

EXHIBIT "2"

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11 MICHELLE HIMES; DIANE SCURRAH;  
12 DEBORAH CHASE; MARCIA BENJAMIN;  
13 and DANIEL BENJAMIN

14 **UNITED STATES DISTRICT COURT**  
15 **CENTRAL DISTRICT OF CALIFORNIA**

16 JOSE RIERA; MICHELLE HIMES;  
17 DIANE SCURRAH; DEBORAH  
18 CHASE; MARCIA BENJAMIN and  
19 DANIEL BENJAMIN, individually,  
20 and on behalf of all others similarly  
21 situated,

22 Plaintiffs,

23 v.

24 MECTA CORPORATION; SOMATICS,  
25 LLC; and DOES 1 through 10, inclusive,

26 Defendants.

Case No.: 2:17-cv-06686 RGK(PJWx)

**DECLARATION OF PETER  
BREGGIN, MD IN SUPORT  
CLASS CERTIFICATION**

27 I, Peter Breggin, declare under penalty of perjury as follows:

28 1. I am a medical doctor (physician) with a specialty in psychiatry. I am licensed to  
practice medicine in New York State and since 2002 I have an active practice of psychiatry in  
Ithaca, New York. I also have inactive licenses in Virginia, Maryland, and Washington DC, the  
area where I practiced until 2002.

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1 2. I graduated from Harvard University with honors in 1958 and Case Western Reserve  
2 School of Medicine in 1962, where I conducted four years of psychopharmacology lab research  
3 with controlled animal trials under a grant from the National Institute of Mental Health, resulting  
4 in the first two published papers in the field of psychopharmacology. In 1963, I earned the  
5 highest grade in the country on the psychiatry portion of the National Board of Medical  
6 Examiners used to qualify for medical licenses. I completed a mixed internship in medicine and  
7 psychiatry at the State University of New York Upstate Medical Center (SUNY). I completed my  
8 first year of residency at Harvard's main teaching hospital, working in the Massachusetts Mental  
9 Health Center, and a teaching fellowship at Harvard Medical School. I finished my second and  
10 third year of psychiatric residence at SUNY. Following that I was a full-time Consultant with  
11 the National Institute of Mental Health (NIMH) in Washington, DC while a commissioned officer  
12 in the U.S. Public Health Service (1966-1968).

13 3. Throughout my career, I have taught as a faculty member or adjunct professor at  
14 multiple universities, including the University of Maryland (1968-1970), Washington School of  
15 Psychiatry (1968-1972), George Mason University (1990-1996), Johns Hopkins University  
16 (1996-1999), and the State University of New York at Oswego (2007-2008, 2010-2014).

17 4. From 1998 to 2002, I was the Founder and Editor-in-Chief of *Ethical Human*  
18 *Sciences and Services: An International Journal of Critical Inquiry* (now titled *Ethical Human*  
19 *Psychology and Psychiatry*). I currently serve as an editorial consultant to numerous other  
20 publications, including the *International Journal of Risk and Safety in Medicine*.

21 5. I have written numerous publications on the practice of electroconvulsive therapy  
22 ("ECT"). A true and correct copy of my Resume is attached as Exhibit A which includes my  
23 complete bibliography. Dating back to 1979, I wrote the medical book, *Electroshock: Its Brain-*  
24 *Disabling Effects* (New York: Springer), which remains the only medical textbook that focuses on  
25 the harms caused by ECT. Since then I have written many medical articles on electroshock  
26 treatment, including "Electroshock Therapy and Brain Damage: The Acute Organic Brain  
27 Syndrome as Treatment" in *Behavior and Brain Sciences* (1984), "Neuropathology and Cognitive  
28 Dysfunction from ECT" in *Psychopharmacology Bulletin* (1986), "Electroshock: Scientific,

1 ethical, and political issues” in *International Journal of Risk & Safety In Medicine* (1998), “The  
2 FDA should test the safety of ECT machines” in *International Journal of Risk & Safety in*  
3 *Medicine* (2010) and “The Utmost Discretion: How Presumed Prudence Leaves Children  
4 Susceptible to Electroshock” in *Children & Society* (2014).

5 6. I have also written many books chapters on ECT and have discussed it in detail in a  
6 series of my medical textbooks, most recently, *Brain-Disabling Treatments in Psychiatry: Drugs,*  
7 *Electroshock and the Role of the FDA, Second Edition* (New York: Springer Publishing  
8 Company, 2008).

9 7. In 1985, the National Institutes of Health (NIH) invited me to be the scientific  
10 presenter on the subject of "Neuropathology and Cognitive Dysfunction from ECT" at its  
11 *Consensus Development Conference on Electroconvulsive Therapy, June 10-12, 1985.*  
12 Consensus Conferences are significant scientific and media events in which acknowledged, well-  
13 known experts make presentations on controversial topics and a panel without conflicts of interest  
14 renders a consensus from the presentations. The Consensus Conference final statement regarding  
15 ECT were published in *JAMA* (“Consensus Conference: Electroconvulsive Therapy,” *Journal of*  
16 *the American Medical Association, No. 15, October 1986.*). My scientific presentation, along with  
17 others, was individually published (“Neuropathology and Cognitive Dysfunction from ECT” in  
18 *Psychopharmacology Bulletin*, 1986).

19 8. Electroconvulsive therapy is the practice of inducing a grand mal motor seizure through  
20 application of electricity to the head and brain. It began in 1938, when Ugo Cerletti and Lucio  
21 Bini observed the shocking pigs to render them manageable before slaughter. It has been in  
22 widespread use across the States, including California for decades.

23 9. ECT is primarily used on patients seeking treatment for major depression. It is also  
24 liberally prescribed for a broad range of psychiatric conditions including bipolar disorder,  
25 schizophrenia and catatonia. I believe the practice has become more widespread since 1979,  
26 when I estimated that 100,000 people received ECT per year in the United States. A report by the  
27 California Department of Mental Health indicates that over 18,000 people underwent ECT  
28 treatment in California in 2001 alone. While there is no formal record of the exact number of

1 patients who undergo ECT in California each year, my estimate is that it would amount to several  
2 thousand per year, perhaps tens of thousands.

3 10. Early in my career, I administered ECT and supervised a ward upon which ECT was  
4 performed. Throughout my career I have observed the effects of ECT. Based upon all my  
5 education, experience, training and study of ECT to date, it is my opinion, as to a reasonable  
6 medical certainty, that ECT inherently causes damage to the brain, causing symptoms such as  
7 severe permanent memory loss, cognitive impairment, and apathy and indifference towards  
8 oneself and others.

9 11. Prior to 1979, the psychiatric community acknowledged that the purpose of ECT was  
10 to damage the brain. In 1979, the year that the FDA first ordered the submission of all safety and  
11 effectiveness data relating to ECT treatment, I published my aforementioned medical textbook,  
12 *Electroshock: Its Brain-Disabling Effects*. In the book, I quoted from the scientific literature the  
13 statements of many leading advocates of ECT that brain damage was the intended effect of ECT.  
14 Around this time, because of the negative publicity, the dialogue surrounding ECT shifted away  
15 from brain damage, and ECT proponents instead began to assert that ECT is a way of correcting  
16 chemical imbalances in the brain. There is no scientific foundation for this recent claim that ECT  
17 corrects biochemical imbalances. In fact, by causing widespread dysfunction and harm  
18 throughout the brain ECT causes biochemical imbalances, as well as other pathological results.

19 12. ECT universally damages the brains of patients who receive it, and the mechanism  
20 of trauma is identical among all ECT victims. Some patients are fortunate enough to escape  
21 grossly obvious dysfunctionality, enduring relatively minor cognitive impairment and loss of  
22 memory for the days, weeks or months surrounding the treatment. Other patients will experience  
23 severe memory losses covering prior decades, as well as continuing memory dysfunction and  
24 over all cognitive dysfunction with emotional apathy, disinterest or blunting. Although the  
25 degree of harm varies, the nature of the harm caused by ECT is consistently the same, specifically  
26 including: (1) retrograde memory loss (past memories injured or destroyed) with the worst losses  
27 nearer to the ECT treatments; (2) especially severe memory loss surrounding the ECT itself; (3)  
28 anterograde memory loss (a broad term referring to persisting memory and cognitive

1 dysfunction); and (4) degrees of apathy or disinterest.

2 13. The reason that all ECT patients endure similar injuries is that the treatments  
3 attempt to provide a suitable amount of current to the brain to produce a seizure. The current and  
4 the seizures then produce most of the harm, including through the breakdown of the blood brain  
5 barrier, hypertension, anoxia, exhaustion of energy sources, heat injury, and electrical injury.

6 14. **The result in all cases without exception is a concussive-like traumatic brain**  
7 **injury from every single effective treatment.** The immediate result of this injury is a total  
8 disruption of the brain's electrical pattern, driving the recording needle on the EEG strip into a  
9 series of explosive, jagged peaks. This is often followed by flat-lining, with a straight line on the  
10 EEG indicating that the brain has temporarily stopped functioning, at least in respect to this gross  
11 measurement of activity. If the ECT treatment proceeds routinely, the patient is immediately  
12 driven into a comatose state. Recovery from the coma then requires several minutes or more in a  
13 specialized recovery room under constant supervision. The individual then awakens in a  
14 confused state, usually with apathy, and with no memory of what has happened. As the ECTs  
15 increase in number, the patient typically awakens from the coma with increasing amounts of brain  
16 dysfunction and injury, often with headaches and nausea. There can be no legitimate doubt that  
17 ECT damages the brain and mind—no more than there can be about repeated blows on the head  
18 that render an individual comatose and then confused and disoriented on awakening. The only  
19 question is how much recovery occurs—and anyone who claims that such repeated assaults on  
20 the brain are harmless is ignoring the fact that repeated severe traumatic injuries to the brain that  
21 cause coma will inevitably leave persistent negative aftereffects to the brain and mind.

22 15. No mechanism of action by which ECT “treats” depression has been identified or  
23 proven to this day by the advocates of the treatment; but there is considerable evidence that the  
24 apathy and disinterest caused by the treatment is mistaken for improvement by some patients,  
25 families and physicians.

26 16. Some ECT advocates claim that ECT reduces the risk of suicide. This is an easy  
27 claim to test, because the endpoint, suicide, can be easily measured and recorded. Yet there is no  
28 sound scientific evidence that ECT reduces the risk of suicide while there is some evidence that it

1 increases the risk, probably because of the despair patients feel when they realize they have been  
2 harmed.

3 17. The “newer” and allegedly “modified” forms of ECT are not different or less  
4 harmful than the original form, as both apply enough electricity to the head of a patient to induce  
5 a major motor seizure. It is impossible to induce a major motor seizure through application of  
6 electricity to the cranium without causing traumatic brain injury. Indeed, contemporary ECT is  
7 more damaging to the brain because it requires much higher energy doses in order to produce a  
8 seizure in patients who given prior sedatives for sleep or anxiety, and then anesthesia during the  
9 ECT treatments. Sedatives and anesthesia increase the seizure threshold, requiring these more  
10 traumatic doses of electricity. In previous years 200 milliamps of electrical current were  
11 commonly used in humans as well as in animal experiments to produce seizures as a part of ECT,  
12 while today the doses produced by the machines are over 1,000 milliamps.

13 18. The clinical markers of brain damage and chronic traumatic encephalopathy  
14 resulting from ECT include pinpoint hemorrhages, neurogenesis, scattered cell death in the  
15 regions beneath the electrodes, vascular wall damage, gliosis, nerve cell abnormalities, dilated  
16 blood vessels, and other markers. Brain damage caused by ECT to an individual patient can  
17 sometimes be documented by brain scans, electroencephalograms, and autopsy studies. The most  
18 sensitive methods for detecting the extent of brain damage from any cause, including ECT, are a  
19 clinical interview by an experienced and well-informed clinician who involves the family and  
20 neuropsychiatric testing by an experienced and well-informed psychologist. It is my opinion,  
21 that the application of a large enough electric current to induce a grand mall or generalized  
22 seizure with unconsciousness causes brain injury is well supported by the medical community and  
23 findings developed over a significant time in scientifically reliable publications. The following  
24 publications confirm pathology damage in the brain or memory and cognitive dysfunction to  
25 indicate an underlying physical damage:

26 Alpers, B. (1946). The brain changes associated with electrical shock treatment. A  
27 critical review. *Journal-Lancet*, 66, 363-369.

28 Alpers, B. & Hughes, J. (1942a). The brain changes in electrically induced convulsions

in cats. *Archives of Neurology and Psychiatry*, 47, 385-398.

