
RESPONSES TO THE GUIDELINE QUESTIONS POSED AT PART 5.1 OF CONSULTATION PAPER

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5.1 DISCUSSION

1. INSPECTION FRAMEWORK

CRUCIAL GAPS

The exploitation of citizens for invasive, cruel, forced human research, that is done by psychiatrists, hand-in-hand with government legislation, such as the Victorian Mental Health Act, is systematic. This deliberate inflicting of torture under the guise of medicine, for the purpose of lucrative human experimentation, cannot be seen as rogue psychiatrists, or facilities, given that the Australian Government profits from pharmaceutical donations into human research in psychiatry, as do psychiatrists and coterie.

STAFFING WITHOUT VESTED INTERESTS

In investigating Psychiatric facilities where people are being torture 24/7 indefinitely and arbitrarily detained without charge, there must not be Mental Health Professionals included on visiting teams, as this might mean that the status quo of psychiatrists world-wide exploitative practices continue in Australia, despite signing and ratifying OPCAT. And that means Australia would continue to frustrate the CAT, and bring the UN into a very challenging position, as to whether countries that sign conventions and have inspections actually make any kinds of real changes to the most disgustingly widespread exploitation of the millennium, which is forced human experimentation, in the guise of care/ medicine, when it is nothing of the kind, it is torture.

GOVERNMENT LEGISLATION NEEDS TO BE REPEALED FOR OPCAT COMPLIANCE

- Australia needs to repeal all State/ Territory Mental Health Acts, so that people are not discriminated against on the basis of perceived disability, subjected to arbitrary detention on that basis, and subjected to the psychiatrists' intentional escalation of painful, disabling, abusive, murderous treatments, until that person agrees to the psychiatrist's labelling of them and agrees to take the treatment the psychiatrists prescribes.
- Australia needs to also look at the laws that guard against human research being forced upon a person by medical practitioners. There must not be any more Research Without Consent, Exception From Informed Consent Research, Emergency Research... or any other terms that subject a person to human experimentation against their will. The sale of hospital information gathered from forced psychiatry must also be retrospectively held in question, and there must be no more profiting from this from the perpetrators.

- Victims of Psychiatrists, subjected to forced treatments, and who were/ are being broken-down under the pain-thresholds of arbitrary detention, painful chemicals injected, fettering of limbs, isolation, electrocution, interrogation, dehumanisation and indoctrination... must be given some sort of reparations for their grief and assurance that no more torture, exploitation of people for the purposes of forced human experimentation, arbitrary detention on the basis of 'mental illness' that is perceived disability, hearsay and conjecture from third-parties, cognitive and social diversity, will occur.
- The medical perpetrators must be charged under the crimes act for the torture offense inflicted, and/or government officials must be held accountable. There must be future disincentive for similar torturous exploitation to occur. At the moment medicos cannot be charged for conducting medical experimentation. This loophole in the Medical Treatments Act that allow for Forced Psychiatry must be repealed.

2. IMPLEMENTATION & DOCUMENTATION

Victim-blame & silencing

The silencing of people who have suffered forced psychiatry is widespread in Australia. To speak out against torture under this government-psychiatry exploitation racket section via the Mental Health Acts, means ostracization, denial, condemnation, job loss... and threats of future violations should the person be financial or socially disenfranchised again. This silencing of those who have experienced Australian Government Legislated torture under State/Territory Mental Health Acts must not continue.

Consulting with Victims of Psychiatrists (NOT consumers/ users even though the Australian government terms all people sectioned under the Victorian Mental Health Act 'consumers' or 'users'.)

At what point are victims of State Legislated torture consulted, such as victims of psychiatrists who are or have been tortured 24/7 for a number of days, weeks, years, or nearly their whole life without reprieve? At what point do inspectors look at the torture going on in the Community, under Treatment Orders, that threaten further arbitrary detention if the person does not appear for the appointment the psychiatrist demands and the fortnightly injection, or blood test?

