

# ABUSE OF PSYCHIATRY IN THE SOVIET UNION

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HEARING  
BEFORE THE  
SUBCOMMITTEE ON HUMAN RIGHTS  
AND INTERNATIONAL ORGANIZATIONS  
OF THE  
COMMITTEE ON FOREIGN AFFAIRS  
AND THE  
COMMISSION ON SECURITY AND  
COOPERATION IN EUROPE  
HOUSE OF REPRESENTATIVES  
NINETY-EIGHTH CONGRESS  
FIRST SESSION

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(III)

# CONTENTS

## WITNESSES

	Page
Charles Fairbanks, Jr., Deputy Assistant Secretary of State for Human Rights and Humanitarian Affairs .....	3
Harold Visotsky, M.D., chairman, Committee on International Abuse of Psychiatry and Psychiatrists, American Psychiatric Association, and director, Institute of Psychiatry, Northwestern University .....	16
Walter Reich, M.D., research psychiatrist and program director, Staff College of the National Institute of Mental Health; member, the American Psychiatric Association's Task Force on Human Rights, and former fellow of the Kennan Institute for Russian studies at the Woodrow Wilson International Center Scholars .....	31
Boris Zoubok, M.D., member of the staff of Four Winds Hospital, instructor of psychiatry at Columbia University, and a former Soviet psychiatrist .....	41
Peter Reddaway, fellow at the Kennan Institute of Advanced Russian Studies, Woodrow Wilson Center, and senior lecturer in the London School of Economics .....	43
John Karlavage, M.D., physician .....	58
Harvey Fireside, coordinator, working group against psychiatric abuse of the medical capacity committee, Amnesty International, U.S.A. ....	60

## MATERIAL SUBMITTED FOR THE RECORD

Prepared statement of Hon. Dante B. Fascell, a Representative in Congress from the State of Florida, and Chairman, Commission on Security and Cooperation in Europe .....	2
Letter dated June 23, 1983, from Dr. George Tarjan, president, American Psychiatric Association, to Prof. G. V. Morozok, chairman of the board, All Union Society of Psychiatrists and Neuropathologists, regarding the resignation of the All Union Society of Psychiatrists and Neuropathologists of the U.S.S.R. from the World Psychiatric Association .....	22
Letter dated January 31, 1983, from the All Union Scientific Society of Neuropathologists and Psychiatrists of the U.S.S.R. to the World Psychiatric Association regarding their withdrawal from the WPA .....	25
Document entitled "Political Abuse of Psychiatry in the U.S.S.R." by Amnesty International, dated March 1983 .....	70
Document entitled "Additional Cases of the Political Abuse of Psychiatry in the U.S.S.R.," prepared by Amnesty International, September 1983 .....	84

## APPENDIXES

1. Article by Walter Reich entitled "Grigorenko Gets a Second Opinion," published in the New York Times magazine, May 13, 1979 .....	97
2. Remarks by Max Kampelman, chairman of the U.S. delegation to the plenary session of the Commission on Security and Cooperation in Europe, in Madrid, entitled "Psychiatric Abuse in the Soviet Union," February 24, 1982 .....	101

# ABUSE OF PSYCHIATRY IN THE SOVIET UNION

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TUESDAY, SEPTEMBER 20, 1983

HOUSE OF REPRESENTATIVES, COMMITTEE ON FOREIGN AFFAIRS, SUBCOMMITTEE ON HUMAN RIGHTS AND INTERNATIONAL ORGANIZATIONS JOINTLY WITH COMMISSION ON SECURITY AND COOPERATION IN EUROPE,

*Washington, D.C.*

The subcommittee met at 2:27 p.m., in room 2200, Rayburn House Office Building, Hon. Gus Yatron (chairman of the subcommittee) presiding.

Mr. YATRON. Today, the Subcommittee on Human Rights and International Organizations and the Commission on Security and Cooperation in Europe meet in joint session to receive testimony from a highly distinguished group of witnesses on the abuse of psychiatry in the Soviet Union.

Our hearing today is in direct response to a request from the American Psychiatric Association which wanted an opportunity to present testimony on this important subject. As the former chairman of this subcommittee, Don Fraser, said in 1976,

The use of psychiatry by governments against political dissidents is certainly one of the most horrifying assaults in the dignity of the individual made possible by a modern science.

It strikes me that this particular form of human rights abuse appears particularly heinous since it involves the active cooperation of highly educated medical professionals who have presumably dedicated their lives toward improving the health and welfare of those entrusted to their care.

Mr. Lantos, do you have an opening statement that you would like to make or any comments that you would like to share with us at this time?

Mr. LANTOS. Just one, Mr. Chairman.

First, I want to commend you for holding these hearings. Since you have assumed the chairmanship of this subcommittee, you have focused on a series of human rights violations around the globe with a degree of determination and intelligence and perception that I think has brought to you the admiration of all of your colleagues. I want you to know how proud I am to serve on your subcommittee.

Mr. YATRON. Thank you very much.

Mr. LANTOS. Last January, I led a congressional delegation to the Soviet Union. We again had firsthand opportunity to talk to a group of Soviet citizens in connection with the abuse of psychiatry as a weapon of punishment meted out to Soviet citizens.

I suspect those of us, Mr. Chairman, who have been following human rights violations in the Soviet Union for many years, via the psychiatric route or in other ways, were probably less surprised by the most recent Soviet brutality as exemplified in the shooting down of the Korean civilian airliner with 269 dead.

We are looking at a country which over its history has killed in cold blood millions of innocent human beings. But there are probably no more outrageous human rights violations in the long and ugly and dark history of the Soviet Union than the human rights abuses which relate to the use of highly trained, highly skilled physicians who are persuaded or cajoled or forced to pervert their scientific training, their training as physicians for the use of torturing people who see the Soviet Union in its true light.

I look forward to hearing the testimony, and I think that it is significant for us to recognize that the Soviet Union has chosen to withdraw from the international association which represents the distinguished profession, because it knew it could not abide by the standards that the American Psychiatric Association and other associations would demand of their Soviet colleagues. It is analogous, it seems to me, to the attempt yesterday of the Soviet Foreign Minister, Mr. Gromyko, to stay away from the U.N. meeting.

It is always the ultimate gesture of the Soviet Union to remove itself from an international gathering, or from an international organization when the outrage of the whole civilized world coalesces in an orgy of criticism of the most recent preposterous Soviet act.

The timing of this hearing, Mr. Chairman, is extremely propitious, and I want to thank you again for calling it.

Mr. YATRON. Thank you very much, Mr. Lantos, for your fine comments.

Before I yield to Mr. Leach, I would like to say that Chairman Fascell may be here a little later. He had a scheduling conflict. He does have an opening statement which we will include in the record.

[Mr. Fascell's prepared statement follows:]

PREPARED STATEMENT OF HON. DANTE B. FASCELL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA, AND CHAIRMAN, COMMISSION ON SECURITY AND COOPERATION IN EUROPE

I am pleased to join my distinguished colleague, Rep. Gus Yatron, Chairman of the Human Rights Subcommittee, in chairing this hearing on an issue that continues to alarm the international medical community and informed world opinion in general. The subordination of the universally respected practice of medicine to the dictates of political authorities, the "sentencing" of dissidents or so-called "complainers" to indefinite terms in psychiatric hospitals is a situation that reveals the lengths to which the Soviet government will go in order to suppress those individuals whose opinions are at variance with officially proclaimed dogma.

In a society such as ours, where every day our citizens cross our borders freely, where any citizen can write a letter to a newspaper on any subject, where passing out leaflets and collecting signatures on a petition is taken for granted, it is inconceivable that such activity may be construed as a manifestation of "unaccountability" and grounds for involuntary psychiatric incarceration.

With its signing of the 1975 Helsinki Accords and the adoption of the recently agreed-to Madrid Concluding Document, a follow-up to the Helsinki Accords, the Soviet Union has committed itself to facilitating religious practice and profession by its citizens. Yet there are a number of so-called psychiatric patients in the Soviet Union whose only crime appears to be a desire to put this promise into action. By its ratification of the International Covenant on Human Rights, the USSR recognizes the right of "everyone to leave any country, including his own." Yet we are informed that there are 35 individuals confined in psychiatric hospitals for attempt-

ing to leave the Soviet Union "illegally." The Madrid Concluding Document includes a provision for the right of workers to establish and join trade unions. Cold comfort, perhaps, to Aleksei Nikitin and Vladimir Klebanov, whose labor activities have led to indefinite incarceration and inhumane treatment in the especially notorious Special Psychiatric Hospitals.

Earlier this year, the Soviet Union withdrew from the World Psychiatric Association when it became obvious that its treatment of dissidents and "complainers" would be an issue at that body's Congress in July 1983 at Vienna. By doing so, the Soviet government may have felt it was avoiding serious inquiry into this disturbing chapter in medical history. This hearing is intended to help enlighten us on this issue, and to seek ways to ensure that the Soviet government and medical authorities adhere to its international agreements and the tenets of the Hippocratic oath.

Mr. YATRON. At this time, I would like to yield to Mr. Leach, the ranking minority member of the Subcommittee on Human Rights.

Mr. Leach.

Mr. LEACH. Thank you, Mr. Chairman, I will be very brief.

I just would like to commend the administration for speaking up on this subject consistently and strongly. It is so clear that a society that defines dissent as sickness is itself sick, and that is what we have with the Soviet Union today.

I welcome our witnesses and think that the real scope of the hearing will be what is said on the other side of the table. I look forward to your comments.

Mr. YATRON. Thank you, Mr. Leach.

Our first witness is Charles H. Fairbanks, Jr., Deputy Assistant Secretary of State for Human Rights and Humanitarian Affairs.

Mr. Fairbanks, we are pleased to have you again as a witness. Will you please proceed.

#### **STATEMENT OF CHARLES H. FAIRBANKS, JR., DEPUTY ASSISTANT SECRETARY OF STATE FOR HUMAN RIGHTS AND HUMANITARIAN AFFAIRS**

Mr. FAIRBANKS. Thank you very much, Mr. Chairman.

You have my prepared statement, and we have many experts present, so I will cover only certain issues right now. I am very grateful for this opportunity to testify before the members of the committee on the subject of psychiatric abuse.

Most human rights violations occur around the world, in many diverse countries. Psychiatric abuse is distinctive in that it is centered in the Soviet Union. There have been reports that some dissidents have undergone compulsory hospitalization for mental illness—sane dissidents that is—in a few other countries, but only in the Soviet Union has the misuse of psychiatry become widespread and systematic. For this reason, I would like to explore this afternoon the significance of this appalling human rights violation in the Soviet Union.

By psychiatric abuse, we mean the diagnosis of sane dissenters as mentally ill, and their punishment by incarceration in psychiatric hospitals. This particular human rights violation is a distinctive feature of the current stage of Soviet history.

During the 1930's, of course, the Soviet Union carried out what Leszek Kolakowski called "probably the most massive warlike operation ever conducted by a state against its own citizens."

A modest estimate of Stalin's victims would be 6.5 million, a far more likely estimate is 20 million citizens of the Soviet Union. The

overwhelming majority of these victims were either murdered by Soviet security personnel, usually after a nominal trial, or consigned to a slow death in slave labor camps.

After the death of Stalin, and particularly after 1956, conditions became vastly better in the Soviet Union. There was no longer mass terror against the population, and the law began to be administered in a less arbitrary way. A dissident subculture grew up within the Soviet Union which was able to pursue opinions independent of the regime within narrow limits.

But, ironically, it is only in the post-Stalin era, when successive Soviet Governments have sought to convince the rest of the world that they brought an end to the Stalin heritage and were no longer holding political prisoners, that psychiatric abuse became a major instrument of repression.

From the regime's point of view, psychiatric commitment is a very convenient instrument of policy. It enables Soviet authorities to substitute judgments of psychiatrists for sentencing in a trial, or to avoid trial altogether. It enables the government to keep dissidents incarcerated an indefinite length of time and, of course, it enables the regime to claim that Soviet citizens who express dissatisfaction with the system are simply mentally ill.

These advantages of psychiatric abuse for the Soviet leadership are worth somewhat further examination, particularly its effects on the rule of law, which is the last barrier against arbitrary despotism.

The U.S.S.R. has laws against dissidents which the regime can rule rather freely, for instance, the law against anti-Soviet agitation and propaganda, but even totalitarian laws are a restriction on autocratic rule.

On the other hand, sentences on obviously political charges are an embarrassment to the regime which no longer wishes to appear Stalinist. In these circumstances, a method of dispensing with normal trials is very attractive, and sending dissidents to psychiatric hospitals achieves this end.

Moreover, since confinement in mental hospitals is not limited to a definite term, this technique enables Soviet officials to move into a realm of almost unlimited administrative discretion or whim, to evade the rule of law. Psychiatric abuse is a technique that perverts medicine in order to destroy law.

The diagnoses of dissidents by Soviet official psychiatrists make clear the replacement of legal standards by arbitrary whim. For example, the dissident Edvard Kuznetsov was diagnosed as suffering from "schizophrenia," because "he asserts that there is no such thing as a Communist moral code, and the credit for its creation should go to the Bible."

Similarly, the dissident Vladimir Borisov was diagnosed as suffering from "a disturbed sense of orientation and an incorrect interpretation of his surroundings. Thus, he takes the hospital for a concentration camp and the doctors for sadists."

This overall sequence of events shows the complexity of de-Stalinization in the Soviet Union. Overall conditions are much better than under Stalin, but some Soviet dissidents are subjected to terrors which were not used during the Stalin period, or very little

used, as part of the very attempt to conceal or to legitimize surviving elements of Stalinism in the Soviet regime.

To give the distinguished members of this committee a clearer idea of what psychiatric abuse entails for the people subjected to it, let me quote from Amnesty International's report on psychiatric abuse.

In its discussion of the drugs which are used on dissenters placed in psychiatric hospitals, Amnesty International said that "the drugs most commonly used . . . are powerful tranquilizers. Each of these drugs can cause serious negative side effects."

It goes on to discuss the use of so-called insulin shock therapy, which induces hypoglycemic coma, and is often used for 25 or 30 such administrations in succession. There is wide use of the drug sulfazin, formerly used in Western psychiatric practice, but now generally abandoned because of its side effects and lack of usefulness. Sulfazin, Amnesty International notes, caused great physical discomfort: Raging fever so intense that the patient is virtually incapacitated for up to 3 days after an injection.

Most former inmates of Soviet psychiatric hospitals who have given an account of their incarceration, have reported that sulfazin is regularly used as a punishment, not as a treatment but as a punishment, for violation of discipline, with the victim sometimes being subjected to injections of it every day for several days.

As with the other treatments, the medical personnel administering this drug have often done so without proper assessment of whether the subject was physically able to stand the treatment.

Two important conclusions, I think, flow from the types of drugs which are used in Soviet psychiatric abuse. First, psychiatric abuse is in fact a form of torture. Second, it is a form of punishment that must be particularly terrifying to those who are undergoing it. It uses not the crude strength of a bully, but the entire vast storehouse of resources of modern medicine to affect its victims. It uses those vast resources not simply to wound, to humiliate, or to force confessions, but to intrude into the most hidden recesses of the whole human personality.

This is what the victims of Soviet psychiatric abuse cannot but fear: that the drugs and the treatment will change their entire personality. After all, the very diagnosis implies that such an effort will be made, because the diagnosis regards political opinions not merely as opinions, but as indications of a pervasive personality disorder, a psychosis.

Most human rights violations attempt to compel only an outward compliance with repressive government. Psychiatric abuse goes far beyond that. It attempts to touch the very springs of thinking and feeling. So this is a particularly totalitarian type of human rights violation.

Most of the horrors which are inflicted by man on man extend through a great range of political regimes, but this one is more distinctive. The very notion that mental health can be identified with holding specific political opinions belongs to the political culture of totalitarianism.

Finally, Mr. Chairman, the Government of the United States deeply deplores the pervasive misuse of psychiatric incarceration as an instrument of political repression. We have repeatedly con-

demned this flagrant human rights abuse in the Madrid CSCE (Commission on Security and Cooperation in Europe) Review Conference, in the U.N. Human Rights Commission, and the U.N. General Assembly.

We will continue to work in every appropriate way to alleviate the plight of Soviet citizens deprived of their liberty and subjected to cruel and inhumane punishment for merely seeking to exercise their elementary human rights in a totalitarian society.

Thank you.

[Mr. Fairbanks' prepared statement follows:]

PREPARED STATEMENT OF DR. CHARLES H. FAIRBANKS, JR., DEPUTY ASSISTANT SECRETARY OF STATE FOR HUMAN RIGHTS AND HUMANITARIAN AFFAIRS

I am grateful for this opportunity to testify before members of this committee on the subject of psychiatric abuse. Most human rights violations occur in many diverse countries; psychiatric abuse is centered in the Soviet Union. There have been reports that sane dissidents have undergone compulsory hospitalization for mental illness in a few other countries. But only in the Soviet Union has the misuse of psychiatry become widespread and systematic. For this reason, this morning I would like to explore the significance of this appalling human rights violation in the Soviet Union.

By psychiatric abuse we mean the diagnosis of sane dissenters as mentally ill, and their punishment by incarceration in psychiatric hospitals. This human rights violation is a distinctive feature of the current stage of Soviet history. Of course, the fact that reports of Soviet psychiatric abuse only began to reach the West in the 1960's does not mean that there were no examples of Soviet psychiatric abuse prior to that time. In fact, even in the earliest years of Bolshevik rule, there were a few cases of perfectly sane critics of the regime being interned by the government in psychiatric institutions. As far as we know, however, such cases were few and far between. During the 1920's and thirties, the Soviet government carried out what the Polish-born scholar, Leszek Kolakowski, has called "probably the most massive warlike operation ever conducted by a state against its own citizens." The most modest estimate of Stalin's victims places their number at six and one half million Soviet citizens. A far more likely estimate is twenty million Soviet citizens. The overwhelming majority of these victims were either murdered by Soviet security personnel, usually after a nominal trial, or were consigned to a

slow death in slave-labor camps. A characteristic of this period was the unpredictability of the terror. So many innocent people were caught up in the process of terror that it was impossible to know whether a given kind of conduct would result in punishment.

After the death of Stalin, and particularly after 1956, conditions became vastly better in the Soviet Union. There was no longer mass terror against the population, and the law was administered in a less arbitrary way. A dissident subculture grew up within the Soviet Union which was able to pursue opinions independently of the regime, within narrow limits. But, ironically, it is only in the post-Stalin era, when successive Soviet governments have sought to convince both domestic and foreign opinion that they had brought an end to the Stalin heritage, and were no longer holding political prisoners, that psychiatric abuse has become a major instrument of repression. From the regime's point of view, psychiatric commitment is a convenient instrument of policy. It enables Soviet authorities to substitute psychiatrists' judgment for sentencing in a trial, or to avoid a trial altogether. It enables the government to keep dissidents incarcerated for an indefinite length of time. And, of course, it enables the regime to claim that Soviet citizens who express dissatisfaction with the system are simply mentally ill.

The advantages of psychiatric abuse for the Soviet leadership are worth further examination. The USSR has laws against dissidence which the leadership can use very freely; for instance the law against anti-Soviet agitation and propaganda. But even totalitarian laws are a restriction on autocratic rule. And, on the other hand, sentences on obviously political charges are an embarrassment to a regime which no longer wishes to appear Stalinist. In these circumstances methods of dispensing with normal trials are very attractive. Sending dissidents to psychiatric hospitals achieves this end. Moreover, since confinement

in mental hospitals is not limited to a definite term, this technique enables Soviet officials to move into a realm of almost unlimited administrative discretion or whim. It is a technique that perverts medicine in order to destroy law.

The diagnoses of dissidents by Soviet psychiatrists make clear the replacement of legal standards by arbitrary whim. The dissident Edward Kuznetsov, for example, was diagnosed as suffering from "schizophrenia", because, "He asserts that there is no such thing as a Communist moral code, and that credit for its creation should go to the Bible." Similarly, the dissident Vladimir Borisov was diagnosed as suffering from "a disturbed sense of orientation and on incorrect interpretation of his surroundings. Thus, he takes the hospital for a concentration camp and the doctors for sadists."

This sequence of events shows the complexity of de-Stalinization in the USSR. Overall, conditions are much better. But some Soviet dissidents are subjected to terrors not used in the Stalin period, as part of the very attempt to conceal or legitimize surviving elements of Stalinism in the Soviet regime.

To give the distinguished members of this committee an idea of what psychiatric abuse entails, let me quote from a document entitled "Prisoners of Conscience in the U.S.S.R.: Their Treatment and Conditions," issued by Amnesty International in 1980. The document states:

... The drugs most commonly used on dissenters are the powerful tranquilizers (commonly referred to as neuroleptic drugs)...

.... Each of these drugs can cause serious negative side effects. A characteristic negative side-effect, and the one which victims regard as the greatest threat to their sanity, is the "Parkinsonism" or "Extra-Pyramidal Derangement" often induced by these drugs. This side-effect is characterized by

muscular rigidity, paucity and slowness of body movement, physical restlessness and constant desire to change the body's position.

Another type of psychiatric treatment to which dissenters have often subjected is insulin shock therapy. This method consists of administering increasing doses of insulin over a period of days. The dosage is increased until the subject goes into "Hypoglycaemic Coma" and shock. A course of insulin shock therapy in Soviet psychiatric hospitals usually consists of 25 or 30 such shocks...

The drug sulfazin was at one time used in a number of countries for treating schizophrenia and other ailments in certain circumstances but has generally gone out of use long ago because it was shown not to be useful. However, sulfazin caused great physical discomfort - raging fever so intense that the patient is virtually incapacitated for up to three days after an injection. Most former inmates of Soviet psychiatric hospitals who have been in a position to give an account of their conditions of incarceration have reported that sulfazin is regularly used as a punishment for violation of discipline, with the victims sometimes being subjected to injections of it every day for several days. As with the other treatments mentioned above, the medical personnel administering this drug have often done so without proper assessment of whether the subject was physically able to stand the treatment.

Soviet psychiatric abuse is a form of punishment that must be particularly terrifying to those undergoing it. It uses not the crude strength of the bully, but the entire vast storehouse of resources of modern medicine to affect its victims. And it uses those vast resources not simply to wound, to humiliate, or to force confessions, but to intrude into the most hidden recesses of the whole personality. This is what victims of Soviet psychiatric abuse cannot but fear: that the drugs, and the rest of the treatment, will change their

entire personality. After all, the diagnosis implies that an effort will be made to change their personality, because it regards political opinions not merely as opinions but as indications of a pervasive personality disorder, a psychosis.

Most human rights violations attempt to compel only an outward compliance with repressive government. Psychiatric abuse goes beyond that; it attempts to touch the very springs of thinking and feeling. So this is a peculiarly totalitarian type of human rights violation. Most of the horrors which are inflicted by man on man extend through a great range of political regimes, but this one is more distinctive. The very notion that mental health can be identified with holding specific political opinions belongs to the political culture of totalitarianism.

Unfortunately, we have no firm data regarding the total number of people undergoing such abuse - and given the closed nature of Soviet society, no such information is likely to be forthcoming. Recently, however, Ms. Ludmilla Thorne, Director of the Center for Appeals for Freedom at Freedom House, conducted a study of the case histories of some 1,110 Soviet political prisoners where detailed information had been compiled. She concluded that some 215 people - 19% - are currently in Soviet psychiatric institutions. If we assume - as Andrei Sakharov and others have suggested - that there are about 10,000 political prisoners throughout the Soviet Union, and if we further assume that some 19% of these are in mental institutions, that means that there are about 1,900 victims of psychiatric abuse in the Soviet Union today. However, as Ms. Thorne would be the first to admit, this is only a very rough estimate.

In any event, the existence of psychiatric abuse in the Soviet Union is sufficiently widespread to have provoked international condemnation. In 1977, the World Psychiatric Association, which consists of professional psychiatric groups

from 65 nations, voted to censure the Soviet Union for politically-motivated abuses of psychiatry and also set up a Committee to Review Alleged Abuses of Psychiatry for Political Purposes. The Soviet Union's withdrawal from the World Psychiatric Organization earlier this year, immediately prior to a meeting in which a number of Western delegations planned to examine its record of psychiatric abuse, indicates both that many countries feel concern over these Soviet human rights violations and that the Soviets are unwilling to meet those concerns through any sort of constructive behavior.

The government of the United States deeply deplores the pervasive use of psychiatric "treatment" as an instrument of political repression. We have repeatedly condemned this flagrant human rights abuse in the Madrid CSCE Review Conference and before the U.N. Human Rights Commission. We will continue to work in every appropriate way to alleviate the plight of Soviet citizens deprived of their liberty, and subjected to cruel and inhumane punishment, for the "crime" of seeking to exercise their elementary human rights in a totalitarian society.

Mr. YATRON. Thank you, Mr. Fairbanks, for your statement.

Mr. Lantos.

Mr. LANTOS. I just have a couple of questions.

I want to commend Secretary Fairbanks for a very excellent statement.

Most people view psychiatry with awe and noncomprehension. I believe that the Department of State, in the wake of the recent events, has a unique opportunity, and I am inclined to think a unique obligation, to issue a white paper, understandable to a lay public, on the use of psychiatry as one control device of the Soviet totalitarian state.

I would like to suggest to you, Mr. Secretary, and ask your opinion—I expect to have lunch today with Secretary Shultz where I will raise this issue with him—how your Bureau views the possibility that in view of the outrage of the American people at the Korean Air Line incident, in view of the fact that a whole new generation of Americans is now learning, through the use of terror and force in Afghanistan, the oppression of the people in Poland, the use of chemical weapons in the Far East, but the use of psychiatry is perhaps the most insidiously diabolical Soviet technique which is being used to terrorize potential dissident and to punish people who dare express views contrary to those of the Soviet regime.

After all, the 269 innocent civilians met their death in a matter of minutes, but the inmates of Soviet psychiatric institutions, and the inmates of Soviet psychiatric prisons suffer a gradual and progressive dismantling of their personalities by the most cruel and disruptive and inhumane tactics.

I would like to suggest to the State Department that we have a unique psychological moment, in view of the airline incident, which is so palpably simple and visible and comprehensible to a child of 4, to issue a very carefully documented, but very easily understandable report, a white paper on the use of psychiatry by the Soviet Union as an instrument of control and terror and suppression.

I would be grateful, Mr. Chairman, if Secretary Fairbanks were to give me his reaction to my suggestion and the likelihood that the State Department, in very short order, in very short order to take advantage of the timeliness, issue such a document.

Mr. FAIRBANKS. Let me begin by saying that I believe that you are profoundly correct in linking together the callous Soviet action against the Korean Airlines Flight 007 with the long practice of psychiatric abuse, with the Soviet use of chemical warfare against innocent indigenous people who are civilians, and other practices of a similar character.

I absolutely agree with you that this is a crucial time to try to rethink and try to better comprehend the reasons for the pervasive callousness of the Soviet regime, its disregard of human life and of ordinarily accepted standards of humanity and decency. I think, for Americans, who are decent and who look for decency around the world, it is very hard to comprehend what kind of traits of character can lead to this kind of action.

As Robert Conquest once noted it was easy to believe that there were many different kinds of people and different kinds of regimes in the world when some people wore turbans, and other people wore periwigs, and so forth. In our world where everyone wears suits and ties, it is easy to be lulled into the belief that there are no fundamental differences of human attitudes. In the Korean Airlines atrocity, and the use of psychiatric abuse, we see that there really are, and we must understand this better.

I am grateful to you for the idea that the U.S. Government should issue a special report on psychiatric abuse, and we will certainly look into the possibility of doing that. It could be a valuable contribution to the understanding of the issue.

I think that what Amnesty International and Freedom House have done on this is of very high quality in itself. In some respects, it would be hard for us to do better. But it is a valuable suggestion.

Mr. LANTOS. Thank you, Mr. Chairman.

Mr. YATRON. Thank you, Mr. Lantos.

Mr. Leach.

Mr. LEACH. Mr. Secretary, can you indicate if there are any anti-Semitic implications in the misuse of psychiatry in the Soviet Union?

Mr. FAIRBANKS. It is a question I have not specifically thought about. There has been, as you know, a recurrence and reintensification of anti-Semitism in the Soviet Union within the last year as marked by the organization of an Anti-Zionist Committee of Soviet Society, the publication of anti-Semitic statements in the newspapers, and so forth.

Mr. LEACH. What I am getting at is, is there any indication that a cross-section of those that we think are submitted to psychiatric abuse for political reasons is disproportionately Jewish?

Mr. FAIRBANKS. I don't have a sense of that, though the people who know the hundreds of cases in greater detail might be able to answer better.

I think it is the case that Soviet persecution of dissidents has always hit Soviet Jews to a somewhat disproportionate degree, perhaps because they are more exposed than many other Soviet nationalities to persecution by the government, more vulnerable. In that sense, it wouldn't surprise me if Jews are to a disproportionate degree victims of psychiatric abuse, but I have no specific reason to see a difference between psychiatric abuse and other techniques of Soviet persecution in that regard.

Mr. LEACH. Among professional psychiatrists in the Soviet Union, do you have any sense of what percentage participate in this kind of government psychiatry and for what reasons? Do you have any sense for the motivation?

Mr. FAIRBANKS. I could not answer as well as a dissident who compiled a sort of handbook, for other dissidents, of Soviet psychiatry and of the types of psychiatrists who exist, which can be found in the book by Reddaway and Bloch on Soviet psychiatric abuse.

There are a number of different types of psychiatrists distinguished there, some of whom are men of honor who will have nothing to do with this. Others are people who can do nothing about it. A few are, as we know, simply working for the police, just as there are members of the secret police within a vast range of professions in the Soviet Union who see their primary loyalty to the state repressive apparatus rather than to their profession.

I believe that that is a very small part of the psychiatric profession in the Soviet Union. Yet, the Soviet psychiatric profession as a whole can't help but be touched by this base practice. You see here the consequence of the fact that in the Soviet Union, the government owns everything, and operates virtually every profession. In the United States there cannot be psychiatric abuses of the Soviet type because psychiatrists are in business either for themselves or for a great range of decentralized local, State, or Federal Government institutions, and no one approach or no abuse that authority would want to introduce could be spread throughout the whole structure, whereas in the Soviet Union it is very easy to do that as a result of state control of the system.

