mental illness in humans ever since.

The doctor, Hugo Cerletti, noticed the hogs went into epileptic convulsions when they were shocked. He knew that mental illness was usually absent among human epileptics and put the two ideas together and came up with ECT.

The fact that his first ECT patient exclaimed, "Not another one, it will kill," apparently left Cerletti undeterred. The practice today is widespread and often used in mental hospitals in Colorado and the nation.

But if a group of state legislative lobbyists, acting under the auspices of the Citizen's Commission on Human Rights, has its way, the indiscriminate use of ECT will be banned in Colorado.

They are currently working with several legislators to amend the state's informed consent law to specifically include ECT.

Ken Deshaies, public relations director for CCHR, said his group believes ECT can cause permanent brain damage, a loss of memory and other mental disorders if used indiscriminately.

And, he added, "at a charge of \$60 a buzz," many a psychiatrist in the state may, at least, be tempted to "overdo it with the juice."

He said CCHR finds new ex-mental patients every week who claim loss of memory and brain damage as a result of being treated by ECT.

The CCHR is a group sponsored by the Association of Scientologists for Reform, a non-profit organization. The purpose of the group is to achieve reform in the field of mental health and to preserve individual mental rights, Deshaies said.

A local spokesman for the psychiatric profession said the very thought of the state dictating psychiatric methods provokes horror in the profession. He said that any such bill would probably be in for a fight.

Dr. James E. Brady of the Emory John Brady Hospital in Colorado Springs said that ECT has produced cures in some cases of mental illness and is a viable tool for psychiatrists in cases such as "acute suicidal depression."

"It's like legislating the treatment of pneumonia," Brady said. "The state has no business messing with it."

He said the profession has led the way in patients' rights and any legislation "would open up a brand new bag of worms."

Deshaies said his group definitely disagrees.

"ECT is a direct attack on the human nervous system," he said. "It is usually

used when a doctor gives up with other forms of therapy...and its results are totally unpredictable."

He said the profession itself is divided in support of the therapy and many prominent doctors have written books and have spoken out against it.

He said what worries him most is that nobody has any idea how widespread the use of ECT is in the state. Estimates on its use range from 50,000 to 200,000 cases per year nationally.

The bill he proposes is fashioned after one recently passed in California. It stresses that doctors must warn patients of the dangers of ECT and the possibility of memory loss and further brain damage.

A bill has been written by Rep. Betty Ann Dittmore, R-Deer, but is still in the drafting stage. Mrs. Dittmore said she has not decided to introduce the bill. She said she will wait until she has heard testimony from experts and the results of research into the state's existing medical informed consent law.

"It could very well be that the existing bill covers ECT," she said. "But if it doesn't we may want to amend it to include ECT."

Deshaies said the bill should also allow patients to stop the treatment anytime in their therapy.

He said now some psychiatrists continue ECT despite indications of increasingly worsening mental conditions.