

Campaigns Against Racist Federal Programs by the Center for the Study of Psychiatry and Psychology

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The Center for the Study of Psychiatry and Psychology was founded in the early 1970s to organize my international campaign to stop the resurgence of lobotomy and other forms of psychosurgery or psychiatric brain surgery. Initially, I had no idea that my campaign would end up focusing on the racist intentions of federally funded biological psychiatrists and neurosurgeons. I certainly could not have anticipated that twenty years later, the Center would once again be fighting a government-sponsored racist psychiatric program. This report tells the story of the first and second violence initiatives and the Center's efforts to counter them.¹

THE FIRST VIOLENCE INITIATIVE

In 1971 I discovered that psychiatrists and neurosurgeons were planning and implementing a worldwide revival of psychosurgery. At the time I was not an activist, but I was aware that no one had publicly opposed the first round of lobotomies in the 1940s and 1950s. I decided to take a stand.

My medical training convinced me that improving the techniques of psychiatric surgery—for example, by replacing the scalpel with hot electrodes—would not make the interventions

The Center for the Study of Psychiatry and Psychology (CSPP) was founded by the author as the Center for the Study of Psychiatry in the early 1970s. At that time, the Center launched a successful campaign to stop state and federal programs that targeted allegedly violent African American children and youth for brain-mutilating psychosurgery. Twenty years later, in the early 1990s, the Center spearheaded criticism of yet another government biopsychiatric program with racist implications, the federal violence initiative, aimed at diagnosing and drugging supposedly violence-prone inner-city children.

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any less damaging. Without harming the brain, there could be no “therapeutic” effect. The surgery must destroy enough function to flatten the patient’s emotions. There is no way to accomplish that without creating more widespread mental devastation, including the relative loss of essential human qualities such as creativity, spontaneity, personal responsibility, self-insight, social sensitivity and awareness, and judgment. Research and my personal experiences would confirm this initial impression.²

Psychosurgery, Individual Vulnerability, and Public Health

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Shortly after beginning my opposition to psychosurgery, I came under attack in the national media from an unexpected source, three Harvard professors—psychiatrist Frank Ervin and neurosurgeons Vernon Mark and William Sweet. Sweet was director of neurosurgery at perhaps the most respected hospital in the world, the Massachusetts General. Mark was head of the department of neurosurgery at Boston City Hospital.

As the controversy heated up, a physician who asked for anonymity directed me to published remarks made by the three doctors concerning the use of brain surgery to suppress black urban rioters. Soon after, in 1973, I received a brown envelope from an unidentified source in the Department of Justice (DOJ). It contained an in-house memo documenting that Mark and Ervin were receiving funds from the National Institute of Mental Health (NIMH) for experiments in psychosurgery for violence control. Meanwhile, Ervin was also receiving money from the Department of Justice for research on genetic factors in violent crime. Sweet was involved as a supporter, co-author, and a member of the private foundation that funneled the government funds to Mark and Ervin.

In a 1967 letter entitled “Role of Brain Disease in Riots and Urban Violence” in the *Journal of the American Medical Association (JAMA)* Mark, Sweet and Ervin, much like current violence-initiative advocates, focused on individual vulnerability rather than upon larger social, economic or political factors. They asked, “if slum conditions alone determined and initiated riots, why are the vast majority of slum dwellers able to resist the temptations of unrestrained violence? Is there something peculiar about the violent slum dweller that differentiates him from his peaceful neighbor?”

Mark, Sweet and Ervin went on to suggest that this “peculiarity” was “brain dysfunction.” They called for large-scale studies of the inner city to “pinpoint, diagnose, and treat those people with low violence thresholds before they contribute to further tragedies.” In a supportive “Medical News” report a few

weeks later, JAMA lauded Mark and Ervin's psychosurgery as a "public health" measure.

Mark and Ervin must have felt they were on a heroic, Nobel Prize-winning endeavor—providing a solution to worldwide mayhem, and especially to America's urban uprisings. In 1968, a year in which they were aggressively experimenting on patients, they wrote in *Psychiatric Opinion* that "brain dysfunction" was "equally important" to "poverty, unemployment and substandard housing" as a cause of urban violence. They estimated that tens of millions of Americans might be violence prone as a result of brain damage.

In testimony on civil disorders before a New York State legislative committee in 1968 (Bird, 1968), William Sweet "said mass violence might be touched off by leaders suffering from temporal seizures of the brain." Sweet made a pitch for the electrical stimulation of surgically implanted electrodes as a method of calming violent people.

Mark, Ervin and Sweet had their greatest PR coup when their work made the cover of *Life* on June 21, 1968 (Rosenfeld, 1968). *Life* observed, "The psychobiology approach, new as it is, is gaining adherents so fast that it might almost be called a movement." *Life* seemed to endorse their efforts toward biomedical social control:

In a slum neighborhood, everyone may live under the same frustrating set of pressures and tensions, but only a small minority will engage in rioting, and even among the rioters only a handful will actually burn down a building or assault another person. Thus psychobiology proceeds on the premise that violent acts are carried out by violent individuals, even if the individuals are part of a mob.