We do know that it is used to persecute not only dissidents, but simply people who come and, from the authorities' point of view, pester them with complaints about bureaucracy, people who think their taxes are too high, and that type of thing. So it is a very pervasive problem in the Soviet psychiatric world, I think.

Mr. LEACH. Thank you very much.

Mr. YATRON. Thank you, Mr. Leach.

Secretary Fairbanks, has the Soviet systematic misuse of the medical profession spread to other Communist countries, such as in Eastern Europe, or Cuba?

Mr. FAIRBANKS. As with psychiatric abuse in general, the very nature of this form of persecution means that the information we have on it is rather elusive because it avoids public trials and other things that create records which are accessible to the public.

The American Psychiatric Association has a number of recent complaints from Yugoslavia, one from Czechoslovakia, some from

Rumania. Early in the 1970's, I believe that there were complaints also from East Germany, Poland, and Hungary, if I am not mistaken. So I think psychiatric abuse is concentrated overwhelmingly in the Soviet Union, but secondarily in countries that have been earlier or later under Soviet influence, and that is not an accident.

The reports I spoke of are ones that the U.S. Government doesn't have enough information presently to confirm or deny. We are certainly concerned and we are looking into it.

Mr. YATRON. Again, I want to thank you for some of the other statements that you made earlier, because I think that it helps to put the problem of psychiatric abuse to its historical context.

You cite an Amnesty International report on psychiatric abuse in your statement. In general, how accurate and how useful does the Department find Amnesty International reports?

Mr. FAIRBANKS. On this issue, I would have to say that they have been quite complete and accurate as far as we are able to judge.

Mr. YATRON. Can you tell me what measures the administration and the State Department are taking to call to the attention of the Soviet Government the American public's concern regarding the issue of psychiatric abuse in the Soviet Union?

Mr. FAIRBANKS. I should say, first of all, that we regard this as one of the most grave violations that the Soviet Union engages in, and we give it a very high priority in attempting to work against it. We have condemned Soviet psychiatric abuse both in public fora, such as the U.N. General Assembly, the CSCE Review Conference, the 1982 Human Rights Report, which you have probably seen, and in private exchanges.

As you know, this administration, particularly recently, has given a very high priority to discussion of human rights problems in bilateral exchanges with the Soviet Union, and you can assume that no area of Soviet human rights violations is excluded from the concerns we express on those occasions.

Mr. YATRON. Thank you very much, Mr. Secretary, for being here with us today. We appreciate it very much.

Our next four witnesses will appear as a panel.

Dr. Harold Visotsky is chairman of the Committee on International Abuse of Psychiatry and Psychiatrists, American Psychiatric Association, and director of the Institute of Psychiatry at Northwestern University.

Dr. Walter Reich is a research psychiatrist and program director, the National Institutes of Health, member of the American Psychiatric Association's task force on human rights, and former fellow of the Kennan Institute for Russian Studies at the Woodrow Wilson Center.

Dr. Boris Zoubok is on the staff at the Four Winds Hospital, an Instructor in psychiatry at Columbia University, and a former Soviet psychiatrist.

And finally, Mr. Peter Reddaway is a fellow at the Kennan Institute of Advanced Russian Studies at the Woodrow Wilson Center, and a senior lecturer in the London School of Economics.

Gentlemen, I would like each of you to keep your opening remarks to no longer than 10 minutes, if possible. Then we will give the other members an opportunity to ask questions.

Dr. Visotsky, why don't we start with you.

**STATEMENT OF HAROLD VISOTSKY, M.D., CHAIRMAN, COMMITTEE ON INTERNATIONAL ABUSE OF PSYCHIATRY AND PSYCHIATRISTS, AMERICAN PSYCHIATRIC ASSOCIATION, AND DIRECTOR, INSTITUTE OF PSYCHIATRY, NORTHWESTERN UNIVERSITY**

Dr. VISOTSKY. Mr. Chairman, members of the Subcommittee on Human Rights and International Organizations, I am Dr. Harold Visotsky, and I want to thank you for the opportunity to testify on the subject of psychiatric abuse.

The American Psychiatric Association [APA] represents some 28,000 psychiatrists from the United States and abroad, and has for years expressed its opposition to the abuse of psychiatry wherever it may occur. The APA has a committee on international abuse of psychiatry and psychiatrists which I presently chair, as well as a Committee on Abuse and Misuse of Psychiatry in the United States which deals with any complaints brought forth relating to this country. Both of these committees review cases of alleged abuse of psychiatry.

The International Committee on Abuse has reviewed complaints in a number of different countries, but as you heard the overwhelming majority of cases which are sent to us relate to the Soviet Union.

Other distinguished individuals presenting testimony today on this panel will inform you of the grim facts of this systematic form of abuse of our profession in the Soviet Union. I would, however, like to focus on the actions by the American Psychiatric Association and the results of these actions.

The APA Committee on International Abuse of Psychiatry and Psychiatrists has written hundreds of letters to the Soviet Union on behalf of certain individuals. We have written to authorities of the Soviet Government, and to patients themselves. We have written to the families of patients, and to the psychiatrists who are treating these patients. Never have we received a response from the authorities, and only indirectly do we hear from the families of patients.

In addition the APA Board of Trustees referred over 20 cases to the World Psychiatric Association [WPA] for further investigation by their committee to review alleged abuses of psychiatry for political purposes. A number of these cases were sent to the All Union Society of Neuropathologists and Psychiatrists of the U.S.S.R. for clarification and response. When months and months went by and the WPA had received no response from our Soviet colleagues, the APA as well as a number of other psychiatric associations around the world passed a resolution which stated:

If the All Union Society of Neuropathologists and Psychiatrists of the U.S.S.R. does not adequately respond to the inquiries by the World Psychiatric Association on cases of alleged abuse of psychiatry by April 1, 1983, the All Union Society should be suspended from membership in the World Psychiatry Association until such time as these abuses come to an end.

The Royal College of Psychiatrists in Great Britain as well as other societies passed a stronger resolution indicating that the All Union Society should be expelled from the World Psychiatric Association. These resolutions were to be voted on at the General As-

sembly of the World Psychiatric Association which met in July in Vienna, at the time of the VII World Congress of Psychiatry.

In the meantime, the All Union Society of the U.S.S.R. did begin to respond to the referrals of the WPA Review Committee cases. They submitted histories on seven cases in all to the WPA. There was discussion between the chairman of the All Union Society and the officials of the World Psychiatry Association about the possibility of a multinational delegation visiting the Soviet Union to discuss these issues more fully.

There were a number of details to be worked out about this trip, but our Soviet colleagues indicated that they would contact the Ministry of Health regarding visas for this delegation. These discussions were abruptly cut-off during the meeting in January 1983 when the Soviet psychiatrists were called back to Moscow. A few days thereafter, the All Union Society resigned from the World Psychiatry Association, claiming that the organization has become too political. We have a copy of the correspondence for you.

The American Psychiatric Association has been working with other organizations in the hope of bringing enough collective pressure to bear to end this practice of using psychiatry to suppress dissent in the Soviet Union. Our efforts with the U.S. State Department resulted in the All Union Society stating that "a U.S. Government body is actively interfering with the work of national, nongovernmental organizations, and indirectly, in the work of the World Psychiatry Association."

The General Assembly of the World Psychiatry Association addressed the issue of alleged abuse of psychiatry in the Soviet Union by passing, 174 votes for, 18 against, and 27 abstentions, a resolution put forward by the president of the Royal College of Psychiatrists of Great Britain which stated:

The World Psychiatry Association would welcome the return of the All Union Society of Neuropathologists and Psychiatrists of the USSR to membership in the Association, but would expect sincere cooperation beforehand of amelioration of the political use of psychiatry in the Soviet Union.<sup>1</sup>

In addition, the General Assembly passed a resolution making Dr. Anatoly Koryagin an honorary individual member of the World Psychiatry Association for "demonstrating in the struggle against the perversion of psychiatry for nonmedical purposes, professional conscience, courage and devotion to duty, all in exceptional measure." Dr. Koryagin has been imprisoned since February 13, 1981, for speaking out against the practice of the use of psychiatry for political purposes in the Soviet Union.

We do regret that the All Union Society of Neuropathologists and Psychiatrists of the U.S.S.R. has resigned from the World Psychiatry Association, and that the societies of Czechoslovakia, Bulgaria, and Cuba have followed them. I believe that we have lost a viable means through the World Psychiatry Association of helping concerned psychiatrists within those nation to seek reforms in the use of their profession.

It is my hope and the hope of the American Psychiatric Association that a way will be found to continue discussions with our colleagues in those countries. However, we cannot continue to collaborate with the Soviet professional society until there is acknowledg-

<sup>1</sup> See appendixes to Mr. Visotsky's prepared statement.

ment that abuses have occurred, that they are being corrected, and that our fellow psychiatrists who have dared to speak out against these abuses are no longer themselves being persecuted.

The American Psychiatric Association will continue to speak out against these practices as long as they occur, and we will continue to take whatever actions possible on behalf of the victims of psychiatric abuse, as well as those who have been persecuted for their actions in this regard in the Soviet Union and elsewhere.

The American Psychiatric Association appreciates this opportunity to testify before this distinguished committee, and I will be happy to answer any questions that you may have, Mr. Chairman.

[Dr. Visotsky's prepared statement and appendixes follow:]

HAROLD VISOTSKY, M.D., CHAIRMAN, COMMITTEE ON INTERNATIONAL ABUSE OF PSYCHIATRY AND PSYCHIATRISTS, AMERICAN PSYCHIATRIC ASSOCIATION, AND DIRECTOR, INSTITUTE OF PSYCHIATRY, NORTHWESTERN UNIVERSITY

Mr. Chairman and Members of the Subcommittee on Human Rights and International Organizations:

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"If the All Union Society of Neuropathologists and Psychiatrists of the USSR does not adequately respond to inquiries by the World Psychiatric Association on cases of alleged abuse of psychiatry by April 1, 1983, the All Union Society should be suspended from membership in the World Psychiatric Association until such time that these abuses come to an end."

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The American Psychiatric Association has been working with other organizations in the hope of bringing enough collective pressure to bear to end this practice of using psychiatry to suppress dissent in the Soviet Union. Our efforts with the U.S. State Department resulted in the All Union Society stating that "a U.S. government body is actively interfering in the work of national non-governmental organizations, and indirectly, in the work of the World Psychiatric Association."

The General Assembly of the World Psychiatric Association addressed the issue of alleged abuse of psychiatry in the Soviet Union by passing (174 votes for, 18 against, 27 abstentions) a resolution put forward by the President of the Royal College of Psychiatrists of Great Britain which stated:

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We do regret that the All Union Society of Neuropathologists and Psychiatrists of the USSR has resigned from the World Psychiatric Association and that the societies of Czechoslovakia, Bulgaria and Cuba have followed them. I believe that we have lost a valuable means, through the World Psychiatric Association, of helping concerned psychiatrists within those nations seek reforms in the use of their profession. It is my hope and the hope of the American Psychiatric Association that a way will be found to continue discussions with our colleagues in those countries. However, we cannot continue to collaborate with the Soviet Society until there is acknowledgement that abuses have occurred, that they are being corrected, and that our fellow psychiatrists who have dared to speak out against these abuses are no longer themselves being persecuted. The American Psychiatric Association will continue to speak out against these practices as long as they occur and will continue to take whatever actions possible on behalf of the victims of psychiatric abuse as well as those who have been persecuted for their actions in this regard in the Soviet Union and elsewhere.

The American Psychiatric Association appreciates the opportunity to testify before this distinguished committee and I will be happy to answer any questions.

*Harold Visotsky, M.D.*

Harold Visotsky, M.D.  
Chairperson, APA Committee on  
International Abuse of  
Psychiatry and Psychiatrists

June 23, 1983

Prof. G. V. Morozov  
 Chairman of the Board  
 All Union Society of Psychiatrists  
 and Neuropathologists  
 c/o General and Forensic Psychiatry Institute  
 of the USSR (Serbskii Institute)  
 Kropotinskii per 23  
 Moscow 119034/USSR

Dear Professor Morozov:

The American Psychiatric Association is aware of the resignation of the All Union Society of Psychiatrists and Neuropathologists of the USSR from the World Psychiatric Association. The All Union Society is also aware of the continuing concern of allegations of the abuse of psychiatry in your country. We do, however, regret that the situation has deteriorated to the extent that your Society felt the need to resign from the World Psychiatric Association, rather than to use the opportunity for dialogue and exploration for understanding.

In your letter of resignation, you mentioned the August 1, 1982 letter from the American Psychiatric Association to the member societies of the World Psychiatric Association. There are several issues which I will address at this time: First of all, the APA notified all member societies of the WPA of the resolutions regarding your Society. Secondly, the APA notified the member societies of a Forum to be held in Vienna at the World Congress to discuss these issues. It was our hope that your Society would be represented at this Forum where you could have had an opportunity to openly address the complaints made against certain alleged practices and against some of your colleagues. In addition, there was information given about a possible resolution going before the United Nations Human Rights Commission on the issue of the misuse of mental institutions to control dissent. You should note, however, that your country was not mentioned in any statement regarding this particular issue - in any comment by the APA or in any of the background information on the UN Commission on Human Rights.

The American Psychiatric Association was pleased to learn of your responses which were sent to the World Psychiatric Association to cases which were referred by the WPA leadership. We had hoped that this was the beginning of a dialogue on these issues leading to a better understanding. You will recall that the APA resolution stated that: "If the All Union Society of Psychiatrists and Neuropathologists of the USSR does not adequately respond to all inquiries from the WPA regarding the issues of psychiatric abuse by April 1, 1983...." was a conditioned one which you were apparently prepared to meet at that time.

You mentioned possible abuses in other countries and the APA wishes to respond with the information that we have submitted information and made inquiries into allegations in other countries, in addition to those in the USSR. The difference is that the cases presented to the APA from other countries were less in number and, in addition, we have received responses from these other countries. The APA is careful to investigate any allegations of abuse in the United States and would be cooperative in replying to requests of this sort.

The American Psychiatric Association is on record as being opposed to the use of psychiatry for political purposes wherever it may occur. We believe that issues of ethics should be of vital concern to any scientific organization. We further agree that the profession of psychiatry and any organization representing this profession should take an active stance on ethical issues in order to "promote the advance of psychiatric science, improve the system of organizing aid for the population," as mentioned in your letter of resignation. We hope that Soviet psychiatry would not be opposed to this stance.

Your letter accused the World Psychiatric Association of becoming involved in outright political activity and that the APA has contributed to the politicizing of the WPA. If psychiatry were not being used for political purposes, this would not have occurred. It is our opinion that the resignation of the All Union Society in the face of criticism by colleagues regarding the use of psychiatry for political purposes, seems to be a political move in itself. Psychiatric science would have been more advanced by the All Union Society taking part in discussion, with a possible change of practices or elaboration of new practices. It is on this basis that we negate your statement that it is the APA that is politicizing the WPA.

In closing, I will say that we do hope that it will be possible someday for all countries to be members of the World Psychiatric Association.

If the All Union Society of Psychiatrists and Neuropathologists would be prepared to demonstrate that there was no longer reason for concern about psychiatric abuse in your country, the American Psychiatric Association would certainly be in the forefront among those welcoming your organization back into the membership of the WPA.

Sincerely,

*George Tarjan*  
George Tarjan, M.D.  
President

cc: Peter Berner, M.D.

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ СССР  
ВСЕСОЮЗНОЕ НАУЧНОЕ ОБЩЕСТВО НЕВРОПАТОЛОГОВ И ПСИХИАТРОВ

## ПРАВЛЕНИЕ

Москва Г-31.  
Кремлевский пер., дом 21.

31/1-82

To: President of WPA,  
Prof. P. PICHOT,  
General Secretary WPA,  
Prof. P. BENNER,  
Members of the Executive  
Committee WPA

Dear Prof. P. PICHOT, Prof. P. BENNER and Members of the  
Executive Committee!

The All-Union Scientific Society of Neuropathologists and Psychiatrists has been a member of the World Psychiatric Association since 1967. Having expressed their desire to participate in the work of the WPA, Soviet psychiatrists were guided by the premise that this non-governmental professional organization, in accordance with its Charter and the interests of National Associations, should direct its efforts towards pressing scientific problems, promote progress in studying the nature of mental diseases, as well as to improve the organization of psychiatric aid to the population.

Regretfully, we must declare that in recent years, due the fault of certain circles exerting unprecedented pressure on a number of national societies and the leadership of the WPA, this Association found itself a participant in a campaign having absolutely nothing to do with its fundamental professional activity. The case in question concerns the utilization of the WPA in a slanderous campaign alleging that psychiatry is being abused in the USSR for political purposes.

An active role in this campaign is being played by the leadership of the American Psychiatric Association and the Royal College of Psychiatrists (United Kingdom). Things went so far that the WPA leadership did not respond to the slanderous letter of the American Psychiatric Association dated August 1 1982, which was sent to all psychiatric societies. This letter with reference to the State Department of the USA, which is an indication of its active participation in this propaganda campaign, contains slanderous accusations directed against Soviet psychiatrists concerning alleged abuse of psychiatry.

Therefore, a US government body is actively interfering in the work of national non-governmental organizations, and indirectly, in the work of the WPA. Once again, this fact confirms the political anti-Soviet nature of the given campaign.

- This whole slanderous campaign, blatantly political in nature, is directed against Soviet psychiatry in the spirit of the "cold war" against the Soviet Union.

We would like to emphasize once again that there have been no grounds and there are no grounds for such slanderous attacks.

Soviet psychiatrists, just like their colleagues in many countries, are seriously concerned over the unfavorable situation which has developed in the WPA, and also over the fact that the WPA leadership has not undertaken and is not undertaking the necessary measures for its normalization.

In the course of decades, the efforts of Soviet scholars and physicians, of specialists from other countries promoted the advance of psychiatric science, improved the system of organizing aid for the population, and tremendous efforts were directed towards overcoming a prejudiced attitude in respect to the mentally ill and to psychiatry..

Slandorous fabrications about the abuse of psychiatry create a barrier between patients and doctors, and depict psychiatry, in the understanding of patients and society, as a body of suppression. This disrupts the mutual relationship between the patient and the doctor, and results in an improper formation of public opinion concerning the tasks and function of psychiatry.

Soviet psychiatrists, displaying a spirit of cooperation at the request of the WPA leadership, submitted detailed medical documents concerning the mentally ill, who in the West were pronounced mentally healthy "victims" of Soviet psychiatry.

Many outstanding psychiatrists from Western countries, including WPA members, during their visit to the USSR, at the request, had the opportunity to examine the corresponding patients in whom they were interested, and no one expressed any doubts as to the correctness of the diagnosis of the mental diseases in these individuals.

Unfortunately, at the same time, certain National Associations evaded the official invitations from the All-Union Scientific Society of Neuropathologists and Psychiatrists to visit the USSR and to participate in a discussion of the above-mentioned problems.

It is noteworthy that a whole number of mental patients who left the USSR, and who prior to that, in the West had been pronounced mentally healthy people, had received treatment and even at the present time, periodically receive treatment in psychiatric hospitals. Such facts are being hushed up, which is an obvious indication of the ill-intentioned nature of this whole campaign.

-- The system of voting in the WPA is discriminatory and undemocratic, since the number of votes allotted to member-countries depends on the number of psychiatrists, and first of all, on the amount of dues. This has enabled a small group of countries to implant their decisions on the rest of the WPA members, first and foremost, on the developing countries.

We would like to recall to your attention that this discriminatory mechanism was employed in Honolulu against Soviet psychiatry when a slanderous resolution was pushed through with 33 countries voting against it, and only 19 for it.

It is also necessary to emphasize that the cooperation of the WPA with the Psychiatric Association of the racist regime in the SAR is confirmation of its undemocratic principles.

It would seem that the WPA leadership, following the Charter, should concentrate its efforts and guide the activity

of all psychiatrists towards resolving the professional tasks standing before it, however, the real activities of the WPA have been geared to another direction. The leadership of the WPA, instead of taking the road to uniting psychiatrists, has embarked upon the path of splitting them, and has turned into an obedient tool in the hands of the forces which are using psychiatry for their own political goals, aimed at fanning up contradictions and enmity among psychiatrists of different countries.

Consequently, it is quite apparent that the WPA leadership has allowed itself to become involved in outright political activity and has supported the slander against the Soviet Union. We have no doubts whatsoever that the WPA leadership, by its activity, is doing irreparable harm to the common interests of world psychiatry and to the unity of psychiatrists from different countries on the world.

In connection with this, the All-Union Scientific Society of Neuropathologists and Psychiatrists no longer considers it possible to remain a member of the WPA, and hereby officially notifies the leadership of its departure from the WPA.

At the same time, the All-Union Scientific Society of Neuropathologists and Psychiatrists has notified all the National Psychiatric Societies of the reasons for its departure from the WPA.

Грофенор, К.Д.  
С.В. КОЗЫНА.

00-055515

Mr. YATRON. Thank you, Dr. Visotsky, for your statement.

Now, Dr. Reich, would you like to begin sir? I understand that you have some slides that you want to show. So at that time, we will turn out the lights so that we can better view your slides.

**STATEMENT OF DR. WALTER REICH, RESEARCH PSYCHIATRIST AND PROGRAM DIRECTOR, THE STAFF COLLEGE OF THE NATIONAL INSTITUTE OF MENTAL HEALTH, MEMBER, THE AMERICAN PSYCHIATRIC ASSOCIATION'S TASK FORCE ON HUMAN RIGHTS, AND FORMER FELLOW OF THE KENNAN INSTITUTE FOR ADVANCED RUSSIAN STUDIES OF THE WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS**

Dr. REICH. Before doing that, I should like to note that, though I am an employee of the National Institute of Mental Health, I am speaking here as a private citizen. I wish to indicate that the opinions I will express here are my own and not necessarily those of the NIMH.

I did prepare a statement which I distributed, but I thought that it might be useful to show some slides, two of which are also included in the prepared statement, in order to give a human dimension to the phenomenon we are discussing, and perhaps also to explain some facets of it that may be better explained by the use of audio/visual materials.

Mr. YATRON. Without objection, your entire statement will be made part of the record.

Dr. REICH. Thank you.

First slide, please.

This is Dr. Andrei Snezhnevsky who is, in effect the chief Soviet psychiatrist, though there is no such formal title. The photograph was taken by me in Moscow last year when I visited him and interviewed both him and other members of the staff of his Institute of Psychiatry of the U.S.S.R. Academy of Medical Sciences. A report of that experience was published in the New York Times Magazine, which I have submitted to the committee for the record.<sup>1</sup>

Dr. Snezhnevsky is important because he is the author the concepts of psychiatry, specifically the approach to the diagnosis of schizophrenia that are the concepts that are most frequently used in Soviet psychiatry and that in fact have been most frequently used in the diagnoses of dissidents. He is an extremely influential figure in Soviet psychiatry. He is now near retirement. His age, I believe, is 79.

He is important and influential not only because he has headed, for 21 years the main psychiatric research institute in the Soviet Union, the Institute of Psychiatry of the U.S.S.R. Academy of Medical Sciences, but also because he is the editor of the only psychiatric periodical, the Korsakov Journal of Psychiatry and Neuropathology, and was a very important and influential teacher for many years in the Central Post-Graduate Medical Institute's Department of Psychiatry, of which he was chairman before moving to the Institute of Psychiatry. As you can see, on the slide, Snezhnevsky has

<sup>1</sup> See app. 1.

a large photo of Ernest Hemingway on his office wall; Hemingway is, Snezhnevsky has told me, his favorite writer.

May I have the next slide please.

Another important figure with whom I met, and who will probably be Dr. Snezhnevsky's successor, was Dr. Marat Vartanyan. Vartanyan who has himself never been involved, to my knowledge, in any way with the cases of dissidents. In many respects, he has been the diplomat of Soviet psychiatry and has represented his profession in the West. He is a very urbane figure, who insists that though he was trained as a psychiatrist, he is primarily a scientist. For many years he has headed the scientific laboratories of the Institute of Psychiatry.

May I have the next slide please.

Dr. Ruben Nadzharov is a close colleague of Dr. Snezhnevsky's, and was also present at the meeting; together with Dr. Snezhnevsky, he developed the theories that I will describe this morning.

Next slide please.

This is a photo of the Serbsky Institute, which figures prominently in the reports of Soviet psychiatric abuse. It is the central forensic psychiatric institute of the Soviet Union; and it is the place to which many of the dissidents have been sent. It is not set up just to deal with dissidents. Rather, it is set up as a forensic psychiatric institute, and persons accused of all kinds of crimes—murder, rape, and other crimes—are sent here for evaluation if there is some doubt as to their mental health. But also sent here are persons accused of crimes related to dissents.

Next slide please.

This is a side view of the Serbsky institute. The gentleman in the foreground at the time that I was there was gesticulating to a patient inside the institute. When I raised my camera, he stopped gesticulating, not knowing who I was. This gives you a sense of the enclosed nature of this institution, which is in fact a kind of prison/hospital.

Next slide please.

This is Dr. Snezhnevsky in 1977, in Honolulu, at the Sixth World Congress of Psychiatry, the one that preceded the one that occurred last July in Vienna; the 1977 Congress was the one at which the Soviets were condemned for their abuse of psychiatry, and it was at the congress that I first met Snezhnevsky. I interviewed him in his hotel room. This photograph was taken just before the meeting at which the Soviets were condemned.

Next slide please.

Just after I interviewed Snezhnevsky the Soviets held a press conference. I show this photograph of the press conference in order to identify not only Dr. Snezhnevsky, but also Dr. Georgi Morozov, the head of the Serbsky Institute; as it happens, Marozov is now also the head of the All Union Society of Neuropathologists and Psychiatrists of the Soviet Union. It is Marozov who, more than any other Soviet psychiatrist, has been identified with the practice of diagnosing dissidents as mentally ill.

Next slide please.

This is Dr. Eduard Babayan, another Soviet psychiatrist, who is pointing an accusing finger at the American delegate during the voting session of the 1977 Psychiatric Congress at which the Sovi-

ets were condemned. At the time, he was accusing the American CIA of abusing psychiatry by administering LSD.

Next slide please.

What I want to focus on this morning is the diagnosis of schizophrenia in the Soviet Union, specifically the approach to that diagnosis that Dr. Snezhnevsky has developed. This slide shows that there have been many approaches to the diagnosis of schizophrenia in the world. It is a very difficult condition to describe and to define, but, traditionally, there have been two main categories of schizophrenia that have been described. One category has consisted of syndromes and symptoms that are chronic and that amount to a severe condition—"real" schizophrenia. And another category has consisted of syndromes and symptoms that are less chronic in nature, and that amount a schizophrenia that is less severe—and therefore less "real."

More recently, another category of psychiatric illness has been suggested by various psychiatrists around the world. But that category has not been defined as being necessarily, a part of schizophrenia itself, though it has been said to resemble schizophrenia in some ways. In general, it has been assumed that a diagnostic borderline can be drawn between, on the one hand, the schizophrenias, both the "real" and the "less real," and on the other hand, this other category of psychiatric illness, sometimes called "borderline." However, though this "borderline" condition has been considered to be similar in some of its clinical characteristics, to schizophrenia, it has not been considered, by most theoreticians, to be a part of the schizophrenia category itself, primarily because, while schizophrenia is characterized by psychosis—the inability to accurately assess reality—the borderline condition is not.

What is important in the Soviet approach to schizophrenia is that this borderline condition has become part of the schizophrenia category; the line between them has been erased.

And now that the nonpsychotic borderline category is merged with schizophrenia, it is possible to diagnose schizophrenia in a patient without having to show that that patient is out of touch with reality.

Next slide please.

This is Dr. Snezhnevsky's own rendition of his theories. I present it in order to show its wonderful aesthetic symmetry. [Laughter.]

Next slide please [same as figure 1 in prepared statement].

This is my rendition of his theories. He believes that schizophrenia has three course-forms, a course-form being the clinical form that the illness takes during the course of the patient's life. He believes that there is a "continuous" form, a "periodic" form, and a "shift-like" form.

If you consider the lines on this figure to represent the state of the patient's health from birth through old age, you can see that what happens in the "continuous course-form is that, at some point, usually in adolescence or early adulthood, the patient is said to become ill, suffers a continuing form of the illness, and stays ill through the rest of his life.

In the "periodic" course form, the patient is said to suffer attacks of illness, but when he improves, he is more or less as well as he was before the attack took place.

In the "shift-like" course-form, there are also attacks of illness, but after each attack the patient is less healthy than he was before, with the result is that, over the course of his life, he becomes increasingly sick.

What is important about this categorization is that, in two of the course-forms, the "continuous" and the "shift-like," there are three subtypes—mild, moderate and severe. In the "continuous" course-form the mild subtype is called "sluggish" or "slowly developing" schizophrenia.

The moderate and severe subtypes of each of these two course-forms would be considered schizophrenia anywhere. The mild subtypes of each of these two course-forms, however, would not be considered schizophrenia in most countries. According to Snezhnevsky's teachings, these subtypes are characterized by neurotic symptoms. In the "sluggish" subtype of the "continuous" course-form, these include self-conscienciousness, introspectiveness, obsessive doubts, conflicts with parental and other authorities, and something called reformism—that is, the wish to reform society.

Similarly, in the mild subtype of the "shift-like" course-form, the symptoms are also often neurotic, though with an affective coloring—that is, they tend to be associated with prominent mood changes. That subtype is said to be characterized by social contentiousness, philosophical concerns and self-absorption. There are, of course, other symptoms as well that are described, but these, I think, are of particular importance with respect to the issue of the use of this classification scheme for the diagnosis of schizophrenia.

It has been these two mild categories that have been most often applied to dissidents, particularly the sluggish.

Next slide please [same as Table 1 in prepared statement].

