



The Legacy of Soviet Psychiatry

Conference Proceedings

Kaunas,
September 21, 2018



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In collaboration with the Lithuanian Ministry of Foreign Affairs

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Why this conference?

Robert van Voren

In the summer of 1996, the first reports came out of a renewed abuse of psychiatry for political purposes in the former USSR. The reports concerned Turkmenistan, a republic then ruled by the autocrat Turkmenbashi, and reached us in Madrid where almost a hundred representatives of psychiatric associations from virtually all former Soviet republics had gathered at the World Congress of the World Psychiatric Association. The event in itself was unique: it was the first time such a large group of psychiatrists from this region attended a World Congress, and the moment when many independent psychiatric associations joined this international body. It looked like the dark past was behind us and we were now on the road to a humane and ethical psychiatry in our part of the world.

The reaction to the reports was swift and clear. A letter of protest to Turkmenbashi was drawn up, and signed by all the psychiatric association represented in Madrid, including the Kazakh, Kyrgyz, Belarussian and Russian societies. The abuse immediately stopped and I have no doubt that this was the direct result of the unanimity of the response. In particular the Russian signature must have played a major role in this.

Of course, in the 1990s we were still quite naïve and did not realize how ossified and deeply rooted Soviet psychiatry was. When talking about reform we were thinking of a period of ten-fifteen years, and we were convinced that the transformation to community based services would be a success. We developed laws on psychiatric help for the various countries, developed ethical codes for the psychiatric profession and even tackled the issue of corporate sponsorship, trying to limit the influence of the pharmaceutical companies that dominated the field and used the region as a wide-open territory for drug trials that were impossible in the West.

In the course of time we grew up, and gradually came to understand the enormous challenge of changing a system that enabled people to survive through petty corruption and graft, that was under-budgeted with salaries for personnel with which nobody could feed a family, that was paternalistic and in no way consumer friendly and that at the same time suffered from the enormous stigma that Soviet psychiatry had created for itself.

One of our primary tasks was to end the massive human rights abuses and to change services into consumer-oriented ones. You all have seen the pictures of Soviet psychiatric hospitals and there are images that I saw that I will never forget. What photos don't relay, however, is the stench, a combination of unwashed human odor and faulty sanitation, a stench so thick that you could almost cut it with a knife. What I gradually learned was that the torturous circumstances under which Soviet political prisoners were held in psychiatric hospitals were in many cases the same circumstances under which real patients were kept, and that they too were punished and tortured with massive dosages of neuroleptics, or with insulin or the "special" Soviet concoction sulphazine. In 1988 the Soviet Union had ten million of its citizens on the

psychiatric register, and hundreds of thousands of people were suffering in psychiatric hospitals and psycho-neurological internats, now euphemistically called social care homes”.

In most of the republics the situation has fundamentally changed. Human rights abuses do occur, let there be no doubt about it, but the scale is different and in many countries there are mechanisms that help prevent abuse or through monitoring expose it so that measures can be taken. In some countries, like Ukraine, the Ombudsman for Human Rights has played a major role in this and the National Preventive Mechanisms at least provide the possibility for citizens for redress. The situation is far from optimal, but I think big strides have been made in the right direction. In Ukraine we have now tackled the central vestige of Soviet psychiatry, the social care homes. In Ukraine alone almost fifty thousand adults and children are locked up basically for life, in the whole region the number is in the hundreds of thousands. Social care homes are places where human rights violations are rampant, and I am so glad that finally the Ministry of Social Affairs in Ukraine itself has decided that this must end and is working with us on a master plan to reform the social care home sector and bring residents back into society. It will be a long and painful process, that will take at least 10-15 years, but the start is there and there is now a real chance that this sore spot in society will be dealt with.

Training programs for personnel also help curb human rights violations. It is all very easy to criticize mental health personnel for violating the human rights of their patients, but when you do not train them adequately they do not even know how to do things right. I remember one instance when a person who had recovered from schizophrenia was giving a so-called “Respect seminar” in Kyiv, telling the audience to respect the patients’ rights and wishes. A psychiatrist got up and said – “Very well, Mr. Slack, I understand what you say, but how can you expect us to treat our patients as human beings when we ourselves have been treated like cattle.”

In doing our work, in training personnel, in setting up non-governmental organizations, relative and user groups and professional bodies we hoped to create a bulwark against the return of the political abuse of psychiatry. In some cases it worked, and we have seen psychiatrists who refused to diagnose people who were sent to them for clearly non-medical reasons, some openly and others by sending them on to others so they did not have to participate. However, in a dictatorial environment like the one that developed in Russia it becomes increasingly hard to say “no”, to refuse to participate let alone take the side of the victim and expose the attempts to silence a person via the “psychiatric route”. On top of that the repressive climate creates opportunities especially for local authorities, who again feel they can pick up the phone and ask their local psychiatrist to scare a bothersome person with a little bit of “psychiatric treatment”. The result is not the systematic abuse that was developed in the Soviet Union, and to which about a third of all political prisoners fell victim, but a situation in which psychiatry is used as a method to invoke fear, to scare people off and thus to silence them. And so the return of this phenomenon is the theme of our conference today.

The first report on the resumption of the political abuse of psychiatry in the former Soviet Union was commissioned by Leonidas Donskis, whose life we will celebrate tonight with a concert. Leonidas was at that time a Member of the European Parliament and managed to put the issue

on the Parliament’s agenda. It alerted the international community, but unfortunately the abuses did not stop and became more frequent over the years.

Before I give the floor to the first speaker I would like to point out that no society is immune against such practices. We had a famous case in The Netherlands, where a social worker of the Ministry of Defense was silenced through psychiatry, and although the man was four times diagnosed to be not suffering from a mental illness the Ministry chose to remove the word “not”. It took us 13 years to have him rehabilitated. And more recently we have seen that in the United States psychologists and psychiatrists participated in the so-called “enhanced interrogation program” which has been widely condemned as “torture”, including by President Barack Obama. And to make things worse, the American Psychological Association even created the possibility for its members to participate, knowing full well that this was a flagrant violation of the Hippocratic Oath, its own ethical standards and the professional responsibilities of mental health professionals. So abuse of psychiatry for non-medical reasons is not only an issue in totalitarian or dictatorially ruled countries – the danger is everywhere, also in a democratic society based on the rule of law.

At the end of the conference I will come back with ideas how these abuses can be curbed if not stopped, but now I would like to give the floor to our first speaker, Dr. Semyon Gluzman from Ukraine.

The origins of political abuse of psychiatry in the USSR

Semyon Guzman

There are several professions which are very vulnerable for human rights violations. Psychiatry is one of them. Individual cases of abuse of psychiatry are recorded even in democratic societies based on the rule of law.

Totalitarian and authoritarian rulers tend to use psychiatry as an instrument of repression. As they did in the Soviet Union. I will not provide here numerous examples of psychiatric repression against dissidents in the USSR in the second half of the 20th century. Those abuses are well documented, and the names of the torturers-psychiatrists and their victims are well-known.

