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NAME OF SUPERVISOR/NOM DU DIRECTEUR DE THÈSE Bohdan R. Bociurkiw

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PSYCHIATRY AS AN INSTRUMENT OF TERROR: REPRESSIVE
PSYCHIATRY AGAINST THE DISSENT MOVEMENT IN THE U.S.S.R.

BY

RAYMOND N. STURGEON

A Master of Arts Thesis submitted to
Carleton University in fulfillment of
the requirements for the course Soviet
Studies 599, as credit towards the
degree of Master of Arts in Soviet
and East European Studies.

Institute of Soviet and East European Studies

Carleton University

Ottawa, Canada

April, 1976

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The undersigned recommend to the Faculty
of Graduate Studies acceptance of the thesis
"Psychiatry as an Instrument of Terror:
Repressive Psychiatry Against the
Discent Movement in the U.S.S.R."
submitted by Raymond Nelson Sturgeon, B.A. Hons.,
in partial fulfillment of the requirements for
the degree of Master of Arts.

.....
Thesis Supervisor

.....
Chairman, Institute of Soviet
and East European Studies

Carleton University

April 30 1976

ABSTRACT

The rise in open expression of political dissent in the U.S.S.R. developed in the early 1960's as a result of the failure of Nikita Khrushchev to deliver the promises he made for de-Stalinization in the Soviet Union. More and more in recent years the Soviet authorities have resorted to repressive psychiatry as a means of suppressing that political dissent. In the Soviet Union today, there are many patients in psychiatric wards and clinics and psychiatric prison hospitals who, notwithstanding the fact that they are mentally healthy and perfectly sane, are lodged there simply because they are political dissidents. The Soviet authorities contend, of course, that allegations of the confinement of healthy individuals in psychiatric hospitals and prisons are unfounded. There is, however, an abundance of evidence from primary sources which contradict the Soviet authorities and prove that repressive Soviet psychiatry does, indeed, exist. There are two main streams of modern Soviet psychiatry: psychiatry administered by competent, ethical medical practitioners; and, psychiatry practiced at the direction of the KGB. The latter stream, "KGB psychiatry", is abusive and repressive psychiatry which is used as a deliberate weapon of the KGB and the ruling Soviet authorities to silence critics of the regime. Political dissidents who are committed to Soviet psychiatric hospitals are subjected to massive overdoses of mind-altering drugs which are used to break the will and the spirit of the so-called "patient". In spite of the fact that the R.S.F.S.R. Criminal Code and the Code of Criminal Procedure are designed to protect the rights of the individual who is suspected of being "not responsible" for alleged criminal acts, the KGB, when dealing with political dissenters, not only violates the rights of the individual, but also circumvents the letter of Soviet law.

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SYSTEM OF TRANSLITERATION

The Library of Congress system of transliteration, without diacritical marks and ligatures, has been used throughout this paper, except for those proper names which have adopted different spellings which are more familiar in the West (for example, Snezhnevsky and Bukovsky). See J. Thomas Shaw, The Transliteration of Modern Russian For English-Language Publications (Madison: The University of Wisconsin Press, 1967).

ACKNOWLEDGEMENTS

I gratefully acknowledge Dr. Norman B. Hirt of Vancouver, British Columbia and Dr. Iurii Luryi of Toronto, Ontario for so kindly allowing me to interview them as part of my research for this thesis. The material from both of these interviews was extremely valuable to me. I am especially grateful to Professor Bohdan R. Bociurkiw for the assistance and criticisms he so generously provided in the preparation of the thesis and for arranging to have Leonid Pliushch answer a series of questions relating to the thesis. I owe a special debt of gratitude to Leonid Pliushch for taking the time from his busy schedule, and having the patience, to answer my many questions. I am also indebted to Professor Peter Reddaway of the London School of Economics for the research materials he provided me with and Dr. Albert Boiter of Radio Liberty in Munich for allowing me to use his research facilities.

. . . my purpose in writing the present work was certainly not to prove that there is absolutely nothing wrong with me. My aim is not so egocentric. It is rather to call attention to the dangerous tendency of using psychiatry for political purposes, the exploitation of medicine in an alien role as a means of intimidation and punishment -- a new and illegal way of isolating people for their views and convictions.

Zhores Medvedev, September, 1970.]

1. Zhores and Roy Medvedev, A Question of Madness (Harmondsworth: Penguin Books Ltd., 1974), p. 182.

I. INTRODUCTION.

Dissent in the U.S.S.R. during the 1960's and 1970's has variously been identified as the Democratic Movement, the Civil Rights Movement, or, the Human Rights Movement. But whatever the nomenclature that is applied to the movement as it exists in the Soviet Union, its aims can be clearly delineated as the striving for democratization of Soviet society through the adherence to the "rule of law" by Soviet authorities, the open flow of communication, and the application of man's basic human rights.¹

In the West, when one thinks of a political movement one generally associates the term with an institution, either a formal or informal institution, within society, which is structured with administrative and operational organs so as to effectively pursue the objectives of the movement. Such is not the case, however, in the Soviet Union. To be sure, civil rights organizations, such as the Committee for Human Rights in the U.S.S.R. which was established by Dr. Andrei Sakharov, the famous Soviet academician, and the physicists Tverdokhlebov and Chalidze on November 4, 1970,² do exist in the Soviet Union, but on the whole the movement remains

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1. Peter Reddaway, Uncensored Russia: Protest and Dissent in the Soviet Union (New York: American Heritage Press, 1972), p. 16.
 2. Harrison E. Salisbury (ed), Sakharov Speaks (New York: Vintage Books, 1974), p. 19. The Committee, in its founding declaration, made known its intent to work within the framework of Soviet law to assist in creating and implementing guarantees of human rights based upon the humanitarian principles of the Universal Declaration of Human Rights adopted by the United Nations in 1948.

fragmented, uninstitutionalized and illegal.³ It should be pointed out, however, that, given the monopoly maintained by the Communist Party (C.P.S.U.) over the right to exercise political power and the leading role of the C.P.S.U. in all aspects of Soviet life, legal formulation of pressure groups to articulate the demands of dissenting sectors of Soviet society is not possible. It is inevitable, then, just as it is in any society in which conditions exist whereby the ruling regime can suppress the voice of opposition, that extra-legal dissent movements would emerge in the Soviet Union.

The rise in open expression of political dissent in the U.S.S.R. is not a post-Khrushchevian phenomenon but, rather, one which developed in the early 1960's as a result of the failure of Khrushchev to deliver the promises he made for de-Stalinization in the Soviet Union. To the contrary, Khrushchev launched a programme which, rather than strengthen national and religious rights, only served to violate those rights. It is these violations which can be considered the root causes of the current dissent movement in the U.S.S.R.

In February, 1974, the world was made aware of the newest Soviet tactic in combatting intellectual dissent. Alexandr

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3. Further indications that movement does exist in the U.S.S.R. provided through A Chronicle of Current Events, an underground chronicle published in Moscow bi-monthly, which has been published, except for a period from the fall of 1972 to the spring of 1974 during which the security arm of the Soviet government, the KGB (Komitet Gosudarstvennoi Bezopasnosti - Committee for State Security), was able to suppress it, since 1968. Indeed, Chronicle is the ad hoc organ of the civil rights movement and is published by its membership.