Deprivations

Do inspectors of psychiatric facilities have any means to ensure people that are interviewed that they won't be subjected to an escalation of pain-thresholds in the guise of 'treatment' or 'management' should the person being tortured tell the inspectors that they do not agree with the physical torture inflicted on them, or the verbal abuse the psychiatrist subjects them to in demanding they adhere to mentally-illing terms, or the isolation, deprivation of their shoes, phone, belt, pens, paper, books, computer, visitors, food (usually for fasting bloods) etc...

Humiliation/ Sterilisation/ Dehumanisation/ abuse of women

Do inspectors want to think about how to ask women if the chemicals they were forcibly injected with caused their body to immediately lose their uterus-lining, and how long the drugs they were forced on suspended their menstrual cycle for? How cruel this is? How humiliating when the women aren't even able to stand up straight on these drugs, let alone try to find a way to stop the blood flow after being injected; when nurses are too busy to even supply sanitary napkins, then write up complaints about the women bleeding, in her file, as if she were somehow immoral, or incapable of hygiene before they injected her and arbitrarily detained her.

Do inspectors want to think about ways of asking if women have been assaulted while forced into psychiatric detention, placed on major tranquilisers in mixed wards, that have meant up to 75% of women have been subjected to lewd violations? Psychiatrists and nursing staff deny the women in psychiatric facilities the validity as a human being and so cannot be trusted to confide in. Besides, women are used to not being believed by psychiatrists and nursing staff, even when they talk about effects of the drugs that are very obviously effects of the drug and indicated as effects of the drug on the drug's documentation. Women subjected to forced psychiatry are used to not being believed by psychiatrists about anything. Many women who do report assault, are dismissed as deluded. This means that women become even more vulnerable to perpetrators, not only psychiatrists.

Chemical Sensitivity, medical emergencies ignored and aggravated by psychiatric facilities

Hospitals are very toxic environments for people who suffer from petroleum-based chemical sensitivities. This is totally ignored, even when a person forced into the hospital setting *tells* the psychiatrists, and the Assessment Team. In fact, it seems that psychiatrists are diagnosing a person who is sensitive to toxins in the environment as 'mentally-ill'. This is a huge oversight given that 38% of the population react to petroleum-based substances in foods, medicines, toothpastes, cleaning products, as well as second-hand tobacco, perfumes, deodorants, and hospital air-conditioners that sterilise the air with propylene glycol. Psychiatrists knowingly increase a person's suffering by dismissing the person when they tell psychiatrists they have a chemical sensitivity, and psychiatrists intentionally increasing the dose of the chemicals that the person says is harmful, to force the person to comply with what they tell the psychiatrist they do not want; what is hurting the victim, horrendously disabling the victim, and increasing their sensitivity permanently to these substances.

Both Multiple Chemical Sensitivity and Electrical Sensitivity are undeniable environment sensitivities, that psychiatrists ignore, do not prepare hospital spaces in any way to accommodate people suffering this, and make a person further disabled through their interventions. Psychiatrists also ignore other important medical emergencies such as blood disorders, cancer, hernia, physical brain injury and people who have been victims-of-crime that need to find someone they can trust to report these crimes.

3. URGENT ISSUES

SPECIFIC PLACES OF DETENTION THAT ARE OF IMMEDIATE CONCERN

Psychiatric hospitals/ facilities/ clinics where people are forced into human research servitude.

In particular: Alfred Burnet Viral Load Laboratory (Alfred Health) ABN: 27 318 956.

(From 1st hand experience of 14 years of forced psychiatry under the VMHA, as well as conversations with other victims of Alfred Hospital Psychiatric Unit who were tortured while in those facilities and forced to comply with Community Treatment Orders, under the threat of more arbitrary detention.)

