

PSYCHIATRIC ABUSE IN THE USSR

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INTRODUCTION

The recent release of many victims of psychiatric abuse and the passing of new, although flawed, legislation on psychiatric internment have created the impression in some circles that the abuse of psychiatry in the USSR has ended. Yet, despite a dramatic increase in tolerance for outspoken discussion and criticism of this issue, Soviet medical authorities responsible for past and present abuses remain in place. The fact of Soviet psychiatric abuse has never been properly acknowledged or corrected.

The conditional re-entry of the official Soviet psychiatric association society into the World Psychiatric Association (WPA), accomplished through political manipulation, last-minute apologies and dubious promises to improve, has largely served to remove the incentive for reform. The WPA is now obligated to perform an inspection of the Soviet psychiatric system and to report on any continuing abuse by October 1990, but Helsinki Watch, concerned by indications of bad faith by Soviet officials, fears that the review may not be competent, effective or adequately financed and may be performed too hastily to assess a complex situation. Helsinki Watch calls on members of the legal and medical professions in the United States and other countries to raise the issues addressed in this newsletter with their counterparts in the USSR.

RECOMMENDATIONS

In order to put an end to the system of psychiatric abuse, Helsinki Watch calls on Soviet government officials to do the following:

- o Acknowledge and condemn the continuing systematic political abuse of psychiatry;
- o Permit the formation of a review commission completely independent from the All-Union Society of Psychiatrists and Narcologists (AUSPN) and the Ministry of Health (without their personnel or involvement);
- o Publicly describe the mechanism for investigating and accounting for past abuses through the review commission;
- o Legalize independent bodies like the Independent Psychiatric Association and allow them to have a say in the composition of the review commission;
- o Conduct thorough and fair investigations of charges of abuse of psychiatry against Party, psychiatric, health and law enforcement officials at the national and local levels and impose appropriate punishment on those found to have engaged in such abuses;
- o Publish a complete translation of the report of the American psychiatric delegation in the Soviet press;
- o Publish a full account of the proceedings at the October 1989 meeting of the World Psychiatric Association (WPA) during

which the AUSPN was conditionally approved for readmittance to the WPA;

- o Hold open parliamentary hearings to review testimony from both Soviet citizens and emigres concerning abuse of psychiatry;

- o Bring legal proceedings against officials (psychiatrists, health, law enforcement, etc.) in cases where the evidence indicates that they engaged in psychiatric abuse, observing internationally-recognized standards of due process and appeal and allowing access to foreign observers;

- o Through parliamentary legislation, change regulations governing the provision of psychiatric care for both civil and criminal commitment so as to safeguard the rights of both the sane and the mentally ill;

- o Review the cases of remaining persons alleged to be held for political reasons. Reviews should include psychiatric evaluations as well as public court reviews (as distinct from procurators' supervision¹) of the lawfulness of the charges under which the persons had been arrested, their fitness to stand trial and the legality of their commitment. All criminal indictments, sentences and court transcripts should be published, provided that a good faith effort is made to obtain the defendant's consent.

- o Remove from the psychiatric register all persons who have

¹In the Soviet criminal justice system, the procurator is responsible for enforcing law and overseeing the legality of court procedures.

been determined to be wrongfully incarcerated or who have been found sane by independent review; review register procedures so as not to violate civil rights of patients;

- o Rehabilitate all victims by overturning criminal sentences and false psychiatric diagnoses, clearing criminal and psychiatric records, restoring jobs and social security, and publicly exonerating and paying reparation to all victims.

BACKGROUND

In the late 1960s and 1970s, procuratorial and KGB agencies increasingly began to send dissidents from the scientific and humanitarian intelligentsia as well as the independent labor movement to psychiatric detention. The usual pattern was to arrest a dissident on a political charge such as Art. 70 ("anti-Soviet agitation and propaganda") or Art. 190-1 (anti-state slander), subject him to compulsory psychiatric examination (usually at the Serbsky Institute of Forensic Psychiatry in Moscow), hold a perfunctory trial in absentia, and immediately assign the defendant to indefinite detention in special psychiatric hospitals under the jurisdiction of the Ministry of Internal Affairs. The advantage of forensic psychiatric detention is that no case has to be built in court, behavior can be controlled with drugs, and the "sentence" is indefinite. Hundreds of dissidents went through this torment. Some, like

Vladimir Bukovsky and Leonid Plyushch, who managed to get to the West, gave testimonies about sane dissidents who remained incarcerated and about the cruel practices of the mental health system.

There was another, much-less publicized aspect to abuses of psychiatry that affected greater numbers of people -- the unlawful incarceration of ordinary people not involved in dissent. They were the victims of disgruntled bosses or spouses who took advantage of a corrupt psychiatric system and an all-powerful and unlawful criminal justice system to rid themselves of troublemakers. In addition, among those accurately diagnosed as mentally ill, there were many with borderline psychiatric disorders who did not require detention but were incarcerated anyway without any way to appeal. Patients with serious mental illnesses were not properly treated and were warehoused in appalling conditions. And after release, all of these patients were placed on the hospital registry, a list, known to the police, which authorized the restriction of certain rights and privileges and frequently led to difficulties in gaining employment and social security.

With the relaxation of controls on free expression and movement after 1987, numerous people who had been victimized by the psychiatric system and suffered discrimination because of the registry joined the hordes of petitioners who converged on Moscow seeking redress with regard to a variety of matters that could

not be resolved on a local level. First the independent press (notably Glasnost, Express Chronicle and The Mill, a publication of the Committee for Social Self-Defense) began to report the sagas of numerous victims of the registry. Then the officially-recognized, liberal press took up the cause, and articles began to appear in Komsomolskaya pravda, Literaturnaya gazeta, Izvestiya, and Moscow News. Human rights groups began to realize that there was a much broader dimension to the psychiatric abuse problem than the issue of the detention of several hundred prominent dissident intellectuals. The rights of thousands of normal people as well as of those with mental illnesses were being violated.

CURRENT CASES OF CONCERN

Before 1986, the number of known cases of political prisoners in psychiatric detention had remained between 200 and 300 for many years. With the advent of perestroika, the authorities for the first time tacitly acknowledged the abuse of psychiatry by quietly releasing during 1986-87 about 70 activists from psychiatric detention. In 1988 and 1989, another 30 to 40 political prisoners were released from the psychiatric system during and after negotiations for an American inspection in February-March 1989. These long-awaited releases of patients were certainly an improvement, but, as the newly-released

patients themselves testified, the system remained unchanged. The positive effect of their release, however, made it more difficult for human rights activists to dramatize the continuing abuses of Soviet psychiatry.

Helsinki Watch does not know the exact number of persons who remain in psychiatric hospitals as political prisoners. The Moscow Helsinki Group includes 47 cases of alleged psychiatric imprisonment in its list of political prisoners (see Appendix I).

In 36 of these cases, there are question marks before the names: it is not clear whether or not they are sane, or, if they are sane, whether they were incarcerated for political reasons. These cases are of concern to Helsinki Watch because 26 of the patients were first arrested under the same political articles that have been used to send many well-known dissidents to prison in the past.

Six additional long-term cases who were formerly on the list of the Moscow Helsinki Group with question marks were released in recent months, in what appears to be a tacit acknowledgement by the authorities that their detention was unlawful.

Helsinki Watch urges the Soviet government to make available for public review the full criminal and medical records of those on the list, provided that a good faith effort is made to obtain the consent of the subject of the psychiatric evaluation. The issue is not their sanity, but the legality of the articles under

which they were arrested. If in fact they were arrested under articles of the criminal code that have since been removed, then the legality of sending them to a psychiatric institution on the basis of such an arrest must be examined.

The Alma-Ata Six

Using the accounts of former inmates, Moscow human rights activist Aleksandr Podrabinek compiled a list of six men in the Talgar clinic in Alma-Ata whose cases have recently come to light and who may still be held, possibly for political reasons. Since the men were arrested in the winter of 1986, it seems likely that they were involved in the Kazakhstan unrest of December 1986 (the first, and least publicized, nationalities blow-up of the Gorbachev era), when hundreds of young people were jailed. Very little information was available at the time or has been revealed since as to the grounds for the jailings, and it is feared that no distinction was made between violent protest and peaceful expression. A number of persons from Kazakhstan who are in labor camps are not even charged with violent acts by the authorities, but were arrested under the vaguely-worded "riot act" ("participating in mass unrest," Art. 79) or "agitation or propaganda aimed at incitement of ethnic hatred" (Art. 74).

The Talgar cases are typical of past and remaining political abuse cases in that the charge of committing a criminal "socially dangerous" act preceded the diagnosis of insanity. Information about these cases was circulated by human rights activists at the October 1989 Congress of the World Psychiatric Association in Athens as evidence of continuing abuse, but was not formally discussed. Weeks later, in Moscow, in an article reported by Sotsialisticheskaya industriya, a reporter asked Dr. A.S. Karpov,

Chief Psychiatrist of the Ministry of Health, about the cases. Karpov responded that a "thorough check" had been made and that "no fighters for justice" either there or anywhere else had been found. (The phrase "fighters for justice" has long been used in press vilifications of dissidents.) It was not clear whether Dr. Karpov was saying that the men were not incarcerated at all, or that they were not authentic "fighters for justice." Recent reports from Moscow rights monitors indicate that the six were transferred out of Talgar to an unknown destination.

Patients Release Appeal

In March 1990 members of the Amsterdam-based International Association on the Political Use of Psychiatry (IAPUP) traveled to Moscow to follow-up on recent allegations of abuse. Human rights activists transmitted to them on March 20 a document signed on December 1, 1989, by 17 inmates of the Sychevka Hospital and smuggled out by supporters.

The document (seven typewritten pages in translation) is a careful, detailed appeal, with names, dates and exact medical terms. It describes brutality and punitive misuse of medication in Sychevka, a former special psychiatric hospital in the town of the same name in Smolensk oblast; the hospital had been transferred in January 1989 to the Ministry of Health and designated a "strict-observation" facility. The patients' testimony suggests that there are grounds for the fears expressed by human rights groups that the much-heralded transfer of

hospitals from the police to health authorities did not improve conditions.

PSYCHIATRIC DETENTION IN THE SOVIET SYSTEM

There are two types of psychiatric detention in the Soviet system: 1) civil commitment, or involuntary placement in a regular psychiatric clinic by relatives or police without a judicial proceeding; and 2) criminal commitment, when an arrest on criminal charges under the penal code is followed by compulsory psychiatric examination, a determination that the defendant is not fit to stand trial for reasons of insanity, and placement by court order in a special forensic psychiatric hospital. Most of the well-known cases of political abuse of psychiatry fall into the second category. While some civil commitments are politically motivated, the abuses in these cases usually involve infringement of the rights of the mentally ill as distinct from the political misuse of psychiatry as unlawful punishment of the sane.

Thus, victims of psychiatric abuse subjected to criminal commitment are victims of an inhumane and unjust criminal prosecution system as well as of a corrupt and unreformed psychiatric profession. The overwhelming majority of the well-documented cases of political abuse of psychiatry show that the victims first came to the attention of law enforcement -- not

psychiatric -- agencies because of their dissident views or actions. Those security agencies then made use of the police-controlled special psychiatric hospitals and of the compliant and corrupt psychiatric profession to rid themselves of political enemies.

NEW PSYCHIATRIC LEGISLATION

A "Statute on Conditions and Procedures for the Provision of Psychiatric Assistance" was decreed by the Presidium of the USSR Supreme Soviet on January 5, 1988, and subsequently went into effect on March 1, 1988, after ratification by the Supreme Soviet. While welcome as a signal of a high-level political decision to try to address psychiatric abuse, it is inadequate and unenforced. The law was a product of the old (pre-election) Supreme Soviet; there was no public discussion of its drafts and it was not submitted to the new Congress for review. The new regulations have been mainly beneficial to those usually found in the non-political category, that is, those arbitrarily subjected to emergency civil commitment, but not to those who are already caught up in the criminal justice system and will be subjected to criminal commitment.

The law stresses the need for humane and noninjurious care of the mentally ill under the "least restrictive custodial conditions necessary to achieve the goals of treatment" and

provides for some limited appeal mechanisms in civil commitments, first by going to the chief psychiatrist, and ultimately to the courts. But it perpetuates the same kind of vaguely-worded, politically-motivated concepts found in the penal code. With regard to emergency civil commitments, Art. 9 of the regulations states:

A person whose actions give sufficient grounds to conclude that he is suffering from a mental disorder and which disrupt social order or violate the rules of socialist community and also constitute an immediate danger to himself or others may be subjected to an initial psychiatric examination without his consent or that of his family or legal representatives, on the orders of the chief psychiatrist....[Emphasis added.]

With regard to criminal commitments, the new statutes do nothing to remedy problems inherent in the code of criminal procedures. Art. 10 of the statutes states:

Should doubt arise as to the mental health of a person who engages in socially dangerous activities that come under the jurisdiction of the criminal law, he must be sent for a forensic psychiatric examination in accordance with the code of criminal procedure.

But in the Soviet system of "investigation-isolation" (pre-trial detention), the rights of the defendant are extremely limited. The code of criminal procedures has yet to be overhauled in the perestroika era.²

American Critique of Psychiatric Legislation

A delegation of American psychiatrists and lawyers

²For a detailed analysis of the weaknesses of the new legislation, see Soviet Legal Reform and Human Rights Under Perestroika, a Helsinki Watch report published in December 1989.

investigated allegations of psychiatric abuse in the USSR in February and March 1989 (see below). Their July 1989 report came down hard on the weakness of legal protection under the new law:

According to virtually every patient and former patient questioned by the Delegation who had been hospitalized after findings of "nonimputability" [being mentally incompetent to stand trial] and "social dangerousness," the patients played no role in the criminal proceedings that resulted in their commitments. With the exception of one case, they never met with a defense attorney, even though one may have been appointed in the case. Of those interviewed on these points, only three patients reported seeing the investigative report, none reported being presented with the experts' findings, and all but one were tried in absentia.

Although the law requires biannual reviews of patients to determine the necessity for continued hospitalization, it appears that these commissions' reviews are brief (usually less than 10 minutes) and pro forma, and do not involve independent decision making. As a practical matter, patients have no meaningful opportunity to challenge the hospital staff's decisions to retain them in the hospital.

Thus, although the new psychiatric regulations had been in effect for exactly a year at the time of the American mission, it appears that they were simply not being followed.

"Social Dangerousness"

The American report was particularly critical of the use of a politically-manipulated concept of "social dangerousness" in criminal commitments:

When a broad and elastic notion of mental disorder is combined with a broad conception of social danger, the predictable consequence is an expansion of involuntary psychiatric hospitalization as an instrument of social control...Any violation of the USSR Criminal Codes is apparently considered to be a socially dangerous act. Moreover, Soviet courts have apparently regarded violation

of any of the "political articles" almost categorically as representing a "special danger to society," thereby warranting commitment to a Special Psychiatric Hospital.

Soviet Response to Critique

The initial written Soviet response to the American delegation's report was prepared by the USSR Foreign Ministry, not by psychiatric authorities, and focused mainly on legal issues. In it, the Soviets basically acknowledged the American findings, although they criticized their unfamiliarity with criminal code procedures and pleaded "not guilty" to the charge of deliberate, systemic political abuse. But instead of acknowledging that the concept of "social dangerousness" itself leaves a great deal of discretion for abuse (as the Americans noted), the Soviets justified their philosophy with a tautology: in order to criminalize any act...it must be socially dangerous, i.e., it must cause or threaten to cause substantial harm to social relations. Social danger is the material sign of a crime. An act is not socially dangerous because it is prohibited by criminal law; it is prohibited because it is socially dangerous.

Thus, a political determination of "social dangerousness" rather than a legal determination of imminent violence may establish "dangerousness."

Code of Criminal Procedures

In response to the American critique, the Soviets asserted that the criminal procedure code, which the Americans had

apparently not seen, contained protections of defendants.³ But in the process of justifying the criminal procedures, the Soviet response actually brought more flaws to light. The notion of mental incompetence (nonimputability), or not being legally fit to stand trial, is often confused with the concept of mental illness. In the Soviet context, where there is no tradition of adversarial defense, it is more often the all-powerful prosecutor who seeks a psychiatric examination as part of building his case for incarceration, rather than the weak defense attorney who seeks it in an attempt to use the defense of "not guilty by reason of insanity."

According to the code, a person is sent for compulsory examination "only if sufficient data exist to the effect that precisely this person committed an act dangerous to the public."

Thus, a determination of "social dangerousness" (tantamount to a crime) is made before the trial. Therefore, just as there is no real mechanism to guarantee "presumption of innocence" in the judicial process, so there is no "presumption of sanity" for those accused of "socially dangerous actions."

As an exception to the usual ban on a detainee's access to a defense attorney before trial, the code allows access to a lawyer for those "suffering from mental deficiencies." This reveals that even before the compulsory examination has been made at a

³The Soviet code of criminal procedures has always been difficult to procure by Soviet defendants, much less foreign scholars, so the American lapse is understandable.

psychiatric institution, prosecutors have determined during pre-trial investigation that the defendant is mentally ill.

According to the code, the defendant may choose his own psychiatrist for the initial examination. But in practice there is no time or opportunity to do this and the offer is never made. Defendants never know when they will be sent for psychiatric examination and cannot prepare for it. As the code states, "The decision about scheduling the forensic psychiatric examination is not announced to a person if his condition makes this impossible" (further indication of a lack of presumption of sanity).

On paper according to the code, the defendant can challenge the official opinion of an expert commission by presenting his own list of experts. But in reality, a defendant in pre-trial detention ("investigation-isolation") has no opportunity to find such experts. Even if he were entitled to contacts, he is at a disadvantage because of the scarcity of independent psychiatrists and public information about psychiatric abuse.

Finally, there is no requirement in the code that a defendant be present at his own trial. The Soviet officials' response concedes that this flaw could be eliminated, but their proposal for reform is that a defendant be summoned to his own trial "if his psychological condition permits this."

Kuznetsov Case

The case of Sergei Kuznetsov, an independent Sverdlovsk

journalist arrested in December 1988 on "slander" charges for criticizing local police and KGB, illustrates both the flaws of the new psychiatric legislation and the failure to abide by the code of criminal procedures. The new law enables prosecutors to order an examination merely on the strength of a "doubt" of a defendant's mental condition in cases where he is engaged in ill-defined "socially-dangerous activity." Kuznetsov was subjected to compulsory psychiatric examination both at the local level and at the Serbsky Institute in Moscow. His lawyers were powerless to stop it. None of the safeguards noted above in the code concerning compulsory examination were implemented in his case, although eventually he was declared "fit to stand trial." He was sentenced to three years of labor camp, and released upon appeal in January 1990.

When pressed about the Kuznetsov case at a public meeting in November 1989, Serbsky Institute officials denied knowing about his case, although he had been in their custody for more than a month.

AMERICAN PSYCHIATRISTS' FACT-FINDING MISSION TO THE USSR

For more than a year, State Department officials, psychiatrists and lawyers worked with Soviet officials to hammer out the conditions for an inspection of the Soviet psychiatric system. The Soviet side would not accept as partners one of its

harshest critics, the American Psychiatric Association (APA), but did ultimately agree to an American delegation with APA members and staff. The State Department worked with the Soviet Foreign Ministry, which in the perestroika era had become far more liberal than the recalcitrant internal affairs and psychiatric bureaucracies and had itself become a lobby for improved practices by these agencies.

The release of political prisoners had become a major issue affecting the conclusion of the Helsinki Review Conference in Vienna, and the Soviet Foreign Ministry was eager to improve its human rights image. The U.S. State Department was also eager to better relations with the Soviet Union, but in its eagerness to encourage reform, the State Department was sometimes too quick to hail as proof of change new laws (as yet unimplemented) and promises to reorganize the psychiatric system.

The State Department, eager to clear up all outstanding cases of alleged political prisoners including psychiatric detainees, pressured the APA to add some unverified cases to its lists. Unfortunately, the State Department's list of cases included one person who had died and one who had emigrated, a source of considerable embarrassment to the American delegates, who had initially intended to use only their own verified list.

The American mission arrived in Moscow in February 1989. For three weeks, it conducted extensive examinations and interviews of patients, officials and activists, then continued

its work at home with thorough reviews and evaluations. There was an unfortunate delay, however, in the publication of its report, which did not appear until July 1989. A number of factors contributed to this delay: failure to designate rapporteurs in advance; internal disagreements on how to interpret Soviet reality and encourage reform; pressure from the State Department (to downplay quite critical conclusions) and technical problems in the writing and production of the report.