Solzhenitsyn was stripped of his Soviet citizenship and expelled from the Soviet Union. Solzhenitsyn's popularity in the West has, no doubt, saved him from prison, a psychiatric hospital, a corrective-labour camp or even a worse fate -- death. Instead, his exile to the relative safety of the West, the first "enemy of the State" to be exiled abroad since Trotsky was banished to the West in 1929,⁴ is a luxury that is not afforded lesser known political offenders. The more common approach to suppressing political dissent is the adoption of one or more of the following measures: deprivation of, or demotion in, jobs; expulsion from educational institutions; political ostracism and administrative harassment; encouraging emigration, usually to Israel; a term in a prison or sentencing to a corrective-labour camp; a declaration of insanity and subsequent lodging in a psychiatric prison hospital; and/or, exile. There can be no question that anti-regime dissent is prevalent in the Soviet Union today. This is demonstrated, of course, by the news that reaches the West regarding the number of political prisoners who are languishing in those psychiatric hospitals, are lodged in jail with common criminals, or are forced to do hard labour in the network

4. The Soviet government has previously withdrawn the citizenship of Soviet dissident intellectuals, as in the cases of Valerii Tarsis in 1966, Valerii Chalidze in December, 1972, and Zhores Medvedev in November, 1973, but in each case the dissenter had already been allowed to travel abroad and citizenship was subsequently revoked. Solzhenitsyn's case was somewhat different in that he would not leave the Soviet Union for fear that similar action would be taken against him. Thus, the Soviet Union was compelled to formally revoke his citizenship and despatch him to the West.

of corrective-labour camps⁵ that are located in almost every corner of the Soviet Union.

Today, unlike any other time in the Soviet Union's short history, we are able to measure, to some degree at least, the scope of political dissent which is taking place in the Soviet Union and the types of criminal sanctions that the Soviet authorities take against political dissenters. To be sure,⁹ the contemporary Western world has a view in retrospect, thanks to the historical works of Robert Conquest (The Great Terror⁶), Roy Medvedev (Let History Judge⁷), Solzhenitsyn (GULag Archipelago⁸), and others, of the Stalinist atrocities that took place against the real or imagined enemies of Stalin and the Soviet State during the years 1929 - 1953. It is through works such as these, and Khrushchëv's "secret speech" at the XXth Party Congress in 1956 and his report to the XXIInd Party Congress in 1961 in which he attacked Stalin and his "cult of the personality", that we learned of the extremes to which Stalin carried out his purges and the role that forced labour played in the building of the socialist economy of the U.S.S.R.

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5. Robert Conquest, The Soviet Police System (New York: Frederick A. Praeger Publishers, 1968), p. 77. By a 1933 Soviet decree the term "corrective-labour camp" became the official terminology for the labour camp. Prior to 1933, various terminologies, including "forced-labour camps" and "concentration camps," were used.
 6. Robert Conquest, The Great Terror: Stalin's Purge of the Thirties (Toronto: Macmillan Company, 1968).
 7. Roy Medvedev, Let History Judge: The Origins and Consequences of Stalinism (New York: Alfred A. Knopf, 1972).
 8. Alexandr Solzhenitsyn, The GULag Archipelago 1918-56: An Experiment in Literary Investigation (New York: Harper and Row, 1974).

This study, however, will be focused upon an analysis of the Soviet government's policy towards dissidents in terms of just one of the methods which it employs to diminish the effectiveness of political dissent in the U.S.S.R. -- repressive psychiatry.

The use of psychiatry for political reasons is not a new phenomenon, but one that also took place under the old Tsarist regimes. During the reign of Alexandr I (1801-25), for example, the cadet Zhukov was declared insane and committed to an asylum because he wrote a collection of verse about freedom.⁹ Under Tsar Nicholas I (1825-55), the philosopher Petr Yakovlevich Chaadaev (1794-1856) was declared mad and placed under psychiatric house arrest.¹⁰ Unfortunately, history does not record many other cases of psychiatric abuses by the Tsars, but these examples serve to point out that abuses did exist.

In the Soviet Union today, there are many patients in psychiatric hospitals and prisons who, notwithstanding the fact that they are mentally healthy and perfectly sane, are lodged there simply because they are political dissidents. There have been several well-documented accounts of the abuses of psychiatry in the

9. Zhores and Roy Medvedev, A Question of Madness (Harmondsworth, England: Penguin Books Ltd., 1974), pp. 176-77.

10. Ibid., p. 177. See also, Nicholas V. Riasanovsky, A History of Russia (New York: Oxford University Press, 1969), p. 400.

U.S.S.R. as a means of silencing the political dissenter¹¹, but they, for the most part, lack analysis and, for a topic which is always current, have become dated.

Other works, particularly those of Solzhenitsyn, Marchenko, Moroz and Osadchyi, depict the hardship and injustices which are forced upon those political dissidents who are in the corrective-labour camps.¹² It is of little solace to those unfortunate people, of course, if we point out that their lot in life would be much worse if they were to pay for their dissident political views through internment in a psychiatric prison hospital, for many of those prisoners are just barely able to survive the rigors that they must

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11. Abuse of Psychiatry for Political Repression in the Soviet Union, A Report of the sub-committee to investigate the administration of the Internal Security Act and other Internal Security Laws. Ninety Fourth Congress, Vol I (1972), Vol II (1975), Washington. Hereafter cited as Senate Report on Psychiatry in the Soviet Union. Anthony de Meeus, White Book on the Internment of Dissenters in Soviet Mental Hospitals (Brussels: International Committee for the Defence of Human Rights in the U.S.S.R., 1974). Hereafter cited as White Book. These two comprehensive narrative reports on the topic of psychiatry in the Soviet Union are the two major works in the field to date. They do not, however, make any analyses of the procedure of psychiatry as a means of political repression, but, rather, present facts and evidence and leave the reader to draw his or her own conclusions.
 12. Solzhenitsyn, GULag Archipelago. Anatoly Marchenko, My Testimony (New York: E.P. Dutton & Co., 1969). Valentyn Moroz, Boomerang: The Works of Valentyn Moroz (Baltimore: Smoloskyp Publishers, 1974). Mykhaylo Ossadchy, Cataracte (Paris: Smoloskyp, 1974). See also, my own unpublished Honours Essay The Treatment of Political Prisoners in Soviet Corrective-Labour Camps Since Stalin (Carleton University, 1974).

endure in the corrective-labour camps.¹³

Although there is an abundance of Soviet literature on "socialist legality" available, there is a distinct lack of material from official sources on the number of persons arrested for political crimes, the numbers of incarcerated prisoners, their treatment and their rights, which somewhat restricts an objective examination of the topic of dissent in the U.S.S.R. That is to say, the long-standing policy of the Soviet authorities not to release statistics on the numbers and the types of crimes committed in the Soviet Union, particularly those crimes that can be considered "political", the exact numbers and locations of penal installations and the total population of those installations, precludes a comparative examination of the problem of dissent in the U.S.S.R. in terms of the ratio of "political" crimes to the ratio of crimes that are usually termed as anti-social criminal acts. Western observers and analysts have been apprised, however, of a great deal of unofficial materials directly from the dissent movement in the U.S.S.R., including writings from inmates of the camps, prisons and psychiatric hospitals, which are "published" by the principals themselves through