- 1 Alpers, B. & Hughes, J. (1942b). The brain changes in electrically induced  
2 convulsions in the human. *Journal of Neuropathology and Experimental*  
3 *Neurology*, 1, 173-180.
- 4 Babayan, E. (1985). The structure of psychiatry in the Soviet Union. New York:  
5 International Universities Press.
- 6 Barrera S, Lewis N, Pacella B, et al. (1942). Brain changes associated with electrically  
7 induced seizures. Trans Amer Neurol Assoc. Richmond, Va., William Byrd Press,  
8 pp 31-35
- 9 Boyle, G. (1986, November). Concussion of the brain with electroconvulsive shock  
10 therapy (ECT): An appropriate treatment for depression and suicidal ideation?  
11 *Australian Clinical Psychology*, XX, pp. 21-27.
- 12 Breggin, P. (1979). Electroshock: Its brain-disabling effects. New York: Springer.
- 13 Breggin, P. (1980). Brain-disabling therapies. Chapter 23 in Valenstein E (ed.), *The*  
14 *Psychosurgery Debate: Scientific, Legal and Ethical Perspectives* (pp. 467-505).  
15 San Francisco, WH Freeman.
- 16 Breggin, P. (1981). Disabling the brain with electroshock. M. Dongier and & E.  
17 Wittkower (Eds.), *Divergent Views in Psychiatry* (pp. 247-271). Hagerstown, MD:  
18 Harper & Row.
- 19 Breggin, P. (1986). Neuropathology and cognitive dysfunction from ECT. [Presented  
20 at the Consensus Development Conference on Electroconvulsive Therapy,  
21 sponsored by NIMH and NIH, 1985.] *Psychopharmacology Bulletin*, 22, 476-479.
- 22 Breggin, Peter. Brain Disabling Treatments in Psychiatry. Chapter 8, "Electroshock for  
23 Depression." New York: Springer Publishing Company, 1997.
- 24 Breggin, P. (2007). ECT damages the brain: Disturbing news for patients and shock  
25 doctors alike. *Ethical Human Psychology and Psychiatry*, 9, 83-86.
- 26 Breggin, Peter. Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and  
27 the Psychopharmaceutical Complex. Second Edition, Chapter 9, "Electroshock for  
28 Depression", Springer Publishing Company, New York, 2008.



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2 *Journal of Risk & Safety in Medicine*, 22, 89-92.

3 Breggin, P. (2014). For joint authorship, see van Daalen-Smith, et al. (2014).

4 Cameron, D. G. (1994, Winter/Spring). ECT: Sham statistics, the myth of convulsive  
5 therapy and the case for consumer misinformation. *Journal of Mind and Behavior*,  
6 15, 177–198.

7 Cerletti U: Old and new information about electroshock. *Am. J. Psychiatry*, 107:87-  
8 94,1950

9 Cerletti U: Electroshock therapy. *JGin Exper Psychopath* 15:191-217, 1954

10 Cerletti U: Electroshock therapy, in *The Great Physiodynamic Therapies in Psychiatry:*  
11 *An Historical Reappraisal*. Ed Sackle AM, et al. New York, Hoeber-Harper, 1956.  
12 Reprinted in *The Age of Madness*, Ed Szasz TS. Garden City, NY, Anchor  
13 Press/Doubleday, 1973

14 Cerletti U, Bini L: L'electroshock: le alterazioni istopatologiche del sistema nervoso in  
15 seguito all'. *E S Riv Sper Freniatr ecc* 64,1940

16 Consensus Conference: on Electroconvulsive Therapy. (1985). *Journal of the*  
17 *American Medical Association*, 245, 2103–2108.

18 Daniel, W., Crovitz, H., Weiner, R., and & Rogers, H. (1982). The effects of ECT  
19 modifications on autobiographical and verbal memory. *Biological Psychiatry*, 17,  
20 919–924.

21 Ferraro A, Roizen L (1949). Cerebral morphologic changes in monkeys subjected to a  
22 large number of electrically induced convulsions. *Am J Psychiatry* 106:278-284.

23 Ferraro A, Roizen L, Helford M. (1946). Morphologic changes in the brain of monkeys  
24 following electrically induced convulsions. *Neuropathol Exp Neural* 5:285-308.

25 Fink, M. (1957). A unified theory of the action of the physiodynamic therapies.  
26 *Journal of Hillside Hospital*, 6, 197–206.

27 Fink, M. (1966). Cholinergic aspects of convulsive therapy. *Journal of Nervous and*  
28 *Mental Disease*, 142, 475–484.

- 1 Fink, M. (1974). Induced seizures and human behavior. In M. Fink, S. Kety, J.  
2 McGaugh, and & T. Williams (Eds.), *Psychobiology of convulsive therapy*. New  
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- 4 Frank, L. (1990). Electroshock: Death, brain damage, memory loss, and brainwashing.  
5 *Journal of Mind and Behavior, 11*, 489–512.
- 6 Friedberg, J. (1977). Shock treatment, brain damage, and memory loss: A neurological  
7 perspective. *American Journal of Psychiatry, 134*, 1010–1014.
- 8 Halpern L, Peyser E. (1953). The effect of various convulsive procedures on the cranial  
9 vessels of the dog angiographically visualized. *J. Neuropathol. Exp. Neural*  
10 *12:277-282*.
- 11 Hartelius, H. (1952). Cerebral changes following electrically induced convulsions. *Acta*  
12 *Psychiatrica Neurologica Scandinavica, 77*(Suppl. XX), 1–128.
- 13 Hartelius, Book Review of Hartelius, 1952 (1953) *AMA Archives of Neurology 7* (5),  
14 685-686.
- 15 Heilbrunn G, Weil, A. (1942). Pathologic changes in the central nervous system in  
16 experimental electric shock. *Arch. Neurol. Psychiatry 47:918-927*.
- 17 Impastato D. (1957). Prevention of fatalities in electroshock therapy. *Dis. Nerv. Syst.*  
18 *18*(Sec 2):34-75, 1957.
- 19 Janis, I. L. (1948). Memory loss following electroconvulsive treatments. *Journal of*  
20 *Personality, 17*, 29–32.
- 21 Janis, I. L. (1950). Psychological effects of electric convulsive treatments. *Journal of*  
22 *Nervous and Mental Disease, 111*, 359–397, 469–489.
- 23 Janis, I. L., and & Astrachan, M. (1951). The effect of electroconvulsive treatments on  
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- 25 Kahn, R., Fink, M., and & Weinstein, E. (1956). Relation of amobarbital test to clinical  
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- 27 Maletzky, B. M. (1981). Multiple-monitored electroconvulsive therapy. *Boca Raton,*  
28 *FL: CRC Press*.

- 1 Meldrum, B. S., and & Brierley, J. B. (1973, January). Prolonged epileptic seizures in  
2 primates: Ischemic cell change and its relation to ictal physiological events.  
3 *Archives of Neurology*, 28, 10–17.
- 4 Meldrum, B. S., Horton, R. W., and & Brierley, J. B. (1974). Epileptic brain damage in  
5 adolescent baboons following seizures induced by allylglycine. *Brain*, 97, 407–  
6 418.
- 7 Meldrum, B. S., Vigouroux, R. A., and & Brierley, J. B. (1973). Systematic factors and  
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16 McElhiney, M., Coleman, E., and Settembrino, Jet al. (1993). Effects of stimulus  
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20 cognitive effects of electroconvulsive therapy in community settings.  
21 *Neuropsychopharmacology*, 32, 244–254.
- 22 Squire, L., and & Slater, P. (1983). Electroconvulsive therapy and complaints of  
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- 25 Templer, D. (1992). ECT and permanent brain damage. In D. I. Templer, L. C.  
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4 van Daalen-Smith, C.; Adam, S.; Breggin, P.; and LeFrançois, B. (2014) The Utmost  
5 Discretion: How Presumed Prudence Leaves Children Susceptible to Electroshock.  
6 *Children & Society*, 28, 205-217.

7 19. Memory impairment such as that observed after ECT does not occur naturally, nor  
8 is it caused by depression or other psychiatric disorders. The memory loss follows the typical,  
9 expected pattern following a discrete, traumatic physical injury to the brain and in fact is similar  
10 in its clinical effects to other forms of injury to the head and brain. The possible exception is that  
11 ECT seems to produce an especially drastic impact upon personal memories of one's experiences  
12 in life, such as family celebrations, holidays, work accomplishments, and educational  
13 experiences. For this reason, the harm caused by ECT is particularly destructive to personal  
14 identity.

15 20. Based upon my active involvement in this industry, my experience, training and  
16 review of all relevant materials including the nature of the "informed consent" that is generally  
17 discussed in the medical communities that offer ECT treatment, physicians that administer ECT  
18 do not generally acknowledge or advise of any risk of brain damage, permanent memory loss, or  
19 the loss of self that ECT victims frequently report. This is often very discouraging to patients  
20 who do not understand why their cognitive abilities have been so severely affected following  
21 ECT. Many health professionals tell patients injured by ECT that it is harmless and that their  
22 perceived dysfunction in the brain and mind is a "mental illness."

23 21. The psychiatric profession is keenly influenced by device manufacturers' research  
24 and required FDA reporting. The Manufacturer and User Facility Device Experience  
25 ("MAUDE") database houses medical device reports submitted to the FDA by mandatory  
26 reporters and serves as a primary source of information for psychiatrists and other medical  
27 professionals to rely on in evaluating and informing patients of the relative risk and safety of  
28 utilizing medical devices.

1           22. If the manufacturers fully performed their reporting and testing requirements, the  
2 psychiatric community would be informed of all risks of ECT through the required mandatory  
3 reporting of any adverse events required to be reported and/or addressed by manufacturers in the  
4 MAUDE database.

5           23. If the ECT device manufacturers had reported upon any adverse events associated  
6 with the administration of ECT in the use of their devices to the FDA as required so that they  
7 appear within the MAUDE database, the psychiatric community would have utilized the MAUDE  
8 database reporting as an avenue to become informed of such untoward events. Such reporting  
9 associated with ECT provides the medical community as a whole with information regarding the  
10 risks of utilizing the ECT procedures and in informing our patients of known risks, the dangers  
11 and the inherent damages known to be universally caused by ECT. Had there been reporting over  
12 the years as required, physicians administering ECT would have been apprised of the grave  
13 dangers inherent in ECT in time to prevent injury.

14           24. I have served as the expert witness in numerous actions where adverse events, such  
15 as brain damage, have occurred as a result of ECT. Despite these actions where adverse events  
16 were alleged and did occur, I am not aware that the manufacturers of ECT devices, including  
17 MECTA Corporation and Somatics, LLC investigated or reported to the FDA those adverse  
18 events and understand they have continued to manufacture, sell and distribute their ECT  
19 machines. I am not aware of any reporting of any such known adverse ECT events reported by  
20 any ECT manufacturer within the FDA's MAUDE database.

21           25. In the previous litigation actions that I have been involved addressing the injuries  
22 caused by ECT, the defense has often portrayed the individual plaintiffs' injuries as stand-alone  
23 events, rather than the remarkably uniform result of an invariably injurious psychiatric practice  
24 that has repeated itself continuously over the years that ECT has been utilized in the psychiatric  
25 community.

26           26. I believe ECT is still available as a treatment methodology and remaining on the  
27 market today because of the substantial influence and power of the psychiatric lobby which gains  
28 from and supports ECT. Based upon my experience and involvement, it is not uncommon for

1 psychiatrists to typically charge whatever the insurance will cover for a session of ECT. In  
2 addition, anesthesiologists and the facility, as well as others, are all compensated from an ECT  
3 practice where hospitals charge considerably for the procedure. The proceeds from ECT,  
4 typically paid by Medicare, are often sufficient to support the profitability of individual  
5 psychiatrists and the entire psychiatric department at healthcare facilities.

6 27. Typical consent forms that patients sign before receiving ECT are routinely and  
7 uniformly inadequate by not disclosing the known risks of long-term damage that occurs from  
8 ECT. Typical consent forms provided to most ECT patients that I have reviewed, including the  
9 standard APA consent forms, do not inform the patient that ECT inherently damages the brain,  
10 nor do they warn of the risk of permanent memory loss and the probable long-term cognitive  
11 impairment that can occur. These consent forms generally warn only of risks such as nausea,  
12 headaches, and short-term memory loss which would not discourage patients and their families  
13 from ECT treatment.

14 28. The adverse events that have occurred following the administration of ECT over the  
15 past several decades have clearly demonstrated that the certainty of damage to the brain from  
16 ECT, the risk of permanent memory loss and the probable long term cognitive impairment are  
17 risks that should have been disclosed to any patient receiving ECT. Had Defendants populated the  
18 MAUDE database with reports of reasonably known adverse events by filing adverse event  
19 reports with the FDA as required, the treating psychiatrists of members of the putative class  
20 would have been in a position to warn members of the putative class of the latent dangers inherent  
21 in ECT treatment in time to prevent their injuries.

22 29. All of the information I have provided here is documented in my dozens of peer-  
23 reviewed articles and scientific books. I also provide the profession and the public with a free  
24 ECT Resource Center on my website, [www.breggin.com](http://www.breggin.com) which contains more than a hundred  
25 scientific documents, including my entire book, *Electroshock: Its Brain-Disabling Effects*. The  
26 Resource center can also be reached directly at [www.123ECT.com](http://www.123ECT.com).

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1 I declare under penalty of perjury the foregoing is true and correct. Executed this 4th day  
2 of December, 2017 at Ithaca, New York.

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4 Peter Breggin, M.D.

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EXHIBIT "2A"



# Resume, Bibliography, and Legal Cases

Peter R. Breggin, M.D.

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*II. HIGHLIGHTS OF PROFESSIONAL ACTIVITIES*

*III. PROFESSIONAL BOOKS*

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*VI. AWARDS AND HONORS*

*VII. COURT-QUALIFIED TESTIMONY*

### I. BACKGROUND HIGHLIGHTS

Harvard College (Cambridge) (1954-58):

Graduated with Honors.