It should not be forgotten that the world psychiatric community first tried not to see or not to hear what was happening in the Soviet psychiatric system. Even in the years when several of its victims came to the West. That's the world we live in: we tend to ignore other people's pain, other people's suffering.

The brutal Stalinist regime did not use psychiatric repression. Stalin did not need such mimicry. To deprive a person of life was easy, millions of residents of the USSR were absolutely unduly declared "the enemy of the people" and were subjected to execution or 25-year prison sentence. Moreover, there were several cases of people being rescued by ending up in psychiatric hospitals, thus avoiding arrest by agencies of repression.

The need to use psychiatry as a repression tool, camouflaged in the clothes of Soviet humanism in relation to the mentally ill, appeared in the Soviet Union in the post-Stalin years. In the era of so-called soft totalitarianism. New leaders of the country, Khrushchev and Brezhnev, could not and did not want to return to mass repression. At the same time, more and more people in the Soviet Union started expressing doubts, aloud or in writing, about the correctness of Marxist-Leninist ideology and the specific attributes of the state: censorship, the inability to emigrate from the country, the preservation of political camps, etc.

The country itself, the Soviet Union, became increasingly open, there was a possibility, albeit meagre and dangerous, of contacts with foreign tourists; modern foreign literature, which did not even have a taste of the fundamental principle of "socialist realism", was translated and published. Millions of Soviet people in cities and villages freely purchased radios, which made it possible to listen to foreign radio stations.

The Soviet Union was changing. Young people increasingly doubted the dogmas offered by the authorities. Political camps in Mordovia became full of young people. The new government could not apply cruel and frightening repression of the Stalinist era any more. The maximum sentence for such doubts was 7-year prison sentence in the camps. A noticeably more lenient punishment compared with Stalin's repressions.

Declaring a person mentally ill and referring him/her to closed and inaccessible to public control special psychiatric hospitals for indefinite time was for the authorities a perfect alternative to Stalin's atrocities. The systematic practice of compulsory treatment of mentally healthy dissidents in psychiatric hospitals was therefore slowly being established. The conditions in psychiatric hospitals were much more appalling than in political camps.

Such abuse of psychiatry for political purposes was possible in the USSR for the following reasons. First of all, the concept of "mental pathology" was interpreted by the Soviet psychiatric doctrine extremely broadly. In cases necessary for the authorities, the scope of deviations from the norm included religious beliefs, any reformist ideas, the sincere conviction of the inventor or the scientist looking for scientific evidence... The apogee of such pseudoscientific revelations was the theory of sluggish schizophrenia of academician Snezhnevsky. In practice, this diagnosis allowed any diagnostic liberties. And, accordingly, psychiatric repression. As later, during his lecture in the free Gorbachev years, another academic psychiatrist, professor Georgy Morozov from Moscow explained the essence of sluggish schizophrenia: "it is when the patient has neither delusions, nor hallucinations. But he does have schizophrenia!" And he smiled... The second reason was the lack of legislation in the country to regulate psychiatric practice. There was only some declarative document of sub-legislative nature, which did not regulate anything specifically, neither prohibited anything. Thus, in fact, psychiatric practice in the USSR was beyond any legal procedures and guarantees.

The third reason was the closed nature of the entire inpatient psychiatric system in the country, accessible neither to the public, nor to journalists. The subsystem of so-called special psychiatric hospitals was completely closed; in those hospitals, dangerous mentally ill people who committed serious violent crimes were kept by the decision of the courts and allegedly treated. Admission of dissidents to those hospitals by the decision of the court was the most severe and terrible punishment in those years of repression.

The fourth reason concerned the peculiarities of Soviet justice. Decisions on so-called political cases were determined by communist party bodies and communicated by KGB officers to the leadership of a particular court, which intended to make a specific decision. The trial in such cases was closed, where even the defendants themselves were not present.

There was also other, much more massive "preventive" repression in those years in the USSR. On the eve of official holidays, all regional psychiatric services received orders from the police and the KGB with the demand to forcibly place citizens showing strange or violent behaviour, the so-called complainants demanding justice and the rule of law, prostitutes, etc. in a psychiatric hospital for a day or two. It was some kind of social prevention.

Citizens of the country, who were on the so-called psychiatric record, were severely restricted in their rights. This applied even to those people who have imprudently turned to a psychiatrist for help, for example, with symptoms of irritability, insomnia and other similar disorders. Their registration in a psychiatric institution had lifelong consequences.

Another element in the psychiatric system, social care homes, was even more closed than psychiatric hospitals. In such social care homes, so-called chronically ill patients were kept for life. We still know little about what exactly was happening there. There were no publicly known people, no dissidents in those institutions, so there was no public attention to them. But many terrible events took place there...

A lot in the current system of Ukrainian social care homes has remained the same as in the Soviet Union. The archaic, closed system is almost completely corrupt. There is no respect for human rights in these institutions. Thanks to the intensive work of Robert van Voren (who is not even a Ukrainian citizen), the realities of the functioning of this system have reached the media. I hope that the leadership of the Ministry of Social Policy (responsible for the social care homes) will not withstand Robert's and Ukrainian journalists' pressure and will take sincere and not forced measures to reform the system.

Nevertheless, the general climate of democracy is present in Ukraine. But democracy, as expected, has brought new risks and new irritation to the country. One of them directly concerns psychiatry. I am talking about the gradual strengthening of Scientologists in our country, who have been already for a long time present in the West. Taking advantage of the quite liberal Ukrainian legislation in this respect, Scientologists, under the guise of the name of the "Commission on Human Rights" regularly conduct tough anti-psychotic shows, order television reports and recruit young Ukrainians into their ranks, never calling themselves Scientologists. According to my information, they have registered three regional Scientology communities in different cities of Ukraine.

All this is the reality of our history and of our life today.

The work of the Ukrainian Psychiatric Association in helping victims

Julia Pievskaya

The Ukrainian Psychiatric Association (UPA) was founded in 1990 as a non-government non-profit organization, which from the very first day of its existence has been supporting people with mental health problems.

Today, I would like to tell you about the work of our Expert Commission. Actually, the activities of the UPA started with the foundation of the Expert Commission.

On daily basis, the Commission was addressing appeals of mental health service users (and/or their relatives), whose rights were violated, providing free consultations on medical, social and legal issues. We had several specialists working on a permanent basis: at least 2 psychiatrists and a lawyer (when funding was limited), or 2-3 psychiatrists, a forensic psychiatrist, a forensic psychologist, a social worker and several lawyers, when we could pay for the work of all those experts. What we did was unique in Ukraine. I say "was" because, unfortunately, for several years, the Commission has not been functioning any more. Unfortunately, this is not because there are no more violations of the rights of persons with mental health problems in our country, but because of several objective and subjective reasons: the Commission's staff got old, some experts died, some were tired of this Sisyphean task and found another, less hectic job. The last expert statement was issued in 2013, but at that time the Commission did not work on a regular basis, responding only to exceptional cases of abuse and violations of rights.