To make matters worse, the State Department had obtained the APA's agreement not to speak to the press about the mission until the report was finished. Alarmed at reports that Soviet officials were falsely claiming that the mission had given the Soviets a clean bill of health, some delegation members began to make frank statements to the press (for which they were sharply reprimanded). Others spoke off the record to small groups of concerned professionals, but their efforts were unreported and press attention to the issue waned. The delay of the report had several disastrous effects. Victims of abuse remained in detention during this period, their suffering magnified by the fact that the foreign observers were not publicly and vehemently denouncing their persecutors. Moreover, because the report was not published until July, the leadership of the World Psychiatric Association was able to engineer a provisional membership for the Soviets at a WPA executive committee meeting held in Grenada in May 1989. Many of the WPA's individual member societies held

their annual meetings before the summer breaks of 1989, and thus voted on the issue of Soviet re-entry before they had seen the American report.

The report, published in July, was a thorough critique of the Soviet psychiatric system. It unequivocally condemned certain types of abuses, including political abuse, characterizing them as systemic. The American doctors did not find, nor did they specifically look for, new cases of criminal commitment for political reasons; their task was to review old cases on their list. They did find one new case of civil commitment for political reasons.

Case Analysis

From the original list of 37 patients that was presented to the Soviets months before the mission, four were removed because of death, transfer to regular imprisonment, emigration to the U.S. or insufficient information.⁴ Of the remaining 33 on the original list, 17 were discharged either before or during the delegation's visit -- the single most graphic acknowledgement

⁴ The man who died, Mikhail Ivankov, was one of the crew of the Tuapse, a Soviet ship captured by the Taiwanese in 1954 when the Soviets tried to run the blockade on China. He was released to the U.S., where he applied for political asylum, but then he decided to return to his family. As soon as he entered the USSR in May 1956, he was arrested under the old Art. 58 (anti-state crimes) and held in psychiatric detention because he was a witness to an international incident that the Soviets denied took place. He spent 34 years in hospitals before his death at the age of 68.

that people were being detained unjustly and that political abuse was systemic.

Of the 27 cases that the team ended up with when it began its mission in February 1989, 15 were in hospitals. The delegation found that 9 of the 15 had severe psychotic disorders⁵ and 5 did not warrant a mental disorder diagnosis according to U.S. or international criteria. The fifteenth man in the group, Alexander Ilchenko, a recent admission, diagnosed as schizophrenic following an intense period of human rights and political activity, was also found to have no mental disorder; it was later confirmed that he had been released the day after the delegation departed. But the five who were found sane remained in detention months later. Four were finally released at the time of the World Psychiatric Congress in October; the release of the fifth person has not yet been confirmed. The Americans also interviewed some patients not on the list who approached them spontaneously; they found that some of them were common criminals who should have been in labor camps, not psychiatric detention.

The team cautioned that its field sample was quite small for a country as large as the USSR. But it found that the majority of the 27 patients interviewed, including both in-patients and out-patients, were in fact detained for political reasons, thus proving that there was systemic political abuse in the past. While the mission was neither able to prove or disprove

⁵These were mostly names from the State Department list.

continuing politically-motivated psychiatric abuse, it was adamant about the fact that the system had not been reformed so as to prevent recurrence of abuse.

Findings

The American psychiatric delegation reported:

- o There were instances of misdiagnosis including rulings of insanity in cases of sane persons who had committed common crimes.

- o Training of medical personnel is poor and psychiatric facilities are woefully inadequate.

- o Soviet psychiatry is biologically based and methods such as psychoanalysis and individual and group therapy are poorly developed; emphasis is on treatment by drugs, but they are outdated and used improperly (see Sulfazine).

- o Discredited theories like "creeping schizophrenia" are still widespread.

- o Soviet psychiatry lacks well-disseminated ethical standards and is "punitive," i.e., those who are believed to be mentally ill, or who are in fact mentally disturbed, are punished merely because they are sick. Beatings, cruelty, excessive injections of neuroleptic drugs, suspension of privileges, and other abuses are rampant.⁶

⁶ One woman doctor stated openly to the Americans that she punished a patient for singing in the shower by giving him an extra injection of a neuroleptic drug.

o Although the much-publicized transfer of 11 of 16 special psychiatric hospitals from the jurisdiction of the Ministry of Internal Affairs to that of the Ministry of Health was partially made, personnel, physical plants and practices remain unchanged. The name has been changed from "special hospital" to "strict observation hospital." Medical personnel retain their military ranks in the Ministry of Internal Affairs (MVD) and still function within a command-administration structure.

o Legal safeguards and appeals mechanisms are inadequate or not enforced, particularly in criminal commitments.

Based on the report's conclusions, the APA voted in September not to advocate readmittance of the Soviets to the World Psychiatric Association, which was to decide this issue at its triannual congress in October. It said that the Soviet psychiatric leadership had not disassociated itself from past abuses nor condemned ongoing abuse. It set strict conditions for re-entry, including accountability for past abuse and the establishment of procedures to prevent new abuse.

American Report Not Published In the USSR

Although Soviet officials promised that the American delegation's report would be published in Russian in the Soviet Union, it was not. Even the summaries in news stories were distorted. Officials made duplicitous comments that the American mission's report was positive and that there were only "slight

differences in diagnostics." Soviet psychiatrists promised that in a future issue of the Korsakov Journal (of psychiatry) they would publish the "conclusion" of the American experts. Unfortunately, this left unclear whether the entire report or just the conclusions would actually be published. As of this writing, the report has not appeared.

SOVIETS RE-ENTER WORLD PSYCHIATRIC ASSOCIATION

Background

Beginning in the late 1970s, concerned Western psychiatric societies in the World Psychiatric Association (WPA) demanded that the official government-controlled Soviet psychiatric society account for the mounting evidence of psychiatric abuse. Westerners submitted lists of patients believed to be sane political dissenters and asked for the full explanation and documentation that would justify the hospitalization. After prolonged negotiations, the Soviets only supplied some superficial case information. In January 1983, rather than face impending expulsion measures from the WPA, the Soviets withdrew from the association, citing a "slanderous campaign" in the WPA "alleging that psychiatry was being abused in the Soviet Union for political purposes." They accused the APA and the Royal College of Psychiatrists in Britain of playing an "active role" in the campaign.

Despite glasnost, which made it possible for critical coverage of psychiatric abuse to appear in the Soviet press, the official Soviet psychiatric society remained impervious to change. In January 1988, challenged by the International Helsinki Federation for Human Rights about past and continuing psychiatric abuse, Dr. Georgy Morozov, chief of the Serbsky Institute, claimed that the WPA's allegations had been unfounded and that it had been "discriminatory" with regard to the Soviets. Unless the WPA introduced a more "democratic" voting system, Dr. Morozov declared, the Soviets would not seek re-entry. Dr. Morozov implied that the WPA leadership was seeking Soviet readmission, but that the Soviets still found the WPA attitude "unsatisfactory." Health Ministry officials said they would not reenter until the WPA apologized for "totally false accusations against Soviet psychiatrists."⁷

In the next year-and-one-half leading up to the October 1989 meeting of the WPA, there was a series of secret negotiations with the WPA leadership and several political maneuvers; the All-Union Society of Psychiatrists and Narcologists (AUSPN) succeeded in getting the issue of its readmittance onto the WPA Congress agenda, and was supported by the leadership, which was sympathetic to its readmittance. The issue at the October 1989 WPA Congress was not readmission but whether or not the Soviets

⁷From report on meeting of IHF with Soviet psychiatric and health officials, On Speaking Terms: An Unprecedented Human Rights Mission to the Soviet Union, Vienna, March 1988.

would be readmitted with conditions; even those national societies that opposed readmittance had agreed that the Soviets could re-enter if they met certain conditions.

Independent Psychiatric Association (IPA)

While the AUSPN was trying to re-enter the WPA, an Independent Psychiatric Association (IPA) was formed in 1988 in Moscow, made up of psychiatrists, health professionals, ex-victims and human rights activists dedicated to exposing abuse. The IPA operated in private apartments and examined individuals who were seeking independent opinions in order to have their names removed from the register or to avoid psychiatric detention. In August 1989, an apartment of the IPA was raided by unknown persons who did not steal valuables but ransacked files and made off with drafts of documents that the group had been preparing for the WPA Congress. The group had hoped to be accepted into the WPA and thus to provide a counterweight to the compromised official body. But IPA members were denied visas by Soviet authorities to travel to the meeting in Athens. They were represented there instead by Dr. Semyon Gluzman, not an IPA member but a Kiev psychiatrist who had been imprisoned and exiled for his outspokenness about abuse.

Official Psychiatric Society (AUSPN)

The official Soviet delegation to the WPA meeting consisted

of seven psychiatrists, including Dr. Pyotr Morozov, chief of foreign relations of the All-Union Society of Psychiatrists and Narcologists (AUSPN); Dr. Nikolai Zharikov, President of the AUSPN, a long-time apologist for political psychiatric abuse and discredited theories and treatments; Dr. A.S. Karpov, the Chief Psychiatrist of the USSR Ministry of Health, who had denied the existence of systemic abuse to the Western press; and Dr. Marat Vartanyan, a non-psychiatrist bureaucrat in the All-Union Scientific Mental Health Center who has handled foreign liaisons for many years and who was a notorious apologist for the practice of detaining dissidents. (Vartanyan appeared to have the backing of high-ranking government officials, since he had managed to elude a Party inquiry into charges against him for plagiarism and corrupt financial practices.)

Since all top-ranking Soviet health officials are assigned to their posts through the Party nomenclature system, the Soviet delegation could hardly make a pretense of independence. Although Dr. Zharikov was theoretically the head of the delegation, a skilled Soviet government negotiator, Yury Reshetov, Director of Human Rights and Humanitarian Affairs under the Ministry of Foreign Affairs, in fact ran the meetings. Thus the delegation's government-dominated composition became evident by the presence not only of health ministry officials but of Reshetov. But Reshetov, a Foreign Ministry liberal from a new glasnost-era department keen on eliminating abuses, was actually more

forthcoming and cooperative than the psychiatric old guard from the era of "stagnation" whom he was representing. The fact that the Soviet psychiatrists, including their delegation head, could not seem to do their own talking was not lost on the Western delegates.

Official Society Acknowledges Abuse

Concerned that the official Soviet delegation would give only one side of the story, four Western societies proposed a debate between the AUSPN and Dr. Semyon Gluzman. After prolonged and troubled negotiations, something resembling a debate rather than a hearing was convened. Dr. Gluzman made extensive use of official Soviet press commentary in condemning psychiatric abuse and the failure of reform. A crucial element of his critique came from the official Party ideology magazine Kommunist, which had condemned the crippling of lives of defenseless people and had noted the IPA's concern about vaguely-defined criteria for examination such as the "violation of the norms of socialist community." Dr. Gluzman also noted an Izvestiya attack of diagnoses made under pressure over the telephone and the confession published by Ogonyok of a ranking KGB official, Col. Karpovich, who admitted to participating in the psychiatric detention of sane dissidents. Dr. Gluzman pointed out that neither the Ministry of Health nor the Procurator had investigated any of the numerous press allegations of such

hospitalizations.⁸

Dr. Gluzman attacked the silence of the Soviet profession concerning its critical exchanges with Western doctors and its failure to publish the American delegation's report or even the Soviet response (translated and published by the Americans) which he said was still considered a "classified document" by the Ministry of Health. Proof of the systemic nature of political abuse can be found in the testimony of lesser-ranking psychiatrists, he said, particularly personnel in the special hospitals, who coined the term "wall therapy" to describe the non-treatment of political patients by merely keeping them inside four walls.

In response to Dr. Gluzman's presentation, the Soviet doctors vehemently denied any political abuses. Reshetov, under pressure, allowed that "under previous political circumstances cases of abuse of psychiatry for non-medical purposes could have taken place" (emphasis added). This was apparently as far as the official line could go, and it was reiterated thereafter by Soviet officials. After heated, behind-the-scenes arguments, Western doctors gave Reshetov the choice either of acknowledging the political abuse of psychiatry or of not being readmitted to the WPA. Reshetov ultimately modified the statement as follows:

⁸In February 1990, before the March 4 elections in the RSFSR, the independent news service Postfactum ran a story about voters' protests against the candidacy of three Leningrad psychiatrists who were under investigation for abuse.

"that previous political conditions created an environment in which psychiatric abuse occurred for non-medical, including political, reasons."

Couched in the passive voice typically employed by the Soviet bureaucracy, there did not seem to be any person or profession that had committed the abuses -- they had just "occurred," like the weather, and it was not clear who was responsible for the "political conditions" or "environment" that had created them. Nor was there any guarantee that these unspecified "previous political conditions" would not return in the future. The use of the phrase "non-medical" was also misleading; it seemed devised to create the impression that wrongful incarceration was negligence, not deliberate policy. "Political abuse" was thus diminished as a smaller problem within this broader clinical category.

In addition to an official Soviet acknowledgement of abuse before the official vote, several doctors requested a letter of apology to the APA and Royal College, acknowledging that the January 1983 Soviet resignation statement was false in claiming that Western allegations of abuse were "slanderous." The "slander" charge, incidentally, was the most common charge made in the pre-glasnost era to all allegations of abuse and was also used as a criminal charge against outspoken critics of the regime who wound up in prison or in psychiatric detention.

A letter by the AUSPN, signed by Dr. Pyotr Morozov and dated

October 17, said that it "unreservedly withdrew" its 1983 statement accusing the Americans and British of slander and acknowledged that it had been "emotional and incorrect." The letter was not incorporated into the final resolution, but it was crucial in swaying the British vote in particular.

Official Society Conditionally Accepted

When the motion for consideration of the Soviet reinstatement came up on the agenda, Dr. Pyotr Morozov read a statement acknowledging political abuse. Prof. James Birley of Britain explained that in fact the statement had not been drafted by the Soviets themselves but was the product of negotiations between Westerners and Reshetov, without the Soviet psychiatrists present. Tired from nine hours of debate and pressured to conclude by the WPA leadership (who said that the translators would be leaving soon), members accepted a compromise motion proposed by Dr. Felice Lieh Mak of the Hong Kong society: "full membership with conditions," a phrase understood by many to mean "conditional full membership."

The motion included the Soviets' statement "that previous political conditions created an environment in which psychiatric abuse occurred for non-medical, including political, reasons" and stipulated that "victims of abuse shall have their cases reviewed within the USSR and also in cooperation with the WPA and the Registry [i.e. practice of registering out-patients that

restricts their rights] shall not be used against psychiatric patients." The Soviets agreed to submit a WPA Review Instrument on psychiatric abuse, established in 1977 but never really implemented. Further, the Soviets went on record supporting "the changes in Soviet law with full implementation relevant to the practice of psychiatry and the treatment and protection of the rights of the mentally ill." On the question of disassociating themselves from the current corrupt leadership (extremely difficult for them to do, given that they were it!), the best that the WPA could extract from the Soviets was a statement that "the AUSPN encourages an enlightened leadership in the psychiatric professional community."

The conditions of the readmittance were:

1. A site visit by the WPA Review Committee to be made within one year.
2. If the report indicates that psychiatric abuse for political purposes continue, a special meeting of the General Assembly be convened to consider the suspension of membership.

This conditional reacceptance was passed by a wide majority: 291 votes in favor, and 45 against, with 19 abstentions. Dr. Anatoly Koryagin, an independent Soviet psychiatrist who had been imprisoned for his defense of psychiatric prisoners and stripped of his citizenship after emigrating to Switzerland, withdrew from membership in the WPA, saying that he did not want to be grouped

in one organization with Soviet "criminals."

Independent Psychiatric Association Unconditionally Accepted

Although it had not been able to attend the Athens meeting, the IPA was voted into the WPA unconditionally as a full member, with only six nays. But the official Soviet press misrepresented its status, calling it "provisional" until the next General Assembly convened in three years. The AUSPN has persisted in this misrepresentation in its statements.

The media attention to the Soviet re-entry issue served to put enormous pressure on the IPA, a fledgling group of medical professionals and activists who have been trying to fight abuse and to end the isolation of Soviet psychiatry from the outside world. The IPA was overwhelmed by former psychiatric patients seeking independent examinations. The IPA went through several incarnations and changes in leadership in the process. The saga of its internal troubles and external battles with authorities was indicative of the difficulties involved in a confrontation between a large, well-funded, efficient, but abusive institution and a small, inexperienced but independent and honest group. The IPA had trouble maintaining consensus and consistency within the group, which included some former patients, activists and professionals, all with different agendas. In October, the IPA decided that only psychiatrists should have a deciding vote in association matters and decided to expel some members.

The trouble within the group was a signal for officials to move in for the kill. Chief Psychiatrist A.S. Karpov from the Ministry of Health (who had been on the Soviet WPA delegation) approached two expelled members, and then took advantage of the absence of the elected president, Dr. Yury S. Savchenko, to convene a session of a mutinous IPA. He proceeded to hold a vote of no-confidence in the president for "politicization of the IPA position in Athens and the violation of the rights of non-psychiatrists in the Charter," and engineered an election of a new president, using the votes of non-members and psychologists (as distinct from psychiatrists), to elect a psychologist.

But the official manipulation of the independent group was so transparent that in late December, the IPA convened again to expel those who had attempted the coup in league with officialdom. Some members were expelled for violating statutes, not attending meetings or paying dues; one was expelled for "provocative declaration of the presidency with the aim of changing the basic direction of the Association's activity and endangering its independence" and another "candidate-member" of the group was expelled "for deceit and intrigues within the Association."

Confusion of Two Groups: Another way that authorities sought to discredit the IPA was by using every opportunity to confuse it with another purportedly independent group, the Independent Psychiatric Research Center, led by Dr. Mikhail Tsaregorodtsev,

which seemed to have been created (it was believed with KGB help) to distract Westerners who wanted to see alternatives emerge to the official AUSPN. The American psychiatrists' delegation that visited the USSR in March 1989 reported its suspicions that Dr. Tsaregorodtsev was engaged in confusing critics of psychiatric abuse. Official Soviet delegates at the WPA Congress had continually confused the two groups (although they knew better) in order to mislead Westerners. True, Dr. Tsaregorodtsev had made critical comments about the psychiatric bureaucracy that were quoted in the Western press and Moscow News. But this seemed part of the classic disinformation method, whereby at least part of the information must appear to be genuine.

Soon, the Soviet press alleged that Dr. Tsaregorodtsev had dubious scientific credentials and a record of violent crime and thus raised doubts about all independent efforts. Evidence was produced to show that Dr. Tsaregorodtsev had been arrested in 1975 and 1978 for rape and attempted murder, and was released after a few months as a result of close ties with Soviet authorities.

A False IPA is Legalized: After the IPA and the IAPUP exposed attempts to divide the IPA and to misrepresent it as a "provisional" member of the WPA, Soviet health officials helped form a break-away group with some former victims of abuse who had been expelled from the IPA, and declared this organization to be the "genuine" IPA that had been unconditionally accepted into the

WPA. Not surprisingly, this group was supported by the authorities and given legal status, while such status continues to be denied to the original IPA under the leadership of Dr. Yury Savenko.

In addition, a new Association of Victims of Psychiatric Repression was formed in Moscow by Dr. Tsaregorodtsev and members of the break-away group, including Konstantin Karmanov and Dr. Oleg Ukhov. IAPUP has publicly disassociated itself from the false groups.

OFFICIAL SOVIET RESPONSE

Doubts arose almost immediately about the sincerity of the Soviet delegation which, upon returning, ducked questions about psychiatric abuse from a television crew at the airport. Speaking to the official Soviet press, the delegation assessed its readmittance to the WPA as an unqualified triumph. No mention was made that it was conditional or that it involved a review mechanism to assess current practices.⁹

⁹"A Credit of Trust," by A. Nikolayev in Izvestiya, October 20, 1989, was typical of such articles after the WPA Congress that failed to mention conditions. Moscow News, which has a small Russian-language circulation, and Meditsinskaya gazeta [Medical Gazette], which has mainly a professional readership, were the only publications to describe the conditions. Failing to get an admission of abuse and conditions from Soviet officials, in October MN printed a contribution from a Radio Liberty staffer, Wayne Brown, to prove its point that the Soviet press had hushed up crucial details about the WPA readmittance. MG waffled somewhat in describing the conditions by calling them "stipulations that accompanied the vote regarding a follow-up

In various interviews in October, Dr. A.S. Karpov, Chief Psychiatrist of the Ministry of Health, said that "[Soviet psychiatrists] have no secrets" and that "if there are doubts, anyone is welcome here to look into the matter."¹⁰ He also expresses his conviction that "the result will be an end to the business about `Soviet dissidents languishing in psychiatric hospitals.'"¹¹ He cited the February 1989 visit by American psychiatrists as an example of the Soviet "open door" policy and lied about the findings of the U.S. group:

A group of Americans visited the country in February-March this year. They also had their own list of names. Thirty people were examined. There were divergences in diagnoses and at times substantial ones but they did not find any person put into hospital for political reasons.¹²

In an interview with TASS, Soviet delegate G.N. Milekhin, secretary of the AUSPN, charged Western critics with trying to "discredit Soviet psychiatrists by trading in unverified facts."¹³ One writer in Meditsinskaya gazeta resorted to old-style propaganda, speaking of "certain circles" that "worked over" delegates with "defamatory attacks" which "placed in doubt the changes underway in the USSR."

mission" ("Behind the Scenes of Events: USSR Once Again Member of WPA," MG, special from V. Malyshev of TASS.