Directed Harvard-Radcliffe Mental Hospital Volunteer Program.

Research grants from Harvard Medical School and the National Institute of Mental Health (NIMH).

Co-authored 1<sup>st</sup> professional book, College Students in a Mental Hospital (1962).

*Harvard Crimson*, writer (editorial page).

Case Western Reserve School of Medicine (Cleveland) (1958-1962):

Conducted four years of psychopharmacology lab research with controlled animal trials supported by NIMH grant, resulting in first two published papers in

psychopharmacology.

Special four-year individual tutorial with pediatrician Benjamin Spock, M.D.

Diplomat, National Board of Medical Examiners (1963):

Highest grade in country (99%) on psychiatry portion of boards used to qualify for medical licenses.

Massachusetts Mental Health Center (Boston) (1963-64):

First Year Resident in Psychiatry at the main Harvard teaching hospital.

Teaching Fellow at Harvard Medical School.

State University of New York Upstate Medical Center (Syracuse) (1962-63, 1964-66):

Intern in Mixed Medicine and Psychiatry.

Second and Third Year Resident and Teaching Assistant in Psychiatry.

National Institute of Mental Health (NIMH) and U. S. Public Health Service Officer (Charlottesville, VA and Bethesda, MD) (1966-68):

Full-time NIMH Consultant in Building and Staffing Community Mental Health Centers (1966-67).

Full-time NIMH Consultant in Mental Health and Education (1967-68).

University of Maryland (1968-1970):

Faculty, courses in counseling department.

Washington School of Psychiatry (1968-1972):

Faculty, courses for school counselors.

George Mason University (1990-96):

Adjunct Professor of Conflict Analysis and Resolution, courses on brain and behavior, and on conflict resolution, domestic violence and child abuse.

Johns Hopkins University (1996-99):

Faculty Associate in the Department of Counseling and Human Services, courses

including psychopharmacology and diagnosis in psychiatry.

State University of New York (SUNY), Oswego (2007-2008, 2010-2014):

Visiting Scholar in the Department of Education, Division of Counseling and Psychological Services, courses including psychopharmacology and psychotherapy (2007-2008).  
Adjunct Professor, courses on Empathic Therapy and Critical Psychology (2010-2012).

## II. HIGHLIGHTS OF PROFESSIONAL ACTIVITIES

Private Practice of Psychiatry, Ithaca, New York. (2003-present):

In November 2002, all of my professional activities (see below) moved to Ithaca, New York.

Private Practice of Psychiatry, Washington, DC and Bethesda, MD. (1968-2002):

Full-time private practice with individuals, couples and families with children.

Subspecialty clinical psychopharmacology and the drug approval process.

Founder and Director, Center for the Study of Empathic Therapy, Education and Living (www.empathictherapy.org), 2010-present:

This new nonprofit organization led by Dr. and Mrs. Breggin has a large Advisory Council that includes many psychiatrists, neurologists, psychologists, social workers and counselors, including professors and heads of department. Many public advocates and interested citizens also participate. The Center offers a free newsletter, a professional network, and an annual Empathy Therapy Conference. Dr. Breggin's many decades of reform work have led others to call him "The Conscience of Psychiatry." He continues his reform work with renewed emphasis on finding better, empathic approaches to helping children and adults in emotional distress.

Founder and Director, International Center for the Study of Psychiatry and Psychology (1972-2002) and Director Emeritus (2002-2010):

Dr. Breggin, joined by his wife in the 1980s, developed this first professional organization devoted to psychiatric reform.

Editor-in-Chief (1998-2002) and Founding Editor and Consultant (2002-present) of *Ethical Human Sciences and Services: An International Journal of Critical Inquiry*. Now entitled *Ethical Human Psychology and Psychiatry*.

Founded and edited a peer-reviewed journal with 40 contributing editors published by

Springer Publishing Company.

Editorial Consultant:

*International Journal of Risk and Safety in Medicine*  
*The Psychotherapy Patient*  
*The Humanistic Psychologist*  
*Journal of Mind and Behavior*  
*Hospital and Community Psychiatry (reviewer in past)*  
*Journal of Medical Ethics (reviewer)*  
*Medical Hypotheses (reviewer)*

Scientific Presenter at Conferences, Grand Rounds, Universities:

Many presentations at professional conferences each year. Two highlights:

Selected Recent Presentations

U.S. House of Representatives, Committee on Veterans Affairs, February 24, 2010, Washington, DC, Hearings chaired by Rob Filner (D-CA) on "Exploring the Relationship Between Medication and Veteran Suicide," 35-minute lead off testimony on "Antidepressant-Induced Suicide and Violence: Risks for Military Personnel." Audio of complete hearings and written presentations available on [www.breggin.com](http://www.breggin.com).

20<sup>th</sup> Annual International Military and Civilian Combat Stress Conference, Los Angeles, May 2012. "Does Psychiatric Medication Increase the Risk and Prevalence of Suicide?"

Past Presentations

Hundreds of invited scientific presentations on psychopharmacology, shock treatment, psychosurgery, psychotherapy, and legal issues, including to the National Institutes of Health (NIH) Consensus Development Conferences on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (November 1998); the NIH Consensus Development Conference on Electroconvulsive Therapy (1985); National Institutes of Health Panel on NIH Research on Anti-social, Aggressive and Violence-related Behaviors and Their Consequences (1994); National Institute of Mental Health (NIMH) Guest Speakers Program; U.S. House of Representatives Committee on Education (September 2000); American Psychiatric Association; NIH Institute on Hospital and Community Psychiatry; American Psychological Association; American Orthopsychiatry Association; American Autism Society; American Association for the Advancement of Science; American Counseling Association, Connecticut Psychiatric Society Residents Program, Harvard University School of Education Special Lecture; Georgetown University School of Medicine Department of Pharmacology; New Jersey Medical School Department of Psychiatry Annual Medical Forum; Walter Reed Army Hospital Psychiatric Residency Program; National Naval Medical Center; Metropolitan Hospital Center/New York Medical College Department of Psychiatry; Manhattan State Hospital (New York City) Grand Rounds; Spring Grove Hospital (Maryland) CME Credit

Seminars; Chestnut Lodge Hospital Case Conference; St. Elizabeths Hospital Grand Rounds and Seminars (Washington, DC); Regents College of Psychotherapy and Counseling (London); Institute for Genetics (Cologne); Royal Ottawa Hospital Grand Rounds (Canada); MIND of Great Britain; University of Sheffield Department of Psychiatry (England).

Special Presentations and Advanced Training Courses related to Clinical Psychopharmacology:

I have presented at and/or attended a number of lengthy several-day-long training workshops on the drug approval process that dealt with the FDA approval process and drug labeling. The following seminars, including several at which I made presentations, dealt extensively with adverse drug reactions, drug development, labeling and related processes:

- (1) "Regulatory Training Course I: IND [Investigative New Drug] Phase." A course in how drug companies develop an IND for the FDA in accordance with FDA statutes, regulations, and guidelines. DIA (Drug Information Association). Bethesda, Maryland, February 26-28, 1996.
- (2) "Future development of neuroleptic medications: A report to the FDA." This was a report to an FDA Meeting of the Psychopharmacologic Drugs Advisory Committee concerning labeling issues and the future development of neuroleptic medications. It was published as "Future development of neuroleptic medications: A report to the FDA" in the Rights Tenet (Newsletter of the National Association for Rights Protection and Advocacy) Fall 1995.
- (3) "Regulatory Training Course II: Marketing Application & Post Approval Phase." A course in how drug companies develop an NDA [New Drug Application], as well as post-approval activities, in accordance with FDA statutes, regulations, and guidelines. DIA (Drug Information Association), Bethesda, Maryland, March 27-29, 1996.
- (4) "Clinical Therapeutics and the Recognition of Drug-Induced Disease: How Health Care Professionals and the FDA Can Work Together to Reduce the Risks of Adverse Drug Events." A workshop focused on the spontaneous reporting system presented by the Center for Drug Evaluation and Research (CDER) of the FDA, Georgetown University School of Medicine, Washington DC, June 10, 1994.
- (5) "The Application of GCP [Good Clinical Practices] for Study Site Coordinators and Business Administrators." Described as "a comprehensive, practical overview of the responsibilities of the investigator, the clinical study coordinator assisting the investigator, and the sponsor in the conduct of a clinical trial" for FDA approval of a drug. DIA (Drug Information Association), Philadelphia, December 11-13, 1995.

(6) "Pharmaceutical Industry Crisis Management Workshop." Purpose described as "to develop the participants knowledge of the fundamental elements of crises and crisis management in the pharmaceutical industry." Initial day covered handling of a variety of issues, including New Drug Applications (NDAs), FDA regulations and industry relations, recalls, adverse drug event reporting, and clinical trial standards. DIA (Drug Information Association), Washington, DC, December 4, 2000.

(7) "Ritalin Litigation." Described as "The medical and legal roadmap to trying or defending your Ritalin suit successfully," including presentations on stimulant drug treatment, ADHD, and the role of the FDA and DEA in monitoring industry activities. I presented on "The science behind the lawsuits" (including labeling issues) and also attended. The American Conference Institute, New York City, March 29, 2001.

(8) "Emerging Drug Litigation Conference." One-half day on class action suits at which I presented on "The Science and Medicine of Ritalin" (including labeling issues) and also attended. Mealey's (Lexis/Nexis). New Orleans, May 17, 2001.

(9) "Adverse Effects of SSRI Medications: A Medical Legal Conference." Labeling was a key issue at this conference focused on product liability. I presented on "Adverse Psychiatric Effects of SSRI Antidepressants" (including labeling issues) and attended conference. Extant Medical Legal Consulting. Philadelphia, October 4-5, 2002.

(10) "SSRI-Induced Stimulation, Suicidality and Violence in Children and Adults." These were public presentations to two FDA Advisory Committee meetings on modifying the labeling for SSRI-induced suicidality in children. Each meeting involved the Psychopharmacologic Drugs Advisory Committee and the Pediatric Advisory Committee. I summarized evidence for a stimulant syndrome that causes suicidality and violence that should be included in the label. The label changes later adopted by the FDA closely parallel my suggestions in my presentations and publications. Bethesda, Maryland, February 2, 2004 and September 13, 2004.

(11) "Anti-Depressant Suicidality and Violence: More about Deception than Science. Observations Made at the FDA Hearings Press Conference, sponsored by the Alliance for Human Research protection (AHRP)." I address issues surrounding what kind of material gets into FDA-approved labels, including the limitations of that data. Other presenters discussed related issues. Bethesda, Maryland, September 14, 2004.

(12) "Stimulation, Violence and Suicide as Adverse Reactions to SSRIs in Children and Adults." Public Presentations and attendance at two FDA Advisory Committee meetings on modifying the labeling for SSRI-induced suicidality in

children (three days total). Each meeting involved the Psychopharmacologic Drugs Advisory Committee and the Pediatric Advisory Committee. I summarized evidence for a stimulant syndrome that causes suicidality and violence that should be included in the label. The label changes later adopted by the FDA closely parallel my suggestions in my presentations and publications. Bethesda, Maryland, February 2, 2004 and September 13, 2004.

(13) “Anti-Depressant Suicidality and Violence: More about Deception than Science. Observations Made at the FDA Hearings Press Conference, sponsored by the Alliance for Human Research protection (AHRP).” I address issues surrounding the quality of the data drug companies generate and what ultimately gets into FDA-approved labels. Other presenters discussed related issues. Bethesda, Maryland, September 14, 2004.

#### Selected Highlights as a Medical Expert, Researcher and Reformer:

(1) Starting in 1972, for approximately a decade, I devoted a considerable portion of my professional work to conducting an educational campaign to stop the resurgence of lobotomy and psychosurgery in North America, Europe and elsewhere. I worked closely with U.S. Senators, including J. Glenn Beall and Steve Symms, and U.S. Congressmen, including Louis Stokes and Ron Dellums. With them, I wrote legislation creating the federal Psychosurgery Commission, which declared psychiatric brain surgery experimental and unsuitable for clinical practice. My work with Congressmen Stokes and Dellums, press conferences we held together, and address I gave to the annual meeting of the Black Caucus helped stopped operations on institutionalized black children at the University of Mississippi in Jackson (see Professional Publications, Nos. 9, 23 and others). I called for Senator Ted Kennedy to have his Health Committee hold a hearing on psychosurgery and then testified. I was the psychiatric expert and consultant in *Kaimowitz v. Department of Mental Health, Wayne County, Michigan* (1973). The three-judge panel followed my testimony in an opinion that helped to stop lobotomy and psychosurgery in the state and federal facilities around the country. This is considered a landmark case in the history of psychiatry and the law. I wrote numerous books chapters and scientific articles, spoke at professional meetings and universities, and appeared as an expert on innumerable radio and television news reports and shows. My efforts stopped most of the known psychosurgery programs in Europe and North America including at NIH and the VA. Later on, in 2002, I was the psychiatric expert in a trial that ended favorably for the plaintiff and stopped psychosurgery at one of the last holdouts, the Cleveland Clinic (See Resume, Part VII, Case 52). My reform work, including the antipsychosurgery campaign, is documented in a book: International Center for the Study of Psychiatry and Psychology (Eds.) (2009). *The Conscience of Psychiatry: The Reform Work of Peter R. Breggin, MD*. Ithaca, New York: Lake Edge Press.