13. Christopher W. Wren. "Ex-General -- Symbol of Soviet Dissent: Grigorenko Begins Sixth Year in Mental Wards", The International Herald-Tribune, Paris, May 8, 1974, p. 3. According to Wren, a New York Times correspondent stationed in Moscow who has many contacts within the dissident movement, Soviet dissidents consider indefinite incarceration in a mental hospital far worse than a definite sentence in a corrective-labour camp.

the medium of samizdat¹⁴. Some of the samizdat material has been translated and published in the West in various books and periodicals, but a vast amount of it remains untranslated. The samizdat literature, both translated and untranslated, that is available will, therefore, be a major research source used for the production of this study. Other research source material will include reports published in the West by former Soviet psychiatric patients and doctors who have managed to emigrate to the West and the aforementioned Senate Report on Psychiatry in the Soviet Union and the White Book. In addition to this, I recently conducted two personal interviews, one with a Canadian psychiatrist who is well informed

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14. Reddaway, Uncensored Russia, pp. 17-20, 350. Andrei Amalrik, Will the Soviet Union Survive Until 1984? (New York: Harper and Row, 1970), pp. 7-9. The term samizdat is an acronym fashioned after the official Soviet acronym Gosizdat which is a short form for "State Publishing House". Accordingly, samizdat is the acronym for "One's Own Publishing House". Samizdat emerged in the mid-1960's in order to allow suppressed intellectuals and other dissenters a forum for exercising freedom of expression in the Soviet Union, i.e. to "publish" their artistic works and have them circulate in the liberal intellectual community thereby circumventing the strict censorship laws of the Soviet government. Since that time, samizdat has become much more than an outlet for suppressed artistic endeavours. It relates the thoughts and ideas of dissenting religious and political groups and registers all manner of complaints of injustices and inequalities of the Soviet political system. Indeed, Mr. Reddaway states that "in addition to its role as a supplier of books, samizdat has begun to carry out the functions of a newspaper". A great deal of the samizdat material has reached the West, and Radio Liberty, located in Munich, F.R.G., has compiled and is now publishing a collection of samizdat materials (see bibliography).

on Soviet repressive psychiatry and another with a former Soviet lawyer who recently emigrated to Canada, for the purposes of gathering material for this study. I was also fortunate to be able to have former Soviet psychiatric patient Leonid Pliushch answer a series of questions relating to Soviet psychiatric abuses.

In a paper such as this, it is not possible to question the medical ethics that must surely come to question in any application of repressive psychiatry no matter what the political system or ideology of the state that resorts to such measures.¹⁵ Non-medical analysts can, however, discuss the legal, political and moral aspects of the use of psychiatry to silence the political dissenter in the Soviet Union upon whom the other methods of repression practiced by the Soviet authorities have failed to achieve the desired results. It is precisely upon those aspects of repressive psychiatry that this study will focus its main attention. The medical ethics of such abuses of psychiatry I shall leave to the medical profession to answer.¹⁶

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15. "Amnesty International Cites Disturbing Rights Violations", The Citizen, Ottawa, September 15, 1975, p. 32. According to Amnesty International, 107 countries violate human rights to some extent, but the Soviet Union, South Africa, Spain, Uganda and Chile are violating human rights and torturing and executing political prisoners on a disturbing scale.
 16. The medical profession throughout the world, particularly psychiatrists, has, indeed, expressed grave concern about the medical ethics of Soviet psychiatrists. Several members of the World Psychiatric Association (W.P.A.), to which several leading Soviet psychiatrists belong, the American, British and Canadian Psychiatric Associations (A.P.A., B.P.A. and C.P.A.) have spoken out individually against the Soviet abuses of psychiatry, but they have been unsuccessful, except for the Canadian doctors, in mustering a consensus of opposition among their colleagues. An eminent Canadian psychiatrist, Dr. Norman B. Hirt of

The Soviet authorities contend, of course, that allegations of the confinement of healthy individuals in psychiatric hospitals and prisons are unfounded. To strengthen his assertion that there are no abuses of Soviet psychiatry for the purpose of suppression of political dissent, the Director of the U.S.S.R. Academy of Sciences' Institute of State and Law, V. Kudriavtsev, writing in the Soviet legal journal Sotsialisticheskaia zakonnost, states:

The entire falsity of these assertions that in the Soviet Union healthy individuals are confined in psychiatric hospitals was exposed at the World Peace Congress not only by Soviet jurists but by representatives of other countries. Thus the Brazilian physician J.B. Burza declared that, having worked from time to time in Soviet psychiatric clinics, he was convinced of the highly humane character of Soviet medicine and had never encountered instances of any violation of medical ethics or prejudice in medical findings. As we know, the same conclusion was drawn by members of the executive committee of the International Psychiatric Association, which visited Soviet psychiatric institutions in October, 1973, including the Professor V.P. Serbskii Central Research Institute for Forensic Medicine.¹⁷

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16. (continued) Vancouver, British Columbia, who has been involved in research of the practice of psychiatry in the Soviet Union for the past six years, has, however, been successful, in 1970, in having the executive body of the Psychiatry section of the British Columbia Medical Association (B.C.M.A.) endorse a resolution calling for the C.P.A. to take immediate and forceful actions against the abuses of psychiatry in the Soviet Union through the appropriate world medical bodies including the W.P.A. and the World Health Organization (W.H.O.). As a result of that B.C.M.A. resolution, the C.P.A., on January 19, 1971, moved a resolution condemning Soviet psychiatry and calling for the W.P.A. and W.H.O. to take action. For copies of these resolutions see Senate Report on Psychiatry in the Soviet Union, pp. 43, 62.
 17. V. Kudriavtsev, "The Rights of Man and The Ideological Struggle," Soviet Law and Government, Vol XIII, No. 3, (Winter, 1974-75), p. 92.