Dynamics of appeals

In the early years, the UPA Expert Commission was mainly approached by people who for various reasons were threatened with illegal hospitalization in psychiatric hospitals, and mentally healthy people (including well-known Ukrainian dissidents) who in the Soviet times, for political reasons were declared mentally ill. Therefore, during the first five years, the Commission had to address mainly medical and legal problems inherited from the USSR and related to the clarification and removal of diagnosis, de-registration from psychiatric records, involuntary hospitalization, legal capacity, etc. We naively believed that over time, when our experts supported all those who turned to it for help, the Commission could be dissolved. But the realities of Ukrainian life turned out to be quite different. Much less rosy. Ukraine remained a country where psychiatry is still very vulnerable for human rights violations.

Because of the growing activities and the credibility of the UPA in general and the Expert Commission in particular, the number of citizen's appeals was also constantly growing.

If in 1990-1993, just several dozen persons appealed to the Commission annually, in 1994-1996 there were 300-400 appeals, in 1997 – 411, and in 1998-1999 – more than 700 appeals annually. In addition to increased awareness about the work of the UPA in the field of protecting the rights of people with mental disorders, there were also other factors:

- increased awareness about own rights among people with mental health problems (awareness raising has been one of the main activities of the UPA);
- growth of legal nihilism in the power structures of the country, also among the representatives of the judiciary;
- increased corruption among government officials;
- the lack of legal framework in the field of psychiatric practice (until 2000, there was no law on psychiatric care in Ukraine, and after the adoption of the law, no sub-legislative acts were developed/adopted);
- lack of response from the Ministry of Health, even in cases of high-profile psychiatric abuse, which became widely known.

*Number of appeals to the UPA Expert Commission (2000 – 2007)

YEAR	NUMBER OF APPEALS
2000	Appr. 900 (no exact data available)
2001	1035
2002	1203
2003	1281
2004	1401
2005	1282
2006	1311
2007	1189

Nature of the appeals

The nature of appeals changed significantly over time compared to 1990-1995:

- requests to protect the rights to own housing and property made up the majority of all the applications (about 80%);
- requests for de-registration from the psychiatric records and the removal of diagnosis;
- requests to address intra-family conflicts became more comprehensive, there were more requests to protect the rights of mentally ill in the family from aggressive behaviour and infringement of civil rights by relatives;
- protests against forced hospitalization were replaced by petitions to prevent possible forced hospitalization;
- questions of determination of legal capacity were supplemented by requests for support in forensic psychiatric examinations in court;
- requests for medical advice and clarification of treatment methods;
- assistance in registration of disability and personal documents (passport, registration, other certificates);
- assistance in registration of residence in houses for disabled persons;
- assistance in possible employment.

At the end of 1990, there was a record number of cases of economic abuse of psychiatry. Unfortunately, since then, the situation has not much improved.

The most common situations were:

1. A person with mental health disorders was illegally deprived of his rights in favour of another person (it could be a relative, a doctor, etc.), who seized the property of the person with mental health disorders (for example, a privatized apartment, the right to custody, etc.).
2. Illegal deals (sale and purchase of real estate, exchange of housing, obtaining loans on behalf of a person with mental health disorders, etc.). In these deals, one of the parties was a disabled person or incapable person. The courts turned a blind eye to such deals, despite their illegality.

In both cases, the corruption of judicial experts was quite obvious, as the corruption of the judiciary. Both victims and relatives required professional legal assistance and very often needed to defend their interests in court. But neither the Prosecutor's office nor the Ministry of Health were inclined to respond with sufficient attention to cases of abuse of psychiatry in Ukraine. Only once, on the initiative of the UPA and under its constant pressure, a criminal case was initiated against a doctor who forcibly kept a healthy woman in a psychiatric hospital for 3 years, receiving money from her husband (case of Zemfira Akopyan, Kharkiv region). However, in this case, there was no legal judgement. And the staff of the Expert Commission in cooperation with another Ukrainian civil society organization (Human Rights Bureau) brought the case to the European Court of Human Rights.

Looking back and recalling many years of work of the Commission, it can be said that the UPA Expert Commission performed the work not only of an independent organisation, providing its professional expert opinion, but was also engaged in cases that had to be addressed by the state structures - social services, police and Prosecutor's office.

Archive

Despite the fact that the Commission is not functioning any more, we still have a unique archive.

The UPA archive contains more than 10,000 files. All these documents need to be seriously analysed. The aim is to identify shortcomings in the legal system of Ukraine, the so-called "gaps in law", and shortcomings in the law enforcement and judicial systems of Ukraine.

The next stage of such an analytical study could be:

1. Preparation of an analytical document containing all known to us cases of human rights violations in the institutions of the Ministry of Health, the Ministry of Social Policy and the penitentiary system.
2. Preparation of relevant draft documents for the Ukrainian legislator.
3. Preparation of relevant documents (departmental normative legal acts) for law enforcement agencies.

4. Organisation of information seminars for emergency doctors, family doctors, directors of social care homes of the Ministry of Social Policy and psychologists working in the penitentiary system. Preparation and publication of brochures for all these professionals, with a view to their non-participation in the ill-treatment of people, torture and abuse of psychiatry.

It should be noted in particular that there is no statistics of abuse of archives in any of the above-mentioned agencies. Therefore, we believe that the results of the study will be in great demand. And perhaps not only in Ukraine.

In 2008, we prepared information for our website. For the section describing the activities of the Expert Commission, the following was written: “The UPA Commission has no information about any cases of abuse of psychiatry for political purposes in Ukraine.” At that time it was true. None of us could have imagined that in 6 years, in 2014, Russia would annex Crimea and abuse of psychiatry for political purposes would revive. Mr. Ilmi Umerov, who will tell you about it, knows it from his own bitter experience.

Psychiatry as a tool of repression in the Russian Federation 2017-2018

Victor Davidoff

1. Introduction

Over the past year and a half, the use of psychiatry as a means of political repression in the Russian Federation has expanded significantly. It occurs in several directions at once and approaches the pattern typical for the USSR in its late period.

The following main methods of psychiatric repression are currently used:

- (a) Unjustified admission of defendants in political trials to psychiatric hospitals for forensic psychiatric assessment;
- (b) Forced admission of political opponents and civil society activists to psychiatric hospitals immediately after their detention at protest actions;
- (c) Declaring opposition activists insane and their admission to closed psychiatric institutions for socially dangerous psychiatric patients for compulsory treatment;
- (d) Compulsory “treatment” of prisoners protesting against the violation of their rights in places of deprivation of liberty, in psychiatric departments of the camp hospitals.

2. Unjustified admission of defendants in political trials to psychiatric hospitals for forensic psychiatric assessment;

To date, almost all accused under “extremist” and “terrorist” articles of the Criminal Code of the Russian Federation are referred by the investigators to closed hospitals for forensic psychiatric assessment. They have to stay there 30 to 90 days, together with other defendants accused of committing criminal offenses, who often are seriously mentally ill and dangerous to others. Also, there are cases when, before being officially diagnosed, defendants receive forced treatment with neuroleptics. In almost all forensic psychiatric assessments, neuroleptics are also used as punishment for various violations of the regime.

