

PROPOSED HUNGER STRIKE “FASTING FOR HUMANITY”

Beginning with the mid-20th century accidental discovery of psychoactive drugs and later with the 1970s DSM-III campaign to biologize emotional distress, the mental health industry has increasingly medicalized natural human suffering and behavior. This echoes a two-century old claim that psychiatry’s forte was “disease of the mind.¹” But this was not based on science. Instead, it was a political attempt to reverse psychiatry’s failing reputation of that time.

This sweeping medicalization of human life frequently culminates in the coercive use of prescribed drugs, forced electroshock, and involuntary confinement; wounds to people’s basic sense of self and worth; and a continuing widespread assault on the right of self-determination. All of this has been in the interest of “treating” people for an alleged brain illness that purportedly takes away their ability and right to make their own choices. In none of this, though, has there ever been an effective “cure.” On the contrary, the incidence and prevalence of those alleged illnesses have skyrocketed.

In 2003, a hunger strike was organized by David Oaks under the sponsorship of MindFreedom International to publicize this problem.² The strike was carried out by the very people who had been harmed – the psychiatric “survivors.” It was meant to place orthodox psychiatry publicly on the defensive for the first time, rather than those who have historically been the ones on the defensive, the “patients.” The purpose was to force the American Psychiatric Association (APA), the National Alliance on Mental Illness (NAMI), and the Office of the Surgeon General (OSG) to defend the respect that psychiatry has garnered, to include the authority to circumvent the protections of due process and forcibly shock, drug, and incarcerate people who have broken no laws. The goal of the strike was to create doubt in the minds of the public, and relevant institutions, as to whether their faith in psychiatrists, as trained physicians with supposed scientific expertise, is *justified*. Toward this end, the strikers demanded the production of scientific evidence supporting the toxic narrative of orthodox psychiatry.

The Office of the Surgeon General did not respond to the strikers’ demands. NAMI sent a condescending letter suggesting the strikers’ efforts were “ill-considered” and a waste of time. The APA sent a textbook which they said contained the evidence for which the strikers were asking. That evidence was debunked by a scientific advisory panel, which had been created by the strikers to review any submissions. After 21 days, the strikers declared that no adequate evidence had been submitted and ended the strike. Unfortunately, the media coverage was lukewarm.

Some years later, Robert Whitaker, journalist and author of *Mad in America* and *Anatomy of an Epidemic*, described the strike as effective in “calling an essential lie into account.³” Nevertheless, he suggested the reason the strikers weren’t more effective was that, as “survivors” of psychiatry, they are often and inaccurately portrayed as unreliable, not in touch with reality, and not “valid witnesses of their own lives.” Thus, their demands were disdainfully

and disrespectfully discounted by conventional authorities, journalists, and laypersons who made no effort to meet their challenge.

Therefore, we propose to organize another hunger strike with similar demands (see below). But in an attempt to avoid the flippant responses seen in 2003, and to show solidarity with the earlier strikers, we are soliciting volunteers from the ranks of licensed professionals and academicians of psychiatry, psychology, social work, and other allied disciplines to participate in this new hunger strike. Given the official recognition as mental health experts, either through state licensing or academic degrees and tenure, it would be far less likely that mainstream mental health authorities and media representatives would get away with simply discounting them or their demands.

In an effort to expose and rectify this problem, we will call on the APA and other major medical and mental health member organizations,⁴ the Office of the Surgeon General, NAMI, and the National Institute of Mental Health (NIMH) to produce scientifically-valid evidence for the following orthodox claims, or admit to the media, government officials, and the general public that no such evidence exists:

1. Mental illness is a brain disease.
2. Mental illness diagnoses are reliable and valid.
3. Mental illness is caused by neurochemical imbalances/defects and genetic anomalies.
4. Abnormal imbalances/defects in brain chemistry can be detected and differentiated from normally balanced/functioning brain chemistry.
5. Abnormal imbalances/defects of brain chemistry can be corrected and made normal and balanced with prescribed psychiatric drugs and electroshock.
6. Prescribed psychiatric drugs and electroshock decrease the risk of suicide or violence; they do not increase the risk.
7. Prescribed psychiatric drugs and electroshock do not result in structural or functional brain damage.
8. Prescribed psychiatric drugs and electroshock are effective in curing mental illness.
9. Because of the effectiveness of prescribed psychiatric drugs and electroshock, the incidence and prevalence of mental illness has declined over the last several decades.
10. Prescribed psychiatric drugs and electroshock increase long-term social functioning and life satisfaction.
11. Forced treatment and involuntary commitment are effective in reducing mental illness.

Until the above organizations comply with our request to the satisfaction of an internationally respected panel of experts in the mental health disciplines, our volunteers will drink only liquids and refuse solid food for an indefinite period of time.

So much hard work and compelling analysis has gone into debunking the *theory* of biological psychiatry. The time has now come to take the next step toward reducing the respect, power, and authority which supports it *in practice*.

WE URGE YOU TO VOLUNTEER AND JOIN US AS A HUNGER STRIKER!

BY VIRTUE OF YOUR MEMBERSHIP IN THE VARIOUS ORGANIZATIONS CRITICAL OF THE ORTHODOX MENTAL HEALTH SYSTEM, YOU MUST FEEL PASSIONATELY ABOUT CONTRIBUTING TO THIS CAUSE. IF WE DON'T STAND UP NOW AND MAKE THESE DEMANDS, WE WILL CONTINUE TO FEEL THE PAIN OF THIS INJUSTICE FOR YEARS TO COME.

Contact the following to volunteer and if you have comments and questions.

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¹ Rush, B. (1812). *Medical Inquiries and Observations Upon the Diseases of the Mind*. Philadelphia, PA: Kimber & Richardson.

² See <https://mindfreedom.org/mfi-taking-action/mf-hunger-strike/>.

³ In a 2018 interview with Jim Flannery of MindFreedom International Media. Retrieved at: <https://www.youtube.com/watch?v=Oxvwhto44Qs>.

⁴ For instance, the American Medical Association, American Academy of Pediatrics, American Psychological Association, American Counseling Association, National Association of Social Workers, and the American Association of Marriage and Family Therapy.