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Bush's Brave New World **by Sheldon Richman**

One of the biggest frauds perpetrated on the American people is the Republican Party's image as the party of individual liberty and limited government. After almost four years of the Bush administration, there shouldn't be much left of that image. A quick survey of Bush's record on domestic and military spending, deficits, foreign intervention, civil liberties, international trade, education, agriculture, and Medicare expansion is all it takes to see that the GOP is nowhere to look for a lightening of the burdens of government.

It has also done some things that have gotten far less attention but are no less ominous for individual liberty. For example, shortly after taking office, President Bush declared a "New Freedom Initiative." Anyone familiar with politics (and George Orwell) knows to be wary of things with names like that. According to the White House, this Initiative is "a comprehensive strategy for the full integration of people with disabilities into all aspects of American life." It is intended to build on the 1990 Americans with Disabilities Act (ADA), which was signed by the first President Bush. As predicted, the ADA has turned out to be a costly interventionist nightmare that interferes with private enterprise by opening the door to massive lawsuits for "discrimination" against people with whatever the government defines as a disability.

Part of the new Initiative is the portentously titled New Freedom Commission on Mental Health, which was set up in April 2002. More than a year later the Commission issued its recommendations, and the Bush administration has ordered federal agencies to carry them out. This has gotten scant attention.

The expanded government intervention called for in the Commission report would be objectionable even had the subject been well-defined diseases, such as diabetes, heart disease, cancer, and stroke. That the subject is mental illness — a murky term that refers not to real illness at all but to bothersome behavior, thoughts, and feelings — makes the government's plans all the more dangerous. People have a right to avoid being diagnosed for medical ailments and to reject treatment. Those rights are part of the traditional American libertarian philosophy. Thus, while

government intervention in standard medical care is wrong, at least no one can be declared a patient and subjected to medical procedures against his will.

This is not the case with mental illness. People are not necessarily free to avoid diagnosis and to reject treatment, including powerful drugs and confinement in an institution. Diagnoses are made against people's will routinely and psychiatric treatments are imposed under the threat of force. (Forced treatments are in fact assaults.) So when the government promises to expand mental health "services," advocates of individual liberty must shudder because it means coercing more people than are already being coerced. Moreover, the Commission's plan has been criticized as being concocted by a corrupt alliance of political interests and drug companies, whose revenues for costly psychiatric drugs would grow along with increased government involvement.

Mental versus medical illnesses

The Commission's report begins by stating that "mental illnesses are shockingly common; they affect almost every American family." Of course, when using such badly defined terms as "mental illness," "emotional disturbance," and "behavioral disorder," it is easy to diagnose almost every family with at least one case.

The report confidently proclaims that "science has broadened our knowledge about mental health and illnesses" and has developed "many effective treatments." This implies that research on, say, schizophrenia, is on a par with that of medical illnesses. But that is not the case, as the psychiatric profession's own literature confirms. While mental-health officials lead the public to believe that new knowledge about the brain and new scanning technologies have uncovered the causes of mental illnesses, they tell themselves something else, such as, "No laboratory findings have been identified that are diagnostic of Schizophrenia." That comes from the psychiatric bible, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (2000). Or this: "No single abnormality is found in all or even most brains from schizophrenic patients" (*The Harvard Guide to Psychiatry*, 1999). Many more examples could be produced.

The "stigma" of mental illness

The Commission report laments, "Stigma . . . surrounds mental illnesses." The implication is that the general population harbors "negative attitudes and beliefs" about the mentally ill because of a misunderstanding of what the experts mean by that diagnosis. But that is wrong. The stigma results from the psychiatric establishment itself and the legal regime it helped build. It is the psychiatric establishment that has defined misbehavior as mental illness, linked it to dangerousness to self and others, and imposed treatments on the unwilling, as if mental patients were not persons with rights. If you convince the public that some people, identifiable by psychiatrists, have sick minds and thus aren't fit for liberty, how could a stigma not be produced? Diabetics are never declared dangerous to others and forcibly given drugs or forcibly hospitalized;

schizophrenics are. Diabetes carries no stigma; schizophrenia does. That's no coincidence. (See Thomas Szasz, *Insanity: The Idea and Its Consequences*.)