Despite the fact that from a legal point of view, forensic psychiatric assessment is quite legitimate, its application in political cases has all the signs of abuse of psychiatry.

First, in comparison with criminal cases, inpatient forensic psychiatric assessment in political cases is used much more often. Persons who have no history of mental disorders and have never sought psychiatric help, are sent for forensic psychiatric assessment. This makes the procedure itself legally groundless.

The unjustified nature of the application of the forensic psychiatric assessment is even more evident from the nature of the charges. Andrei Shasherin, a resident of Barnaul (Altai Krai), was sent for forensic psychiatric assessment, being charged with “insulting the feelings of believers” (article 148 of the Criminal Code of the Russian Federation) and with “inciting hatred” (article 282 of the Criminal Code). In fact, Shasherin was accused of the fact that he posted caricatures and memes on his social-network account.

Secondly, while in ordinary criminal proceedings most defendants are assessed by psychiatrists on an outpatient basis, in political cases almost all accused persons are sent to closed hospitals for assessment.

Thirdly, the referral of the defendant to closed hospitals under those articles of the Criminal Code of the Russian Federation that do not provide for imprisonment, is a clear abuse of psychiatry. In June 2018, an opposition activist, a member of the “Solidarity” movement from St. Petersburg, Peter Trofimov was sent to a hospital for forensic psychiatric assessment. Since 2014, there has been a trumped-up case against him under article 330 of the Criminal Code of the Russian Federation (“arbitrariness”). He has been accused of taking home for one day the equipment belonging to the company where he worked. According to human rights activists, the real reason for Trofimov’s hospitalization was the intention to deprive him of the opportunity to participate in protests during FIFA 2018 in Russia. (Trofimov stayed in a closed hospital for 14 days.)

3. Forced admission of political opponents and civil society activists to psychiatric hospitals immediately after their detention at protest actions

Cases when opposition activists detained by the police at protest actions are sent directly from police stations to psychiatric hospitals have become more frequent.

In August 2018, Eugeny Yuzhakov, a resident of the village Rassvet, Kemerovo region, was detained after his one-man protest against environmental pollution by the company “Energougol”, allegedly belonging to officials from the administration of the region.

Yuzhakov held two protests. During the first one, he scattered broken glass on the road leading to the company, after which he was detained and released until the processing of the case of an administrative violation by the court.

The second time, on August 24, the police managed to detain Yuzhakov before the protest. The police broke the window in his car, pulled Yuzhakov out of the car and took him first to the police station and then to a psychiatric hospital.

Even more strange was the case of a Moscow opposition activist Elena Kozlova.

On July 1, she stood in a single-person picket holding two posters. One of the posters contained a slogan demanding the release of Oleg Sentsov, Crimean film director, who is in prison on trumped-up charges of terrorism. Another poster contained offensive words addressed to President Putin.

In spite of the fact that Kozlova didn’t violate the law because one-man protests are allowed, Kozlova was detained by police and was taken from the police station to a closed drug rehabilitation clinic and hospitalised there.

This is the first known case of the forced hospitalization of an opposition activist in a drug rehabilitation psychiatric clinic, but it is also a revival of the Soviet practice of using such institutions against dissidents (dissidents-Baptists in particular, who were often sent to closed drug rehabilitation clinics and even to STD clinics).

There are also cases of “preventive” hospitalization of opposition activists – without any reason at all. On August 12, an opposition activist Yuri Ionov was detained by the armed group of people in masks in the city of Kaltan of Kemerovo region. Later, it became clear that Ionov was forcibly hospitalized in a psychiatric hospital in the city of Novokuznetsk.

Since Ionov is a member of the precinct election commission, human rights activists believe that he was isolated in order to prevent him from participating in the work of the commission on the day of elections of deputies of regional legislative assemblies on September 9. Also, it became clear that the police didn’t report to the prosecutor’s office about hospitalization of Ionov in violation of the law. The police provided no explanation for the reasons for the hospitalization.

4. Admission of opposition activists to closed psychiatric institutions for socially dangerous psychiatric patients for compulsory treatment

Currently, Eduard Nikitin, a member of the movement “Solidarity” stands trial in St. Petersburg. He is charged with “inciting hatred or enmity” (article 282 of the Criminal Code of the Russian Federation). He is mainly accused of the fact that he posted political jokes on his “VKontakte” social-network account.

It is for the first time in 35 years when a person is prosecuted for political jokes. Apparently, it is because of the scandalous nature of the case, that the investigation decided to use the methods of punitive psychiatry. After forensic psychiatric assessment, Nikitin was declared insane, and the court is considering the request of the Investigative Committee to send Nikitin for compulsory treatment in a psychiatric hospital.

Despite the fact that since 2013 the courts have already sent a number of opposition activists for compulsory treatment, they all underwent it in ordinary psychiatric hospitals. This was a serious difference from the practice of punitive psychiatry of the Soviet times, when almost all dissidents were forcibly treated in the so-called “special psychiatric hospitals of the Ministry of Internal Affairs”, or, in fact, in psychiatric prisons.

These prisons still exist, but since 1988 they have been placed under the auspices of the Ministry of Health and are referred to as “specialised psychiatric hospitals with intensive supervision”. At the same time, they are still under the protection of the interior ministry troops and are secret institutions, information about which is not available to the press or human rights defenders. All unauthorized contacts of prisoners with the outside world, such as telephone calls from mobile phones, are punishable by high doses of antipsychotics, fixation and beatings.

In September 2017, for the first time since the collapse of the Soviet Union, the visiting board of the Moscow district military court decided, given the severity of the crime, to send a video blogger Albert Gyurdzhiyan from Nizhny Novgorod to such a hospital with intensive supervision for compulsory psychiatric treatment.

In fact, Gyurdzhiyan made and posted a video containing testimonies from several people about the actions of the Federal Judge Roman Yartsev, who in a drunken state opened fire from a traumatic gun on a neighbour who was walking her dog (according to the judge himself, he shot in the air).

The video was deemed criminal under two articles of the Criminal Code of the Russian Federation: “inciting hatred or enmity” against a “group of persons, employees of the judicial bodies of the Russian Federation, and against a Federal Judge, a representative of this group” (article 282 of the Criminal Code of the Russian Federation) and “incitement to terrorism via the Internet” (article 205.2 of the Criminal Code of the Russian Federation – the article under jurisdiction

of military courts). If you watch the video on the Gyurdzhiyan's account in the social network "Vkontakte", it contains nothing but a call for opening a criminal case against judge Yartsev, as well as the definition of judges as "a criminal group worthy of capital punishment (execution) or a prison term".

The video also shows that Gyurdzhiyan's text and actions are logical, balanced, contain irony, and do not contain any signs of mental illness. However, the court refused to listen to the opinion of Yuri Savenko, President of the Independent Psychiatric Association in Russia, who examined Gyurdzhiyan and did not find his condition socially dangerous.

According to the report of forensic psychiatric assessment, Gyurdzhiyan was declared insane, and was sent to a special psychiatric hospital with intensive supervision for compulsory treatment. Currently, according to available information, he is at a special psychiatric hospital with intensive supervision in Kazan, the first "psychiatric prison" of the Soviet Union, opened in 1938, where many dissidents were on compulsory "treatment".