Yet another Soviet official, Dr. A.V. Snezhnevsky who is presently the director of the Institute for Research in Psychiatry of the Academy of Medicine of the U.S.S.R. which is located in Moscow, in an interview conducted by a writer for the official government organ, Izvestia, stated:

Yes, I, too have read these absurd reports that in the U.S.S.R. healthy people are put into psychiatric hospitals. Like all my colleagues, I cannot express my feelings of profound indignation at this wild fantasy. . . . Russian and Soviet psychiatry has always been distinguished by its lofty humanism and the aspiration to help the sick person to feel that he is not outside society. . . . The placing of sick people in psychiatric hospitals in our country has always been carried out only on the basis of a doctor's findings. . . . In the Soviet Union the findings of expert doctors are the grounds for the court's ruling that sick people who have committed socially dangerous actions be sent for compulsory treatment. These findings are compiled and signed by not one but several psychiatrists. . . . Thus, cases of placing healthy people in psychiatric hospitals in our country are absolutely excluded.¹⁸

But what follows will certainly belie the contentions of doctors Kudriavtsev and Snezhnevsky that repressive psychiatry does not exist in the Soviet Union. It seems strange, indeed, that the state has determined that a large group of Soviet citizens, having among them a common cause, are mentally ill. That common cause that binds these alleged mentally ill patients is that at one stage of their so-called illnesses each of them has taken it upon him- or herself to express some sort of dissatisfaction with the

18. K. Briantsev, "Lzheradeteli v triasine klevety", Izvestia, Moscow, October 24, 1971, p. 4.

Soviet system of government. So, too, is it odd that in many of the cases involving repressive psychiatry KGB officials or psychiatrists who are also KGB officers or psychiatrists who operate under KGB influence have initiated the proceedings which conclude with the psychiatric internment of a political dissenter.¹⁹ We shall see, based upon reports by Soviet dissenters who have actually been committed to Soviet mental institutions and by several Soviet psychiatrists who have chosen to defy the KGB, that there is, indeed, a systematic method employed whereby psychiatry is used not only as a tool to remove dissenters from society, but also, with the compulsory administering of mind-altering drugs, to change the psyche of the individual dissenter. Some former mental patients, such as Victor Fainburg, Zhores Medvedev, Alexander Yesenin-Volpin and Leonid Pliushch, have been able to obtain exit visas and flee the country to the safety of the West. Many others, however, remain today in Soviet psychiatric hospitals and prisons vegetating from the abuses of Soviet psychiatry.

19. Senate Report on Psychiatry in the Soviet Union, Vol II, p. 16. Dr. Hirt has concluded, on the basis of his interviews with former Soviet psychiatrists, emigre dissidents and information recorded in samizdat which was provided him by Professor Peter Reddaway of Amnesty International, that the KGB does, indeed, employ psychiatrists against political dissidents in the Soviet Union. According to Hirt's evidence, some psychiatrists are coopted by the KGB, others are simply forced to follow KGB orders, while yet others are de facto KGB officers. One example of the doctor-KGB officers is one Dr. Daniil Lunts who is a KGB colonel employed as head of the "Special Examination Section" at the Serbskii Institute. See also, "Sovjet Union: Uniform Unterm Kittel", Der Spiegel, Hamburg, November 1, 1971, p. 18.

II. GENERAL SOVIET PSYCHIATRY AND PSYCHIATRIC INSTITUTIONS.

In the Soviet Union today there are three distinct types of psychiatric hospitals: 1) the regular type of in-patient hospitals which have psychiatric wards and clinics; 2) hospitals in which chronically ill patients are segregated from other patients; and, 3) special psychiatric prison hospitals in which political dissenters most often find themselves interned.¹ In official Soviet accounts, the first two types of hospitals are referred to as "general types" of hospitals and are administered by Republican and All-Union Ministries of Health, while the latter type is simply called "special hospital".² In fact, however, special hospitals are operated as prisons which are used only for patients committed for compulsory treatment by court order or for those who are transferred for psychiatric treatment from penal institutions. Many sources believe that these special hospitals are under

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1. Senate Report on Psychiatry In the Soviet Union, Vol I, pp. 6-7. This information is from the testimony of Dr. Yesenin-Volpin, a former Soviet mathematician who was himself illegally interned in Soviet psychiatric hospitals on five separate occasions which involved all three types of hospitals and covered a period of nineteen years from 1949 to 1968. Dr. Yesenin-Volpin emigrated from the Soviet Union to the United States in 1972. See also, White Book, p. 18. In my interview with Dr. Norman B. Hirt on October 2, 1975, he also confirmed the existence of these three types of hospitals.
 2. G.V. Morozov and Ia. M. Kalashnik (eds), Forensic Psychiatry (New York: Progress Publishers, 1974), p. 475.

police and/or military supervision.³ Indeed, one ex-mental patient, Victor Fainberg, who now resides in London, in describing the Leningrad Special Psychiatric Prison Hospital writes:

... I found an absolutely arbitrary regime in force, even more severe than that which prevails in the ordinary prison hospitals for common criminals. It is, in fact, just like an ordinary prison, with cells and galleries, peepholes in the doors, with warders and trustees. Apart from the prison officers, headed by a Colonel Oblinov, there were also the so-called male nurses -- criminals serving terms for hooliganism, theft, embezzlement and so forth, who were afforded a great deal of scope for their activities among the madmen.⁴

One must conclude, however, on the basis of the information provided by the various witnesses (see footnote 3) and considering the fact that it is most unlikely that the military would be guarding mental institutions, that the special psychiatric hospitals are more than likely administered

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3. I.F. Stone, "Radicals and Asylums in the Soviet Union", The New York Times, New York, February 15, 1972, p. 14. Senate Report on Psychiatry in the Soviet Union, Vol I, p. 16. White Book, p. 19. Based upon reports which are reaching the West, there does not appear to be a consensus of opinion among the dissenters in the Soviet Union as to which governmental agency or agencies control the special psychiatric hospitals. Stone reports that the guards at special psychiatric hospitals are uniformed police. Yesenin-Volpin, on the other hand, testified that such hospitals are guarded by the military. The White Book states that these types of hospitals are subordinated to the MVD. Yet another expert, Dr. Hirt, contends that the special hospitals come under the jurisdiction of the KGB. For conflicting opinions from official and semi-official Soviet sources, see footnote 5.
 4. Victor Fainberg, "The Abuse of Psychiatry in the U.S.S.R.: My Five Years in Mental Hospitals", Index on Censorship, Vol 4, No 2, (Summer, 1975), pp. 67-71.

and guarded under the direction of the MVD⁵, but that the KGB has special responsibility for the internment and "treatment" of political dissidents. For a complete listing of MVD/KGB special psychiatric hospitals in the Soviet Union and their locations, see Table 1 on page 16.

According to Dr. Yesenin-Volpin, there also exists a fourth type of psychiatric installation in the Soviet Union: the so-called psychiatric colony for patients who are considered incurable and socially dangerous. Dr. Yesenin-Volpin testified to the Senate Committee that once a patient has been transferred to one of these psychiatric colonies, chances of liberation are very remote.⁶

There is also danger involved for those political dissidents who are placed in the general types of psychiatric hospitals. The evidence of Dr. Yesenin-Volpin indicates that some

5. A. Mostovshchikov, "Eksperty ishchut istinu", Trud, Moscow, January 26, 1972, p. 4. The author of this article confirms that the MVD is involved in the operation of the Serbskii Institute when he states "although the doctors at the Serbskii Institute are involved in militia [MVD] work, they are expert physicians." Morozov and Kalashnik, Forensic Psychiatry, p. 25. According to Morozov and Kalashnik, who are both on the staff of the Serbskii, the Institute is the responsibility of the Ministry of Health for the U.S.S.R.

