Rape Is Not A Metaphor

A Framework For Understanding Everyday Pharmaceutical Harms

BY LAURIE OAKLEY

This writing is not intended as a substitute
for the medical advice of a physician.
Before making any healthcare or treatment decisions
you should consult with a well-chosen, qualified expert.

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PART ONE: PHARMACEUTICAL RAPE

PHARMACEUTICAL RAPE is a relatively new phenomenon. It is a culturally invisible harm outside the domains of public, medical, and political discourse. However this type of violation is commonplace and stories of these harms are especially visible on internet forums. This new definition is meant to challenge the current, widely accepted societal assumptions about pharmaceutical harms, their pre-valence, causes and consequences. It provides an alternative framework for defining and interpreting serious adverse events that are prevalent in society and rooted in corporate pharmaceutical behavior. Through this definition it is hoped that pharma-ceutical violence will begin to be publicly recognized as the serious public health problem that it is.

Pharmaceutical rape stems from the collective decisions of powerful individuals within an industry-government-medical trade alliance. It is an abhorrent offense that results in an invasive violation of bodily autonomy for the victim. A pharmaceutical product is introduced into one's body that causes harm -- something one did not consent to -- something that one had a legal right to more information about so that a different choice could have been made. Most often, it involves trusting and having that trust violated.

Joanne's story

> In April 2011, I was prescribed Cipro (ciprofloxacin) for an uncomplicated, routine urinary tract infection. After only 6 days of 250mg twice daily, I was suddenly hit with a host of symptoms. Within two hours I went from being a healthy, 49-year-old to someone mutilated from head to toe, fighting for my life. My life has changed irreversibly. I have medical documentation of partial paralysis, head to toe tendon damage, hearing loss, heart murmur, kidney and liver damage, erythema multiforme, extreme food allergies.
>
> I was initially told that these symptoms, especially appearing collectively, was "rare." While this did little to help me, at least I thought I was just unlucky. Imagine my horror

when I found that, even using conservative numbers, hundreds of people are poisoned from fluoroquinolones each year with the same devastating result I endure. Not only are there countless scores of facebook, YouTube, and blogs on the internet from people with crippling stories almost exactly like mine, there are many people I have met within just my local area that are suffering in this same way. There is ample documentation to show that the FDA knows that these effects appear syndromically. The FDA knows the devastation caused by fluoroquinolones. Yet, the FDA allows these "medications" to be used in a flippantly casual manner by unknowing doctors with only a black box warning of possible tendon damage. Possible tendon damage implies a bad case of tennis elbow or, at worst, a rupture of the Achilles tendon. Nothing can explain my terror at suddenly having every tendon in my body as fragile as wet tissue paper. Nothing can explain the heartache of having to be fed like a baby by my eight-year-old child or being unable to use the bathroom without the assistance of others. Although I have made improvements in the last seven months, my chance of complete recovery, based upon expert information, is almost non-existent.

MedWatch, as it currently stands, does not work as an accurate reporting system. It requires doctors to report on their own errors. If physicians recognized the error, it is doubtful they would have made it in the first place. My PCP is a conscientious physician but just did not have enough information on the effects of fluoroquinolones. He reported to MedWatch that I was "recovered" only about 10 weeks out from the onset of my initial symptoms because I was no longer using a wheelchair full-time. He simply could not believe that the plethora of symptoms I suddenly had could be caused by a drug. I have to agree that it is completely unbelievable that anything so dangerous would be out on the market.

The subsequent specialists I now see: cardiologist, nephrologist, endocrinologist, immunologist, orthopedist, GI specialist, neurologist, physical therapist, etc., feel they cannot report my symptoms to MedWatch because I was not under their care at the time of the poisoning and, so, cannot confirm the cause and effect.

There is no established first-aid protocol for those poisoned by fluoroquinolones. We called the Poison Control Center. They confirmed that the effects I was experiencing were caused by Cipro but when we asked what to do they said, "Well, if you rupture, go to the emergency room." This was not helpful. My doctor also prescribed NSAIDS. Not only should physicians be informed that NSAIDS and steroids are contraindicated, there should be an intervention that includes the immediate administration of antacids or something to bind the remaining fluoroquinolone in an attempt to reduce damage.

—Rxisk. September 7, 2012

The driving causes of pharmaceutical rape are drug industry influence in the medical setting and the commodification of healthcare. Because this type of violence does occur, it constitutes a social problem that must become an accepted fact to be addressed within wider society.

The word rape

Pharmaceutical rape is not a metaphor for sexual rape*. It is a life-altering violation with parallels to child sexual abuse and rape. This writing borrows from a wide range of activism literature including feminist definitions of child sexual abuse and rape. It should serve to raise awareness for both issues.

For some, the use of the word rape in this context is offensive. I have been told that it trivializes "real" rape and retraumatizes survivors. Speaking only for myself as a survivor, I don't agree.

If you are not comfortable with this usage and yet think these definitions apply, feel free to use whatever words work for you. If you decide to use the word, please note that there is a radical type of social justice warrior who will likely challenge (i.e. bully) you on this.

"I have decided to stick with Love. Hate is too great a burden to bear."
—Martin Luther King Jr.

I would suggest taking the high road:

1. Don't be like them. This type of activist seeks not to understand but to dominate. They often "call out" others whom they choose to be offended by before considering who the person is or where they might be coming from. One thing you will never see this type of social justice warrior do is ask a question. Asking for clarification might lead to a better understanding and that would ruin all the fun.

2. Be like them. This type of activist demands to be heard. When the subject is a particular form of oppression that you haven't experienced, it's your job to shut up and listen. While I don't advocate being unkind, I believe these activists are onto something. When the subject is your pharmaceutical reality and one of them starts getting nasty (perhaps demanding you not use the word rape), tolerate none of their nonsense. Call them out for derailing your thread and keep the focus on pharmaceutical rape.

[*As a survivor of multiple traumas, including child sexual abuse/rape, I have found it essential to discover and use precise words to both name and make sense of my experiences. My choice to use the word rape to describe pharmaceutical violation comes not from a misunderstanding of the gravity of sexual assault, but from my understanding of it as an abuse of power that takes one by surprise, leaving confusion and destruction in its wake. It is my hope that this new definition can be approached with an open mind and that survivors of all abuses, regardless of what type, will extend the use of full vocabulary to fellow survivors.]

Other definitions you might want to know

Word/tone police - One popular Urban Dictionary definition reads: tone police are people who focus on (and critique) how something is said, ignoring whether or not it is true. They will discard a true statement simply because they don't like how it is presented. People who word/tone police take issue with the speech of others instead of hearing the message. They do not respect a person's right to choose their own words and tone when expressing outrage for injustice they have experienced.

Dog pile - Also from Urban Dictionary: a disagreement on an internet message board wherein one person says something [that is unpopular] and a large number of people comment in response to tell the person how wrong and/or horrible they are, and continue to disparage the original commenter beyond any reasonable time limit. People who contribute to a dog pile are usually reacting and therefore not listening. Their only concern is shutting up the person who triggered their reaction.

These kinds of behaviors have been used against the term pharmaceutical rape by people who either subscribe to a social justice dogma that prevents them from thinking critically, or who do not yet understand the seriousness of the current pharmaceutical reality. Fortunately or unfortunately, there are few things that exemplify a pharmaceutical rape culture more clearly, as well as our need to address it, than the knee-jerk reactions of these individuals.

Other things pharmaceutical rape is not

Involuntary treatment - Also referred to as forced drugging, this is: medical treatment undertaken without a person's consent. In almost all cases, involuntary treatment refers to psychiatric treatment administered despite an individual's objections. While forced drugging is considered a serious violation in its own right and often involves the use of pharmaceutical products that can cause life-altering harms, involuntary treatment in and of itself is not what is meant by this definition of pharmaceutical rape.

Recognized side-effects - A side-effect is described as: a secondary, typically undesirable effect of a drug or medical treatment. Recognized side-effects are acknowledged drug reactions that are included on medication warning labels. Some harms are going to occur even when risks are disclosed and precautions are taken. Pharmaceutical assault involves drug risks and reactions that patients have not been sufficently warned about. Many of these risks have gone intentionally unacknowledged, whether through bias in scientific research or failure to conduct follow-up studies, as well as failure to take anecdotal evidence seriously.

Medication error – A medication error is described as: any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, healthcare products, procedures, and systems including: prescribing, order communication, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use. Medication errors happen when things go wrong. Pharmaceutical violence results from intentional and systemic modes of operation within the drug industry and healthcare systems, as well as within academic, regulatory, and governmental institutions.

Medical malpractice – The definition of medical malpractice is: any act or omission by a physician during treatment of a patient that deviates from accepted norms of practice in the medical community and causes an injury to the patient. While medical malpractice is considered professional negligence, or conduct that falls short of accepted medical standards, pharmaceutical violations always occur within the common, accepted standards of medical practice.

Tenets of pharmaceutical rape

Full, informed consent is paramount. If any information for a pharmaceutical product is withheld, omitted, faulty, or misleading, full, informed consent is not possible. The lack of awareness of the full range of hazards about a drug should never obscure a basic acceptance that all drugs are poisons. Where adverse events are occurring and yet fail to become the subject of further attention or scientific study, this is pharmaceutical rape.