In fact, if you review the case records of these dissidents that have been purloined and sent to the West, you find descriptions of these dissidents that match the descriptions of schizophrenia in the various psychiatric textbooks that are put out by Dr. Snezhnevsky and his Moscow school of psychiatry—descriptions such as "originality," which is to say, the dissident in question is different from other people. Another description involves the "tendency toward ideological formulations." Also, "fear and suspiciousness," which of course tend to develop if you are a dissident. Similarly "religiosity" and "depression," which can certainly overcome you if everyone is after you.

Other characteristics that have been attributed to dissidents, and that are actually part of the picture of schizophrenia found in Soviet texts include ambivalence, guilt, and internal conflicts, behavioral disorganization, an excessive belief in ideals, and an obsessive attention to detail—for example, the tendency to focus on the details of the Soviet Constitution, which happens to protect certain rights, such as the right of free speech.

In addition, dissidents have been said to be ill because they are unable to adapt to the social environment; but such maladaptation is surely another way of describing dissent. Also considered a sign of illness is a sudden shift of interest from, let's say, physics to world peace; and, again, "reformism."

That was the last slide.

I want to stress that I am focusing this morning on the ways in which diagnosis is made in the Soviet Union, the ways in which Soviet dissidents have been diagnosed, and the diagnostic categories that have been used.

There are, of course, many questions that remain about the degree to which the diagnoses are actually believed by Soviet psychiatrists; the degree to which Dr. Snezhnevsky, who has been involved in some of the dissident cases, developed his diagnostic system in order to devise a method that would make it possible to hospitalize dissidents; and the degree to which Soviet psychiatrists, other than the prominent ones, using Snezhnevsky's system, have issued diagnoses of illness while knowing that these dissidents were not, in fact, ill.

These are all important and complex questions, and I would be happy to deal with them if they are of interest to the committee. Thank you.

[Dr. Reich's prepared statement and appendixes follow:]

## PREPARED STATEMENT OF WALTER REICH, M.D.

Mr. Chairman and members of the Subcommittee on Human Rights and International Organizations:

I am grateful for the opportunity you have given me today to provide this statement. Allow me to note, at the outset, that I am an employee of the National Institute of Mental Health, but that in speaking before this Subcommittee I am expressing my personal views, which are not necessarily those of the National Institute of Mental Health.

For more than a dozen years, we in the West have heard that Soviet political dissidents have been sent to psychiatrists, found mentally ill, and incarcerated in hospitals for the criminally insane. Though these reports were at first greeted with some incredulity, it soon became clear that they were not without foundation, and that many of the hospitalized dissidents, probably the great majority, were not, and had never been, mentally ill--certainly not in ways that warranted the diagnoses they received.

Others here today will describe these reports at some length and provide this Subcommittee with information regarding the ways in which Westerners, particularly psychiatrists, have responded to them. In my own presentation I will focus on the ways in which Soviet psychiatric theories have made these diagnoses possible.

For the purpose of bringing those theories to a certain semblance of life, I have arranged to present some slides that will both explain their main features and show the ways in which they have been applied to dissidents. Two of these slides, however, are particularly apt, and are included here.

Figure 1 provides an overview of the concept of schizophrenia that has been developed by Dr. Andrei V. Snezhnevsky, the most influential Soviet psychiatrist. This concept is important because it is schizophrenia which has been the diagnosis used most often in dissident cases, in particular schizophrenia as defined by Dr. Snezhnevsky.

Snezhnevsky believes that there are three forms of the illness, the "continuous," the "periodic," and the "shift-like." These three forms differ from each other in the course that the illness takes during the lifetime of the patient. In the "continuous" form, the patient becomes ill early in life, usually in late adolescence, and grows continuously worse. In the "periodic" form, the patient has attacks of illness but recovers after each attack; and, when he is recovered, he is as well as he had been before the attack. And, finally, in the "shift-like" form, the patient also suffers acute attacks; but, after recovering from such an attack, he is left clinically more impaired than he had been before it came on. In short, the "shift-like" form possesses characteristics that are a combination of the first two forms: a continuous progression in the severity of the illness, but a progression characterized by acute attacks.

What is important about these Snezhnevskyan forms of schizophrenia is that, in two of them, the "continuous" and the "shift-like," there are subtypes--mild, moderate, and severe. The moderate and severe subtypes of each of these course forms would be considered true schizophrenia by psychiatrists almost anywhere in the world: persons suffering from symptoms described in Soviet textbooks as typical of those subtypes would probably be diagnosed as schizophrenic whether the diagnostician were a Soviet psychiatrist or, say, an American one. This is not the case, however, with the mild subtypes. The clinical characteristics described by Snezhnevsky as typical of the mild subtypes do not include the one

characteristic--psychosis, or the inability to properly assess reality--that is generally required for the diagnosis of schizophrenia by most psychiatrists in most countries. Instead, the symptoms attributed by Snezhnevsky to persons belonging in these mild subtypes are what would be considered in the West to be neurotic, or even normal. For example, a person may be diagnosed, according to Snezhnevsky's criteria, as having "sluggish schizophrenia," which is the name of the mild subtype of the "continuous" form, if he is self-conscious, highly introspective, full of obsessive doubts, has conflicts with parental and other authorities, or has a penchant for reforming society. Similarly, a person may be diagnosed as belonging to the mild subtype of "shift-like" schizophrenia if he displays a great deal of social contentiousness, is beset by philosophical concerns, or is self-absorbed.

Clearly, these "symptoms" are characteristic of many people who are not sick at all, or only mildly so. However, when such people become involved in political activities in the Soviet Union, come to the attention of the KGB, and are sent to psychiatrists, they may be seen by psychiatrists as easily classifiable into one or another of these mild categories, usually the "sluggish" subtype.

That this has actually happened is borne out by the descriptions of the dissidents that have been provided in some of the case histories that have reached the West. Table 1 contains a list of some of the characteristics that have been used to describe several of the hospitalized dissidents by the psychiatrists who examined them. Many of these characteristics--fear and suspiciousness, religiosity, depression, ambivalence, a poor adaptation

to the social environment, a penchant for reforming society--are characteristics that could be expected to be typical of persons who live as dissidents in a repressive environment. But those characteristics also happen to be ones that are cited in Soviet psychiatric textbooks as being typical of persons with mild schizophrenia. And it has been in the diagnoses of dissidents that these styles of life have come to be classified as forms of illness.

I should note that, in the spring of 1982, I had the opportunity to visit Dr. Snezhnevsky and his colleagues at their institute in Moscow. I am submitting to the Subcommittee the article I wrote for the New York Times Magazine based on that visit. That article, which was published on January 30, 1983, contains a description of Soviet psychiatry itself, of Snezhnevsky and his colleagues, and of the research they have carried out to support the theories I have described. In addition, it provides an account of the criticisms of Soviet psychiatry that I raised during the meeting and of the ways in which the Soviet psychiatrists responded to those criticisms.

Figure 1

Features of the Snezhnevsky Course Forms




COURSE FORMS						
Continuous			Periodic	Shift-Like		
						
Subtypes				Mild	Moderate	Severe
Some Characteristics						
Sluggish (Mild)						
Paranoid (Moderate)						
Malignant (Severe)						
Neurotic; self-consciousness; introspectiveness; obsessive doubts; conflicts with parental and other authorities; "reformism"			Acute attacks; fluctuations in mood; confusion	Neurotic, with affective coloring; social contentiousness; philosophical concerns; self-absorption	Acute paranoid	Catatonia; delusions; prominent mood changes

Table 1

VULNERABLE STYLES

(Overlap of Common Dissident Styles  
and Schizophrenic Symptoms as  
Described by Moscow School)

Originality  
Ideological formulations  
Fear and suspiciousness  
Religiosity  
Depression  
Ambivalence, guilt, internal conflicts  
and behavioral disorganization  
Intensity  
Attention to detail  
Poor adaptation to the social environment  
Shift of interests  
Reformism

Mr. YATRON. Thank you, Dr. Reich.

Now we would like to call the next witness, Dr. Zoubok.

**STATEMENT BY BORIS ZOUBOK, MEMBER OF THE STAFF OF  
FOUR WINDS HOSPITAL, INSTRUCTOR IN PSYCHIATRY AT CO-  
LUMBIA UNIVERSITY, AND A FORMER SOVIET PSYCHIATRIST**

Dr. ZOUBOK. Mr. Chairman, and members of the subcommittee, ladies and gentlemen of the press.

Thank you for the honor of your invitation to testify in front of this distinguished subcommittee. The role of a psychiatrist in contemporary society is truly a difficult one. It is fraught with contradictions. On the one hand, a psychiatrist owes his allegiance only to his patients. Legal tradition worldwide recognizes the confidentiality and the special nature of this relationship.

On the other hand, psychiatrists are frequently called upon to act as agents of society in its legitimate desire to protect itself from what society sees as a potential danger arising from a "deranged mind." To be sure, these instances are quite rare, but their percep-

tion by the public continues to cause a psychiatric patient to be seen as a dangerous social menace.

Because of this perception of the potential danger of a psychiatric patient, psychiatrists are empowered to deprive persons of liberty, if only temporarily, and retain patients in the hospital against their will through the procedure of civil commitment, administer medications against the patient's will if their condition represents present and immediate danger to themselves or others, and render important judgments in adjudication of a person's ability to stand trial, be held responsible for their criminal action and considered competent to handle their own affairs.

The role of a psychiatrist in the Soviet Union is not unlike the predicament of his colleagues in the West. However, in the Soviet Union, psychiatric practice is conducted in a context radically different from the one we know in our society. Every Soviet psychiatrist has the same employer, the state. Private practice is forbidden. The state controls their education, training, and research in psychiatry. The state also controls the publication and dissemination of psychiatric knowledge.

The Ministry of Health has the responsibility to dictate the norms and standards of care, which in reality limit the therapeutic options available to psychiatrists. In several instances, even the dosages of medication are prescribed by these rules and regulations that are mandatory to every Soviet psychiatrist.

The diagnostic system used by the Soviet psychiatrist is centrally imposed and also controlled by the Ministry. No deviations from the prescribed methods of diagnosis and treatment are tolerated. It is virtually impossible not to use that system because each diagnosis has to be coded, and only that system is the official system. You cannot discharge a patient without assigning a code for discharge diagnosis. You are compelled to use the diagnostic system whether you believe in its scientific validity or not.

Soviet psychiatrists like any other citizen of the Soviet Union live in the atmosphere of fear and enforced complacency. Most Soviet psychiatrists sincerely share the state's ideology. The law does not provide even minimal protection of civil rights of psychiatric patients. Judicial review is nonexistent, and impartial legal representation is more frequently than not unavailable.

All the rules and regulations regarding civil commitment are promulgated by the Ministry of Health and not by the judiciary. The courts are state-controlled, and the patients cannot expect relief even from a sympathetic judge.

It is in this context that systematic misuse of psychiatric diagnosis, treatment, and involuntary hospitalization takes place. The most flagrant examples of such abuse of my profession were well publicized and are easy to condemn. It is far more difficult to investigate and understand the causes of this abhorrent practice.

Regardless of how different our society is from that which exists in the Soviet Union, we stand to learn a great deal about the inherent dangers in the dual role of a psychiatrist in the contemporary world. It is in such thoughtful, coolheaded, and comprehensive investigation of this issue that I see the goal of these hearings.

I would like to add that I feel proud that members of my profession condemned the fellow members of the International Psychiat-

ric Association in 1977 for their abuse of psychiatric knowledge, and power of a psychiatrist betraying their oath and commitment to the ethics of our profession.

I want to point out, Mr. Chairman, that even after the Second World War, when the uses and misuses of medicine, including experimentation on human beings, deprivation of life, frivolous experimentation of every kind, sterilization, and the like, conducted and controlled by German doctors, and doctors in several occupied territories, when these atrocities were publicized, I call to your attention the fact that not a single international or national medical society or specialty society of any kind condemned their colleagues for the practices in which they participated.

To my knowledge, the resolution adopted by the World Psychiatry Association with active participation of American Psychiatric Association in 1977, in Honolulu, was a historic landmark.

Thank you very much.

Mr. YATRON. Thank you, Dr. Zoubok, for your excellent statement.

Now we would like to call on Mr. Reddaway. Mr. Reddaway, you may proceed, sir.

**STATEMENT OF PETER REDDAWAY, FELLOW AT THE KENNAN INSTITUTE OF ADVANCED RUSSIAN STUDIES, WOODROW WILSON CENTER, AND SENIOR LECTURER IN THE LONDON SCHOOL OF ECONOMICS**

Mr. REDDAWAY. Thank you, Mr. Chairman.

I am grateful to have this opportunity to speak to your subcommittee. The main basis of what I have to say will be two books that I have published jointly with a psychiatrist, Dr. Sidney Bloch, one of which was referred to earlier by Mr. Fairbanks. The second volume is currently in the press.

It is also based on my active involvement in the Paris-based International Association on the Political Use of Psychiatry, which has existed for the last 3 years, and is rather active.

I will limit my statement to three aspects of the subject. Its size and scope, the political context of the U.S.S.R.'s forced resignation from the World Psychiatric Association [WPA] in January of this year, and my thoughts on possible future trends in official policy.

The practice of political psychiatry is based on the close collaboration between the police authorities of the U.S.S.R. and selected members of the psychiatric profession, the latter being regarded like other professions as a branch of the civil service. A careful selection has to be made, however, because although most Soviet psychiatrists have been trained in the dubious psychiatric theories of Dr. Snezhnevsky, which Dr. Reich has just presented to us and which justify the practice, and have not been trained in other theories—despite this, many of them instinctively sense that there is something wrong about the practice of political psychiatry and try to avoid personal involvement in it.

Moreover, a small, but apparently growing number resist it in various ways by refusing to assess individual dissenters as mentally ill, or by facilitating their early release, or by covertly supplying information on local cases to the Soviet human rights movement,

or even by speaking out publicly against the practice, thereby courting a heavy jail sentence.

An exceptional situation obtains in one large city where the practice is virtually nonexistent thanks to the known opposition of a powerful and prestigious local psychiatrist. Yet other psychiatrists have emigrated or defected because of their distaste for a fundamental perversion of medical ethics.

The system relies in the main on the domination of all Soviet forensic psychiatry by Moscow's Serbsky Institute of General and Forensic Psychiatry, which you have just seen pictured, on the ready collaboration of a few socially or politically ambitious psychiatrists in each of the main psychiatric facilities, and on a number, seemingly small, of their colleagues who genuinely believe that criticism of Government policy is a symptom of mental illness.

The victims of the system of psychiatric abuse can be divided into three main types. Those who are incarcerated and treated in institutions even though they are sane. Those who are imprisoned and otherwise persecuted because of their attempts to help these people and to oppose politicized psychiatry. And, third, many Soviet citizens who have lost trust in the integrity of all psychiatrists, regarding them as agents of an oppressive state, rather than honorable healers of individual suffering. These citizens, therefore reject their services, and the aid and comfort which many of them would in fact provide, and which the citizens do, in fact, need.

I will speak now briefly about the second category of victims, because the first is better known and other people have mentioned it. The second category of victims of political psychiatry are indirect victims, but nonetheless real for that. They are citizens who have been persecuted for their attempts to oppose such psychiatry. Most notable among them are the members of the Moscow-based Working Commission to Investigate the Use of Psychiatry for Political Purposes who have accomplished a prodigious amount of research and humanitarian work between 1977 and 1981.

In my statement, I elaborate on the current fate of several members of this working commission—Dr. Koryagin, Alexander Podrabinek, and Irina Grivnina—who are in particularly difficult situations of persecution at the moment. But I will not elaborate now, because I gather that Professor Fireside of Amnesty International will speak about them more a little later.

I will turn now to the recent political context, both domestic and international, in which the abuse has been occurring.

Internationally the issue was mainly debated from 1981 to 1983 in the context of a movement by some national psychiatric associations, including those of the USA and Britain, aimed at expelling or suspending the U.S.S.R. from the World Psychiatric Association at the latest World Congress in Vienna in July of this year.

The national associations rightly took the view that 10 years of quiet diplomacy, private conversations with Soviet official psychiatrists, and mild public protests had produced no substantial change in the level of Soviet abuses, and that this approach had, therefore, failed.

In January 1983, the number of member associations of the World Psychiatry Association, voting for the U.S.S.R.'s expulsion or suspension, rose to nine. As these associations would wield half the

votes in the WPA's governing body, the U.S.S.R. was now, in January, almost certain to be voted out in July.

Intensive Soviet lobbying of the associations in an effort to change their position had been in progress for a year. As, however, they insisted on strict conditions for the inspection visit to the U.S.S.R., which the Soviets offered them, this lobbying was now abandoned. It would clearly now be impossible to confuse, sidetrack or deceive the delegation as had been done more or less successfully with previous delegations, notably those from the World Psychiatric Association in 1973, Austria in 1977, and Sweden in 1981.

In these circumstances, the whole issue was undoubtedly referred up from the professional level to the political level where it had been handled some time before. The politicians now had, in January 1983, in theory at least, two options.

First, political psychiatry could be quickly abolished, its leading practitioners demoted and replaced by psychiatrists who were respected abroad, its victims released, Dr. Koryagin and his colleagues freed. This option, however, presented serious difficulties. To convince the many skeptics, the reforms would have had to be conducted quickly and thoroughly, but this is not how the Soviet bureaucracy normally operates, especially when, as in this case, it was essential to lose as little additional international face as possible. Therefore, no public admission could be made that anything done in the past had actually been wrong.

Moreover, although the advent of the new Andropov leadership potentially facilitated the action of abolition, this leadership had not yet sufficiently consolidated its power for decisive, clear-cut reforms to be feasible. So the second option, prompt resignation from WPA, was now the only realistic one.

This course, although profoundly humiliating, would avoid the even greater humiliation of Soviet expulsion in Vienna in the midst of a blaze of publicity. It would remove one particular pressure, the necessity of responding to the WPA investigators, and it would provide a breathing space—time in which to observe how the WPA and the world medical and political community would react, time in which to review policy, and time in which, if the abolition of political psychiatry then seemed the best course, to conduct the abolition quietly, gradually, and unobtrusively prior to rejoining the WPA.

So the decision was quickly taken, under close supervision by the politicians, to resign. The politicians' public explanation of this decision was remarkably mild. The spokesman for the Health Minister explained that the U.S.S.R. "disagreed with other member countries over definitions and concepts of psychiatry, and that some WPA members took an unobjective approach to psychiatric problems." This mildness suggested that the politicians were anxious not to exacerbate the situation, and wished to keep the door ajar for a future return.

It is my belief that probably a review of policy was initiated at this stage, and I have based the following section of my statement on what I believe is the likely way in which those elements of the establishment in the Soviet Union might want to argue for the abolition of political psychiatry. I think that this is quite an illuminating way of looking at the problem.

Such would-be reformers might well respond to the situation as follows:

First and foremost, the political abuse of psychiatry is not an essential instrument of our rule. As the president of Britain's Royal College of Psychiatry has rightly said about us, I don't really believe that this policy is vital to their interests. They could deal with dissidents in other ways if they wanted." And indeed we do. We sack them, exile them, imprison them, deport them abroad, and so on.

Second, the alarming precedent of our first *de facto* expulsion from an international body is likely to lead on to firmer action against us in other international medical forums, as Soviet psychiatry is increasingly seen as a new version of the Lysenkoism which destroyed our reputation in biology for a generation. The trend could easily spread to other professional fields like physics, mathematics, and the churches, where our vulnerability is already clear.

So we must now do what we did to Lysenko and his empire in the 1960's and prepare for the following reforms. Morozov, Snezhnevsky, and the others must be quietly retired, or demoted, and replaced by psychiatrists respected abroad.

The theoretical and organizational stranglehold of the former on Soviet psychiatry must be gradually ended by a wide range of personnel changes in the institutes, hospitals, medical schools, ministerial bodies, publishing houses, societies, and journals.

The dissidents interned in mental hospitals must be unobtrusively released. Dr. Koryagin and his colleagues must be freed from jail. Then we will have no difficulty in rejoining the WPA.

All of this will take time as, of course, no admission of past guilt can be made, and everything must seem to be happening routinely and naturally, not in response to foreign pressure. But it must be done. For if it is not, if more workers like Aleksei Nikitin are psychiatrically interned for organizing free trade unions, if the KGB continues to have Dr. Koryagin tortured in prison in an attempt to force him to recant, and if those compromised bunglers, Morozov and Vartanian, are left in charge of our psychiatry's foreign relations, then our forced resignation from the WPA seems likely to be only the first of a mounting series of international reversals in the World Health Organization, and in other U.N. bodies, in professional associations, and in our international diplomacy as a whole.

My own conclusion is that medical, lay, and governmental bodies in the West should do everything possible in the coming years and months to assist the above arguments of the Soviet would-be reformers. That clearly means sticking to our principles and increasing the pressure on the Soviets in forums of the types just mentioned.

The Soviet resignation from the World Psychiatry Association is a step forward, if not, of course, the most desirable one. Very little has in fact been lost by it, as virtually no exchanges with honorable Soviet psychiatrists had in any case been allowed by their corrupt leaders to take place previously.

Sooner or later, the Soviet political leadership will, in my view, feel an irresistible need to come out of its present semi-isolationism, as Mr. Khrushchev did in the 1950's, and Mr. Brezhnev in the early 1970's. Then, if not before, the reforms sketched above will

have their chance. In the meanwhile, the best hope of accelerating the process lies in our asserting our universally approved principles with mounting resolution in both medical and lay forums.

If we can do that, the moral victory of forcing the USSR's resignation from the World Psychiatric Association should eventually be translated into the substantive achievement of bringing to an end a deeply antihuman and potentially contagious perversion of medicine.

Thank you.

[Mr. Reddaway's prepared statement follows:]

## PREPARED STATEMENT OF PETER REDDAWAY

In order not to overlap too much with other witnesses, I will limit my statement to three aspects of the subject : its size and scope; the political context of the USSR's enforced resignation from the World Psychiatric Association (WPA) in January 1983; and my thoughts on possible future trends in official policy.

The Soviet regime's practice of interning political and other critics in mental hospitals, and then, in most cases, giving them painful treatment with drugs, has, since about 1960, been a countrywide, large-scale phenomenon. An enormous and diverse Russian literature on the subject has now reached the West, where perhaps some ten per-cent of it has been translated. Western studies<sup>of it</sup> are now multiplying.

The practice is based on a close collaboration between the police authorities and selected members of the psychiatric profession, the latter being regarded, like other professions, as a branch of the civil service. A careful selection has to be made, however, because although most Soviet psychiatrists have been trained in the dubious psychiatric theory of Professor Sneshevesky, which justifies the practice, and in no other, many of them instinctively sense that there is something wrong about the practice and try to avoid personal involvement in it. Moreover, a small but apparently growing number resist it in various ways - by refusing to assess individual dissenters as mentally ill, or by facilitating their early release, or by covertly supplying information on local cases to the Soviet human rights movement, or even by speaking out publicly against the practice, thereby courting a heavy jail sentence. An exceptional situation obtains in one large city, where the practice is virtually non-existent, thanks to the known opposition of a powerful and prestigious local psychiatrist. Yet other psychiatrists have emigrated or defected because of their distaste for a fundamental perversion of medical ethics.

The system relies in the main on the domination of all Soviet forensic psychiatry

by Moscow's Serbsky Institute of General and Forensic Psychiatry, on the ready collaboration of a few socially or politically ambitious psychiatrists in each of the main psychiatric facilities, and on a number (seemingly small) of their colleagues who genuinely believe that criticism of government policy is a symptom of mental illness.

The victims of the system of psychiatric abuse can be divided into three main types - those who are incarcerated and treated in mental institutions even though they are sane ; those who are imprisoned and otherwise persecuted because of their attempts to help these people and oppose politicized psychiatry; and many Soviet citizens who have lost trust in the integrity of all psychiatrists, regarding them as agents of an oppressive state rather than honourable healers of individuals' suffering, and therefore rejecting their services and the aid and comfort which many of them would in fact provide, and which the citizens do in fact need.

The last category of victim does not require further commentary. As regards the first, for the period 1962 to 1983 Dr Bloch and I have documented the cases of 500 individuals against whom politically motivated abuse of psychiatry has certainly, or almost certainly, been practised. However, this figure undoubtedly represents only a small proportion - perhaps 5% of less - of all the victims in this category in this period.

Recent examples include Vladimir Gershuni, a Moscow stonemason and self-taught intellectual, who was committed to a prison psychiatric hospital last April. Mr Gershuni had been similarly interned from 1969 to 1974 for his role in the founding of the Soviet human rights movement, and then briefly again in 1980, to prevent him talking to foreign visitors during the Moscow Olympic Games. This time the authorities objected to his participation in an unofficial typescript magazine and in a free trade union. He was ruled schizophrenic despite the extensive publicizing of a report by the well-known British psychiatrist Gerard Low-Beer, who examined him in Moscow in 1978 and found him mentally normal, and a striking personality.

Another recent case is that of Viktor Artsimovich, an historian who belonged to a group of critically minded intellectuals in Tomsk. Mr Artsimovich was labelled schizophrenic because, in the words of the psychiatric report, he "1. asks to emigrate; 2.

considers himself a notable personality; 3. does not have close friends, is introverted; supposedly and 4. criticizes Marxism-Leninism." He also suffered from "intoxication with philosophy". In reality, Mr Artsimovich was close friends with his group in Tomsk and also with an American couple from St Louis, Missouri. He met the latter in Moscow and then corresponded with them for several years up to the time of his arrest last year. They found him to be eminently sane, and his letters fully support this view.

The second category of victims of political psychiatry are indirect victims, but none the less real for that. They are citizens who have been persecuted for their attempts to oppose such psychiatry. Most notable among them are the members of the Moscow-based "Working Commission to Investigate the Use of Psychiatry for Political Purposes", who accomplished a prodigious amount of research and humanitarian work between 1977 and 1981. Best known among the current victims from this group is the psychiatrist Anatoly Koryagin, who, because of his brave public stand, was sentenced in 1981 to 12 years of imprisonment and exile. He has since been elected an Honorary Member of the WPA, the American Psychiatric Association and other such bodies. Another well-known case is the auxiliary doctor Alexander Podrabinek, whose penetrating book on the whole subject, Punitive Medicine, was published in the USA in 1979. Despite an international campaign for his release, led by his relatives in this country, he has been held in captivity since 1978. Other ex-colleagues of his in the "Working Commission" are Felix Serebrov, who has now gone nearly blind in a labour camp during the first three years of a nine-year term, and Irina Grivnina, who has just completed three years in exile, only to be subjected to new persecution on her return to Moscow. This July she gave birth to a daughter. Now her husband and she are experiencing severe police pressure to leave their home and move far away from Moscow. To date, this pressure has been reinforced by illegal threats to imprison them if they refuse to go, and by a vicious beating-up of her husband in their apartment on August 24.

#### The Recent Political Context - Domestic and International

The international context in which Soviet psychiatric abuse was mainly debated from 1981 to 1983 was that of a movement by some national psychiatric associations, including those of the USA and Britain, aimed at expelling or suspending the USSR from

the WPA at the latter's world congress in Vienna in July 1983. The national associations rightly took the view that ten years of quiet diplomacy, private conversations with Soviet official psychiatrists, and mild public protests, had produced no substantial change in the level of Soviet abuses, and that this approach had <sup>therefore</sup> failed. The failure was not in fact surprising, as the Soviet spokesmen were, and still are, the very psychiatrists who conduct and orchestrate the abuses, and who also have an iron grip on the whole psychiatric profession. To admit, even indirectly, to any mistakes would be, for them, political and professional suicide. The associations also noted the incriminating fact that in 1980-81 the highly esteemed Working Commission had been completely destroyed through arrests - with the active connivance of the Soviet psychiatric establishment.

In January 1983 the number of member associations of the WPA voting for the USSR's expulsion or suspension rose to nine. As these associations would wield half the votes in the WPA's governing body, the USSR was now almost certain to be voted out in July. Intensive Soviet lobbying of the associations in an effort to change their position had been in progress for a year. As, however, they insisted on strict conditions for the inspection visit to the USSR which the Soviets offered them, this lobbying was now abandoned. It would clearly be impossible to confuse, sidetrack or deceive their delegation - as had been done more or less successfully with previous delegations (notably those from the WPA in 1973, Austria in 1977, and Sweden in 1981).

In these circumstances the whole issue was undoubtedly referred up from the professional level to the political level (where it had been handled sometimes before, especially since 1981). The politicians now had, in theory at least, two options.

First, political psychiatry could be quickly abolished - its leading practitioners demoted and replaced by psychiatrists respected abroad; its victims released; Dr. Koryagin and his colleagues freed. This option presented serious difficulties. To convince the many sceptics, the reforms would have had to be conducted quickly and thoroughly. But this is not how the Soviet bureaucracy normally operates - especially when, as in this case, it is essential to lose as little additional international "face" as possible, and therefore no public admission ~~can~~ be made that anything done in the past ~~was~~ actually wrong. Moreover, although the advent of the new Andropov leadership potentially facilitated the option of abolition, this leadership had not yet sufficiently consolidated its power for decisive, clear-cut reforms to be feasible.

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So the <sup>1</sup> option - prompt resignation from WPA - was now the only realistic one. This course, although profoundly humiliating, would avoid the even greater humiliation of Soviet expulsion in Vienna, amidst a blaze of publicity. It would remove one particular pressure - the necessity of responding to the WPA investigators. And it would provide a breathing-space - time in which to observe how the WPA and the world medical and political communities would react, time in which to review policy, and time in which - if abolition of political psychiatry then seemed the best course - to conduct the abolition quietly, gradually and unobtrusively, prior to re-joining the WPA.

So the decision was quickly taken - under close supervision by the politicians - to resign. The politicians' public explanation of this decision was remarkably mild. A spokesman for the Health Ministry explained that the USSR "disagreed with other member countries" over definitions and concepts of psychiatry, and that some WPA members took "a non-objective approach" to psychiatric problems (*The Times*<sup>14</sup>, 12 February). This mildness suggested that the politicians were anxious not to exacerbate the situation, and wished to keep the door ajar for a future return.