6. Senate Report on Psychiatry in the Soviet Union, Vol I, p. 6. Although there is no evidence that they do not exist, I have been unable to uncover any other witness that can corroborate Yesenin-Volpin's opinion that psychiatric colonies exist. Further evidence presented later in the study will point out that, by and large, most political patients are interned in special psychiatric hospitals.

LIST OF SOVIET PSYCHIATRIC HOSPITALS AND CLINICS IN
WHICH POLITICAL DISSIDENTS HAVE BEEN INTERNED *

1. SPECIAL PSYCHIATRIC PRISON HOSPITALS

<u>Name</u>	<u>Address (if known)</u>	<u>Date Opened (if known)</u>
Kazan Psychiatric Hospital	Kazan-82, Box UE 148	Pre- 1940
Sychevka Psychiatric Hospital	Smolensk Region	1945
Leningrad Psychiatric Hospital	Arsenalnaia Street,	1965
Cherniakhovsk Psychiatric Hospital	Kaliningrad Region,, Cherniakhovsk-216.	1965
Minsk Psychiatric Hospital	Minsk	1966
Dnepropetrovsk Psychiatric Hospital	Dnepropetrovsk Ukr. S.S.R.	1968
Orel Psychiatric Hospital	Orel, Razgradskaia St, No 3. Postal Address: IZ 55/1	Late 1970
Blagoveshchensk Psychiatric Hospital	Amurskaia Region (In the Far East)	1972
Kzyl-Orda Psychiatric Hospital	Kazakhstan	1972

2. GENERAL PSYCHIATRIC HOSPITALS AND CLINICS

Kashchenko Psychiatric Town Clinic No. 1	Zagorodnoe Road - 2, Moscow Region	--
Psychiatric Town Clinic No. 3	Moscow, Matrosskaia Tishina Street, 20.	--
Psychiatric Town Clinic No. 4	Gannushkin, Potesnaia St., 3. Moscow Region.	--
Psychiatric Town Clinic No. 5	Stantsia Stolbovaya. About 70 km from Moscow.	--
Korsakov Psychiatric Clinic	Rossolimo Street, 11. Moscow.	--
The Serbskii Institute of Forensic Psychiatry	Kropotkinsky Pereulok, 23. Moscow.	--
Skvortsov-Stepanov Hospital of Psycho-neurology No 3	Fernskoe Shosse, 36. Leningrad	--
Bekhterev Institute of Psycho-neurology	Bekhterev St., 3. Leningrad	--
Latvian S.S.R. Psychiatric Hospital	Aptekas St., 1. Riga	--
Institute of Psycho-neurology	Kharkov	--
Institute of Psycho-neurology	Odessa	--
Psycho-neurological Hospital No 2	Moiskii Embankment, 126. Leningrad	--
Psycho-neurological Hospital No 5.	Lebedev St., 39. Leningrad	--

* Adapted from: Senate Report on Psychiatry in Soviet Union, pp. 238-40

dissident patients, especially those who have no relatives to question his or her whereabouts, are placed in general type hospitals for an indefinite period, but because those hospitals are not subjected to the same secrecy, compulsory treatment generally does not exceed three months.⁷ The danger to the dissident here, of course, is that once he or she has been treated in a psychiatric hospital of any type, the dissident patient can be re-arrested by the KGB and given further treatment on the grounds that the patient had suffered a relapse. The fallacy that arises in alleging the mental relapse of a political dissident stems, of course, from the fact that it is impossible for one to suffer a relapse of a disease that one did not previously have. But for the KGB and the Soviet authorities, such a practice lends legality to their efforts to silence Soviet dissidents.

A decidedly more objective analysis of Soviet psychiatry, that is, one from an expert who has skirted the issue of repressive Soviet psychiatry and offers a factual and objective general report, is given in an article by Dr. J.K. Wing, Professor of Psychiatry at the Institute of Psychiatry in London, England, in the British Medical Journal.⁸ In the article, Dr. Wing points

7. Senate Report on Psychiatry in the Soviet Union, Vol I, p. 9.

8. J.K. Wing, M.D., "Contemporary Themes: Psychiatry in the Soviet Union", British Medical Journal, March 9, 1974, pp. 433-36. This article is based upon Dr. Wing's four visits to the Soviet Union during which he was able to observe the operation of modern psychiatric procedures first hand.

out the more human sides of Soviet psychiatric practice. According to Dr. Wing, for the common Soviet citizen psychiatric care is as humane and ethical as that of most any other country. In addition to the psychiatric hospitals mentioned earlier, the Soviet Union has an elaborate network of psychiatric dispensaries, day hospitals, workshops, such as rehabilitation units, training centres and vocational guidance units, and prophylactic workshops in the factories, all of which provide excellent psychiatric care.⁹ Indeed, Dr. Wing concludes that

The system of dispensary care is now extremely well developed in Moscow and Leningrad and contains some useful ideas for British psychiatry, particularly in the field of rehabilitation and community care.¹⁰

In describing the operation of a typical Soviet dispensary, Dr. Wing, using dispensary Number Eight in Moscow which serves two raions with a total population of 500,000 citizens as an example, states that there is one dispensary psychiatrist to each 33,000 city dwellers. Included in the doctors' working itinerary is an allotment of two hours each day for visiting patients' homes and places of work. Care is taken to maintain close liaison between the dispensary psychiatrist and the hospital psychiatrists once it has been decided to admit a patient to the hospital. In order to ensure continuity in the treatment of a patient, he or she is always admitted to the same hospital

9. Wing, p. 433.

10. Ibid., p. 434.

if admittance more than once is required. Based upon figures provided him by Soviet authorities, Dr. Wing calculates that there are 2.0 to 2.5 beds in psychiatric hospitals per 1,000 population and the average length of stay averages out to two months.¹¹

Once patients have been treated and released from the psychiatric hospital they receive attentive follow-up care in the dispensaries and workshops. Special efforts are made by the health authorities to provide mentally handicapped, indeed, all handicapped, persons with suitable employment so that they can contribute to society and maintain a purpose in life. Dr. Wing states that

A great deal of attention is given to the optimal placement in work of people who have been psychiatrically ill. Many factories have special workshops for handicapped people -- for example, a sewing machine factory in the neighbourhood of Number Eight dispensary in Moscow has 300 handicapped people in such a shop, 30 per cent of them psychiatric, as well as providing sheltered conditions for other handicapped people within the open workshops.¹²

Dr. Wing calls the staffing ratios for Soviet dispensaries "most generous by our [British] standards."¹³ A second dispensary he visited in Leningrad served a population of about 400,000 people and had a total staff of 160, including 27

11. Wing, p. 434.

12. Ibid.

13. Ibid.

doctors, 56 nurses, and 50 occupational supervisors.¹⁴ Dr. Wing does feel, however, that individual psychiatrists tend to overspecialize and neglect those aspects of psychiatry that are outside his or her specialty. He commented, for example, that those doctors specializing in functional psychosis may know rather little about neurosis or dementia. One administrative procedure at the dispensaries which could be of consequence to political dissidents who are treated as out-patients after compulsory internment, or at any time for that matter, is that a summary card is completed for each patient at the time of discharge. The danger for the dissident in this practice lies in the fact that this card is automatically forwarded to the Serbskii Institute. We have already seen, and will see to a greater extent later in this study, that the KGB uses the summary card at any time it wishes to make a case against a dissident and justify compulsory treatment.