(2) Medical expert for the 100 or more combined Prozac product liability suits (1992-1994) against Eli Lilly, including the famous Wesbecker trial (Fentress et al.) that the drug company secretly settled in a controversial manipulation of the court system.

(3) Medical expert and consultant in many tardive dyskinesia malpractice and

product liability suits.

(4) Medical expert in numerous criminal cases with defenses based on involuntary intoxication with psychiatric drugs.

(5) Invited Scientific Presenter on adverse drug effects in children at the November 1998 National Institutes of Health (NIH) Consensus Development Conference on the Diagnosis and Treatment of Attention Deficit Disorder.

(6) Medical consultant for the FAA (Federal Aviation Agency) concerning effects of SSRIs on pilots (1998-2000).

(7) Testimony before the Food and Drug Administration (FDA) on the dangers of SSRI antidepressants in children (February 2004). The published opinion of the FDA panel closely paralleled my testimony and publications about the overall risk of stimulation (activation) with the potential for agitation, violence and suicide.

#### Memberships:

##### Current:

American Psychiatric Association (Life Member)

Canadian Psychiatric Association

World Association of Medical Editors

##### Until approximately 2005-6

Royal Society of Medicine

Regulatory Affairs Professionals Society (RAPS)

Drug Information Association (DIA)

American Psychological Association

American Orthopsychiatric Association (Fellow)

#### Medical Licenses:

New York State, Washington, D.C., Maryland, and Virginia (last three inactive)

### **III. PROFESSIONAL BOOKS**

1. College Students in a Mental Hospital: Contribution to the Social Rehabilitation of the Mentally Ill (New York, Grune & Stratton, 1962) (jointly authored by Carter Umbarger, James Dalsimer, Andrew Morrison, and Peter Breggin).

2. Electroshock: Its Brain-Disabling Effects (Springer, NY, 1979).

3. Psychiatric Drugs: Hazards to the Brain (Springer, NY, 1983).

4. Toxic Psychiatry (St. Martin's, NY, 1991).

5. Beyond Conflict (St. Martin's, NY, 1992).



6. Talking Back to Prozac (with Ginger Breggin) (St. Martin's, NY, 1994).
7. The War Against Children (with Ginger Breggin) (St. Martin's, NY, 1994).
8. Psychosocial Approaches to Deeply Disturbed Persons (senior editor) (Haworth Press, NY, 1996).
9. Brain-Disabling Treatments in Psychiatry: Drugs, Electroshock and the Role of the FDA (Springer, NY, 1997).
10. The Heart of Being Helpful: Empathy and the Creation of a Healing Presence (Springer, NY, 1997; new paperback edition in 2006).
11. Talking Back To Ritalin (Common Courage Press, ME, 1998).
12. The War Against Children of Color: Psychiatry Targets Inner City Children. (Common Courage Press, ME, 1998) (with Ginger Breggin) Revision and update of The War Against Children.
13. Your Drug May Be Your Problem: How and Why To Stop Taking Psychiatric Medications. (Perseus Books, Cambridge, MA, 1999) (Co-authored by David Cohen, Ph.D).
14. Reclaiming Our Children: A Healing Solution to a Nation in Crisis. (Perseus Books, Cambridge, MA, 2,000).
15. Talking Back to Ritalin, Revised Edition. (Perseus Books, Cambridge, MA, 2001).
16. The Antidepressant Fact book. (Perseus Books, Cambridge, MA, 2001).
17. Dimensions of Empathic Therapy (jointly co-edited by Ginger Breggin and Fred Bemak) (Springer Publishing Company, NY, 2002).
18. The Ritalin Fact Book. (Perseus Books, Cambridge, MA, 2002).
19. Your Drug May Be Your Problem: How and Why To Stop Taking Psychiatric Medications, Second Edition. (Perseus Books, Cambridge, MA, 2007) (Co-authored by David Cohen, Ph.D).
20. Brain-Disabling Treatments in Psychiatry: Drugs, Electroshock and the Psychopharmaceutical Complex, Second Edition (Springer Publishing Company, NY, 2008).
21. Medication Madness: The Role of Psychiatric Drugs in Cases of Violence, Suicide, and Crime. (St. Martin's Press, NY, 2008).

22. Wow, I'm an American! How to Live Like Our Nation's Heroic Founders. (Lake Edge Press, Ithaca, NY, 2009).

23. Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and their Families. (Springer Publishing Company, NY, 2013).

24. Guilt, Shame and Anxiety: Understanding and Overcoming Negative Emotions. (Prometheus Books, Amherst, NY, 2014).

#### **IV. PEER-REVIEWED PUBLICATIONS**

1. Breggin, Peter. "The Psychophysiology of Anxiety." Journal of Nervous Mental Diseases, 139:558-568, 1964.

2. Breggin, Peter. "Coercion of Voluntary Patients in an Open Hospital." Archives of General Psychiatry, 10:173-181, 1964. Reprinted with a new introduction in Edwards, R.B. (ed): Psychiatry and Ethics. Buffalo, Prometheus Books, 1982, and in Edwards, R.B. (ed): Ethics of Psychiatry. Amherst, New York, Prometheus Books, 1997.

3. Breggin, Peter. "The Sedative-like Effect of Epinephrine." Archives of General Psychiatry, 12:255-259, 1965.

4. Breggin, Peter. "Psychotherapy as Applied Ethics." Psychiatry, 34:59-75, 1971.

5. Breggin, Peter. "Lobotomy: An Alert." American Journal of Psychiatry, 129:97, 1972.

6. Breggin, Peter. "Psychosurgery." Journal of the American Medical Association (JAMA), 226:1121, 1973.

7. Breggin, Peter. "The Second Wave of Psychosurgery." M/H (Mental Health), 57:10-13, 1973.

8. Breggin, Peter. "Therapy as Applied Utopian Politics." Mental Health and Society, 1:129-146, 1974.

9. Breggin, Peter. "Psychosurgery for Political Purposes." Duquesne Law Review, 13:841-862, 1975.

10. Breggin, Peter. "Psychiatry and Psychotherapy as Political Processes." American Journal of Psychotherapy, 29:369-382, 1975.

11. Breggin, Peter. "Madness is a Failure of Free Will; Therapy Too Often Encourages It." Psychiatric Quarterly, 53:61-68, 1981. Originally published (in French) in Verdiglione A (ed): La Folie Dans La Psychoanalyse. Paris, Payot, 1977.

12. Breggin, Peter. "Electroshock Therapy and Brain Damage: The Acute Organic Brain Syndrome as Treatment." Behavior and Brain Sciences, 7:24-25, 1984
13. Breggin, Peter. "Neuropathology and Cognitive Dysfunction from ECT." Psychopharmacology Bulletin, 22:476-479, 1986.
14. Breggin, Peter and de Girolamo, G. "Ellettroshock: Tra Rischioiatrogeno e Mito Terapeutico." Quaderni Italiani di Psichiatria, 6:497-540, 1987.
15. Breggin, Peter. "Precious the Crow." Voices (Journal of the American Academy of Psychotherapists), 23:32-42, Summer 1987.
16. Breggin, Peter. "The Three Dynamics of Human Progress: A Unified Theory Applicable to Individuals, Institutions and Society." Review of Existential Psychology and Psychiatry, 21(1-3):97-123, 1988-89.
17. Breggin, Peter. "Addiction to Neuroleptics?" American Journal of Psychiatry, 146(4):560, 1989.
18. Breggin, Peter. "Dr. Breggin replies." American Journal of Psychiatry, 146(9):1240, 1989.
19. Breggin, Peter. "Brain Damage, Dementia and Persistent Cognitive Dysfunction Associated with Neuroleptic Drugs: Evidence, Etiology, Implications." Journal of Mind Behavior, 11:425-464, 1990.
20. Breggin, Peter. "Psychotherapy in the Shadow of the Psycho-Pharmaceutical Complex," Voices (journal of the American Academy of Psychotherapists), 27:15-21, 1991
21. Breggin, Peter. "A Case of Fluoxetine-induced Stimulant Side Effects with Suicidal Ideation Associated with a Possible Withdrawal Syndrome ('Crashing')." International Journal of Risk & Safety in Medicine, 3:325-328, 1992
22. Breggin, Peter. "Parallels Between Neuroleptic Effects and Lethargic Encephalitis: The Production of Dyskinesias and Cognitive disorders." Brain and Cognition, 23:8-27, 1993.
23. Breggin, Peter and Breggin, Ginger Ross. "A Biomedical Programme for Urban Violence Control in the US: The Dangers of Psychiatric Social Control." Changes: An International Journal of Psychology and Psychotherapy, 11(1) (March):59-71, 1993.
24. Breggin, Peter. "Psychiatry's Role in the Holocaust." International Journal of Risk and Safety in Medicine, 4:133-148, 1993. Adapted from a paper delivered at "Medical Science Without Compassion" in Cologne, Germany and published in the conference proceedings.

25. Breggin, Peter. "Campaigns Against Racist Federal Programs by the Center for the Study of Psychiatry and Psychology." Journal of African American Men, 1(3), 3-22, Winter 1995/96.
26. Breggin, Peter. "Should the Use of Neuroleptics Be Severely Limited?" Changes: An International Journal of Psychology and Psychotherapy, 14:62-66 March 1996.
27. Breggin, Peter and Breggin, Ginger Ross. "The Hazards of Treating 'Attention-Deficit/Hyperactivity Disorder' with Methylphenidate (Ritalin)" Journal of College Student Psychotherapy, 10:55-72, 1996.
28. Breggin, Peter. "Psychotherapy in Emotional Crises without Resort to Psychiatric Medication." The Humanistic Psychologist, 25:2-14, 1998.
29. Breggin, Peter. "Analysis of Adverse Behavioral Effects of Benzodiazepines with a Discussion of Drawing Scientific Conclusions from the FDA's Spontaneous Reporting System." Journal of Mind and Behavior, 19:21-50, 1998.
30. Breggin, Peter. "Electroshock: Scientific, ethical, and political issues." International Journal of Risk & Safety In Medicine, 11:5-40, 1998.
31. Breggin, Peter. "Psychostimulants in the treatment of children diagnosed with ADHD: Part I—Acute risks and psychological effects." Ethical Human Sciences and Services, 1:13-33, 1999.
32. Breggin, Peter. "Psychostimulants in the treatment of children diagnosed with ADHD: Part II—Adverse effects on brain and behavior." Ethical Human Sciences and Services, 1:213-241, 1999.
33. Breggin, Peter. "Psychostimulants in the treatment of children diagnosed with ADHD: Risks and mechanism of action." International Journal of Risk and Safety in Medicine, 12 (1), 3-35, 1999. (Simultaneously published version of #'s 24 and 25)
34. Breggin, Peter. "Empathic self-transformation and love in individual and family therapy." Humanistic Psychologist, 27:267-282, 1999.
35. Breggin, Peter. "What psychologists and psychotherapists need to know about ADHD and stimulants." Changes: An International Journal of Psychology and Psychotherapy, 18:13-23, Spring 2000
36. Breggin, Peter. "The NIMH multimodal study of treatment for attention-deficit/hyperactivity disorder: A critical analysis." International Journal of Risk and Safety in Medicine, 13:15-22, 2000. Also published in Ethical Human Sciences and Services.
37. Breggin, Peter. "MTA study has flaws." Archives of General Psychiatry, 58:1184,

2001.

38. Breggin, Peter. "Empowering social work in the era of biological psychiatry." (2001) [The annual Ephraim Lisansky lecture of the University of Maryland School of Social Work.] Ethical Human Sciences and Services, 3:197-206.

39. Breggin, Peter. "Fluvoxamine as a cause of stimulation, mania, and aggression with a critical analysis of the FDA-approved label." International Journal of Risk and Safety in Medicine, 14: 71-86, 2002. Simultaneously published in Ethical Human Sciences and Services, 4, 211-227, 2002.

40. Breggin, Peter. "Psychopharmacology and human values." Journal of Humanistic Psychology, 43: 34-49, 2003.

41. Breggin, Peter. "Suicidality, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs): A review and analysis." International Journal of Risk and Safety in Medicine, 16: 31-49, 2003/2004. Simultaneously published in Ethical Human Sciences and Services, 5:225-246, 2003.

42. Breggin, Peter. "Recent U.S., Canadian and British regulatory agency actions concerning antidepressant-induced harm to self and others: A review and analysis." Ethical Human Psychology and Psychiatry, 7, 7-22, 2005. Simultaneously published in the International Journal of Risk and Safety in Medicine, 16, 247-259, 2005.

43. Breggin, Peter. "Recent regulatory changes in antidepressant labels: Implications for activation (stimulation) in clinical practice." Primary Psychiatry, 13, 57-60, 2006.

44. Breggin, Peter. "Court filing makes public my previously suppressed analysis of Paxil's effects." Ethical Human Psychology and Psychiatry, 8, 77-84, 2006.

45. Breggin, Peter. "How GlaxoSmithKline suppressed data on Paxil-induced akathisia: Implications for suicide and violence." Ethical Human Psychology and Psychiatry, 8, 91-100, 2006.