¹⁰TASS, October 31, 1989.

¹¹Izvestiya, October 27, 1989.

¹²TASS, October 31, 1989.

¹³Reported in Meditsinskaya gazeta, October 20, 1989.

When quizzed by Izvestiya,¹⁴ USSR Health Ministry Chief Psychiatrist A.S. Karpov explained that the Soviets had withdrawn from the WPA in 1983, because it had adopted a course of "politicizing psychiatry" and "trying to show that psychiatry was being used as an instrument of political tyranny." When pressed by the Izvestiya correspondent, who asked if the Western charges were unfounded, Karpov replied using the prepared position that had been repeated by Reshetov:

I believe that for many years the conditions existed in our country whereby it was possible to place people in psychiatric institutions for non-medical reasons--political reasons included-- and that some such cases did in fact occur. But as a psychiatrist with 20 years' experience, I maintain that these cases were not a system and that the overwhelming majority of people in our hospitals were indeed sick people.

When confronted by Moscow News, Gennady Milekhin also reiterated the new Party line, recalling "the atmosphere that prevailed in our society in the past" and "some of the articles in the Criminal Code that punished dissent." Milekhin denied systemic abuse, although he did acknowledge that there were "many incompetent psychiatrists" who "regarded dissent as a manifestation of mental disease."

Soviet authorities also made an effort to rewrite the WPA resolution after the fact. Prof. A. B. Tiganov, a delegate to the WPA and representative of the AUSPN, telefaxed a letter to the leadership on October 24, urging that the word "abuse" be

¹⁴October 27, 1989, "The USSR and World Psychiatry."

rewritten in the plural (which would have the effect of implying there were some "cases" rather than a systemic problem); that the word "political" be removed from the phrase "political conditions" and that the verb "occurred" be changed to "may have occurred." Prof. Tiganov also asked to insert phrases indicating that the Soviet society was inviting the WPA Review Committee to come to the USSR; that a new law was being passed on mental health; and that one million patients had been removed from the register (despite recent public statements from his own society that 736,000 had been removed). Such amendments would have implied that the USSR was inviting the WPA to visit, thus sidestepping the fact that its readmittance was conditioned upon the WPA gaining access to the USSR for an inspection.

Efforts to rewrite the resolution were rebuffed by the WPA leadership and the resolution stands.

Soviet Review Commission Established

Since the 1970s, independent psychiatrists and outside observers have called for the formation of a professional, independent board within the USSR that could assess charges of psychiatric abuse and review controversial cases. Indeed, activists such as Dr. Anatoly Koryagin formed a small official committee in the 1970s called the Working Group to Investigate the Abuse of Psychiatry for Political Purposes, but all its members, including Dr. Koryagin, were imprisoned.

At the WPA Congress in October 1989 and later in interviews with the Soviet press, the AUSPN announced that an ethics commission was being formed, but gave no details. Then, in December 1989 Soviet officials announced¹⁵ that a psychiatric review commission, the "Commission to Prevent the Use of Psychiatry for Non-Medical Purposes," had indeed been formed -- created by the AUSPN, which cast some doubt about its independence, despite assertions that "the Commission is not under the Ministry of Health, Party or state agencies. It reports on its work to the presidium of the board of the All-Union Society of Psychiatrists." But the AUSPN itself defers to the Ministry of Health and other government officials, as was vividly illustrated at the WPA Congress. The address of the commission and the names of its members are still not known; it appears to be a distortion of an idea that has long been promoted by independent activists and doctors in the Soviet Union and abroad.

In The Soviet Parliament

The Soviet parliament has not yet held hearings on the abuse of psychiatry or debated drafts of better laws, although some deputies have shown concern. The 400-strong Inter-Regional Deputies' Group (IRG), essentially the liberal parliamentary

¹⁵Drs. Zharikov and Lukacher, Meditinskaya gazeta, December 20, 1989.

opposition within the 2,250-member Congress of People's Deputies, has been concerned about psychiatric abuse and has supported the IPA. At its constituent meeting in July 1989, IRG members heard testimony from an IPA member and individual deputies have made efforts to handle the thousands of complaints received from former mental patients in their constituencies who are still on the register.

One welcome sign is the announcement by Deputy Yury Popov, a medical doctor, that he made a proposal at the Second Session of Congress (in the fall of 1989) to create an extra-departmental commission under the Supreme Soviet to investigate abuse and continue work on legislation dealing with psychiatry in order to bring it into compliance with the Vienna Accords.¹⁶ Unfortunately, his resolution was not put to a vote, and it is uncertain whether it will be taken up again in the next session of Congress or how long such a commission would take to start functioning.

Deputy Fyodor Burlatsky, Chair of the Supreme Soviet's Committee on Glasnost, Citizens' Appeals and Human Rights, appears to view the job of reforming psychiatry as well underway.

In an article in New Times, Burlatsky acknowledged abuse as a feature of the late Khrushchev period and especially the Brezhnev period, but said "several years ago we began to put the situation

¹⁶Meditinskaya gazeta, November 19, 1989; Moscow News, no. 6, 1990.

in our psychiatric clinics right." Burlatsky welcomed the return of the Soviets to the WPA as an "incentive" and said it would now become a "matter of honor for Soviet psychiatrists to release from clinics all the people who were placed there by mistake or with malicious intent." Although he proposed tightening legislation to protect citizens from abuse by introducing a system of court-appointed experts to review cases of commitment appealed by relatives, he has not actually put a bill on the floor.

DEBATE WITHIN THE SOVIET PSYCHIATRIC PROFESSION

Although Soviet press coverage in October and early November failed to mention that the Soviet re-entry into the WPA was based on conditions and on the acknowledgement of past abuses, word of what had actually happened travelled through the professional community, thanks to Moscow News and Western radio broadcasts over Voice of America and Radio Liberty.

An Evening With Georgy Morozov

Dr. Georgy Morozov's name has been the one most associated with psychiatric abuse in the USSR. Since 1957, he has been Director of the Serbsky Institute for Forensic Psychiatry, the chief institution in the USSR responsible for implementing state policies related to the criminally insane, which has included

declaring sane dissenters insane. For many years, Dr. Morozov has propagated the original Soviet theory conceived by the late Dr. A. Snezhnevsky of a disease known as "creeping schizophrenia," a latent mental disease. Some of Dr. Snezhnevsky's followers have claimed that the symptoms of this disease include "dissemination of slander," "exaggerated religious belief," and "excessive valuation of the West." Dr. Morozov is personally responsible for signing incarceration orders for some well-known political intellectuals jailed in mental hospitals in the 1960s through the early 1980s. Dr. Morozov was head of the All-Union Society of Psychiatrists and Narcologists until October 1988, when he was succeeded by his trusted deputy, Professor Nikolai Zharikov. Dr. Morozov was subsequently chosen as a member of the Moscow City Committee of the Communist Party, which gives him power to influence all Moscow psychiatric facilities.

On November 9, 1989, a public event featuring Dr. Morozov was organized by the liberal Cinematographers' Union at Moscow's House of Cinema. The leaders of Soviet psychiatry, buoyed apparently by the WPA vote, agreed to face the public for the first time in an open discussion of Soviet psychiatric practices.

The event was designed not just to deal with the controversial issue of political abuse, but to give a better profile of psychiatry in general, which has been a distrusted and little-understood profession for the Soviet public at large. Freud's writings were banned for many years, and an effort by a

cooperative to publish his works was scuttled even after glasnost. Few Western scholarly or popular books on psychiatry are available in the Soviet Union. Soviet psychiatry is predominantly biological, that is, chemical-based. Dr. Morozov and his colleagues work from a construct in which birth defects or mental retardation, neuroses, schizophrenia and mental impairment caused by injury or occupational hazards are part of one continuum, explained in the Marxist materialist fashion and cared for in one government system, mainly through the administration of drugs. This had led in some cases to serious injury to both mentally ill and sane people.

Dr. Morozov began by noting that there were at least five million people registered as mentally ill in the USSR, and that the five million remained after the removal of about 736,000 from the psychiatric registers. Of the five million, he said that about 320,000 to 340,000 persons were presently institutionalized in regular psychiatric hospitals or in special hospitals for the criminally insane.

Dr. Morozov praised the January 1988 regulations (see New Psychiatric Legislation), and described the Soviet readmittance to the WPA in glowing terms, without referring to any controversy over the vote, to the letter of apology that was required, or to the conditions for future review that were attached to the resolution. Dr. Morozov reiterated the "open door" theme, pointing to visits by various sympathetic psychiatrists from the

West who had allegedly praised Soviet facilities and practices in the past. As for the report of the March 1989 American delegation ("and who could be more critical of us than the Americans!"), Dr. Morozov claimed that the Americans had merely entertained "some doubts" about the diagnosis of some patients, at which point several members of the audience protested publicly, pointing out that the Americans had found that the majority of the group interviewed did not require psychiatric detention. When audience members shouted out that it was a scandal that the Americans' report was still not published in the USSR, Morozov diverted attention by discussing the Soviet response to the report, which has also not been published.

Several former victims of psychiatric abuse, agitated at the misrepresentation of the facts, tried to come to the microphone and were removed from the hall. When questioned about the well-known case of biologist Zhores Medvedev, the twin brother of Supreme Soviet Deputy Roy Medvedev, who was jailed in a psychiatric hospital for political expression, Dr. Morozov acknowledged that he had sat on the experts' commission that determined Medvedev's sanity. He claimed that he had registered the single dissenting opinion to the decision to incarcerate Medvedev, yet still did not condemn his colleagues, nor did he say that they had been under pressure. The commitment of Medvedev is recognized at least by some psychiatrists who have written for Moscow News and other liberal papers as unethical and

illegal.

Sulfazine. Several questions at the Morozov evening dealt with sulfazine, a painful, debilitating drug made from a peach pit extract, which induces fever and convulsions and is used to treat schizophrenics, alcoholics and drug addicts. It has not been used in the West in more than 30 years because of dangerous side-effects and dubious therapeutic value, but to the shock and distress of former patients in the audience who had suffered from its treatment, the Serbsky doctors calmly indicated that it was useful in certain cases. They acknowledged, however, that perhaps the patient or his or her relatives should give consent for its use. This contradicted recent statements by RSFSR Health Minister A. Churkin, who had claimed to the American delegation in March 1989 and to the WPA that a health ministry directive had been issued banning the use of sulfazine.

Three Camps

In late November and December, after the evening with Serbsky officials, a debate by psychiatrists began in the pages of Meditinskaya gazeta (MG). It was the first time that members of the profession itself, rather than investigative journalists, had confronted the question of abuse in the press. The articles revealed the ignorance in which the Soviet psychiatric community was still being kept, but also indicated that there were forces trying to fight the bureaucracy. The editors of MG belatedly

admitted that conditions had been set for the readmission of the Soviets to the WPA, and remarked that "perhaps not all readers knew" that the AUSPN had publicly acknowledged that "the previously existing political conditions led to the abuse of psychiatry for non-medical, including political purposes."

The factions in the controversy might roughly be divided into the "moderates" (establishment liberals eager for some perestroika); "radicals" (independents pushing for a real transformation); and "conservatives" (agreeing to make some cosmetic changes and promises).

The Moderates

Prof. A. Lichko, a scientist, and Yury Popov, a deputy to the new Congress of People's Deputies with a doctorate in medical science, noted that the 1983 decision to withdraw from the WPA had been made by a small group in the AUSPN presidium and had not involved the membership at large, which consists of the Soviet Union's 20,000 psychiatrists.¹⁷ Drs. Lichko and Popov believed that the bureaucrats had left in fear of a scandal, because of a real threat that the WPA would find:

...that some of our members, including some famous scientists, had pronounced dissidents as ill with schizophrenia during forensic psychiatric examinations and then, without proof of their guilt in court, doomed them to an indefinite term of compulsory treatment in the special hospitals of the Ministry of Internal Affairs.

¹⁷"Psychiatry at the Crossroads," November 19, 1989, MG.

The doctors noted that the AUSPN leadership had tried to keep the subject quiet, although Dr. Marat Vartanyan, who had been in charge of the society's international liaison, always "thundered about malicious slanderers" in the West.

But "suddenly this year," the doctors wrote, "almost none of the dissidents were left in the special psychiatric hospitals. Only those whose who were mentally ill, whose political judgments were completely delirious, remain." The doctors claimed that "In the spring of this year, [Americans] visited our special hospitals and had the opportunity to become convinced with their own eyes that there are no mentally sane dissidents there at all." But the two doctors also revealed their basis for such a faulty conclusion:

There is something that surprises and alarms us. Our American colleagues have long since left. Even before the congress in Athens, they sent their conclusion [report] to the World Psychiatric Society and the leadership of our society. But to this day, the conclusion is being held in secret from Soviet psychiatrists who are rank-and-file members of the society. Rumors are going around that the report contains the premise that our very system of forensic psychiatric examination and the organization of compulsory treatment is structured so as to allow broad latitude for abuse and arbitrariness.

The moderates asked the right questions, wondering why "the new winds of glasnost and perestroika don't seem to reach the AUSPN." If the abuses had taken place, then "by whom, against whom, and when were they committed?" They worried about the credibility of the profession:

The silence places a blot on all of Soviet psychiatry, and

casts a shadow on every doctor. Until a complete clarification is made, many patients will be set against their doctors. Sometimes dishonest journalists chasing after sensations foster this.

The moderates accused the AUSPN of "existing as a satellite of the Ministry of Health. Without its permission, it is impossible to convene a conference or symposium, or send its representatives abroad, or publicly give views on current issues." But they spoke scornfully of the independent group (the IPA), expressing wonderment that it was accepted into the WPA "despite its small numbers" and saying that this association considers one of its chief purposes to expose discredited psychiatric theories and abuses in Soviet psychiatry.

The Radicals

Dr. Yury Savenko, President of the Independent Psychiatric Association, both polemicized with the moderates, whom he believed had disparaged his organization, and attacked the unreformed conservatives.¹⁸ He cited a conversation with L. A. Krasavin, Chief of the Department on Psychoneurological Care of the Ministry of Health, indicative of what he called "the priority of the institutional bureaucratic position over the citizen's [position]": "What abuses are you talking about? There were no abuses. There was the following of certain directions in a certain period." He also condemned the more

¹⁸Meditsinskaya gazeta, November 19, 1989.

widespread official version voiced by A.A. Churkin, A.S. Karpov, and G. V. Morozov, "that there were no abuses, but there were isolated individual mistakes."

This is said as if it is not understood or forgotten that in a totalitarian system, in an atmosphere of fear and hypocrisy, regardless of the level of awareness, everyone easily understood what was needed and required by the bosses, a half-hint or a euphemism was enough. Thus the agitated and outraged position of "we weren't directly ordered" is more appealing than the honest position of L. A. Krasavin: "When they ordered us to, we 'cleaned up' the city before important guests would arrive. Of course, you had both, and of course the majority of people didn't need to be ordered."

Dr. Savenko also identifies a third response regarding allegations of abuse: (based on conformity to the monopolistic Snezhnevsky school) "there were no abuses, no mistakes, everything was really schizophrenia 'because we were taught that way.'" He charges the moderates with "blasphemy" for suggesting Snezhnevsky was not responsible. Since he knew the social consequences of his theory, not only did Dr. Snezhnevsky destroy the books of authors with any positions differing from his, but he also personally took part in declaring Zhores Medvedev insane.

Dr. Snezhnevsky inherited his thought from Dr. A. G. Ivan-Smolensky, whom Dr. Savenko described as differing little from Stalin's discredited geneticist Lysenko. In the view of Dr. Savenko, the "independent" department of psychiatry founded by Dr. Popov at the head of the Leningrad Institute of Physicians' Training was suspect because the director of that institute, Dr.

P. G. Smetannikov, was said to be a follower of Dr. Ivanov-Smolensky.

Dr. Savenko concluded by exposing the efforts of the AUSPN and the Ministry of Health's All-Union Mental Health Center to displace the IPA by creating an "independent commission to ensure maximum glasnost in cases of the use of psychiatry for non-medical purposes" and the "Associations of Aid for the Mentally Ill" involving prominent scientific and cultural figures, which Dr. Savenko claimed, were in fact pseudo-independent groups under official control.

The Conservatives

In their plea for understanding¹⁹, the conservatives tried to dispute Dr. Popov's claim that the decision to withdraw from the WPA was an effort to avoid facing allegations of abuse and was made without the knowledge of the membership. Instead, they asserted, the withdrawal was based on the fact that the "WPA stubbornly claimed the abuse of psychiatry in the Soviet Union for political purposes which, with the existing political confrontation at the time (during the period of the 'cold war'), led to a politicization of psychiatry in the activity of the WPA and obstructed fruitful international cooperation."

The real problem, the conservatives explained, using the officially-approved formulas, was that

¹⁹"Our Way is Clear," November 1989, MG.

during that period there existed several articles of the Criminal Code (these articles have been eliminated now) according to which criticism of shortcomings which took place in our country and similar activity was sometimes interpreted as anti-Soviet propoganda and classified as socially dangerous. Some incidents could have taken place when the activity of persons with character peculiarities were evaluated by some psychiatrists as mentally ill.

RECENT SOVIET PRESS AND MEDIA COVERAGE

Failure to Prosecute Abuse

On January 9, 1990, Izvestiya followed up a story it had run in the summer of 1989 about a clear example of "telephone justice" used to put one Yury Sobolev of Slavkino Village into a mental hospital before a voters' meeting. It quoted the report of A. Loginov, deputy chief of Nikolayevsky Rayon Internal

Affairs Department (the police):

I received a telephone call from V. Panasenko, first secretary of Nikolayevsky Party District Committee, who said that Sobolev was hatching some nasty plans for the election campaign meeting. He said that Sobolev must be put away. I telephoned psychiatrist V. Kamalov and explained the situation. He said that he would issue an admission order to a mental hospital.

The Oblast Procurator's Office investigated the Izvestiya report and the local Party office determined that there had been a "gross violation of legality" in the Sobolev case. But the party secretary involved, V. Panasenko, was merely "warned about poor standards of educational work" by his comrades. A trial finally did ensue, and A. Kuznetsov, a department chief at the mental hospital, was summoned as a witness. Izvestiya carried a transcript of the trial:

"You admitted someone who, to all intents and purposes, was healthy," the attorney said. "And you gave him a powerful psychotropic injection. For what reason?"

"Sobolev refused to talk to me."

"Did he start talking after the injection?"

"Of course."

Izvestiya noted that the doctors at a general meeting of physicians from the Nikolayevsky District had failed to condemn their colleagues who had wrongfully committed Sobolev. Other witnesses testified that the party secretary had in fact given the orders for commitment. Unfortunately, as with many trials of this nature, the case was "returned for further investigation," which is continuing as of this writing.

Some Breakthroughs

In January 1990, two ten-minute television programs featured a discussion with AUSPN psychiatrists and an interview with Zhores Medvedev. The official recognition that Medvedev was sane and had been wrongfully hospitalized is welcome. But it is troubling that he is the only living victim whose case has been featured. This may be related to the prominence of the case and the fact that he and his brother, Roy Medvedev, now a deputy in the Supreme Soviet, were known as socialist reformers and as such have been more acceptable than anti-communist activists. Last year, Moscow News featured articles about the late General

Grigorenko, and a January issue carries an article by Deputy Yury Popov, the reformist physician, saying that based on Gen. Grigorenko's records, he would pronounce him sane. But the coverage of the Grigorenko case was typical of the Soviet pattern in the glasnost era -- rehabilitation of the dead rather than the living.

Meditinskaya gazeta held a public round-table on the subject of psychiatric abuse in January, and gave all the principals the floor. The unreconstructed conservatives had returned triumphant from a meeting of the AUSPN presidium in the closed city of Dnepropetrovsk (site of a notorious special psychiatric hospital), where they bragged about their Athens victory. When Dr. Pyotor Morozov called for "perestroika in one leading psychiatric society," Foreign Ministry human rights spokesman Yury Reshetov admonished him for not tolerating the existence of many societies throughout the USSR, each of which could make a contribution. Two IPA spokesmen denounced the continuing official camouflages and the failure to publish the American delegation's report.

Sources

The findings of the American psychiatric delegation to the USSR in February-March 1989 are contained in Report of the U.S. Delegation to Assess Recent Changes in Soviet Psychiatry to Assistant Secretary of State for Human Rights and Humanitarian Affairs, U.S. Department of State. July 12, 1989; a supplement contains the response from Soviet officials to the Report.