Dr. Wing does touch upon the problem of forensic psychiatry in the Soviet Union, but confesses a lack of expertise in this specialty. He does, however, offer three conceptual differences which all but preclude comparison of Soviet forensic psychiatric practices with those of the West: 1) there is no equivalent in Western criminal law of the Soviet category of crimes against the state; 2) the Soviet concept of mental

14. Wing, p. 434.

illness, particularly of schizophrenia¹⁵ and including what British psychiatrists call personality disorder, is a good deal wider than concepts in the West; and 3) the determination of whether or not a person can be held responsible for his or her actions is peculiar only to the U.S.S.R. Dr. Wing states that the latter problem, that of "responsibility", is

most difficult for the British psychiatrists to comment on since it means trying to answer a ludicrous non-question: should a person who is not severely mentally ill by our standards be regarded as responsible for an action which we would not regard as a crime?¹⁶

This question is, of course, a very tenuous one and one to which we will return later in the study when the whole question of legality is discussed. But there can be no doubt that in the field of forensic psychiatry the KGB-directed psychiatrists at the Serbskii Institute are able, because of these conceptual differences, to practice a different form of forensic psychiatry than do psychiatrists in Western countries. That is not to condemn, however, all of Soviet psychiatry. For, as Dr. Wing has demonstrated, the general practice of psychiatry in

15. Wing, p. 435. Dr. Wing states that the prevalence of schizophrenia in Moscow is 5 to 7 per 1,000 population which he considers to be remarkably high since most U.K. studies reflect a prevalence in Britain of about 3 to 4 per 1,000 population. He attributes this high ratio to the fact that Soviet psychiatrists may diagnose schizophrenia more liberally than their British counterparts. Indeed, Dr. Wing states that there is a difference between the diagnosis of schizophrenia in Moscow and in other parts of the Soviet Union. See also, Senate Report on Psychiatry in the Soviet Union, Vol II, p. 21. Dr. Hirt also confirms that Soviet psychiatry has a different conception of schizophrenia than do Western psychiatrists.

16. Wing, p. 435.

the Soviet Union is of a high standard and, indeed, the West could learn something by studying the Soviet approach. It is only when political dissidents are involved does the KGB-directed repressive psychiatry emerge.

On the question of the differences in the Soviet concept of schizophrenia mentioned by Dr. Wing, Dr. Hirt contends that they are devised by the Soviet psychiatrists to lend legality to the internment of political dissidents. In his testimony before the U.S. Senate Committee on the Judiciary, Dr. Hirt said:

... if the person is very seriously involved with political ideas, a commission sits on the patient and a diagnosis is made, usually of simple schizophrenia or paranoid schizophrenia. The thing about schizophrenia in Russia, which is different from our terminology of schizophrenia, is that they believe that schizophrenia is never cured. In the West, we feel that there are two sources of schizophrenia, one being constitutional and one occurring as a result of stress. And this is where a difference occurs. Also we have cured cases listed by many competent investigators.

But it is on these very differences and lack of modern knowledge, that the KGB psychiatrists can function in an illegal "legal" way. For example, they can say "now you look normal, but you have to report to us at such and such a time, or we will pick you up. This is what is referred to as "asymptomatic" schizophrenia -- schizophrenia without any symptoms. And it's not acceptable anywhere else in the world or even with many ethical psychiatrists in the U.S.S.R. . . . the ethical psychiatrists in the Soviet Union are the same as we are, but the KGB psychiatrists have invented their own forms of labeling persons. And this is very direct and deliberate. 77

The brother of Zhores Medvedev, Roy, listed a number of symptoms

17. Senate Report on Psychiatry in the Soviet Union, Vol II, pp. 21-22.

used by KGB psychiatrists in his report "Compulsory Psychiatric Hospitalization for Political Reasons" which was presented to the Moscow Human Rights Committee.

Persistent mania for truth seeking. Wears a beard. Meticulous thinking and deficient perception of reality. Considers the entry of Soviet troops into Czechoslovakia as an act of aggression. Considers that he should devote his life to the ideals of Communism. His subsequent scholarly works are less important than his earlier ones. Etc.¹⁸

One need not be a psychiatrist, therefore, to come to the conclusion that the Soviet perception of schizophrenia is, indeed, different from that of Western psychiatrists.

Despite the apparent objectivity in his report on Soviet psychiatry, Dr. Wing is not above criticism from the Soviet authorities. In a letter to the editor of the British Medical Journal, a Soviet psychiatrist, Dr. Georgii Morozov who is Director of the Serbskii Institute and who frequently appears among the signatories of committal certificates for political dissidents, takes Dr. Wing to task for his report. Dr. Morozov states that

... a number of the statements made in the article with regard to forensic psychiatric tests and the principles used in diagnosing schizophrenia may call forth various ambiguous interpretations on the part of the reader and give him the impression that in the Soviet Union psychiatry is used in the struggle against "dissidents".¹⁹

But implicit in this rebuttal, is the fact that Morozov

18. White Book, p. 30.

19. Dr. Georgii Morozov, "Letter to the Editor", British Medical Journal, July 6, 1974, p. 514.

acknowledges that in the Soviet Union a struggle against dissidents is being undertaken by the authorities. And yet another high Soviet official has to defend Soviet psychiatric practices and deny the existence of repressive psychiatry.

The essence of Dr. Wing's report, however, is to point out that Soviet psychiatry can be as humane and beneficial to the mentally ill as is Western psychiatry. His three conceptual differences, when coupled with what we already know about KGB interference in the practice of Soviet psychiatry, only serve to strengthen the argument that Soviet psychiatry can be abusive and repressive and is used as a deliberate weapon of the KGB and the ruling Soviet authorities to silence critics of the regime. There can be no doubt, then, that there are two main streams of Soviet psychiatry: psychiatry administered by competent medical practitioners; and, psychiatry practiced at the direction of the KGB which I shall call "KGB psychiatry". When appearing before the U.S. Senate Committee on the Judiciary, Dr. Hirt described Soviet psychiatry in the following words.

There are two streams of psychiatry in the U.S.S.R. at the present time. There are psychiatrists who are ethical, and practice much the way we do, except they don't use any dynamic ideas. They are biochemically or behaviorally oriented; they are interested in medications. They are very highly skilled in diagnostic procedures.

And then there is a section of psychiatry that became involved with the law. And they are not under the Soviet equivalent of Health and Welfare; they are under the jurisdiction of the KGB, the police and the judicial system. This is a whole new scheme of psychiatry, without parallel anywhere in the world.²⁰

20. Senate Report on Psychiatry in the Soviet Union, Vol II, p. 16.

III. KGB PSYCHIATRY.

The information which is available to the West regarding which Soviet agency or agencies direct the operation of and supervise the guarding of psychiatric prison hospitals often varies, depending upon the sources of such information, and is, therefore, open to question (see footnotes 3 and 4, Chapter II). Until more is known about the organization of the KGB¹, we can only assume that the KGB does, indeed, have a directorate which is involved in the use of psychiatry against political dissidents. But the very fact that a KGB presence permeates the psychiatric prison hospitals and the Serbskii Institute of Forensic Psychiatry only serves to point out the KGB involvement in abuses of Soviet psychiatric procedures.