46. Breggin, Peter. "Drug company suppressed data on paroxetine-induced stimulation: Implications for violence and suicide." Ethical Human Psychology and Psychiatry, 8, 255-263, 2006.

47. Breggin, Peter. "Intoxication anosognosia: The spellbinding effect of psychiatric drugs." Ethical Human Psychology and Psychiatry, 8, 201-215, 2006. Simultaneously published in the International Journal of Risk and Safety and Medicine, 19, 3-15, 2007.

48. Breggin, Peter. "ECT damages the brain: Disturbing news for patients and shock doctors alike." Ethical Human Psychology and Psychiatry, 9, 83-86, 2007.

49. Breggin, Peter and Breggin, Ginger Ross. "Exposure to SSRI antidepressants in utero causes birth defects, neonatal withdrawal symptoms and brain damage." Ethical Human Psychology and Psychiatry, 10, 5-9, 2008.
50. Donald Marks; Breggin, Peter; and Braslow, Derek. "Homicidal ideation causally related to therapeutic medications." Ethical Human Psychology and Psychiatry, 10, 134-145, 2008.
51. Breggin, Peter. "Antidepressant-induced suicide, violence, and mania: Risks for military personnel." Ethical Human Psychology and Psychiatry, 12, 111-121, 2010.
52. Breggin, Peter "The FDA should test the safety of ECT machines." International Journal of Risk & Safety in Medicine, 22, 89-92, 2010.
53. Breggin, Peter. "Psychiatric drug-induced Chronic Brain Impairment (CBI): Implications for longterm treatment with psychiatric medication." International Journal of Risk & Safety in Medicine, 23: 193-200, 2011.
54. Breggin, Peter. "The Rights of Children and Parents in Regard to Children Receiving Psychiatric Drugs." Children & Society, 28, 231-241, 2014.
55. van Daalen-Smith, Cheryl; Adam, Simon; Breggin, Peter; and LeFrançois, Brenda A. "The Utmost Discretion: How Presumed Prudence Leaves Children Susceptible to Electroshock." Children & Society, 28, 205-217, 2014.
56. Breggin, Peter. "The biological evolution of guilt, shame and anxiety: A new theory of negative legacy emotions." Medical Hypotheses, 85, 17-24, 2015.
57. Breggin, Peter. "Understanding and helping people with hallucinations based on the theory of negative legacy emotions." Humanistic Psychologist, 43, 70-87, 2015.
58. Breggin, Peter. "Rational Principles of Psychopharmacology for Therapists, Healthcare Providers and Clients." Journal of Contemporary Psychotherapy, 46, 1-13, 2016.

#### **V. SELECTED BOOK CHAPTERS**

1. "The college student and the mental patient." In College Student Companion Program: Contribution to the Social Rehabilitation of the Mentally Ill. Rockville, Maryland; National Institute of Mental Health, 1962.

2. "Psychosurgery for the control of violence: a critical review." Chapter IV in Fields W, Sweet W (eds): Neural Bases of Violence and Aggression. St. Louis: Warren H. Green Publisher, 1975.
3. "Brain-disabling therapies." In Valenstein E (ed): The Psychosurgery Debate. San Francisco, WH Freeman, 1980.
4. "Disabling the brain with electroshock." In Dongier M, Wittkower ED (eds): Divergent Views in Psychiatry. Hagerstown, Maryland: Harper and Row, 1981.
5. "Psychosurgery as brain-disabling therapy." In Dongier M, Wittkower D (eds): Divergent Views in Psychiatry. Hagerstown, Maryland: Harper and Row, 1981.
6. "The return of lobotomy and psychosurgery." Reprinted with a new introduction in Edwards RB (ed): Psychiatry and Ethics, pp. 350-382. Buffalo, Prometheus Books, 1982. Originally published in the Congressional Record, February 24, 1972, E1602-E1612. First reprinted in Quality of Health Care-Human Experimentation: Hearings Before Senator Edward Kennedy's Subcommittee on Health, US Senate, Washington, D.C., US Government Printing Office, 1973.
7. "Iatrogenic helplessness in authoritarian psychiatry." In Morgan RF (ed): The Iatrogenics Handbook. Toronto, IPI Publishing Company, 1983.
8. "Workshop on medication." In CSP: Choices and Challenges. Proceedings of the Seventh National Conference of the Community Support Program of the National Institute of Mental Health, 1985. U.S. Department of Health and Human Services, National Institute of Mental Health, pp. 92-95. Rockville, Maryland, 1986.
9. "Sex and love: sexual dysfunction as a spiritual disorder." In Shelp EE (ed): Sexuality and Medicine. Boston: D. Reidel, 1987.
10. "A hierarchy of values for evaluating human progress on an individual, institutional and societal basis," in Kollenda K (ed): Ethical Individualism and Organizations. New York: Praeger, 1988.
11. "Introduction: Spearheading a Transformation." In Peter R. Breggin and E. Mark Stern (eds): Psychosocial Approaches to Deeply Disturbed Persons. The Haworth Press, Inc., 1996, pp. 1-7.
12. "A Dangerous Assignment." In Rosenthal, Howard G. (Ed.). Favorite Counseling and Therapy Homework Assignments: Leading Therapists Share Their Most Creative Strategies. Philadelphia: Brunner-Routledge, pp. 58-59, 1998.
13. "Humility, Augmented by the Deep Breath Technique." In Rosenthal, Howard G. (Ed.). Favorite Counseling and Therapy Techniques: 51 Therapists Share Their Most Creative Strategies. Washington, DC: Taylor & Francis, pp. 44-46, 2001.

14. "Empathy, woundedness, burn out, and how to love being a therapist." In Kirkcaldy, Bruce D. (Ed.). Chimes of Time: Wounded Health Professionals: Essays on Recovery. Leiden: Sidestone Press. Chapter 16, pp. 261-271, 2013.

15. "TBI, PTSD, and psychiatric drugs. A perfect storm for causing abnormal mental states and aberrant behavior." In Brock, H. and Else, R.C. (Eds). The Attorney's Guide to Defending Veterans in Criminal Court. Minneapolis, MN: Veterans Defense Project. Chapter 10, pp. 251-264, 2014.

16. "Understanding and Overcoming Guilt, Shame, and Anxiety: Based on the Theory of Negative Legacy Emotions." In Kirkcaldy, B. (Ed). Promoting Psychological Well-Being in Children and Families. New York, NY: Palgrave Macmillan. Chapter 5, pp. 68-80, 2015.

17. "The Rights of Children and Parents in Regard to Children Receiving Psychiatric Drugs." In Newness, Craig. Children in Society. Monmouth, England: PCCS Books, Chapter 7, pp. 145-161, 2015. (republished from Children & Society, 28, 231-241, 2014.)

18. "Neuroleptic (Antipsychotic) Drugs: an Epidemic of Tardive Dyskinesia and Related Brain Injuries Afflicting Tens of Millions." In Davies, J. (Ed.). The Sedated Society: The Causes and Harms of our Psychiatric Drug Epidemic. New York: Palgrave Macmillan. Chapter 6, pp. 123-162, 2017.

## VI. AWARDS AND HONORS

1954-58. Honorary Harvard Scholarships. Graduated Harvard with Honors.

1987. Ludwig von Mises Award of Merit for efforts on behalf of the rights of psychiatric patients.

1990. Minnesota Mental Health Association; the David J. Vail National Advocacy Award "For distinguished service in protecting the rights and dignity of mentally disabled Americans."

1994. Honorary Visiting Fellow, Regents College School of Psychotherapy and Counseling, London, England.

1997. Great Minds in Counseling Lecture Series of George Washington University.

1998. Johnson Award "For Lifetime Contributions to the Field of Mental Health Advocacy" presented by the National Association for Rights Protection and Advocacy (NARPA).

1999. Gustavus Myers Outstanding Book Award Honorable Mention for The War Against Children of Color.



2000. Dr. Ephraim T. Lisansky Lecture at the University of Maryland School of Social Work.

2000. Maryland Association for Multicultural Counseling and Development, and the Bowie State University Department of Education Certificate of Distinction.

2001. Certificate of Special Congressional Recognition "in recognition of outstanding and invaluable service to the community" in psychiatry (2001), Carolyn McCarthy, Member of Congress.

2008. Visiting Scholar SUNY Oswego Department of Counseling and Psychological Services.

2013. Florida Adlerian Society, Cameron W. Meredith Social Interest Award.

2013. South Carolina Society of Adlerian Psychology, The Arlis J. Epps Social Interest Award: "In recognition of his efforts to help the helpers respond to others in a spirit of caring and empathy. His forthright criticism of contemporary psychiatry's reliance on diagnoses and drugs is a gift to mankind which epitomizes the Adlerian concept of social interest."

2016. Mexican National Award of Giftedness, from the Mexican Federation of Giftedness, an organization that regulates the gifted schools and diagnosis of superior intelligence in Mexico. The award is given "to people whose work impacts or has changed this community in a positive way." It is a pure silver coin with the Mexican national symbol and the gifted community flag engraved on it. A plaque is also given to Dr. Breggin as the keynote speaker at the 1st International Conference of Intellectual Giftedness this year held in Mexico City which had several thousand attendees.

2016. Wellness Forum Health, Health Advocate Award, Presented to Peter. R. Breggin, MD: "Thank you for your tireless efforts as a patient advocate and for being 'The Conscience of Psychiatry.'"

#### VII. COURT-QUALIFIED TESTIMONY

This is a list of US and Canadian cases since 1986 in which I have been qualified as an expert. My history of testifying in court as a psychiatrist is much longer, however, dating back to the 1960s.

Most of these are cases that have gone to a hearing or to a trial. I have consulted in a much large number of other cases, many of which have been settled. For example, I have participated as an expert witness in more than a dozen product liability cases against drug companies, nearly all of which have been settled without going to trial. Similarly, I have been consulted or given depositions in dozens of additional malpractice suits. Many have been

settled, including a large number involving antidepressants and another large number involving tardive dyskinesia and neuroleptic malignant syndrome induced by neuroleptic or antipsychotic drugs.

Because of its importance as one of the more significant judicial opinions in the history of mental health law, I am also including one of my earlier cases, the Kaimowitz decision on psychosurgery (1973).

### **Kaimowitz: An Early Landmark Case**

Kaimowitz v. Department of Mental Health. Civil Action N. 73-19434-AW (Cir. Ct. Wayne Co., Michigan, July 10, 1973. Summarized at 42. U.S.L.W. 2063 (July 31, 1973). The State of Michigan and Wayne State University had developed a program of experimental psychosurgery on patients in state mental hospitals. I testified on the history of psychiatry, psychosurgery, involuntary treatment, state mental hospitals, principles of informed consent, the history of psychiatry in Nazi Germany, and the Nuremberg Trials. Following my testimony, the court found that psychosurgery impairs mental function, including the ability to express oneself (freedom of speech). Also based on my testimony, the court invoked the Nuremberg code principle that an involuntary person subjected to coercion in a total institution (in this case, a state mental hospital) cannot be considered a genuine volunteer for medical experimentation. As a result, psychosurgery was stopped in all state and federal facilities throughout the nation.

### **Since 1986**

1. Karen Gartenberg v. St. John's Hospital, Barton et al. US District Court Central District of California No 85 1747 RMT 1986. Trial in 1987. Malpractice. A woman believed she was injured by electroshock. Testified in trial on electroshock treatment, medication, hospitalization, care.
2. In the matter of D.W.G. Jacket No. J-3455-85. Opinion dated June 26, 1987. In the Superior Court of the District of Columbia, Family Division. Judge Curtis E. von Kahn. A teenage boy was mistreated in an out-of-town residential facility where he had been sent by the District. I testified concerning medication, restraint, involuntary treatment, and hospital treatment of a teenage child. The judge based his opinion on my testimony, removed the boy from the hospital, and required the District of Columbia to provide him outpatient care.
3. Cornish and Cornish v. H. T. Ballantine. Superior Court Middlesex, No. 82-6729. (circa 1987). Massachusetts. Malpractice. A man believed he had been injured by psychosurgery. I testified on the effects of various analgesic and psychiatric drugs, and psychosurgery, and on standards of care.
4. Novelli vs. State of Alaska. 1988. Anchorage. Malpractice. I testified in trial concerning standards of care, medication including neuroleptics (tardive dyskinesia) and benzodiazepines, and adverse drug effects.