No pharmaceutical (including vaccines) is completely safe for everyone in all circumstances. Many have more dangers than are acknowledged. In the current climate, it is difficult if not impossible to judge whether or not full information for a product is being made available. Whenever a pharmaceutical treatment is offered, available alternatives must also be discussed.

Without judicious prescribing and adequate information, any patient can become a pharmaceutical rape victim. There are as many types of pharmaceutical violation as there are pharmaceutical products for which information has been withheld, omitted, or is faulty and/or misleading.

The root of pharmaceutical rape

The production and promotion of commercial products that have undisclosed/unacknowledged adverse outcomes for which complete scientific data has been withheld and/or kept unavailable for independent analysis. It is the continued promotion/prescribing of products irregardless of potential/unknown harms for which no follow-up studies are initiated or undertaken to confirm or rule out risks. It is the caviler prescribing of medications while ignoring or downplaying known risks.

In 2014, writing for Daily Kos, Lynn Vogel noted the lack of any meaningful response by medical authorities to the polypharmaceutically induced death of four-year-old Rebecca Riley:

> “Psychiatrist Dr. Kayoko Kifuji of Tufts-New England Medical Center had prescribed 4-year old Rebecca Riley psychotropic drugs for more than a year prior to the child's drug-induced death in December 2006.
>
> “CBS News reported that Dr. Kifuji had authorized a prescription regimen of ten medications per day for her patient's symptoms.
>
> “Rebecca Riley's death prompted national attention because her parents were charged and convicted of murder. Dr. Kayoko Kifuji continues to practice medicine.
>
> “There has been no meaningful introspection on the part of the medical community regarding these polypharmaceutical practices and the FDA has not intervened. Enter ADHD on the computer and one will find numerous practitioners promising quick diagnosis and treatment.

> "At the time of the 60 Minutes Rebecca Riley broadcast, one million children were receiving psychotropic drugs, today the figure is 6 million according to The New York Times. The number of deaths and impairments caused by these commonly-prescribed childhood drug cocktails are not dutifully tracked.
>
> "Some of the medications attributed to Rebecca's death were Depakote /750 mg, Seroquel /200 mg, and Clonidine /.35 mg. PhRMA members have repositioned these epileptic, depression, and hypertension control substances to treat ADHD and Bipolar disorders. These recycled drugs are not approved by the FDA for use in children under the age of six."
>
> — Daily Kos. Apr 29, 2014.

TO SIMPLY CONSIDER the concept, pharmaceutical rape, (and the fact that it goes so widely unnoticed, not to mention unprosecuted), is to take instruction in the power relationship between the multi-billion-dollar pharmaceutical corporations and the individuals for whom their products are targeted.

Pharmaceutical rape involves the reckless behavior of industry decision makers (and those who collude with them) that results in bodily damage to individual persons. It results from aggressive corporate decisions as well as drug company dominance in governments, regulatory agencies, academic institutions, medical journals, the psychiatric establishment, medical and mental health care systems, front groups, and the media. Because pharmaceutical rape can be so physically and psychologically destructive to its individual victims, it is a type of violence as opposed to being merely an effect of fraud for financial reward.

In 2006, Rebecca Riley's death brought widespread attention to the the emerging practice of the prescribing of powerful antipsychotics to toddlers who were being newly diagnosed with mental illness. These and other drugs that were being used off-label had never been tested in children. A report in the The Boston Globe, illustrated how "key opinion leaders" are rewarded by the pharmaceutical establishment to make this happen:

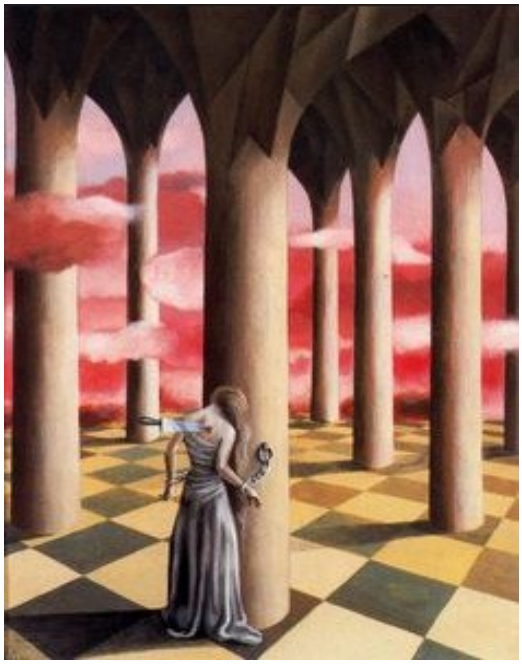
> "Psychiatrists used to regard bipolar disorder as a disease that begins in young adulthood, but now some diagnose it in children scarcely out of diapers, treating them with powerful antipsychotic medications based on [Joseph] Biederman's work.
>
> "'We need to treat these children. They are in a desperate state,' Biederman said in an interview, producing a video clip of a tearful mother describing the way her preschool daughter assaulted her before the child began treatment for bipolar disorder. The chief of pediatric psychopharmacology at Mass. General, he compares his work to scientific breakthroughs of the past such as the first vaccinations against disease[...]
>
> "Part of the criticism of Biederman speaks to a deeper issue in psychiatry: the extensive financial ties between the drug industry and researchers. Biederman has received research funding from 15 drug companies and serves as a paid speaker or adviser to seven of them,

> including Eli Lilly & Co. and Janssen Pharmaceuticals, which make the multi billion-dollar antipsychotic drugs Zyprexa and Risperdal, respectively. Though not much money was earmarked for bipolar research, critics say the resources help him advance his aggressive drug treatment philosophy."
>
> —The Boston Globe. June 17, 2007.

While Joseph Biederman may have faced some criticism after the pharmaceutical rape of Rebecca Riley, this kind of prescribing only escalated. Four years later, Forbes Magazine would report how the pharmaceutical industry responded to her death:

> "It is not illegal for a doctor to prescribe a drug off-label, that is, for a non-FDA-approved use, but a drug marketer cannot lawfully encourage a doctor to do so. The profits in psychoactive drugs, however, make it tempting to flout the law. In the past four years, AstraZeneca, Pfizer, Eli Lilly, Bristol-Meyers Squibb, and Forest Labs have all settled federal charges of marketing psychoactive drugs off-label, at a cost running into hundreds of millions."
>
> —Forbes. June 30, 2011

PART TWO: CAST OF CHARACTERS



WHEN IT COMES to pharmaceutical rape, it is no simple task to determine just who the "rapists" are (or to determine the safety or lack of safety of the treatments that they promote), but we are certain that the behavior exists, and that decisions are being made with no regard for the lives that are damaged and/or ended by the reckless promotion of pharmaceutical products. This type of industry behavior, and the behavior of all who are in collusion with it, makes it clear that the untold suffering of millions is not too great a price to be paid for the satisfaction these individuals get from their advancing prestige and monetary gain.

The violators

(Knowingly) – Corporate and governmental decision makers involved in the processes of production, approval, and marketing of said products; academic researchers involved in the study of said products while receiving industry funding; those psychiatrists, medical doctors or other professionals receiving financial compensation for lending their names to ghostwritten articles and other misleading materials about said products. (Key opinion leaders).

In the case of pharmaceutical rape, the "DNA" or proof that links industry behavior to individual injury is often found in a company's internal documents. For example, e-mails and memos from the makers of the blood thinner, Pradaxa (dabigatran), showed they had both knowledge of Pradaxa's dangers and financial incentive to let the drug onto the market without issuing any warning:

> "Employees of Boehringer Ingelheim, the German drug maker, continued to express concern over whether sales of their blood thinner, Pradaxa, could be harmed if the public learned that some patients might need regular testing for safety reasons, according to new documents unsealed by a federal judge in Illinois on Thursday.
>
> "The documents, which include a series of internal emails and memos, add to a trove of court records that were made public last week by Chief Judge David R. Herndon, of the United States District Court in East St. Louis, who is overseeing thousands of lawsuits filed by patients and their families, who say that Boehringer Ingelheim failed to properly warn them about the risks of taking Pradaxa.
>
> "Since its approval in 2010, the drug, which can cause fatal bleeding, has brought in more than $2 billion in sales in the United States, according to the research firm IMS Health. It has been prescribed to 850,000 patients, but has also been linked to more than 1,000 deaths."
>
> —The New York Times. Feb. 7, 2014

The accomplices

(Unwitting, assumed unknowingly) – Shareholders, government officials, the psychiatric establishment, persons in academic institutions, medical journals, medical and mental health care systems, front groups, pharmacists, other prescribers, and the media. In practice, doctors act as accomplices; because many are unaware of the extent to which the drug industry permeates medical education and culture, they are also victims.