The article gave a big spread to Mark and Ervin's psychosurgery for violence.

The Fate of Thomas R

In their book, *Violence and the Brain* (1970), and elsewhere, Mark and Ervin described Thomas R (sometimes called Leonard K) as a young white man largely saved from epilepsy and completely saved from violence by psychosurgery. When describing his outcome, they mention no serious side effects. He was their star patient.

The patient's mother, Mrs. G, read my criticism of Mark and Ervin in the *Boston Globe* and realized for the first time what had been done to her son. She wrote to me that in reality he had been reduced almost to a "vegetable." Thomas's tragic story is retold in detail in Breggin and Breggin, *The War Against Children*.

Mark and Ervin Lose Their Funding

As a result of the antipsychosurgery campaign, all of Mark, Ervin and Sweet's federal funding for genetic and psychosurgical experimentation was cut off. As a long-delayed satisfaction to us, we learned this year that the Center's campaign against the DOJ's Law Enforcement Assistance Administration (LEAA) funding for Ervin had brought about a dramatic reversal in official government policy. A guideline entitled "Use of LEAA Funds for Psychosurgery and Medical Research" was signed by the LEAA administrator, Donald E. Santarelli, on June 19, 1974. The guideline declared that any future grant applications for psychosurgery would be denied. It further stipulated that all "medical research," unless risk-free, would be denied and referred instead to the Department of Health, Education and Welfare (DHEW, now DHHS). It forbid states to use LEAA block grants to do psychosurgery or medical experimentation.

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OPERATING ON LITTLE BLACK CHILDREN

As far as we know, Mark and Ervin did not perform their psychosurgery experiments on any African Americans. With more limited political aims, perhaps, another surgeon was operating on numerous black children.

When I began researching the return of psychosurgery in the early 1970s, I quickly came upon the work of O.J. Andy, director of neurosurgery at the University of Mississippi—Ole Miss—in Jackson. He was publishing reports on multiple surgical interventions into the brains of small children, ages five to twelve, who were diagnosed as aggressive and hyperactive. Of his 30–40 patients, he wrote me in 1971, most were children.

Before the controversy hit the press, I phoned Andy, who told me he could not recall the race of any of the children. Later I contacted a civil rights attorney in Mississippi who was able to determine that most of them were housed in a segregated black institution for the developmentally disabled. The attorney got onto the wards, where the nurses told him with frustration that Andy had a completely free hand in picking children for psychosurgery.

In 1966 Andy described J. M., age nine, who was "hyperactive, aggressive, combative, explosive, destructive, sadistic." Over a three-year period Andy performed four separate mutilating operations involving at least six lesions with implanted electrodes. The youngster was at first said to be doing well. In a subsequent 1970 article, Andy again claimed that J. M. is no

longer so combative and negative. Then he added, "Intellectually, however, the patient is deteriorating."

While Andy did not take an activist political position like Mark, Ervin and Sweet—he did tell B. J. Mason, a reporter for *Ebony*, that black urban rioters "could have abnormal pathologic brains" and "should undergo tests with whatever capacity we have now." Following world-wide publicity about his operations during the antipsychosurgery campaign, in 1973 a committee of his peers at the university declared his research experimental. When Andy did not establish appropriate experimental protocols, he was prohibited from operating. Andy himself declared in 1980 that he had been forced to stop operating due to "sociological pressures" in his home community.

VIOLENCE CENTERS THROUGHOUT URBAN AMERICA

In his 1973 State of the State message, California governor Ronald Reagan announced plans for the establishment of a biomedical facility, the Center for the Study of the Reduction of Violence. Supported by state and federal funds, the first center was planned for the psychiatry department at UCLA, headed by Louis Jolyn "Jolly" West, a flamboyant psychiatrist known for his ability to hitch himself to hot topics. An early draft of West's proposed UCLA center described using schools in Chicano and African American neighborhoods to screen for possible genetic defects. It also mentioned the possibility of psychosurgery. The suggestion of psychosurgery for control of violence was especially menacing in California because Santa Monica neurosurgeon M. H. Brown was strongly advocating it. In a January 22, 1972 letter to the *Los Angeles Times*, he wrote "It is either this [psychosurgery] or a further escalation of violence and chaos in society that does not serve the best interests of the United States."

Meanwhile, Frank Ervin left the collapsing Boston project and came to join West at UCLA. Ervin's arrival at this critical juncture alerted people to the center's potential dangers. Despite denials from psychiatrists West and Ervin, the discovery of references to genetics and psychosurgery in the original proposal proved politically fatal. Opposed by the Center and a coalition of west coast reformers,³ the planned string of federal violence centers never got off the ground.