Material about the proceedings of the Independent Psychiatric Association, the All-Union Society of Psychiatrists and Narcologists, and the Congress of the World Psychiatric Association was provided by the International Association on the Political Use of Psychiatry (IAPUP), founded in 1980 as a confederation of national groups and commissions who oppose the political use of psychiatry. IAPUP has groups or representatives from psychiatric societies in Switzerland, Great Britain, West Germany, France, the Netherlands, Belgium, the United States, Canada, New Zealand and the Soviet Union. IAPUP publishes a monthly bulletin concerning psychiatric abuse in the USSR, available from P.O. Box 3754, 10001 AN Amsterdam, The Netherlands.

Information about political prisoners in psychiatric detention was supplied by USSR News Brief and the Moscow Helsinki Group.

Other sources of information for this newsletter were The Washington Post, The New York Times, Moscow News, Meditinskaya gazeta, Izvestiya and Literaturnaya gazeta. Translations from the Russian were provided by Helsinki Watch or Foreign Broadcast Information Service. Comments were provided by Ellen Mercer of the Association of American Psychiatrists and Robert van Voren of the International Association on the Political Use of Psychiatry.

Psychiatric Abuse in the USSR was written by Catherine A. Fitzpatrick, Research Director of Helsinki Watch, a nongovernmental organization founded in 1979 to monitor domestic and international compliance with the human rights provisions of the 1975 Helsinki accords. Its Chairman is Robert L. Bernstein; Vice chairmen, Jonathan Fanton and Alice H. Henkin; Executive Director, Jeri Laber; Research Director, Catherine A. Fitzpatrick; Washington Representative, Catherine Cosman; Counsel, Lois Whitman.

Helsinki Watch is part of Human Rights Watch, an organization that links Africa Watch, Americas Watch, Asia Watch, Helsinki Watch and Middle East Watch. Helsinki Watch is affiliated with the International Helsinki Federation for Human Rights, which is based in Vienna.

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Russia on the Eve of the March 4 Elections, February 1990, 9 pp.

Moldavia, April 1990, 21 pp.

2. Psychiatric Patients' Rights

A. The International Norms

The international norms to which the new Soviet law on psychiatric patients' rights relates must be inferred from relevant provisions of the Covenant. Article 9 of the Covenant protects the right to liberty and security of the person and states that "no one shall be deprived of his liberty except on such grounds and in accordance with such procedures as are established by law." Article 17 provides that no one shall be subjected to arbitrary or unlawful interference with his privacy. Article 19 guarantees the right to hold opinions without interference. Article 7 prohibits torture and cruel, inhuman or degrading treatment or punishment.

B. Background

The political abuse of psychiatry in the Soviet Union is well known. The International Association on the Political Abuse of Psychiatry (IAPUP), Amnesty International and Helsinki Watch, among others, have issued numerous reports on this serious human rights problem.¹ Confinement in a Soviet psychiatric hospital has often been used as a form of punishment for dissidents, non-conformists, religious believers and complainers. Among the forms of punishment carried out in the guise of treatment in psychiatric hospitals are injections with painful neuroleptic drugs, insulin-shock therapy, immobilization and beatings. International criticism of psychiatric treatment in the Soviet

Union was so strong that in February 1983 the Soviet All-Union Society of Neuropathologists and Psychiatrists was forced to withdraw from the World Psychiatric Association rather than face expulsion.

Beginning in 1987, the Soviet press itself published increasingly critical reports on the abuses of psychiatry in non-political cases. Major official newspapers such as Izvestia, Komsomolskaya pravda, Sotsialisticheskaya industriya, Meditsinskaya gazeta, and Moscow News, carried articles criticizing conditions in psychiatric hospitals and exposing the gross mistreatment of patients.² Among the most candid was a November 11, 1987 article in Komsomolskaya pravda³ in which the authors sharply attack a number of corrupt practices common in the Soviet psychiatric profession⁴ such as misdiagnosing common criminals as insane to help them evade labor camp terms. A more recent article concerning abuses of psychiatry in the Soviet Union, written by a Soviet psychiatrist and published in the Globe and Mail (Toronto), states that "[t]o this day ... dissidents remain confined in Soviet psychiatric prisons--even though, with the beginning process of democratic change in our country, their numbers have declined somewhat and the policy of psychiatric repression has assumed milder forms."⁵ At the time the Soviet press was examining the hitherto taboo subject of psychiatric abuse, the Minister of Public Health of the Russian Republic called for "a new law on the protection of mental

health."⁶

C. The Law

The "Law on Conditions and Procedures for the Provision of Psychiatric Assistance" was decreed by the Presidium of the USSR Supreme Soviet on January 5, 1988 and subsequently ratified by the Supreme Soviet. It went into effect on March 1, 1988.⁷ The law modifies previous standards for civil psychiatric commitment and has some minor impact on criminal commitment. The law calls for "the employment of noninjurious medical means and methods ... as well as the least restrictive custodial conditions necessary to achieve the goals of treatment," and "a respectful and humane attitude that excludes the abasement of human dignity."⁸

Under the new law, the initial diagnosis is to be made by a psychiatrist, who must present himself officially to the patient as a psychiatric specialist,⁹ with the consent of the patient or his guardian.¹⁰ However, if the person "commits actions that give sufficient grounds to conclude that he is suffering from a mental disorder and at the same time violates public order or the rules of socialist society, and also represents an immediate danger to himself or to those around him," he may be examined without his consent.¹¹ While the requirement that the patient must pose a danger to himself or others before there may be an involuntary examination is reasonable, and common in Western statutes, the reference to violations of "the rules of socialist society" is an invitation to abuses. What these "rules" are and why they should be given the same weight as a violation of public

order is unclear.

Outpatient treatment is to be provided with the consent of the patient or his guardian¹² unless the person suffers "from chronic mental illnesses with a tendency toward an unfavorable progression."¹³ Such deteriorating cases are "subject to mandatory treatment and dynamic clinical observation" as an outpatient without consent.¹⁴ The need for "mandatory dynamic clinical observation" of a patient and the termination of such observation is to be determined by a commission of psychiatrists or, in complicated and disputed cases, by a commission headed by the chief psychiatrist.¹⁵ The relatives or legal representatives of the patient and, if his health permits, the patient himself are to be given an explanation of the reasons for mandatory outpatient observation.¹⁶

In-patient treatment is to be provided with the consent of the patient or his guardian.¹⁷ However, patients "who, because of their mental state, present an immediate danger to themselves or those around them may be hospitalized in a psychiatric hospital without their consent ... -- by way of urgent hospitalization -- on the basis of a decision by a psychiatrist, with mandatory immediate notification of this action to the patient's relatives" and higher level public health authorities.¹⁸ What constitutes "dangerousness," both in this context and that of an initial involuntary psychiatric examination, is unclear and therefore subject to abuse. The Head

Psychiatrist of the USSR Ministry of Health has stated that making complaints is not grounds for involuntary confinement.¹⁹ Internal affairs agencies, i.e., the militzia of the Ministry of Internal Affairs and possibly the KGB, must provide assistance to medical personnel in carrying out the hospitalization of persons receiving in-patient psychiatric treatment.²⁰ A person admitted to a hospital "by way of urgent hospitalization" shall be re-examined within 24 hours of admission by a commission of psychiatrists.²¹ If the commission deems it necessary to continue compulsory in-patient treatment, the hospital must within 24 hours of the commission's decision inform the chief psychiatrist and the relatives of the patient of the reasons for this decision.²² This procedure for compulsory hospitalization is a "compromise between the need for immediate action and the need to protect the rights of the patient. To allow immediate action, the examining psychiatrist has the power unilaterally to order compulsory hospitalization. Requirements of notice and of reexamination by a commission of psychiatrists provide protection for the rights of the patient."²³ Patients committed to a psychiatric hospital "by way of urgent hospitalization" (as opposed to a court sentence on criminal charges) must be examined at least once a month by a commission of psychiatrists. Every six months, the chief psychiatrist must authorize the continuation of compulsory treatment based on the conclusions of the commission.²⁴ The new law does not address the need for

follow-up examinations of patients who have been hospitalized with their consent or the consent of a guardian. As the latter's consent may mean involuntary hospitalization of the patient himself, this is a grave omission.

Patients who have voluntarily entered in-patient treatment are to be discharged "when they have recovered or in connection with an improvement in their mental state that makes their further stay in the hospital inadvisable, or on application from the patient, his relatives or legal representatives."²⁵ Even if a patient voluntarily commits himself, an application for discharge may be rejected if the patient represents an "immediate danger" to himself or those around him in the judgment of a commission of psychiatrists which, in complicated and disputed cases, would be headed by the chief psychiatrist of the local health authority.²⁶ Patients who have been subjected to involuntary in-patient treatment are to be immediately discharged upon a finding by a commission of psychiatrists "that there are no grounds for urgent hospitalization and mandatory in-patient treatment."²⁷

In addition to the changes made in the procedure for civil commitment outlined above, changes were also made in the rules on commitment of criminal defendants. An amendment to the RSFSR criminal code, which is often used as a model by the other Republics, was adopted by the RSFSR Supreme Soviet.²⁸ Two innovations were made.

First, a new system was provided for handling defendants arrested on criminal charges, found insane, and sentenced to compulsory treatment. Jurisdiction over mental hospitals for alleged criminals is being transferred from the Ministry of Internal Affairs to the Ministry of Health. The levels of security available at these hospitals has been increased from "two" to "three." Under the new regime, allegedly criminal patients said to pose no danger to society go to hospitals with "ordinary supervision"; those said to present some danger to society but whose actions have not threatened human life go to hospitals with "increased supervision"; and those said to present a serious danger to society go to hospitals with "strict supervision."

The second innovation is the adoption of a new law making it a criminal offense to commit someone known to be sane to a psychiatric institution. This new crime is found in Article 126-2 of the RSFSR Criminal Code. To date, Helsinki Watch knows of no instance of its application.

The Law on Conditions and Procedures for the Provision of Psychiatric Assistance touches in two ways on the commitment of alleged criminals. First, it makes clear that it is the Code of Criminal Procedure, and not the new statute, that determines the procedures for the examination by a panel of forensic psychiatry experts of the mental competence of a person who "engages in socially dangerous activities which come under the jurisdiction

of the criminal law."²⁹ As Peter Maggs has pointed out, this does not change the previous law, but makes it clear that existing criminal procedure rules would remain, "even when they were in conflict with the more liberal rules of the new statute."³⁰ This means that the investigating procurator -- not a psychiatrist -- has the power to compel a defendant to undergo psychiatric examination "should doubt arise as to the mental health of a person who engages in socially dangerous activities."³¹ Although they are denied the right to appeal the initial psychiatric examination, persons "to whom a court has applied compulsory treatment" should have their cases reexamined at least once every six months by a commission³² during their compulsory treatment in a psychiatric hospital with ordinary, intensified or strict supervision.³³

For the first time, a right to appeal certain aspects of the psychiatric treatment process has been incorporated into Soviet law.³⁴ This is the primary beneficial feature of the new psychiatric law. In particular, a person who does not agree with a finding concerning his mental state in a civil commitment context may appeal the decision to the responsible chief psychiatrist of the health authority with jurisdiction over his institution.³⁵ An examining commission's initial decision to continue mandatory hospitalization of a non-criminal committed against his will may be appealed to the chief psychiatrist by the patient, his relatives or legal representatives.³⁶ (In the

Soviet context, a legal representative is often a person with power-of-attorney, not necessarily a lawyer.) If relief is not obtained at this level, appeals may then be taken from the actions of a chief psychiatrist to the chief psychiatrist at the next higher level public health agency and then to a court, or directly to a court, in accordance with the Appeals Law.³⁷ Thus, the patient may not begin with a court appeal, but must appeal to the chief psychiatrist in the first instance. Furthermore, the Procurator General has the power of "supervision over the observance of legality during the provision of psychiatric assistance by medical treatment and preventive care institutions."³⁸

D. Analysis and Implementation

The new law on psychiatric patients' rights, which was enacted by the USSR Supreme Soviet, appears on paper to provide psychiatric patients with broad rights and protections. The thrust of the legislation is that psychiatric treatment is to be voluntary, with involuntary commitment only in extraordinary cases.³⁹ In fact, however, the specific provisions in the new law for emergency civil confinement are not very different from those of the unpublished directive issued on August 26, 1971 by the USSR Ministry of Health, "On Emergency Confinement of Mentally Ill Persons who Represent a Social Danger," which the new law in some ways supersedes.⁴⁰ For criminal cases, no changes have been made in the law, since the new regulations

refer to the old code of criminal procedures. One area where the 1971 directive and the new law are similar is in the requirement that there be a semi-annual review of the need for compulsory treatment.⁴¹ The provisions of the directive were often violated.⁴² For example, the semi-annual review commission meetings were "perfunctory, lasting from a few minutes to 10 minutes at most with each patient."⁴³ Such a pro forma meeting cannot provide an independent review of the patient's condition.⁴⁴ Perhaps the fact that the requirements regarding psychiatric treatment "have been raised to a new level"⁴⁵ by being specified in a law enacted by the Supreme Soviet that is published (as opposed to a secret administrative regulation) may engender greater respect and compliance.⁴⁶

The criteria for conducting psychiatric examinations and providing outpatient or in-patient treatment based on internationally acceptable diagnoses are not set forth in the law.⁴⁷ Among the peculiarly Soviet diagnoses which have aroused concern because of their susceptibility to abuse is "sluggish schizophrenia," whose symptoms include "delusions of reformism," "overvalued ideas" and ideas that are not considered "socially useful" by Soviet authorities.⁴⁸

The Soviet Deputy Minister of Health has stated that the indications for treatment without consent will be "interpreted" in instructions of the Ministry of Health.⁴⁹ He stated that the Health Ministry is "approaching this interpretation ... very

carefully."⁵⁰ The implementing regulations will provide the real window into the law. The new law requires that the rules of the Ministry of Health to implement the law "be published and ... be open for public inspection."⁵¹ Until the permanent regulations are adopted, "Provisional Guidelines on the Procedure for Involuntary Hospitalization of the Mentally Ill" have been issued by the Ministry of Health.⁵² These Provisional Guidelines reportedly do not adequately describe the types of patient behavior which could lead to involuntary hospitalization.⁵³

One important innovation is that the law guarantees persons suffering from mental disorders "a legal defense, prosecutor's supervision, and the assistance of a defense lawyer in ensuring their rights and lawful interests."⁵⁴ This language fails to make evident the fact that the patient may not immediately enlist a defense lawyer, but must first appeal to the chief psychiatrist, and then to a higher-ranking health authority or to the court with a complaint. Before a judicial determination takes place, months may elapse during which the individual has been involuntarily confined and medicated.

The law also explicitly recognizes the applicability of the new Appeals Law in certain cases. While the right to appeal is salutary and long overdue, the new law vests most decision-making with commissions whose decisions are not appealable, e.g., the examination as to mental competence of a criminal defendant,⁵⁵ the establishment and termination of mandatory outpatient

clinical observation,⁵⁶ the discharge of an in-patient who initially entered treatment voluntarily,⁵⁷ the continuation of treatment of an involuntary in-patient,⁵⁸ and the examination of an alleged criminal patient.⁵⁹ The chief psychiatrist authorizes extension of treatment, but he does this on the basis of conclusions by a commission of psychiatrists, i.e., a collective body. This leaves the patient at a great disadvantage which is only slightly mitigated by the requirement that, if requested by a patient, his family or legal representative (again, not necessarily a lawyer), a psychiatrist of their choosing working in the locality must be included as a member of the examining commission.⁶⁰

The Head Psychiatrist of the USSR Ministry of Health stated in April 1988 that he knew of no psychiatric cases that had been brought under the Appeals Law.⁶¹ Of course, the law on psychiatric patients' rights was then only seven weeks old. The Appeals Law may actually afford little protection to patients and their families since the court will either have to rely on the expert evidence of the chief psychiatrist, or of colleagues of the chief psychiatrist who are unlikely to dispute the chief psychiatrist's conclusions. In the Soviet system, the court may select its own experts, but the patient is not permitted to bring in the experts of his choice. In any event, there are few trained forensic psychiatrists in the Soviet Union who would be competent to challenge the findings of a hospital chief

psychiatrist. Given a long history of abuse by leading forensic psychiatric authorities in the USSR, their expertise in court would probably not help the plaintiff. The right to appeal appears to be barely operational. Representatives of the Office of the Procurator General of Leningrad stated that there had been some cases of appeals against the decisions of the chief psychiatrist of Leningrad in 1988.⁶² These involved psychiatric patients who claimed to have been unlawfully placed on the psychiatric register or involuntarily hospitalized. The court reportedly carried out a detailed investigation to see if these people were healthy or needed treatment. No appeals were upheld.⁶³ The First Vice Chairman of the Presidium of the Moscow City Bar told Helsinki Watch that there had been no appeals against the decisions of chief psychiatrists in Moscow since the new laws had taken effect.⁶⁴ A leading dissident expert on psychiatric treatment interviewed in Moscow by Helsinki Watch said he knew of cases of persons both inside and outside of hospitals who tried to sue their doctors, but that the cases had not gotten off the ground. U.S. psychiatrists visiting the Soviet Union in early 1989 were informed that there were only 10 appeals to courts out of 71,000 hospitalizations in Moscow in 1988.⁶⁵

While in Moscow, Helsinki Watch heard an interesting report of the successful use of the Appeals Law in a case involving the rights of a psychiatric patient. Reportedly, a Soviet Jew who

lived in a remote city in Central Asia was repeatedly harassed by anti-Semitic remarks. The victim responded vigorously to these comments. Some time later he was taken against his will to a psychiatric hospital for treatment. Upon his release, the victim travelled to Moscow, the Russian Republic capital, and brought suit against the psychiatrist for his forced and unnecessary treatment. The judge hearing the case summoned the doctor to the trial in Moscow. While taking the evidence of the psychiatrist concerning the sanity of the victim, the psychiatrist is reported to have said, "There is one person in this room who is insane," pointing at the judge. The judge immediately held in favor of the victim⁶⁶ and instituted a case against the doctor for disrespect of the court. While this case, if accurately reported, can hardly be considered typical, it does indicate the willingness of at least one court to consider matters related to psychiatric treatment, as well as the arrogance of some Soviet psychiatrists.

In addition to creating certain safeguards by way of the Appeals Law, the new law provides that "commitment to a psychiatric hospital of a person who is known to be healthy" is a crime under the legislation of the Republics.⁶⁷ It is assumed that the other republics automatically adopted this law in the usual fashion after the Supreme Soviet Presidium of the Russian Republic amended Article 126-2 of the RSFSR Criminal Code to "define criminal liability for illegally committing people known

to be healthy to psychiatric hospitals."⁶⁸ The new crime is punishable by imprisonment or corrective work for up to two years with or without the loss of the right to hold certain posts or to engage in certain activities for one to three years.⁶⁹ The key to the effectiveness of this criminal law is the standard of proof that will be required to demonstrate that the accused doctor knew that the person committed to psychiatric treatment was mentally healthy. Also, it is not certain whether lawyers will be found courageous enough to take on the psychiatric bureaucracy in a controversial case. Representatives of the USSR Office of the Procurator General, which is charged with "supervision over the observance of legality during the provision of psychiatric assistance by medical treatment and preventive care institutions,"⁷⁰ did not know of any criminal cases instituted against psychiatrists by January 1989⁷¹ and none have come to the attention of Helsinki Watch since then.

The commitment procedure for those accused of a crime has not changed. This procedure leaves the defendant with virtually no rights.