One of the most ominous signs of the revival of the Soviet system of punitive psychiatry is the phenomenon of "secret prisoners" of psychiatric hospitals. In this case, a person is arrested, accused under the "extremist" article of the Criminal Code of the Russian Federation (as a rule, for posts in social networks), undergoes forensic psychiatric examination and is declared insane. After that, taking advantage of the fact that the medical data are confidential, the court is held behind closed doors, where only relatives (if any) are allowed to be present. The case becomes known only from press releases of the prosecutor's office or the courts. However, they specify neither the essence of the charges, nor the psychiatric hospital where the accused was sent to. They do not contain even the name of the accused – only his initials.

There are many such cases, and neither the press nor human rights organizations can get information about any of them – again, because these data are, by law, confidential.

In September 2017, the office of public prosecutor of Irkutsk region has informed that a person A., who lived in the city of Angarsk, was arrested on charges of "calling for the implementation of actions aimed at violating the territorial integrity of the Russian Federation" (separatism) (article 280.1 of the Criminal Code of the Russian Federation). In a press release, it is reported that in his posts in social networks he "called for action to create a separate republic from the Urals to the Pacific."

A. was declared insane and sent to a psychiatric hospital for compulsory treatment. However, his name, the content of his posts and the psychiatric hospital where he was sent to, still remain unknown.

5. Compulsory "treatment" of prisoners protesting against the violation of their rights in places of deprivation of liberty, in psychiatric departments of the camp hospitals.

A journalistic investigation conducted in August by the newspaper "Novaya Gazeta" together with human rights activists, revealed a completely new form of abuse of psychiatry, which did not exist in the USSR. Journalists found out that in the psychiatric unit of the hospital for prisoners №11 in Omsk region, several mentally healthy prisoners were forcibly "treated". They had been sent there as a punishment for their protests against violations of their rights, torture and

poor conditions in the camps. All their "fault" consisted only from the fact that they legitimately wrote complaints to the prosecutor's office and other government agencies.

In order to legitimize forced hospitalization, the camp administration uses two methods. First, prisoners with somatic health problems are sent to psychiatric unit of a camp hospital. It happened with a prisoner with tuberculosis Alexei Shcherbonos. On arrival at the hospital No. 11, Shcherbonos was beaten, and then placed in a psychiatric unit, where he was fixed and given injections of aminazine during three days. According to Shcherbonos, he received 50 injections of aminazine, which led to kidney failure and unconsciousness. At the same time, the hospital psychiatrists did not hide the fact that he was sent there by order of the security department of the camp.

According to Shcherbonos, TB patients are often placed to the psychiatric unit. They cannot receive the necessary treatment there, and according to his words, there were cases of death of two such patients in the psychiatric unit.

The second method, which is used for forced hospitalization, is even more dangerous and has all the signs of a criminal offense. In the food of a prisoner staying in solitary confinement, some powerful psychotropic drugs (most likely neuroleptics) are added. The prisoner then shows signs of mental illness and is sent to the psychiatric unit of the prison hospital. Alexei Shchepetov, a resident of the city of Yuriev-Polsky, Vladimir region, was arrested on trumped-up charges after he recorded a video message to President Putin complaining of corruption in his city. In a pretrial detention centre in Vladimir, Shchepetov noticed that in the morning after taking food he felt dizzy, and a few days later he fell in such a state that he did not even know where he was.

Shchepetov was sent to a hospital at camp No. 3 in Vladimir region where a request for treatment was signed with his hand (he was not able to sign it himself). After that, Shchepetov was beaten unconscious and kept in a psychiatric unit for three weeks, receiving injections of aminazine and olanzapine.

Prisoner Vladimir Khalilov, a witness on criminal case against employees of administration about tortures in the camp, got to the camp hospital No. 11 in Omsk region approximately in the same way. He also felt strange after eating in the camp №7 in Omsk region. In the hospital №11, he was given injections of unknown antipsychotic (apparently, aminazine), after which he got tachycardia and bleeding from the nose.

Conclusion

New information about the abuse of psychiatry in Russia appears constantly and clearly opens just the tip of the iceberg. This suggests that all these cases are just incidents, but are manifestations of the re-established system of punitive psychiatry.

Therefore, the issue of abuse of psychiatry for political purposes in the Russian Federation needs to be brought to the international level as soon as possible and should be addressed by international government bodies, international organizations and the psychiatric community. Otherwise, psychiatric repression will endanger the health and lives of thousands of people – as it was in the USSR.

My testimony as a victim of Russian political abuse of psychiatry

Ilmi Umerov

At today's conference I was asked to speak as a "victim of Russian punitive psychiatry". I indeed went through "compulsory psychiatric assessment" in the 9th unit of the psychiatric hospital in Simferopol, which I called "one big torture". I'll speak later about the use of psychiatry as a tool of influencing people. But first, I would like to give you some information about myself.

I was born in 1957 in Uzbekistan, where in May 1944 the Crimean Tatar people, including my parents, had been deported. Since my childhood, I have been an active participant of the national movement for the return of the Crimean Tatar people to Crimea and the restoration of their rights. The first criminal case was brought against me when I was just 16 years old and was still going to school. The formal accusation against me was widespread at that time: "false insinuations discrediting the Soviet social and state system". Actually, I was accused of the fact that we, a small group of my peers, distributed handwritten leaflets calling on the Crimean Tatars to fight for the return to their homeland. The case was finally closed because of the strong public resonance. I managed to enter Andijan Medical Institute, which I successfully graduated from in 1980. After the internship, having worked for the required three years, I left to take up permanent residence in Krasnodar region. My parents lived there already, after a failed attempt to settle in Crimea. Crimea was closed for the Crimean Tatars. I lived in the city of Krymsk for four years.

It was during that period when the next rise in the activity of the Crimean Tatar national movement took place. In 1987, the whole world watched how the Crimean Tatars carried out actions at public institutions and on the Red Square in Moscow. We did not achieve political results, on the contrary, our people were once again accused of betrayal by the TASS-news agency, it was declared impossible for us to return home and to restore our autonomy. However, immediately after the events in Moscow, we just went to Crimea, at our own expense, despite the desperate resistance of the authorities at all levels. The State program for the return of the Crimean Tatars was developed only in 1992, after the collapse of the USSR and the emergence of independent Ukraine. Unfortunately, Ukraine has not addressed any serious political issue concerning the Crimean Tatars. Neither the law on the status of the Crimean Tatar people nor decisions on national autonomy were adopted. Some social issues and, in part, the construction of housing and infrastructure were solved with the help of the state program. Most of the problems, however, we tried to solve ourselves. There was a period of so-called squatting of land for the construction of housing. Finally, about 300,000 people returned to Crimea from exile.

During the period when Crimea was under Ukrainian jurisdiction, I held various high positions. And it began with the fact that I was denied employment in the Bakhchisarai republican hospital, despite many available vacancies. It was at the end of 1988. I earned my bread selling goods on the market, and very actively participated in the national movement.