The above shows two things - the great importance attached by regime and psychiatrists alike to retaining international respectability; and their joint belief that this could still be done, in 1981-83, by the traditional methods of manoeuvring, pressurizing and deception which had successfully confused the world medical community and warded off any serious humiliation over the previous decade. World psychiatrists, it was reckoned, would continue to shrink from any decisive action, just as the world's churches shrank from such action over Soviet persecution of religion, the world's physicists over suppression of Dr. Sakharov, and world governments over Soviet violation of human rights in general (even in such a suitable forum as the Conference on Security and Co-operation in Europe).

The final shattering of this assumption in January 1983 must have been felt in the Kremlin like a minor earthquake. It is sure to lead, and may already have led, to a searching review of policy. Who was responsible for maintaining the assumption when it was no longer valid? What precisely were the practices which provoked the West into such an unprecedentedly firm stand? Who was responsible for them? Are they really necessary for the future? If not, how big an operation would it be to dismantle them? And what would be the international consequences of not dismantling them?

To these questions the Kremlin policymakers, sobered by the shock, might well respond as follows:

"First and foremost, the political abuse of psychiatry is not an essential instrument of our rule. As the President of Britain's Royal College of Psychiatrists, Prof. Kenneth Rawnsley, has rightly said of us (*The Times*, 10 February), 'I don't really believe that this policy is vital to their interests. They could deal with dissidents in other ways if they wanted.' And indeed we do - we sack them, exile them, imprison them, deport them abroad, and so on.

"Second, the alarming precedent of our first de facto expulsion from an international body is likely to lead on to firmer action against us in other international forums, as Soviet psychiatry is increasingly seen as a new version of the Lysenkoism which destroyed our reputation in biology for a generation. And the trend could easily spread to other professional fields like physics, mathematics and the churches, where our vulnerability is already clear.

"Beyond this, what we now see to be the phony theories and psychiatric dictatorship of Professors Snezhnevsky and Morozov have brought morale and efficiency to a low level throughout Soviet psychiatry. We have recently become concerned at such deplorable aspects of our public health performance as the sharply rising rate of infant mortality. We now appreciate the serious consequences of such things for the labour force and thus for the economy.

"Last year we issued a long decree criticizing the inefficiency and corruption in the health service (*Pravda*, 26 August 1982). But we failed to single out psychiatry as one of the worst areas. Now our policy review shows that thoroughgoing reforms in psychiatry would, simultaneously, cut costs in the health service and improve the health of our work force. They would clearly boost fulfilment of the Five-Year Plan.

"So now we must do what we did to Lyсенko and his empire in the 1960s, and prepare for the following reforms. Morozov, Snezhnevsky et al. must be quietly retired or demoted, and replaced by psychiatrists respected abroad. The theoretical and organizational stranglehold of the former on Soviet psychiatry must be gradually ended by a wide range of personnel changes in institutes, hospitals, medical schools, ministerial bodies, publishing-houses, societies and journals. The dissidents interned in mental hospitals must be unobtrusively released. And Dr. Koryagin and his colleagues must be free from jail. Then we will have no difficulty rejoining the WPA.

"All of this will take time, as of course no clearcut admission of past guilt can be made, and everything must seem to be happening routinely and naturally, not in response to foreign pressure.

"But it must be done. For if it is not; if more workers like Aleksei Nikitin are psychiatrically interned for organizing free trade unions; if the KGB continues to have Dr. Koryagin tortured in prison in its attempt to force him to recant; and if those compromised bunglers Morozov and Vartanian are

left in charge of our psychiatry's foreign relations; then our forced resignation from the WPA seems likely to be only the first of a mounting series of international reversals - in the World Health Organization, in other UN bodies, in professional associations, and in our international diplomacy as a whole."

### Conclusion

My conclusion is that medical, lay and governmental bodies in the West should do everything possible in the years ahead to assist the above arguments of the Soviet would-be reformers. That clearly means <sup>our</sup> sticking to our principles and increasing the pressure on the Soviets in forums of the types just mentioned. The Soviet resignation <sup>from</sup> the WPA is a step forward, if not of course the most desirable one. Very little has been lost by it, as virtually no exchanges with honourable Soviet psychiatrists had in any case been allowed to take place by the corrupt leaders. Sooner or later, the Soviet political leadership will, in my view, feel an irresistible need to come out of its present semi-isolationism, as Mr Khrushchev did in the mid-1950s and Mr Brezhnev in the early 1970s. Then, if not before, the reforms sketched above will have their chance. In the meanwhile the best hope of accelerating the process lies in our asserting our universally approved principles, with mounting resolution, in both medical and lay forums. If we can do that, the moral victory of forcing the USSR's resignation from the WPA should eventually be translated into the substantive achievement of bringing to an end a deeply anti-human - and potentially contagious - perversion of medicine.

Mr. YATRON. Thank you, Professor Reddaway.

Before I ask each panelist some specific questions, I would like to ask one general question of all four witnesses. What more can the administration and the Congress do to bring these abuses to an end?

Dr. VISOTSKY. Let me try to answer your question, Mr. Chairman.

I think this particular body, the body that you represent and its reports are a very important part of the response of one nation to another. There are more issues at stake than mere politics. The United Nations and its representation on human rights should continue their activities. Then, I think, it is up to individual professional organizations, whether they be scientific or otherwise.

Recently, the World Medical Association has received a resolution from the American Medical Association on this very issue, again a resolution through a body which is not a specialty body but a general medical body.

I think trade unions, and other organizations which deal in the international bodies with the Russians should also make their voice known on the issue of human rights, if not the issue of a medical subspecialty.

Mr. YATRON. Thank you, Dr. Reich.

Dr. REICH. I should note that, first of all, our Government has been active to a significant extent in various arenas, particularly at the Helsinki followup talks in Madrid. Ambassador Kampelman has spoken out on this issue on a number of occasions with great force and intelligence.

Congressman Lantos' suggestion is worthy of some interest and consideration. Certainly the Congress has expressed its views very forcefully and almost unanimously with regard to the Korean Airlines disaster. Perhaps it might have some interest in focusing on this issue in a wider way than just through the subcommittee.

Other than those methods, I am not sure whether there are any more ways in which the Government, or any part of it, can address this matter.

Mr. YATRON. Thank you, Dr. Reich.

Dr. Zoubok.

Dr. ZOUBOK. As you know, Mr. Chairman, I am a former Soviet psychiatrist, so I keep thinking of those colleagues of mine who still have to practice in the Soviet Union, and I would think that for them the dissemination of information in regard to this issue through the Voice of America, and other publications and other means, including the Congressional Record, and periodic hearings of this kind, that will be enormously important intervention in order to protect those in the profession who abhor the practice and refuse to participate in it, but are subject to all the pressures that were so eloquently outlined here by everybody.

I would think that that is a very good thing to do.

Mr. YATRON. Thank you, Doctor.

Professor Reddaway.

Mr. REDDAWAY. I would just like to add a word to reinforce Dr. Zoubok's remark about the importance of radio broadcasting to the Soviet Union. That is one way in which the U.S. Government can get across the message to Soviet doctors and psychiatrists, as well as the population at large.

The CSCE process, as Dr. Reich said, is of course another channel, but I think to some extent that is burning itself out as an effective forum. It is attracting less and less attention, as it seems to become increasingly ritualized. I think that it is perhaps more useful in the future to look to some other international bodies, possibly the one I mentioned, the World Health Organization.

Here is a professional health issue which is being seriously abused in one member country of the World Health Organization. WHO is an organization of governments, and that seems to me a very suitable forum for the United States and its allies to press this issue in a systematic and serious way.

I am under no illusion about the likelihood of achieving some sort of clear-cut victory in that forum in a short period of time, but I think the attempt will have the effect I suggested of definitely increasing the pressure on the Soviet authorities, increasing the strength of the would-be reformers, that is if the Soviets can constantly be subjected to sharp criticism in that particular forum and to demands for an investigation by WHO.

Also, of course, the Human Rights Commission is another forum where certain investigations are already underway, and where the American Government can press its case strongly. I would finally mention bilateral medical relations between the United States and the U.S.S.R. These are not very extensive at the moment, but great care should be taken in those relations not to give any approval, perhaps unconsciously, to some of these appalling abuses of medical ethics, as has unfortunately been done by the American Government once or twice in the past.

Mr. YATRON. Thank you. I feel that all four of you have made some excellent suggestions.

Dr. Zoubok, can we look for an even darker period in Soviet psychiatry as a result of the absence of outside peer review?

Dr. ZOUBOK. I think that it is unlikely because thanks to many individuals, professional organizations, governments, and so on, a load of light was already shed on this issue. Many people in the profession know much more about how widespread that practice was and is, how pervasive it is, what are the implications of it for both victims and those who perpetrate this crime.

My guess is that it is impossible to stuff the demon back into the bottle, but Russia is a large country, people retire early. Most Russian doctors are women, and they retire 5 years earlier than men. If you do not educate or expose in front of a new generation of doctors the crimes of such type, you will certainly lose.

My hope is that even if we get one case a year that will receive equal attention as 200 cases receive or 400 cases received in the past because, as Mr. Fairbanks suggested to you, Mr. Chairman, it is awfully important for us to understand how a Soviet man or a Soviet person thinks, what makes a person go by the book knowing that 37 seconds after he pushes the button, there will be no more 269 lives. What makes it happen, things like that. That, I think, is awfully important, and that is a part of the issue that we have not discussed yet.

I think that looking at the incidence of abuse of human rights in another country should be treated by most of us as a window on the psyche, on the mentality, thinking, healing our counterpart.

We are not in a position to choose our counterparts, so we might as well start learning more about them.

Mr. YATRON. Thank you, Dr. Zoubok.

Dr. Visotsky, in the World Psychiatric Association, the Soviet psychiatrists submitted the case histories of hospitalized dissidents requested by a committee investigating psychiatric abuse. What means do we currently have, or do we have any, of monitoring the treatment of dissidents and would be emigres in the Soviet Union?

Dr. VISORSKY. Unfortunately, we have no official body. With the Russian withdrawal from the World Psychiatry Association, we cannot ask them officially through that organization for responses on alleged abuses. I must tell you, however, that Committee of the American Psychiatric Association has continued to write, I think it is a matter of sensitizing the Russian hierarchy that is making decision on this issue that we are aware of certain cases, whether they respond or not.

I think we will continue to write to indicate to them that there is an element of our profession that is astounded and is continuing to make inquiry, what was referred to before by yourself as peer review. We will continue to be their peers and to review their issues until such time that we get a response.

Mr. YATRON. Thank you.

Professor REDDAWAY, do we have any estimate of how many individuals are in these hospitals who do not suffer from any form of mental illness?

Mr. REDDAWAY. It is a difficult question. Dr. Bloch and I have worked on it for the last 7 or 8 years, and we have collected what we regard as reliable data on about 500 cases over the last 20 years or so. It is our belief that this number is in fact only a very small percentage of the total number interned for nonmedical reasons in psychiatric hospitals over that period. Perhaps the number interned at any one time, say, this year, might be a matter of a few thousand, but that is a very, very rough estimate.

Mr. YATRON. Thank you.

Dr. Reich, even one accepts the Soviet rationale, how do you reconcile the very harsh treatment that is given to the dissidents who are diagnosed as having sluggish schizophrenia?

Dr. REICH. I think that that is a very good and complicated question, the answer to which is even more complicated. I think it is important to understand that dissent is not viewed with equanimity in the Soviet Union. Not only by the leadership, but also many people who are involved in official matters find dissent extremely disturbing.

The leadership finds it disturbing for reasons that could be understood by anyone—because it is a challenge to authority. But challenges to authority and questions raised about the ultimate basis of the state are also disturbing to ordinary members of that state because, among other reasons, they lead their lives as if life is normal in that country; when someone raises questions about whether, in fact, life is normal, whether in fact it is as rational as it is officially stated to be, then those questions are in fact being raised about their own lives and about their own beliefs, and that is indeed disturbing. So the dissidents do in fact represent disturbances in the Soviet universe.

When they finally are diagnosed as mentally ill and end up in hospitals, they are still disturbers of the local peace in that they say things that are terribly annoying to those around them, who at this point are the doctors and the attendants in the hospitals.

They, unlike the genuinely ill patients, have their wits about them, unless they have been on many medications, and they know how to enrage those around them by focusing on precisely those things that disturb them, asking questions such as, "How can you call yourself a doctor if you say such-and-such, or if you know that I am not sick, or if you know that I have been charged with a crime that has to do with free speech? Don't you consider yourself a Soviet man who believes in the freedoms that are guaranteed in the Soviet Constitution?"

These are very disturbing kinds of challenges, and the responses also represent expressions of disturbance responses such as the use of medications, which in fact is a means by which psychiatric patients anywhere, especially in prison hospitals in any country, are responded to if they become problems; but this response appears to occur even more frequently in the Soviet Union in the cases of dissidents. This is a partial explanation, in my view, for that.

I must add that in many of the cases of the dissident misdiagnoses—that is, diagnoses of schizophrenia in dissidents who, anywhere else, would have been considered sane—there may have been, on the part of the Soviet diagnostician, a certain level of true belief. These dissidents do indeed seem very strange in Soviet society. In that country, dissent is not usual; and, therefore, it is sometimes considered abnormal to speak in the ways in which they speak. They do strike some members of that society as very odd characters, odd enough perhaps to justify being sent to psychiatrists for evaluation, as well as for reasons of convenience.

Soviet psychiatrists are, after all, also Soviet people, also have that kind of world view, and it becomes possible for them to misdiagnose those people in partially true belief. I believe that in some cases but certainly not in all cases, such true belief has existed, made possible, in part, by the availability of a diagnostic system, the Snezhnevskyan one, that is very broad that can accommodate, as I tried to indicate earlier, behavior that in any other country would not be considered to be a basis for the diagnosis of mental illness.

Mr. YATRON. Does that justify giving them drugs for pain and fever that will bring on hallucinations?

Dr. REICH. Nothing, I believe, justifies that.

Mr. YATRON. Dr. Reich, one further question. Dr. Anatoly Koryagin, a Soviet psychiatrist, was imprisoned for fighting against the perversion of psychiatry in the Soviet Union. Do you think that he and other psychiatrists who espouse his beliefs would also be considered mentally ill by their peers?

Dr. REICH. Perhaps some get to be so considered, but I think that Soviet psychiatrists and Soviet authorities understand that Dr. Koryagin is not mentally ill, but he certainly is by Soviet standards a dissident. As has been mentioned here, he has been honored by the American Psychiatric Association for his courageous behavior.

Mr. YATRON. Thank you, Dr. Reich.

I have one final question for Dr. Visotsky. How many of the patients treated in the Soviet Union for mental illness ever recover, and are they allowed to reenter society after having been diagnosed as being mentally ill?

Dr. VISOTSKY. Again, the numbers are not verifiable, but we do know of individuals, who we had interest in, who had been returned to society. They are returned to society with two hooks in them. One is that they frequently are told to report to the local psychiatric clinic to monitor them. Two, they are always under the gun, if you will, to be returned to the psychiatric hospital if they engage in any activity that might be questionable.

The issue for us from a professional point of view is not so much whether there is a distortion in diagnosis, there may well be. In 1968, I was with the first U.S. Mission to review the psychiatric facilities of the U.S.S.R., and I found many of them to be fine facilities. The issue is when they select a certain group of individuals and put them in special hospitals whose jurisdiction is not under the Ministry of Health, but under the Ministry of Interior, when those hospitals have a staff in used a particular way, for a diagnosis which apparently is supposed to be universal for all Russian citizens, and they are treated in a punitive fashion. Then this truly becomes a crime.

Mr. YATRON. Thank you, Dr. Visotsky.

I want to thank each of you, gentlemen, for appearing here today and giving us the benefit of your views. Thank you very much.

Dr. VISOTSKY. Thank you, Mr. Chairman.

Mr. YATRON. Our final witnesses this afternoon are Dr. John Karlavage, a physician who has worked on behalf of victims of Soviet psychiatric abuse, and Mr. Harvey Fireside, coordinator of the Working Group Against Psychiatric Abuse of the Medical Capacity Committee of Amnesty International, USA.

Gentlemen, we will follow the same procedures with you as with our previous panel. Dr. Karlavage, you may proceed.

I would like to say for the record that Dr. Karlavage is a physician, a friend, and a constituent from my congressional district. I welcome both of you gentlemen here today.

#### STATEMENT OF JOHN KARLAVAGE, M.D.,

Dr. KARLAVAGE. Thank you, sir.

I would like to respond from your Sixth Congressional District that all of us in your district are extremely proud and happy that you now have this extremely prestigious position in the Congress.

Mr. YATRON. Thank you very much, Dr. Karlavage.

Dr. KARLAVAGE. Dear Sirs.

I come before you today on behalf of a Soviet worker, Alexei Nikitin. Several years ago, Kevin Klose of the Washington Post and David Satter brought to my attention the problem of Soviet coal miners in the Ukraine Soviet Socialist Republic. They documented the problem that a certain coal miner was having due to his efforts in improving the situation of his fellow coal workers. That coal miner's name is Alexei Nikitin.

Nikitin lived in the city of Donetsk in the Ukraine and worked in one of the regional coal mine. He was a hard worker and popu-

lar with his fellow coworkers. The men were attracted to him because he appeared to be a natural born union leader whose interests were in promoting the health and welfare of his fellow coal miners. When problems arose in reference to wages, Nikitin took the complaints of the men to the trade union leadership and to the director of the mine. The problems were rejected by both.

It should be noted that trade unions in the Soviet Union are of a peculiar nature. They are adjuncts to the Communist Party and represent the interests in general of the enterprise, rather than the workers of the enterprise. So the trade unions are similar, in our American experience, to the "company union" whose interests are generally associated with the company rather than the worker.

Through Nikitin's leadership, the mine workers also complained about safety conditions in the mine. These complaints were also rejected. Nikitin's efforts were so bothersome to the managers that eventually he was incarcerated in a local mental hospital even though he had no history or signs of psychiatric illness.

Later, a mine explosion occurred and several miners were killed and injured at the same location in the mine about which Nikitin had complained. Nikitin was released from the hospital and returned to his work. The same problems persisted with no changes by the director and no help from the trade union.

In desperation, Nikitin invited Kevin Klose and David Satter to his home to talk about the problems of Soviet coal miners. This was the straw that broke the camel's back. A few days after the journalists left, Nikitin was incarcerated in the local special psychiatric hospital and eventually transferred thousands of miles away to a special psychiatric hospital in Alma Ata near the Afghanistan/Chinese border. He is still there to this day, and has little likelihood of being release for the rest of his life.

This experience, unfortunately, is not an exceptional event in the Soviet Union. Such groups as independent trade unionists, independent peace activists, active religious believers, and nationalists suffer the same fate among many others in the Soviet Union.

What makes Nikitin's situation so different is the heroic role of Dr. Anatoly Koryagin of Karkow. Several years ago, there was an independent committee formed to fight the abuses of psychiatry. Dr. Koryagin was asked to be a consultant to the committee and he accepted. He had the opportunity to examine Nikitin and found him not to be suffering from any psychiatric illness. He was able to publish his findings in a British medical journal. This act, in addition to other documented abuses, produced a great negative impact on the Soviet psychiatry as it is viewed in the West.

Dr. Koryagin was subsequently arrested on the grounds of possession of a firearm. Specifically, he had an old hunting shotgun that did not work, and did not have any ammunition, which was given to him by his uncle. When the police raided the doctor's apartment, they confiscated Dr. Koryagin's writings and typewriter. Certainly, as far as the Soviet authorities were concerned, the typewriter was a more threatening weapon than the rusted and broken shotgun.

Dr. Koryagin was sentenced to a work camp. At the camp, due to inadequate medical care of his fellow inmates, Dr. Koryagin started to assist in the case of their medical problems as best he could.

This led the authorities to punish him by transferring him to Christopol Prison, where he is still incarcerated today.

This past summer, I had the opportunity of studying occupational health in the Soviet Union. Much of my time was spent in the coal mining town of Donetsk. While I was there, I visited Nikitin's home on Denisenko Street and spoke with his sister Ludmyla.

While there, in a humanitarian effort, I gave hundreds of vitamin pills, cartons of cigarettes and clothing to Ludmyla, and she promised to forward half of the amount to her brother Alma Ata and half to Mrs. Koryagin in Karkov so that she could forward the material to Dr. Koryagin in Christopol Prison.

I also supplied emigration papers for Nikitin that were given to me by David Satter. Ludmyla wrote a message to David Satter stating that Nikitin's physical health is not good.

I was able to communicate with Mrs. Koryagin in Karkow. We eventually received a message stating that Dr. Koryagin had told his wife to leave the Soviet Union with their children since there is little hope for his release and no future for his family in the Soviet Union. We are in the process of forwarding the papers necessary for her emigration.

Finally, it must be noted that these individuals are not counter-revolutionaries, spies or provocateurs. These individuals are patriotic Soviet citizens who in their own way tried to improve and change in a positive way the system wherein they are trapped. These are individuals that truly are heroes of the working class that have been crushed by the Communist Party of the Soviet Union.

Thank you, sir.

Mr. YATRON. Thank you, Dr. Karlavage, for your testimony.

Mr. Fireside.

#### **STATEMENT OF HARVEY FIRESIDE, COORDINATOR, WORKING GROUP AGAINST PSYCHIATRIC ABUSE OF THE MEDICAL CAPACITY COMMITTEE, AMNESTY INTERNATIONAL USA**

Mr. FIRESIDE. Thank you, Mr. Chairman.

I would like to have permission to have inserted in the record, in addition to the statement for Amnesty International, the two appendices. One of them is the March 1983 briefing paper entitled "The Political Abuse of Psychiatry in the U.S.S.R.," and the second is the most recent, September 1983, update of what Amnesty International has found, including five specific cases of newly interned human rights prisoners.

Mr. YATRON. Without objection, they will be included in the record, Mr. Fireside.

Mr. FIRESIDE. Thank you very much.

I would like to mention briefly that the body of the written statement tells you about the work of Amnesty International, about its concern for individuals who are imprisoned for their basically political and religious dissent, in this case, in the Soviet psychiatric hospitals that have been identified, starting with the 1975 report.

Amnesty International has well trained, extensive staff in London that carefully investigate these allegations of abuse, and in the 8-year period since 1975, has corroborated that there are at last

300 individual cases of Soviet citizens who are shut up in mental hospitals against their will, most of them in ordinary psychiatric hospitals, but the most troublesome or irritating, as Dr. Reich put it, are put into these special psychiatric hospitals that are really institutions for the criminally insane, among the murderers, rapists, and other violent criminals.

In the commitments to these special psychiatric hospitals, generally the person has been picked up by the police for what amounts to a thought crime such as simply speaking out of turn or writing statements that are interpreted as "anti-Soviet agitation or propaganda," although there are clauses in the Soviet law, the Soviet Constitution of 1977, and in the U.N. Declaration on Human Rights, and other conventions adopted by the Soviet Union, that guarantee such freedoms to speak, assemble, publish, or even to exercise one's religion.

One major concern of Amnesty International is that under Soviet law, people can be committed to an ordinary hospital if they are a danger to society, and to a special psychiatric hospital only when they are a special danger. Those terms have never been pragmatically defined, but certainly a commonsense understanding of those terms, and a psychiatric usage, would imply that they are physically threatening to other people, that they have hurt or harmed someone or threatened suicide or some harm to themselves.

In not a single case of these 300 that Amnesty International has investigated is something there any sign that what is threatening about these people is other than simply their ideas and their beliefs. That is really the heart of what Amnesty International considers the psychiatric abuse in the Soviet Union.

Amnesty International considers the involuntary treatment of essentially sane dissidents in mental hospitals cruel, inhuman, and degrading punishment. Since 1977, Western protests have come to a head. At the Honolulu Congress, the Sixth Congress of the World Psychiatry Association, I think the major anticlimax has been how little response there has been by the Soviet authorities, which certainly seems to be cause for them to have looked into the allegations of abuse of a medical specialty. Instead, what we have had are blanket denials by the leading psychiatrists, including Dr. Snezhnevsky, that Soviet psychiatry has made a single mistake.

I think with the kind of testimony that has been heard here today, I agree with my colleague, Professor Reddaway, that the reformers in the Soviet profession will have good cause to question what this policy has led to, this international isolation, and to have serious investigations into what has been done unethically, how medicine itself has been perverted.

There have also been choruses of official charges from the Soviet side that survivors of the special hospital, who have managed to reach the West as refugees, are incurably ill and periodically are rehospitalized. As far as Amnesty International has been able to learn, these are slanderous charges.

I, myself, had occasion at press conferences to meet very eminently sane persons like Gen. Pyotr Grigorenko, and Vladimir Bukovsky, and Leonid Plyushch. Instead of responses, Soviet action has been to kill the messenger who is bearing the bad news.

You have heard mention today of the human rights activists who have tried to air this problem to the world community, who have been one after the other imprisoned. All six members of the so-called Working Commission to Investigate the Use of Psychiatry for Political Purposes are officially adopted as Prisoners of Conscience, as persons in prison for their beliefs, by Amnesty International.

There are voluntary members like me around the world who write letters to Soviet authorities, who send parcels to the families of the interned Soviet victims, and who keep, if necessary year after year, trying to batter down the doors behind which these Prisoners of Conscience are shut up.

I think Professor Reddaway touched on the grievous physical state of the prisoners from the Working Commission. In extremely bad health is its founder, Alexander Podrabinek who is due to be released at the end of this year. Felix Serebrov, a metalworker who was a member of the commission, has gone blind after 3 years of his 9-year term. Irina Grivnina fortunately has been released but is being harassed while she is trying to establish her residence in Moscow.

Worst of all is the fate of the very courageous Dr. Koryagin who announced to the world the misuse of the discipline, and who has been shifted from a labor camp to the extremely harsh Chistopol Prison, among other things for giving medical aid to fellow prisoners as Dr. Karlavage has just pointed out.

I know I am running a bit over my time, so I will just conclude with mention of what could be done on the American side to, perhaps, initiate change in Soviet psychiatry.

First of all, I think hearings like this and any other publication by book, article, speech, brings the spotlight of international publicity to help these individuals who are the victims of the misuse of psychiatry. I think one has to be very cautious in how publicity is applied. It can't be done as part of the cold war denunciation, making it appear that the Soviets have a monopoly of all the evil in the world. It has to be done in a balanced, cautious, diplomatic way.

In the same way, I think my second recommendation would be that when Members of Congress and Senators have exchanges with Soviet officials, or take official trips to the Soviet Union, they could very well bring with them the dossier, such as those prepared by the staff of Amnesty International, of individuals and ask questions, what has happened to this person who has simply tried to exercise the rights guaranteed in the Soviet constitution. Persons like Mikhail Zhikarev who wrote a manuscript that satirized Soviet society, or like Anna Chertkova who refused to relinquish her religious beliefs, or like some of the others who simply wanted to apply for permission to travel abroad and were diagnosed as having emotional delusions.

The final recommendation is certainly to encourage professional groups, such as the American Psychiatric Association, to keep the spotlight of publicity, and to keep communications going with their Soviet colleagues. If it could be done, under carefully controlled conditions so as not to be misled by bad translations or by distorted

case presentations, to offer to visit and make an independent evaluation of the Soviet of abusive psychiatry.

Thank you.

[Mr. Fireside's prepared statement and accompanying materials follow:]

#### PREPARED STATEMENT OF PROFESSOR HARVEY FIRESIDE

##### INTRODUCTION

Amnesty International is a worldwide human rights movement which works impartially for the release of prisoners of conscience, men and women detained anywhere for their beliefs, color, ethnic origin, sex, religion or language, provided they have neither used nor advocated violence. Amnesty International opposes torture and the death penalty in all cases without reservation and advocates fair and prompt trials for all political prisoners. The organization is independent of all governments, political factions, ideologies, economic interests and religious creeds. It has consultative status with the United Nations, UNESCO and the Council of Europe, has cooperative relations with the Organization of African Unity, and was the recipient of the 1977 Nobel Prize for Peace.

The United States Section of Amnesty International appreciates this opportunity to testify on the political abuse of psychiatry in the Soviet Union.

Over many years Amnesty International has learned of cases in which Soviet citizens have been put in psychiatric institutions against their will for peacefully exercising their human rights in ways disapproved of by the Soviet authorities, and not for genuine medical reasons.

In a report published in 1975 called Prisoners of Conscience in the USSR: Their Treatment and Conditions, Amnesty International said that it knew in detail of some 120 cases of such psychiatric abuse since January, 1969. In 1980, Amnesty International issued a second, completely revised edition of the above report in which it referred to a further 100 individuals who were known to have been forcibly confined for political and not genuine medical reasons, between June, 1975 and May, 1979. As of January, 1983 Amnesty International had learned of another 85 cases of Soviet psychiatric abuse since May, 1979, noting that there has been no significant change in the procedures for compulsory confinement since publication of the earlier reports.

# THE PHENOMENON

Dangerousness and Forcible Confinement. The Soviet Union's criteria for involuntary psychiatric confinement resemble such standards employed for such confinement the world over: namely, that a person be forcibly committed only if he is dangerous to himself or others by reason of mental illness. There are two formal procedures most commonly used to commit individuals to mental hospitals: the civil and the criminal. The civil commitment procedure is outlined in a directive which states that mentally ill people may be involuntarily confined to a psychiatric hospital if they are an "evident danger" to themselves or to others. The criminal procedure for compulsory confinement is applicable to those who have been accused of a criminal offense, and whose mental health is called into question. According to Soviet law, even if individuals are diagnosed as mentally ill, they may be involuntarily hospitalized only if they are shown to be dangerous to themselves or others.