Gwen Olsen, author of Confessions of an Rx Drug Pusher, worked as a pharmaceutical drug rep until she figured out that people were being harmed by her participation in this system:

> "I was being encouraged to minimize side effects when I talked to doctors. I started to realize that these patients were literally being tortured by the drugs. There is no such thing as a safe drug. I was so disillusioned, as well as angry, when I found out how much deception, how much misinformation was taking place and how I'd been used in that game. I literally was the one on the frontlines. I was harming people unintentionally, but I was responsible. I carry a burden for that now."
>
> —Global Research. March 26, 2015.

When Bruce Levine, a clinical psychologist, recognized that he was a cog the system alongside doctors who prescribed medications in ways that were harmful to children, he began speaking out against it:

> "[I] wanted to distance myself from [the mental health profession]. In the 1990s, I used to say, half-seriously, that when kids found out what had been done to them – including shrinks' pathologizing and drugging their reasonable rebellion –- these kids, when they

> grew up, would go after mental health professionals, and I was hoping that by speaking out that they would spare me. I was only half-joking."
>
> —Daily Kos. March 4, 2014

Psychiatrist, Mark Ragins, had prescribed the psychotropic medication, Zyprexa, trusting that it was safe. Later he would learn that it caused diabetes in many patients:

> "For me the last straw with drug companies was when I found out that they knew about diabetes and Zyprexa all along and intentionally hid it from doctors, leading us to put people at risk without knowing it. That felt like a terrible betrayal to me. (though, of course, not in the same league as what the people who got diabetes or even died went through)[...]
>
> Although I'm sure that I've helped many people with medications, the drug companies are extraordinarily dangerous partners[...]"
>
> —Psychology Today. October 10, 2010

The victims

Persons who experience unexpected physical, emotional, mental, and/or psychological adverse effects (immediately or from longer-term use) as a result of being prescribed products where insufficient or misleading information has been given. Parents who unquestioningly follow doctors orders and suffer the trauma of having harmed their children after procuring pharmaceutical treatments. (Also victims are doctors who have been led to prescribe said products without giving full safety information, whether because of drug industry influence or by following accepted prescribing protocols within medical and mental healthcare systems).

A post-SSRI sexual dysfunction (PSSD) story

> I first took citalopram (Celexa) in November 2007, at the age of 22. I had quite bad obsessive compulsive disorder (OCD) and because there was a long wait to try cognitive behavioral therapy, I was persuaded to try citalopram to treat my OCD.
>
> Initially it made me feel a bit sick, but the most noticeable thing was it completely abolished my sex drive. I simply stopped thinking about, desiring, or fantasizing about sex in any way. When I had an orgasm, it was nearly pleasure-less, and my penis felt anesthetized.
>
> I only took the drug for 4 weeks, but when I stopped taking it my libido didn't return to anywhere like it was before. After 2 months I became concerned, and asked my GP. He said my low libido and citalopram could not be connected in any way, as I had stopped taking the drug, and my low libido was likely down to low mood/anxiety. I wasn't convinced as I know how low mood or stress can affect my libido, and it is nowhere near

as severe, and returns quite quickly when I relax, or my mood lifts. I wasn't too concerned though, and assumed it would just take a few more months to return to normal.

I was then persuaded to take fluvoxamine (Luvox) for at least 3 months, as this is the time it is supposed to take before improving OCD symptoms. I started taking this drug in July 2008, and took it for about 5 months. I stopped after seeing no improvement in my OCD symptoms. I felt fluvoxamine had no effect on my sexual functioning whatsoever, and ironically it is the SSRI that has been reported to cause the least sexual problems, although some people are affected.

I was persuaded again to try citalopram for a longer period of time, and I agreed as I was ignorant to the potential of SSRI's to cause long lasting sexual dysfunction. In December 2008, I took it for about 3 weeks. This time I noticed an even further decrease in libido, and two days after taking it, I developed severe premature ejaculation. I had never experienced premature ejaculation up to this point in my life. After 3 weeks I developed a severe headache, which my GP thought was connected to citalopram, so this is why I stopped taking it.

After a few months of being off all SSRI's, my libido was still non-existent; I still had pleasure-less orgasms, my penis still felt anesthetized, and I had severe premature ejaculation. I started to become more concerned. Puberty had started for me at thirteen, so I have had many years to get to know how my libido works, and how it is affected by my mood or stress levels etc. The sexual dysfunction I experienced since taking citalopram was much more severe, was consistent every day, whatever mood I am in, and started directly upon taking citalopram.

Low mood, stress or OCD had never caused pleasure-less orgasms, severe premature ejaculation, or for my penis to feel anesthetized. All of these symptoms have been known to be caused by SSRIs, including citalopram. So I went to my GP hoping he would see that citalopram was the most likely cause. I explained the situation to him, and he told me there was no way citalopram could have caused my on-going sexual problems, as the drug was not in my system anymore.

He said "you will get better when you decide to get better."

Frustrated, I went to another doctor, this time with literature from credible scientists who had expressed concern that SSRI's could cause persisting sexual dysfunction, even after cessation of their use. She briefly looked at them, suggested my OCD could be the cause of my problems, and said I should never mention this problem to a doctor again. She also told me that as I had a history of mental health problems, it is unlikely that I would be taken seriously.

So I met with the psychiatrist who initially prescribed the citalopram. I sent him some literature I had found on the internet regarding post SSRI sexual dysfunction, as that was what I was now sure I was suffering from. He refused to read the literature, and also stated he felt my sexual problems were down to low mood or OCD. Eventually I insisted

on him reading the literature. He then told me that although PSSD might exist, he couldn't say whether or not I was suffering from it.

I have been to many doctors in the following years, explained to them why I was convinced I was suffering PSSD, and they have all attributed my sexual problems to low mood/ anxiety. My problems have been attributed to almost everything, apart from citalopram.

The only exception was a GP, ex psychiatrist, who told me he had no doubt citalopram was the cause of my on-going sexual dysfunction, and that he had a number of ex patients who had a similar experience to me; ongoing sexual dysfunction long after stopping an SSRI, that he had no doubt was caused by an SSRI. He then told me he couldn't predict if or when I would recover, but that if I did recover, it would take years.

The effect of living with PSSD is devastating. It has destroyed two relationships. Relationships with women end up being like an asexual friendship, with sex being like a pleasure-less boring chore, with no emotional connection or lust whatsoever. If I don't make a full recovery I don't think I will ever be able to have a "normal" sexual relationship in the future.

This obviously has serious implications for my future. In the years after developing PSSD, I have suffered from a severe depression, as I have been left in a horrible limbo state which has gone on year after year. This is directly linked to PSSD and has resulted in self-harm, a suicide attempt, and I have often contemplated taking my own life.

I feel alienated from my peers, as I can't relate to them – I can't get excited about girls with them and relationships, etc. I don't like listening to music as much anymore, as nearly all music is about love, sex, and romance in one way or another, and I don't like to be reminded about what I am missing out on. The same applies to certain films and T.V programs.

It is difficult to talk about this problem. When I have talked to people about it I have regretted it. People don't understand, or don't believe you. I have been laughed at even by doctors. People have suggested I might just be gay. In my social circle, only my parents and one close friend knows. The subject is taboo. This must be why this problem hasn't received much publicity. You are shamed into not talking about it.

I have now lived with PSSD for almost 7 years. The severe premature ejaculation has resolved, but it took 15 months to do so. The pleasure-less orgasms, penile anesthesia and non-existent sex drive remain. I live with a barely suppressed rage about what has happened to me, and especially about how I have been treated by the medical profession.

Since I first took citalopram I have felt like an old man, in a young person's body. I don't even feel like a proper human being anymore, I would describe PSSD as a protracted mental torture. I hope that one day I will recover, and be able to put this behind me, and

> that the medical profession will eventually treat this serious condition with the respect it deserves.
>
> —Rxisk. July 15, 2014

As with sexual rape, the victims of pharmaceutical violation are everywhere, walking among us unrecognized. Many may not even connect what they experience to their medications. This is a violation involving physical, emotional, mental, social, and spiritual damage at the hands of those holding power over medicines, who deny any wrongdoing and remain free to do the same to others.

PART THREE: THE GOOD PATIENT

IN OUR SOCIETY we learn a social script in which a “good patient” obeys the orders of doctors as authority figures. The ideal patient is a passive patient, subordinate to the physician. We are expected to relate to doctors as experts whose judgment we should trust when being prescribed medication. Because of drug industry influence, this everyday scenario invites pharmaceutical violation. Thus a pharmaceutical rape culture exists that fosters widespread harms to individuals. In those instances where a patient ends up recognizing that something has gone wrong, he or she will often place full blame on the doctor without recognizing that entire systems of individuals are ultimately responsible for the damage, with participants in those systems remaining far removed from the consequences of their actions. Only rarely does a victim of this kind of offense see the inside of a courtroom. Lawyers who represent the giant pharmaceutical companies will then scrutinize a victim's traits and behaviors in an attempt to prove personal factors such as poor health habits or an individual's own underlying illness are responsible for the condition.