I have been member of the Mejlis of the Crimean Tatar people from 1991. In the spring of 1994, I became a Deputy of the Supreme Council of Crimea, and in October of the same year, I was appointed Deputy Prime Minister of the government of Crimea. After 3 years, the government was dismissed.

In 2002, I was elected to the Supreme Council of Crimea for the second time, and was elected Vice-speaker of the Crimean Parliament.

In 2005, after Yushchenko's victory in the Presidential election (I was his confidant in the elections), I myself asked for the post of Chairman of the Bakhchisarai district state administration, and worked there until the annexation of Crimea in 2014.

Among the chairmen of 14 area and 9 city administrations in Crimea, I was the only one who openly opposed the so-called referendum, which contradicted the legislation of Ukraine and the international law. More than 90% of civil servants in Crimea betrayed Ukraine. Approximately the same percentage of treachery was observed in the SBU, the prosecutor's office, the interior Ministry and even among the military.

In May 2016, a criminal case was opened against me because of my pro-Ukrainian position and non-recognition of Russian jurisdiction in Crimea. Formally, the case was fabricated based on my interview on the Crimean Tatar television channel of the ATR on 19 March 2016, which contained "public calls for violation of the territorial integrity of the Russian Federation using the Internet". In May, a criminal case was opened under article 280.1, part 2 of the Criminal Code. By the way, this article 280.1 was added to the Criminal Code of the Russian Federation in the form of "changes and additions" in May 2014, that is after the annexation and occupation of Crimea.

About a month after the criminal case was opened, investigator Igor Skripka decided to send me for a forensic psychiatric assessment. After consulting with lawyers, I refused, citing the fact that the article incriminated to me did not require psychiatric assessment. However, the investigator offended by the lack of cooperation from my side, was not satisfied and asked the court to carry out a forced psychiatric assessment. On August 11, the Kyiv district court in the city of Simferopol proceeded his request. During the court hearing, my health condition deteriorated badly. I had extremely high blood pressure (270/120 mmHg). The ambulance doctor insisted on immediate hospitalization in cardiological unit of the 7th city hospital. In spite of the fact that I was taken away by ambulance, the judge continued proceeding of the investigator's request, and, already knowing that I was hospitalized in cardiological unit, she ordered me to undergo a compulsory psychiatric assessment.

Starting from the first day, the FSB literally attacked the hospital administration with a demand to urgently transfer me to a psychiatric hospital, allegedly for assessment. To the credit of the chief physician, she did not allow my transfer until my condition stabilized. I was taken to a psychiatric hospital 7 days later, on August 18. The unit number 9, in which I was placed, was a closed unit for chronic mental patients. There were about 100 of them. I was placed in a separate room, but that didn't mean anything, as there were no doors in the whole unit. Any patient could come to me at any time of the day. The most active ones were sent away by nurses, and

they were constantly screaming and cursing. It's creepy when you wake up in the middle of the night from the fact that someone is standing next to you leaning over you.

My only privilege was the nightstand, no one else had it. Compliance with basic hygiene standards was impossible for me. For 21 days, I was cleaning myself with a wet towel as it was impossible to go into the shower. Toilet was also a different story. One space, three places without walls, one sink. It was a place where patients organized some kind of a club, where they could talk and smoke. So, 10-12 people were hanging out there round the clock. I was not able to use the toilet. My general condition got worse. On the fifth day during lunch I fainted. Then the head of the unit took pity on me and gave me the keys to the toilet for employees. After I was able to empty my bowel, my condition gradually improved. Just in case, I refused to take food, water or medicine from the hospital. I took only what was brought for me from home.

The psychiatric assessment was carried out by the staff of the unit. The doctor and nurses asked me questions prepared beforehand to check my memory, logic and knowledge. They were watching how I was reacting to what was happening around. After the first conversation, the doctor who took care of me, said that the absence of mental disorders and illness is obvious, but they could not release me earlier than in 21 days. The investigator, by the way, predicted that I would stay there 28-90 days.

After 21 days, on September 7, the meeting of the Commission for psychiatric assessment took place. Having listened to the doctor who carried out the assessment and having asked some questions to me, the Commission unanimously made the decision that mental disorders were not present and I did not need compulsory treatment. In general, I'm now one of the few people who has an official medical statement...

And what was happening outside the 9th unit: Every day hundreds of people came to the yard of the psychiatric hospital. I am eternally grateful to those people.

The media very widely covered my stay in the hospital, calling it an attempt to restore punitive psychiatry and punitive medicine. I myself, commenting the compulsory psychiatric assessment, called it one big torture aimed at the humiliation of human dignity and suppression of will.

Thanks to the media, many human rights organizations, well-known politicians, parliaments and governments of many countries, the struggle for my freedom generated a lot of publicity. Several resolutions were adopted in the UN, EU, PACE, US State Department and in the parliaments of many countries. In many cities of the world there were numerous actions in support of me and demanding the immediate release of me.

While I was in a psychiatric hospital, I talked to many employees and found out that after the collapse of the USSR, I was the first one against whom compulsory psychiatric assessment was used as a means of punitive psychiatry. Now of course I'm not the only one any more. I will list all known to me people who underwent compulsory psychiatric assessment in the same hospital after me.

- Muslim Aliyev
- Refat Salimov
- Enver Bekirov
- Arsen Dzhepparov
- Kuku Emir-Usein
- Vadim Siruk
- Enver Mamutov
- Rustem Abiltarov
- Zevri Abseitov
- Remzi Memetov
- Rustem Ismailov
- Aider Saledinov
- Server Zakiryaev
- Seyran Saliev
- Nariman Mamedeminov

I read all the names on purpose, as it is clear that all of them are Crimean Tatars. It turns out that discrimination against the Crimean Tatars exists in Crimea at the level of the occupying state.

In general, about 75 people are known today in Crimea who have been convicted or are still under investigation in trumped-up criminal cases. More than 120 minor children are temporarily left without paternal care.

About two dozen persons have been kidnapped, and we know nothing about them. The most famous case among them is the case of Erwin Ibrahimov, a member of the Executive Committee of the World Congress of the Crimean Tatars.

There are dozens of those convicted for allegedly administrative violations, but in fact for disloyal attitude to the de facto Russian authorities.

I will illustrate the situation in Crimea with one example: 77-year-old Server Karametov held a one-man protest. He was arrested for 10 days and fined 15,000 rubles. After a week, eight people held one-man protests in support of Karametov, and after three weeks, another 100 people did the same in different parts of Crimea. Despite the fact that each of them individually did not violate the law, the authorities called it organized an unsanctioned rally, opened 100 administrative cases in different cities and regions of Crimea in one day, and held 100 court hearings simultaneously. All 100 people were convicted and ordered to pay large fines.

People helping their heroes have been raising money to pay fines. This action is called "Crimean marathon", and the money is collected in ten-ruble coins. For example, for a fine of 300,000 rubles we had to bring to the bank 149 kg of coins in small buckets.