The Commission does not propose to end the stigma by calling for abolition of involuntary psychiatric treatment and removal of the implication that the mentally ill have lost their minds. Instead, it calls for a "national campaign to reduce the stigma of seeking care." This will consist of "national education initiatives [that] will shatter the misconceptions about mental illness." The Commission imagines that the stigma will also be eradicated by outlawing discrimination against the mentally ill: "Our society will not tolerate employment discrimination against people with serious mental illnesses." Since the propaganda campaign will in fact spread the already popular misconception that some people's behavior and "inappropriate" feelings and beliefs are caused by disease, it will only reinforce the stigma. But it will make lots of work for anti-discrimination lawyers and mental-health workers. And that's the point, isn't it?

Orwellian rights

The report also recommends that each state, funded with federal and other tax revenues, "develop a comprehensive mental health plan to outline responsibility for coordinating and integrating programs." True to its Orwellian tone, this statement comes under a section titled "Mental Health Care is Consumer and Family Driven." (The report shuns the word "patient.") As that title suggests, lip service is paid to individual rights. The term "individualized plan of care" is found throughout the report. It states that when "a serious mental illness or a serious emotional disturbance is first diagnosed," the consumer will have "the option to agree or disagree with the treatment plan." Being able to disagree with a plan is not the same as being able to reject treatment altogether. It is assumed that someone who is diagnosed will be treated. The issue of conflict between the person diagnosed and those who perform and support the diagnosis (psychiatrist and family) is never broached — yet it is fundamental to the subject at hand. In a disagreement between a person who believes he is not mentally ill and a psychiatrist and family members who insist he is, who will prevail? To the Commission, this is a non-issue unworthy of recognition.

The matter of coercion is subtly raised: "Consumers' rights will be protected concerning the use of seclusion and restraint." Those are apparently the kinder, gentler terms for involuntary psychiatric commitment, forced drugging, and electroshock. Coercive confinement is acknowledged to be dangerous to patients, causing at least a "loss of dignity." Thus the Commission recommends that it be used only as a last resort to protect the patient himself or others. What must be appreciated here is that these assurances have been made many times before. They have not protected people from legalized forced "treatment." The important point is that paternalistic coercion per se is not renounced. Confinement has been deemphasized for decades but only in favor of "outpatient commitment," that is, court-ordered drugging under

threat of confinement. Moreover, psychiatrists are falsely credited with being able to distinguish dangerous people from nondangerous ones and therefore will determine who is to be confined and who is not. Yet such expertise has not been demonstrated, nor could it be. Part of what it means to be a person is that one's future behavior is not scientifically predictable. Contrary to the hype, brain scans cannot tell the future. (The Commission didn't comment on the practice of psychiatrically excusing lawbreakers of responsibility for their crimes, that is, the insanity defense and verdict.)

What about the children?

Of course, from the Commission's point of view, mental-health services cannot be expanded if the government doesn't know who is mentally ill. So the Commission calls for "early detection" by having primary-care physicians screen their patients for "mental disorders" beginning at an early age. "Both children and adults will be screened for mental illnesses during their routine physical exams." (Notice the tone of that statement.) What if someone doesn't wish to be screened? "At the first sign of difficulties, preventive interventions will be started to keep problems from escalating." What if a person objects?

But that's not all. The report calls for "improve[d] and expand[ed] *school* mental health programs" [emphasis added]. In other words, the government's schools will monitor children for signs of mental illness. But since no one has ever seen such an illness and diagnoses are made on the basis of behavior and statements, the school's mental-hygiene patrol will be on the lookout for unapproved acts and words. Do you need another reason to get your kids out of the government's educational clutches? (Unfortunately, Rep. Ron Paul's attempt to forbid the government to spend money on this failed.)

The Commission also endorses the use of integrated electronic medical records, which would maximize the risk of privacy violations. Assurances about respect for privacy are worth little, considering that the reigning federal rule on the matter permits inspection of one's records without one's consent. Under the Commission's recommendations, your primary-care physicians' impressions of your mental health would be preserved electronically and made available to others without your permission or even your knowledge.

The ideas embraced by the Bush administration and Republican Party are right out of the scariest dystopian novels, such as *1984*, *Brave New World*, and *This Perfect Day*. The scope for social control in the name of health would be unprecedented in the United States. What Thomas Szasz has dubbed the Therapeutic State would be here in full force. Furthermore, the price tag would be tremendous. As the Commission says, "the Nation [!] will continue to invest in research at all levels."

If this is what the small-government party has in store for us, could the big-government party be worse?

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This article was originally published in the November 2004 edition of *Freedom Daily*.