BROADER ISSUES

Under State/ Territory Mental Health Acts

- Arbitrary Detention of person who have not been charged with a crime, in psychiatric and aged care facilities, and 24/7 indefinite torture is systematic.
- The use of police force to arbitrarily detain persons who have not been charged with a crime (often not even read the Section under the MHA) when they refuse to go with the medical staff, is systematic.
- The forcing of torturous drugs and procedures on people that harm the person, do not help, increase sensitivity to petroleum-based chemicals, cause brain-damage... and all those effects listed on the drug company's website is systematic.
- The profiting of government and psychiatrists and biological research companies from the use of people by force, under government legislation, for human research, the sale of this bodily information is systematic and has a well-oiled propaganda machine that victim-blames and oppresses those who are subjected to torturous forced psychiatry.
- 17% legal representation for persons subjected to arbitrary detention and forced psychiatry on the basis of perceived disability under the Victorian Mental Health Act is horrendous, yet other States/Territories in Australia are not much better. It seems criminals in this country have more rights than victims do.
- The Mental Health Tribunals decision making slanted towards a person needing to adhere to the psychiatrist's treatment and labelling before Treatment Orders are revoked, or the person is allowed out of arbitrary detention, means the person has to agree to be compliant with appointments and treatments they do not want or need, or the threat of further arbitrary detention will occur. This slant of the Tribunals also means that a person who is being subjected to forced psychiatry dare not tell the truth of how they feel about the treatment, lest they are subjected to more arbitrary detention and higher doses all over again. If a person does tell the truth of disagreeing with the psychiatrist, they are not given freedom from detention and State Legislated invasive,

cruel, degrading, inhuman, maiming murderous treatments. Mental Health Tribunals are a farce to rival Nazi Courts.

CURRENT PRACTICES OF SECLUSION & ESCALATION OF TORTURE TO EXTRACT COMPLIANCE

Current practices in forced psychiatry of escalating seclusion, isolation, fettering, doses and number of chemicals injected, electrocution, abusive/ dehumanising forced interviews designed to break a person down and press upon them the need to be in agreement with the psychiatrists labelling or treatment. Once a psychiatrist has gained a forced agreement/ pretence/ indoctrination with their treatment, the psychiatrist can say that they are no longer forcing treatment, that the person has 'stabilised' and this means the data gathered can be more easily utilised in research and sales from that research, given the verbal 'compliance' that was got through intentional duress.

4. AUSTRALIAN NPM BODIES ENGAGING WITH CIVIL SOCIETY REPRESENTATIVES

CONSULTATION AND LIAISON

Consulting with all the people who have attended Mental Health Tribunals to try and stop arbitrary detention and the torture of forced psychiatry. At the moment consultations are only with those people who have suffered coerced/ forced psychiatry and are willing or indoctrinated into reinforcing the status quo of maintaining forced psychiatry. It is important to actively engage with the people who have suffered forced psychiatry that know it was torture, why it was torture, and that it was inflicted on them deliberately, with intent.

Given that 'intentionally' means, 'without accident', and it is no accident that a person is held down and injected with substances that cause Tardive Dyskinesia, Akathisia, Dystonia... that psychiatrists can easily see, easily hear the victim complain of, and also easily recognise are documented in medical journals to be torturous for the person, there should be no argument that forced psychiatry is torture.

There are over a million Australians alive who have been or are being torture 24/7 indefinitely by psychiatrists. This interference in human lives must stop. And those who wish to speak out against the perpetrators must be allowed without any fear of the torture being increased, of being arbitrarily detained, or being vilified for doing so.

The risk for victims of psychiatrists that gain freedom, of being tortured again by psychiatrists is high, this government legislated torture via psychiatrists is systematic and silencing in its fear inducing cruelties. People are very afraid to speak out against psychiatric treatments, so when they do, they need to be listened to.

PROBLEMS IN PLACES OF DETENTION

When people are not even charged with a crime, because they have not committed one, to be have forced psychiatry and arbitrary detention forced on them, in increasing pain-thresholds to gain adherence to what a psychiatrist wants, is torture done for lucrative exploitation of human research. Mental Health Acts are nebulous arbitrary legislation, laws that are not about enforcing any kind of legal sanctions... because what is the crime a person is sectioned under in the Victorian Mental Health Act? Human traits of cognitive and social diversity? That's not a crime. And though the lay person thinks that a person sectioned under the VMHA has to be 'a harm to self or others' that not how that law is written at all, the person need only, 'appear to be mentally-ill' (according to the psychiatrist) and 'in need of immediate treatment'. This is all very nebulous, this VMHA, especially when you consider the suffering inflicted on the people Sectioned by psychiatrists under this violent

government legislation, and the profits that industries make out of the people that are subjected to forced psychiatry through human research sales.