The current government in Crimea also uses real provocations. As a result of the so-called

special operation, four activists of the national movement aged 60-65 years were arrested for “extortion”. A legendary activist, 82-year-old Vedzhi Kashka died, or she was rather killed during that special operation. Russian authorities still do not investigate the circumstances of her death.

The Crimean reality gives rise to new methods of resistance. For example, more and more mostly young people, become “citizen journalists” and, in the absence of professional journalists, they collect, process and disseminate truthful information, organize direct reports about all events taking place in Crimea. People establish human rights and professional organizations, which also join non-violent resistance.

In addition, resistance activists are members of local and regional Mejlis and members of the Mejlis of the Crimean Tatar people, despite the fact that the Mejlis in Russia is recognized an “extremist organization” by the decision of the Supreme court, and its activities are prohibited in Russia.

As a result of annexation, about 50,000 people left Crimea. At the same time, the occupants have been actively filling in Crimea with immigrants from Russia. According to unofficial data, at least 800,000 people have already been resettled. Many of them work as civil servants, including the police, the FSB, the Prosecutor’s office, the investigative Committee and administrations at different levels.

Moreover, the authorities in Crimea purposefully destroy the cultural heritage of the Crimean Tatar people, destroying the authenticity of historical sites. Cutting down a huge number of trees and demolishing the hills in the course of construction of the so-called highway “Tavrida”, they violate the centuries-old ecological balance. Lack of irrigation water leads to salinization of land. And there is also a chemical disaster in the North of Crimea - acid emissions at the “Titan” factory. These and many other problems in Crimea have been caused by military expansion, aggression, occupation and annexation of Crimea by Russia.

The world and Europe do not recognize the annexation of Crimea. Resolutions, decisions, protocols have been constantly adopted, there is even a decision of the International Court of Justice in the Hague to lift the ban on the activities of the Mejlis of the Crimean Tatar people. Economic sanctions are constantly expanding, the world is demanding the restoration of the territorial integrity of Ukraine, but the Russian Federation is in no hurry to do anything. Putin opposes himself to the world, and sometimes quite successfully.

What conclusions can be drawn from what is happening in Crimea:

1. Russia is an aggressor that has violated its own legislation, treaties in which it participates, international law, the legislation of Ukraine, and the Budapest Memorandum, in which the Russian Federation is one of the countries acting as guarantors of the territorial integrity of Ukraine.

2. The territory of Ukraine, Crimea, is de facto under the authority of the Russian government. And this government organised a real terror against disloyal citizens.
3. The rights of the Crimean Tatar people are most systematically violated. Most of the repression falls on the Crimean Tatars, despite the fact that we make up only 13% of the total number of residents of Crimea. In addition to repressions against people, Russian is now the language of instruction in many education establishments and also in Crimean Tatar schools. The destruction of the authenticity of cultural heritage sites, including the Khan’s Palace, under the guise of restoration, continues.
4. If the territorial integrity of Ukraine is not restored in the near future, the entire world order may be violated and the Crimean Tatar people will be in danger of extinction.
5. The precedent with Russia will give a reason to any country to do the same. Sanctions should be strengthened until the complete liberation of all Ukrainian territories. Political and diplomatic pressure should be expanded and continued. The events that Russia organizes and the events in which Russia takes part should be ignored.
6. Ukraine should not wait for real de-occupation, but must adopt a law “on the status of the Crimean Tatar people” and declare the territory of Crimea “Crimean Tatar national autonomy” by making appropriate changes to the Constitution of Ukraine.
7. Under no circumstances should Ukraine be allowed to resume the supply of electricity and water to the occupied Crimea.

If we briefly summarize what has been said, returning to today’s topic, we can say with confidence: in Crimea, psychiatric assessment is used as torture, to exert pressure on a person, to humiliate his dignity, to suppress his will and to bring him into a state of fear and despair. There is also xenophobia, racial and national intolerance, as discrimination on the basis of nationality has been elevated to the level of state policy.

Just a few words about how my trial ended. I was found guilty. In spite of the fact that the prosecutor on behalf of the Russian Federation (former prosecutor of Ukraine) pleaded for conditional term, the judge on behalf of the Russian Federation (former judge of Ukraine) sentenced me to two years of imprisonment in a colony. However, I never reached the colony. By agreement between the presidents of Turkey and Russia, two of the convicted Deputy Chairmen of the Majlis of the Crimean Tatar people were exchanged for two murderers - citizens of the Russian Federation in a Turkish prison. One of those two Deputy Chairmen was me. In a few days, this event will be one year old, and I am still not familiar with the document on the basis of which I was released. I have been trying to receive it through the Moscow court. The court is rejecting my claims and...

This is however another story.

What is needed to end political abuse of psychiatry as a phenomenon?

Robert van Voren

As I tried to explain at the beginning of the conference, and as Dr. Semyon Gluzman very much stressed in this presentation, psychiatry is a branch of medicine that is very vulnerable to abuse, not only in dictatorially ruled countries, but also in democratically ruled societies based on the rule of law. The well-known British psychiatrist and philosopher Bill Fulford wrote in 2004 that “psychiatry is peculiar among medical disciplines in being particularly vulnerable to abusive uses for purposes of political or social control.” He added that the underlying vulnerability of psychiatry stems from a failure to maintain a balance of different perspectives which in the USSR led to an unbalanced dominance of the Soviet ethic that distorted diagnostic judgments and a sort of conceptual blindness.

Also, the dominance of the scientific paradigms (in which psychiatry is exclusively a medical, neurobiological discipline) with the accompanying vocabulary (subversive views are symptoms of a mental disorder) and treatment goals (disciplining and adjusting to the prevailing political discourse) make it very difficult to have an alternative approach. It is important to realize that the definite proof for abnormal biochemical processes or anatomic structures in the brain in relationship to psychiatric disorders is absent or statistically still very meager. Fifty years of research in biological psychiatry has so far not led to any valid test for whatever mental disorder and until now one is not able to establish strictly causal connections between brain data and factual behavior. As the British psychiatrist David Healy wrote in 2004, “There is probably no other area of medicine in which academic literature is so at odds with raw data.”

In short, psychiatry is yet unable to provide objective criteria to differentiate between patients and non-patients. The ultimate and bitterly ironic consequence of this fundamental shortcoming is that if we are not able to prove that, for instance, the Attenuated Psychotic Symptoms Syndrome or the Dependent Personality Disorder exist as an independent natural phenomenon, we are at the same time unable to ascertain the non-existence of sluggish schizophrenia, the favorite diagnosis used in the Soviet Union to incarcerate dissidents.

Also in Western psychiatry the assumption that psychological processes and mental suffering have a biological cause is still widespread, even though one can seriously question the dominance of biomedical paradigms in psychiatry. Even the World Health Organization warns that “a preoccupation with individual symptoms may lead to a ‘disembodied’ psychology’ which separates what goes on in people’s head from social structure and context. On basis of this assumption it is believed that certain character traits of people (e.g. “too active” or “not assertive enough”) have a biological cause. Also here social convention is the prevailing criterion. “Cure” means that the “patient” is adjusted to the social norm and is adapted to time- and place-related social behavior, even though this is of course done in a much subtler manner than in the case in China when people are tortured in a mental institution to adjust their religious convictions, or the dissident in Russia who with aid of antipsychotic drugs is “convinced” to adjust his political views.