Between 1999 and 2004, the heavily marketed pain reliever, Vioxx (rofecoxib), caused an estimated 88,000 heart attacks and strokes, with an estimated 38,000 deaths. After the drug was withdrawn from the market in 2004, lawsuits by patients and their families against the drug manufacturer, Merck, were beginning to pile up. One of the plaintiffs was the wife of Jamie Gregg:

> “Jamie Gregg, a 32-year-old construction worker from Katy, Tex., and father of three boys, had just reported for a job at Houston's Hobby Airport when he collapsed, apparently from a heart attack.
>
> “He was rushed to the hospital, where a medical team saved his life. But his brain had been deprived of oxygen for so long that Mr. Gregg is now in a nursing home in Lufkin, Tex., fed through a tube, unable to move more than his head or to utter more than a few syllables[...]
>
> "Mr. Gregg, who had undergone a series of back surgeries, had been taking a high dosage of Vioxx, 50 milligrams a day, for four years to treat back pain. So the day after Mrs. Gregg heard that Vioxx was being withdrawn from the market, she walked into the offices of Goforth Lewis Sanford, a law firm in Houston. That firm, along with W. Mark Lanier, a prominent Houston plain-tiffs' lawyer, are now preparing a lawsuit against Merck.
>
> "'[Vioxx] has got to be the reason,' she said[...]
>
> "But the plaintiffs' lawyers face a big obstacle in convincing juries that a person's heart attack or stroke was caused by Vioxx, because many people suffer such attacks for many reasons[...]
>
> "Thomas B. Moore, a Los Angeles lawyer who represents pharmaceutical companies in such matters, although not Merck in this case, predicted that even the estimate by Dr. Graham of the F.D.A. that the drug caused more than 27,000 deaths and heart attacks would not help plaintiffs win cases. "'The problem is that David Graham can't name one of them," Mr. Moore said. "He can't name one of those 27,000.'"
>
> —The New York Times. November 14, 2004

It is no remedy for pharmaceutical companies to pay out large settlements in instances where survivors are able to prove injuries were caused by medications that were prescribed with undisclosed risks. Since the problem lies in a culture that trusts in doctors who prescribe medicines to fix health problems while patients remain largely passive and dependent, one solution is to look at pharmaceutical injuries, in part, as a product of this authoritarian/passive relationship and to begin by addressing it at a personal as well as cultural level.

Social conditioning through direct to consumer advertising firmly establishes this pharmaceutical rape culture. When individuals are daily encouraged to "talk to your doctor," the implicit message is that the starting point for good health is regular visits to a doctor who will prescribe medications to be taken regularly. Accustomed to turning to pharmaceuticals for what ails us, we have all but forgotten that all medicines are poisons which pose risks of harm, even when instances are rare.

The mother of three-year-old, Brianna Maya, was advised by a pediatrician to give her daughter the over-the-counter medicine, Children's Motrin (Ibuprofen), for a fever and cough. The girl developed a rash but since her mother was not aware that this was a side-effect, she continued giving her daughter the medicine. As ABC News reported:

> “Over the next few days, a fine rash on her body and mild redness around her eyes morphed into something insidious: a rare, painful and potentially fatal skin reaction that burned and blistered her body inside and out, blinded her in one eye and left her fighting for her life in a burn unit 1,000 miles from home.
>
> "'It was like something you see in a science fiction movie,' said her mother, Alicia E. Maya Donaldson, 34, an assistant professor of social work at the University of Tennessee at Martin, as she recalled how her daughter looked at the time[...]”
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> “Brianna, now 13, has spent the last decade living the painful aftermath of SJS/Tens: She has undergone repeated eye surgeries and suffered recurrent eye and lung infections. Last summer, she developed seizures stemming from oxygen-deprivation during the worst of her illness. One of the ironies is that doctors have had difficulty controlling her seizures because anti-seizure drugs can trigger Stevens-Johnson syndrome. Because of vaginal scar-ring, "she will never be able to have normal sexual relations or bear children," her mother said[...]”

Dr. Bernard Cohen, director of pediatric dermatology at Johns Hopkins Medical Institutions in Baltimore, reminds us:

> “All drugs have risks, whether they're topical, oral or intravenous, The patient takes some risk, the nurse-practitioner or physician prescribing it takes some risk. Sometimes pharmaceutical companies are at fault." In the case of Stevens-Johnson syndrome, "this is one where everybody should take some responsibility for it."
>
> —ABC News, June 3, 2011

The drug manufacturer in Brianna Maya's case was ordered to pay her family $10 million for her injuries because the label on over-the-counter Children's Motrin had not warned of this rare but life-threatening condition. Stevens-Johnson syndrome had been a known risk, fully acknowledged by the drug company; the prescription version of Children's Motrin had always carried a warning. Yet when the risks are this rare, safety information is brushed aside.

The cultural tendency to focus only on a drug's benefits has been set in place by pharmaceutical companies and reinforced by the medical establishment; this denial of potential risks prevents patients from being able to make an informed choice. While many of us benefit from “safe” medications, children like Brianna (and her family) pay the horrendous consequences alone.

Pharmaceutical rape culture

Pharmaceutical rape culture is a culture in which iatrogenic harms are pervasive and normalized due to societal attitudes about medicine and health care. It is a complex set of beliefs that tolerates the commercialization of healthcare and supports everyday harms in medical and mental health care settings. It is a society where harm is only acknowledged as rare, yet is accepted as necessary, and inevitable. In a pharmaceutical rape culture, doctors and patients unknowingly trust what are oftentimes

pseudo-scientific facts put forth by drug makers about drug safety. Both doctors and patients end up disbelieving the reality of the adverse events they see, and instead believe alternate explanations for such events. A pharmaceutical rape culture condones widespread medical harms that are rooted in reckless practices within the industry-government-medical trade alliance because multiple societal systems are involved in producing, reproducing, and disseminating “information” about pharmaceutical products. This “information” sat-urates the public and reinforces that alliance.

A veteran's story

Jeremy Brooking was a U.S. Marine who, after surviving a sniper attack in Iraq, was sent to Camp Le-jeune, NC, to recover. It was then, he says, that the real battle began. News correspondent, Bob Segall of Indianapolis, reported in April of 2014:

> "The battle Brooking is talking about is an addiction to pain killers. Military doctors prescribed him 22 different medications – many of them powerful narcotics like Oxycontin and Hydrocodone – to numb his chest pain. A VA hospital gave Brooking 43 pills a day. That's nearly 1,300 pills a month. More than 15,000 pills a year. A 1-month supply of medication filled a plastic grocery bag.
>
> "'I lost three years of my life where I barely remember anything,' he said. 'I'd sleep 23 out of 24 hours of the day because of those pills. It destroyed our family. It really destroyed me.'”
>
> His wife, Tia, who witnessed him turning into a different person, decided to consult with medical staff at the VA to inquire about alternative treatment options.
>
> "The doctor said 'Your husband is never going to get better. This is how he's always going to be.' And I said 'What can I do?' And he said 'I can write you any prescription you want. Tell me what you want, and I'll write it.' He said 'I'm in the business of writing prescrip-tions.' I remember him saying that, and I said 'I don't want prescriptions. I want him to get better," she recalls, shaking her head. "It was horrible. Sometimes […] when I got home, I thought he was going to be dead."

Jeremy Brookings did eventually break free from his addiction to narcotics after he gave up on the VA's pain program and found a doctor willing to try other options. But thousands of returning veterans have lost the quality of their lives, while many others have died, as a result of the prescribing practices at the VA.

Dr. Pamela Gray, a VA Medical Center doctor in Hampton, Va., from 2008 to 2010, advocated for al-ternatives to the routine practice of prescribing narcotics but was told to stop by VA Administrators:

> "I was told by the department chair of internal medicine to think twice about not pre-scribing these narcotics," the doctor said. "I was ordered to write these drugs or be
>
> fired. I was ordered, as a physician with 25 years of experience, by a non-physician to do something that was medically incorrect. That is an intolerable position."

Gray recalled a severe shortage of qualified pain specialists within the VA yet the idea of creating pain management programs was rejected by supervisors. Treatments other than the prescribing of narcotics were not a cost effective option for the VA so doctors continued to over-prescribe.

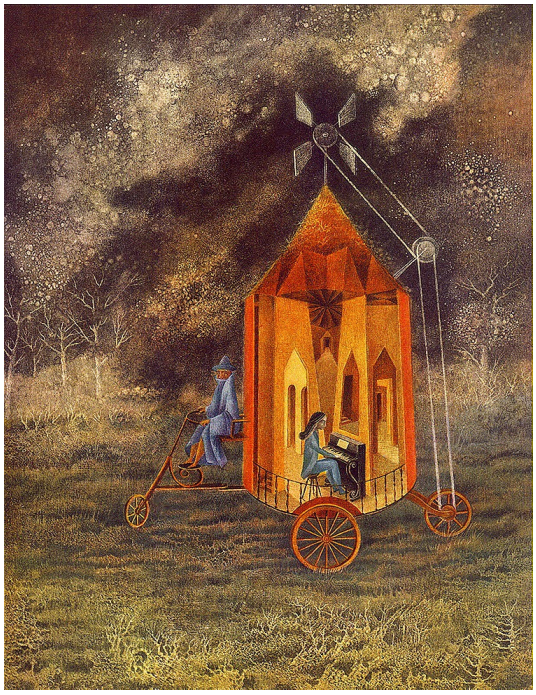
—WTHR 13 Indiana's News Leader. April, 2013

Medical/pharmaceutical objectification/commodification

An attitude about patients that places primary value on what treatments or procedures can be employed for reimbursement or compensation. Reducing the patient to a commodity with value being limited to financial usefulness.