It is often the practice in the Soviet Union that the defendant is not present at his own trial; if he is considered by the procurator to be unfit to stand trial during pre-trial investigation, he is dispatched to a psychiatric hospital immediately for examination. Under the procedures for investigation isolation (i.e. pre-trial detention), the accused

does not have the right to know in advance that he is to be examined; he may not contest obligatory internment for examination (which usually lasts at least one month); and he may not appeal the diagnosis. As with any other criminal case in the Soviet Union, he does not have the right at this stage to consult a lawyer. The defendant has no right to be informed of the results of his psychiatric examination, or the reasons for which compulsory commitment was directed by the psychiatrists. He may not examine his case materials or his indictment, or learn of any further investigation or charges. In the USSR, the decision to order a psychiatric examination rests solely with the procurator (or KGB investigator, in cases under KGB jurisdiction). In most political cases (which are automatically assumed to involve "socially dangerous" behavior), the psychiatric examination is routine. Once a person is declared mentally ill in this fashion, he loses his status as a defendant and all his rights. This de facto practice is contrary to the explicit provisions of Soviet law which require an accused who suffers from mental disability to be informed of his rights⁷², to be informed of the charge against him,⁷³ to be represented by a lawyer,⁷⁴ and to be present at trial.^{75 76}

One promised improvement for convicted persons sentenced to psychiatric hospitals is the transfer of jurisdiction over psychiatric hospitals from the Ministry of Internal Affairs to the Ministry of Health.⁷⁷ It is unclear, however, whether the

transfer in jurisdiction means a change in personnel, security practices, and treatment methods. Such change is crucial since the conditions in the former Ministry of Internal Affairs hospitals have been associated not with humane treatment but with what leading Soviet human rights advocates have long called "punitive psychiatry", which was confirmed by the delegation of American psychiatrists.⁷⁸ These conditions have included severe beatings and other forms of torment by criminals utilized as orderlies; denial of access to toilets; restriction of access to writing materials; minimal contact with doctors; no group or individual therapy; nontherapeutic use of medication; censorship of mail; close supervision of family visits; and denial of the right to keep personal possessions in the institution.⁷⁹ Prisoners of conscience released in the latter part of 1988 reported to the independent press that except for the replacement in some hospitals of criminal orderlies by other staff, there has been little, if any, change in conditions of confinement or in personnel since March 1988, when the new law took effect. This was confirmed by the American psychiatric delegation.⁸⁰

It is possible that those who were the victims of Soviet psychiatric practices but have now been released will have at least one aspect of their situation ameliorated through the implementation of the new law. Past practice was to require routinely that all former psychiatric patients should be registered indefinitely for continuing psychiatric monitoring.⁸¹

Registration for psychiatric supervision makes it easy for a past patient to be summoned and reconfined; a frequent practice was to round up registered outpatients before national holidays, visits by foreigners, major international events, etc. Such registration also can lead to discrimination in employment and denial of certain civil rights, like voting in elections or driving a car. Since the information about citizens on the psychiatric register is kept at every police precinct passport desk, official control is facilitated. The USSR Deputy Minister of Health has reported on an experiment in Moscow, Leningrad, Latvia and two other areas in which doctors are being asked to review all their cases without regard to "the duration of registration or previous repeated stays in hospital."⁸² The experiment is scheduled to continue for two years, after which a decision will be made on its countrywide application.⁸³ Reportedly, two million names were to be struck off the psychiatric register in 1988 as part of that experiment.⁸⁴ In fact, however, it appears that 734,000 were removed from the register in 1988;⁸⁵ it is not certain if the process will continue. Numerous cases remain of people who continue to petition authorities for removal from the register. Some have obtained certifications of sanity from psychiatrists, and have tried in vain to be removed from hospitals' registries. The Deputy Minister of Health has stated that, "[h]enceforth, we will put people on the register with far greater circumspection."⁸⁶

Nevertheless, the practice of registering continues; some persons have found that they were registered without their knowledge after complaining to officials about injustices.

The main concern that observers have had about psychiatry in the Soviet Union is its political use against dissenters or religious believers.

It has been alleged ... that individual Soviet psychiatrists have knowingly collaborated in the punitive use of psychiatry by diagnosing as mentally ill some individuals whom they knew to be mentally healthy, by imposing biological therapies on such "patients" without medical justification, and by involuntarily confining such persons in psychiatric hospitals for long periods of time....[B]ased on the substantial body of evidence that has accumulated in the West, including extensive clinical examinations of former psychiatric patients who now reside in the West, informed groups have consistently concluded that political abuses did, in fact, occur.⁸⁷

The World Psychiatric Association condemned the Soviet Union for such practices in 1977 and, as was stated earlier, in 1983 the Soviet Union withdrew from the World Psychiatric Association rather than be expelled.⁸⁸

Although the new law should ease the situation of persons who are newly introduced to the Soviet psychiatric system, it may have little or no effect on current long-term inmates. For example in 1989, before and after the delegation of American psychiatrists visited the USSR, a number of patients were rapidly released from psychiatric hospitals. These releases were not achieved through legal appeals, but by political decision to avoid official embarrassment. This is a vivid indication that

foreign concern is still a more powerful instrument for justice than the Soviet court system.⁸⁹ Current psychiatric inmates may not even be aware of their rights under the new law since there is evidence that articles on the law are cut out of newspapers and magazines before patients can read them.⁹⁰ Even some doctors are unaware of the new law.⁹¹ While an improvement in the overall situation of psychiatry in the USSR might indirectly improve the condition of those sane persons who have been confined for political reasons, the Soviet Union has still not addressed the fundamental problem of the political abuse of psychiatry.

The articles in the Soviet mass media which signalled the impending change in official attitude did not acknowledge any abuse of psychiatry for political ends. On the contrary, articles have appeared specifically attacking reports that people have been confined to Soviet psychiatric hospitals for political reasons.⁹² Representatives of the Serbsky Institute of General and Forensic Psychiatry in Moscow and of the USSR Ministry of Health, in meetings with representatives of the International Helsinki Federation after the announcement of the new law, refused to admit that there had been any abuse of psychiatry for political purposes in the Soviet Union.⁹³ When asked why new psychiatric legislation was needed, Professor Morozov, director of the Serbsky Institute, said that there was no reason to change psychiatric practice; it was just that unpublished regulations

had to be made public.⁹⁴ This attitude suggests that not much may change in practice, as is indicated by the succession of Professor Martyan Vartanyan, who is said to have been responsible for many psychiatric abuses, to the post as head of the All-Union Institute of Psychiatry in November 1987⁹⁵ and his elevation to the Academy of Medical Sciences in December 1988.⁹⁶ In addition, doctors and orderlies known to have been deeply involved in the political abuse of psychiatry continue to be employed in senior positions.⁹⁷

Both the First Vice Chairman of the Presidium of the Moscow City Bar⁹⁸ and an independent psychiatrist interviewed in Moscow by Helsinki Watch stated that psychiatrists in Moscow had become much more cautious since the adoption of the new law in March 1988. This suggests that the new law has had a deterrent effect. Psychiatrists now often refuse to commit persons for psychiatric treatment even though relatives ask for commitment.⁹⁹ An expert on psychiatric treatment interviewed in Moscow by Helsinki Watch believed that there had been approximately ten commitments of dissidents and religious believers in 1988 under the administrative law and none under the criminal law. In one case of which he was aware, when doctors in Moscow refused to commit a political dissident, the KGB took that person to Chelyabinsk for commitment.¹⁰⁰

Members of a group that has since formally organized itself as the unofficial Independent Psychiatric Association consider

that the new law on psychiatric patients' rights has been weakly constructed.¹⁰¹ In interviews with Helsinki Watch in Moscow, members of the Association, Soviet mental health specialists lobbying for higher psychiatric standards and patients' rights,¹⁰² stated that nothing essential had changed with the introduction of the new law; only some cosmetic changes had been made.

The delegation of U.S. psychiatrists that visited the Soviet Union from February 26 through March 12, 1989 to examine Soviet psychiatric hospitals, patients and records has stated that while there are:

some signs of movement to bring [Soviet] legal and psychiatric practices closer to those found in the West ... there are also many signs that the transition is far from complete. Practices continue that, even allowing for considerable differences in political and economic philosophy, and in social, legal, and psychiatric systems, lend credence to continuing concerns about psychiatric abuse. Furthermore, it is by no means clear that the legal reforms wrought by the current Soviet leadership are sufficient to assure that these serious problems will soon be overcome.¹⁰³

The Soviet Union has applied for readmission to membership in the World Psychiatric Association¹⁰⁴ and in that connection, had invited U.S. psychiatrists to conduct a two-week investigation of its facilities.¹⁰⁵ The U.S. psychiatrists reportedly found that "Soviet doctors still commonly use the broad-brush diagnosis 'schizophrenic' to lock up people who would be considered healthy in the West, and that patients are still treated with massive doses of pain-causing psychotropic drugs that Western doctors consider to have no medical value."¹⁰⁶ As of

this writing, the World Psychiatric Association has rejected the application for membership by the non-governmental Independent Psychiatric Association and has provisionally accepted the application for readmission of the official All-Union Society of Neuropathologists and Psychiatrists.¹⁰⁷

While there are now fewer criminal proceedings that result in the commitment of healthy people to psychiatric hospitals, and while psychiatrists are now more reluctant to commit persons to involuntary treatment, political dissenters and religious believers such as Anatoly Ilchenko, a Ukrainian activist who was committed to a Soviet mental hospital on December 23, 1988,¹⁰⁸ continue to be punished for their beliefs by being sent to psychiatric hospitals. Others still suffer in those hospitals from the days before glasnost.¹⁰⁹ Moreover, persons arrested on politically-motivated criminal charges are still routinely subjected to compulsory psychiatric examination. Sergei Kuznetsov, an independent journalist charged with libel for critical statements about the police and the KGB, was recently sent to the Serbsky Institute in Moscow for examination, though psychiatrists in his home town of Sverdlovsk had found him sane. This was done at the discretion of the investigator. The new law on psychiatric patients' rights, is a step forward, but, as Soviet jurists themselves have written, it does "not contain adequate legal safeguards for the protection of citizens' rights and lawful interests."¹¹⁰

1. See, e.g., U.S. Helsinki Watch Committee, Soviet Abuse of Psychiatry for Political Purposes--Update, Jan. 1988, hereinafter Soviet Abuse; Amnesty International, Political Abuse of Psychiatry in the USSR, March 1983, hereinafter Psychiatry in the USSR. See generally, Report of the U.S. Delegation To Assess Recent Changes in Soviet Psychiatry to Assistant Secretary of State for Human Rights and Humanitarian Affairs, Department of State, (July 12, 1989), hereinafter Recent Changes in Soviet Psychiatry.

2. See for example:

E. Maksimova and I. Martkovich, "Defenseless," in Izvestia, July 11, 1987, at 3, trans. in XXXIX CDSP 1987, no. 29, at 1-4.

"Izvestia Exposes Psychiatric Abuse," Radio Liberty Research Report 277/87, July 16, 1987;

P. Reddaway, "Does Moscow's Purge of Corrupt Psychiatrists Threaten the Psychiatric Gulag?," Radio Liberty Research Report 295/87, July 23, 1987.

3. A. Novikov, S. Razin and M. Mishin, Assignment Based on an Alarming Letter: A Closed Subject, Nov. 11, 1987, at 4, trans. in XXXIX CDSP 1987, no. 46, at 1-5.

4. For a fuller discussion of this article see Soviet Abuse, at 4.

5. M.G. Tsaregorodtsev, The Horrors of Soviet Psychiatry, June 30, 1988, at A7, col. 3. See also Prof. M. Kabanov, Director of V.M. Bekhterev Scientific Research Psychoneurological Institute, "Health Service: When the Soul Is Sick," Moskovskaya Pravda, May 28, 1988, first ed., at 3, trans. in FBIS-SOV-88-107, June 3, 1988, at 75.

6. Interview of A.I. Potapov by E. Gorbunova, "In the Shadow of Semiknowledge," Sovetskaya Rossia, Nov. 20, 1987, at 4., trans. in XXXIX CDSP 1987, no. 46, at 5-6.

7. Vedomosti Verkhovnoy Soveta SSSR, no. 2 [2440], Jan. 13, 1988, item 19, at 22-27, trans. in XL CDSP 1988, no. 6, at 11-13.

8. Art. 2.
9. Art. 8, para 2.
10. Id., para. 1.
11. Art. 9.
12. Art. 12.
13. Art. 13.
14. Id.
15. Art. 14, para. 1.
16. Id., para. 2.
17. Art. 15, para 2.
18. Art. 16.
19. Interview of A. Churkin, "Pervye peremeny v rabote psikhiatricheskoi sluzhby," Izvestia, April 27, 1988, at 6, hereinafter "Churkin Interview," reported in Changes in Soviet Law, at 187, 190-91.
20. Art. 17.
21. Art. 18, para. 1.
22. Id.
23. Changes in Soviet Law, at 191.
24. Art. 21.
25. Art. 20, para. 1.
26. Id., para. 2.
27. Art. 19, emphasis added.
28. Vedomosti Verkhovnovo Soveta RSFSR, no. 2, 1988, item 35, reported in Changes in Soviet Law, at 196-97.
29. Art. 10.

30. Maggs, at 196.
31. Art. 10.
32. Art. 22, para. 2.
33. Id., para. 2.
34. However, the law does not specify if the right to appeal must be exercised within a certain time of the decision being appealed.
35. Art. 11.
36. Art. 18, para. 2.
37. Art. 27.
38. Art. 28.
39. See Art. 2.
40. For more on this directive, see Psychiatry in the USSR, at 5-6. Also see the comments of the representative of the Soviet Union before the United Nations Human Rights Committee, Report of the Human Rights Committee, 40 U.N. GAOR Supp. (No. 40) at 52-53, U.N. Doc. A/40/40, paras. 280-81 (1985).
41. Recent Changes in Soviet Psychiatry, at 49.
42. Id., at 64.
43. Id., at 49.
44. Id., at 64, 70.
45. Statement of Prof. S.V. Borodin of the Institute of State and Law, quoted in id. at 64.
46. On the new law, see generally L. Alexeyeva, "Recent Changes in Soviet Law Governing Psychiatry," Human Rights Internet Reporter, no. 2, Winter 1988, at 123 (item 0019.000).
47. The differences between Soviet diagnostic and treatment methods and international and U.S. methods are discussed at length in Recent Changes in Soviet Psychiatry, 12-33.

48. See Id., at 13-14.
49. Interview of I. Samoshchenko, First Deputy Minister of Justice and A. Moskvichev, Deputy Minister of Health, by E. Maksimova, "From Competent Sources: On Psychiatric Assistance," Moscow Izvestia, January 15, 1988, morning ed., at 6, trans. in FBIS-SOV-88-012, January 20, 1988, at 58, 59, and in XL CDSP 1988, no. 6, at 13, hereinafter "Psychiatric Assistance."
50. Id.
51. Art. 26.
52. See references in Recent Changes in Soviet Psychiatry, passim, and in Preliminary Soviet Response to Report of the U.S. Delegation To Assess Recent Changes in Soviet Psychiatry to Assistant Secretary of State for Human Rights and Humanitarian Affairs, U.S. Department of State (July 12, 1989), hereinafter "Soviet Response", "Commentaries on the Legal Section", at 11-12.
53. Recent Changes in Soviet Psychiatry, at 60.
54. Art. 2, para 1.
55. Art. 10.
56. Art. 14, para. 1.
57. Art. 20, para. 2.
58. Art. 21.
59. Art. 22, para. 2.
60. Art. 2, para. 2.
61. Churkin interview.
62. Interview by Helsinki Watch on February 2, 1989.
63. Id.
64. Interview by Helsinki Watch of Felix Heyfetz at the offices of the Presidium of the Moscow City Bar, Jan. 27, 1989, hereinafter "Heyfetz interview."

65. Recent Changes in Soviet Psychiatry, at xiii.
66. The nature of the court's relief was not described.
67. Art. 2, para. 8.
68. "Decision Adopted on Conditions and Procedures for Administering Psychiatric Assistance," Izvestia, Jan. 6, 1988, morning ed., at 2, trans. in FBIS-SOV-88-003, Jan. 6, 1988, at 27.
69. "Psychiatric Assistance," at 59.
70. Art. 28.
71. Interview by Helsinki Watch in Moscow on Jan. 27, 1989.
72. RSFSR Code of Criminal Procedure, arts. 46, 58 and 149.
73. Id., art. 148.
74. Id., arts. 49 and 405.
75. Id., art. 246.
76. See generally Recent Changes in Soviet Psychiatry, at 43-44, 61-63.
77. Soviet Abuse, at 6.
78. See for example:

Alexander Podrabinek, Punitive Medicine, Kamara Publishers, Ann Arbor, 1978.

Robert van Voren, ed., Soviet Psychiatric Abuse in the Gorbachev Era, IAPUP, Amsterdam, 1989.

Recent Changes in Soviet Psychiatry, at 46-48, 52-53.
79. Id. Soviet jurists have agreed with these criticisms. See Soviet Response, "Commentaries on the Legal Section," at 13.
80. See Recent Changes in Soviet Psychiatry, at 48.
81. See Recent Changes in Soviet Psychiatry, at 3.
82. Psychiatric Assistance, at 60.

83. Id.
84. "Two Million to Quit Soviet Mental-Patient Rolls", Washington Post, Feb. 12, 1989.
85. Soviet Response, at 6.
86. Psychiatric Assistance, at 60.
87. Recent Changes in Soviet Psychiatry, at 1-2.
88. Id., at 2.
89. See Kutuyavin suit, October 1989. (A case of successful appeal to withdraw psychiatric records which came after the mission.)
90. Recent Changes in Soviet Psychiatry, at 47.
91. Id., at 53.
92. See, e.g., A. Novikov, "Let's Examine It: A Sore Point," Komsomolskaya pravda, July 15, 1987, at 3, trans. in XXXIX CDSP, no. 29, at 4-5. But see Recent Changes in Soviet Psychiatry, at 2-3.
93. International Helsinki Federation for Human Rights, On Speaking Terms 27-28 (1988), hereinafter "On Speaking Terms". See also statement by Yuri Reshetov of the Ministry of Foreign Affairs that "we do not have political prisoners, or what the West calls political prisoners", B. Keller, "U.S. Psychiatrists Fault Soviet Units," The New York Times, Mar. 12, 1989, at 1, 19, hereinafter "Psychiatrists Fault Soviets".
94. On Speaking Terms, at 27-28.
95. Id., at 27.
96. C. Krauthammer, "Soviet Psychiatric Practices Still on Trial," New York Daily News, Mar. 19, 1989, at 48, hereinafter "Still on Trial".
97. See Soviet Abuse, at 5.

98. Heyfetz interview.
99. It is unclear from the data whether this reluctance to involuntarily commit persons is limited to Moscow or is being mirrored in the actions of psychiatrists located in cities and towns which are under less scrutiny than the capital.
100. This is the same person identified as "patient #27" who was examined by a U.S. team of psychiatrists in early 1989 and found to be not mentally ill. See Recent Changes in Soviet Psychiatry, at 46.
101. See also U.S. Helsinki Watch Committee, USSR: Human Rights Under Glasnost, December 1988-March 1989, at 81-82, hereinafter "Human Rights Under Glasnost."
102. See "Psychiatrists Fault Soviets," at 19; M. Dobbs, "Soviet Group Says Kremlin Continues Psychiatric Abuses," The Washington Post, Mar. 12, 1989, at A27, A28, hereinafter "Kremlin Continues Abuses".
103. Recent Changes in Soviet Psychiatry, at v.
104. See M. Gordon, "Soviets Try to Return to Psychiatric Fold," The New York Times, Oct. 16, 1988, at 4.
105. "Psychiatrists Fault Soviets," at 1.
106. Id. See Recent Changes in Soviet Psychiatry, at vi-ix.
107. U.S. Helsinki Watch Committee, News from the USSR, May 1989, at 20.
108. See "Still on Trial; Kremlin Continues Abuses," at 27; Human Rights Under Glasnost, at 32-33; apparently Mr. Ilchenko did not attempt to utilize the Appeals Law.
109. Mr. Ilchenko was released from psychiatric confinement on the day after the team of U.S. psychiatrists, who interviewed him, left the Soviet Union. See Recent Changes in Soviet Psychiatry, at 19, 37.

110. Soviet Response, at 12.

PSYCHIATRIC ABUSE IN THE SOVIET UNION

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INTRODUCTION

The recent release of many victims of psychiatric abuse and the passing of new, although flawed, legislation on psychiatric internment have created the impression in some circles that the abuse of psychiatry in the USSR has ended. Yet, despite a dramatic increase in tolerance for outspoken discussion and criticism of this issue, Soviet medical authorities responsible for past and present abuses remain in place. The fact of Soviet psychiatric abuse has never been properly acknowledged or corrected.

The conditional re-entry of the official Soviet psychiatric association society into the World Psychiatric Association (WPA), accomplished through political manipulation, last-minute apologies and dubious promises to improve, has largely served to remove the incentive for reform. The WPA is now obligated to perform an inspection of the Soviet psychiatric system and to report on any continuing abuse by October 1990, but Helsinki Watch, concerned by indications of bad faith by Soviet officials, fears that the review may not be competent, effective or adequately financed and may be performed too hastily to assess a complex situation. Helsinki Watch calls on members of the legal and medical professions in the United States and other countries to raise the issues addressed in this newsletter with their counterparts in the USSR.