There are yet other indicators that the KGB is involved in repressive psychiatry. Almost every political dissident who has been the victim of psychiatric abuses and has been successful in getting his or her story told in the West, indicates that appearance before a psychiatric commission and compulsory treatment was either conducted by doctors who owed their allegiances to the KGB and/or by KGB officer-doctors such as Dr. Danil Lunts, Director of Diagnostics at the Serbskii Institute.² Indeed,

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1. See my Honours Essay, Chapter V. See also, John Barron, KGB: The Secret Work of Soviet Secret Agents (London: Hodder and Stoughton Ltd., 1974) and Boris Levytsky, The Uses of Terror: The Soviet Secret Police 1917-70 (New York: McCann, Coward and Geoghegan, Inc., 1972).
 2. "Sovjet Union: Uniform Unterm Kittel," loc. cit., p. 18. Lunts has been observed by political prisoners working at the Serbskii Institute with a white doctor's coat over his uniform. He wears the rank of colonel.

General Petr Grigorenko who has spent more than six years in Soviet psychiatric prison hospitals has this to say about the Serbskii Institute:

This Institute nominally comes under the Soviet Ministry of Health, but I myself, on more than one occasion have seen Professor Lunts, the head of the department diagnosing me, arrive at work in the uniform of a KGB colonel. . . . I have also seen other doctors of this Institute in KGB uniform. But the exact relation between the KGB men and the Ministry of Health I have not managed to ascertain. People say that only one department is under KGB control -- the one which diagnoses political cases. I am inclined to think that the influence of the KGB -- and it is a decisive influence -- extends over the whole of the Institute's work.³

Another Soviet dissident who has also spent some time in a Soviet psychiatric hospital, Zhores Medvedev, also feels that the Serbskii Institute has a role to play in Soviet repressive psychiatry.

The Serbsky Institute of Forensic Psychiatry has long had a reputation as an institution which fulfills not only medical but also political functions. The use of psychiatry for punitive purposes at the order of some non-medical authority has become a routine practice for this institution. While the examination of a criminal lawbreaker to establish the degree of his legal 'responsibility' is known as 'psychiatric examination', the term used to disguise the same procedure in political cases is 'special examination'.⁴

In an interview conducted by the Soviet psychiatrist

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3. Cited in Reddaway, Uncensored Russia, p. 228. See also, Petr Grigorenko, Myslyi sumashedshego: izbrannye pisma i vystupleniia Petra Grigorenko (Amsterdam: Herzen Foundation, 1973), p. 234.
 4. Zhores and Roy Medvedev, A Question of Madness (Harmondsworth: Penguin Books, Ltd., 1974), p. 93.

Vladimir Dmitrievsky, head of Department No. 15 at the Kashchenko Psychiatric Hospital, with the scientist-dissident Evgenii Nikolaev an oblique acknowledgement that the KGB does control Soviet psychiatry is made when, during the course of their conversation Nikolaev tells the psychiatrist:

After all, you yourself said that people in official positions are subordinated to the appropriate organs and are obliged to carry out their instructions.⁵

This remark came after an exchange between the two in which the doctor remarked:

The more stubbornly you refuse to answer questions, the longer you'll stay in the hospital. I'm asking you these questions for your own good. . . . Moreover, you can be classified as socially dangerous. In that case, before every Soviet holiday, by way of a preventative measure you'll be put in a psychiatric hospital, whether you like it or not. Just remember, you're not an important figure like Solzhenitsyn. He was expelled from the country for his views and remarks. But for your views and remarks, you'll just be put in a psychiatric hospital.⁶

These words were obviously spoken by a psychiatrist who has KGB connections. His acknowledgement that dissidents are rounded up and placed in psychiatric hospitals on Soviet holidays is especially significant in that it confirms that psychiatrists do engage in the compulsory treatment of sane Soviet citizens

5. "A Talk with a Psychiatrist," A Chronicle of Human Rights in the U.S.S.R., No. 11-12, (September-December, 1974), p. 37.

6. Ibid., p. 35.

for the purpose of political oppression.

Evidence of KGB involvement in Soviet psychiatry comes not only from political dissidents, but also from Soviet psychiatrists who have refused to do the KGB's dirty work and have subsequently emigrated to the West. In conducting his research into Soviet psychiatric practices, Dr. Hirt was able to interview two former Soviet psychiatrists in Israel. One of the psychiatrists was "taken into the KGB" and worked for that agency for about one year before finally being able to disassociate himself from the KGB's repressive form of psychiatry.⁷ The other psychiatrist was coopted by the KGB and forced to follow its orders. Both psychiatrists testified under oath that because of KGB coercion, they were, for a period of time, in the business of certifying as insane, political dissidents whom they knew were perfectly sane.⁸ Another Soviet psychiatrist who has only recently arrived in the West and is more familiar

7. Senate Report, On Psychiatry in the Soviet Union, Vol. II, p. 18.

8. Ibid. At the Senate hearing, Dr. Hirt for reasons of security for the two doctors whom he interviewed, stated that he is not at liberty to divulge the names and addresses of the two doctors. In my interview with Dr. Hirt on October 2, 1975, he stated that security reasons still precluded the release of the doctors' names. He stated, however, that the two doctors are willing to testify before an investigating commission of any world medical body that is set up to examine Soviet psychiatric practices.

with the contemporary problems of Soviet psychiatry, Dr. Marina Voikhanskaia⁹, the wife of Victor Fainberg, has recently described her examination of a woman who had been arrested and placed in the psychiatric hospital in which Dr. Voikhanskaia was working simply because she (the woman) had spoken out against corruption.

When I chatted with this new arrival and realized that I was seeing a healthy person who had gotten into trouble, I remembered what I had heard on the Western radio about the abuse of psychiatry in the U.S.S.R. but had not believed at the time, dismissing it as sheer "agitation". I had not encountered such "sick" people before, and my reputation had not yet been tarnished by contact with dissidents. For this reason it was comparatively easy for me to help this unfortunate fighter for truth, and she left the hospital within a week.¹⁰

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9. Valerie Kaye, "The Soviet Union's Hospitals of Fear," The Times, London, June 27, 1975, p. 11. Dr. Voikhanskaia met Victor Fainberg in Leningrad after he had been released from Leningrad Psychiatric Prison Hospital on November 11, 1973. On April 30, 1974, Fainberg was re-arrested and admitted to Leningrad's Psychiatric Hospital No. 3 where the authorities intended to administer compulsory drug treatment. Rather than submit to large doses of drugs, Fainberg threatened to commit suicide. Only intervention by Dr. Voikhanskaia on behalf of Fainberg saved his life and he was released again on May 11, 1974. Shortly afterward, Fainberg and Dr. Voikhanskaia were married and Fainberg was allowed to emigrate to the West. Fainberg campaigned from the West by influencing public opinion and by a constant stream of letters and petitions to the Soviet authorities for permission for Dr. Voikhanskaia to emigrate. Fainberg's efforts were successful and Dr. Voikhanskaia was given a one-way visa in the spring of 1975.
 10. Dr. Marina Voikhanskaia, "A Psychiatrist's Notebook No. 1," Radio Liberty Special Report, RL 379/75, September 10, 1975, p. 2.