The Kaimowitz Trial

In 1972 the State of Michigan and the Lafayette Clinic of Wayne State University began planning an experimental

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psychosurgery program for the control of violence, using "voluntary" inmates of the state hospital system. Gabe Kaimowitz, at the time a Michigan Legal Services lawyer, heard about the upcoming medical event, and intervened in the court on behalf of "John Doe" and two dozen other state psychiatric inmates scheduled for eventual enrollment in the experimental program.

Comparing Blacks to Bulls

Ernst Rodin was the chief neurologist and the moving force behind the Lafayette Clinic's psychosurgery project. In 1972, Rodin wrote a lengthy speech describing psychosurgery and castration as fitting treatment for some of the violent behavior displayed in the riots that had raged in his city of Detroit. Rodin voiced doubts about doing psychosurgery without sterilization, because with psychosurgery alone "the now hopefully more placid dullard can inseminate other equally dull young females to produce further dull and aggressive offspring."

Rodin argued that children of limited intelligence tend to become violent when they are treated as equals. He wanted them brought up in an "authoritarian life style," and declared that many of them, like aggressive bulls, should be turned into docile oxen by means of castration. In the neurologist's own words, it was time to "get down to cold-blooded medical research dealing with individuals rather than masses."

The Verdict

Kaimowitz invited me to testify as his medical expert and during two days on the stand, I gave a history of state mental hospitals and psychosurgery. I wanted the three judges to understand that state mental hospitals are similar to Nazi concentration camps in how they suppress and humiliate their involuntary inmates; and I wanted to suggest the applicability of the Nuremberg Code.

The Nuremberg Code was originally written into the final opinion of the judges at the first War Crimes Tribunals in postwar Germany. It consists of ten principles for "permissible medical experiments." The first principle states in part that the human subject "should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion" (Trials of War Criminals, 1946-1949, pp. 181-182).

The Nuremberg Code meant that Jewish inmates of concentration camps were not actually volunteers when they seemingly agreed to participate in medical experiments, such as being

frozen in ice water. If they did acquiesce to these experiments, their consent was coerced by fear of other worse alternatives, such as torture or death in the gas chambers.

After hearing a spectrum of witnesses, the three judges agreed with the substance of my testimony, including the devastating effects of the most modern psychosurgery.⁴ Their official opinion cited the Nuremberg Code and used it as one reason for prohibiting consent to psychosurgery in the state mental hospitals of Michigan. The judges found that "involuntarily confined patients cannot reason as equals with doctors and administrators over whether they should undergo psychosurgery." They declared that under First Amendment freedoms the "government has no power or right to control men's minds, thoughts, and expressions. If the First Amendment protects the freedom to express ideas, it necessarily follows that it must protect the freedom to generate ideas."

The opinion was never appealed and stands to this day. It continues to inhibit the performance of psychosurgery throughout the country, especially in state mental hospitals and prisons.

As described in *The War Against Children*, there are contemporary attempts to revive lobotomy and other forms of psychosurgery, although none of the advocates now dare tie their work to political aims. What keeps advocates of psychosurgery from proceeding ahead full-throttle? Is it their own scientific caution or ethical concerns? In *Psychosurgery*, (1992), Rodgers quotes Donlin Long, the Johns Hopkins director of neurosurgery:

"You'd also need an institutional commitment to absolutely pristine science and the guts to tell the Peter Breggins of the world to stuff it," he [Long] added, referring to psychiatrist Peter Breggin's lifelong battle to ban psychiatric surgery.

RESULTS FOR THE FIRST VIOLENCE INITIATIVE

Overall, the Center's activities—supported by other activists and organizations around the country—resulted in victory over the first violence initiative. The most effective activists were found in the black community, especially the Black Congressional Caucus. Louis Stokes (D-OH) and Ronald V. Dellums (D-CA) became founding members of the Center's board of directors, and have remained with the Center for the past twenty years. The single most important media event was probably an article in *Ebony* written by B. J. Mason (1973) in which he exposed the whole racist agenda.

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In a surprising coalition, white conservatives in the U.S. Senate were also instrumental in opposing some aspects of the first violence initiative, especially the resurgence of psychiatric brain surgery. Their chief concern was not racial justice but morality. To many of them, tampering with the brain for emotional or behavioral control robbed individuals of personal responsibility and was therefore unethical.

After the debacle of the late 1970s, leaders of biological psychiatry avoided linking their efforts to anything that might be construed as a racist political agenda. Unhappily, they could not be silenced or held in check indefinitely. The rise of violent crime, renewed racism, and economic stresses in the early 1990s provided them fertile ground. The polarization in the country was symbolized, this second time around, by a tragic political reality: Unlike their position in the first round, conservatives would support the new biological racism.