5. A. J. Maness. 1989. District of Columbia. Competency hearing. I testified on the effects of frontal lobe damage on competence.
6. Ballard v. 1989. North Carolina. A child was raped by a man who broke into a motel and the motel was sued. I testified in trial on rape trauma in children.
7. Hurst V. 1989. North Carolina. Malpractice. A clinic was sued by the family of a young man who committed suicide. I testified in trial on behalf of the clinic and the doctors concerning clinic standards of care, medication treatment, depression and suicide, and involuntary treatment.
8. Andre v. Somatics, Inc. 5.31.91. Supreme Court: New York County: IAS: Part 29. Index No. 9220/87. Judge used my report to, citing it for several pages, to reject the ECT manufacturer's request for summary judgment in the product liability case against them.
9. Pieretti v. 1991. Portland, Oregon. Malpractice. A man believed he was injured by electroshock. I testified in trial on electroshock treatment, medication, and standards of care.
10. Siegel v. H. T. Ballantine. Superior Court Suffolk, Civil Action No. 77735. Massachusetts. 1991. Malpractice. A man believed he was injured by psychosurgery. I testified in trial on psychosurgery, analgesic and psychiatric drugs, and standards of care.
11. Joe Richey vs. St. Elizabeth's Hospital (District of Columbia). 1991. An elderly man who had been involuntarily hospitalized since his teenage years brought an action to be released from the hospital on the grounds that he was not mentally ill. He received a jury trial. I testified in trial on the effects of physical and sexual abuse on a teenager, and on the impact of multiple medications, electroshock, repeated sexual abuse, and chronic institutionalization on an adult. Jury found for the patient, declaring that he was not mentally ill, and by implication, that he was being abused.
12. Kuss v. 1991. Houston, Texas. Malpractice. A woman believed she was injured by multiple psychiatric drugs. I testified in trial concerning standard of care and multiple psychiatric drugs, including the benzodiazepine Xanax and the antidepressant Prozac, as well as the FDA approval process.
13. Fleming v. Reid (CA) 4 O.R. (3d) 74 [1991] O.J. No. 1083 Action Nos 357/90 and 356/90 Court of Appeal for Ontario (Canada), Robins, Grange, and Carthy JJ.A. June 28, 1991. Without my appearing, cited as "authorities referred to" my paper "Brain damage, dementia, and persistent cognitive dysfunction associated with neuroleptic drugs: Evidence, etiology, and implications," 1990, 11 Journal of Mind and Behavior 425.
14. Piechotta v. 1992. Malpractice and Product Liability. Philadelphia, Pennsylvania. A child developed tardive dyskinesia after treatment with neuroleptic drugs. After deposition testimony concerning neuroleptics, the FDA, and product liability of the pharmaceutical industry, my credentials in drug product liability aspects were challenged and the judge affirmed my status as an expert. The case was settled.

15. State of Michigan versus Steven Leith. 1992. Testified in trial on the effects of the antidepressant Prozac in regard to causing violence in a criminal case.
16. A. Waddell v. 1993. North Carolina. Malpractice. A child died after an accidental overdose of Dilantin. I gave trial testimony by video concerning standards for prescribing drugs and the toxic effects of Dilantin on a baby.
17. State of New Jersey versus R. Biegenwald. 1993. Testimony in trial for sentencing in capital case. Testified on electroshock treatment, history of psychiatry, state mental hospitals, medications. Jury rejected the death penalty.
18. Jones v. Sacred Hospital. Oregon. 1994. Malpractice. A woman believed she was injured by electroshock. I testified in trial on the effects of electroshock treatment (ECT) and various medications.
19. Commonwealth of Virginia versus Grigsby. 1994. Craig County. A man committed a very violent murder while intoxicated with a variety of medical and non-medical drugs. I testified in trial on the effects of analgesics, alcohol, the antidepressant Prozac, the benzodiazepine Xanax and other medications on criminal conduct. The jury rejected the state's first degree murder charge and found second degree.
20. Fentress (the Wesbecker case) vs. Shea Communications; Jefferson Circuit Court. 1994. Louisville, Kentucky. Product liability. A man committed multiple murders within days of his doctor recording that Prozac might be making him psychotic. I testified in trial as an expert concerning pharmaceutical company negligence (Eli Lilly and Company), the FDA and the drug approval process, clinical trial evaluation, the spontaneous reporting system, and medication effects on behavior including the antidepressant Prozac and benzodiazepines. Sometime after my testimony, the case was secretly settled during the trial. The settlement was kept from the judge and the jury, while a watered-down case was delivered to the jury in exchange for the settlement. When the trial judge discovered the secret settlement after the trial was over, he changed the verdict to "settled with prejudice." The Kentucky Supreme Court found that Lilly had manipulated the court and might even have committed fraud; but the drug company was not prosecuted.
21. Commonwealth of Virginia versus G. Tribbett. 1994. Pretrial hearing. While taking Prozac, a man assaulted his neighbor. Without my appearing, the court accepted my written report on adverse effects of the antidepressant Prozac including the production of violence. The judge accepted allowed the defendant to make a lesser plea and to be released from jail.
22. Rohovit v. 1996. Iowa City, Iowa. A woman believed she was injured by electroshock treatment. I testified in malpractice trial on electroshock, drugs, and standards of care.
23. State of Alabama versus Parker. 1996. A boy who had been given Ritalin as a child became addicted to stimulants as a teenager, and committed drug-related violence. I testified in a hearing

before the judge on an Appeal of a Capital Punishment Verdict. My testimony covered the standard of care for psychiatry, drug addiction, and addictive effects of Ritalin on children.

24. Commonwealth of Virginia versus Amnulla Khaliqi. 1996. Fairfax, Virginia. A young man assaulted a policeman who aroused him from a stupor caused by multiple psychiatric drugs, including the benzodiazepines Ativan and Xanax, antidepressants, and neuroleptics. I testified he was not in a state of mind capable of understanding his Miranda rights.

25. State of North Carolina v. James Clark, 1997. Winston-Salem. A man taking the antidepressant Effexor committed a violent crime. He was charged with sexual assault, abduction, kidnapping and other crimes that could have added up to several life sentences. His behavior was bizarre and out of character. Judge William Freeman accepted my report on involuntary intoxication with the Effexor and the case was disposed satisfactorily to the defense by a plea bargain. I did not make a court appearance.

26. Accardo v. Cenac. 1997. Baton Rouge, Louisiana. A woman developed tardive dyskinesia after treatment with neuroleptic drugs. I testified in the malpractice trial concerning neuroleptic drugs, tardive dyskinesia and dystonia, as well antidepressants and benzodiazepines, the FDA, the pharmaceutical industry, standards of care, and adverse drug effects. The jury awarded \$1.3 million.

27. Accardo v. Cenac. November 6, 1998. Appeal 97 2320 (La. App. 1 Cir.) On appeal by the defendant, the judge cited my testimony and quoted from it extensively. Then, in an unusual turn of events, the appeals court doubled the award to the plaintiff.

28. State of Florida v. Brancaccio. 1997. A teenage boy committed murder while on the antidepressant Zoloft. I testified in trial concerning hospital negligence and adverse medication effects, including the antidepressant Zoloft and criminal behavior. The jury verdict was first degree murder. On appeal, the verdict was reversed on grounds that my testimony offered sufficient evidence of involuntary intoxication to require a specific jury instruction.

29. State of Florida v. Brancaccio. 1997. Citing my testimony, the appeals court concluded that the verdict should be overturned on the grounds that the judge should have given a specific involuntary intoxication instruction. Victor Brancaccio Appellant, 597 698 So. 2d. 597 22Fla. L. Weekly D1903. August 6, 1997.

30. Commonwealth of Virginia versus Amnulla Khaliqi. 1997. Fairfax, Virginia. A young man taking multiple psychiatric drugs assaulted a policeman. I testified concerning various drugs, including the benzodiazepines Ativan and Xanax, antidepressants and neuroleptics, and on the effects of Paxil and Prozac which he had taken earlier. He was acquitted of assault on the grounds of involuntary intoxication. This was the first application of the statute in Virginia.

31. Heisler v. Andrew Barnes, Circuit Court of Arlington County, Virginia, 95-1214, 1997. I testified in trial concerning closed-head injury, psychiatric diagnosis, and effects of medications, including antidepressant Zoloft. The patient was seeking damages from head injury in an

automobile accident and a jury gave her a small award.

32. *State of Florida v. Amanda Faith*, 1998. A fourteen-year-old girl was charged with first degree attempted murder. I testified on involuntary intoxication with Prozac, the effects of child abuse, and other issues concerning the development of children. The jury rejected state's first degree attempted murder charge and came back with second degree.

33. *Mitchell v. Upjohn*, 1998. Los Angeles Superior Court. A woman believed she was addicted by prescription Xanax. I testified in product liability trial concerning the benzodiazepine Xanax, addiction, drug testing, clinical trial evaluation, and the FDA. Despite a vigorous challenge from the defense, the judge accepted my testimony on all issues. The case was lost and the verdict is being appealed.

34. *Ungar v. Pike*, 1998. No. 92 L 728. Chicago. State of Illinois in the Circuit Court of Cook County. A man committed suicide while taking the benzodiazepine sleeping pill, Halcion. I gave deposition testimony on malpractice and product liability, and trial testimony on malpractice concerning the standard of care in internal medicine in regard to mental health issues, on benzodiazepines and specifically Halcion as a cause of depression and suicide, on drug labeling by the FDA, clinical trial evaluation, and research in psychopharmacology. The drug company, Upjohn, settled prior to trial. The jury awarded the plaintiff \$1.2 million.

35. *Commonwealth of Virginia v. Seager*, 1998. Fairfax County Circuit Court criminal case. Testimony before judge in hearing for sentencing of a man who plead guilty to several daylight home burglaries for drugs over a few day period. At the time of the offenses, he was being treated for depression and alcoholism with the antidepressant Paxil, the benzodiazepine Restoril (temazepam), and BuSpar (buspirone). I testified on the effects of these psychiatric drugs, as well as premature discharge from a drug rehab hospitalization, in worsening his alcoholism and causing drug-induced disinhibition with bizarre behavior. The official sentencing guidelines for the case spanned 2-6 years. The defendant had already spent 5 months in jail and the state sought an additional 4-5 year jail sentence. The judge, following my testimony, sentenced Seager to only 4 additional months, specifying that the purpose was to initiation of rehabilitation.

36. *State of Missouri v. Chiodini*, 1998. St. Louis, 22nd Judicial Circuit Court. Trial testimony in jury trial of criminal case. Jury reached a verdict of "Not Guilty By Reason of Diminished Capacity" in the case of man who had stood in front of his house with two pistols and fired upon a parked patrol car occupied by his wife and by a police officer who was slightly injured and returned fire. The morning of the incident, the defendant had been given the second in a series of electroshock treatments for depression on an outpatient basis. He was also taking five prescribed psychiatric medications, including Prozac. I testified concerning the effects of the antidepressant Prozac (also Paxil), the stimulant Ritalin, the benzodiazepine Klonopin, BuSpar, and Depakote. I focused on adverse effects on the brain of ECT and medications, including production of delirium with psychotic mania.

37. *Marriage of Mistic*, 1998; decision 1999. RFL 043 270. Superior/Municipal Court of State of California, Pomona, CA. I testified in court for respondent in a custody dispute over health

care issues surrounding Ritalin for ADHD. My testimony covered medication, diagnosis, and child development. A decision in favor of the petitioner is being appealed.

38. *A.M. v. Benes* [1998] O.J. No. 4333 DRS 98-19171 Court File No. 03-0007/96. Ontario Court of Justice (General Division) (Canada). Sutherland J. October 28, 1998. Without my appearing, cited Fleming and Reid (1991) (above) with my paper on neuroleptics as authoritative.

39. *Golding v. United States*, 1998, Bethesda, Maryland. I testified that a Navy serviceman's behavior was caused by a reaction to psychiatric medication.

40. *Petition for Post Conviction Relief, Circuit Court for Baltimore County, State of Maryland. Case No. 95-CR-4402. State of Maryland vs. Ben Garris.* 1999. A teenager was previously convicted of murder. I testified concerning the kind of expert testimony that could have been given at his trial concerning adverse drug effects, including Prozac, and criminal responsibility. The judge stipulated to my testimony as an expert.

41. *State of Indiana v. Michael E. Bailey.* February 2000. Criminal case. A man taking Xanax and Prozac committed a violent murder. I testified in court concerning the effects of many psychiatric drugs including Xanax, Prozac, stimulants, and analgesics, and also about the FDA approval and labeling process. I also testified concerning psychiatric diagnosis and the effects of child abuse.

42. *State of Connecticut v. DeAngelo.* February 2000. Criminal case. A man committed a series of bizarre robberies, including a bank robbery from which he fled by car amid a hail of police bullets. He was charged with first degree robbery and larceny. He had been prescribed Prozac for obsessive compulsive disorder and Xanax for anxiety disorder. I concluded that the combination of drugs caused his psychosis and his criminal behavior. The defendant waived a jury trial. According to the defense attorney, the judge relied on my report, as well as the reports of several other experts who reached similar conclusions. The judge determined that the defendant was suffering from a drug-induced mania and found him not guilty by reason of mental disease or defect.

43. *Wells v. Dr. John Cocker et al.* March, 2000. Court File No. 33501/92. Public Trustee File No. 102-687-907. Ontario Court (General Division). Malpractice suit involving neuroleptic drugs and tardive dyskinesia, as well as benzodiazepines and antidepressants. I testified as the medical expert on behalf of Ms. Wells in trial in March 2,000. Judge J. Philp qualified me as an expert on "(1) psychiatry including the use and adverse effects of psychiatric medication; (2) the reasonable standard of care of physicians prescribing psychiatric drugs including neuroleptics; (3) the reasonable precautions physicians should take in the prescription of and treatment with neuroleptic medication including Haldol; and (4) assessment, diagnosis and treatment of patients with Tardive Dyskinesia and the disabilities associated with Tardive Dyskinesia." Although I practice in the United States, the judge ruled that I possess the expertise to testify on the standard of care in Canada for physicians using psychiatric drugs. On June 16, 2000 Judge Philp found for Ms. Wells. Extensively citing my testimony, Judge Philp found the general physician

negligent and that his negligence caused Ms. Well's tardive dyskinesia. He also found a psychiatrist negligent but determined that the negligence did not cause the tardive dyskinesia. This was a landmark tardive dyskinesia case—the first to go to trial in Canada.

