

Psychiatry in Charge of Gun Control: Utter Disaster

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[Source](#)

During the reign of Barack Obama, mass shootings prompted a White House declaration that community mental health centers would be created across America, in order to spot and treat persons before they committed violent acts. Now, under Trump, we are seeing a similar reaction, with a twist.

The Daily Caller, Aug 22, 2019: [“Trump Admin Is Considering Using Amazon Echo And Apple Watch To Determine If Citizens Should Own A Gun”](#)

“The Trump administration is considering a proposal that would use Google, Amazon and Apple to collect data on users who exhibit characteristics of mental illness that could lead to violent behavior, The Washington Post reported Thursday.”

“The proposal is part of an initiative to create a Health Advanced Research Projects Agency (HARPA), which would be located inside the Health and Human Services Department, the report notes, citing sources inside the administration. The new agency would have a separate budget and the president would be responsible for appointing its director.”

“HARPA would develop ‘breakthrough technologies with high specificity and sensitivity for early diagnosis of neuropsychiatric violence,’ according to a copy of the proposal. ‘A multi-modality solution, along with real-time data analytics, is needed to achieve such an accurate diagnosis’.”

“The document lists several technologies that could be employed to help collect information, including Apple Watches, Amazon Echo and Google Home. Geoffrey Ling, the lead scientific adviser on HARPA, told reporters Thursday the plan would require enormous amounts of data and ‘scientific rigor.’”

Translation: Use all available resources to spy on Americans; *and by deploying psychiatric definitions of mental disorders*, somehow intercede before potentially violent individuals can legally obtain a weapon. Whether or not you favor gun control, creating this new federal agency would be on the order of injecting poisons in people to prevent poisoning.

Why? Because some of the most popular psychiatric drugs, given for “mental disorders,” cause people to go over the edge and commit violent acts, including murder. Once diagnosed, an uninformed person is at the mercy of psychiatrists who *refuse* to admit what their drugs are creating.

NOTE: Withdrawing from the drugs without expert supervision can result in effects which are even worse than those resulting from taking the drugs.

Here is an excerpt from my 1999 white paper, [“Why Do They Do It? School shootings Across America.”](#):

The massacre at Columbine High School took place on April 20, 1999. Astonishingly, for eight days after the tragedy, during thousands of hours of prime-time television coverage, virtually no one mentioned the word “drugs.” Then the issue was opened. Eric Harris, one of the shooters at Columbine, was on at least one drug.

The NY Times of April 29, 1999, and other papers reported that Harris was rejected from enlisting in the Marines for medical

reasons. A friend of the family told the Times that Harris was being treated by a psychiatrist. And then several sources told the Washington Post that the drug prescribed as treatment was Luvox, manufactured by Solvay.

In two more days, the “drug-issue” was gone.

Luvox is of the same class as Prozac and Zoloft and Paxil. They are labeled SSRIs (selective serotonin reuptake inhibitors). They attempt to alleviate depression by changing brain-levels of the natural substance serotonin. Luvox has a slightly different chemical configuration from Prozac, Paxil, and Zoloft, and it was approved by the FDA for obsessive-compulsive disorder, although many doctors apparently prescribe it for depression.

Prozac is the wildly popular Eli Lilly antidepressant which has been linked to suicidal and homicidal actions. It is now given to young children. Again, its chemical composition is very close to Luvox, the drug that Harris took.

Dr. Peter Breggin, the eminent psychiatrist and author ([*Toxic Psychiatry, Talking Back to Prozac, Talking Back to Ritalin*](#)), told me, “With Luvox there is some evidence of a four-percent rate for mania in adolescents. Mania, for certain individuals, could be a component in grandiose plans to destroy large numbers of other people. Mania can go over the hill to psychosis.”

Dr. Joseph Tarantolo is a psychiatrist in private practice in Washington DC. He is the president of the Washington chapter of the American Society of Psychoanalytic Physicians. Tarantolo states that “all the SSRIs [including Prozac and Luvox] relieve the patient of feeling. He becomes less empathic, as in ‘I don’t care as much,’ which means ‘It’s easier for me to harm you.’ If a doctor treats someone who needs a great deal of strength just to think straight, and gives him one of these drugs, that could push him over the

edge into violent behavior.”

In Arianna Huffington’s syndicated newspaper column of July 9, 1998, Dr. Breggin states, “I have no doubt that Prozac can cause or contribute to violence and suicide. I’ve seen many cases. In a recent clinical trial, 6 percent of the children became psychotic on Prozac. And manic psychosis can lead to violence.”