Many in our communities, from the most vulnerable children to military veterans, end up experiencing serious medical consequences and unacknowledged suffering after trusting a doctor's advice. This is a literal type of rape that is downplayed by medical practitioners, regulators, and the entire healthcare systems that are charged with our care.

PART FOUR: DOCTORS STILL KNOW BEST



MANY WHO EXPERIENCE life-altering, adverse outcomes after taking their medicines as prescribed do not receive acknowledgment of what they have experienced, let alone the medical care they need. Medical systems do not recognize many treatment related outcomes and patients are therefore denied knowledgeable, compassionate treatment for the iatrogenic illnesses they experience after following doctors orders. While health practitioners can generally make a good living within healthcare systems, thousands of patients end up on disability after adverse pharmaceutical outcomes. Without the support of a doctor to verify one's condition, there are others who, tragically, end up on the streets.

Pharmaceutical privilege

The privilege of one who benefits within a system that uses pharmaceutical products to improve one's own life and well-being while denying or remaining oblivious to harms suffered by others within same system.

Pharmaceutical oppression

Deriving benefit from and/or being complicit with healthcare systems while refusing to consider or acknowledge pharmaceutical harms suffered by others; routinely ignoring, denying, and/or explaining away harms reported by others.

Medical fragility

In regard to pharmaceutical rape, this is an emotionally reactive, often arrogant stance that is taken when an individual (medical professional or otherwise) is exposed to suggestions of widespread iatrogenic drug induced harms. It is defensiveness on the part of the individual who often exhibits behaviors that include automatic skepticism, extreme unease, an unwillingness to listen, impatience, condescension, anger and argumentativeness.

Persons who demonstrate this fragility are unable to consider or acknowledge a medical reality that challenges a status quo that benefits them. They automatically discount information or ideas that make them uncomfortable and often attack those who are making claims. This stance is rooted in deeply ingrained ideas about the power of science and the prestige of the medical profession, as well as in the "goodness" of modern medicine. For many, one's very identity as a doctor or as a patient depends upon viewing the systems in which one gives or receives care as safe places of care. Reflecting on or seriously considering the many ways people are harmed by pharmaceutical products is intolerable, as one believes these kinds of things "just don't happen" in modern medicine.

Medical professionals who think in this way dissociate themselves from the idea of systemic, iatrogenic harms, and instead think of the injuries they do recognize as solitary incidents resulting from the "bad" behavior of others (whether the patient, drug industry or other medical professional). Doctors tend to be high achievers with a perfectionist bent. While attaining the high degree of competency required to practice medicine, many also acquire a deep sense of earned superiority. Any challenge to this core identity, or to the systems in which one is enmeshed, is intolerable.

Story: Doctors in denial

> I never set out to become a medical heretic. That job was ascribed to me by certain pharmaceuticals that are said to work wonders for the majority of the human race, but not for me: miracle drugs like the SSRI anti-depressants and the ever safe benzodiazepines. So when I described to doctors all that had happened to me while on these medications, most stared at me as if I'd just grown a second head. My report, it seemed, was over-the-top.
>
> One doctor congratulated me for kicking my "benzo habit" even though I had told her I'd taken only a small dose as prescribed by my doctor. When I tried to explain how tolerance withdrawal symptoms had been repeatedly misdiagnosed as somatization, and for that I had been given more psychiatric drugs over a period of several years while my physical and mental health deteriorated, she may as well have plugged her ears and shouted, la la la la la! Instead, she said, "uh huh," before opening my chart and recording my history with benzodiazepines in the illicit drug use category.
>
> After she left the agency, I started seeing a different doctor who listened to my stories in utter amazement. My experience was unlike anything he had ever heard in his many years of prescribing psychotropic medications. When I suggested that my ongoing, chronic insomnia might be a residual effect from having been prescribed a benzodiazepine for eight full years, he responded by saying there was no way of knowing for

sure, and at one point even asked, if the benzodiazepine had helped me to sleep, why didn't I just keep taking it?

Time for a new doctor.

I jumped from the frying pan into the fire. This new psychiatrist had a penchant for sighing and rarely looked at me. He mostly just shuffled papers and wrote things down. He wasn't interested in knowing what my experiences with medications had been, my complex history, or anything else about me. He was interested in prescribing a certain medication for my insomnia which he pushed even after I had educated myself about side-effects and informed him I didn't want to risk it. I did finally end up trying the medicine, which I didn't like and didn't continue. Then his impatience with me turned into disgust as he no doubt thought my fear of taking medications was irrational. He went on to tell me that millions of dollars and years of study went into the research and development of the drugs he prescribed and he was confident that they were safe.

—Rxisk. January 13, 2015

Pharmaceutical rape apology

An umbrella term for arguments suggesting that serious pharmaceutical violation does not exist or that it is not a widespread cause for concern. "Apology" in this context means defense or justification, like in Christian apologetics, not as a statement expressing regret.

Pharmaceutical rape apologists frequently view patients and doctors who recognize serious adverse events as misguided persons who are anti-science, conspiracy theorists, anti-vaccinationists, or some other type of deviant. Pharmaceutical rape apologists disbelieve pharmaceutical harms because evidence of harm is not forthcoming in the scientific literature. They deny any adverse outcome that does not conform with harms already commonly noted within the medical establishment, and dismiss reports of adverse effects when they have witnessed the drug in question work well for others.

Pharmaceutical violations are dramatically under-recognized. There is an enormous amount of misunderstanding and stigma associated with people who claim to have been harmed. Physician skepticism and outright denial prevents victims from having their claims validated, let alone officially reported to regulatory agencies. Instead of gaining support from a doctor to make sense of what has occurred, adverse effects are often trivialized or misdiagnosed as separate conditions (usually needing additional treatments).

Allegations of false reporting of injury often occur (within the realm of childhood vaccine administration, for instance). The medical establishment maintains that most pharmaceuticals, with rare exception, are safe and effective when taken as prescribed. There is very little room left for discussion of even the known risks of harm. Serious adverse events are said to be "rare," yet when they occur, victims and/or their families often find it difficult if not impossible to convince medical authorities that the event is related to medication.

Pharmaceutical rape myths

- The FDA protects the public.
- Drug safety is assured through hard science.
- Doctors have access to clinical trial data and are aware of all known risks.
- Serious adverse events are extremely rare.
- Development of drug dependence or addiction is unrelated to accepted prescribing protocols.
- Adverse events are always recognized by doctors and a connection to the drug is normally made.
- Harmful drugs are always recalled.
- Safe" drugs are always safe.
- Pharmaceutical injury occurs only as a result of medication error or malpractice.
- All vaccines are completely safe and effective.
- A good relationship with one's doctor protects one from a pharmaceutical injury.
- Individuals who make claims about pharmaceutical harms are against all medications and do not value the contribution of pharmaceuticals to society.
- Those who warn about pharmaceutical products are anti-science, refusing to listen to reason or to think rationally.

Secondary victimization

Secondary victimization is the re-traumatization of the pharmaceutically injured through negative social responses from medical, mental health and/or legal professionals, as well as from others (sometimes including one's own family). This is a nearly universal experience for those who have been harmed and may be especially insidious for those who are diagnosed with mental illness, chemical dependency, as well as the vaccine injured (and their families). Behaviors associated with secondary victimization include:

- Societal as well as individual denial of pharmaceutical harms. The tendency to remain oblivious in the face of evidence of harm.
- The trivialization of pharmaceutical violation. A response to harm denying that real damage was done.
- Skepticism and distrust of those who report harms instead of recognizing the harm potential of the treatment.
- The misdiagnosis and false labeling of individuals who have experienced adverse effects from their medicine.
- Reducing the patient to an "unusual anecdote." Accepting evidence from controlled clinical trials only, to the exclusion of what the patient says about effects of a drug treatment.
- Failure to report a patient's adverse events.
- Victim blaming: when the victim of a crime or any wrongful act is held entirely or partially responsible for that harm. It is your fault you were hurt because you did x, y, z. If you hadn't done x, y, z, you would not have been harmed. You went to the doctor, you asked for medication, you consented to the treatment, you kept going back to the doctor, you didn't do your homework, you should have known better, you should have listened to your body, I knew better and I didn't do those things.

- or, what you experience is your own illness: caused your poor diet, your lifestyle, your lack of exercise, your use of alcohol or other drugs, your age, your family genetics, etc. Claims are easily neutralized or discredited because health is subjective and adverse effects are easily attributed to other causes.
- or, you are at fault because you are a drug addict, (even though the addiction came about through or was aided by what is considered legitimate prescribing).