THE SECOND VIOLENCE INITIATIVE

Rhesus Monkeys and Inner-City Youth

At the head of now disbanded Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), psychiatrist Frederick Goodwin was the federal government's highest ranking psychiatrist and one of the world's leading biological psychiatrists. He was thrust into the hot lights of national media attention in early 1992 after he allegedly made remarks that compared inner city youth to monkeys who live in a jungle, and who just want to kill each other, have sex and reproduce. The statements in question were made at a February 11 meeting of the prestigious National Advisory Mental Health Council. One person in attendance, an African American government employee, was offended enough to phone the *Washington Post*.⁵

Ten days of escalating media debate and criticism ensued, at the end of which Goodwin issued an apology. On February 21, 1992 he said he had "learned all too painfully that the absence of malice or bad intentions does not excuse the insensitivity" of his comments, adding, "In an effort to shed light on the violence problem, I juxtaposed primate research to the problems in our cities in a careless way. I regret this insensitivity."

Media controversy continued, but as yet no one had seen the actual transcript of Goodwin's speech to the National Advisory Mental Health Council. Meanwhile, Goodwin resigned as head of ADAMHA; but Louis Sullivan immediately appointed him to a post he was already scheduled to assume, director of the

National Institute of Mental Health (NIMH). Goodwin remained well-placed to lead the violence initiative.

Defending Goodwin

The media coverage of Goodwin's apparently racist remarks was considerable, and Congressman John Conyers, chairman of the Congressional Black Caucus, demanded Goodwin's resignation. But then Conyers came under fire from the *Wall Street Journal* in a March 9 editorial titled "The Speech Police." The *Washington Post* followed with an editorial on March 21, "The Fred Goodwin Case," stating that an otherwise great scientist and psychiatrist had made an unfortunate slip. The newspaper commented, "this is the political high season. When the going got tough, Dr. Fred Goodwin was out."

DISCOVERING THE SECOND VIOLENCE INITIATIVE

In an effort to lend support to Congressman John Conyers, Ginger Ross Breggin and I visited his office on March 17, 1992. There we read the newly arrived verbatim transcript of Goodwin's remarks to the National Advisory Mental Health Council. The transcript not only confirmed Goodwin's comparison between monkeys and inner-city youth, it contained something far more threatening. The government was indeed planning a program of urban biomedical social control aimed at identifying and treating children with presumed genetic and biological "vulnerabilities" that might make them prone to violence in later years.

Goodwin described this inner city psychiatric intervention as "one of the planning initiatives that is the top priority of the agency now for its planning for the future—and what we mean here is the 1994 budget."

Goodwin emphasized NIMH's unique expertise and role in identifying the vulnerable individual—the youngster who might grow up to be violent. He spoke of "early detection" and "preventive interventions." While he acknowledged that "psychosocial variables" do contribute to crime, he focused on psychiatric concepts of "impulsivity," "biological correlates" and "genetic factors." He said that genetic factors in violence and crime "are very strong."

He discussed the need to identify specific populations for "extensive and expensive productive interventions." Because the interventions would be costly, it would be necessary to "narrow your focus on your population that you are going to intervene in" to "hone down to something under 100,000."

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Goodwin noted the public's concern over violent crime, and suggested that there would be more political support or "leverage" for focusing on individuals rather than on social reform or "large social engineering of society." He cited gun control as an example of social engineering that would draw less support than focusing on individual criminals.

It was in this overall context that Goodwin had made his comparison between inner-city youth and monkeys in a jungle:

If you look, for example, at male monkeys, especially in the wild, roughly half of them survive to adulthood. The other half die by violence. That is the natural way of it for males, to knock each other off and, in fact, there are some interesting evolutionary implications of that because the same hyperaggressive monkeys who kill each other are also hypersexual, so they copulate more and therefore they reproduce more to offset the fact that half of them are dying.

Now, one could say that if some of the loss of structure in this society, and particularly in the high impact inner city areas, has removed some of the civilizing evolutionary things that we have built up and that maybe it isn't just careless use of the word when people call certain areas of certain cities jungles, that we may have gone back to what might be more natural, without all of the social controls that we have imposed upon ourselves as a civilization over thousands of years in our own evolution.

In March 1992, immediately after we obtained the transcript of Goodwin's remarks to the National Advisory Mental Health Council, we began to organize a national campaign against the government's plans. We started by sending out hundreds and eventually thousands of reports from the Center for the Study of Psychiatry and Psychology and by attempting to arouse media interest.

Goodwin at the American Psychiatric Association

By the spring of 1992, the government was trying to evade the flak that Goodwin had drawn over his comparison between monkeys and urban youth living in a jungle. Our efforts to interest the media and the nation in the even more ominous concrete plans for the violence initiative met with little initial success. Then on May 5 Goodwin spoke to the annual convention of the American Psychiatric Association on the subject of "Conduct Disorder as a Precursor to Adult Violence and Substance Abuse." It would be the last time he elaborated in a public forum on his views about violence prevention.