44. *Bearden v. Ezell*. December 2000. South Carolina, Pickens County, Family Court of the Thirteenth Judicial District. The father (Bearden) wanted custody of his nine-year-old son in order to remove him from residential treatment and to withdraw him from multiple psychiatric medications. Without appearing in court, I wrote an emergency medical report for the judge, including my finding that the child had early signs of tardive dyskinesia. After confirmatory opinions from local medical experts, the judge followed my recommendations and custody was awarded to the father. Working with local health professionals, I supervised the child's withdrawal from psychiatric medication.

45. *Glazer v. NE Illinois MRI et al.* December 6, 2000. District Court of Cook County. Malpractice against an internist (physiatrist) and an MRI center concerning the dose of the benzodiazepine Ativan (lorazepam) prescribed and given to an MRI patient for claustrophobia. The suit alleged that the over-sedation resulted in a car accident. I testified on benzodiazepine effects, on the FDA-approved label for benzodiazepines, and on standards of care for an internist (physiatrist) and an MRI technician in regard to medication. The jury awarded \$1.5 damages, found the plaintiff shared 44% of the responsibility for the auto accident, for a net award to the plaintiff of \$840,000.

46. *Johnston v. Ohl*. Circuit Court of Raleigh County, West Virginia. December 2000. The parents of a twelve-year-old boy wanted to remove him from a residential treatment facility where he was being held against their will by the West Virginia Department of Health and Human Services, and to have him evaluated and if possible withdrawn from multiple psychiatric drugs under my supervision, including neuroleptics. Without my appearing in court, based on my medical reports, the judge allowed the parents to remove him from a residential treatment center and specifically to have me supervise his treatment.

47. *Chiodini v. Deaconess Hospital et al.* in the Circuit Court for the City of St. Louis, Missouri, May 2001. Previously I had testified in the *State of Missouri v. Chiodini*, 1998 in which Mr. Chiodini was found not guilty due to drug- and electroshock-induced brain dysfunction (see above). Now I testified in the malpractice suit against the hospital and the doctor who had inflicted outpatient electroshock treatment upon him while he was taking Prozac, Ritalin, the benzodiazepine Klonopin, BuSpar, and Depakotc. Following the shock treatment Mr. Chiodini had shot multiple times at a police car containing his wife and a police officer who returned fire and was slightly wounded during the exchange. I had completed most of my testimony when the judge called for a brief recess. During the recess, the defendant hospital settled the case without cross-examining me. The doctor had settled earlier in the trial.

48. *Franko v. Worthington et al.*, Court of Common Pleas, County of Philadelphia, Pennsylvania, June 2001. In 1988 a man died from the combination of Prozac, Ritalin and other drugs with the MAOI antidepressant, Parnate. I testified concerning the effects and interactions of Prozac, Ritalin, and Parnate, and also drug development and FDA regulation. The jury found for the



defendant.

49. Commonwealth of Virginia v. John Lowe. July 2001. 28<sup>th</sup> Judicial Circuit, Abington, Virginia, Judge Charles H. Smith, Jr. presiding. A man who shot his estranged wife and a deputy sheriff was charged with many crimes, including kidnapping and malicious wounding. At the time of the incidents, he was being treated with Prozac, Remeron, and BuSpar. The judge accepted my testimony in all areas, including adverse drug reactions, drug labeling, FDA procedures, and criminal responsibility, including involuntary intoxication.

50. Daye vs. University of Medicine and Dentistry of New Jersey et al. November 2001. Superior Court of New Jersey Law Division: Essex County. A woman was treated as an outpatient with neuroleptic drugs and developed severe tardive dyskinesia and tardive dystonia. The judge accepted my testimony in all areas. I was the only expert for the plaintiff and the case was settled satisfactorily in favor of the plaintiff before it went to the jury.

51. State of South Carolina v. Brooke Jewell. Before Judge Edward E. Cottinham, Charleston County General Sessions Court. November 15, 2001. Sentencing hearing for a 27 year old man with no prior history of violence who pleaded guilty to rape charges. I presented evidence that Paxil can cause mania with disinhibition and aggressive sexuality, and that a Paxil-induced Mood Disorder caused or contributed to his actions. The judge accepted my testimony in all areas, including SSRIs, Paxil, the FDA approval process and related topics. The judge concluded that Paxil did contribute to the man's crime and instead of sentencing him to life without parole, gave him a more limited 21-year sentence.

52. Commonwealth of Virginia v. John Lowe. November 2001 Sentencing Hearing. 28<sup>th</sup> Judicial Circuit, Abington, Virginia, Judge Charles H. Smith, Jr. presiding. See No. 49 above. I sent a letter to the judge for the Sentencing Hearing reaffirming my previous testimony concerning the effects of Prozac, Remeron, and BuSpar. Judge Smith gave Mr. Lowe a reduced sentence. In his written opinion, the judge specifically cited my testimony concerning the effect of the prescription drugs on his mental condition and behavior.

53. Kemke v. The Menninger Clinic. U.S. District Court for the District of Kansas, Judge Gerald Vanbebber. Case No. 00-22630GTV. December 11-12, 2001. In the case of a man who wandered off the hospital grounds and died of exposure, I testified concerning standards of care in a residential treatment center and a mental hospital ward, as well as the standards of conduct of physicians in charge of a drug-company sponsored clinical trial of an experimental drug, including the determination of inclusion/exclusion criteria, informed consent, coercion in the consent process, and the monitoring and reporting of potential adverse drug effects. I was the only plaintiff's expert. The jury found the Menninger Clinic negligent and gave an award to the family.

54. Burns v. Bain. Superior Court of Suffolk, Massachusetts, Department of Trial Court Civil Action, No. 00-1593B, March 6, 2002. Finding of Medical Tribunal in favor of the Plaintiff. The case involved the long-term administration of the benzodiazepine, Ativan. Based on my report, the tribunal found that evidence sufficient to "to raise a legitimate question of liability

appropriate for judicial inquiry."

55. *Commonwealth of Virginia v. John Porter*, April 23, 2002. In a criminal trial before a judge, I testified concerning adverse drug effects in a man who became violent while taking the SSRI Zoloft and benzodiazepine Xanax. The judge found against the defendant but the case further established the validity of the involuntary intoxication defense in Virginia.

56. *Zimmerman v. Cleveland Clinic et al.*, May 28, 2002. In a malpractice case before a jury concerning a woman injured by psychosurgery, I testified concerning the history of psychosurgery, standards of care for evaluating psychosurgery patients, medication and cognitive behavioral therapy for obsessive-compulsive disorder including SSRIs, clinical versus research practices, and the use of Institutional Review Boards (IRBs). The jury returned a verdict for \$7.5 million. Judge Burnside.

57. *Frye v. Stretch*, June 26, 2002. Circuit Court of Jefferson County, Mississippi. In a malpractice case against a pediatrician concerning the prescription of Ritalin, I testified concerning the standards of care for evaluating children and prescribing stimulant medication, as well as the adverse effects of Ritalin, including the potential for addiction to cocaine. The defendant prevailed.

58. *State of Vermont v. Williams*, July 2002. Vermont District Court, Orange County. In a case in which an 18-year-old boy assaulted a female friend while he was withdrawing from the antidepressant Paxil, Presiding Judge Marie Davenport held a Daubert hearing concerning my credentials and my scientific method, and strongly endorsed both. I testified by telephone on January 30, 2002 and the judge rendered her opinion on July 9, 2002.

59. *Walls v. McDonough*, 2002. Florida. I testified on the effects of Ritalin in causing paranoia and violence.

60. *Ronnie Hall v. Behar, et al*, January 9, 2003. Court of Common Pleas in and for the County of Chester, Pennsylvania, Civil Division, No. 01-0603. A malpractice suit in which a child was prescribed multiple psychiatric medications including neuroleptics from an early age, experiencing developmental delays, and tardive dyskinesia (I testified that the TD was largely resolved by trial). I testified on causation concerning the adverse effects of all of the varied medications including Risperdal, Zyprexa, Haldol, Ritalin, Dexedrine, Adderall, and minor tranquilizers, including Klonopin. One of the defendants settled prior to trial and the other two prevailed in trial.

61. *Commonwealth of Pennsylvania v. James Taylor*, April 2, 2003. Court of Common Pleas of Monroe County, Forty-Third Judicial District, No. 1004-1996. A criminal case in which a psychiatrist became manic while taking Prozac and assaulted his colleague. He was seeking Post Conviction Relief, asking for a reduced sentence, on the grounds that his behavior had been caused by an involuntary intoxication and would not be repeated with proper treatment. My testimony was accepted on all matters pertaining to SSRI-induced mania and abnormal behavior. At various times, he was taking Prozac, Paxil, and Luvox. The judge's decision is pending.

62. Commonwealth of Pennsylvania vs. Kevin Patrick Creegan, August 20, 2003. Court of Common Pleas of Lebanon County, No. 2002-11205. Mr. Creegan drove his automobile into an unsuspecting policeman for the purpose of knocking him down to obtain his gun to commit suicide. After striking the officer with his car, Mr. Creegan tried forcibly to obtain his gun but was subdued by the injured officer with the help of good Samaritans. Following my report concerning the effects of Paxil on Mr. Creegan, the injured police officer and the state's attorney joined in requesting the release of Mr. Creegan after approximately one year in jail and a reduction in his overall sentence to 11 ½ months to 2 years, with 8 years probation. This was approved by Judge Robert Eby.

63. Alabama vs. Jackie Brown, Circuit Court CC00604.01-03, Gadsten, Alabama, August 26-29, 2003. While taking Paxil, Mr. Brown became involved in a shoot out with law enforcement officers who surrounded his isolated country home. Three officers were wounded (none seriously). Mr. Brown had two prior felony convictions from more than twenty years earlier, including one that involved violence that was not reported to me at the time of my initial evaluation. I found that Mr. Brown developed akathisia and a brief paranoid psychosis several hours before the shoot out and that the psychosis resulted from a mixture of Paxil withdrawal and toxicity. He had missed two days and then taken a dose on the day of the episode. He was also drinking alcohol. After a hearing, I was appointed and paid by the court as a "necessary expert" in the field of psychiatry and psychopharmacology, and was paid by the state by order of the court. However, immediately before my testimony, the state initiated and offered a plea bargain and three first degree attempted murder charges were reduced to assault. As a part of the plea bargain, he received a reduced sentence. The presiding judge was William H. Rhea, III.

64. Kim v. Group Health, November 2003. Superior Court of the State of Washington, King County, No. 01-2-19277-959A. A man developed tardive dyskinesia after being treated with the neuroleptics Trilafon (perphenazine) and Zyprexa (olanzapine), and with Paxil. I testified on causation and negligence. The trial ended with a hung jury.

65. Commonwealth of Pennsylvania v. Eric Gadsden, January 2004. Court of Common Pleas of Monroe County, Forty-Third Judicial District, No. 683 Criminal 2002. In the case of a man who shot and wounded his wife and a friend, I testified by video deposition concerning the role of Paxil and other SSRIs in causing violent and suicidal behavior. My testimony included discussions of the FDA drug approval process and interpreting the FDA spontaneous reporting system data. Hung jury on one count of attempted murder and not guilty on the second count. Guilty but mentally ill on aggravated assault charges.

66. Matley v. Minkoff, January 2004. Lowell, Massachusetts. A mentally retarded woman was treated with neuroleptics from age 18-22 and developed tardive dyskinesia. As the plaintiff's only expert, I testified concerning the treatment of mental retardation, neuroleptic drugs, and tardive dyskinesia. The jury found for the plaintiff and awarded \$200,000.

67. State of Michigan v. Christopher Bernaiche. Circuit Court for Wayne County, Detroit, Michigan, Case No. 03-01733. February 2004. A few days after his dose of Prozac was

doubled, a twenty-six year old man was beaten up in a bar and returned to shoot five people killing two. I testified on the effects of SSRIs on violence and suicide, as well as the FDA drug approval process, drug labels, and drug company misrepresentation. The jury convicted on first degree murder. Judge Deborah Thomas.

68. *Schultz v. Craig*. Circuit Court of Wayne County, State of Michigan. October 2004. Malpractice suit concerning a man who died in an automobile crash while dependent upon and intoxicated with the benzodiazepine Xanax. Phenobarbital and amphetamine blood levels were also at issue. I testified on causation and on the FDA and drug labeling.

69. *Ruth Kane*, Competency hearing. Tompkins County Courthouse. December 2004. I testified concerning the competency of an elderly woman with dementia.

70. *Kimberly Menzies as natural mother of Robert Menzies, a minor, v. Jose Foradada*. February 8, 2005. In the Circuit Court of the Thirteenth Judicial Circuit in and for Hillsborough County, Florida. Case No: 00-9521 Division A. A child neurologist was sued for allegedly causing tardive dyskinesia in a minor in a case involving Mellaril and Risperdal. I testified concerning both drugs as well as the drug labels.