Pharmaceutical violence typically leaves the individual with an array of new problems that were not present when the treatment in question was first initiated. Many hurtfully deny or disbelieve the iatrogenic nature of the person's condition, and additional physical and/or mental effects caused by treatments often bring about additional stigmatization. The alienation suffered as a result of these acts is deeply felt:

> "I am a wreck after 8 years on Effexor, but of course once on the drugs your credibility is gone, so who listens to a person with a psychiatric "label" even though the label is false? Not only victims, we are totally ignored, while the psychiatrists somehow get put on a [false] pedestal. Challenge them at your own risk of getting a "label." No other doctors on earth have this sort of irrational power; just because they judge someone as this or that, often in a 10 minute appointment. I would like to know of just one person who ever went to a psychiatrist and didn't get [labeled]."
>
> —Commenter, DavidHealy.org. May 14, 2015

Post traumatic stress reactions and pharmaceutical violation

Unlike sexual rape, pharmaceutical violations almost always occur over a more prolonged period of time. Where a sexual assault survivor may experience a post traumatic stress reaction in the months and/or years following the event, pharmaceutical victims oftentimes experience these physical and psychological symptoms as adverse-effects while taking psychotrophic medications. Prolonged discontinuation syndromes upon stopping some medications are common and may overlap with a post-traumatic stress reaction from taking psychotropics. The trauma experienced from pharmaceutical violation can include disruptions to normal physical, mental, emotional, cognitive, and interpersonal behavior. Whether from a discontinuation syndrome or from the medications themselves (which are often reinstated to avoid this withdrawal-like condition), pharmaceutical survivors end up suffering, often for many years, with symptoms identical to PTSD.

Effects associated with both sexual rape and pharmaceutical violation include but are not limited to:

- Diminished alertness
- Numbness
- Dulled sensory, affective and memory functions
- Disorganized thought content
- Vomiting
- Nausea
- Paralyzing anxiety

- Pronounced internal tremor
- Hysteria, confusion and crying
- Bewilderment
- Acute sensitivity to the reaction of other people
- Profound inner turmoil
- Poor health in general
- Sense of helplessness
- Hypervigilance
- Inability to maintain previously close relationships
- Experiencing a general response of nervousness known as the "startle response"
- Persistent fear and or depression at much higher rates than the general population
- Mood swings from relatively happy to depression or anger
- Extreme anger and hostility
- Sleep disturbances such as vivid dreams and recurring nightmares
- Insomnia, wakefulness, night terrors
- Flashbacks
- Dissociation
- Panic attacks
- Reliance on coping mechanisms, some of which may be beneficial (e.g., philosophy and family support), and others that may ultimately be counterproductive (e.g., self-harm, drug or alcohol abuse)
- Sense of personal security or safety is damaged
- Feel hesitant to enter new relationships
- Unable to re-establish normal sexual function
- Discontinue previously active involvements, social groups
- Acute somatoform disorders (physical symptoms with no identifiable cause)
- Physiological reactions such as tension headaches, fatigue, general feelings of soreness or localized pain in areas of the body
- Dissociation and trying to get back to life before the assault
- Fears and phobias
- Nightmares, night terrors
- Violent fantasies of revenge may arise
- A fear of being in crowds
- A fear of being left alone anywhere
- A fear of going out at all, agoraphobia
- Paranoia
- Suicide

J. Oliver's story

Prior to taking Seroxat (Paxil), I had symptoms of tiredness and nausea. My general practitioner (GP) diagnosed me with anxiety and prescribed an anti-psychotic drug. Within 3 days I couldn't eat or sleep due to severe agitation. I was vomiting, pacing the floors, and crying uncontrollably. My GP diagnosed this as an anxious state and started me on Seroxat. (During this time it was discovered that I was badly anemic and needed a hysterectomy due to severe blood loss. This was more than likely the cause of the original tiredness and nausea). Even though I had informed my GP of heavy bleeding, etc., it seemed easier for him to give my symptoms a label of anxiety and start me on a roller coaster of dangerous psychiatric drugs.

I remained on Seroxat for 6 years as every follow up I was just given more prescriptions. I decided to take myself off the drugs during my 6 years of use with disastrous consequences. I became obsessed with trying to hang myself and couldn't function due to multiple horrendous symptoms, both mental and physical. Needless to say, I admitted myself to hospital as I had no idea what was happening to me. [I] felt better after Seroxat was reinstated.

I then decided to wean off again with instructions from my GP to taper for 9 months using alternate days[...]That was September 2004. I am now 8 years drug free and still living with damage incurred from taking Seroxat. The first 3 years of quitting were hell. Symptoms included anxiety, panic attacks, paranoia, agoraphobia, hives, itching, tingling, agitation, aggression, suicidal thoughts, homicidal thoughts, weak muscles, vision coordination issues, cognitive problems, dizziness, nausea, headaches, manic behaviour, racing thoughts, gastric upset, balance problems, burning sensations, heartbeat irregularities, palpitations, night sweats, insomnia, and total feelings of despair.

Eight years later to date I still have all these symptoms randomly. They come and they go, and although not as intense as the first years, it still gets pretty scary at times. Is this anything like prior to taking the drugs? No. I felt tired and nauseous. Was it worth taking this drug? No. The side effects of insomnia, muscle pain, blurred vision, weight gain, and feeling null and void of everything was worth nothing. Zero. Zilch. Will I ever recover? Who knows? GP's offer no validation or support. Will anyone be accountable for the damage I have? No. Everything is denied.

—Rxisk.org. August 29, 2012

PART FIVE: DISCRIMINATION & INTERSECTIONALITY

PHARMACEUTICAL VIOLENCE IS a social injustice that can intersect with every other type of oppression and form of discrimination. Dehumanizing in its own right, pharmaceutical rape (and the cultural/medical denial of it) compounds the distress already experienced by persons in socially marginalized groups as well as in individuals who are dependent, frail, or otherwise in their most vulnerable states. Many (but not all) who experience other forms of institutionalized oppression turn to healthcare systems where they are too often subject to retraumatization and further stigmatization.
This includes:

- **Women** – Pharmaceutical harms could be considered a structural form of violence against women alongside domestic violence and sexual assault. Women are specifically targeted with advertising for SSRI anti-depressants marketed as several different medications (that are not outwardly identified as SSRI's) for common issues such as premenstrual discomfort and hot flashes. Certain birth control products, hormone replacement therapy drugs, medications to prevent osteoporosis, and other medications are encouraged for widespread, routine use while the FDA's post-marketing surveillance system (MedWatch) is failing. Risks of harm are therefore downplayed and patient reports of harms are often met with skepticism. The life-injuries resulting from cavalier prescribing practices, and especially the systemic denial and trivialization of harms, have a deleterious effect on women, and reinforce the overall oppression of women in society.
- **Pregnant Women** (and the unborn) – Anti-depressant use in pregnancy is known to double the risk for miscarriage and to cause birth abnormalities. These risks are downplayed and anti-depressants are routinely prescribed to pregnant women. Narcotics are also commonly prescribed to women for pregnancy-related back pain leading to neonatal complications for newborns.

Where adverse-effects of medications are haphazardly overlooked while prescribing is encouraged, gross physical violation is occurring. Industry failure to disclose known drug dangers affecting the unborn child can be considered a covert attack against the bodies of women and children for the purposes of monetary gratification.

- **Children** – The widespread and routine, off-label prescribing of psychiatric medications to children when no tests have been performed in this population results in pharmaceutical injury that is difficult to quantify. While some harms are obvious, the full effects of these drugs on large numbers of children in their crucial stages of development are unknown. In 2009, approximately 1% of children in the general population in the U.S. were prescribed psychotrophic medicines for conditions like attention deficit disorder and depression; 2% of children in families receiving Medicaid were prescribed these drugs, **compared to an estimated 12 to 13% of children in the foster care system who are medicated with powerful antipsychotics and other mind-altering medicines.** Since 2009, these numbers have only continued to rise. This structured pattern of chemically treating the emotions of children in lieu of alternatives (such as seeking to understand the root of behavior and supporting children non-pharmaceutically), constitutes a form of child abuse that is a moral injury to individuals, their families, as well as to whole societies. A critical mind will also note that all children are being targeted with an ever growing list of vaccination requirements that are developed by and financially lucrative for the industry-government-medical trade alliance that is routinely failing to warn the public and patients about known, significant risks.
- **Individuals with Disability** – Pharmaceutical violation against the disability population is common as the medicalization of disability has led to increased prescribing in this subset. Societal structures and attitudes toward disability impose daunting barriers that these individuals struggle against daily. Pharmaceutical harms add to the struggle and impair one's ability to address these and other institutionalized oppressions. Those with developemental disability in particular are subject to the systemic, gross overprescribing of psychiatric and other drugs that can tragically end one's quality of life and in many cases lead to an early death.
- **Persons of Minority Race or Ethnicity** – Racial and ethnic minorities within the dominant society are subject to insti-tutionalized oppressions that can cumulate in profound, insidious trauma. Both obvious and not-so-obvious aggressions have significant health effects for individuals who end up in medical and mental healthcare systems where many receive additional blows. Unacknowledged pharmaceutical violation is a compounding factor in the physical and psychic trauma affecting minorities. It lends to the further destruction of family and community bonds that are es-sential for addressing and healing from massive social injustices.
- **Persons Identifying under the LGBTQIA Umbrella** – Inequity and discrimination affecting transgender and gender non-conforming people make them particularly vulnerable for multiple types of structural violence, including pharmaceutical violation. Familial and/or societal rejections culminate in both physical and mental health consequences for which individuals are often prescribed medications. Many are further disempowered by adverse out-comes while receiving medical treatments. This often unrecognized harm has an overall dampening effect on the collective health and political will necessary for group members' ongoing struggle for social justice and equality.
- **The Elderly** – Persons become increasingly vulnerable with age: many older people face neglect, risks of elder abuse, and exploitation. The systemic prescribing of multiple medications (polypharmacy) in this population amounts to an additional serious form of abuse that is

rampant and ongoing. Many lives are severely altered and/or prematurely ended by such prescribing. Though medications like anti-psychotics and benzodiazepines are known to put the elderly at risk, these and other questionable drug treatments are still being used at alarming rates. Serious abuses in their own right, these practices make the elderly (if they survive) more vulnerable to all other risks.