RECOMMENDATIONS

In order to put an end to the system of psychiatric abuse, Helsinki Watch calls on Soviet government officials to do the following:

- o **Acknowledge and condemn the continuing systematic political abuse of psychiatry;**
- o **Permit the formation of a review commission completely independent from the All-Union Society of Psychiatrists and Narcologists (AUSPN) and the Ministry of Health (without their personnel or involvement);**
- o **Publicly describe the mechanism for investigating and accounting for past abuses through the review commission;**
- o **Legalize independent bodies like the Independent Psychiatric Association and allow them to have a say in the composition of the review commission;**
- o **Conduct thorough and fair investigations of charges of abuse of psychiatry against Party, psychiatric, health and law enforcement officials at the national and local levels and impose appropriate punishment on those found to have engaged in such abuses;**
- o **Publish a complete translation of the report of the American psychiatric delegation in the Soviet press;**
- o **Publish a full account of the proceedings at the October 1989 meeting of the World Psychiatric Association (WPA) during which the AUSPN was conditionally approved for readmittance to the WPA;**
- o **Hold open parliamentary hearings to review testimony from both Soviet citizens and emigres concerning abuse of psychiatry;**
- o **Bring legal proceedings against officials (psychiatrists, health, law enforcement, etc.) in cases where the evidence indicates that they engaged in psychiatric abuse, observing internationally-recognized standards of due process and appeal and allowing access to foreign observers;**
- o **Through parliamentary legislation, change regulations governing the provision of psychiatric care for both civil and criminal commitment so as to safeguard the rights of both the sane and the mentally ill;**
- o **Review the cases of remaining persons alleged to be held for political reasons. Reviews should include psychiatric evaluations as well as public court reviews (as distinct from procurators'**

supervision¹ of the lawfulness of the charges under which the persons had been arrested, their fitness to stand trial and the legality of their commitment. All criminal indictments, sentences and court transcripts should be published, provided that a good faith effort is made to obtain the defendant's consent.

- o Remove from the psychiatric register all persons who have been determined to be wrongfully incarcerated or who have been found sane by independent review; review register procedures so as not to violate civil rights of patients;
- o Rehabilitate all victims by overturning criminal sentences and false psychiatric diagnoses, clearing criminal and psychiatric records, restoring jobs and social security, and publicly exonerating and paying reparation to all victims.

BACKGROUND

In the late 1960s and 1970s, procuratorial and KGB agencies increasingly began to send dissidents from the scientific and humanitarian intelligentsia as well as the independent labor movement to psychiatric detention. The usual pattern was to arrest a dissident on a political charge such as Art. 70 ("anti-Soviet agitation and propaganda") or Art. 190-1 (anti-state slander), subject him to compulsory psychiatric examination (usually at the Serbsky Institute of Forensic Psychiatry in Moscow), hold a perfunctory trial *in absentia*, and immediately assign the defendant to indefinite detention in special psychiatric hospitals under the jurisdiction of the Ministry of Internal Affairs. The advantage of forensic psychiatric detention is that no case has to be built in court, behavior can be controlled with drugs, and the "sentence" is indefinite. Hundreds of dissidents went through this torment. Some, like Vladimir Bukovsky and Leonid Plyushch, who managed to get to the West, gave testimonies about sane dissidents who remained incarcerated and about the cruel practices of the mental health system.

There was another, much-less publicized aspect to abuses of psychiatry that affected greater numbers of people -- the unlawful incarceration of ordinary people not involved in dissent. They were the victims of disgruntled bosses or spouses who took advantage of a corrupt psychiatric system and an all-powerful and unlawful criminal justice system to rid themselves of troublemakers. In addition, among those accurately diagnosed as mentally ill, there were many with borderline psychiatric disorders who did not require detention but were incarcerated anyway without any way to appeal. Patients with serious mental illnesses were not properly treated and were warehoused in appalling conditions. And after release, all of these patients were placed on the hospital registry, a list, known to the police, which authorized the restriction of certain rights and privileges and frequently led to difficulties in gaining employment and social security.

With the relaxation of controls on free expression and movement after 1987, numerous people who had been victimized by the psychiatric system and suffered discrimination because of the registry joined the hordes of petitioners who converged on Moscow seeking redress with regard to a variety of matters that could not be resolved on a local level. First the independent press (notably *Glasnost*, *Express Chronicle* and *The Mill*, a publication of the Committee for Social Self-Defense) began to report the sagas of numerous victims of the registry. Then the officially-recognized, liberal press took up the cause, and articles began to appear in *Komsomolskaya pravda*, *Literaturnaya gazeta*, *Izvestiya*, and *Moscow News*. Human rights groups began to realize that there was a much broader dimension to the psychiatric abuse problem than the issue of the detention of several hundred prominent dissident intellectuals. The rights of thousands of normal people as well as of those with mental illnesses were being violated.

¹In the Soviet criminal justice system, the procurator is responsible for enforcing law and overseeing the legality of court procedures.

CURRENT CASES OF CONCERN

Before 1986, the number of known cases of political prisoners in psychiatric detention had remained between 200 and 300 for many years. With the advent of *perestroika*, the authorities for the first time tacitly acknowledged the abuse of psychiatry by quietly releasing during 1986-87 about 70 activists from psychiatric detention. In 1988 and 1989, another 30 to 40 political prisoners were released from the psychiatric system during and after negotiations for an American inspection in February-March 1989. These long-awaited releases of patients were certainly an improvement, but, as the newly-released patients themselves testified, the system remained unchanged. The positive effect of their release, however, made it more difficult for human rights activists to dramatize the continuing abuses of Soviet psychiatry.

Helsinki Watch does not know the exact number of persons who remain in psychiatric hospitals as political prisoners. The Moscow Helsinki Group includes 46 cases of alleged psychiatric imprisonment in its list of political prisoners (see Appendix). In 36 of these cases, there are question marks before the names: it is not clear whether or not they are sane, or, if they are sane, whether they were incarcerated for political reasons. These cases are of concern to Helsinki Watch because 26 of the patients were first arrested under the same political articles that have been used to send many well-known dissidents to prison in the past.

Six additional long-term cases who were formerly on the list of the Moscow Helsinki Group with question marks were released in recent months, in what appears to be a tacit acknowledgement by the authorities that their detention was unlawful.

Helsinki Watch urges the Soviet government to make available for public review the full criminal and medical records of those on the list, provided that a good faith effort is made to obtain the consent of the subject of the psychiatric evaluation. The issue is not their sanity, but the legality of the articles under which they were arrested. If in fact they were arrested under articles of the criminal code that have since been removed, then the legality of sending them to a psychiatric institution on the basis of such an arrest must be examined.

The Alma-Ata Six

Using the accounts of former inmates, Moscow human rights activist Aleksandr Podrabinek compiled a list of six men in the Talgar clinic in Alma-Ata whose cases have recently come to light and who may still be held, possibly for political reasons. Since the men were arrested in the winter of 1986, it seems likely that they were involved in the Kazakhstan unrest of December 1986 (the first, and least publicized, nationalities blow-up of the Gorbachev era), when hundreds of young people were jailed. Very little information was available at the time or has been revealed since as to the grounds for the jailings, and it is feared that no distinction was made between violent protest and peaceful expression. A number of persons from Kazakhstan who are in labor camps are not even charged with violent acts by the authorities, but were arrested under the vaguely-worded "riot act" ("participating in mass unrest," Art. 79) or "agitation or propaganda aimed at incitement of ethnic hatred" (Art. 74).

The Talgar cases are typical of past and remaining political abuse cases in that the charge of committing a criminal "socially dangerous" act preceded the diagnosis of insanity. Information about these cases was circulated by human rights activists at the October 1989 Congress of the World Psychiatric Association in Athens as evidence of continuing abuse, but was not formally discussed. Weeks later, in Moscow, in an article reported by *Sotsialisticheskaya industriya*, a reporter asked Dr. A.S. Karpov, Chief Psychiatrist of the Ministry of Health, about the cases. Karpov responded that a "thorough check" had been made and that "no fighters for justice" either there or anywhere else had been found. (The phrase "fighters for justice" has long been used in press vilifications of dissidents.) It was not clear whether Dr. Karpov was saying that the men were not incarcerated at all, or that they were not authentic "fighters for justice." Recent reports from Moscow rights monitors indicate that the six were transferred out of Talgar to an unknown destination.

Patients Release Appeal

In March 1990 members of the Amsterdam-based International Association on the Political Use of Psychiatry (IAPUP) traveled to Moscow to follow-up on recent allegations of abuse. Human rights activists transmitted to them on March 20 a document signed on December 1, 1989, by 17 inmates of the Sychevka Hospital and smuggled out by supporters.

The document (seven typewritten pages in translation) is a careful, detailed appeal, with names, dates and exact medical terms. It describes brutality and punitive misuse of medication in Sychevka, a former special psychiatric hospital in the town of the same name in Smolensk oblast; the hospital had been transferred in January 1989 to the Ministry of Health and designated a "strict-observation" facility. The patients' testimony suggests that there are grounds for the fears expressed by human rights groups that the much-heralded transfer of hospitals from the police to health authorities did not improve conditions.

PSYCHIATRIC DETENTION IN THE SOVIET SYSTEM

There are two types of psychiatric detention in the Soviet system: 1) *civil commitment*, or involuntary placement in a regular psychiatric clinic by relatives or police without a judicial proceeding; and 2) *criminal commitment*, when an arrest on criminal charges under the penal code is followed by compulsory psychiatric examination, a determination that the defendant is not fit to stand trial for reasons of insanity, and placement by court order in a special forensic psychiatric hospital. Most of the well-known cases of political abuse of psychiatry fall into the second category. While some civil commitments are politically motivated, the abuses in these cases usually involve infringement of the rights of the mentally ill as distinct from the political misuse of psychiatry as unlawful punishment of the sane.

Thus, victims of psychiatric abuse subjected to criminal commitment are victims of an inhumane and unjust criminal prosecution system as well as of a corrupt and unreformed psychiatric profession. The overwhelming majority of the well-documented cases of political abuse of psychiatry show that the victims first came to the attention of law enforcement -- not psychiatric -- agencies because of their dissident views or actions. Those security agencies then made use of the police-controlled special psychiatric hospitals and of the compliant and corrupt psychiatric profession to rid themselves of political enemies.

NEW PSYCHIATRIC LEGISLATION

A "Statute on Conditions and Procedures for the Provision of Psychiatric Assistance" was decreed by the Presidium of the USSR Supreme Soviet on January 5, 1988, and subsequently went into effect on March 1, 1988, after ratification by the Supreme Soviet. While welcome as a signal of a high-level political decision to try to address psychiatric abuse, it is inadequate and unenforced. The law was a product of the old (pre-election) Supreme Soviet; there was no public discussion of its drafts and it was not submitted to the new Congress for review. The new regulations have been mainly beneficial to those usually found in the non-political category, that is, those arbitrarily subjected to emergency civil commitment, but not to those who are already caught up in the criminal justice system and will be subjected to criminal commitment.

The law stresses the need for humane and noninjurious care of the mentally ill under the "least restrictive custodial conditions necessary to achieve the goals of treatment" and provides for some limited appeal mechanisms in civil commitments, first by going to the chief psychiatrist, and ultimately to the courts. But it perpetuates the same kind of vaguely-worded, politically-motivated concepts found in the penal code. With regard to emergency *civil* commitments, Art. 9 of the regulations states:

A person whose actions give sufficient grounds to conclude that he is suffering from a mental disorder and which disrupt social order or violate the rules of socialist community and also constitute an immediate danger to himself or others may be subjected to an initial psychiatric examination without his consent or that of his family or legal representatives, on the orders of the chief psychiatrist....[Emphasis added.]

With regard to *criminal* commitments, the new statutes do nothing to remedy problems inherent in the code of criminal procedures. Art. 10 of the statutes states:

Should doubt arise as to the mental health of a person who engages in socially dangerous activities that come under the jurisdiction of the criminal law, he must be sent for a forensic psychiatric examination in accordance with the code of criminal procedure.

But in the Soviet system of "investigation-isolation" (pre-trial detention), the rights of the defendant are extremely limited. The code of criminal procedures has yet to be overhauled in the *perestroika* era.²

American Critique of Psychiatric Legislation

A delegation of American psychiatrists and lawyers investigated allegations of psychiatric abuse in the USSR in February and March 1989 (see below). Their July 1989 report came down hard on the weakness of legal protection under the new law:

According to virtually every patient and former patient questioned by the Delegation who had been hospitalized after findings of "nonimputability" (being mentally incompetent to stand trial) and "social dangerousness," the patients played no role in the criminal proceedings that resulted in their commitments. With the exception of one case, they never met with a defense attorney, even though one may have been appointed in the case. Of those interviewed on these points, only three patients reported seeing the investigative report, none reported being presented with the experts' findings, and all but one were tried *in absentia*.

Although the law requires biannual reviews of patients to determine the necessity for continued hospitalization,

it appears that these commissions' reviews are brief (usually less than 10 minutes) and *pro forma*, and do not involve independent decision making. As a practical matter, patients have no meaningful opportunity to challenge the hospital staff's decisions to retain them in the hospital.

Thus, although the new psychiatric regulations had been in effect for exactly a year at the time of the American mission, it appears that they were simply not being followed.

²For a detailed analysis of the weaknesses of the new legislation, see *Soviet Legal Reform and Human Rights Under Perestroika*, a Helsinki Watch report published in December 1989.

"Social Dangerousness"

The American report was particularly critical of the use of a politically-manipulated concept of "social dangerousness" in criminal commitments:

When a broad and elastic notion of mental disorder is combined with a broad conception of social danger, the predictable consequence is an expansion of involuntary psychiatric hospitalization as an instrument of social control...Any violation of the USSR Criminal Codes is apparently considered to be a socially dangerous act. Moreover, Soviet courts have apparently regarded violation of any of the "political articles" almost categorically as representing a "special danger to society," thereby warranting commitment to a Special Psychiatric Hospital.

Soviet Response to Critique

The initial written Soviet response to the American delegation's report was prepared by the USSR Foreign Ministry, not by psychiatric authorities, and focused mainly on legal issues. In it, the Soviets basically acknowledged the American findings, although they criticized their unfamiliarity with criminal code procedures and pleaded "not guilty" to the charge of deliberate, systemic political abuse. But instead of acknowledging that the concept of "social dangerousness" itself leaves a great deal of discretion for abuse (as the Americans noted), the Soviets justified their philosophy with a tautology:

in order to criminalize any act...it must be socially dangerous, i.e., it must cause or threaten to cause substantial harm to social relations. Social danger is the *material* sign of a crime. An act is not socially dangerous because it is prohibited by criminal law; it is prohibited because it is socially dangerous.

Thus, a political determination of "social dangerousness" rather than a legal determination of imminent violence may establish "dangerousness."

Code of Criminal Procedures

In response to the American critique, the Soviets asserted that the criminal procedure code, which the Americans had apparently not seen, contained protections of defendants.³ But in the process of justifying the criminal procedures, the Soviet response actually brought more flaws to light. The notion of mental incompetence (nonimputability), or not being legally fit to stand trial, is often confused with the concept of mental illness. In the Soviet context, where there is no tradition of adversarial defense, it is more often the all-powerful prosecutor who seeks a psychiatric examination as part of building his case for incarceration, rather than the weak defense attorney who seeks it in an attempt to use the defense of "not guilty by reason of insanity."

According to the code, a person is sent for compulsory examination "only if sufficient data exist to the effect that precisely this person committed an act dangerous to the public." Thus, a determination of "social dangerousness" (tantamount to a crime) is made before the trial. Therefore, just as there is no real mechanism to guarantee "presumption of innocence" in the judicial process, so there is no "presumption of sanity" for those accused of "socially dangerous actions."

As an exception to the usual ban on a detainee's access to a defense attorney before trial, the code allows access to a lawyer for those "suffering from mental deficiencies." This reveals that even before the compulsory examination has been made at a psychiatric institution, prosecutors have determined during pre-trial investigation that the defendant is mentally ill.

According to the code, the defendant may choose his own psychiatrist for the initial examination. But in practice there is no time or opportunity to do this and the offer is never made. Defendants never know when they

³The Soviet code of criminal procedures has always been difficult to procure by Soviet defendants, much less foreign scholars, so the American lapse is understandable.

will be sent for psychiatric examination and cannot prepare for it. As the code states, "The decision about scheduling the forensic psychiatric examination is not announced to a person if his condition makes this impossible" (further indication of a lack of presumption of sanity).

On paper according to the code, the defendant can challenge the official opinion of an expert commission by presenting his own list of experts. But in reality, a defendant in pre-trial detention ("investigation-isolation") has no opportunity to find such experts. Even if he were entitled to contacts, he is at a disadvantage because of the scarcity of independent psychiatrists and public information about psychiatric abuse.

Finally, there is no requirement in the code that a defendant be present at his own trial. The Soviet officials' response concedes that this flaw could be eliminated, but their proposal for reform is that a defendant be summoned to his own trial "if his psychological condition permits this."

Kuznetsov Case

The case of Sergei Kuznetsov, an independent Sverdlovsk journalist arrested in December 1988 on "slander" charges for criticizing local police and KGB, illustrates both the flaws of the new psychiatric legislation and the failure to abide by the code of criminal procedures. The new law enables prosecutors to order an examination merely on the strength of a "doubt" of a defendant's mental condition in cases where he is engaged in ill-defined "socially-dangerous activity." Kuznetsov was subjected to compulsory psychiatric examination both at the local level and at the Serbsky Institute in Moscow. His lawyers were powerless to stop it. None of the safeguards noted above in the code concerning compulsory examination were implemented in his case, although eventually he was declared "fit to stand trial." He was sentenced to three years of labor camp, and released upon appeal in January 1990.

When pressed about the Kuznetsov case at a public meeting in November 1989, Serbsky Institute officials denied knowing about his case, although he had been in their custody for more than a month.

AMERICAN PSYCHIATRISTS' FACT-FINDING MISSION TO THE USSR

For more than a year, State Department officials, psychiatrists and lawyers worked with Soviet officials to hammer out the conditions for an inspection of the Soviet psychiatric system. The Soviet side would not accept as partners one of its harshest critics, the American Psychiatric Association (APA), but did ultimately agree to an American delegation with APA members and staff. The State Department worked with the Soviet Foreign Ministry, which in the *perestroika* era had become far more liberal than the recalcitrant internal affairs and psychiatric bureaucracies and had itself become a lobby for improved practices by these agencies.

The release of political prisoners had become a major issue affecting the conclusion of the Helsinki Review Conference in Vienna, and the Soviet Foreign Ministry was eager to improve its human rights image. The U.S. State Department was also eager to better relations with the Soviet Union, but in its eagerness to encourage reform, the State Department was sometimes too quick to hail as proof of change new laws (as yet unimplemented) and promises to reorganize the psychiatric system.

The State Department, eager to clear up all outstanding cases of alleged political prisoners including psychiatric detainees, pressured the APA to add some unverified cases to its lists. Unfortunately, the State Department's list of cases included one person who had died and one who had emigrated, a source of considerable embarrassment to the American delegates, who had initially intended to use only their own verified list.

The American mission arrived in Moscow in February 1989. For three weeks, it conducted extensive examinations and interviews of patients, officials and activists, then continued its work at home with thorough reviews and evaluations. There was an unfortunate delay, however, in the publication of its report, which did not appear until July 1989. A number of factors contributed to this delay: failure to designate rapporteurs in advance; internal disagreements on how to interpret Soviet reality and encourage reform; pressure from the State Department (to downplay quite critical conclusions) and technical problems in the writing and production of the report.

To make matters worse, the State Department had obtained the APA's agreement not to speak to the press

about the mission until the report was finished. Alarmed at reports that Soviet officials were falsely claiming that the mission had given the Soviets a clean bill of health, some delegation members began to make frank statements to the press (for which they were sharply reprimanded). Others spoke off the record to small groups of concerned professionals, but their efforts were unreported and press attention to the issue waned. The delay of the report had several disastrous effects. Victims of abuse remained in detention during this period, their suffering magnified by the fact that the foreign observers were not publicly and vehemently denouncing their persecutors. Moreover, because the report was not published until July, the leadership of the World Psychiatric Association was able to engineer a provisional membership for the Soviets at a WPA executive committee meeting held in Grenada in May 1989. Many of the WPA's individual member societies held their annual meetings before the summer breaks of 1989, and thus voted on the issue of Soviet re-entry *before* they had seen the American report.

The report, published in July, was a thorough critique of the Soviet psychiatric system. It unequivocally condemned certain types of abuses, including political abuse, characterizing them as systemic. The American doctors did not find, nor did they specifically look for, new cases of criminal commitment for political reasons; their task was to review old cases on their list. They did find one new case of civil commitment for political reasons.

Case Analysis

From the original list of 37 patients that was presented to the Soviets months before the mission, four were removed because of death, transfer to regular imprisonment, emigration to the U.S. or insufficient information.⁴ Of the remaining 33 on the original list, 17 were discharged either before or during the delegation's visit -- the single most graphic acknowledgement that people were being detained unjustly and that political abuse was systemic.

Of the 27 cases that the team ended up with when it began its mission in February 1989, 15 were in hospitals. The delegation found that 9 of the 15 had severe psychotic disorders⁵ and 5 did not warrant a mental disorder diagnosis according to U.S. or international criteria. The fifteenth man in the group, Alexander Ilchenko, a recent admission, diagnosed as schizophrenic following an intense period of human rights and political activity, was also found to have no mental disorder; it was later confirmed that he had been released the day after the delegation departed. But the five who were found sane remained in detention months later. Four were finally released at the time of the World Psychiatric Congress in October; the release of the fifth person has not yet been confirmed. The Americans also interviewed some patients not on the list who approached them spontaneously; they found that some of them were common criminals who should have been in labor camps, not psychiatric detention.