After carefully couching his remarks, Goodwin reached his main interest, "focus on the violent-prone individual." He brought up the genetic question and stated, as if it were a proven

fact, "There is a genetic contribution to antisocial personality disorder." According to Goodwin, while the genetic factor in crime and violence is not "overwhelming," it is a prerequisite.⁶ Without directly saying so, he was making clear that violent inner city men have a predisposing genetic makeup.

Finding the Preliminary Plan

Under the Freedom of Information Act, we submitted requests to the government for all documents pertaining to biological and medical research into violence and Goodwin's proposed inner-city interventions. Stuffed within one large batch of papers was an unsigned, three-page document dated March 9, 1992 that bears a striking resemblance to Goodwin's May 1992 speech at APA. It may have been a draft that was prepared prior to the outbreak of the controversy. This document indicates that as of March 1992 someone at NIMH—very possibly Goodwin himself—was relating the violence initiative to pharmacological interventions, specifically including Prozac.

Was There a Written Plan?

We always suspected that Goodwin's speeches—with their emphasis on individual vulnerability, biology and genetics—reflected a formal written plan for the 1994 budget. It was not until later in our campaign that a source who wishes to remain anonymous provided us with a nine-page single-spaced type-written manuscript entitled "Violent Behavior: Etiology and Early Intervention." The heading identifies it as a section from "ADAMHA 1994 Planning Documents" and Secretary of DHHS Louis Sullivan confirmed its authenticity as ADAMHA's proposed violence initiative for the 1994 budget. It probably dates from the first months of 1992 or earlier.

The plan's one-paragraph abstract summarizes that "minority populations are disproportionately affected" and then points to "An emerging scientific capacity to identify the individual determinants of behavior—at the biochemical, psychological, and social/environmental levels." The proposal further states, "Although the problem is societal in scope, our solutions must reflect increasing scientific and clinical capacities to isolate and target the individual determinants of violence." It emphasizes, "ADAMHA will focus on individual vulnerability factors."

The 1994 budget planning document maintains that "the precursors of violent behavior are evident at an early age." As the "precursors of future violent behavior," it lists a broad spectrum of childhood behaviors: "physical aggression, deviant behavior, attention deficits and hyperactivity—manifest early on."

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The goal is to develop new treatment approaches for the targeted children—"to tailor clinical as well as population-based interventions to [these] behavioral risk factors." ADAMHA will stress "the importance of individual risk factors . . . in identifying and treating those who are likely to engage in violent behavior." These treatments are linked to genetic abnormalities in brain chemistry.⁷ Perhaps most potentially menacing, the plan proposes research centers for "the testing of a variety of interventions aimed at the individual, family and community."

THE CONTROVERSY HEIGHTENS

Perhaps most potentially menacing, the plan proposes research centers for "the testing of a variety of interventions aimed at the individual, family and community."

In the spring of 1992, talk radio and TV shows with large African American audiences began responding to our educational campaign, beginning with WPFW (Radio Pacifica Network) in Washington, DC and culminating in the summer with news stories and two interview shows on Black Entertainment Television (BET). The government seemed most affected by the response to two talk shows, "Lead Story" and "Our Voices." Extensive mainstream media coverage would follow; but African American show hosts began the process.

Beyond our personal network of friends and colleagues associated with the Center for the Study of Psychiatry and Psychology, most of our initial support again came from African American activists, starting in Washington, D.C. and then Harlem, Chicago, and Watts. Eventually, public support, like the media interest, broadened to include many individuals, organizations, and cities. The 26 members of the Congressional Black Caucus sought Goodwin's ouster from ADAMHA and they also protested his appointment as NIMH Director. The Association of Black Psychologists (ABPsi), Blacks in Government (BIG), the Black Business Alliance, the American Counseling Association (the largest in the world), and the National Association for Rights Protection and Advocacy (NARPA) also took strong stands against Goodwin and the proposals for biopsychiatric interventions into the inner city.

The "Crime Gene" Conference

After we had begun our initial efforts to publicize the violence initiative, Ginger Ross Breggin and I received information that the University of Maryland had received funds from the Human Genome Project to hold a conference on "Genetic Factors in Crime." Developed by University of Maryland professor David Wasserman, the conference was scheduled for October 9, 1992 at the university. After we obtained the conference brochure, we met with three African Americans: Ron Walters,

Director of the Department of Political Science at Howard University; Lorne Cress-Love, a WPFW radio columnist; and Sam Yette, former professor of journalism at Howard and author of *The Choice*. We decided together to call for a halt to the conference.

We based our initial opposition to the conference on its brochure, which promoted research on the “genetic regulation of violent and impulsive behavior.” The supposed discovery of genetic factors in psychiatric conditions was put forth as an encouraging precedent. The alleged failure of psychosocial approaches was also cited:

But genetic research also gains impetus from the apparent failure of environmental approaches to crime—deterrence, diversion, and rehabilitation—to affect the dramatic increases in crime, especially violent crime, that this country has experienced in the past 30 years.