- **The Incarcerated** (including nursing facilities and psychiatric hospitals) — Pharmaceutical rape in institutional settings is especially insidious as power imbalances are intensified and harms are often delivered through systemic coersion and forced medicating. Medication compliance is often a requirement for one to be considered to have "good behavior." Many elderly in nursing facilities have been routinely prescribed dangerous, antipsychotic medications to control behaviors for the convenience of agency staff. Psychiatric survivors tell harrowing stories of having to endure the adverse effects of psychiatric drugs (including discontinuation syndromes after cessation) when medications have been forced upon them in institutionalized settings.
- **Persons labeled Mentally Ill** (including victims/surviviors of other abuses or violence) – Those who are prescribed psychiatric drugs are generally the hardest hit by pharmaceutical violence. Psychiatric drugs often have effects on cognition that make it difficult for the person to recognize the full scope of what is happening to them. Many are lost in mental healthcare systems for years while suffering the effects of multiple drugs. The stigma attached to being labeled with mental illness often causes one to lose esteem in the eyes of society, medical professionals, and even family members who may deem one less credible. This dehumanizing reality locks an individual into a cycle of further distress and additional treatments with psychotropic medications. Tragically, many feel helpless to address this injustice as these medications can wreak havoc on the mind and body, therefore leaving one with little agency with which to advocate for change.
- **Disabled Veterans** – Prescribing rates are high for active military members and veterans alike as doctors attempt to treat service related conditions like chronic pain and post-traumatic stress. There have been serious concerns about sky-rocketing suicide rates in returning veterans in connection with high levels of psychotrophic drug pre-scribing as well as concerns about the over-prescription of powerful narcotics in the absence of offering alternatives. Many veterans who had looked forward to returning to the safety of home have ended up spending their post-active duty years overwhelmed with effects of medications.
- **Men with "Middle Age" Issues** – While not a minority group, it is worth mentioning that drugs developed and targeted to men dealing with things such as hair loss and erectile dysfunction can carry significant risks that cause damage far exceeding the original problem. For instance, Propecia (finasteride) has led to permanent sexual dysfunction in some individuals. A recent study strongly suggests that men who take drugs like Viagra for sexual performance have a doubled risk of developing malignant melanoma, an aggressive skin cancer. Too often, the dangers of these medications become clear years after they have been approved for use, which is too late for many individuals.
- **Parcipants in Clinical Trials** – Again, not a minority group per se, however those who participate in pharmaceutical research studies pay for the advancement of science with their health and sometimes with their very lives. The violation occurs when the clinical trial data gained from those harms is altered or hidden in favor of more positive data. This positively spun science is then used to get medicines approved and widely prescribed to the general

public. The flagrant mishandling of scientific data, from tampering in clinical trials to its central role in the ongoing education of doctors, is the very back-bone of pharmaceutical rape.

INDUSTRY DECISION MAKERS and those who collude with them deflect attention from the systemic practices that lead to pharmaceutical rape by pointing to the life-enhancing and lifesaving potential of treatments that have been developed to benefit millions. It is true that nearly all of us have benefited from the innovations of modern medicine. It is also true that a failure of adequate warning, as well as system-wide refusal to acknowledge common adverse outcomes, has led to destructive, life-altering consequences for millions. Those who are injured have become a hidden class, a forgotten and often persecuted minority. Given that so many had been seeking relief from the effects of other oppression and marginalization, this constitutes nothing less than a reprehensible humanitarian disaster. Meanwhile, the medically privileged do not have to think about the ways the systems that benefit them deliver life-altering outcomes to others, and this willful oblivion is the basis upon which all social injustice thrives. While this type of injury can happen to anyone, it is not always recognized when medication is making one sick.

Internalization of pharmaceutical oppression

Internalization occurs when people who experience adverse events believe in the misdiagnoses of their symptoms and end up embracing additional labels and further treatment for their medication side-effects. Those who have internalized pharmaceutical oppression alter their attitudes, behaviors, speech, and self-concept to reflect an acceptance of a pharmaceutically-induced and medically-maintained sick role. The internalization of this manufactured reality can create low self-esteem, self-doubt, and even self-loathing as the individual continues to experience perpetual and worsening illness despite one's commitment and efforts to become well. (Especially true with diagnoses of a stigmatizing nature, e.g. psychiatric labels). Internalization of pharmaceutical oppression can also be projected outward as fear, criticism, and distrust of survivors and others who speak out and/or challenge the systems in which they receive care.

Statistics

Peter Gøtzsche, co-founder of the Nordic Cochrane Collaboration in Denmark, the world's foremost body in assessing medical evidence, has estimated that adverse-effects of medications that are used as prescribed are the third leading cause of death in the United States and Canada after heart disease and cancer. Known cases are believed to account for hundreds of thousands of deaths each year.
Serious harm seems to be 10 to 20 fold more common than lethal harm. An estimated 700,000 events are reported per year, less than one third of the estimated actual occurrences. While drug side effects are said to be a leading cause of death, disability and illness, it is estimated that only 1 – 10 percent of adverse events are ever reported.

Reporting

The FDA's post-marketing surveillance system is underused, underfunded and in serious disarray. While MedWatch is said to be an important tool for monitoring the effects of medications after limited studies and quick FDA approval, doctors are not trained to utilize this as an important aspect of their

work. Only 1 to 10 percent of adverse-effects are ever reported. Reasons doctors cite for not reporting include uncertainty as to whether the drug caused the symptoms, not wanting to look foolish for reporting, and a feeling that they are already too busy. Because the missing information does not get shared and acted upon within the medical system, patients end up reporting to one another "underground" via internet message boards and other forums set up to support patients who cannot find help within medical and mental healthcare systems.

Investigating

When an individual reports a life-altering outcome, very rarely is there any kind of investigation. Pharmaceutical injuries that are not denied as such are simply regarded as flukes or mistakes. There has been no effort made for a serious and thorough investigation into the systems-wide problems that enable and encourage widespread pharmaceutical harms. No governmental task force or entity has taken responsibility for uncovering the full extent of the problem, advocated for the passing of legislation, or for any other changes to address these ongoing harms. Instead, pharmaceutical companies are occasionally found guilty of various errors, are made to pay fines, and then go on to rape again and again.

Prosecution and conviction

Justice is rare to non-existent for victims of pharmaceutical violence. Legal actions to date have done little to significantly alter the industry-government-medical behavior that is so devastating to individual patients and their families. The structured practices that systemically deliver harms remain in place while drug companies pay occasional fines and continue to earn billions.

Prevention

Currently there is nothing in place for the prevention of widespread pharmaceutical harms. Despite the appearance of drug industry cooperation, efforts for prevention via full transparency in the sharing of clinical trial data have been met with resistance by pharmaceutical companies. For this and other reasons, the process of informed consent in the medical setting fails. Alternatives to drugs, devices, and medical procedures are not lucrative options from a business standpoint and so doctors, by and large, have little incentive to focus on the safer alternatives they could be offering patients.

Treatment

There are no systems in place for treating those who report harms. Treatment begins with listening and recognition. Medical systems in denial currently offer victims very little in the way of validation, let alone knowledgeable and compassionate care. Many of these manufactured illness require immediate medical intervention which is sadly non-existent in most places. Person-centered protocols for discontinuing psychiatric medications are urgently needed for patients who want and/or need to stop taking them. Many mainstream doctors remain unaware of the dependency potential of several medications they routinely prescribe.

ENDING OUR TOLERANCE FOR PHARMACEUTICAL RAPE

PHARMACEUTICAL VIOLENCE is a social issue as well as medical problem that demands a social response and medical intervention. To address what is now an ongoing failure of basic human rights and to help survivors recover from what has happened to them, it is important that we shift all of our focus to the systems that perpetrate pharmaceutical rape. We need to ensure that full responsibility is taken for the practices that lead to these iatrogenic harms. The essential way of assuring systemic change is to have an organized community response. This can occur through petitioning for a governmental task force, the enactment of new legislation, remedial actions through the courts, the initiation of comprehensive educational programs, new training protocols for health care providers, and various community-based efforts. Government officials, the courts, educational systems, medical professionals, and the public need to work together in order to bring about systems accountability. As we begin to fully recognize how pharmaceutical harms affect all parts of society, we can develop comprehensive responses as well as individual approaches to end all forms of pharmaceutical violation. Patients along with supportive doctors can come together to make this happen.