The team cautioned that its field sample was quite small for a country as large as the USSR. But it found that the majority of the 27 patients interviewed, including both in-patients and out-patients, were in fact detained for political reasons, thus proving that there was systemic political abuse in the past. While the mission was neither able to prove or disprove continuing politically-motivated psychiatric abuse, it was adamant about the fact that the system had not been reformed so as to prevent recurrence of abuse.

Findings

The American psychiatric delegation reported:

- o There were instances of misdiagnosis including rulings of insanity in cases of sane persons who

⁴ The man who died, Mikhail Ivankov, was one of the crew of the *Tuapse*, a Soviet ship captured by the Taiwanese in 1954 when the Soviets tried to run the blockade on China. He was released to the U.S., where he applied for political asylum, but then he decided to return to his family. As soon as he entered the USSR in May 1956, he was arrested under the old Art. 58 (anti-state crimes) and held in psychiatric detention because he was a witness to an international incident that the Soviets denied took place. He spent 34 years in hospitals before his death at the age of 68.

⁵ These were mostly names from the State Department list.

- o had committed common crimes.
- o Training of medical personnel is poor and psychiatric facilities are woefully inadequate.
- o Soviet psychiatry is biologically based and methods such as psychoanalysis and individual and group therapy are poorly developed; emphasis is on treatment by drugs, but they are outdated and used improperly (see Sulfazine).
- o Discredited theories like "creeping schizophrenia" are still widespread.
- o Soviet psychiatry lacks well-disseminated ethical standards and is "punitive," i.e., those who are believed to be mentally ill, or who are in fact mentally disturbed, are punished merely because they are sick. Beatings, cruelty, excessive injections of neuroleptic drugs, suspension of privileges, and other abuses are rampant.⁶
- o Although the much-publicized transfer of 11 of 16 special psychiatric hospitals from the jurisdiction of the Ministry of Internal Affairs to that of the Ministry of Health was partially made, personnel, physical plants and practices remain unchanged. The name has been changed from "special hospital" to "strict observation hospital." Medical personnel retain their military ranks in the Ministry of Internal Affairs (MVD) and still function within a command-administration structure.
- o Legal safeguards and appeals mechanisms are inadequate or not enforced, particularly in criminal commitments.

Based on the report's conclusions, the APA voted in September not to advocate readmittance of the Soviets to the World Psychiatric Association, which was to decide this issue at its triannual congress in October. It said that the Soviet psychiatric leadership had not disassociated itself from past abuses nor condemned ongoing abuse. It set strict conditions for re-entry, including accountability for past abuse and the establishment of procedures to prevent new abuse.

American Report Not Published In the USSR

Although Soviet officials promised that the American delegation's report would be published in Russian in the Soviet Union, it was not. Even the summaries in news stories were distorted. Officials made duplicitous comments that the American mission's report was positive and that there were only "slight differences in diagnostics." Soviet psychiatrists promised that in a future issue of the *Korsakov Journal* (of psychiatry) they would publish the "conclusion" of the American experts. Unfortunately, this left unclear whether the entire report or just the conclusions would actually be published. As of this writing, the report has not appeared.

SOVIETS RE-ENTER WORLD PSYCHIATRIC ASSOCIATION

Background

Beginning in the late 1970s, concerned Western psychiatric societies in the World Psychiatric Association (WPA) demanded that the official government-controlled Soviet psychiatric society account for the mounting evidence of psychiatric abuse. Westerners submitted lists of patients believed to be sane political dissenters and asked for the full explanation and documentation that would justify the hospitalization. After prolonged negotiations, the Soviets only supplied some superficial case information. In January 1983, rather than face impending expulsion measures from the WPA, the Soviets withdrew from the association, citing a "slandorous campaign" in the WPA "alleging that psychiatry was being abused in the Soviet Union for political purposes." They accused the APA and the Royal College of Psychiatrists in Britain of playing an "active role" in the campaign.

Despite *glasnost*, which made it possible for critical coverage of psychiatric abuse to appear in the Soviet press, the official Soviet psychiatric society remained impervious to change. In January 1988, challenged by the

⁶ One woman doctor stated openly to the Americans that she punished a patient for singing in the shower by giving him an extra injection of a neuroleptic drug.

International Helsinki Federation for Human Rights about past and continuing psychiatric abuse, Dr. Georgy Morozov, chief of the Serbsky Institute, claimed that the WPA's allegations had been unfounded and that it had been "discriminatory" with regard to the Soviets. Unless the WPA introduced a more "democratic" voting system, Dr. Morozov declared, the Soviets would not seek re-entry. Dr. Morozov implied that the WPA leadership was seeking Soviet readmission, but that the Soviets still found the WPA attitude "unsatisfactory." Health Ministry officials said they would not reenter until the WPA apologized for "totally false accusations against Soviet psychiatrists."⁷

In the next year-and-one-half leading up to the October 1989 meeting of the WPA, there was a series of secret negotiations with the WPA leadership and several political maneuvers; the All-Union Society of Psychiatrists and Narcologists (AUSPN) succeeded in getting the issue of its readmittance onto the WPA Congress agenda, and was supported by the leadership, which was sympathetic to its readmittance. The issue at the October 1989 WPA Congress was not readmission but whether or not the Soviets would be readmitted with *conditions*; even those national societies that opposed readmittance had agreed that the Soviets could re-enter if they met certain conditions.

Independent Psychiatric Association (IPA)

While the AUSPN was trying to re-enter the WPA, an Independent Psychiatric Association (IPA) was formed in 1988 in Moscow, made up of psychiatrists, health professionals, ex-victims and human rights activists dedicated to exposing abuse. The IPA operated in private apartments and examined individuals who were seeking independent opinions in order to have their names removed from the register or to avoid psychiatric detention. In August 1989, an apartment of the IPA was raided by unknown persons who did not steal valuables but ransacked files and made off with drafts of documents that the group had been preparing for the WPA Congress. The group had hoped to be accepted into the WPA and thus to provide a counterweight to the compromised official body. But IPA members were denied visas by Soviet authorities to travel to the meeting in Athens. They were represented there instead by Dr. Semyon Gluzman, not an IPA member but a Kiev psychiatrist who had been imprisoned and exiled for his outspokenness about abuse.

Official Psychiatric Society (AUSPN)

The official Soviet delegation to the WPA meeting consisted of seven psychiatrists, including Dr. Pyotr Morozov, chief of foreign relations of the All-Union Society of Psychiatrists and Narcologists (AUSPN); Dr. Nikolai Zharikov, President of the AUSPN, a long-time apologist for political psychiatric abuse and discredited theories and treatments; Dr. A.S. Karpov, the Chief Psychiatrist of the USSR Ministry of Health, who had denied the existence of systemic abuse to the Western press; and Dr. Marat Vartanyan, a non-psychiatrist bureaucrat in the All-Union Scientific Mental Health Center who has handled foreign liaisons for many years and who was a notorious apologist for the practice of detaining dissidents. (Vartanyan appeared to have the backing of high-ranking government officials, since he had managed to elude a Party inquiry into charges against him for plagiarism and corrupt financial practices.)

Since all top-ranking Soviet health officials are assigned to their posts through the Party nomenclature system, the Soviet delegation could hardly make a pretense of independence. Although Dr. Zharikov was theoretically the head of the delegation, a skilled Soviet government negotiator, Yury Reshetov, Director of Human Rights and Humanitarian Affairs under the Ministry of Foreign Affairs, in fact ran the meetings. Thus the delegation's government-dominated composition became evident by the presence not only of health ministry officials but of Reshetov. But Reshetov, a Foreign Ministry liberal from a new *glasnost*-era department keen on eliminating abuses, was actually more forthcoming and cooperative than the psychiatric old guard from the era of "stagnation" whom he was representing. The fact that the Soviet psychiatrists, including their delegation head, could not seem to do their own talking was not lost on the Western delegates.

⁷From report on meeting of IHF with Soviet psychiatric and health officials, *On Speaking Terms: An Unprecedented Human Rights Mission to the Soviet Union*, Vienna, March 1988.

Official Society Acknowledges Abuse

Concerned that the official Soviet delegation would give only one side of the story, four Western societies proposed a debate between the AUSPN and Dr. Semyon Gluzman. After prolonged and troubled negotiations, something resembling a debate rather than a hearing was convened. Dr. Gluzman made extensive use of official Soviet press commentary in condemning psychiatric abuse and the failure of reform. A crucial element of his critique came from the official Party ideology magazine *Kommunist*, which had condemned the crippling of lives of defenseless people and had noted the IPA's concern about vaguely-defined criteria for examination such as the "violation of the norms of socialist community." Dr. Gluzman also noted an *Izvestiya* attack of diagnoses made under pressure over the telephone and the confession published by *Ogonyok* of a ranking KGB official, Col. Karpovich, who admitted to participating in the psychiatric detention of sane dissidents. Dr. Gluzman pointed out that neither the Ministry of Health nor the Procurator had investigated any of the numerous press allegations of such hospitalizations.⁸

Dr. Gluzman attacked the silence of the Soviet profession concerning its critical exchanges with Western doctors and its failure to publish the American delegation's report or even the Soviet response (translated and published by the Americans) which he said was still considered a "classified document" by the Ministry of Health. Proof of the systemic nature of political abuse can be found in the testimony of lesser-ranking psychiatrists, he said, particularly personnel in the special hospitals, who coined the term "wall therapy" to describe the non-treatment of political patients by merely keeping them inside four walls.

In response to Dr. Gluzman's presentation, the Soviet doctors vehemently denied any political abuses. Reshetov, under pressure, allowed that "under previous political circumstances cases of abuse of psychiatry for non-medical purposes *could have taken place*" (emphasis added). This was apparently as far as the official line could go, and it was reiterated thereafter by Soviet officials. After heated, behind-the-scenes arguments, Western doctors gave Reshetov the choice either of acknowledging the political abuse of psychiatry or of not being readmitted to the WPA. Reshetov ultimately modified the statement as follows: "that previous political conditions created an environment in which *psychiatric abuse occurred for non-medical, including political, reasons.*"

Couched in the passive voice typically employed by the Soviet bureaucracy, there did not seem to be any person or profession that had committed the abuses -- they had just "occurred," like the weather, and it was not clear *who* was responsible for the "political conditions" or "environment" that had created them. Nor was there any guarantee that these unspecified "previous political conditions" would not return in the future. The use of the phrase "non-medical" was also misleading; it seemed devised to create the impression that wrongful incarceration was negligence, not deliberate policy. "Political abuse" was thus diminished as a smaller problem within this broader clinical category.

In addition to an official Soviet acknowledgement of abuse before the official vote, several doctors requested a letter of apology to the APA and Royal College, acknowledging that the January 1983 Soviet resignation statement was false in claiming that Western allegations of abuse were "slanderous." The "slander" charge, incidentally, was the most common charge made in the pre-*glasnost* era to all allegations of abuse and was also used as a criminal charge against outspoken critics of the regime who wound up in prison or in psychiatric detention.

A letter by the AUSPN, signed by Dr. Pyotr Morozov and dated October 17, said that it "unreservedly withdrew" its 1983 statement accusing the Americans and British of slander and acknowledged that it had been "emotional and incorrect." The letter was not incorporated into the final resolution, but it was crucial in swaying the British vote in particular.

Official Society Conditionally Accepted

When the motion for consideration of the Soviet reinstatement came up on the agenda, Dr. Pyotr Morozov read a statement acknowledging political abuse. Prof. James Birley of Britain explained that in fact the statement

⁸In February 1990, before the March 4 elections in the RSFSR, the independent news service Postfactum ran a story about voters' protests against the candidacy of three Leningrad psychiatrists who were under investigation for abuse.

had not been drafted by the Soviets themselves but was the product of negotiations between Westerners and Reshetov, without the Soviet psychiatrists present. Tired from nine hours of debate and pressured to conclude by the WPA leadership (who said that the translators would be leaving soon), members accepted a compromise motion proposed by Dr. Felice Lieh Mak of the Hong Kong society: "full membership with conditions," a phrase understood by many to mean "conditional full membership."

The motion included the Soviets' statement "that previous political conditions created an environment in which psychiatric abuse occurred for non-medical, including political, reasons" and stipulated that "victims of abuse shall have their cases reviewed within the USSR and also in cooperation with the WPA and the Registry (i.e., practice of registering out-patients that restricts their rights) shall not be used against psychiatric patients." The Soviets agreed to submit a WPA Review Instrument on psychiatric abuse, established in 1977 but never really implemented. Further, the Soviets went on record supporting "the changes in Soviet law with full implementation relevant to the practice of psychiatry and the treatment and protection of the rights of the mentally ill." On the question of disassociating themselves from the current corrupt leadership (extremely difficult for them to do, given that they were it!), the best that the WPA could extract from the Soviets was a statement that "the AUSPN encourages an enlightened leadership in the psychiatric professional community."

The conditions of the readmittance were:

1. A site visit by the WPA Review Committee to be made within one year.
2. If the report indicates that psychiatric abuse for political purposes continue, a special meeting of the General Assembly be convened to consider the suspension of membership.

This conditional reacceptance was passed by a wide majority: 291 votes in favor, and 45 against, with 19 abstentions. Dr. Anatoly Koryagin, an independent Soviet psychiatrist who had been imprisoned for his defense of psychiatric prisoners and stripped of his citizenship after emigrating to Switzerland, withdrew from membership in the WPA, saying that he did not want to be grouped in one organization with Soviet "criminals."

Independent Psychiatric Association Unconditionally Accepted

Although it had not been able to attend the Athens meeting, the IPA was voted into the WPA unconditionally as a full member, with only six nays. But the official Soviet press misrepresented its status, calling it "provisional" until the next General Assembly convened in three years. The AUSPN has persisted in this misrepresentation in its statements.

The media attention to the Soviet re-entry issue served to put enormous pressure on the IPA, a fledgling group of medical professionals and activists who have been trying to fight abuse and to end the isolation of Soviet psychiatry from the outside world. The IPA was overwhelmed by former psychiatric patients seeking independent examinations. The IPA went through several incarnations and changes in leadership in the process. The saga of its internal troubles and external battles with authorities was indicative of the difficulties involved in a confrontation between a large, well-funded, efficient, but abusive institution and a small, inexperienced but independent and honest group. The IPA had trouble maintaining consensus and consistency within the group, which included some former patients, activists and professionals, all with different agendas. In October, the IPA decided that only psychiatrists should have a deciding vote in association matters and decided to expel some members.

The trouble within the group was a signal for officials to move in for the kill. Chief Psychiatrist A.S. Karpov from the Ministry of Health (who had been on the Soviet WPA delegation) approached two expelled members, and then took advantage of the absence of the elected president, Dr. Yury S. Savchenko, to convene a session of a mutinous IPA. He proceeded to hold a vote of no-confidence in the president for "politicization of the IPA position in Athens and the violation of the rights of non-psychiatrists in the Charter," and engineered an election of a new president, using the votes of non-members and psychologists (as distinct from psychiatrists), to elect a psychologist.

But the official manipulation of the independent group was so transparent that in late December, the IPA convened again to expel those who had attempted the coup in league with officialdom. Some members were

expelled for violating statutes, not attending meetings or paying dues; one was expelled for "provocative declaration of the presidency with the aim of changing the basic direction of the Association's activity and endangering its independence" and another "candidate-member" of the group was expelled "for deceit and intrigues within the Association."

Confusion of Two Groups

Another way that authorities sought to discredit the IPA was by using every opportunity to confuse it with another purportedly independent group, the Independent Psychiatric Research Center, led by Dr. Mikhail Tsaregorodtsev, which seemed to have been created (it was believed with KGB help) to distract Westerners who wanted to see alternatives emerge to the official AUSPN. The American psychiatrists' delegation that visited the USSR in March 1989 reported its suspicions that Dr. Tsaregorodtsev was engaged in confusing critics of psychiatric abuse. Official Soviet delegates at the WPA Congress had continually confused the two groups (although they knew better) in order to mislead Westerners. True, Dr. Tsaregorodtsev had made critical comments about the psychiatric bureaucracy that were quoted in the Western press and *Moscow News*. But this seemed part of the classic disinformation method, whereby at least part of the information must appear to be genuine.

Soon, the Soviet press alleged that Dr. Tsaregorodtsev had dubious scientific credentials and a record of violent crime and thus raised doubts about all independent efforts. Evidence was produced to show that Dr. Tsaregorodtsev had been arrested in 1975 and 1978 for rape and attempted murder, and was released after a few months as a result of close ties with Soviet authorities.

A False IPA is Legalized

After the IPA and the IAPUP exposed attempts to divide the IPA and to misrepresent it as a "provisional" member of the WPA, Soviet health officials helped form a break-away group with some former victims of abuse who had been expelled from the IPA, and declared this organization to be the "genuine" IPA that had been unconditionally accepted into the WPA. Not surprisingly, this group was supported by the authorities and given legal status, while such status continues to be denied to the original IPA under the leadership of Dr. Yury Savenko.

In addition, a new Association of Victims of Psychiatric Repression was formed in Moscow by Dr. Tsaregorodtsev and members of the break-away group, including Konstantin Karmanov and Dr. Oleg UKhov. IAPUP has publicly disassociated itself from the false groups.

OFFICIAL SOVIET RESPONSE

Doubts arose almost immediately about the sincerity of the Soviet delegation which, upon returning, ducked questions about psychiatric abuse from a television crew at the airport. Speaking to the official Soviet press, the delegation assessed its readmittance to the WPA as an unqualified triumph. No mention was made that it was *conditional* or that it involved a review mechanism to assess current practices.⁹

In various interviews in October, Dr. A.S. Karpov, Chief Psychiatrist of the Ministry of Health, said that "[Soviet psychiatrists] have no secrets" and that "if there are doubts, anyone is welcome here to look into the matter."¹⁰ He also expresses his conviction that "the result will be an end to the business about Soviet dissidents languishing in psychiatric hospitals."¹¹ He cited the February 1989 visit by American psychiatrists as an example of

⁹"A Credit of Trust," by A. Nikolayev in *Izvestiya*, October 20, 1989, was typical of such articles after the WPA Congress that failed to mention conditions. *Moscow News (MN)*, which has a small Russian-language circulation, and *Meditsinskaya gazeta (MG)*, which has mainly a professional readership, were the only publications to describe the conditions. Failing to get an admission of abuse and conditions from Soviet officials, in October *MN* printed a contribution from a Radio Liberty staffer, Wayne Brown, to prove its point that the Soviet press had hushed up crucial details about the WPA readmittance. *MG* waffled somewhat in describing the conditions by calling them "stipulations that accompanied the vote regarding a follow-up mission" ("Behind the Scenes of Events: USSR Once Again Member of WPA," *MG*, special from V. Malyshev of TASS.

¹⁰TASS, October 31, 1989.

the Soviet "open door" policy and lied about the findings of the U.S. group:

A group of Americans visited the country in February-March this year. They also had their own list of names. Thirty people were examined. There were divergences in diagnoses and at times substantial ones but they did not find any person put into hospital for political reasons.¹²

In an interview with TASS, Soviet delegate G.N. Milekhin, secretary of the AUSPN, charged Western critics with trying to "discredit Soviet psychiatrists by trading in unverified facts."¹³ One writer in *Meditinskaya gazeta* resorted to old-style propaganda, speaking of "certain circles" that "worked over" delegates with "defamatory attacks" which "placed in doubt the changes underway in the USSR."

When quizzed by *Izvestiya*,¹⁴ USSR Health Ministry Chief Psychiatrist A.S. Karpov explained that the Soviets had withdrawn from the WPA in 1983, because it had adopted a course of "politicizing psychiatry" and "trying to show that psychiatry was being used as an instrument of political tyranny." When pressed by the *Izvestiya* correspondent, who asked if the Western charges were unfounded, Karpov replied using the prepared position that had been repeated by Reshetov:

I believe that for many years the conditions existed in our country whereby it was possible to place people in psychiatric institutions for non-medical reasons--political reasons included -- and that some such cases did in fact occur. But as a psychiatrist with 20 years' experience, I maintain that these cases were not a system and that the overwhelming majority of people in our hospitals were indeed sick people.

When confronted by *Moscow News*, Gennady Milekhin also reiterated the new Party line, recalling "the atmosphere that prevailed in our society in the past" and "some of the articles in the Criminal Code that punished dissent." Milekhin denied systemic abuse, although he did acknowledge that there were "many incompetent psychiatrists" who "regarded dissent as a manifestation of mental disease."