The conference brochure anticipated the possibility of treating genetically “predisposed” individuals by means of “drugs,” as well as unnamed less intrusive therapies.

To obtain federal funding for his proposed conference, Wasserman had applied to NIH and the lengthy application read like an elaboration of Goodwin’s plans:

Genetic and neurobiological research holds out the prospect of identifying individuals who may be predisposed to certain kinds of criminal conduct . . . and of treating some predispositions with drugs and unintrusive therapies. . . . Such research will enhance our ability to treat genetic predispositions pharmacologically . . .

The Human Genome Project

The “Genetic Factors in Crime” conference was funded by NIH’s controversial, highly publicized Human Genome Project.⁸ The Human Genome Project is a large federal program aimed at mobilizing international science to map the complete set of human hereditary factors. Supporters of the Human Genome Project had gone as far as to suggest that homelessness and crime might be solved as a result of its discoveries.

The idea of a conference linking crime and genetics caught the attention of the media and the public. That critics were trying to stop the conference from taking place heightened the drama. Concern spread to England and Germany, countries in which the eugenics⁸ movement had thrived prior to Hitler taking power. Comparisons were made between the theme of the conference and similar discussions in Nazi Germany. Heated debate was generated in major newspapers and magazines, and in scientific and academic journals. It resulted in panels at po-

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litical and scientific meetings, as well as dozens of radio interviews and TV coverage.

The Cowering Inferno

A month before the conference, NIH withdrew its grant and the University of Maryland cancelled the conference for lack of funds. But the university did not reject or abandon the idea, continued to seek funding, and set in motion a formal protest over NIH's withdrawal of support.

Some defenders of biomedical research into violence accused NIH of backing down out of cowardice. In November 1992, *The Journal of NIH Research* called NIH the "cowering inferno":

Curiously, however, NIH, NIMH, and HHS cowered from Breggin's criticism and only recently have begun to respond to his accusations.¹⁰ In addition to NIH's halting the genetics and crime meeting, NIMH in early September abruptly canceled a workshop on "Clinical Factors in Aggression" slated for Sept. 21-22. Goodwin . . . was ordered by HHS officials to cancel [media] interviews.

Academic Freedom or Political Irresponsibility?

The Human Genome Project has enormous prestige. We feared that its support for the genetics conference legitimized a debate with no substance, making it appear as if there must be *something* worth discussing. After all, why would the Human Genome Project hold a conference with no scientific merit? Why would it hold a conference that moved America one step closer to biomedical social control?

Experience convinced us that whatever might actually be debated at the conference, the press would play up the biological and genetic arguments. Biopsychiatric claims regularly make newspaper headlines, while psychosocial ones almost never do. While conference advocates claimed it would stir up "healthy public controversy," we felt it would encourage the false conclusion that violent criminals are genetically flawed. Opposition to the conference, as it turned out, created a much larger and more searching public discussion than the unopposed conference possibly could have done.

The Justice Department's Version of the Violence Initiative

While our initial focus was on the health agencies, we gradually put together information showing that another part of the government was already sponsoring a large-scale version of Goodwin's plans. Entitled the "Program on Human Development and Criminal Behavior," it is funded by the Department of

Justice (DOJ) and the MacArthur Foundation, probably with money from NIH as well. In the words of a 1992 brochure from the DOJ, "It represents an unprecedented partnership between federal government and a private foundation."

The director of the project, Felton Earls, as well as codirector Albert J. Reiss, Jr., were key figures in developing the NRC's blueprint for the violence initiative. Earls—himself an African American—is professor of child psychiatry at Harvard Medical School and professor of human behavior and development at the Harvard School of Public Health. Reiss is a professor of sociology at Yale's Institute for Social and Police Studies, and lectures at the law school.

Earl's vision, like Goodwin's, is based on "disease prevention" (Earls, 1991) and aims at screening and identifying individual children as potential offenders in need of preventive treatment or control. According to the DOJ, nine groups of subjects, "starting prenatally and at ages 3, 6, 9, 12, 15, 18, 21, and 24, will be followed for 8 years." A total of 11,000 people will be studied. The project will "link key biological, psychological, and social factors that may play a role in the development of criminal behavior" and search for "biological" and "biomedical" markers for predicting criminality. Again according to the DOJ, the first of the project's "Questions to be answered" is:

Individual differences. What biological, biomedical, and psychological characteristics, some of them present from the beginning of life, put children at risk for delinquency and criminal behavior?

This is entirely consistent with Goodwin's plan.

While Earls also believes in the importance of the environment, he focuses his project on the role of biological and genetic factors in predisposing the individual and perhaps in driving him toward violence and crime. In a 1991 publication, "A Developmental Approach to Understanding and Controlling Violence," he writes that "advances in the fields of behavior genetics, neurobiology, and molecular biology are renewing the hope that the biological determinants of delinquent and criminal behavior may yet be discovered." In discussing "key developmental questions" that he wishes to answer, Earls emphasizes genetic and biological factors.