In reality, in hundreds of cases of forcible confinement, there has been no suggestion, even by the authorities, that the "patients" were physically dangerous either to themselves or to others. Rather, these individuals have been detained under Soviet civil and criminal statutes which allow for involuntary confinement if there is evidence of the commission of a "socially dangerous act." The following types of behavior have been labeled as "socially dangerous acts" by Soviet authorities and have been used as grounds for psychiatric commitment:

- . Refusing to relinquish her religious beliefs (Anna Chertkova, 1973)
- . Writing complaints to government authorities (Vera Lipinskaya, 1977, Anatoly Ponomaryov, 1977)
- . Handing out religious leaflets (Teovils Kuma, 1980)
- . Reading his poetry at a public meeting honoring a Ukrainian national poet (Anatoly Lupynos, 1971)
- . Preaching Christianity to his workmates (Alexander Kuzkin, 1980)
- . Writing letters to Soviet authorities proposing economic reforms (Fyodor Parasenkov, 1974)
- . Speaking in favor of "true Leninist policies" (Sergei Purtov, 1972)
- . Being in possession of his own manuscript, entitled The Great Swindle (Mikhail Zhikarev, 1974)

Amnesty International regards these acts labeled as "socially dangerous" by Soviet authorities to be acts protected by fundamental guarantees of the rights of freedom of conscience, speech, and association.

Mental illness: The Politicization of Psychiatric Diagnosis. Official diagnoses are further indications that people without any commonly accepted signs of psychopathology can be labeled as dangerously ill. Such a diagnosis is justified by the theory of Professor Andrei Snezhnevsky, Director of the Institute of Psychiatry of the USSR Academy of Medical Sciences, who has argued that certain forms of schizophrenia, which he names "sluggish schizophrenia" and "creeping schizophrenia," need not be accompanied by any external symptoms, even when the "illness" is serious enough to justify forcible hospitalization. Dissidents are often diagnosed as having these forms of "mental illness," so that even a lifetime of outwardly correct behavior will not protect them. In essence, the borders of mental illness are limitless under the Snezhnevsky system: any activity going against the norms of the state may be described as schizophrenic.

Another common diagnosis applied is that of "paranoid psychopathy." The following are examples of such diagnoses:

- . "nervous exhaustion brought on by her search for justice" (N. Gaider, 1976)
- . "reformist delusions" (Y. Nikolayev, 1978)
- . "a mania for reconstructing society" (M. Kukobaka, 1976)

It is Amnesty International's view that political activity protected under international human rights laws and standards is again being used as evidence of "mental illness."

Confinement in Psychiatric Hospitals. Aggravating the abuse of psychiatry demonstrated by confinement in ordinary psychiatric hospitals is the fact that some dissenters are currently confined in what are called "special psychiatric hospitals" (SPH's) designed to house "especially dangerous" persons. These institutions might be more accurately termed institutions for the criminally insane.

Special psychiatric hospitals operate under the direct authority of the Soviet Ministry of Internal Affairs (MVD). The rest of the Soviet hospital network, including "ordinary psychiatric hospitals," are under the jurisdiction of health authorities. SPH's are operated like prisons. - Indeed, several of them, such as the Oryol SPH, the Chernyakhovsk SPH, and

the Dnepropetrovsk SPH are housed in former prison buildings. All SPH's are heavily guarded with watchtowers, barbed wired fences, armed and uniformed MVD personnel, and guard dogs.

According to all accounts, not only the security and administrative staff, but virtually all the leading medical personnel of SPH's hold rank in the MVD. In addition, the orderlies at the SPH's are convicted criminal prisoners, who are recruited from corrective labor colonies. Arbitrary, often sadistic, and sometimes fatal beatings have been reported time and again in a number of SPH's.

Medications Used as Punishment. There is also clear evidence that medications are frequently used for punishment by hospital authorities and psychiatrists. For example, Sulfazin (sulfisoxazole) is sometimes administered to dissenters, via daily injection, despite the fact that this drug has long-since been proven to have no therapeutic value in the treatment of psychiatric disorders. In addition, reports of fever and pain at the injection site are common. Sufazin is used elsewhere in the world primarily to treat uncomplicated urinary tract infections, but it is prescribed orally, to prevent the side effects which follow from its injection.

In addition, dissidents who show no evidence of massive agitation or violent behavior are nonetheless treated with neuroleptics. Typically, they are directly or indirectly advised that the only way they can avoid being forced to take these drugs is to renounce their political or religious views. They are also threatened with higher drug doses or with the renewal of previously discontinued medications if they protest their mistreatment. For example, Anatoly Lupynos, a permanent invalid since his earlier imprisonment in 1956, was given high doses of neuroleptics after he lodged a protest against his treatment.

Insulin shock therapy is sometimes employed, a course usually consisting of 25 to 30 induced hypoglycemic comas. Vasily Shipilov, who has been confined since 1949, developed epilepsy after his "treatment" with insulin shock therapy. Physical restraints are also used for punishment. An individual may be left in his bed for a week or longer and neglected. Another punishment is the "wet pack" or "dry wrap" in which the inmate is tightly wrapped in strips of wet sheeting, which tightens as it dries, causing great pain.

Whether one defines this treatment as sinking to the level of torture, it definitely falls into the category of cruel, inhuman or degrading treatment or punishment against which there is an absolute prohibition in international human rights law and standards.

#### PRISONERS OF CONSCIENCE

Amnesty International regards persons who have been confined to psychiatric hospitals for activities protected under international human rights law and standards to be not "patients," but Prisoners of Conscience.

In its March, 1983 briefing paper on psychiatric abuse in the Soviet Union referred to above, Amnesty International noted that since August, 1977, people have been forcibly confined to Soviet psychiatric institutions for indefinite periods, for political and not genuinely medical reasons. Nineteen of these were confined under criminal procedures to special psychiatric hospitals, which constitute the most severe form of psychiatric detention and are intended for people who "represent a special danger to society." Most, however, were confined to ordinary psychiatric hospitals under civil (administrative) procedures, sometimes on more than one occasion during this period. The figures given above do not include the many known prisoners of conscience who were put in psychiatric hospitals before August, 1977 and who in many cases remained confined after that date. Nor does it include cases on which Amnesty International regards the available information as insufficient to identify the person as a prisoner of conscience. These figures, therefore, represent a minimal expression of the magnitude of psychiatric confinement of dissidents in the Soviet Union.

In the five months since this briefing paper was issued, Amnesty International has continued to receive reports about this practice in the Soviet Union, learning of a further 19 cases of Soviet psychiatric abuse. One of these new cases involves Vladimar Danchev, aged 35, who has been forcibly confined to a psychiatric hospital for an indefinite period after he made remarks critical of Soviet foreign policy in broadcasts given by "Radio Moscow."

Vladimir Danchev was formerly employed as a newsreader with the Soviet English-language broadcasting service, "Radio Moscow." Over a period of months in 1983, he is reported to have made repeated alterations to officially-prepared texts and to have broadcast comments sharply critical of Soviet policy towards Afghanistan. Following extensive publicity given to his remarks abroad, Danchev was dismissed from his post and transferred

to his home town of Tashkent in Uzbekistan. In late June, 1983 it was reported that he had been confined against his will to an ordinary psychiatric hospital in Tashkent under criminal procedures. During the investigation of his case, he reportedly refused to repudiate the remarks he had broadcast. It is not yet known precisely what criminal charge was brought against Danchev. Like hundreds of other Soviet citizens who have criticized official government policies and received publicity abroad, it is highly probable that he was charged with "anti-Soviet agitation and propaganda."

THE SOVIET RESPONSE TO ALLEGATIONS OF POLITICAL ABUSE: DOMESTIC & INTERNATIONAL

The Working Commission to Investigate the Use of Psychiatry for Political Purposes. Much new evidence of the political abuse of psychiatry in the USSR has come to light in recent years. Most new evidence has become available through the work of individuals within the country who have reported on individual cases and practices of political abuse of psychiatry. In particular, the Working Commission to Investigate the Use of Psychiatry for Political Purposes, an unofficial group set up in Moscow in 1977 to investigate and publicize the Soviet practice of declaring dissenters to be insane and interning them in psychiatric hospitals against their will. By February, 1981 all six of the Working Commission's active members had been arrested and are now serving terms of up to 12 years imprisonment and internal exile on charges of "circulating anti-Soviet slander" and "anti-Soviet agitation and propaganda."

The founder of this group, Alexander Podrabinek, is currently seriously ill in a labor camp in Northeastern Siberia, suffering from active tuberculosis, hepatitis, a heart condition, and severe undernourishment. All of these conditions are a result of this three years of internment in labor camps.

Another member of the now-defunct Working Commission, Dr. Anatoly Koryagin, himself a psychiatrist, is currently serving a seven year term of internment in a strict regime labor camp, which will be followed by five years of internal exile. One of Dr. Koryagin's "crimes" was his publication, in the British medical journal The Lancet (April 11, 1981, pp. 821-4), of the results of his psychiatric examination of 16 dissenters who had been forcibly interned in mental hospitals, or threatened with such internment. He found most of them completely healthy, and none of them in any need of hospitalization. Amnesty International has also adopted all of the imprisoned members of the Working Commission as Prisoners of Conscience.

World Psychiatric Association. Despite repeated denials by the Soviet authorities, their abuse of psychiatry was condemned in 1977 by both the World Federation of Mental Health, and, at its Sixth Congress, by the World Psychiatric Association (WPA). At this Congress, the WPA noted the "extensive evidence of the Soviet Union's systematic abuse of psychiatry" and set up a Committee to Review the Abuse of Psychiatry for Political Reasons.

Since that time, the Soviet All-Union Society of Psychiatrists and Neurologists (SSPN) has been asked several times under the WPA Review Committee's carefully drafted procedures to assist in investigation of complaints regarding the USSR. The SSPN has refused to recognize the Review Committee and has been uncooperative in complying with its requests. The Soviet authorities and spokesmen for the Soviet psychiatric profession have continued to dismiss allegations made by foreign psychiatrists and human rights organizations as politically-motivated "slander." In February, 1983 the All-Union Society resigned its membership of the WPA, five months before the Seventh Congress was due to meet in Vienna.

#### CONCLUSION

Amnesty International is deeply concerned about, and will continue to monitor and report on the abuse of psychiatry for political purposes in the Soviet Union.

Amnesty International regards those individuals forcibly confined to psychiatric institutions for political reasons, such as Vladimir Danchev and the individual members of the Working Commission, to be Prisoners of Conscience, and continues to seek the release of these and all other Prisoners of Conscience in the USSR.

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# Political Abuse of Psychiatry in the USSR

An Amnesty International Briefing

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## Foreword

Over many years Amnesty International has learned of cases in which Soviet citizens have been put in psychiatric institutions against their will for peacefully exercising their human rights in ways disapproved of by the Soviet authorities, and not for genuine medical reasons.

In a report published in 1975 called *Prisoners of Conscience in the USSR: Their Treatment and Conditions* Amnesty International said that it knew in detail of some 120 cases of such psychiatric abuse since January 1969. In 1980 Amnesty International issued a second, completely revised edition of the above report in which it referred to a further 100 individuals who were known to have been forcibly confined for political and not genuine medical reasons, between June 1975 and May 1979. As of January 1983 Amnesty International had learned of another 85 cases of Soviet psychiatric abuse since May 1979.

The following briefing paper documents developments in the Soviet use of psychiatry for political purposes over the last five years.

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## Introduction

One of the subjects discussed at the Sixth Congress of the World Psychiatric Association held in Hawaii in August 1977 was the abuse of psychiatry for political purposes. Its General Assembly subsequently adopted the following resolution:

"That the World Psychiatric Association take note of the abuse of psychiatry for political purposes and that it condemn those practices in all countries where they occur and call upon the professional organizations of psychiatrists in those countries to renounce and expunge those practices from their country and that the WPA implement this resolution in the first instance in reference to the extensive evidence of the systematic abuse of psychiatry for political purposes in the USSR."

The week before, the World Federation of Mental Health had approved a similar position and drawn it to the attention of the WPA. At its Sixth Congress the WPA also decided to set up a Committee to Review the Abuse of Psychiatry for Political Reasons, for monitoring individual cases.

Despite this authoritative condemnation of the use of psychiatry for political purposes, the Soviet authorities have systematically continued to practice this abuse. Since August 1977 Amnesty International has learned of 110 people who have been forcibly confined to Soviet psychiatric institutions for indefinite periods, for political and not genuine medical reasons. Nineteen of these were confined under criminal procedures to *special* psychiatric hospitals, which constitute the most severe form of psychiatric detention and are intended for people who "represent a special danger to society." Most, however, were confined to *ordinary* psychiatric hospitals under civil (administrative) procedures, sometimes on more than one occasion during this period.

According to official Soviet procedures individuals may be confined to a psychiatric hospital against their will only if they are mentally ill and an "evident danger" to themselves or to others. There is no evidence to suggest that any of the 110 individuals mentioned above represented a physical danger to themselves or to others at the time of their confinement or previously. Nor did their examining psychiatrists attempt to prove that they posed such a threat. In all cases the individual was confined after he or she had peacefully tried to exercise civil and political rights in a way disapproved of by the authorities. The figures given above do not include the many known prisoners of conscience who were put in psychiatric hospitals before

August 1977 and who in many cases remained confined after that date. Nor does it include cases on which Amnesty International regards the available information as insufficient to identify the person as a prisoner of conscience.

In a report published in May 1980 called *Prisoners of Conscience in the USSR: Their Treatment and Conditions* (2nd edition) Amnesty International analyzed Soviet official procedures for confining people to psychiatric hospitals against their will and concluded that they give inadequate protection against wrongful confinement. In particular they make it easy for dissenters to be confined arbitrarily and difficult for them to defend themselves through legal means. There has been no significant change in the procedures for compulsory confinement since then.

Much new evidence of the political abuse of psychiatry in the USSR has come to light since the WPA last met in 1977. A number of victims of the practice have emigrated, been met by foreign psychiatrists and given detailed accounts of their treatment. Other victims have been released from psychiatric hospitals and their accounts of their treatment have circulated in *samizdat* form. Several psychiatrists have emigrated from the USSR and have added information from their professional experience to what is known of the abuses. In 1978 a British psychiatrist, Dr. Gary Low-Beer, visited the USSR and personally examined at their own request nine people who feared that the authorities might intern, or reintern them in psychiatric hospitals against their will. In his conclusions, published in a report to the Royal College of Psychiatrists in the United Kingdom in May 1978, he said that he could find no medical justification for their forcible confinement.

Most new evidence, however, has come to light through the work of individuals within the country who have reported on individual cases and practices of political abuse of psychiatry. To the reporting of *A Chronicle of Current Events* has been added the prolific documentation of unofficial groups set up to monitor implementation of the 1975 Helsinki Final Act and in particular, the Working Commission to Investigate the Use of Psychiatry for Political Purposes, an unofficial group set up in Moscow in 1977. In its three year existence the group produced 24 *Information Bulletins* which documented more than 70 cases of the political abuse of psychiatry, and investigated 260 more. The scope and accuracy of the Commission's work was reinforced by the close help of two Moscow psychiatrists and a lawyer.

Since the Sixth Congress of the WPA met in August 1977 there has been little indication that the Soviet authorities have seriously investigated alleged abuses of psychiatry with a view to stamping out corrupt practices.

Individuals and members of unofficial groups within the country who have monitored cases of psychiatric abuse and attempted to publicize their findings have been imprisoned or otherwise persecuted. At the time of writing this paper, for example, 32 members of Helsinki monitoring groups are imprisoned or in internal exile in connection with their efforts to document human rights' abuses. Another one, the Lithuanian psychiatrist, Dr. Algirdas Statkevicius, is confined against his will to a special psy-

chiatric hospital. The unofficial Working Commission to Investigate the Use of Psychiatry for Political Purposes has also been a target for official suppression. By February 1981 all six of its active members including the psychiatrist Dr. Anatoly Koryagin, had been arrested. The six are now serving terms of up to 12 years' imprisonment and internal exile on charges of "circulating anti-Soviet slander" and "anti-Soviet agitation and propaganda" and Amnesty International has adopted them as prisoners of conscience.

## Official Procedures for Confining Soviet Citizens to Psychiatric Hospitals Against their Will

Two formal procedures are most commonly used to commit individuals to mental hospitals against their will: the civil and the criminal. There is also a third procedure whereby individuals convicted of a criminal offense may be transferred from their place of imprisonment to a psychiatric hospital.

Most of the 110 individuals forcibly confined since August 1977, whom Amnesty International has identified as prisoners of conscience, were confined under the civil procedure to *ordinary* psychiatric hospitals, sometimes on more than one occasion during this period. Nineteen were committed under the criminal procedure to *special* psychiatric hospitals, which constitute the more severe form of psychiatric detention and are intended for people who "represent a special danger to society."

The *civil commitment procedure* is applicable to people who have not committed criminal offenses. It is laid down in a directive called "On Emergency Confinement of Mentally Ill Persons who Represent a Social Danger," issued on August 26, 1971 by the USSR Ministry of Health. The text of this directive is not published in any easily available Soviet publication.

The directive states that mentally ill people may be confined to a psychiatric hospital without their permission or that of their family if they are in "evident danger" to themselves or to others. The police are authorized to assist with an emergency confinement if there is a "possibility" that the individual will resist, or if his or her family opposes confinement.

The directive lists a number of symptoms which are to serve as criteria for forcible confinement. This list has been

criticized by foreign psychiatrists and opponents of psychiatric abuse within the USSR because of the obscurity and lack of medical precision of the symptoms listed. The terms are so elastic as to cover almost any nonconformist behavior. The directive does not give even a rough explanation of what is meant by "social danger." Moreover, it advises those applying the procedure that any of the listed conditions of mental illness "may be accompanied by externally correct behavior and dissimulation." This gives added scope for the wrongful confinement of peaceful citizens.

According to this procedure the doctor who first orders the confinement must send a report to the psychiatric hospital, and within one day of being confined the individual must be examined by a commission of three psychiatrists who decide whether the confinement should be prolonged. On being discharged the released person must be put on a "special list" and receive "systematic preventive treatment" from the local psychiatric dispensary.

Violations of these regulations are common. Frequently the relatives of the confined person have not been informed within 24 hours of what has happened. Often the individuals have been confined after being picked up in the street or at their place of work, without first being examined by a psychiatrist. In many cases dissenters have not been examined by a psychiatric commission within one day of being detained; in a number of cases they have not had any psychiatric examination at all.

Neither the courts nor any other judicial agency is involved in the civil commitment procedure. The regulations do not indicate any right of the confined person to have ac-

cess to a lawyer. Amnesty International knows of no case in which a dissenter confined in this way has been permitted to see a lawyer. Outside the psychiatric service only the police are given a formal role under these procedures and they are administered by the Ministry of Internal Affairs. Moreover, retention on the lists of local psychiatric dispensaries makes dissenters particularly vulnerable to re-confinement.

The *criminal procedure* for compulsory confinement is applicable to those who have been accused of a criminal offense, and whose mental health is called into question. The procedure is laid down in the code of criminal procedure of each union republic of the USSR.

Under this procedure the accused loses virtually all of his or her procedural rights and is left only with the passive right to an honest psychiatric examination and a fair court hearing.

It is the investigator (who may be from the Procuracy, the Ministry of Internal Affairs, or the Committee of State Security) who decided whether the accused should undergo psychiatric examination. The accused is then sent for examination by a forensic psychiatric commission. If the commission finds that for reasons of mental illness the suspect is "not accountable" for his or her offense, it submits this finding to a court together with a recommendation as to what medical measures should be taken with regard to the individual. Instead of a trial there is a court hearing in which the court decides three questions: (a) whether the individual has committed a socially dangerous action; (b) whether to accept the commission's findings on the individual's "accountability"; and (c) what measures to apply.

Throughout these stages of the procedure the accused need not be informed that an examination is to be carried out "if his mental state makes this impossible." The accused also has no right to know the results of the examination or the recommendations of the psychiatrists. Furthermore the accused loses the right to be informed of any fresh charges brought against him or her, to be told the results of the criminal investigation of the case or to be shown the materials compiled in the investigation. Nor

does the accused have any special right to have visits from relatives. Normally dissenters undergoing psychiatric examination have no visits from their families until after the cases have been heard in court, usually between 6 to 12 months after the arrest. Lastly, the accused has no right to be present at the court hearing of his or her case. This is left to the discretion of the court. In very few cases have prisoners of conscience been permitted to attend the hearing which ruled on whether or not they were accountable.

In one of the few procedural guarantees given to the accused person whose mental health is in question, the law states that participation of a defense counsel is "mandatory" at the court hearing. However, this provision of the law is often violated. It is common for prisoners of conscience who have undergone psychiatric diagnosis, and their families to be denied access to their lawyers and to have no say in their selection.

Soviet courts in political cases almost invariably accept not only the findings of the forensic psychiatric commissions, but also their recommendations as to what should be done with the accused.

The court has three options open to it: it may order that the accused be put in the care of a guardian; that he or she be confined for an indefinite period to an ordinary psychiatric hospital; or that he or she may be confined indefinitely to a special psychiatric hospital.

Putting the accused in the care of relatives or a guardian does not involve incarceration. In no political case known to Amnesty International has a court exercised this option. This is especially significant when the subject is not even accused of a violent offense—as in virtually all the cases cited in this report. The other two alternatives involve compulsory in-patient confinement. According to the RSFSR Criminal Code, ordinary psychiatric hospitals are intended for those who have not committed especially dangerous crimes; special psychiatric hospitals are designated for people who "represent a special danger to society." It has been common for Soviet courts to order that dissenters be confined to special psychiatric hospitals even when there is no record of violence on their part, and no evidence has been produced by psychiatrists or the courts to show that they represented a "special danger" to society.

## **“Social Danger” as a Prerequisite for Compulsory Confinement**

Despite the lack of safeguards implicit in the civil and criminal commitment procedures, in one important respect they both offer a protection which, if respected by the authorities, would at least make wrongful confinement of

political and religious dissenters rare. Under both procedures, even if individuals are diagnosed as mentally ill they may be confined only if they are shown to be dangerous to themselves or to others.

In hundreds of cases of forcible confinement of dissenters to psychiatric hospitals there has been no suggestion, even by authorities, that the subjects were physically violent or dangerous to themselves or others. In their persistent denials of political abuses of psychiatry Soviet officials, propagandists and spokesmen for the psychiatric profession have not addressed themselves to this elementary principle of psychiatric practice, insisting invariably that well-known nonconformists who had been confined were mentally ill but rarely attempting to show that they were in any way "violent" or "dangerous."

Dr. Anatoly Koryagin, a Soviet psychiatrist who has actively opposed the political abuse of psychiatry in his country, addresses this question in an article called "Unwilling Patients," published in the *The Lancet* (London) in April 1981. From December 1979 to February 1981, Dr. Koryagin worked as a consultant to the unofficial Working Commission to Investigate the Use of Psychiatry for Political Purposes, based in Moscow. During that time he examined

15 people of known nonconformist views who had been forcibly confined to psychiatric hospitals, and concluded that in no case was compulsory confinement justified on medical grounds. In February 1981 he was imprisoned on a charge of "anti-Soviet agitation and propaganda." In his article he writes:

"The clinical meaning of the term 'socially dangerous' is that the person is in danger of committing acts which endanger his own health or that of people around him (such as murder, suicide, and personal injury.) There was no question of the people I examined being dangerous in this sense. It must be clearly stated that each time a decision was taken to put into hospital the people under discussion, the clinical meaning of 'socially dangerous' was replaced (consciously or unconsciously?) by its judicial meaning—i.e. that the patient was capable of harming the social system as a whole."

## Recent Evidence of Political Abuse of Psychiatry in the USSR

Since the Sixth Congress of the WPA met in 1977 allegations of Soviet psychiatric abuse have been substantiated by a number of victims of the practice who have emigrated from the USSR. Some have been met by foreign psychiatrists and have given detailed accounts of their treatment. In 1979, for example, Major General Petro Grigorenko underwent psychiatric examination in New York.

Petro Grigorenko, who was formerly a commanding officer in the Soviet Army, was arrested in 1969 following public speeches he made in support of the movement of Crimean Tatars deported during the Second World War to return to the Crimea. He was ruled not responsible and then spent five years forcibly confined to a special psychiatric hospital under criminal procedures, until he was released in 1974. One Soviet psychiatrist who challenged the official diagnosis made of Grigorenko's mental condition, Dr. Semyon Gluzman, was himself arrested in 1972 and sentenced to 10 years' imprisonment and internal exile for "anti-Soviet agitation and propaganda."

The team of psychiatrists and psychologists who examined Major General Grigorenko in New York in 1979 included the President of the American Psychiatric Association, Professor Alan Stone. The team concluded:

"In reviewing our tests, interviews and examinations, we could find no evidence of mental illness

in Grigorenko... Nor could we find evidence in [his] history consistent with mental illness in the past." (*New York Times Magazine* May 13, 1979).

In 1980 another former victim of psychiatric abuse emigrated from the USSR. He was Evgeny Nikolaev, a 43-year-old linguist. During the ten years leading up to his emigration he had been forcibly confined to psychiatric hospitals on five separate occasions, in the absence of any evidence that he was "socially dangerous." After his fourth confinement he voluntarily underwent an independent examination in 1977 by the Moscow psychiatrist Dr. Alexander Veloshanovich, an active opponent of psychiatric abuse. Dr. Veloshanovich concluded that there were no medical grounds to justify his forcible confinement either then or previously. Nevertheless, in February 1978 Evgeny Nikolaev was taken from his home and reconfined under civil procedures to Moscow's Kashchenko ordinary psychiatric hospital, for a period of seven months. His confinement took place one month after he had helped form an unofficial trade union in Moscow. Contrary to the regulations governing compulsory confinement, he was given no preliminary psychiatric examination; no team of doctors visited him within 24 hours to decide whether prolongation of confinement was justified; and he was not examined by a monthly medical commission. While in the

hospital Evgeny Nikolaev reports that he was treated with tablets of aminazin and haloperidol, and after an exercise book of his hospital diary notes had been confiscated, he was punished with injections of stelazin and cyclodol. Doctors in charge of his case reportedly asked him if he "still had ideas about reforming society?" and told him "You can forget about Honolulu and Helsinki." Throughout his confinement, members of the unofficial Working Commission to Investigate the Use of Psychiatry for Political Purposes and of the Moscow Helsinki monitoring group addressed appeals for his immediate release to the director of the hospital, and visited hospital staff to discuss his case. On May 29, 1978 Evgeny Nikolaev's wife appealed to the World Psychiatric Association to intervene and secure his release. Mr. Nikolaev was let out of the Kashchenko hospital on September 12, 1978.

Since he left the Soviet Union Evgeny Nikolaev has compiled a 54-page account of his psychiatric confinements, partly based on contemporaneous notes he made in the Kashchenko psychiatric hospital in 1978. He was first confined in September 1970 when, as a researcher in the All-Union Institute for Scientific Research into Disinfection and Sterilization, he refused to take part in compulsory political meetings to honor the one hundredth anniversary of Lenin's birth. He was committed under civil procedures to Moscow's ordinary psychiatric hospital No. 15, where he remained until January 1971. On his release he was retained on the list of a psychiatric dispensary. One month later he was reconfined under the civil procedure and remained in ordinary psychiatric hospitals in Moscow region for 17 months, with only a six week interval, when he was temporarily discharged. He was finally released in July 1972. During these two confinements Evgeny Nikolaev reports that his examining doctors questioned him about his political beliefs and urged him to change his opinions. In February 1974 Evgeny Nikolaev was once again arrested, two days after a group of Soviet Germans who had come to Moscow to demonstrate for their right to emigrate had spent the night at his flat. He was put in Kashchenko psychiatric hospital and released after three months.

In the summer of 1980 Vladimir Borisov, another victim of the political abuse of psychiatry was expelled from the Soviet Union. Before his emigration, Vladimir Borisov, an electrician and campaigner against violations of human rights, had spent a total of nine years in forcible psychiatric confinement, despite protests from his wife and family that he was not mentally ill. Borisov who is now 49-years-old, was first arrested in Leningrad in 1964 in connection with organizing an unofficial group of young socialists. He was charged with "anti-Soviet agitation and propaganda" but was ruled not-responsible for his actions. A court ordered him to be forcibly confined to a special psychiatric hospital, where he remained for three years. After he was released, he became a founding member of the unofficial Initiative Group for the Defense of Human Rights in the USSR in 1969, and was a signatory to a letter which the group sent to the United Nations appealing for the release of victims of psychiatric abuse, in particular Major General Petro Grigorenko referred to above,

who at that time was forcibly confined in a special psychiatric hospital. Seven of the Initiative Group's members were arrested on a charge of "circulating anti-Soviet slander," among them Vladimir Borisov. He was subsequently ruled not-responsible and, despite the lack of any evidence to show that he was socially dangerous, reconfined to Leningrad Special Psychiatric hospital under the criminal procedure, where he remained for five years until his release in 1974. At the time of his second confinement his wife, Irina Kaplun, herself a prominent campaigner against the violation of human rights, protested to a psychiatrist that Borisov was not mentally ill. She was told: "Maybe, he was unlucky; he is down on our register. What may be a symptom of opinions in a normal person is a sign of illness in your husband." Vladimir Borisov himself was told by a psychiatrist: "Listen Borisov, you're a normal fellow and I am sure that you don't want to be sent to a madhouse. Why don't you change your views?" At the end of March 1980 Vladimir Borisov was once again committed to a psychiatric hospital in Leningrad, on this occasion under the civil procedure. He was discharged on May 3 and one month later was arrested and deported from the country.

In April 1978 a member of the British Royal College of Psychiatrists, Dr. Gary Low-Beer, visited Moscow and at their own request examined nine Soviet citizens of known nonconformist views, who feared that the authorities might put them in psychiatric hospitals against their will. Eight of the group had already been forcibly confined on previous occasions. Dr. Low-Beer was denied access to a tenth individual, Evgeny Nikolaev, who had also requested an independent examination. Mr. Nikolaev was at that time confined to the Kashchenko ordinary psychiatric hospital in Moscow. In a report made to the British Royal College of Psychiatrists in May 1978, after his visit, Dr. Low-Beer said:

"I examined the nine cases in the course of three days. In my opinion none of these cases showed any evidence of mental illness. Five of them were completely healthy. Four showed minor abnormalities only. The criteria for normality were unusually high; minor depression or gestures of despair due to family separation or long-standing being considered 'abnormal.' In no cases were these abnormalities sufficiently pronounced to justify compulsory treatment either at the time of examination or at any previous time. In my professional opinion, therefore, these people must have been detained in psychiatric hospitals for reasons other than psychiatric illness."