The VMHA clearly needs to be repealed, reparations for those tortured under this government legislation need to replace the exploitation that is the Mental Health System in Australia.

Problems in places of detention are most easily solved by communicating with the people who are being subjected to torture in these places, rather than 2nd and 3rd parties, or the perpetrating psychiatrists. Communicating with victims of psychiatrists will be the only way to stop 200 years of torturous, exploitative forced human research under the guise of psychiatric medicine.

5. WORKING WITH KEY GOVERNMENT STAKEHOLDERS

ADDRESS THE NEEDS OF VULNERABLE GROUPS OF PEOPLE IN DETENTION

All people subjected to forced psychiatry are vulnerable. These forced treatments must be stopped, it is iatrogenic killing, it is horrendously cruel maiming, this Government Legislated abuse of human lives.

People with Multiple Chemical Sensitivity must have their Advanced Directives recognised, they must be listened to. This should be the same for people with Electrical Sensitivity. These people with MCS and ES must not be mentally-illed for attempting to communicate what is happening to them.

The cruelty of arbitrary detention and forced psychiatry must be replaced with reparations, for those in need, choice-based services only. Psychiatry must not continue to be an arm of the law, discriminating against perceived disability, detaining and torturing whistle-blowers and victims of crime all too easily, under the guise of ‘medicine’. This is not a democracy for those who are shut up and shut down by psychiatrists and government legislated allowing of psychiatrists to torture people 24/7 indefinitely, and sell the information they gather from this torturous experiments.

When perpetrating psychiatrists torture and then are given a status of ‘expert’ in courts of law over their victims, this is how exploitation for human experimentation has been allowed to thrive in Australia for over 200 years too long, while victims are murdered, maimed, disfigured, dehumanised and silenced – as if they were the violators.

6. HOW CAN AUSTRALIA BENEFIT MOST FROM THE ROLE OF THE SPT

It is likely that over quarter of the population has suffered arbitrary detention and torture under the government-psychiatrist exploitation of humans for research. There are people from the 1960s that are still alive that suffered forced Insulin Shock, forced LSD in psychiatric hospitals... and other human experiments that cannot be denied to be torture, yet they’ve neither received adequate apology or reparations, or assurances that they will not be subjected to the new array of experiments that government-psychiatry inflicts against a person will, under the ‘in good faith rule’ and the idea that it was a reasonable thing for government-psychiatry

to inflict upon a person against their will in that era. 'In good faith', it seems, is a phrase allowing for psychiatrists to get away with serial killing and maiming.

Please press upon the SPT that there is a need for victims of psychiatrists to be experts, in regards to this widespread arbitrary detention, forced 24/7 indefinite torture in the guise of medical treatment, care, management. It is time to stop ignoring the people who are being harmed, because it is profitable exploitation to continue. Stopping this horrendous crime is necessary and difficult, and what must be done. Victims of psychiatrists will be the best people to assist in this (just please don't expect VOPs to volunteer their services without remuneration, as is often the case. Victims of psychiatrists are people that have to earn a living to survive just like everyone else, and they are so marginalised and oppressed that all too often if they get paid it is in Gift Cards. Some respect please.)

7. MORE DETAILED DECISIONS BE MADE ON HOW TO APPLY OPCAT IN AUSTRALIA

Australia must repeal all laws that allow forced medicine, research without consent, and arbitrary detention on the basis of perceived disability, most especially the Victorian Mental Health Act, as well as all Mental Health Acts in states/ territories. To allow medicine to be forced is to allow torture in the guise of medicine to continue.

Australia still continues to frustrate the UN CRPD, though it was signed and ratified in 2008 by continuing to have forced psychiatry in 2017. Forced psychiatry must be stopped, all MHAs must be repealed.

Australia, in the last 200 years has had a history of covering up exploitation that is done through Government Legislation, rarely compensates victims, and official apologies generally occur some 50 years after the exploitation is stopped, or really don't occur at all. This is not okay. Victims of Psychiatrists and Government Legislated torture under Mental Health Acts, need to stop now, reparations need to happen now, or Australia is not honouring the conventions it has signed and ratified and therefore cannot be trusted on Government word or signature.