The assumption that mental disorders are in the end brain disorders, free from the social context, together with the existence of vague, ambivalent and consensus-based unscientific definitions of what constitutes a mental disorder, and what can be regarded as a mental disorder, makes psychiatry easily vulnerable for corruption and allows it to be open to political abuse. DSM-5 acknowledges the risk of political abuse of psychiatry, when in this consensus-document a warning is issued that “socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorder”. However, the clause “unless the deviance or conflict results from a dysfunction in the individual” offers an expedient solution to the predicament.

It is also important to note that political abuse of psychiatry stands out from general abusive practices in psychiatry. The latter include general human rights violations in mental institutions, such as adverse living conditions, abuse by staff, unlawful incarceration, inhumane treatment, as well as “economic abuse” of psychiatry. Also, there is also a vast “grey area” involving people who are hospitalized either because they are considered bothersome because of their constant complaints or people who do suffer from mental health problems but who never should have been either compulsorily treated or hospitalized. This was the case in the Soviet Union, but also in China, where many victims are so-called “petitioners”, who travel to Beijing from the provinces in order to issue complaints against local officials. Instead of being heard they are hospitalized and frightened with psychiatric “treatment”.

The question remains why it is psychiatry that is used and allows itself to be abused for political means and as an extension of State power. The basis to this is an amalgam of factors and motives. It includes personal character traits of psychiatrists and nurses, such as a lack of empathy or the tendency to agree to implement authoritarian orders without criticism; the fear of repercussions, such as the loss of jobs or income; or the real belief in the correctness of their actions based on the prevailing societal views. With regard to the latter, the developments in psychiatry in the Soviet Union and the People’s Republic of China are of course distinctive, as they formed a blueprint to legitimize the systemic political abuse of psychiatry, of which the consequences are still felt today far beyond the borders of the Russian Federation. Physicians, educated in all-encompassing absolute system without the possibility to get to know contrasting views and opinions, as was the case in the Soviet Union, can be convinced that the utilitarian goal of the treatment is correct and that the “patient” needs to be “adjusted” to the demands of general interest.

All this makes it very difficult to develop a system that is able to prevent political abuse of psychiatry. A physician or a nurse who refuses to participate risks his or her own career or societal wellbeing and going against the grain and say “no” requires courage. We know that in times of war or non-democratic rule the percentage of people who dare to resist is very small. The majority tries to stay on the side and makes little compromises to say his or her own skin. As the German scholar Wolfgang Thiese wrote, “There are real perpetrators and real victims, guilty ones and innocent ones and then in between the many others, we – who lived there, busy getting by, more or less decent, more or less clever, more or less cowardly or brave.”

So how then can we if not stop at least curb the abuse of psychiatry for political purposes? The first factor lies in the field of education. In some of the countries the diagnostic qualities of professionals have achieved international standards, but virtually everywhere psychiatric care is still institutional, biologically oriented, and paternalistic. Psychiatrists yield excessive powers and the rest of personnel is supposed to carry out orders and not think themselves. Multi-disciplinary teamwork is in most cases absent. The result is that theoretical training and daily practice are often miles apart. Mental health professionals are unable to put their newly acquired knowledge into practice and personnel is required to conform, which strengthens their dependence on their superiors and thus their inclination to implement orders from above, including those that violate medical ethics and their professional responsibilities.

Secondly, in some of the former Soviet republics, in particular in Russia and Central Asia, the change in leadership has been limited and superficial, and remnants of the old nomenklatura, combined with younger professionals who were considered trustworthy and not focused on bringing about any leadership change, continue to dominate the field and did their best to maintain a monopoly on information and international contacts. In Russia we have lately even seen a further consolidation of central control over psychiatry, whereby several psychiatric institutes in Moscow were merged under leadership of the notorious Serbsky Institute, the place where many of the dissidents were and are psychiatrically examined.

The fact that knowledge of foreign languages in these countries continues to be more an exception than the rule very much helps the current psychiatric nomenklatura to keep things under control. At this moment, much of the literature published in Russian in the mental health field is either focused on rather obscure forms of “psychotherapy”, or published by the pharmacological industry, or written by old-style Soviet psychiatric leaders, who were heavily involved in Soviet psychiatric abuse. A psychiatrist or mental health professional who does not know a Western language and has no access to printed translated psychiatric literature in Russian, has no chance of being informed of modern approaches in mental health care, and has no knowledge about current views on patient rights, human rights in mental health and, for instance, the UN Conventions on the Rights of Persons with Disabilities (CRPD).

As I mentioned earlier, human rights abuses in many former Soviet republics are a daily occurrence. This counts for regular psychiatric hospitals, but no less for the earlier mentioned social care homes that house hundreds of thousands of persons with mental illness and mental disability or persons who are just outcasts in society. Much more emphasis should be put on monitoring the human rights conditions there, and pressing authorities to develop alternative systems of care by which people are returned to the community and taken care of either within their own communities or by specialized services.

In the 1970s and 1980s, the main drive of the opposition to Soviet psychiatric abuse was focused on expulsion of the Soviet society from the world psychiatric community, notably the WPA. In that case it worked, as loss of face played an important role in terminating the abuse. In the 21st century society such total isolation is impossible, whatever measures authorities in countries like Russia take to curb freedom of information, access to the Internet and the use of social

media. Mental health professionals are now at least in theory able to have access and participate in the world mental health community, and thus the opposite might work: stimulate communication and access, provide training in issues of medical ethics and human rights, translate key documents and manuals to the local language and make it thereby impossible for both authorities and authoritarian psychiatric leaders to keep their constituency uninformed. National and international psychiatric associations such as the World Psychiatric Association should become much more involved in this work, facilitating the development of on-line courses or smartphone applications that help mental health professionals understand their professional duties and the rights of their patients. Also, the development of consumer organizations and other non-governmental organizations that focus on mental health should be stimulated.

Regarding the individual cases of political abuse of psychiatry, a key method of defense is publicity, and pressing authorities to accept a secondary independent psychiatric evaluation. In Soviet times several Western and Soviet psychiatrists (re-) diagnosed victims of political abuse of psychiatry, or persons who had reason to believe they could become victim of such abuse, and these independent diagnoses were very effective means to prevent incarceration. In recent years FGIP has been involved in a number of cases where such secondary examinations were offered, and practice showed that authorities instantly became weary to continue to use the “psychiatric route” in repressing the person concerned. This system of providing alternative psychiatric evaluations should be expanded and structured.

And finally, Western diplomats should be aware of what is happening and have lists of victims ready. For several years Victor Davidoff, together with others, compiled the List of Political Prisoners of Russia, which we disseminated hoping that they would be used during diplomatic contacts with Russian officials. Unfortunately, lack of finance forced us to stop compiling and publishing them, and I think this is a great pity and very much hampers our work.

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