Soviet authorities also made an effort to rewrite the WPA resolution after the fact. Prof. A. B. Tiganov, a delegate to the WPA and representative of the AUSPN, telefaxed a letter to the leadership on October 24, urging that the word "abuse" be rewritten in the plural (which would have the effect of implying there were some "cases" rather than a systemic problem); that the word "political" be removed from the phrase "political conditions" and that the verb "occurred" be changed to "may have occurred." Prof. Tiganov also asked to insert phrases indicating that the Soviet society was inviting the WPA Review Committee to come to the USSR; that a new law was being passed on mental health; and that one million patients had been removed from the register (despite recent public statements from his own society that 736,000 had been removed). Such amendments would have implied that the USSR was inviting the WPA to visit, thus sidestepping the fact that its readmittance was conditioned upon the WPA gaining access to the USSR for an inspection.

Efforts to rewrite the resolution were rebuffed by the WPA leadership and the resolution stands.

Soviet Review Commission Established

Since the 1970s, independent psychiatrists and outside observers have called for the formation of a professional, independent board within the USSR that could assess charges of psychiatric abuse and review

¹¹*Izvestiya*, October 27, 1989.

¹²TASS, October 31, 1989.

¹³Reported in *Meditinskaya gazeta*, October 20, 1989.

¹⁴October 27, 1989, "The USSR and World Psychiatry."

controversial cases. Indeed, activists such as Dr. Anatoly Koryagin formed a small official committee in the 1970s called the Working Group to Investigate the Abuse of Psychiatry for Political Purposes, but all its members, including Dr. Koryagin, were imprisoned.

At the WPA Congress in October 1989 and later in interviews with the Soviet press, the AUSPN announced that an ethics commission was being formed, but gave no details. Then, in December 1989 Soviet officials announced¹⁵ that a psychiatric review commission, the "Commission to Prevent the Use of Psychiatry for Non-Medical Purposes," had indeed been formed -- created by the AUSPN, which cast some doubt about its independence, despite assertions that "the Commission is not under the Ministry of Health, Party or state agencies. It reports on its work to the presidium of the board of the All-Union Society of Psychiatrists." But the AUSPN itself defers to the Ministry of Health and other government officials, as was vividly illustrated at the WPA Congress. The address of the commission and the names of its members are still not known; it appears to be a distortion of an idea that has long been promoted by independent activists and doctors in the Soviet Union and abroad.

In The Soviet Parliament

The Soviet parliament has not yet held hearings on the abuse of psychiatry or debated drafts of better laws, although some deputies have shown concern. The 400-strong Inter-Regional Deputies' Group (IRG), essentially the liberal parliamentary opposition within the 2,250-member Congress of People's Deputies, has been concerned about psychiatric abuse and has supported the IPA. At its constituent meeting in July 1989, IRG members heard testimony from an IPA member and individual deputies have made efforts to handle the thousands of complaints received from former mental patients in their constituencies who are still on the register.

One welcome sign is the announcement by Deputy Yury Popov, a medical doctor, that he made a proposal at the Second Session of Congress (in the fall of 1989) to create an extra-departmental commission under the Supreme Soviet to investigate abuse and continue work on legislation dealing with psychiatry in order to bring it into compliance with the Vienna Accords.¹⁶ Unfortunately, his resolution was not put to a vote, and it is uncertain whether it will be taken up again in the next session of Congress or how long such a commission would take to start functioning.

Deputy Fyodor Burlatsky, Chair of the Supreme Soviet's Committee on *Glasnost*, Citizens' Appeals and Human Rights, appears to view the job of reforming psychiatry as well underway. In an article in *New Times*, Burlatsky acknowledged abuse as a feature of the late Khrushchev period and especially the Brezhnev period, but said "several years ago we began to put the situation in our psychiatric clinics right." Burlatsky welcomed the return of the Soviets to the WPA as an "incentive" and said it would now become a "matter of honor for Soviet psychiatrists to release from clinics all the people who were placed there by mistake or with malicious intent." Although he proposed tightening legislation to protect citizens from abuse by introducing a system of court-appointed experts to review cases of commitment appealed by relatives, he has not actually put a bill on the floor.

DEBATE WITHIN THE SOVIET PSYCHIATRIC PROFESSION

Although Soviet press coverage in October and early November failed to mention that the Soviet re-entry into the WPA was based on conditions and on the acknowledgement of past abuses, word of what had actually happened travelled through the professional community, thanks to *Moscow News* and Western radio broadcasts over Voice of America and Radio Liberty.

An Evening With Georgy Morozov

Dr. Georgy Morozov's name has been the one most associated with psychiatric abuse in the USSR. Since 1957, he has been Director of the Serbsky Institute for Forensic Psychiatry, the chief institution in the USSR

¹⁵Drs. Zharikov and Lukacher, *Meditinskaya gazeta*, December 20, 1989.

¹⁶*Meditinskaya gazeta*, November 19, 1989; *Moscow News*, no. 6, 1990.

responsible for implementing state policies related to the criminally insane, which has included declaring sane dissenters insane. For many years, Dr. Morozov has propagated the original Soviet theory conceived by the late Dr. A. Snezhnevsky of a disease known as "creeping schizophrenia," a latent mental disease. Some of Dr. Snezhnevsky's followers have claimed that the symptoms of this disease include "dissemination of slander," "exaggerated religious belief," and "excessive valuation of the West." Dr. Morozov is personally responsible for signing incarceration orders for some well-known political intellectuals jailed in mental hospitals in the 1960s through the early 1980s. Dr. Morozov was head of the All-Union Society of Psychiatrists and Narcologists until October 1988, when he was succeeded by his trusted deputy, Professor Nikolai Zharikov. Dr. Morozov was subsequently chosen as a member of the Moscow City Committee of the Communist Party, which gives him power to influence all Moscow psychiatric facilities.

On November 9, 1989, a public event featuring Dr. Morozov was organized by the liberal Cinematographers' Union at Moscow's House of Cinema. The leaders of Soviet psychiatry, buoyed apparently by the WPA vote, agreed to face the public for the first time in an open discussion of Soviet psychiatric practices. The event was designed not just to deal with the controversial issue of political abuse, but to give a better profile of psychiatry in general, which has been a distrusted and little-understood profession for the Soviet public at large. Freud's writings were banned for many years, and an effort by a cooperative to publish his works was scuttled even after *glasnost*. Few Western scholarly or popular books on psychiatry are available in the Soviet Union. Soviet psychiatry is predominantly biological, that is, chemical-based. Dr. Morozov and his colleagues work from a construct in which birth defects or mental retardation, neuroses, schizophrenia and mental impairment caused by injury or occupational hazards are part of one continuum, explained in the Marxist materialist fashion and cared for in one government system, mainly through the administration of drugs. This had led in some cases to serious injury to both mentally ill and sane people.

Dr. Morozov began by noting that there were at least five million people registered as mentally ill in the USSR, and that the five million remained after the removal of about 736,000 from the psychiatric registers. Of the five million, he said that about 320,000 to 340,000 persons were presently institutionalized in regular psychiatric hospitals or in special hospitals for the criminally insane.

Dr. Morozov praised the January 1988 regulations (see New Psychiatric Legislation), and described the Soviet readmittance to the WPA in glowing terms, without referring to any controversy over the vote, to the letter of apology that was required, or to the conditions for future review that were attached to the resolution. Dr. Morozov reiterated the "open door" theme, pointing to visits by various sympathetic psychiatrists from the West who had allegedly praised Soviet facilities and practices in the past. As for the report of the March 1989 American delegation ("and who could be more critical of us than the Americans!"), Dr. Morozov claimed that the Americans had merely entertained "some doubts" about the diagnosis of some patients, at which point several members of the audience protested publicly, pointing out that the Americans had found that the majority of the group interviewed did not require psychiatric detention. When audience members shouted out that it was a scandal that the Americans' report was still not published in the USSR, Morozov diverted attention by discussing the Soviet response to the report, which has also not been published.

Several former victims of psychiatric abuse, agitated at the misrepresentation of the facts, tried to come to the microphone and were removed from the hall. When questioned about the well-known case of biologist Zhores Medvedev, the twin brother of Supreme Soviet Deputy Roy Medvedev, who was jailed in a psychiatric hospital for political expression, Dr. Morozov acknowledged that he had sat on the experts' commission that determined Medvedev's sanity. He claimed that he had registered the single dissenting opinion to the decision to incarcerate Medvedev, yet still did not condemn his colleagues, nor did he say that they had been under pressure. The commitment of Medvedev is recognized at least by some psychiatrists who have written for *Moscow News* and other liberal papers as unethical and illegal.

Sulfazine

Several questions at the Morozov evening dealt with sulfazine, a painful, debilitating drug made from a peach pit extract, which induces fever and convulsions and is used to treat schizophrenics, alcoholics and drug addicts. It has not been used in the West in more than 30 years because of dangerous side-effects and dubious therapeutic value, but to the shock and distress of former patients in the audience who had suffered from its

treatment, the Serbsky doctors calmly indicated that it was useful in certain cases. They acknowledged, however, that perhaps the patient or his or her relatives should give consent for its use. This contradicted recent statements by RSFSR Health Minister A. Churkin, who had claimed to the American delegation in March 1989 and to the WPA that a health ministry directive had been issued banning the use of sulfazine.

Three Camps

In late November and December, after the evening with Serbsky officials, a debate by psychiatrists began in the pages of *Meditsinskaya gazeta* (MG). It was the first time that members of the profession itself, rather than investigative journalists, had confronted the question of abuse in the press. The articles revealed the ignorance in which the Soviet psychiatric community was still being kept, but also indicated that there were forces trying to fight the bureaucracy. The editors of MG belatedly admitted that conditions had been set for the readmission of the Soviets to the WPA, and remarked that "perhaps not all readers knew" that the AUSPN had publicly acknowledged that "the previously existing political conditions led to the abuse of psychiatry for non-medical, including political purposes."

The factions in the controversy might roughly be divided into the "moderates" (establishment liberals eager for some *perestroika*); "radicals" (independents pushing for a real transformation); and "conservatives" (agreeing to make some cosmetic changes and promises).

The Moderates

Prof. A. Lichko, a scientist, and Yury Popov, a deputy to the new Congress of People's Deputies with a doctorate in medical science, noted that the 1983 decision to withdraw from the WPA had been made by a small group in the AUSPN presidium and had not involved the membership at large, which consists of the Soviet Union's 20,000 psychiatrists.¹⁷ Drs. Lichko and Popov believed that the bureaucrats had left in fear of a scandal, because of a real threat that the WPA would find:

...that some of our members, including some famous scientists, had pronounced dissidents as ill with schizophrenia during forensic psychiatric examinations and then, without proof of their guilt in court, doomed them to an indefinite term of compulsory treatment in the special hospitals of the Ministry of Internal Affairs.

The doctors noted that the AUSPN leadership had tried to keep the subject quiet, although Dr. Marat Vartanyan, who had been in charge of the society's international liaison, always "thundered about malicious slanderers" in the West.

But "suddenly this year," the doctors wrote, "almost none of the dissidents were left in the special psychiatric hospitals. Only those whose who were mentally ill, whose political judgments were completely delirious, remain." The doctors claimed that "In the spring of this year, [Americans] visited our special hospitals and had the opportunity to become convinced with their own eyes that there are no mentally sane dissidents there at all." But the two doctors also revealed their basis for such a faulty conclusion:

There is something that surprises and alarms us. Our American colleagues have long since left. Even before the congress in Athens, they sent their conclusion [report] to the World Psychiatric Society and the leadership of our society. But to this day, the conclusion is being held in secret from Soviet psychiatrists who are rank-and-file members of the society. Rumors are going around that the report contains the premise that our very system of forensic psychiatric examination and the organization of compulsory treatment is structured so as to allow broad latitude for abuse and arbitrariness.

¹⁷"Psychiatry at the Crossroads," November 19, 1989, MG.

The moderates asked the right questions, wondering why "the new winds of *glasnost* and *perestroika* don't seem to reach the AUSPN." If the abuses had taken place, then "by whom, against whom, and when were they committed?" They worried about the credibility of the profession:

The silence places a blot on all of Soviet psychiatry, and casts a shadow on every doctor. Until a complete clarification is made, many patients will be set against their doctors. Sometimes dishonest journalists chasing after sensations foster this.

The moderates accused the AUSPN of "existing as a satellite of the Ministry of Health.

Without its permission, it is impossible to convene a conference or symposium, or send its representatives abroad, or publicly give views on current issues." But they spoke scornfully of the independent group (the IPA), expressing wonderment that it was accepted into the WPA "despite its small numbers" and saying that this association considers one of its chief purposes to expose discredited psychiatric theories and abuses in Soviet psychiatry.

The Radicals

Dr. Yury Savenko, President of the Independent Psychiatric Association, both polemicized with the moderates, whom he believed had disparaged his organization, and attacked the unreformed conservatives.¹⁸ He cited a conversation with L. A. Krasavin, Chief of the Department on Psychoneurological Care of the Ministry of Health, indicative of what he called "the priority of the institutional bureaucratic position over the citizen's [position]": "What abuses are you talking about? There were no abuses. There was the following of certain directions in a certain period." He also condemned the more widespread official version voiced by A.A. Churkin, A.S. Karpov, and G. V. Morozov, "that there were no abuses, but there were isolated individual mistakes."

This is said as if it is not understood or forgotten that in a totalitarian system, in an atmosphere of fear and hypocrisy, regardless of the level of awareness, everyone easily understood what was needed and required by the bosses, a half-hint or a euphemism was enough. Thus the agitated and outraged position of "we weren't directly ordered" is more appealing than the honest position of L. A. Krasavin: "When they ordered us to, we 'cleaned up' the city before important guests would arrive. Of course, you had both, and of course the majority of people didn't need to be ordered."

Dr. Savenko also identifies a third response regarding allegations of abuse: (based on conformity to the monopolistic Snezhnevsky school) "there were no abuses, no mistakes, everything was really schizophrenia 'because we were taught that way.'" He charges the moderates with "blasphemy" for suggesting Snezhnevsky was not responsible. Since he knew the social consequences of his theory, not only did Dr. Snezhnevsky destroy the books of authors with any positions differing from his, but he also personally took part in declaring Zhores Medvedev insane. Dr. Snezhnevsky inherited his thought from Dr. A. G. Ivan-Smolensky, whom Dr. Savenko described as differing little from Stalin's discredited geneticist Lysenko. In the view of Dr. Savenko, the "independent" department of psychiatry founded by Dr. Popov at the head of the Leningrad Institute of Physicians' Training was suspect because the director of that institute, Dr. P. G. Smetannikov, was said to be a follower of Dr. Ivanov-Smolensky.

Dr. Savenko concluded by exposing the efforts of the AUSPN and the Ministry of Health's All-Union Mental Health Center to displace the IPA by creating an "independent commission to ensure maximum *glasnost* in cases of the use of psychiatry for non-medical purposes" and the "Associations of

¹⁸*Meditsinskaya gazeta*, November 19, 1989.

Aid for the Mentally Ill" involving prominent scientific and cultural figures, which Dr. Savenko claimed, were in fact pseudo-independent groups under official control.

The Conservatives

In their plea for understanding¹⁹, the conservatives tried to dispute Dr. Popov's claim that the decision to withdraw from the WPA was an effort to avoid facing allegations of abuse and was made without the knowledge of the membership. Instead, they asserted, the withdrawal was based on the fact that the "WPA stubbornly claimed the abuse of psychiatry in the Soviet Union for political purposes which, with the existing political confrontation at the time (during the period of the `cold war'), led to a politicization of psychiatry in the activity of the WPA and obstructed fruitful international cooperation."

The real problem, the conservatives explained, using the officially-approved formulas, was that ...during that period there existed several articles of the Criminal Code (these articles have been eliminated now) according to which criticism of shortcomings which took place in our country and similar activity was sometimes interpreted as anti-Soviet propaganda and classified as socially dangerous. Some incidents could have taken place when the activity of persons with character peculiarities were evaluated by some psychiatrists as mentally ill.

RECENT SOVIET PRESS AND MEDIA COVERAGE

Failure to Prosecute Abuse

On January 9, 1990, *Izvestiya* followed up a story it had run in the summer of 1989 about a clear example of "telephone justice" used to put one Yury Sobolev of Slavkino Village into a mental hospital before a voters' meeting. It quoted the report of A. Loginov, deputy chief of Nikolayevsky Rayon Internal Affairs Department (the police):

I received a telephone call from V. Panasenko, first secretary of Nikolayevsky Party District Committee, who said that Sobolev was hatching some nasty plans for the election campaign meeting. He said that Sobolev must be put away. I telephoned psychiatrist V. Kamalov and explained the situation. He said that he would issue an admission order to a mental hospital.

The Oblast Procurator's Office investigated the *Izvestiya* report and the local Party office determined that there had been a "gross violation of legality" in the Sobolev case. But the party secretary involved, V. Panasenko, was merely "warned about poor standards of educational work" by his comrades. A trial finally did ensue, and A. Kuznetsov, a department chief at the mental hospital, was summoned as a witness. *Izvestiya* carried a transcript of the trial:

"You admitted someone who, to all intents and purposes, was healthy," the attorney said. "And you gave him a powerful psychotropic injection. For what reason?"

"Sobolev refused to talk to me."

"Did he start talking after the injection?"

"Of course."

Izvestiya noted that the doctors at a general meeting of physicians from the Nikolayevsky District had failed to condemn their colleagues who had wrongfully committed Sobolev. Other witnesses testified that the party secretary had in fact given the orders for commitment. Unfortunately, as with many trials of this nature, the case was "returned for further investigation," which is continuing as of this writing.

¹⁹"Our Way is Clear," November 1989, *MG*.

Some Breakthroughs

In January 1990, two ten-minute television programs featured a discussion with AUSPN psychiatrists and an interview with Zhores Medvedev. The official recognition that Medvedev was sane and had been wrongfully hospitalized is welcome. But it is troubling that he is the only living victim whose case has been featured. This may be related to the prominence of the case and the fact that he and his brother, Roy Medvedev, now a deputy in the Supreme Soviet, were known as socialist reformers and as such have been more acceptable than anti-communist activists. Last year, *Moscow News* featured articles about the late General Grigorenko, and a January issue carries an article by Deputy Yury Popov, the reformist physician, saying that based on Gen. Grigorenko's records, he would pronounce him sane. But the coverage of the Grigorenko case was typical of the Soviet pattern in the *glasnost* era -- rehabilitation of the dead rather than the living.

Meditinskaya gazeta held a public round-table on the subject of psychiatric abuse in January, and gave all the principals the floor. The unreconstructed conservatives had returned triumphant from a meeting of the AUSPN presidium in the closed city of Dnepropetrovsk (site of a notorious special psychiatric hospital), where they bragged about their Athens victory. When Dr. Pyotor Morozov called for "*perestroika* in one leading psychiatric society," Foreign Ministry human rights spokesman Yury Reshetov admonished him for not tolerating the existence of many societies throughout the USSR, each of which could make a contribution. Two IPA spokesmen denounced the continuing official camouflages and the failure to publish the American delegation's report.

Sources

The findings of the American psychiatric delegation to the USSR in February-March 1989 are contained in *Report of the U.S. Delegation to Assess Recent Changes in Soviet Psychiatry to Assistant Secretary of State for Human Rights and Humanitarian Affairs, U.S. Department of State, July 12, 1989; a supplement contains the response from Soviet officials to the Report.*

Material about the proceedings of the Independent Psychiatric Association, the All-Union Society of Psychiatrists and Narcologists, and the Congress of the World Psychiatric Association was provided by the International Association on the Political Use of Psychiatry (IAPUP), founded in 1980 as a confederation of national groups and commissions who oppose the political use of psychiatry. IAPUP has groups or representatives from psychiatric societies in Switzerland, Great Britain, West Germany, France, the Netherlands, Belgium, the United States, Canada, New Zealand and the Soviet Union. IAPUP publishes a monthly bulletin concerning psychiatric abuse in the USSR, available from P.O. Box 3754, 10001 AN Amsterdam, The Netherlands.

Information about political prisoners in psychiatric detention was supplied by *USSR News Brief* and the Moscow Helsinki Group.

Other sources of information for this newsletter were *The Washington Post, The New York Times, Moscow News, Meditsinskaya gazeta, Izvestiya and Literaturnaya gazeta.* Translations from the Russian were provided by Helsinki Watch or Foreign Broadcast Information Service. Comments were provided by Ellen Mercer of the Association of American Psychiatrists and Robert van Voren of the International Association on the Political Use of Psychiatry.

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This edition of *News from Helsinki Watch* was written by Catherine A. Fitzpatrick, Research Director of Helsinki Watch, a nongovernmental organization founded in 1979 to monitor domestic and international compliance with the human rights provisions of the 1975 Helsinki accords. Its Chairman is Robert L. Bernstein; Vice Chairmen, Jonathan Fanton and Alice H. Henkin; Executive Director, Jeri Laber; Research Director, Catherine A. Fitzpatrick; Washington Representative, Catherine Cosman; Counsel, Lois Whitman.

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