Three of those examined by Dr. Low-Beer—Yury Belov, Vladimir Borisov and Vladimir Gershuni—were all reconfined in ordinary psychiatric hospitals for several weeks in 1979 and 1980. Yury Belov and Vladimir Borisov have subsequently emigrated from the Soviet Union. Vladimir Gershuni, 52, who is an editor of an unofficial cultural journal, *Poisk* (Searches), and a member of SMOT, an in-

dependent trade union grouping in the Soviet Union, was rearrested on June 16, 1982. He is currently awaiting trial on a charge of "anti-Soviet agitation and propaganda."

Since 1977 fresh evidence about the political abuse of psychiatry has come not only from former victims and foreign psychiatrists, but also from members of the Soviet psychiatric profession. One psychiatrist who has spoken out against such practices is Dr. Yuri Novikov, who, until he left the USSR in June 1977, was the first secretary of the Association of Soviet Psychiatrists, and for six years headed a section of the Serbsky Institute of Forensic Psychiatry in Moscow. In 1978 he made a public statement in which he said:

"Political abuses of psychiatry take place in the USSR. It is not the scale of this that matters, but the fact that it exists. The abuse of psychiatry for political purposes is a horrible and brutal practice, even were it limited to one person. There can be no doubt that psychiatric knowledge is abused in the USSR. There have been so many witnesses to this before me. I can only confirm that this is so."

Dr. Novikov also stated that the psychiatric diagnoses of certain prominent prisoners of conscience, including Major General Petro Grigorenko, had been falsified in the early 1970's in order to conceal the fact of their wrongful confinement from foreign psychiatrists and journalists visiting the Serbsky Institute.

In February 1980 another Soviet psychiatrist, Dr. Alexander Voloshanovich, emigrated from the Soviet Union. Dr. Voloshanovich was a member of the All-Union Society of Neurologists and Psychiatrists and had practiced in hospitals in the Moscow region for 10 years, until he resigned from his post in 1979 in protest against instances of the political abuse of psychiatry which he had witnessed. During the three years leading up to his emigration Dr. Voloshanovich personally examined 40 Soviet citizens of known nonconformist views who feared that the authorities might intern or reinstate them in psychiatric hospitals. The 40 included members of unofficial trade union groups, a "dissenting" Baptist, members of the Russian Orthodox Church and others. He concluded that none was in need of compulsory confinement and publicized his conclusions at a press conference in Moscow in August 1978.

He was joined as a consultant to the Working Commission in December 1979 by a psychiatrist from the Kharkov Regional Psycho-Neurological Clinic in the Ukraine, Dr. Anatoly Koryagin. In the next 12 months, Dr. Koryagin examined at their own request a further 15 victims of psychiatric abuse, who included a citizen who had tried to cross the Soviet border without official permission; individuals who had renounced their Soviet citizenship; and an individual who was put in a mental hospital after complaining about his dismissal from work on a collective farm. In the article entitled "Unwilling Patients" which was published in *The Lancet* (London) in April 1981, Dr. Koryagin wrote:

"All the people I examined had joined the ranks of

the mentally ill because they did or said things which in our country are considered 'anti-Soviet...' These people were involved with the psychiatric service, although when I examined them they showed no signs of psychiatric illness, psychic defects or psychopathy."

Dr. Koryagin publicized the conclusions of his examination at a press conference in Moscow in January 1981, and was arrested the following month. He was subsequently sentenced to 12 years' imprisonment and internal exile for "anti-Soviet agitation and propaganda."

The principles established by the Serbsky Institute of Forensic Psychiatry in Moscow have an important place in Soviet psychiatric method. Particularly relevant to psychiatric abuse are the theories of Dr. A.V. Snezhnevsky, a leading psychiatrist at the Institute and a member of the Academy of Science of the USSR. Dr. Snezhnevsky's concept of "sluggish schizophrenia"—a mental illness with no visible symptoms—has been used in psychiatric diagnoses that have secured the compulsory confinement of scores of known dissenters since the 1960's. Dr. Snezhnevsky has repeatedly denied that Soviet citizens have been wrongfully confined for political or any other reasons. In August 1973 he said in response to complaints of psychiatric abuses that "In 50 years of work in the Soviet public health service I know of no case in which a healthy man was put in a psychiatric hospital."

A statement which tended to corroborate the complaints, however, was made by the Chief Psychiatrist of the Soviet Ministry of Health, Dr. Zoya Serebryakova. Speaking at a congress of Soviet psychiatrists in Moscow in May 1981, she presented statistics about the inmates of one unidentified psychiatric hospital in the capital. According to her report, which was circulated in advance of the congress, around 90% of the inmates were confined because of "worsening long-term mental illness." Another 8% had been committed because they had shown themselves to be socially dangerous. In this category were classed individuals with suicidal tendencies, those who threatened others, or those who had shown "lapses of sexual restraint." One point two per cent of the hospital inmates, however, were confined because they had presented "groundless" and "slandorous" complaints against the Government. The report gave no indication that these individuals had shown themselves to be mentally ill or socially dangerous before confinement.

In recent years there has also been evidence that Dr. Snezhnevsky's theories are being challenged within the Soviet psychiatric profession on the grounds that they open the door to abuses. In 1979 an article written by Dr. Etely Kazanets, a colleague of Dr. Snezhnevsky's at the Serbsky Institute, was published by the American Medical Association in *Archives of General Psychiatry* in which the author said that "the criteria of the Snezhnevsky school are 'over-extended.'" Dr. Kazanets concluded that many were "incorrectly diagnosed" or "over-diagnosed." He went on to suggest that "many long-standing diagnoses need revision" and concluded that "over-diagnosis" and long

retention of patients on psychiatric out-patient lists "constitute a real treat to their individual rights." After his article was published abroad Dr. Kazanets was dismissed from his post at the Serbsky Institute. His article is not known to have been published officially in the Soviet Union.

By far the most prolific new evidence of political abuse of psychiatry has come from individuals within the USSR concerned with the protection of human rights. Since 1977 the reporting of *A Chronicle of Current Events* and individual human rights' activists has been supplemented by detailed documentation produced by the Working Commission to Investigate the Use of Psychiatry for Political Purposes, formed in January 1977. The Working Commission was set up as a branch of the unofficial Moscow Helsinki monitoring group, and had as one of its founding members Alexander Podrabinek, who was then a 23-year-old medical assistant in Moscow's public ambulance service. (The ambulance service frequently carries out forcible confinements under civil procedures.) Before joining the Commission Mr. Podrabinek had made a three-year independent study of allegations of psychiatric abuse, in the course of which he traveled to psychiatric hospitals in various republics of the Soviet Union, interviewed staff and spoke with former patients. Part of his study was confiscated by KGB officials in March 1977, but the remainder was published in *samizdat* form in May 1977 under the title *Punitive Medicine*. The book, which is 265 pages long, is based on material collected from more than 200 victims of psychiatric abuse, confined for political rather than genuine medical reasons since the 1950's. It also includes a "Black List" of 102 Soviet doctors whom the author said had participated in psychiatric abuse, and analyzes aspects of the official confinement procedures which facilitate abuse.

The other founding members of the Working Commission were Vyacheslav Bakhmin, a computer specialist; Dr. Leonard Ternovsky, a radiologist at Moscow's Sechonov Clinic; Felix Serebrov, a skilled metal-worker; and two long-standing campaigners against the abuse of human rights: Irina Kaplun (the wife of Vladimir Borisov, whose repeated confinements are mentioned above), and Dzhemma Babich from Leningrad. Within a year of its formation Irina Kaplun and Dzhemma Babich left the group. In 1980, another computer specialist from Moscow, Irina Grivnina, joined it.

The group outlined its threefold task as follows:

1. "To publicize those cases where people are wrongfully confined in mental hospitals against their will, and to aid their speedy release.

2. To give help to people wrongfully put into mental hospitals and also to their families.

3. To assist in the general humanization of conditions for people in psychiatric hospitals."

The group explained further:

"Here it is necessary to emphasize that the Commission does not claim that all the people whose release it is seeking have no psychic abnormalities and are completely healthy. (Working Commission's own emphasis—AI). The important thing is that they are in psychiatric hospitals for ideological reasons and not on the basis of medical evidence. The Commission considers compulsory confinement and forcible treatment as justified only in regard to people who have committed aggressive acts, or ill people whose psychic condition gives grounds for a doctor to presume they may commit acts dangerous to themselves or to others."

The Working Commission aims were stated in their *Information Bulletin* Number 9 (dated June 9, 1978). In its three years' existence the group produced 24 of these *Information Bulletins*, consisting of over 700 pages, in which they chronicled the cases of over 70 victims of psychiatric abuse; reporting 260 further allegations of political abuse of psychiatry and highlighted the procedures involved in the punitive use of psychiatry. The group also wrote appeals to Soviet officials on behalf of individual people who had been confined, and published letters and accounts of their confinement written by victims who had been released. Friends and relatives of victims came frequently to Moscow to inform members of the Commission about individual cases, and the Commission's members supplemented this flow of information by trips to the provinces and visits to hospitals and courtrooms, in order to obtain information on the spot.

The scope and accuracy of the research carried out by the Working Commission was strengthened by the close collaboration of the psychiatrists, Dr. Alexander Voloshanovich and Dr. Anatoly Koryagin, and also of a lawyer, Sofia Kalistratova. Sofia Kalistratova, who is now 75-years-old, was also a member of the now defunct Moscow Helsinki monitoring group. In the 1960's and early 1970's she acted as defense counsel in numerous political trials, and in 1970 defended Major General Grigorenko and the poet Natalya Gorbanevskaya at two separate trials. Both were subsequently confined to psychiatric hospitals against their will.

## Recent Cases of Political Abuses of Psychiatry

Since August 1977 Amnesty International has learned of 110 persons who have been put in Soviet psychiatric hospitals against their will, in the absence of any evidence that they were dangerous or posed a physical threat to themselves or to others. The common feature of their forcible confinement is the direct link between their exercise of human rights and the official decision to put them in a mental hospital. In many cases they were forcibly confined only after the authorities had tried to stop their activities by other means. Often their peaceful attempts to exercise their rights were in themselves officially interpreted by psychiatrists as symptoms of mental illness. Amnesty International regards these people as prisoners of conscience.

The following is a sample of the activities which led to their forcible confinement: renouncing Soviet citizenship (Mikhail Berozashvili, 1980); sending one's passport to President Brezhnev in protest against official emigration procedures (Mikhail Utemov, 1981); holding a placard in Red Square, saying "I demand the right to emigrate" (Zita Salaseviciute, 1981); trying to cross the border out of the USSR without permission (Gerhard Buterus, 1979); arranging to meet a Swedish journalist (Yury Ternopolsky, 1981); preaching about the national tradition of the Estonian Church (the pastor Vello Salum, 1981); distributing religious leaflets (the Seventh Day Adventist Anna Lapaeva, 1980); complaining to high officials about the standard of medical treatment given to her for chronic nephritis (Sita Kirsnauskaitė, 1978); joining an unofficial Helsinki monitoring group (the Lithuanian psychiatrist Dr. Algirdas Statkevicius, 1980).

In some cases individuals who were known to have expressed dissenting views were put into mental hospitals for the duration of important public occasions. One such occasion was the staging of the Olympic Games in Moscow in the summer of 1980. Shortly before foreign visitors arrived to attend the Games in July, at least 10 known dissenters were forcibly confined to ordinary psychiatric hospitals for brief periods under civil procedures. All were released shortly after the Games were over. They included Valentin Smirnov, a nonconformist artist, who was put in Lenin-grad ordinary psychiatric hospital No. 5 on June 1, 1980 half an hour before an unofficial exhibition of his paintings opened, and Oksana Meshko, a 77-year-old member of the unofficial Ukrainian Helsinki monitoring group, and the mother of a former prisoner of conscience Olek-

sander Serhiyenko. Although she had no history of mental illness Oksana Meshko was forcibly confined to the psychiatric wing of a prison in the Ukrainian capital of Kiev on June 12, 1980 and told she would undergo "two months' examination." She was ruled to be responsible for her actions and released in September. One month later she was arrested on a charge of "anti-Soviet agitation and propaganda" and is now serving a five year sentence of internal exile.

Other prisoners of conscience already in psychiatric institutions had their confinement prolonged until after the Games were over. One such was the Ukrainian Dr. Mykola Plakhotnyuk. He was arrested in Kiev in January 1979 on a charge of "anti-Soviet agitation and propaganda" after he had written three open letters to high officials calling for the release of prominent Ukrainian prisoners of conscience who had recently been arrested. Psychiatrists diagnosed him as suffering from "schizophrenia and delusions of persecution" and for six years he was forcibly confined to special psychiatric hospitals. In 1978 he was transferred to an ordinary psychiatric hospital in the Ukrainian town of Smela, where at a regular examination in early 1979 doctors told him that "until the Olympic Games have taken place, there can be no rush [to discharge you]." Dr. Plakhotnyuk was released in December 1980.

A simple indication of how psychiatric diagnoses have been used for political persecution is that often when Soviet citizens have associated together in activities which, though not illegal, were not approved of by the authorities, several of the participants have been officially diagnosed as mentally ill and forcibly confined to psychiatric hospitals—as though the group's participants were mentally ill *en masse*. The following are cases in point:

In autumn 1978 an unofficial trade union grouping called "SMOT" was formed in Moscow. Within three weeks one of its founding members Valeria Novodvorskaya, was taken from her place of work and put in a psychiatric hospital. Since then, four more members have been confined under the civil procedure: Vladimir Borisov, Vladimir Gershuni, Alexander Vorona and Mikhail Zotov. (Four others were arrested, tried and sentenced to imprisonment or internal exile. Another five are currently awaiting trial.)

In October 1978 a commune of socialists calling itself

the "Left Opposition Group" arranged to hold an unofficial youth congress in Leningrad. Three of the group's members were arrested, two of whom were sent for psychiatric examination. Arkady Tsurkov was ruled accountable for his actions and was later sentenced to seven years' imprisonment and internal exile for "anti-Soviet agitation and propaganda." The leader of the group, Alexander Skobov, was ordered to be forcibly confined in a special psychiatric hospital.

In November 1978 Valdislav Bebko, a student, was arrested in Kuibyshev and charged with tearing down an official poster celebrating the October Revolution. He was later charged with "anti-Soviet slander" as well, after police confiscated tape recordings of foreign radio broadcasts and documents of the Czechoslovak human rights' group Charter 77. In March 1979 a court ordered him sent for an in-patient psychiatric examination. Later in the same month Anatoly Sarbayev and Viktor Ryshev, two of Bebko's associates who had appeared as witnesses at the court hearing, were also confined to psychiatric hospitals in Kuibyshev.

In December 1981 two Estonian workers, Alar Kume and Jaanus Pihelgas, were arrested while attempting to cross the Soviet border into Norway without official permission. Both men were subsequently ruled mentally ill and ordered to be confined to Leningrad special psychiatric hospital.

Unofficial human rights' groups in the USSR and former victims of psychiatric abuse have repeatedly complained that prisoners of conscience are exposed to harmful conditions when they are confined in psychiatric hospitals. Some are reported to have been treated with powerful neuroleptic drugs; in particular haloperidol, aminazin, and triftazin. In some cases these drugs have been given in excessive quantities without the necessary correctives and in disregard of contraindications in the patient. In 1980 Vladimir Tsurikov, a 35-year-old worker from Krasnoyarsk, circulated an account of his treatment in psychiatric hospital. Mr. Tsurikov said that he was treated with two tablets of triftazin and aminazin three times a day, as well as five injections of sulfazin, after he was committed under

the civil procedure to Krasnoyarsk ordinary psychiatric hospital in 1980, allegedly suffering from "emigrational delusions." Vladimir Tsurikov has been applying unsuccessfully to emigrate since 1974. After officials failed to persuade him to withdraw his application he was forcibly confined to Krasnoyarsk ordinary psychiatric hospital for three months of that year and reportedly treated with insulin, aminazin and sulfazin. In February 1979 he was reconfined for two-and-a-half months after he had proposed Academician Andrei Sakharov as a candidate for the Supreme Soviet. On his release he underwent a voluntary psychiatric examination by Dr. Voloshanovich and Dr. Koryagin of the unofficial Working Commission to Investigate the Use of Psychiatry for Political Purposes. Both doctors concluded that he was not in need of compulsory confinement. Nevertheless he was reconfined in the summer of 1980 in connection with his peaceful attempts to emigrate and was released on August 4, 1980, the day after the Olympic Games ended. He has described the treatment he received during his third confinement as follows:

"The triftazin made me writhe, and my legs began to twist about in a ridiculous way. I lost the ability to walk, while simultaneously feeling very restive and also feeling sharp pains in my buttocks at any movement—a result of the sulfazin. Fainting fits began, recurring very often: I fell and hit my head on the floor and on the brick walls. The pain prevented me from sleeping or eating. The sulfazin made my temperature rise, and it then stayed around 40 degrees centigrade. Sometimes I experienced slight shivering and my tongue hung out... This nightmare lasted a week, until I was invited to chat with some medical students. I couldn't walk, so I was carried. In the auditorium it turned out that I couldn't move my tongue. I was taken back and they began to give me anti-Parkinsonian drugs, which made me feel a bit better. I was still suffering from the sulfazin, and I had got much thinner, but at the next meeting with the students I was able to talk with them."

## Official Suppression of Evidence about Psychiatric Abuse

Some doctors are also reported to have administered drugs to prisoners of conscience in psychiatric hospitals as a form of punishment. For example, in December 1979 after a foreign radio station had publicized the case of 44-year-old Ivan Kareish who was forcibly confined in November 1979 after he had complained to high officials about his dismissal from work in a collective farm, doctors in Vitebsk Regional Psychiatric hospital reportedly subjected him to an intensive course of injections with neuroleptic drugs for a week. Other forms of punishment have included insulin-shock therapy and various forms of fixation and immobilization. Some prisoners of conscience are reported to have been subjected to beatings, often severe ones. Reports of this form of punishment most often relate to special psychiatric hospitals, where convicted criminals serve as ward orderlies. In autumn 1980, for instance, Nikolai Baranov was incapacitated and confined to his bed for two months after a beating he received from hospital staff in Alma-Ata special psychiatric hospital. Nikolai Baranov, who is now in his forties, is a worker from Leningrad. He has been forcibly confined to special psychiatric hospitals for 14 years since he was arrested in 1968 on a charge of "anti-Soviet agitation and propaganda" in connection with an appeal he wrote to the Swedish embassy, asking for help to emigrate.

Soviet prisoners of conscience are also known to have been pressured by psychiatrists to renounce their beliefs as a condition for their release. In early 1979, for instance, doctors promised to transfer Voldemaras Karoliunas from Chernyakhovsk special psychiatric hospital to a less severe form of confinement in an ordinary psychiatric hospital. This transfer, however, did not take place. Doctors told his relatives that they were not satisfied with his behavior, since Karoliunas, a Lithuanian Catholic, "is always praying and says he will live as God wants him to."

In 1980 Amnesty International received information that patients in Section 4 of the special psychiatric hospital in Chernyakhovsk had staged a revolt against medical staff. They were reportedly protesting against their treatment with heavy doses of neuroleptic drugs. The patients are said to have seized members of the staff as hostages and barricaded themselves in a block. They released the hostages after a psychiatrist, Colonel Rybkin, had promised to investigate their complaints. Hospital orderlies are then reported to have burst into the block and beaten the

patients as a result of which one patient lost an eye. Amnesty International knows of a number of prisoners of conscience who are confined in Chernyakhovsk special psychiatric hospital. None is reported to have been involved in the revolt.

Since 1977, as before then, the Soviet authorities have imprisoned many people for the nonviolent exercise of their human rights. Between October 1979 and October 1981 alone more than 500 Soviet citizens are known by Amnesty International to have been arrested in connection with the peaceful exercise of their human rights. A significant number of these prisoners of conscience were individuals who had independently monitored violations of human rights in their country and attempted to publicize their findings. At the time of writing this paper, for example, 32 members of unofficial Helsinki monitoring groups are currently serving terms of imprisonment or internal exile on account of these activities. Another one, the psychiatrist Dr. Algirdas Statkevicius who is a member of the Lithuanian Helsinki monitoring group, has been forcibly confined to Chernyakhovsk special psychiatric hospital since February 1980. In September 1982 the Moscow Helsinki monitoring group announced that it was closing down, explaining this by the arrests of so many of its members.

Among the targets of arrests have been individuals and groups who have specifically highlighted the continuing use of psychiatry for political purposes, which was condemned by the World Psychiatric Association in 1977. The unofficial Working Commission in Moscow, for example, became a target of official persecution within one month of its formation. In February 1977 one of its founding members, 52-year-old Felix Serebrov, was demoted from his job as a skilled lathe operator at the "Rassvet" factory. In April of that year he was informed that a criminal charge had been brought against him in connection with an alleged forgery in his workbook. He was tried in October and sentenced to one year's imprisonment under Article 196 of the RSFSR Criminal Code. The evidence available on his case indicates clearly that the charge against him was fabricated and that Felix Serebrov was imprisoned in connection with his involvement with the Working Commission. Amnesty International therefore adopted him as a prisoner of conscience.

The official harassment and arrest of the other members of the Working Commission swiftly followed Felix Sere-

brov's first imprisonment. In March 1977 KGB officials searched the Moscow flat of Alexander Podrabinek, another of the group's founding members, and confiscated the manuscript of his book *Punitive Medicine*. Nevertheless an incomplete version of the manuscript was sent abroad in the summer of that year, which included a postscript by Mr. Podrabinek, calling on the Sixth Congress of the WPA to establish an international committee to investigate individual cases of political abuse of psychiatry. In May 1978 Alexander Podrabinek was arrested in connection with circulating this manuscript, and was charged with "circulating anti-Soviet slander." In August of that year a Moscow court sentenced him to five years' internal exile.

He began his sentence in the Irkutsk region of eastern Siberia before being transferred in 1979 to Krasnoyarsk Autonomous Republic. While in internal exile he continued his work for the Commission, contributing appeals on behalf of individual prisoners of conscience confined in psychiatric hospitals against their will, and in November 1979 writing to the Minister of Internal Affairs for the USSR to ask that patients in special psychiatric hospitals be paid for their work at rates in keeping with the provisions of the Constitution of the USSR. In June 1980 Alexander Podrabinek was re-arrested in internal exile, once again on a charge of "circulating anti-Soviet slander." In January 1981 a court sentenced him to a further three years' imprisonment in a corrective labor colony. Mr. Podrabinek is now confined in a corrective labor colony in the Yakutsk ASSR, and is reported to be suffering from active tuberculosis, rheumatism and a heart complaint. In June 1982 he was hospitalized, but against doctors' advice, he was once again returned to the camp in October. Alexander Podrabinek is now 29-years-old.

In 1980 two more founding members of the Working Commission were arrested. They were Vyacheslav Bakhmin, a 34-year-old computer programmer and editor of the *Information Bulletins*, and Dr. Leonard Ternovsky, a 49-year-old radiologist. Both men were charged with "circulating anti-Soviet slander" and were subsequently given the maximum sentence of three years' imprisonment in a corrective labor colony by a court in Moscow. Vyacheslav Bakhmin is serving his sentence in the Tomsk region of the Russian Republic and Dr. Leonard Ternovsky is imprisoned at Omsk.

Following the arrest of Vyacheslav Bakhmin in February 1980, his place on the Working Commission was taken by another computer programmer, 35-year-old Irina Grivnina, who had assisted the group informally since 1978. Six months after she joined the group Irina Grivnina was herself arrested, also on a charge of "circulating anti-Soviet slander." During her six months' participation, she helped prepare *Information Bulletins* Nos. 21, 22 and 23, which reported on a total of 34 cases of psychiatric abuse and investigated seven more. Miss Grivnina's arrest in September 1980 followed a search of her apartment during which materials relating to the Working Commission were confiscated.

Irina Grivnina was held in investigative detention in Moscow's Butyrka prison for ten months, although the maximum period of detention without trial permitted in the RSFSR Code of Criminal Procedure is nine months. At her trial in July 1981 she was sentenced to five years' internal exile, a sentence she is serving in the Central Asian Republic of Kazakhstan. A report of her trial by the official Soviet news agency TASS accused her of preparing "deliberately mendacious fabrications" which she "processed in a slanderous spirit for use by anti-Soviet publishers and the imperialist propaganda media in ideological sabotage against the Soviet Union."

Three days after Irina Grivnina's arrest, Dr. Anatoly Koryagin, a consultant psychiatrist to the Working Commission, gave a press conference in Moscow, in which he defended her work and pointed to continuing psychiatric abuse. At the conference he announced the conclusions of his personal examinations of 15 former victims of psychiatric abuse, "all of whom he considered had been confined for political and not genuine medical reasons. In December 1980 one of the individuals he had examined, the 44-year-old Donbass miner Alexei Nikitin, was rearrested in the Ukrainian city of Donetsk, after he had met with foreign journalists to discuss working conditions in Soviet mines, and the attitudes of Soviet workers to events in Poland. He was ruled not-responsible for his actions and is now confined to Alma-Ata special psychiatric hospital for an indefinite period. At a second press conference in Moscow, held in January 1981, Dr. Anatoly Koryagin spoke out against Nikitin's wrongful confinement. The following month Dr. Koryagin was himself arrested on a charge of "anti-Soviet agitation and propaganda." In June 1981 he was tried and given the maximum sentence of 12 years' imprisonment and internal exile. He was sent to serve the first part of his sentence in a corrective labor colony in the Perm region. While he was there he sent out of the camp an open letter appealing for "people of good will" to help victims of the political abuse of psychiatry. In July 1982 he was officially stripped of his doctoral research degree and transferred from the corrective labor colony to a prison in Chistopol, in the Tatar Autonomous Republic. Prison is the harshest form of corrective labor institution authorized by the Corrective Labor Code of the RSFSR.

After his release in August 1978 Felix Serebrov had resumed his work for the Commission, and on February 15, 1979 he issued a successful protest against the restrictions on correspondence imposed on persons held in the Serbsky Institute of Forensic Psychiatry in Moscow. By late September 1980 he was the only formal member of the Working Commission still at liberty. He collected and issued in *samizdat* the group's last document—*Information Bulletin* No. 24—which documented 16 cases of psychiatric abuse and reported on a further 14 allegations of abuse. On January 8, 1981 Felix Serebrov was himself arrested on a charge of "anti-Soviet agitation and propaganda." He was subsequently sentenced to a total of nine years' imprisonment and internal exile. He is currently serving the first part of his sentence in a labor colony in the Perm region near the Ural mountains.

All six convicted members of the Working Commission were sentenced on charges which proscribe the peaceful exercise of the right to freedom of expression. Amnesty International has adopted them as prisoners of conscience.

In December 1981 Amnesty International received reports that Sofia Kalistratova, the Working Commission's consultant lawyer, had also been faced with a charge of "circulating anti-Soviet slander"—a charge which carries a maximum sentence of three years' imprisonment. Sofia Kalistratova had acted as defense counsel in several widely publicized political trials in the 1960's and early 1970's, as a result of which her official permission to participate in political trials was withdrawn by the authorities. In her work with the Working Commission she advised on legal aspects of psychiatric confinement, and in particular contributed to *Information Bulletin* No. 6 (dated February 1, 1978) which was devoted to an analysis of the wrongful confinement of Vladimir Rozhdestvov. Vladimir Rozhdestvov, a 40-year-old worker from Tomsk region was arrested in September 1977 on a charge of "circulating anti-Soviet slander." He was accused of listening to foreign radio broadcasts, circulating an anti-Soviet poem, and praising Western economies in conversations with friends at his hostel. He was ruled not-responsible for his actions, and at a court hearing in November 1977, which was attended by members of the Working Commission and the Moscow Helsinki monitoring group, he was sent for compulsory confinement in Tashkent special psychiatric hospital, where he now remains. There was no evidence to show that Vladimir Rozhdestvov represented a physical danger to himself at the time of his arrest, or previously.

Dr. Alexander Voloshanovich, the eighth member of the Working Commission, who had been a consultant psychiatrist to the group since it began, was forced to emigrate from the Soviet Union in February 1980, in the face of official harassment. During his three-year involvement with the group he examined 40 individuals of known nonconformist views, who feared the authorities might confine or reconfine them in mental hospitals and concluded that there was no medical justification for their forcible confinement. After he had spoken about his first examinations at a press conference in Moscow in August 1978, he was notified that an official commission had been set up in the Ukrainian city of Dnepropetrovsk under the auspices of the All-Union Society of Psychiatrists and Neuropathologists, to investigate his allegations of abuses. In October Dr. Voloshanovich was invited to attend. His meeting with the official commission, headed by the vice-president of the department of psychiatry of the All-Union Society of Psychiatrists and Neuropathologists, Dr. Vladimir Kovalyov, is reported in the Working Commission's *Information Bulletin* No. 13 (dated November 20, 1978). The report says that Dr. Voloshanovich was asked to discuss a case he had diagnosed several years previously, but was denied access to any of his materials relating to the case. The commission did not address his specific complaints that the rules for compulsory confinement had been violated in regard to the case. Dr. Voloshanovich then wrote to the Dnepropetrovsk commission expressing his willing-

ness to continue collaboration, only on condition that an independent psychiatrists from the WPA be included on the team. His letter did not receive a reply, and the official commission is not reported to have taken further steps to investigate allegations of psychiatric abuse. In its report of the incident the Working Commission expressed the fear that the official commission's aim was to discredit Dr. Voloshanovich. On October 4, 1979 Dr. Voloshanovich was detained at a railway station in the city of Gorky as he returned from examining a number of former victims of psychiatric abuse. He was searched without a warrant, and his medical notes and some books, including one on psychiatry written in English, were confiscated. Dr. Voloshanovich emigrated four months later.