71. *Salters v. Palmetto Health Alliance et al.* Court of Common Pleas, Fourth Judicial District, State of South Carolina, County of Richland. June 2005. In April 2007, Judge L. Casey Manning of the Court of Appeals, with two other judges concurring, affirmed the jury verdict in the *Salters* case. They confirmed that Dr. Breggin is "an expert in ECT" and cited his testimony on the standard of care and damages in affirming the jury verdict. Unpublished Opinion No. 2007-UP-187 (6 pages). Available on [www.ECTresources.org](http://www.ECTresources.org). Dr. Breggin had already been involved in many settlements of ECT cases before trial. However, this case, with Dr. Breggin as the psychiatric expert, was the first known malpractice jury trial verdict in favor of a plaintiff injured by ECT.

72. *Torres v. Torres*. State of New Mexico, County of Taos, in the District Court. 2003-216DM August 19, 2005. Testified by telephone in hearing concerning the over-medication of a child and the need for me to further evaluate him. The medications included neuroleptics. Per my testimony, Judge ordered the medication stopped and authorized my further evaluation.

73. *Morton v. Roberts*. General Court of Justice Superior Court Division, Buncombe County, North Carolina. No. 03-CVS-3855. April 2006. Malpractice concerning Prozac and Xanax involving a dentist who lost much of his career. Jury found for the defendant.

74. *Pomponio v. Weiser*. Superior Court of New Jersey Law Division: Essex County Docket Number: ESX-L-0664-03. May 2006. Civil Action. Malpractice concerning Prozac and Xanax regarding a businessman who lost his business and wife. Settled for \$250,000 during my testimony.

75. *Reynolds v. Anton*. Civil Action No. 01A 76719-3. In the State Court of Dekalb County,

State of Georgia, June 2006. Ritalin addiction and suicide. Jury found for defendant.

76. Texas v. Robert Rater. Two hearing to appeal criminal conviction on grounds that Xanax and other medications rendered him incompetent to manage his defense, 2007 and 2008.

77. Reinhardt v. Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, Southern California Permanente Medical Group (143056-2). Arbitration No. 8078, 10-JV\_914. Testified in West Los Angeles in 2009. Hon. Marvin D. Rowen, Judicate West, testified on the role of Tegretol toxicity in causing a death. In binding arbitration, the judge awarded the plaintiffs \$696,674.

78. Colorado v. Van Damme. Criminal trial. Denver area. November 2010. I was qualified to testify on the role of the SSRI antidepressant Lexapro (escitalopram) in causing or contributing to violence.

79. Florida v. Mourra. Criminal Trial. F. Wesley "Buck" Buck Blankner. Stanton/Orlando, Florida. August 23, 2011. I was qualified to testify on the SSRI antidepressant Zoloft (sertraline) as a cause of violence during withdrawal from the drug.

80. Torrence v. Southwest Internal Medicine, In the County Court of the 9<sup>th</sup> Judicial Circuit in and for Orange County, Florida. Case No. 2006CA11146. Division 37. Approved to testify on causation and negligence in malpractice case involving suicide on Zoloft and Xanax.

81. Manitoba v. a Youth. May 25, 2011. Canada. Judge Robert Heinrichs held a hearing to determine if a 17 year old who knifed a friend to death should now be sentenced as a juvenile or an adult. The hearing centered on my testimony that an involuntary intoxication with Prozac caused the boy's violent assault on his friend. The judge qualified me as an expert in psychiatry and psychiatric medication. In his written opinion on September 16, 2011, in the case of "Her Majesty the Queen and C.J.P" (Citation #2011 MBPC 62), Judge Heinrichs concluded, "Dr. Breggin's explanation of the effect Prozac was having on C.J.P.'s behavior both before that day and in committing an impulsive, inexplicable violent act that day corresponds with the evidence" (p. 18).

82. Rivera v. Babaknia, Superior Court of California, Orange County, Case No. 30-00101673. Approved to testify in malpractice suit involving suicide on Paxil and Xanax. January 24, 2012

83. Mazella v. Beals in the Supreme Court of the State of New York. November 21, 2012, a Syracuse jury awarded \$1.5 million in a suicide malpractice suit involving antidepressants, including Paxil and Effexor. I testified on general and specific causation, and on negligence in hospital and outpatient care.

84. Hollier v. Giant. May 2013. Case No 79061 in the District Court Lamar County Texas, 62nd Judicial District. I testified about a family doctor's treatment of a cervical pain patient with morphine, methadone, propoxyphene, fentanyl transdermal system (Duragesic), and other sedative and analgesic drugs, including benzodiazepines Xanax and Valium, and abrupt

withdrawal.

85. Baker v. Giant. November 19, 2013. State of Indiana in the Allen Circuit Court. Case No.02c01-1209-PL-79. Testified in malpractice case against a family doctor involving the suicide of a child taking Celexa. Testified about standard of care, adverse drug effects, causation and FDA procedures.

86. Angel v. Segal, State of Illinois, February 2014, in the Circuit Court of Cook County, Illinois, County Department, Law Division, No. 09 L 3496. I testified concerning autism and psychiatric drug treatment, including antidepressants Paxil and Zoloft and antipsychotics Zyprexa and Risperdal, in a case of tardive dyskinesia and tardive akathisia in a fifteen-year-old boy. The jury awarded \$1.5 million.

87. Topete v Sutter Health. Superior Court of the State of California for the County of Sacramento, No. 34-2011-00099829. June, 2014. I testified in a malpractice suit about the brain-damaging effects of ECT as well as adverse drug effects.

88. Sheridan v. Lehman, August 2014, Superior Court of New Jersey Law Division: Monmouth County, Docket No. MON-L-1913-11. Malpractice case. A man with no significant prior history of mental disorder committed suicide 16 days after he was prescribed Lexapro and Ativan by his internist. I testified on causation, including the scientific literature, FDA approval process, and drug labeling. The jury found for the defendant.

89. Amedia V. United States of America. Case Number 4:2011CV00378. August 22, 2014. Arizona District Court, Tucson, Division Office, County of Pima. Malpractice against the Veterans Administration for causing addiction to benzodiazepines and tardive dyskinesia. Testified concerning addiction and its treatment, FDA labels and approval process, and adverse effects of polydrug treatment including sertraline (Zoloft), bupropion (Wellbutrin), fluoxetine (Prozac), trazodone (Desyrel), temazepam (Restoril), venlafaxine (Effexor), propranolol (Inderal), oxazepam (Serax), primidone (Mysoline), benzotropine (Cogentin), quetiapine (Seroquel), lorazepam (Ativan), diazepam (Valium), paroxetine (Paxil, olanzapine (Zyprexa), lamotrigine (Lamictal), mirtazapine (Remeron) and zolpidem (Ambien).

90. Archer v. Grange Insurance Associates August 20, 2014 in binding arbitration before the Washington Arbitration & Mediation Services, Case number 130530002. This complex case surrounded a brain injury sustained in an automobile accident with multiple symptoms of traumatic brain injury (TBI) that led to the prescription of the antidepressant Paxil and eventual suicide. I testified about causation, as well as irresistible impulse. The plaintiff's family was awarded \$55,900 of a possible \$125,000 insurance policy.

91. State of Utah v. Drommund. Second Judicial District Court, Farmington, Utah. January 13, 2015. Criminal Case Number 051701317FS. After a Frye hearing, the judge approved Dr. Breggin's qualifications as an expert in psychiatry and psychiatric medications. The case was an appeal of murder conviction on the grounds that the trial judge did not allow evidence on psychiatric drugs causing violence and murder, primarily Effexor (venlafaxine), but also

Provigil, Zyprexa, Trazodone, and Depakote. See # 97 for the trial.

92. Morton v. PeaceHealth, malpractice, Circuit Court of Oregon in Lane County (Eugene). June 14, 2015. ORS21.160 (1) (D). Testified on causation concerning tardive dyskinesia (TD) caused by one dose of metoclopramide (Reglan) in an emergency room. [Patient had prior exposure to many doses of Phenergan (promethazine)].

93. State of Iowa v. Moffitt. Criminal number FECR276050. June 29, 2015. Testified about role of antidepressants bupropion (Wellbutrin) and trazodone in aggravating or causing violence and murder.

94. Ponzini et al. v. Monroe County et al., case number 3:11-cv-00413, in the U.S. District Court for the Middle District of Pennsylvania in Scranton. September 15, 2016. In the case of a 46-year-old man who committed suicide in jail after being restarted on the antidepressant Paxil, a federal jury awarded \$11.9 million including \$8 million in punitive damages against the healthcare provider and its individual personnel. The federal judge qualified me as a psychiatrist, psychopharmacologist and expert in the drug Paxil. I testified concerning the negligence and callous disregard displayed by the psychologist and psychiatrist who were working for the healthcare provider at the jail. I also testified on causation, not only concerning the acts of the psychologist and psychiatrist, but also the nurses and administrators of the healthcare provider. See [www.breggin.com](http://www.breggin.com) for more information.

95. Mazella v. Beals, May 8, 2017 (2014 NY Slip Op 08147 [122 AD3d 1358]) in Syracuse, New York. This was a retrial of a malpractice suit that previously resulted in a \$1,500,000 jury award in 2012 to the family of a man who committed suicide (see No. 83 above). The NYS Court of Appeals overturned the first trial because the judge allowed the jury to hear that the NYS licensure commission had censured the defendant doctor for many other cases. Dr. Breggin testified in the first trial that both the doctor's prescription of Paxil and his abandonment of his patient, both of which the doctor denied, contributed to or caused Mr. Beals' suicide. On the opening day of the second trial, a Frye challenge focused on the scientific basis of Dr. Breggin's planned testimony that (1) Paxil can cause suicide, (2) that SSRI antidepressants as a group can cause suicide, (3) that SSRIs can harm the patient's condition long-term, (4) that SSRIs can cause particularly violent suicides, and (5) that Paxil withdrawal is especially severe and can cause suicidal behavior. When the judge found that Dr. Breggin's scientific presentation in his affidavit met the Frye standard on all issues, the defendant settled the case the following morning. Dr. Breggin's affidavit and PDFs of the 37 papers he used to bolster his opinions are on his website, [www.breggin.com](http://www.breggin.com).

96. Commonwealth of Massachusetts vs. Michelle Carter. Juvenile ct. Div. Taunton session 15YO0001NE. March 21, 2017. In a Daubert hearing, the judge approved Dr. Breggin an expert in psychiatry and clinical psychopharmacology, in a case involving Prozac, Lexapro and Celexa as causes of abnormal behavior, including violence and suicide. Ms. Carter was charged with manslaughter for allegedly talking her boyfriend into killing himself. Dr. Breggin testified in mid-June in Taunton, Massachusetts. See # 98 for the trial.

97. State of Utah V. Drommund. See # 91 for earlier Frye hearing. July 10-11, 2017, Dr. Breggin

testified about antidepressants causing violence in the criminal case. The verdict is pending.

98. Commonwealth of Massachusetts vs. Michelle Carter. See # 96 for earlier Daubert hearing. June 12-13, 2017. In addition to testifying about involuntary intoxication with Prozac and Celexa, Dr. Breggin testified about the effects on seventeen-year-old Michelle of abuse perpetrated against her by texting and phone calls from eighteen-year-old boy who committed suicide. Dr. Breggin also testified concerning the effects on the young man of experiencing child abuse and witnessing domestic abuse in his own family. Michelle was convicted of manslaughter but received a light sentence (15 months in the local House of Corrections, stayed until lengthy appeals are finished). After her conviction and sentencing, Dr. Breggin wrote a Blog Series in six parts about the Michelle Carter trial, available on [www.breggin.com](http://www.breggin.com).

99. Commonwealth of Virginia vs. James Foringer. June 21, 2017, Circuit Court in Roanoke, Virginia. A respected reverend was charged with using a gun in a holdup. The impulsive act was committed in daylight at a pharmacy where he was well-known and easily identified as customer who had previously stopped by earlier in the day. Dr. Breggin testified that Rev. Foringer was suffering from an involuntary intoxication under the influence of a recently increased dose of Prozac and an overdose of prescribed oxycodone to which he was addicted. Dr. Breggin further testified that the two drugs have a special interaction that heightens their combined adverse effects. The defense attorney felt the judge lightened the sentence because of Dr. Breggin's testimony.



PETER R. BREGGIN, MD  
LIST OF TRIAL TESTIMONY LAST FOUR YEARS  
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State of Ohio v. Luebrecht. January 4, 2018. In the court of common pleas of Putnam County, Ohio. Case No. 2005CR0047. A man on increasing doses of Wellbutrin and Effexor, as well as on Ativan and Zyprexa, drowned his 14-month old son in a bathtub. This was an appeal for a new trial based on new scientific evidence, asking the court "to set aside its judgment of conviction, and permit Defendant to withdraw his previously tendered plea of guilty to correct a manifest injustice."

Durand v. Sarver Family Practice. May 29, 2018. Court of Common Pleases of Butler County, Commonwealth of Pennsylvania. No. 2014-10067. Daubert-like hearing testimony. A 20-year old man committed suicide after starting Zoloft.

Commonwealth of Pennsylvania. No.:2014-10067. Trial testimony. A 20-year old man committed suicide after starting Zoloft.