Medical allies

A medical ally is someone who commits to working toward ending the systemic practices that perpetuate pharmaceutical harms. An ally becomes willing to:

- Educate oneself on the full scope of corporate pharmaceutical influence in government, academia, healthcare (including front groups), and the media;
- Listen to and learn from the stories of people who have experienced harms;
- Examine one's own beliefs, prejudices, and assumptions about medical and mental healthcare systems, and the role of pharmaceuticals and pharmaceutical companies in healthcare;
- Recognize potential feelings of guilt, shame, and defensiveness and work toward understanding what might lay beneath them, taking time to grieve/heal as part of the process;
- Learn strategies for challenging the speech, behaviors, policies, and institutional structures that perpetuate iatrogenic outcomes via pharmaceutical influence;
- Act collaboratively with survivors to change the systems that support pharmaceutical rape and pharmaceutical rape culture.

Hubs for support and activism

The RxISK Community
Rxisk is an organization committed to breaking the silence around the social injustice of pharmaceutical violation. It is a go-to website for reporting and researching the adverse effects of medicines for patients, healthcare providers, and pharmacists. It is also a place where people can tell their stories, find support, and learn from the stories of others. The Data Based Medicine organization that sponsors RxISK was formed by an international team of medical experts who recognize the dangers inherent in medicine when public access to clinical trial data has not been granted by the multinational pharmaceutical companies. Rxisk is a free, independent drug safety website where prescription drugs can be researched to see what side-effects have been reported in the 5.9 million reports submitted to the FDA, Health Canada, and Rxisk. Users are able to download a Rxisk Report to take to their doctors to discuss whether the effects they are experiencing might be linked to the prescriptions they are taking.

Mad In America
The Mad In America (MIA) Online Forum was launched in 2012 and is a growing international community of people interested in a plethora of topics surrounding the rethinking of psychiatry, including psychiatry's embrace of medication prescribing. Central to MIA's mission is to provide a platform for the voices of those with lived experience within psychiatry, voices that have historically been stifled. MIA offers professional continuing education (CEUs) and continuing medical education (CME) courses that are based on research that is free from commercial interests. Topic areas include psychiatric medications, long-term effects, and alternatives that promote long-term recovery and better overall outcomes. The project operates under the non-profit umbrella of The Foundation for Excellence in Mental Health Care.

Grief Recovery Institute Educational Foundation
The Grief Recovery Institute Educational Foundation (GRIEF) is a 501(c)(3) organization specializing in helping people who are dealing with grief. The organization is headquartered in Sherman Oaks, California, with locations in Canada, England and Sweden. Its mission focuses on disseminating accurate and helpful information about grief and the possibility of recovery from the impact of death, divorce, and other significant emotional losses. Grief Recovery outreach programs are facilitated by individuals who become certified specialists in this particular method and groups can be made available in all parts of the world.

Because the Institute's founders, John James and Russell Friedman, recognize that sadness and grief are predictable and natural human responses to loss, they have spoken out against the medicalization of grief that often leads to the use of pharmacological treatments soon after a loss.

I include Grief Recovery here because of the significant losses many of us have experienced as a result of taking prescribed medications: the loss of health, loved ones, careers, dreams, trust, sense of safety, and more. Whether through the Grief Recovery Institute or some other method, it's important that we take time to grieve. By joining with others who are also grieving we break our isolation and, not insignificantly, our sharing may inform others of the risks in medicine that everyone deserves to know about.

Final thoughts

When thinking about the pharmacological abuses happening within medical and mental health care systems, it seems strikingly similar to the ongoing abuses that occur within toxic family systems. The situation cannot come to light within the toxic system because the abusers (and those in collusion with them) actively resist awareness of the problem. A profoundly sick system will not self-correct, rather its members will continue committing its deeds in secret, not even aware of what they are doing. The system will focus all of it's energy on keeping up appearances, especially with the yet-unharmed public, because this is its ongoing supply of victims.

These systems will not change unless forced. As with law enforcement in the US and its history of disregarding black lives, and like the government officials in Flint Michigan who exposed poor and minority children to lead poisoning -- dysfunctional medical systems (and the corporations that influence them) need ongoing intervention in the form of intense and sustained pressure from the outside. In the case of medical and mental health care systems, survivors can lead the way.

The pharma-harmed and those who care about them (including doctors) can apply needed pressure to strategic places, and by doing so, we further our transition from isolated victims to an empowered collective of survivor/activists. As we get clear on the issues, we can feel our anger and let that motivate us to take action.

Some proposed actions

Radical self-care, grieving, and healing -- first things first, we need and deserve to heal. An internal shift often brings about external change. While physical healing is oftentimes slow, making a commitment to our psychological and spiritual healing can lead us to more effective action.

Connecting with others -- imperative for healing. Not just connecting online, but in real time, in our communities with those of similar mindset. While some doctors may never hear us, when we listen to one another, identifying with and validating each others' stories, our movement grows in strength and unity.

Form "alternative healthcare homes" -- groups keen on the pertinent issues for the purpose of information sharing and mutual support. Perhaps a network of "Rxisk Recovery Groups." No need to reinvent the wheel – it is likely there is already an alternative/holistic group in your community that would be glad to receive your particular expertise and would welcome combining efforts.

Form a "buddy system" -- for approaching medical/mental health systems for the purpose of reporting harms; have someone from your group accompany you to appointments who will have your back. Do the same for others. Become part of an army of "reverse pharmaceutical reps."

Pressure medical professionals, organizations, and systems -- present with stories as well as evidence of harm and ask where they stand. Will they take action or remain complicit? The question plants a seed. Let them know responses are made public. (Online feedback pages, etc.)

Pressure elected government officials -- on all levels, also presenting with stories and evidence of harm, as well presenting them with petitions with clear demands -- the formation of a committee for investigation, task force to enforce independent data sharing programs, independent research initiatives, and medical recognition of our conditions, as well as recovery/withdrawal support. (And get rid of the television ads!) Will they take action or be complicit? The question plants a seed.

Educate the public through creative means – stories, art, film, etc., with special emphasis on collaborating with activists already fighting corporate corruption in other areas. Literature "tracts" left in strategic places, etc. (Please refrain from harassing the medicated – harass obstinate doctors or pharma instead).

Join efforts with other causes – This is how revolution occurs. Is your doctor concerned with corporate influence in the medical setting? Try to get him/her to connect that with your evidence. Is there an Occupy effort or something similar in your area? Get involved and share your message. Look for opportunities to join wider causes such as the upcoming Democracy Spring event planned in the US.

Sharing this definition more widely

Part One of this series is posted on the Medium platform. Medium is a place for sharing stories that is said to have a "built in" audience, but the sharing doesn't happen automatically. To get our stories in front of Medium's wider audience we can do three things:

1. Visit the page and reread the piece. Only posts that people spend time reading are suggested to Medium readers.
2. Click on the green heart at the bottom of the post to recommend the piece. (You may need to register). This also helps get it in front of readers.
3. If you're comfortable, cross-post your own comments and/or story in the comments there. Your contribution will add to the power of the piece and there is also an option to recommend and share those via social media. This should ultimately result in more readers from both social media and Medium.com.

All of this links back to RxISK and David's blog for people to find the rest of the series. So your participation on Medium should give readers there a chance to discover David Healy and RxISK.

Here are the links for those who are interested:

Part 1 on Medium

More about Medium

LET US ENVISION and work toward the day when public service announcements that address the fallout of pharmaceutical rape/corruption exist in the same vein as current ads informing the public about the risks of alcohol consumption, tobacco smoking, and drug addiction.

GET BIG MONEY OUT OF MEDICINE

Share experiences~*LISTEN* to stories~Take Action ~report adverse effects

DUMP TOXIC DOCTORS

agitate~demand change~radicalize~organize

civil disobedience

works of art ~ writing ~ music

Book Burning

(DSM, medical journals)

marches~sit-ins~speak outs~petitioning (change.org, Move On)

crowdfunding ~ consciousness-raising groups

Every Patient An Activist

TALK to your doctor ~ Demand Equality

DOCS: you are either with us or against us

embrace available alternatives

use poisons judiciously ~ put the CARE back in healthcare

if you can't see the **problem**, you're part of the problem

refuse to be educated with **NONSENSE**

learn pharmaceutical marketing strategies to

inoculate oneself

POWER over pharma

demand the passage of a bill ~ zero in on allies in governments

demand policy initiatives

must begin to be seen as victims of a *serious offense*

we must **IDENTIFY** as the victims/survivors we are

and become CLEAR on who/what is RESPONSIBLE

Press for Change

things must take place OUTSIDE of the internet

meet them not with anger but with

calm determination...

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