Since the WPA met in 1977 other people who exposed the political abuse of psychiatry in the USSR have also been punished. Some were former victims of psychiatric abuse who had reported on their treatment to the Working Commission after their release. For example, Arvydas Cekanavicius, a 31-year-old Lithuanian medical student, wrote a letter to the Working Commission in April 1979 after he was released from six years' psychiatric confinement. He was first arrested in 1973 after poems and tape recordings of foreign radio broadcasts were confiscated during a search of his flat. In June 1979 shortly after he wrote the letter, he was once again confined and injected with powerful neuroleptic drugs. He was released in August 1979, but rearrested in November for "installing a telephone under a false name eight years previously." He is now confined for an indefinite period in Chernyakhovsk special psychiatric hospital. Another such case is that of Yuri Valov, a 40-year-old campaigner for improved conditions for disabled people in the USSR. In 1978 Mr. Valov voluntarily underwent an examination by Dr. Alexander Voloshanovich, who concluded that he was not in need of compulsory confinement. Nevertheless in October 1978 he was forcibly confined in an ordinary psychiatric hospital in Moscow for four months, during which time the Working Commission and Dr. Voloshanovich appealed to hospital authorities for his release. After he was released in 1979 he addressed a letter of gratitude to the Working Commission in which he described the conditions of his confinement, and he was reconfined for a brief period shortly afterwards. Yuri Valov is now confined for a fourth time, this time to an ordinary psychiatric hospital in Gorky, where he was committed against his will in February 1981.

Other individuals have been arrested who gathered information on psychiatric abuse to forward to the Working Commission. On December 8, 1978, for example, Iosif Zisels, a 32-year-old engineer in a broadcasting studio, was arrested in the Ukrainian town of Chernovtsy. His card index on 100 alleged political prisoners in Dnepropetrovsk special psychiatric hospital was confiscated, and he was later sentenced to three years' imprisonment for "circulating anti-Soviet slander." The same sentence was passed in 1981 on a 45-year-old Ukrainian from Kiev region, Anna Shevchuk, who had collected information on psychiatric abuse and appealed for the release of individual prisoners of conscience confined in mental hospitals.

against their will.

Sometimes friends and relatives who tried to make contact with victims in hospitals have faced reprisals. In 1978, for example, Anatoly Pozdnyakov, a member of a recently established independent trade union group, was beaten up by an orderly outside Moscow's psychiatric hospital No. 1, after he tried to speak to his colleague Evgeny Nikolaev,

through a window. He was reportedly warned that if he complained about the beating he would "end up here with us." In autumn 1980 the wife of Arkady Stapanchuk, a Ukrainian worker confined after he sought asylum in the British embassy in Moscow, was herself forcibly confined for 21 days when she attempted to visit her husband in the hospital.

## The Soviet Response to Allegations of Psychiatric Abuse

Since it met in 1977 the WPA has established a Committee to Review the Abuse of Psychiatry for Political Reasons, whose brief is to monitor individual cases. Over the past five years this committee has submitted to the All-Union Society of Neurologists and Psychiatrists of the USSR more than 20 documented requests for information on 11 individual cases. The All-Union Society has refused to recognize the authority of this committee, but in early 1982 it promised replies to the Executive Committee of the WPA on six of the cases raised. By January 1983 only two replies had been sent. One concerned the Ukrainian Uniate Catholic believer, Iosif Terelya, who was released after over 8 years' confinement as a prisoner of conscience in November 1981. Terelya, who is now 40 years old, was first forcibly confined to a special psychiatric hospital under the criminal procedure in 1972, after he had been arrested on a charge of "anti-Soviet agitation and propaganda." He was released in 1976, but reconfined in April 1977

after he had written an Open Letter to the then-head of the KGB, Yury Andropov, protesting against the illegality of his confinement. The other reply concerned a Leningrad engineer, Anatoly Ponomaryov, who is still confined to a psychiatric hospital. Anatoly Ponomaryov has been confined on six separate occasions, for a total of 12 years. He was first put in a mental hospital against his will in 1970, after being arrested for circulating a copy of Solzhenitsyn's letter to the All-Union Writers' Congress. The content of the replies from the All-Union Society has not been published.

The Soviet authorities and spokesmen for the Soviet psychiatric profession have continued to dismiss allegations made by foreign psychiatrists and human rights' organizations as politically-motivated "slander." In February 1983 the All-Union Society resigned its membership of the WPA, five months before the Seventh Congress of the world body was due to meet in Vienna.

## APPENDIX II

Additional Cases of the Political  
Abuse of Psychiatry in the USSR

September 1983

Amnesty International  
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GEDERTS MELNGAILIS (32) is a Lutheran from the Latvian republic. He was arrested in Riga on 7 February 1983 on a charge of "circulating anti-Soviet slander" under the Latvian equivalent of Article 190-1 of the RSFSR Criminal Code. He was reportedly accused of having sent information about the internal situation in the Latvian republic to emigrés living abroad.

Following his arrest Mr Melngailis was put in an ordinary psychiatric hospital where examining doctors ruled that he was not responsible for his actions. At a hearing on 10 August 1983 the Latvian Supreme Court ordered that he be forcibly confined to an ordinary psychiatric hospital for an indefinite period. Gederts Melngailis was not present at the hearing of his case.

According to official Soviet procedures an individual may only be confined to a psychiatric hospital against his will if he is shown to be both mentally ill and an "evident danger" to himself or to others. There is no evidence to suggest that Gederts Melngailis represented such a danger either at the time of his arrest or previously. The evidence shows rather that he is confined not for genuine medical reasons, but for peacefully seeking to exercise his right to freedom of expression. Amnesty International is therefore adopting him as a prisoner of conscience. For further information about the official procedures for confining people to psychiatric hospitals against their will please see the attached Amnesty International paper "Political Abuse of Psychiatry in the USSR" (AI Index; EUR/46/01/83, February 1983).

Background

Latvia, and likewise its Baltic neighbours Estonia and Lithuania, were part of the Tsarist empire, but became independent after the revolutions of 1917 in Russia. Its independence lasted only until 1940. In 1939 the Soviet Government and Nazi Germany signed a Non-Aggression Pact (sometimes called the Molotov-Ribbentrop Pact) under the terms of which the Baltic Republics, including Latvia, passed into the Soviet sphere of influence. In 1940 Soviet forces occupied all three Baltic republics and they were soon annexed to the USSR. German forces subsequently invaded and occupied the Baltic republics until they were driven out by Soviet forces in 1944 and 1945. Latvia, Estonia and Lithuania remained annexed to the USSR with the status of Union Republics.

During the 1970's and early 1980's the Baltic republics have been the scene of conspicuous dissent from Soviet government policies. Most consistent dissent has been expressed in the Lithuanian republics, where in the last decade there has been a proliferation of unofficial journals advocating the preservation of Lithuanian national culture, and opposing the Soviet Government's restrictions on the activities of the Lithuanian Roman Catholic Church. In 1979 - the Fortieth anniversary of the Molotov-Ribbentrop Pact - 45 Balts, among them 4 Latvians, drew up an unofficial "Memorandum" in which they called upon the Secretary General of the United Nations to declare the terms of the pact null and void, and to secure the return of independence to the Baltic republics. 9 of the signatories to this Memorandum have subsequently been arrested and sentenced to terms of imprisonment or analogous punishment.

In November 1982, it was reported that several Latvians had staged a peaceful demonstration in the capital of Riga, to mark the anniversary of Latvian independence in 1918. Some individuals were detained after they had placed candles and flowers on a monument dedicated to the first President of the Latvian republic. A 17-year-old student, Richards Usans, was arrested and forcibly confined to a psychiatric hospital, after he had read aloud passages from the Bible in front of the monument. He is reported still to be confined. On 6 January 1983 KGB officials are reported to have searched more than fifty homes in Latvia, and to have confiscated religious literature and unofficial material devoted to peace issues, as well as copies of the Universal Declaration of Human Rights. One woman was arrested on the day of the searches and has since been sentenced to 8 years' imprisonment and exile on a charge of "anti-Soviet agitation and propaganda". She is Lydia Doronina, a Baptist, and a personal friend of Gederts Melngailis.

Since January five more Latvians - among them Gederts Melngailis - are known to have been arrested on political charges of "circulating anti-Soviet slander" or "anti-Soviet agitation and propaganda".

Before his arrest Gederts Melngailis lived with his mother and sister in Riga, and worked at the "Ausma" factory, making rubber and plastic equipment. He has a secondary school education and between March 1974 and August 1975 is reported to have enrolled in a theological course offered by the Latvian Evangelical Lutheran Church. Since the age of 16 Gederts Melngailis is reported to have been in conflict with the authorities for expressing nationalist sentiments. In 1967 he was sent for two weeks' psychiatric examination after he had drawn the colours of the Latvian national flag on an envelope addressed to a cousin, and had written "Long Live Free Latvia" in another letter addressed to the same person. The psychiatrists who examined Mr Melngailis apparently found no grounds for prolonging his confinement.

During the 1970's Gederts Melngailis reportedly came into contact with former political prisoners after their release from imprisonment. These included Lydia Doronina, who was imprisoned between 1970 and 1972 for having circulated unofficially a Latvian translation of Aleksander Solzhenitsyn's article "This is How We Live". Ms Doronina had previously served a ten-year term of imprisonment in the 1950's for her involvement with Latvian partisans, who resisted the unification of Latvia with the Soviet Union between 1945-48. During the 1970's she is known to have given material help to former political prisoners on their release from imprisonment. During this time Gederts Melngailis also came into contact with Gunnars Rode, a Latvian sentenced in 1962 to fifteen years' imprisonment on a charge of "treason" for forming an unofficial group which advocated an independent federation of the Baltic states. Rode emigrated from the USSR in 1978.

According to his mother, Gederts Melngailis was summoned for repeated questioning by KGB officials during the 1970's and subjected to harassment by colleagues at work and by neighbours. In January 1981 and again in March 1982 he submitted unsuccessful applications to emigrate from the Soviet Union. In December 1981 he was detained by the KGB and threatened with psychiatric confinement whilst attempting to visit a correspondent of the British newspaper The Financial Times, in Moscow.

### Valery TYURICHEV

Valery Tyurichev is confined against his will to Smolensk special psychiatric hospital. His confinement came in 1981 after he had written an article criticizing the Soviet Union's economic policy and applied for permission to emigrate. According to official Soviet procedures individuals may be confined to psychiatric hospitals against their will only if they are mentally ill and represent an "evident danger" to themselves or to others. There is no evidence to show that Valery Tyurichev represented such a danger at the time of his arrest or previously. The evidence clearly indicates that he is confined for peacefully seeking to exercise his human rights. Amnesty International therefore regards him as a prisoner of conscience.

For further information on official Soviet procedures for confining people to psychiatric hospitals against their will, please see attached Amnesty International briefing paper "Political Abuse of Psychiatry in the USSR" (EUR 46/01/83, February 1983).

### Background

Information on the case of Valery Tyurichev has come to light only in recent months, since his father gave an unofficial press conference in Moscow in March 1983. At this press conference Vasily Tyurichev handed out a statement appealing to the World Psychiatric Association and the World Health Organisation to help in obtaining his son's release.

Valery Tyurichev, aged 36 years, was formerly the director of a shop in the Ukrainian city of Dnepropetrovsk. He is reported to have been dismissed from the Communist Party of the Soviet Union in 1978. In 1979 he wrote an article which criticized aspects of socialist economics. This was confiscated from him when he was briefly detained in Moscow in April 1980. Tyurichev is then reported to have sent an expanded version of his manuscript to the Marx-Engels-Lenin Institute in Moscow.

After April 1980 Valery Tyurichev and his family were reportedly questioned on several occasions by police officials. The family then renounced its Soviet citizenship and applied for permission to emigrate. Their application was turned down. In the summer of 1980, while the Olympic Games were being staged in Moscow, Valery Tyurichev was one of a number of Soviet citizens of known non-conformist views who were put in psychiatric hospitals under the civil procedure for the duration of the Games. Valery Tyurichev was diagnosed to be "mentally healthy" and was discharged.

After he was released, Tyurichev and his wife lost their jobs. Their attempts to be reinstated were not successful. In November 1980 they travelled to Moscow with their family and demonstrated in Red Square, carrying placards bearing the slogan "Helsinki-Belgrade-Madrid - Nil!" They were immediately arrested and flown back to Dnepropetrovsk after two days' detention.

Shortly after this incident the Visa Section of the Dnepropetrovsk Department of Internal Affairs invited them to re-submit applications for an exit visa. On 16 March 1981 they were reportedly summoned to the department to complete their forms. As he left the house Valery Tyurichev was arrested. His house was searched and 16 exercise books of his personal notes, together with the certificate of postage of a letter he had sent to President Carter of the United States were confiscated. It is not known exactly what charge was brought against Valery Tyurichev, but one source reports that he was charged with "circulating anti-Soviet 'Islander'".

During the investigation of his case, which lasted five months, Tyurichev was reportedly offered a "lenient sentence" of six months' imprisonment and five years' internal exile in Dnepropetrovsk region, if he would testify against himself. He refused and was sent to Dnepropetrovsk psychiatric hospital for examination. Doctors there diagnosed him to be mentally healthy. He was then re-examined by a medical commission headed by Professor V. P. Blokhin, which diagnosed him to be suffering from "schizoid psychopathy" and ruled him not responsible for his actions. In late 1981 his case was heard by a court in Dnepropetrovsk and he was ordered to be forcibly confined in a special psychiatric hospital for an indefinite period.

Special psychiatric hospitals constitute the most severe type of psychiatric institution in the USSR. They are officially designated for those who "represent a special danger to society". There is no evidence to suggest that Valery Tyurichev represented such a danger either at the time of his arrest or previously. The available evidence clearly indicates that he is confined for his peaceful attempts to exercise his right to freedom of expression and his efforts to gain permission to emigrate.

Valery Tyurichev was sent first to Dnepropetrovsk special psychiatric hospital, where he is reported to have been treated with powerful neuroleptic drugs. On 19 May 1982 he was transferred to another special psychiatric hospital in Smolensk where his treatment with haloperidol and insulin has reportedly been continued. The person in charge of his case is Doctor Anatoly Pavlovich Ptushkin. In December 1982 the medical commission which has examined him at six-monthly intervals to determine whether his confinement should be prolonged, altered the diagnosis of his condition to one of "schizophrenia in a paranoid form".

On 16 February 1983 Valery Tyurichev declared a hunger-strike in protest against the drug treatment being administered to him. It is not known how long his hunger-strike lasted.

Vladimir KHAILO

Since December 1980 Vladimir Khailo has been confined against his will to Dnepropetrovsk special psychiatric hospital. According to official Soviet procedures individuals may be confined to psychiatric hospitals against their will only if they are mentally ill and an "evident danger" to themselves or to others. There is no evidence to suggest that Vladimir Khailo posed such a threat at the time of his arrest or previously. The evidence clearly shows that he is forcibly confined to a psychiatric hospital for his peaceful attempts to exercise his religious beliefs and his efforts to gain permission to leave the USSR. Amnesty International has therefore adopted him as a prisoner of conscience.

For further information on official Soviet procedures for confining people to psychiatric hospitals against their will, please see Section II of the attached AI briefing paper "Political Abuse of Psychiatry in the USSR" (EUR 46/01/83 March 1983).

Background

Vladimir Khailo (51) is a Baptist from Krasny Luch in the Voroshilovgrad region of the Ukrainian republic. He has a wife, Maria, and fifteen children.

In 1960 a split occurred within the official Baptist church following its adoption of the so-called "New Statutes". The "New Statutes" provided for a strongly-centralised church with the powers to appoint and dismiss local clergy, and called for the registration of all congregations with local secular authorities. Many Baptists left the official "All-Union Council of Evangelical Christians and Baptists" in protest against these statutes and in 1963 they formed their own unofficial "Council of Evangelical Christians and Baptists". Baptists of this group refuse to accept the state's stringent restrictions on religious practice. In particular they refuse to accept state control over appointments of clergy, the content of sermons, and its restrictions on giving religious education to children. They do not register their congregations with the state authorities and as such are officially considered to be illegal. Unofficial Soviet sources estimate that around 200,000 unregistered or "dissenting" Baptist congregations exist in the USSR today.

Vladimir Khailo and several other Baptists from Krasny Luch left the official church in 1961 and began to conduct religious services in the private homes of fellow believers. In the following 15 years the family was repeatedly attacked in the local newspaper and in 1977 the Khailo children reportedly stopped going to school for fear of victimisation. In October 1977 the executive committee of the Krasny Luch soviet submitted a suit to the local court to deprive the Khailos of their rights as parents. The court hearing was completed in February 1978. After the Khailos had signed a statement promising that their children would attend school, the case against them was dropped. A detailed account of this court hearing appears in the unofficial human rights journal A Chronicle of Current Events No. 48 (14 March 1978) and is attached to this case sheet.

In 1974 as a result of official harassment, the Khailo family applied for permission to emigrate from the Soviet Union. In October 1977 they repeated their application, also without success. In January 1978 the unofficial Helsinki monitoring group issued its Document 29 which chronicled the harassment of Vladimir Khailo and his family and asked that they be allowed to emigrate. At this time their case was also publicly supported by Academician Andrei Sakharov and the unofficial Christian Committee for the Defense of Believers' Rights in the USSR.

On 22 September 1980 Vladimir Khailo was forcibly confined to an ordinary psychiatric hospital in Voroshilovgrad region under the civil procedure. While he was there he was arrested on 14 November. The exact charge against him is not known. The investigator of his case ordered the result of a psychiatric examination. Vladimir Khailo was diagnosed "schizophrenic" and ruled to be not responsible for his actions. On 1 December 1980 a court ordered him to be forcibly confined for an indefinite period to a special psychiatric hospital.

Special psychiatric hospitals are the most severe type of psychiatric institution in the USSR and are officially designated for those who "represent a special danger to society". There is no evidence to suggest that Vladimir Khailo represented such a danger at the time of his arrest or previously. The evidence clearly shows that Vladimir Khailo has been confined to a psychiatric hospital because of his dissenting religious activity and not for genuine medical reasons.

Vladimir Khailo was sent to Dnepropetrovsk special psychiatric hospital on 16 December 1980. Accounts of his treatment there come from his wife and have been published in the unofficial "Bulletin" produced by "dissenting" Baptists in the USSR. According to her Vladimir Khailo was examined on arrival by a commission of three doctors, one of whom concluded: "I can't understand how they could send you here." At a later examination in December 1981 the commission reportedly promised to release Vladimir Khailo if he agreed to join a registered Baptist congregation. He refused.

The person in charge of Vladimir Khailo's case is Dr. Aleksei Ivanovich Balabats. In the course of two and a half years' confinement Khailo is said to have been treated with halperidol, aminazin, stelazin and triftazin, as a result of which his health has been impaired. He is reported to be suffering from body swelling, sore joints, high blood pressure, fainting fits, impaired vision and heart pains. At her first visit to him in January 1981 Maria Khailo said she did not recognise him. In 1982 the hospital authorities offered to grant him invalid status. Vladimir Khailo refused on the grounds that he had entered the hospital a healthy man.

For further information on Baptist prisoners of conscience in the USSR, please see the AI papers: "Imprisonment of Religious Believers in the USSR" (EUR 46/29/81) and "Imprisoned Leaders of the Unregistered Baptist Church in the USSR" (EUR 46/18/82).

July 1980

Yosif RINKEVICH

In October 1978, during its "Prisoner of Conscience Week 1978" Amnesty International drew attention to a category of "forgotten prisoners" who had been left for many years in psychiatric hospitals, and where the obscurity of the cases and difficulty in obtaining up-to-date information about their conditions had resulted in both a lack of public awareness about their fate and probably greater exposure to ill-treatment, particularly through their subjection to treatment with powerful drugs.

Over the past year Amnesty International has received information about several long-standing cases of compulsory psychiatric confinement for political reasons that it had not previously known about. Among these is the case of Yosif Rinkevich. The following is the only information at present available on him.

Background to Case

Yosif Rinkevich is a Russian Orthodox priest from the Byelorussian Republic. He is reported to have spoken out against the subordination of the Russian Orthodox Church to the state, and to have criticized the communist party. In 1973 he was arrested on ostensibly criminal charges of currency speculation. He was given a psychiatric examination and ordered to be confined to an ordinary psychiatric hospital in the Gomel region of Byelorussia. He is reportedly still confined in the hospital and being subjected to treatment with drugs.

According to Soviet law a person may be forcibly confined to a psychiatric hospital only if he is socially dangerous. There is no indication to suggest that at the time of his arrest Father Rinkevich was either "dangerous" to himself or to others, or that he was in need of compulsory psychiatric treatment. The Soviet practice of confining dissenters to psychiatric hospitals is described in Amnesty International's report "Prisoners of Conscience in the USSR: Their Treatment and Conditions" (second edition, April 1980) and in the attached AI papers.

AI has under adoption numerous dissenters who have been imprisoned on criminal charges which have ostensibly no connection with their political or religious activities. Typical charges are "hooliganism", "parasitism", "engaging in prohibited trade" and even "attempted rape". AI believes that the real reason for the imprisonment of these individuals is their attempt to exercise their human rights in a non-violent manner. It has adopted them as prisoners of conscience.

Some of these prisoners are members of the Russian Orthodox Church. Tatyana Shchipkova, for example, is a 40-year-old philologist and member of an unofficial Russian Orthodox seminar group which met to discuss religious problems.

She was arrested and convicted of "malicious hooliganism" - a charge which AI believes to be false. Several members of the Russian Orthodox clergy are also currently under adoption as prisoners of conscience, eg. Lev Regelson and Viktor Kapitanchuk. Both men have strongly criticized the state's control over the affairs of the Russian Orthodox Church.

All these factors strongly suggest that Father Rinkevich may be psychiatrically confined for seeking to exercise his right to freedom of conscience. However, for lack of detail concerning the circumstances of his arrest and subsequent confinement, AI is taking up his case for investigation.

#### Background to Adoption

June 1983

Since Amnesty International took up this case for investigation it has received reports from several sources which consistently indicate that Yosif Rinkevich is confined to a psychiatric hospital for peacefully seeking to exercise his rights to freedom of conscience, and not for genuine medical reasons.

According to these reports Yosif Rinkevich served in the Soviet army for five years during the Second World War and was demobilised with a good record. Since Soviet men of 18 years old and over are eligible for military conscription, this suggests that Yosif Rinkevich was born around 1921 and is now in his early sixties. He is reported subsequently to have received official accreditation as an orthodox priest. Between 1945 and 1973 he is said to have been arrested on at least five separate occasions; each time after he had held unofficial religious services in premises not authorised for this purpose by the state. Amnesty International's sources do not indicate if he was subsequently sentenced to imprisonment, either administratively or by a court, or whether he was confined to a psychiatric hospital under the civil procedure. In order to avoid re-arrest Yosif Rinkevich is reported to have moved house frequently and in the months leading up to his last arrest in 1973 he was living in a forest. As a result of his frequent moves he is said to have accumulated tax arrears.

In 1973 he was arrested on a charge relating to tax violations (and not "currency speculation" as first reported). He was kept in custody awaiting trial in an investigation prison in Minsk, the capital of the Byelorussian republic, where he staged a hunger-strike in protest against his arrest. The investigator in charge of his case sent him for examination to Gomel psychiatric hospital, where doctors ruled him to be non-accountable for his actions. A court subsequently ordered that he be confined to an ordinary psychiatric hospital for an indefinite period.

Yosif Rinkevich was sent to a psychiatric hospital in Rechitsky district of Gomel region, where he still remains. Although he was ostensibly arrested for a tax offence, the medical commission which has examined him at six-monthly intervals to decide whether his confinement

should be prolonged, is reported to have urged him repeatedly to renounce his religious beliefs as a pre-condition for his discharge. In the early stages of his confinement Yosif Rinkevich is reported to have been administered doses of a barbiturate "Barbamil" and other drugs. It is not known what drugs, if any, he is being given at present.

There is no evidence to suggest that Yosif Rinkevich was an "evident danger" to himself or to others at the time of his arrest or previously, and that he was therefore eligible for forcible confinement to a psychiatric hospital under the official Soviet procedures. On the basis of the new information which has come to light on his case, Amnesty International believes that Yosif Rinkevich is forcibly confined to a psychiatric hospital for peacefully seeking to exercise his right to freedom of religious belief. He is therefore being adopted as a prisoner of conscience.

For further information on the Soviet practice of confining individuals of known non-conformist views to psychiatric hospitals against their will, please see the attached Amnesty international briefing paper: "Political Abuse of Psychiatry in the USSR" (EUR 46/01/83, February 1983).

Vladimir DANCHEV

Vladimir Danchev is forcibly confined to a psychiatric hospital for an indefinite period after he made remarks critical of Soviet foreign policy in broadcasts given by "Radio Moscow".

According to official Soviet procedures for compulsory confinement, individuals may be put in psychiatric hospitals against their will only if they are shown to be mentally ill and an "evident danger" to themselves or to others. There is no evidence to suggest that Vladimir Danchev was physically dangerous at the time of his confinement or previously. The evidence in this case clearly shows that Vladimir Danchev is forcibly confined for seeking to exercise his right to freedom of expression in a non-violent manner, rather than for authentic medical reasons. Amnesty International is therefore adopting him as a prisoner of conscience.

For further information on the Soviet practice of confining people of known non-conformist views to psychiatric hospitals against their will, please see the attached Amnesty International paper "Political Abuse of Psychiatry in the USSR" (EUR 46/01/83, February 1983).

Background

Vladimir Danchev (35) was formerly employed as a newsreader with the Soviet English-language broadcasting service, "Radio Moscow". Over a period of months in 1983, he is reported to have made repeated alterations to officially-prepared texts and to have broadcast comments sharply critical of Soviet foreign policy. In May the British Broadcasting Corporation publicised transcripts of Danchev's statements: on 18th, he announced that the leaders of the Afghan tribes "had called for a struggle against the Soviet occupiers"; on 20th, he reported that "the Soviet Union has again demonstrated that it is not prepared to make constructive decisions about the limitation of nuclear weapons in Europe"; and on the 23rd he made three announcements criticising the Soviet presence in Afghanistan. Following extensive publicity given to his remarks abroad, Vladimir Danchev was dismissed from his post, and transferred to his home town of Tashkent in Uzbekistan.

Little detail is available on his case from this point. By the end of June 1983, however, sources report that he had been confined against his will to an ordinary psychiatric hospital in the city and that during the investigation of his case he had refused to repudiate the remarks he had broadcast. This information indicates that he is confined under the criminal procedure, - ie by the decision of a court, based on a psychiatric report and doctors' recommendations made during the investigation of the case. It is not yet known precisely what criminal charge was brought against Vladimir Danchev. Like hundreds of other Soviet citizens, who have also criticised official government policies and received publicity abroad, however, it appears highly probable that Vladimir Danchev was charged with conducting "anti-Soviet agitation and propaganda".

During the investigation of his case, Vladimir Danchev reportedly said that he had been altering official scripts since February 1983 in protest against the Soviet policy towards Afghanistan. In June 1983 spokesmen for "Radio Moscow" told foreign journalists that Danchev had expressed criticisms of the USSR because he was dissatisfied with his housing and his wife had left him.

Mr. YATRON. Thank you, Professor Fireside, for your testimony and for your recommendations.

Dr. Karlavage, the strength of the human rights movement depends on the active involvement of citizens like yourself who are willing to deeply involve yourselves in dealing with abuses on a case-by-case basis.

Based on your contacts and experience, does it appear that the Soviet labor leaders are a target of psychiatric treatment?

Dr. KARLAVAGE. There is no question. There are, of course, two forms of labor unions in the Soviet Union at this time, the official trade unions, which as you know, are an arm of the Communist Party, and then there are individuals who recognize that there are major problems in the Soviet Union in reference to labor practices.

Certainly, the Communist Party does not have the leadership of the working man in the Soviet Union. There are many workers who recognize that their interests are not being led by the Communist Party in the Soviet Union. When they bring up their complaints in reference to wages, in reference to conditions, particularly in the coal mining industry, there is really great response from the head of enterprise, of the mine, or the trade union.

Certainly, the Soviet coal mines that I visited were, indeed, quite good, though certainly not as good as American coal mines. Indeed, there are many coal mines in the Soviet Union that are not safe, that indeed have problems in reference to gas problems, cave-ins. When individual workers pursue their problems with their trade union leaders, they are basically sold down the river because the most important thing as far as the Soviet Union is concerned is production of coal, and not necessarily the health and welfare of Soviet workers.

Mr. YATRON. Did Alexei Nikitin's sister mention when she had last heard from her brother as to what kind of treatment he is presently receiving?

Dr. KARLAVAGE. Through the contact and translator that I utilized, I do not speak Russian but my translator did, she did say that Nikitin's health was poor. There was no problem in reference to his mental health per se. She said that he was having difficulty with his vision.

I think that one of the most extreme situation is that here is an individual who was born and raised in the Ukraine, who when he was in supposedly poor health as far as the Soviet Government is concerned, and he had to be transported thousands upon thousands of miles away from his family. This man is a single individual who lived with his sister in the town of Donetsk. The sister has great difficulty, and has never seen him in Alma Ata. The only way she can communicate with him is through letters, which is not frequent.

Here again is a way in which they tend to break individuals, it is transporting them far away from their home. The same thing with Dr. Koryagin. He is a prisoner in Christopol Prison, which is hundreds of miles from his home, which again, not having contact with his family and children, he has essentially given up on his own particular plight in order to, in a humanitarian way, give as good a life as possible to his wife and his children, he has urged them to leave him and to emigrate to the United States.

Mr. YATRON. Would you recommend individual efforts by others such as yourself on behalf of the victims of psychiatric abuse in the Soviet Union?

Dr. KARLAVAGE. I think certainly any citizen of the world. There is clearly nothing wrong under Soviet law, or under international law, for an individual, who is supposedly either in jail or in a hospital, to be given means of comfort, be it vitamin pills. He supposedly is being taken care of in a special psychiatric hospital, yet he is not even given vitamin pills to maintain his poor health.

These legal methods in which citizens who are concerned, no matter what the ideology, should certainly be encouraged to do this as long as they do not break Soviet law and they act in a proper manner.

Mr. YATRON. Thank you, Dr. Karlavage.

Professor Fireside, does the misuse of drugs constitute torture as commonly understood by Amnesty?