A study from the *September 1989 Journal of Clinical Psychiatry*, by Joseph Lipiniski, Jr., indicates that in five examined cases people on Prozac developed what is called akathisia. Symptoms include intense anxiety, inability to sleep, the “jerking of extremities,” and “bicycling in bed or just turning around and around.” Dr. Breggin comments that akathisia “may also contribute to the drug’s tendency to cause self-destructive or violent tendencies ... Akathisia can become the equivalent of biochemical torture and could possibly tip someone over the edge into self-destructive or violent behavior ... *The June 1990 Health Newsletter*, produced by the Public Citizen Research Group, reports, ‘Akathisia, or symptoms of restlessness, constant pacing, and purposeless movements of the feet and legs, may occur in 10-25 percent of patients on Prozac.’”

Other studies:

“Emergence of self-destructive phenomena in children and adolescents during fluoxetine [Prozac] treatment,” published in the *Journal of the American Academy of Child and Adolescent Psychiatry* (1991, vol.30), written by RA King, RA Riddle, et al. It reports self-destructive phenomena in 14% (6/42) of children and adolescents (10-17 years old) who had treatment with fluoxetine (Prozac) for obsessive-compulsive disorder.

July, 1991. *Journal of Child and Adolescent Psychiatry*. Hisako Koizumi, MD, describes a thirteen-year-old boy who was on Prozac: “full of energy,” “hyperactive,” “clown-like.” All

this devolved into sudden violent actions which were “totally unlike him.”

September, 1991. The Journal of the American Academy of Child and Adolescent Psychiatry. Author Laurence Jerome reports the case of a ten-year old who moves with his family to a new location. Becoming depressed, the boy is put on Prozac by a doctor. The boy is then “hyperactive, agitated ... irritable.” He makes a “somewhat grandiose assessment of his own abilities.” Then he calls a stranger on the phone and says he is going to kill him. The Prozac is stopped, and the symptoms disappear.

The well-known Goodman and Gilman’s The Pharmacological Basis of Therapeutics reveals a strange fact. It states that Ritalin [given for ADHD] is “structurally related to amphetamines ... Its pharmacological properties are essentially the same as those of the amphetamines.” In other words, the only clear difference is legality. And the effects, in layman’s terms, are obvious. You take speed and, sooner or later, you start crashing. You become agitated, irritable, paranoid, delusional, aggressive.

In his book, [*Toxic Psychiatry*](#), Dr. Breggin discusses the subject of drug combinations: “Combining antidepressants [e.g., Prozac, Luvox, Paxil] and psychostimulants [e.g., Ritalin] increases the risk of cardiovascular catastrophe, seizures, sedation, euphoria, and psychosis. Withdrawal from the combination can cause a severe reaction that includes confusion, emotional instability, agitation, and aggression.” Children are frequently medicated with this combination, and when we highlight such effects as aggression, psychosis, and emotional instability, it is obvious that the result is pointing toward the very real possibility of violence.

In 1986, The International Journal of the Addictions published a most important literature review by Richard Scarnati. It was titled, “An Outline of Hazardous Side Effects of Ritalin

(Methylphenidate)" [v.21(7), pp. 837-841].

Scarnati listed over a hundred adverse affects of Ritalin and indexed published journal articles for each of these symptoms.

For every one of the following (selected and quoted verbatim) Ritalin effects then, there is at least one confirming source in the medical literature:

- Paranoid delusions
- Paranoid psychosis
- Hypomanic and manic symptoms, amphetamine-like psychosis
- Activation of psychotic symptoms
- Toxic psychosis
- Visual hallucinations
- Auditory hallucinations
- Can surpass LSD in producing bizarre experiences
- Effects pathological thought processes
- Extreme withdrawal
- Terrified affect
- Started screaming
- Aggressiveness
- Insomnia
- Since Ritalin is considered an amphetamine-type drug, expect amphetamine-like effects
 - psychic dependence
 - High-abuse potential DEA Schedule II Drug
 - Decreased REM sleep
 - When used with antidepressants one may see dangerous reactions including hypertension, seizures and hypothermia
 - Convulsions
 - Brain damage may be seen with amphetamine abuse.

Other ADHD medications, which also have a chemical profile similar to amphetamines, would be expected to produce some of the same effects listed above.