Earls declares there is evidence for a genetic factor "in violent behavior among individuals." But the Mednick, Brenna and Kandel (1988) study that he cites as evidence comes to the opposite conclusion, stating definitively that it could "find no

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The federal umbrella program called the violence initiative was withdrawn as a result of the controversy initiated by the Center for the Study of Psychiatry and Psychology.

evidence of hereditary transmission of violent criminal behavior" and that "a genetic predisposition to violence was not supported by this review of our data." (Interestingly, Frederick Goodwin had also incorrectly cited Mednick studies). Earls believes that spinal taps are intrusive and unwarranted by our current state of knowledge, but wants to measure the brain's chemical activity through blood samples, and testosterone levels through saliva.¹¹

The project is receiving an estimated \$12 million per year for the eight years from all sources, including some previously unidentified money from NIH. The combining of Harvard and Yale, the Department of Justice, NIH, and a prestigious private foundation raises the political specter of psychiatric social control. It is truly Big Brother in scope.

We originally heard a rumor that the violence initiative controversy was making it difficult for Earls to get communities to accept his project. Eventually Earls himself declared that due to our campaign against his project, he was forced to drop biologically intrusive elements, such as spinal taps.

THE CURRENT STATUS OF THE SECOND VIOLENCE INITIATIVE

The federal umbrella program called the violence initiative was withdrawn as a result of the controversy initiated by the Center for the Study of Psychiatry and Psychology. While individual programs continued to be sponsored by the federal government, there would be no overall coordinated policy. Frederick Goodwin, meanwhile, resigned from the federal government to become a professor at George Washington University.

The overall result, however, is not nearly so positive. As documented in *The War Against Children*, many biopsychiatric leaders in the federal government continue to view violence as genetic and biological in origin, and many federally funded projects investigating such views continued unabated. A multi-million dollar program, for example, is promoting the use of Ritalin for the control of disruptive behavior. Other projects continue to seek genetic and biological causes for violence.

Earls's violence initiative project has finally located a welcoming city—Chicago. At this moment, it has already begun implementation, although leaders in that city are organizing to counter it. While it seemingly has given up its original biological research aims, Earls's program remains focused on the individual and the family, instead of on racist national policies that create the problems in the inner city.

Finally, the "Genetic Factors in Crime" conference was held in 1995 by the University of Maryland, although with a more

balanced format. NIH decided that the funds had been taken away improperly.

For Whom the Bell Tolls

As the controversy over the violence initiative simmered down, another scientific assault was mounted on the African American community. This new racist manifestation grows from the same political and social roots as the violence initiative. It is spearheaded by the best-selling 1994 book, *The Bell Curve*, authored by Richard Herrnstein and Charles Murray. The book purports to prove that Africans, including black Americans, are genetically deficient in intelligence. It promotes programs that would ultimately cut off aid to most black mothers and their children. The concept that African American youth are both genetically violent and genetically stupid resurrects the discredited King Kong image of black American males.

VIOLENCE AS A PUBLIC HEALTH ISSUE

A public health approach to crime prevention sounds scientific and humane. It gains authority from a respected tradition of life-saving interventions. But is the violence initiative really in the tradition of public health?

In reality, public health moves beyond medicine's typical emphasis on individual vulnerability. It focuses on the broader environmental and social factors that affect human well-being and disease.

When public health officials realized that foul water can spread disease, individuals were no longer blamed for getting physically ill. It wasn't the "bad habits" or "weak heredity" of the poor, but deadly micro-organisms in the city water. Instead of spinning wheels over why some people got sicker than others, water quality and sanitation were improved, with dramatic results.

Smog remains a serious public health threat. While there is considerable individual variability in reaction to air pollution—some people hardly notice it and others die from it—the public health strategy attacks the source of the problem. When air quality improves, all individuals benefit and severe reactions are minimized.

Recently there have been incidents of food poisoning at fast food restaurants. Some people got sicker than others, and some may not have gotten sick at all; but instead of focusing on these individual differences, the public health approach led to tighter regulation of the safety of meat.

The government focus on vulnerable individuals actually

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abandons public health in favor of traditional medicine. It obscures the reality that the high rates of physical aggression cannot be understood outside the larger environmental context. While it is important to hold individuals morally responsible for their conduct, when the rate of crime seems to abruptly escalate within an oppressed minority, it becomes critical to look for causes beyond the individual and ultimately beyond the local community.

Why would the government pervert the concept of public health? The violence initiative was timed with the election year to distract voters from larger political factors impinging on the inner city, such as poverty, unemployment, inadequate or absent health care, the unavailability of housing, the decay of the schools, and racism. It supported the growing political tendency to blame poverty, crime and other social phenomena on individuals and their families rather than on public policy, economics, and broader social issues, such as racism. It is time to unambiguously condemn all pseudo-scientific research that distracts America from its fundamental social and economic problems, including racism.