Mr. FIRESIDE. Certainly, Amnesty International material has mentioned that drugs were meted out to people who complained, to people whose families reported their imprisonment on unjust grounds to organizations such as Amnesty. So the punitive use of drugs, the mere giving of drugs to people who may have been sane, I think is a misuse.

In addition to the misuse of drugs, Amnesty mentions the beatings in special psychiatric hospital by ordinary criminals who are routinely allowed to work off their probation terms, and they take very sadistic care of the patients that are under their charge. There are also some other refinements that seem to be clearly sadistic, such as wet rags of canvas that shrink and cause excruciating pain, that are administered as punishment to people who persist in their so-called anti-Soviet ideas.

Mr. YATRON. What has been the Soviet response to Amnesty International's intercessions on behalf of Soviet psychiatric abuse victims?

Mr. FIRESIDE. It is hard for me to tell you, because I am speaking as a member of one of the Amnesty groups and as a coordinator for a U.S. group working specifically on the issue of the psychiatric abuse. I don't know whether the London office has ever had any response, but it would greatly surprise me. The general response of the Soviet authorities to Western allegations of abuse has been to stonewall it, to make claims that they have never made a mistake, that all this is part of an anti-Soviet slanderous conspiracy.

I think Amnesty's effect is in keeping up the morale of prisoners by showing them that the outside world has learned of their plight. As Dr. Zoubok pointed out, news like your committee's activities, and the work of Amnesty is relayed by Voice of America and Radio Free Europe, and it gives renewed courage to people who simply want to have the freedoms of speech, assembly and writing that are guaranteed to them under Soviet law.

Amnesty, as such, is not an illegal organization in the U.S.S.R. There is a small group in Moscow that concerns itself with cases outside of the Soviet Union. What groups like ours in Ithaca, New York, do is to send parcels, which are perfectly legal, and to send letters of support to the families, and then letters of intercession to

the Soviet authorities asking them to look into what seems to be violations of the Soviet's own procedures.

Mr. YATRON. Thank you very much, Professor Fireside. I want to thank you and Dr. Karlavage for being here today to give us the benefit of your views.

The Subcommittee on Human Rights and International Organizations and the Commission on Security and Cooperation in Europe stands adjourned subject to call of the Chair. Thank you very much for being here.

[Whereupon, at 4:40 p.m., the subcommittee and the commission adjourned, subject to the call of the Chair.]

## APPENDIX 1

ARTICLE BY WALTER REICH ENTITLED "GRIGORENKO GETS A SECOND OPINION," PUBLISHED IN THE NEW YORK TIMES MAGAZINE, MAY 13, 1979

# GRIGORENKO GETS A SECOND OPINION

Twice declared mentally ill, twice committed to prison hospitals, one of the most famous of the Soviet dissidents sought another psychiatric reading on a visit to the United States. His re-examination posed unique medical and ethical dilemmas.

By Walter Reich

**M**eeting in Honolulu in late August 1977, the Sixth World Congress of Psychiatry passed a resolution that added fuel to one of the profession's most fiery controversies. By a narrow margin, the congress condemned the abuse of psychiatry in Soviet political cases — the misdiagnosis of dissidents as mentally ill and their incarceration in institutions for the criminally insane.

Just hours before the vote was taken, I sat in a motel room in Waikiki and listened to Andrei Sazonovskiy, the most important psychiatrist in the Soviet Union, a man who himself had been directly accused of politically inspired misdiagnoses. The Soviet diagnoses of dissidents had been accurate, he insisted; the campaign that had been waged against Soviet psychiatry for nearly a decade, and that was about to reach a climax at the congress, was nothing more than a "hysterical show." He suggested that if I, as a knowledgeable psychiatrist, were to examine the dissidents myself, I would see that the Soviet psychiatrists had been absolutely right.

Four months later, I received a call at my home outside Washington, D.C., from a friend of Pyotr Grigorievich Grigorenko. One of the most famous of the dissidents, Grigorenko, a much-honored major general in the Red Army, a seminal contributor to Soviet military theory, had turned political protester and twice been declared mentally ill and committed to prison hospitals for the criminally insane. Now, in the United States on a six-month visa, Grigorenko wanted a second opinion as to his psychiatric condition.

I consulted a specialist in psychiatry and the law, Alan A. Stone. He said he was himself planning to visit the Soviet Union and would raise the matter of Grigorenko's request directly with Dr. Sazonovskiy. He did so last summer, and the Soviet psychiatrist agreed that Grigorenko should be examined, and added that it was precisely such psychiatrists as Stone who should do the job.

Back in the States, Stone and I talked with other colleagues. The psychiatric re-examination of a Soviet dissident was clearly a rare opportunity of some historical and professional significance; it had never been done before. But there (Continued on Page 39)

were problems. Could we carry out such an examination in a genuinely objective way? Given its humanitarian dimension, might there not be an inevitable bias to overlook illness and find health? We suspected that at least a few of the hospitalized Soviet dissidents had some signs of mental illness, and we were concerned that, if we found any in Grigorenko, we might, in issuing such a finding, harm him irreparably. Were we really prepared to do that?

Walter Reich is a psychiatrist in Washington, D.C., and a lecturer in psychiatry at Yale University. In the preparation of this article, he collaborated with Alan A. Stone, professor of psychiatry and law at Harvard University and president-elect of the American Psychiatric Association, and Lawrence C. Kolb, professor emeritus of psychiatry at Columbia University.

Our answer in all cases was yes—even to the point of tilting in the direction of finding illness, and even at the risk of harming Grigorenko. We would have to alter our usual hierarchy of values, placing our duty to our profession and to the project above our duty to the patient; and we knew that we would have to take steps that would demonstrate—to Grigorenko, to others and to ourselves—that we had done so. Before anything, however, we would have to obtain from Grigorenko, in advance, his informed consent.

We explained to him what we had in mind, and what the potential dangers were for him, since we were insisting that he grant us permission not only to carry out the examination, but also to publicize it in any way we wished. He acknowledged our warnings and accepted our conditions with complete approval. After all, he said, he had nothing more to lose. He had already been labeled insane.

And so we prepared a document for Grigorenko's signature that embodied these conditions—a document that, under ordinary circumstances, none of us would have asked a patient to sign. In this case, however, we felt we had to forestall any future objection that we had been bound to Grigorenko by the usual medical oaths and obligations and that, in effect, we had proceeded under conditions of advance censorship. Grigorenko read the document in Russian and signed it with, he said, no regrets.

### The Man

Pyotr Grigorievich Grigorenko was born in 1907 to a Russian Orthodox peasant family in the Ukraine. His mother died of typhus when he was 3. His father remarried in 1913, but the new wife abandoned the household within a year, soon after the father was called up to serve in World War I.

Grigorenko was the first in his village to join the Communist Youth League. At the age of 15, he went to the city of Donetsk, where he found work as a locksmith and machinist and continued his schooling at night; at age 20, he joined the Communist Party. And it was the party that sent him to a

military engineering academy, from which he was graduated with distinction in 1934. Drafted into the Red Army, he saw his first military action in 1939 against the Japanese, and his back was injured in a grenade explosion. He was injured twice more in battle against the Germans.

After the war, Grigorenko joined the staff of the Frunze Military Academy in Moscow; in 1949, he was appointed deputy chairman of the department of scientific research and then, in 1953, chairman of the department of cybernetics. Meanwhile he was winning the degree of Master of Military Sciences.

In 1959, Grigorenko achieved his highest military rank, major general. By the end of his military career five years later, he was the author of more than 60 articles in military science, most of them classified, and possessed numerous decorations, including the Order of Lenin, two Orders of the Red Banner, the Order of the Red Star, the Order of the Second World War, as well as seven military medals.

Grigorenko's first marriage in 1927 ended in divorce 15 years later. Three sons from that marriage now live in the Soviet Union. His second marriage, to his current wife, Zinaida, resulted in the birth of one son, Andrei, who emigrated to the United States several years ago.

### The Dissident

Grigorenko had some small run-ins with Soviet authorities—he protested, for example, an instance of anti-Semitism in his academy—but his first serious clash resulted from a speech he delivered in 1961 as a delegate to a party conference in Moscow. He called for the democratization of party rules. He was promptly stripped of his delegate status. At about the same time, he wrote an open letter to Moscow voters criticizing the "unreasonable and often harmful activities of Khrushchev and his team." Grigorenko immediately lost his position at the military academy and, within a half year, was trans-

ferred to a lesser post in the Far East.

There, Grigorenko founded a 13-member "Union for the Revival of Leninism" in 1963 and prepared and distributed leaflets calling for a return to Leninist tenets and principles. He was arrested and sent for his first psychiatric examination at the Serbsky Institute of Forensic Psychiatry in Moscow, where he was judged to be mentally ill. Hospitalized, he was not released until the spring of 1965, after Khrushchev's fall.

Unable to obtain any position in his own field, having lost his officer's pension, he was forced to find work, at age 58, as a porter and longshoreman. He sent protest letters to Prime Minister Koygis, Pravda and the K.G.B.; he openly complained about the loss of his position and his title, and he publicly demonstrated against the trials of prominent dissidents.

In 1969, in response to an appeal, he flew to Tashkent to be a defense witness in a trial of dissident leaders. He was arrested and sent to a Tashkent psychiatric commission for examination. That commission found him to be without mental illness. However, in an unusual move, Grigorenko was transferred across the country to the Serbsky Institute in Moscow for a second examination, where he was, again, found to be mentally ill. Once more he was forcibly hospitalized, this time for more than four years.

In 1974 he was released, and resumed his dissident activities. In 1977, he received the six-month visa to visit his son in New York, where he said he could obtain medical treatment that was unavailable to him at home. Three months later, the Supreme Soviet issued a decree, signed by Leonid Brezhnev, revoking his citizenship, and Grigorenko announced that he was seeking asylum in the United States.

### The Patient

Two commissions of forensic psychiatrists, both from the Serbsky Institute in Moscow, had recommended that Grigorenko be committed. Their findings were virtually identical.

In essence, they agreed that Grigorenko's dissent was the result not of rational conviction but, rather, of psychopathology. According to their theory of his mental illness, Grigorenko was suffering from a chronic paranoid condition that at times reached psychotic proportions and that caused him to act in ways that had brought him into conflict with Soviet law. Specifically, that illness caused in him a penchant for "reformism"—a need to reform society, to speak out and act out against authority and to focus himself repeatedly and obstinately on dissident themes. In so acting and speaking, the theory held, Grigorenko was not in control of himself, was not responsible for the legal implications of his behavior and could be barred, as ill, from attending his own trial and testifying in his own defense. Grigorenko's illness, the Soviet psychiatrists also implied, may have been aggravated or partly caused by arteriosclerotic changes in the blood vessels supplying his brain.

### The Re-examination

In order to evaluate Grigorenko's psychiatric status as accurately and fully as possible, we arranged for an unusually elaborate re-examination procedure. The interviews, totaling some eight hours, were carried out separately by each of the psychiatrists. One was held at Harvard University and two in the videotape studio at the New York State Psychiatric Institute in upper Manhattan.

The questions asked of Grigorenko touched upon almost every dimension of his life, including his family, his early memories, his sexual, intellectual and moral development, his ideas, his impulses, his expectations, his feelings and the nature of his personal relationships. Inevitably, we paid particular attention to his political ideas and to the motivations for his dissident acts. All of the interviews were carried out through an interpreter, and all were recorded, two on videotape.

In addition, in order to investigate in depth those areas of psychopathology cited in the Soviet reports, three special examinations were performed, all by consultants from the Harvard Medical School. A three-hour battery of psychological tests was administered by Irene P. Stiver, including the kinds of interpretive, projective tests (such as the Rorschach "ink blot" test) that could reveal the presence of paranoid signs. And the question of an arteriosclerotic brain condition affecting Grigorenko's thinking, also noted in the Soviet diagnostic reports, was investigated through a neurological examination by Norman Geschwind and an eight-hour battery of neuropsychological tests by Barbara P. Jones.

Finally, we submitted videotaped interviews to the staff of the Biometrics Research Department at the New York State Psychiatric Institute. Using the information on the tapes, the members of the staff attempted to determine whether Grigorenko satisfied their research criteria for a diagnosis of mental illness, past or present.

Grigorenko does not read or speak English. Dr. Boris Zoubok, who was in the midst of his psychiatric residency at Columbia after having emigrated from the Soviet Union in 1973, kept Grigorenko informed of our procedures, advised us on special aspects of Soviet diagnostic definitions and provided us, as well as our consultants, with translations during all examinations. Ironically, Dr. Zoubok had received part of his medical training in Moscow under the very same Dr. Smeznitsky who had urged that Grigorenko be re-examined. For all his expertise, however, we were concerned that, as an emigré, Dr. Zoubok might be accused by the Soviets of having distorted Grigorenko's meaning in order to cover any signs of illness. We arranged for three other Russian-speaking persons to be present at the examinations or to review the tapes. In the end, all of them found Dr. Zoubok's translations fully reliable.

## Interviews and Findings

Grigorenko is a large man of distinguished bearing with a shaved head and a slow, somewhat shuffling gait. Although sometimes quiet and subdued during our interviews, he often displayed considerable interest and animation. That was particularly true when he spoke about his political ideas and the changes they had undergone over the years and, also, when he remembered previously forgotten events with special clarity, pain or satisfaction. He was able, in response to direct questions, to recount aspects of his history with great precision, and he reacted to the content of his memories with a broad and full spectrum of responses, ranging from sad regret to evident enjoyment, from wistful reflection to obvious humor. He established a relationship with each of us quickly and easily, and was able to share with us his most distressing concerns as well as his jokes about the reversals, triumphs and ironies of his life.

He answered our questions fully and openly and offered up memories and reflections that he knew, from his experience with Soviet psychiatry, could be construed, under particular circumstances, as symptoms or signs of certain psychiatric conditions.

Most of our questions were aimed at resolving the issue of Grigorenko's paranoid condition. If the Soviet diagnoses were correct, then some signs of that condition should still be present. And, too, we should be able to detect signs of it in his past as he presented it.

We questioned Grigorenko at length about the motivations for his dissident acts and ideas. Was he able to appreciate the dangers inherent in his actions? Did he have, or had he ever had, paranoid reformist delusions? Was he driven, as paranoids often are, by some unshakable belief about the world that had no correspondence with reality? Did he have an exalted, inflated view of his own powers, a grandiose sense of himself as superhuman, perhaps a messenger of God?

Grigorenko said that he always understood the possible consequences of his actions. In forming his Union for the Revival of Leninism, for example, he said that he had fully expected to be shot:

PSYCHIATRIST: "Why did you do that, then, if you thought you might be shot?"

GRIGORENKO: "It was because I couldn't acquiesce to the regime. I knew that I would not achieve anything by organizing [the union], that it would be discovered very soon. But I thought that that would awaken a moral feeling in other people. . . . Soviet psychiatrists considered this to be the main evidence for my mental disease, the fact that I entered into this activity knowing of its futility. If American psychiatrists should have the same opinion, I would have to say, I would have to insist, that they're wrong."

"We tried to press him about his motivations for continuing in his dissent, despite the dangers and the frustrations.

"It's not a personal cause," he said. "It's a social, communal cause. Someone always has to start. . . . This [Soviet]

system of government should not be tolerated by people, but it never happens that everyone rises against it. There always have to be people who start — then others will follow. And those who start, regardless of whether or not they are talented, or have special abilities — they become a slogan, a banner, for those who follow. . . . During my life, in my faithful service to Communism, I caused a lot of damage to my people, and I wanted, at least in my remaining days, to repair it. . . . What's the sense of living one extra year if you continue in the fraud of not facing things? It's better to live the rest of your life creatively so that you will not be ashamed in the eyes of your grandchildren. [At this point, Grigorenko appeared sad, but continued to speak carefully and deliberately.] I always considered the inner impulse to serve as a vocation inspired — instilled in my soul — by God.

PSYCHIATRIST: "Why in your soul? After all, only a few people did what you did."

GRIGORENKO: "No, this is not true. It's just that I became known. I was just lucky that I became known, mostly as a result of the campaign in my defense [organized by his wife]. There are many who did more than I did, but no one knows about them."

PSYCHIATRIST: "Did God put it in their souls, too?"

GRIGORENKO: "I think so. I think that Providence plays a greater role in the lives of people than we think."

PSYCHIATRIST: "Do you think that you have some kind of special relationship with God?"

GRIGORENKO: "No. Even though I firmly believe that God exists in the world, and that there is some Supreme Reason, I unfortunately cannot absorb myself fully in prayer. . . ."

In exploring Grigorenko's way of relating to others and interpreting their behavior, we were especially interested in the possibility that, like a paranoid individual, he might have tended to see all actions taken against him as part of a plot designed to

persecute him. Knowing that he was, in fact, followed by the K.G.B., and repeatedly investigated, we expected, at the least, that he would stress those experiences. We assumed he would emphasize the deviousness and vindictiveness of the authorities in arresting him, in hospitalizing him, in stripping him of his rank and his officer's pension. Instead, he frequently pointed to the decency, sincerity, honesty and openness of some of his adversaries, including members of the Central Committee of the Communist Party.

Since the Soviet psychiatrists had expanded at length on Grigorenko's personality characteristics, stressing those that were consistent with a diagnosis of a paranoid condition, we made special attempts at identifying such characteristics.

We asked him, for example, about a confrontation he had had in 1949 arising from his master's dissertation. In its first chapter, the dissertation had contained implied criticisms of the military theories of unnamed, high-ranking officers, and he had been told to remove them. We asked how he had

responded to that advice, searching for evidence of a typically paranoid inability to compromise. He answered that, after a while, he had agreed to excise the criticisms.

We found other evidence of Grigorenko's flexibility as well. During his first hospitalization, for example, he revised his political beliefs, rejecting the very same Leninist notions in whose name he had carried out his illegal dissident acts and for whose sake he had been arrested and hospitalized.

And we systematically sought other indications of any paranoid condition either now or in the past — characteristics, traits or signs ranging from the most mild to the most severe. Our psychological consultant made a similar attempt. She, too, was unsuccessful.

Finally, we tried to clarify the question of arteriosclerotic brain disease. It appears that in 1972 Grigorenko experienced a small stroke that affected vision in his right eye. In addition, in his physical examination, our consultant neurologist found evidence of arteriosclerosis of the right internal carotid artery. However, neither we nor our consultants, including our neuropsychological consultant, found any evidence that the arteriosclerosis was affecting Grigorenko's thinking, mood, behavior or character, or had done so in the past.

## Conclusions

In reviewing our tests, interviews and other examinations, we could find no evidence of mental illness in Grigorenko, a conclusion confirmed independently by the biometrics research staff of the New York State Psychiatric Institute on the basis of their standardized evaluation of our videotaped interviews. Nor could we find evidence in Grigorenko's history consistent with mental illness in the past. In particular, there is no evidence of any mental illness in the paranoid range, even of the mildest sort. While there is evidence, on the basis of history and physical findings, of arteriosclerotic disease, there is no sign that this condition has significantly compromised Grigorenko's intellectual or emotional capacities, or that it has in any way turned or determined his behavior or mood. (A special session on the examinations that led to those conclusions will be held Tuesday at the convention of the American Psychiatric Association in Chicago.)

In the main, our task in examining Grigorenko was to look for signs of illness. What we found, instead, was a man — a man who, ironically, reminded us in some ways of the patient in Soviet descriptions. But their version of Grigorenko was consistently skewed. For where they claimed obsessions, we found perseverance; where they cited delusions, we found rationality; where they identified psychotic recklessness, we found committed devotion, and where they diagnosed pathology, we found health. ■

## APPENDIX 2

REMARKS BY MAX KAMPELMAN, CHAIRMAN OF THE U.S. DELEGATION  
TO THE PLENARY SESSION OF THE COMMISSION ON SECURITY AND  
COOPERATION IN EUROPE, IN MADRID, ENTITLED "PSYCHIATRIC  
ABUSE IN THE SOVIET UNION," FEBRUARY 24, 1982

Since we reconvened these meetings on February 9 many important words have been spoken here about the most recent of a continued pattern of Helsinki Accord violations, the violence against the people of Poland. It is important to recall, however, that the excesses that disturb us in Poland are not only the result of Soviet military and political pressure, they reflect a pattern of even greater repression in Soviet society.

On Human Rights Day, in this Hall, the Soviet Delegate called our human rights concerns a "fuss being made over a bunch of dropouts"; he charged us with using "barefaced inventions" for the purpose of "damaging polemics." He obviously considers our expectation that the Soviet Union will observe its Helsinki commitments of 1975 to be an "undermining" of his country's "socio-political rights."

The Polish people understand, as the Final Act clearly directs, that human rights have directly to do with the individual's right to live in liberty and with dignity. Those who would redefine this concept by referring to economic and social rights of "masses" are attempting to obscure the absence of human rights in their own societies. Large groupings of people consist of individuals. Where the integrity of the human being is not respected, there are no human rights for the many. It is also noteworthy that those states who deny the human rights of the individual are unable to provide for his economic and social needs as well.

Recent news reports illustrate again with dramatic impact the consequences for a society and its people where there is a lack of concern and sensitivity for individual human rights. Allow me, Mr. Chairman, to give one vivid illustration of the extremes to which a failing society will go to suppress criticism of its own deficiencies.

In the Soviet Union, psychiatry, a healing science, has been perverted into an instrument of cruel political repression. Men and women, sane and exercising their rights as human beings under the Helsinki Final Act, have been, usually without trial, brutally condemned to the grotesque world of politically controlled psychiatric institutions, where they have been silenced

through drugs and violated in a manner reminiscent of the Middle Ages.

The logic of this travesty is cruel and simple: the authorities can commit a dissenter to a mental institution by administrative action. In the criminal commitment procedure, the defendant can be ruled "not accountable" and ordered by the court to receive compulsory psychiatric treatment, without the right to participate in his own defense or be present at his own trial. The trial itself is closed to the public.

Psychiatric incarceration spares the authorities the embarrassment of staging full-scale trials of political dissidents; a person's views are discredited by calling them crazy. Indefinite sentences without the *de facto* right of appeal are then thrust upon those whose continued activity is a nuisance to the state. Once in an institution, the victim is administered powerful drugs with painful and debilitating side effects in order to induce recantation. Others on the outside are then dissuaded from exercising their rights by the threat of psychiatric institutionalization.

No wonder this practice led the Sixth World Congress of the World Psychiatric Association in 1977 unprecedentedly to single out the Soviet Union for condemnation! In recent weeks, as a result of yet new disclosures, the Royal College of Psychiatrists in England has voted to ask the World Psychiatric Association to expel the Soviet Union when it next meets in 1983.

We are all here aware that the repression of human rights in the Soviet Union has increased in intensity--clearly an act of defiance and disdain for this meeting and the Helsinki process. As part of that repression, all of the founding members of the Working Commission for the Investigation of the Use of Psychiatry for Political Purposes have also been imprisoned or exiled.

Let us examine this abnormal phenomenon in human terms, using a few current examples:

- Dr. Anatoly Koryagin, a consulting psychiatrist with the Working Commission had examined numerous people confined for alleged psychiatric illness and found them to be normal, sane individuals. For such activity he was sentenced last June to seven years in strict regimen camp plus five years internal exile. In taking his moral stand, Dr. Koryagin knew that Dr.

Semyon Gluzman, a young psychiatrist, had been sentenced ten years earlier for refusing to cooperate with this abuse of medical science. We hope that when Dr. Gluzman's long incarceration and exile is over, he will be permitted to emigrate.

A recent letter of Dr. Koryagin's, written in Soviet labor camp Perm #37, appeared in a British medical journal, Lancet. He writes:

"Let there be no doubt that Soviet authorities have turned our most humane branch of medicine into an instrument for achieving the main aim of their internal policy--the suppression of dissent....I appeal to you not for a moment to forget...."

To show that we have not forgotten, let us go on:

- Aleksandr Podrabinek wrote a monograph, Punitive Medicine, in which he described Soviet medical malpractices against dissidents. He was sentenced this last year to three years in a labor camp.

- Felix Serebrov was sentenced last July to a total of nine years in severe regime labor camp and internal exile for, among other things, appealing to this very CSCE meeting to help stop the practice of psychiatric abuse in the Soviet Union.

- During the same month, Irina Grivnina, mother of a small child, was sentenced to five years in internal exile for having passed along information which helped to expose the misuse of psychiatry.

- Last February, Yuri Valov, a member of a group formed to defend the rights of invalids in the Soviet Union, was sentenced to a psychiatric hospital for his samizdat paper, "An Invalid's Message." This, Mr. Chairman, in the year proclaimed by the United Nations as "The Year of the Invalid."

- Dr. Leonard Ternovsky was sentenced a year ago to three years in labor camp for having been unafraid to speak up against the political abuse of psychiatry. Dr. Ternovsky's words at his trial are illuminating:

"I have felt a particular responsibility as a doctor for things done in the name of medicine. I became convinced that psychiatry is in fact being misused, and that it is necessary to oppose such misuses....I would have been happier if my activities and statements were not needed....I foresaw

my arrest and this trial. That does not mean I wanted to go to prison. I am almost fifty, not fifteen. I no longer need romantic notions. I would much prefer to escape years of imprisonment. But I only did what I considered necessary. If I had failed to do so, I would have lost my self-respect."

Dr. Ternovsky and Dr. Koryagin are by no means alone. Other Soviet physicians are now in prison for their defense of human rights and their protest of the Soviet abuse of medical science. We here recognize the heroism of Dr. Mykola Plakhotnyuk, Dr. Zinoviy Krisivsky, Dr. Algirdas Statkevicius.

Copious documentation of the torture we have described exists for more than five hundred persons, out of the thousands so punished. Nor can the existence of the inhumane abuse be denied. The evidence is too great, and it has been confirmed by Soviet Ministry of Health officials. In a paper prepared under the direction of the chief psychiatrist at the Ministry of Health for presentation to a congress of Soviet psychiatrists this past summer, we learned officially that persons are indeed confined in mental institutions because they made "groundless" and "slandorous" statements against the government.

Keeping pace with the growth of the human rights movement, the government has increased the number of Special Psychiatric Hospitals from three in the early 1960's to twelve in 1981. These hospitals are managed by the Ministry of the Interior, the same ministry that runs the Soviet prison system. Dissenters confined there live in constant danger from the truly criminally insane patients.

Nor is the confinement of dissenters limited to political dissidents. Religious activists are frequently similarly victimized.

Valeriya Makeeva, an Orthodox nun, was confined in Kazan Special Psychiatric Hospital from 1979 until her transfer to an Ordinary Psychiatric Hospital near Moscow in early 1981. Intensive treatment with drugs left her right arm paralyzed.

Members of unregistered Christian groups in several regions of the Soviet Union have also been forced into psychiatric hospitals. A case in point is Vladimir Pavolovich Khailo, a worker with fifteen children, member of the Reform Baptist Church, a faith not recognized as legal by the Soviet government, and long the target of persecution. On September 22, 1980, with our

Madrid Preparatory Meeting in session, Khailo was forcibly interned in a mental hospital. On December 1, 1980, he was ruled "not responsible" for his actions on the grounds of insanity and sentenced by a closed court. Khailo remains in psychiatric confinement to this day in spite of his desire to emigrate.

Soviet authorities also have used psychiatry to suppress incipient free labor organizations. Mr. Chairman, we have joined here with many in condemning the military government in Warsaw for its efforts to crush Solidarity. It is useful to remind ourselves that Soviet workers, who have fought for reforms similar to Solidarity's, are themselves too often persecuted and too often condemned to mental hospital cells.

A number of workers formed a group in Moscow in 1976 collectively to protest violations of their labor rights. By early 1978, no fewer than five of the group's leading members had been confined to psychiatric institutions.

Later that year, another group announced that they were forming a similar unofficial trade union group. Within three weeks, one founding member was in a psychiatric hospital, while other members were sentenced to imprisonment or exile.

When Mikhail Zotov publicized a lockout at an auto plant in Togliatti, doctors declared him "mentally incompetent" and committed him to the Togliatti General Psychiatric Hospital. Vladimir Klebanov, a foreman in a Ukrainian coal mine, once complained to superiors that his men were dying in accidents because they were exhausted from too much overtime work. When Klebanov went on to announce the formation of an independent union, he was sent to the Dnepropetrovsk Special Hospital, where he is still being held.

In 1980, Soviet officials moved against an outspoken coal-miner and former member of the Communist Party named Aleksei Nikitin, who first had protested lax safety precautions in the Donetsk mines eleven years ago. This led to his confinement in the Dnepropetrovsk Special Hospital, and he has been in mental hospitals nearly all of the last decade. Although he was examined in September 1980 by the psychiatrist, Dr. Anatoly Koryagin, and pronounced absolutely sane (which pronouncement led to the doctor's arrest), Soviet authorities ended Nikitin's efforts to form a free trade union in Donetsk and locked him up again just a few months ago in a special psychiatric hospital in Kazakhstan in distant Central Asia, far from family and friends. He is being injected with sulfazin, not an accepted therapeutic drug; and he writes that it "is like a drill boring into your body that gets worse and worse until it's more than you can stand."

We realize, Mr. Chairman, that the people of Poland are not free to determine their own destiny. We have no doubt, however, that the full knowledge of the nature of the Soviet Union and its inhuman repressions are well known to them. They know the fate of the Aleksei Nikitins and they want no part of this barbarism in their own country.

It is tragic that the Soviet Government regards independent opinions as threats to its security and labels them mental diseases. We remind them that the winds of change cross the world as inevitably as the winds of winter.

It is obligatory that Helsinki signatory states not manipulate the minds of their citizens; that they not step between a man and his conscience or his God; and that they not prevent his thoughts from finding expression through peaceful action. We are all painfully aware, furthermore, that governments which systematically disregard the rights of their own people are not likely to respect the rights of other nations and other people.

Scientific developments do not occur with an even frequency among states. Soviet medicine has in the past made great advances in many areas. The widespread misuse of psychiatry to serve the ends of political punishment places this sector of Soviet medicine back into the realm of the dark ages of medical science.

This tragic situation has been brought to the attention of the Soviet Society for Neurologists and Psychiatrists. We plead with the Soviet authorities to end this barbarism. It is not worthy of a great people.

Thank you.