The ICSPP (International Center for the Study of Psychiatry

and Psychology) News publishes the following warning in bold letters: “Do Not Try to Abruptly Stop Taking Psychiatric Drugs. When trying to withdraw from many psychiatric drugs, patients can develop serious and even life-threatening emotional and physical reactions...Therefore, withdrawal from psychiatric drugs should be done under clinical supervision...”

—end of excerpts from my 1999 white paper on school shootings and psychiatric drugs—

There is a problem. It is chilling. Pharmaceutical companies, which manufacture drug after drug for “mental disorders,” are doing everything they can to cover up the drugs’ connection to violence.

They use their lawyers and PR people—and their influence over the press—to scrub the connection.

And now, one typical, disturbing, official reaction to every new mass shooting is: build more community mental health facilities. Obama was prominent in this regard, after Sandy Hook in 2012. The implication? More drug prescriptions for more people; thus, more violent consequences.

I’ll close with another excerpt from my 1999 report. It is the tragic account of Julie Marie Meade (one account of many you can find at ssristories.org (also [here](#))):

Dr. Joseph Tarantolo has written about Julie Marie Meade. In a column for the ICSP (International Center for the Study of Psychiatry and Psychology) News, “Children and Prozac: First Do No Harm,” Tarantolo describes how Julie Meade, in November of 1996, called 911, “begging the cops to come and shoot her. And if they didn’t do it quickly, she would do it to herself. There was also the threat that she would shoot them as well.”

The police came within a few minutes, “5 of them to be exact,

pumping at least 10 bullets into her head and torso," as she waved a gun around.

Tarantolo remarks that a friend of Julie said Julie "had plans to make the honor roll and go to college. He [the friend] had also observed her taking all those pills." What pills? Tarantolo called the Baltimore medical examiner, and spoke with Dr. Martin Bullock, who was on a fellowship at that office. Bullock said, "She had been taking Prozac for four years."

Tarantolo asked Bullock, "Did you know that Prozac has been implicated in impulsive de novo violence and suicidality?" Bullock said he was not aware of this.

Tarantolo is careful to point out, "Violent and suicidal behavior have been observed both early (a few weeks) and late (many months) in treatment with Prozac."

The November 23rd, 1996, Washington Post reported the Julie Meade death by police shooting. The paper mentioned nothing about Prozac.

Therefore, readers were left in the dark. What could explain this girl's bizarre and horrendous behavior?

The answer was there in plain sight. But the Post refused to make it known.

Mainstream psychiatrists would certainly be in charge of any new Trump program to "predict violent individuals" before they obtain a gun or commit heinous acts. **The program wouldn't just fail. It would increase violence.**

Two questions always pop up when I write a critique of psychiatry. The first one is: psychiatric researchers are doing a massive amount of work studying brain function. They do have tests.

Yes, experimental tests. But NONE of those tests are contained in the DSM, the psychiatric bible, as the basis of the definition of ANY mental disorder. If the tests were conclusive, they would be heralded in the DSM. They aren't.

The second question is: if all these mental disorders are fiction, why are so many people saddled with problems? Why are some people off the rails? Why are they crazy?

The list of potential answers is very long. A real practitioner would focus on one patient at a time and try to discover what has affected him to such a marked degree. For example:

Severe nutritional deficiency. Toxic dyes and colors in processed food. Ingestion of pesticides and herbicides. Profound sensitivities to certain foods. The ingestion of toxic pharmaceuticals. Life-altering damage as a result of vaccines. Exposure to environmental chemicals. Heavy physical and emotional abuse in the home or at school. Battlefield stress and trauma (also present in certain neighborhoods). Prior head injury. Chronic infection. Alcohol and street drugs. Debilitating poverty.

Other items could be added.

Psychiatry is: fake, fraud, pseudoscience from top to bottom. It's complete fiction dressed up as fact.

But the obsessed devotees of science back away from this. They close their eyes. If a "branch of knowledge" as extensive as psychiatry is nothing more than an organized delusion, what other aspect of science might likewise be parading as truth, when it is actually mere paper blowing in the wind?

And yet, the Trump administration, following the same general game plan as the Obama administration, is seriously considering the creation of a whole new federal agency that will somehow use "psychiatric knowledge" (an oxymoron), as a

guide, to carry out new forms of surveillance on the whole population and intercede, when individuals with “mental disorders” try to buy a gun in order to commit a violent crime.

Not only will this strategy utterly fail, it will, through the prescription of violence-inducing drugs, make the tragedies expand and multiply.