A PERSONAL CONCLUSION

I am white and Jewish. It feels like a special honor to work in close association with African Americans on behalf of human liberty and mutual respect. As I look back on the fight against the first and second violence initiatives, it strikes me that the victories would not have been won without the vigorous participation of African Americans. Often the dominant white society seems indifferent to the various psychiatric abuses, whether they affected blacks or the entire society. For example, I had little success in opposing the return of lobotomy until its effects on the blacks aroused their concerns. Right now the drugging of children in general escalates in America, with millions of school-age boys and girls on Ritalin and other psychiatric medications. Yet it is only among blacks that I have found any concerted ethical or spiritual outrage over the medical diagnosing and drugging of America's children. It is ironic indeed that the black community remains a bulwark of ethics, social conscience, and empathy for children within the very society that so oppresses it.

Notes

Much of this article is adapted from *The War Against Children* (1994) by Peter R. Breggin, M.D. and Ginger Ross Breggin by permission of St. Martin's Press. The book contains additional details and citations. The author's critique of biological psychiatry is further elaborated in *Toxic Psychiatry* (1991) and *Talking Back to Prozac* (1994) (with Ginger Ross Breggin).

1. The Center for the Study of Psychiatry and Psychology is a nonprofit research and educational network founded in the early 1970s by Peter Breggin and twenty other individuals, including reform-minded mental health professionals and members of the U.S. Congress and Senate. Its board of directors and advisory council now have more than a hundred members.
2. For citations concerning psychosurgery, see Breggin and Breggin, *The War Against Children*.
3. Opposition to the violence centers was broad-based: psychologist and attorney Edward M. Opton, Jr., psychiatrists Lee Coleman and Phil Shapiro, civil rights and women's groups, African American activists, and many psychiatric survivors, including Leonard Frank and Wade Hudson.
4. The technique of psychosurgery has not changed since the Kaimowitz case.
5. None of the leading mental health professionals in attendance at the meeting made any complaints about Goodwin's remarks.
6. The lack of evidence for these assertions is discussed in Breggin and Breggin, *The War Against Children*.
7. As Elliot Currie commented on the ADAMHA document in the *Journal of NIH Research*, "Most strikingly, it repeatedly affirms—without supporting evidence—the importance of genetic predispositions in explaining inner-city violence, as if the assertion of those connections were not controversial." In the March 1993 issue, Sullivan rebutted Currie and Currie answered his criticism.
8. NIH's National Center for Human Genome Research (the Human Genome Project) funded the project through its Ethical, Legal, and Social Issues Program (ELSI).
9. Eugenics, the use of coercive government policies to improve the genetic stock of a society, is discussed further in Breggin and Breggin, *The War Against Children*.
10. Did NIH and its giant parent agency, the Department of Health and Human Services (DHHS), cave in before one person's—really one couple's—criticism? While we started the ball rolling and worked hard to educate the public and the professions, many organizations and individuals—especially from the African-American community—joined the avalanche of criticism against both the violence initiative and the conference. That opposition remains active today.
11. Testosterone level differences among individual men are not correlated with violence. The Earls study did carry out testosterone studies, but then declared it was giving up all biologically intrusive interventions in response to our campaign against them.

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The Black Student Athlete: The Colonized Black Body

Billy
Hawkins

INTRODUCTION

The November issue of *GQ Magazine* featured the article: "The Selling of Shaq"—i.e., Shaquille O'Neal. This title brought to mind the slave auction advertisements used to buy and sell slaves in the United States . . . during the seventeenth and eighteenth centuries. The slave auction advertisements generally gave written descriptions that expounded upon the physical abilities of the property (slave) being sold; however, O'Neal was pictured on the cover of this magazine in a designer suit.

Though the exploitation is disguised at the professional level by designer clothes and multi-million-dollar contracts the exploitation is even greater at the collegiate level where black athletes are only granted year-to-year scholarships that cover tuition, books, room and board while these institutions are benefiting to a far greater extent than the athletes. At both levels, the persistent image of blacks as physically superior is perpetuated and reinforced. The notion of black athletes benefiting (in various forms—endorsements, scholarships, commercials, movies, etc.) from their physical abilities and the disproportionate number of blacks in sports have both suggested in this society that blacks are superior athletically.

This article does not question the million dollar contract deals that black athletes are making at the professional level or

This article views the black student athlete as colonized Black Body. It uses an internal colonial model to place the experiences black student athletes encounter at predominantly white National Collegiate Athletic Association (NCAA) Division I Institutions into a broader theoretical framework. This theoretical approach draws upon the similarities that exist between black student athletes and internally colonized people. The conclusion of this article is that the Black Body is again internally colonized by these institutions for physical exploitation.