We can see, therefore, that the KGB does, indeed, place sane people in psychiatric hospitals in order to remove them from society without having to follow established legal procedures. In describing a second examination of a mental patient, Dr. Voikhanskaia states that the KGB is directly involved in the supervision of political dissidents in psychiatric hospitals.

At the end of April, 1974, I was talking to a newly admitted patient, a silent, morose person who had been harassed and reduced to wretchedness. He looked about forty-five, and was emaciated and almost completely gray. I was not yet aware of his biography and when I plied him with the usual set of questions for new patients he replied rudely and in monosyllables, sometimes not answering at all, but simply looking to one side. When he was asked whether he liked to go to the theatre and when was the last time he had been to the cinema, he let such a flow of silent, cold scorn pour over me that I, too, fell silent and did not know what to do next. This patient had been transferred to our section from the most terrible and troublesome Eighth Department on the pretext that he had allegedly been blackmailing a patient there. (In fact, as I later learned, the doctors had noticed him talking to the artist Iurii Ivanov, who had been committed to this department, even though he had no psychotic symptoms at all, on the orders of the KGB).¹¹

Dr. Voikhanskaia relates yet another story which indicates that the KGB engages in abusive psychiatry in order to silence those Soviet citizens whom it considers to be "socially dangerous elements".

It was only in the two weeks proceeding any major Soviet celebration (May 1, November 7 and Lenin's birthday) or shortly before the arrival

11. Voikhanskaia, "A Psychiatrist's Notebook No. 1", p. 2.

of a major head of state that the Chief Doctor of the hospital, Mikhail Pavlovich Isakov, would announce that he had received an order from the city psychiatrist, Beliaev, to admit all socially dangerous people to the hospital. At such times we would take in a heavy flow of these socially dangerous elements, all the corridors of our sections would be filled with their folding beds, trestle beds, and divans.¹²

A prime example of the modus operandi of the KGB and its complicity in the practice of repressive psychiatry in the Soviet Union is the treatment of General Petr Grigorenko, a former Red Army general who taught and headed a research department at the Frunze Military Academy for seventeen years. Grigorenko has been committed to Soviet psychiatric prison hospitals on three separate occasions, the most recent of which was a six year internment which ended in June, 1974. Each of Grigorenko's committals has been precipitated by his involvement in the struggle for civil rights in the U.S.S.R. In April, 1969, Grigorenko was arrested in Tashkent for defending minority rights on behalf of the Crimean Tatars, a national minority group which had been deported from its Crimean homelands during the time of Stalin. At the insistence of the KGB, Grigorenko was examined in August, 1969 by a psychiatric commission consisting of several Soviet psychiatrists. To the chagrin of the KGB, however, the commission found Grigorenko to be sane. Indeed, in its report the commission stated that

Grigorenko at the present time shows no symptoms

12. Voikhanskaia, "A Psychiatrist's Notebook No. 1," p. 2.

of mental illness, just as he did not show any in the period of the offenses incriminating him (from the second half of 1965 to April, 1969), when he understood [the nature of] his activities and was capable of directing them. In what he did he was of sound mind.¹³

In its concluding remarks, the commission had this to say about Grigorenko:

Grigorenko's activity had a purposeful character, it concerned concrete events and facts, arose from his personal convictions and in many cases from the same convictions as his fellow-thinkers, and it did not contain sick or hysterical symptoms. All his life Grigorenko has developed correctly from the neuro-psychological point of view, although he has always showed certain original traits of character, such as perseverance in the attainment of a goal, a certain tendency to over-estimate his capabilities, and a desire to affirm his own opinion.

At the same time he has revealed good intellectual capabilities, has through steady effort achieved good general development and stature in the sphere of his work and of socio-community life. He had good relationships in collectives, was a leader and an educator. No appreciable break or change in the development of his personality has been observed.

It is not excluded that in 1961 under the influence of the psychologically unfavorable situation, and having certain peculiarities of character, Grigorenko suffered a reactive illness assessed in the Serbskii Institute as "paranoid development". Subsequently, as is evident from the conclusion of the forensic psychiatric commission of experts at the Ministry for the Preservation of Public Order psychiatric hospital in Leningrad, Grigorenko was no longer in a sick condition. Subsequent observation of him in the psycho-neurological health centre in Moscow revealed no symptoms of psychological illness in him.¹⁴

The Ministry for the Preservation of Public Order, the

13. Senate Report on Psychiatry in the Soviet Union, Vol I, p. 64.

14. Ibid.

former name of the present Ministry of Internal Affairs (MVD)¹⁵ and an off-shoot of the KGB was obviously implicated by the Tashkent psychiatric commission in a previous attempt on the part of the Soviet authorities to silence Grigorenko through the means of repressive psychiatry. It is explicitly evident, however, that in August, 1969 a team of competent, ethical Soviet psychiatrists, based upon personal observation and examination of the patient and examination of his psychological history, considered the old general to be of sound mind. One would assume, therefore, that Grigorenko could expect to be released and given his freedom. But such was not the case.

Instead of being released, Grigorenko was flown by the KGB to the Serbskii Institute in Moscow where, in November, 1969, a new commission headed by the aforementioned Colonel-Doctor Daniil Lunts, found that Grigorenko was suffering from "a mental illness in the form of a pathological development of personality, accompanied by reformist ideas which have formed in a personality with psychopathic character features".¹⁶ In disagreeing

15. See Levytsky, The Uses of Terror, p. 321. In 1953 the Ministry of Internal Affairs and the Ministry for State Security (MGB), the forerunner of the KGB, were united to form a new MVD which was responsible for both internal affairs and state security. In March, 1954, the KGB was formed and took the responsibility for state security away from the MVD. In January, 1960, the MVD was dissolved as a federal ministry and re-instituted in 1966 as the Ministry for the Preservation of Public Order (MOOP). In 1968, MOOP was renamed MVD. It is clear from the doctors' conclusions that the MOOP was at one time responsible for psychiatric treatment of political dissidents.

16. White Book, p. 99.

with the Tashkent commission, the Lunts commission stated in its conclusions that it

. . . cannot agree with the out-patient forensic psychiatric diagnosis formulated in Tashkent since it has noted the presence in Grigorenko of pathological changes in his psyche recorded in the present report which could not be revealed in the conditions of an out-patient examination because of his outwardly well-adjusted behavior, his formally coherent utterances and his retention of his past knowledge and manners -- all of which is characteristic of a pathological development of the personality. Because of his mental condition Grigorenko requires compulsory treatment in special psychiatric hospital, as the paranoid reformist ideas described above are of obstinate character and determine the conduct of the patient.¹⁷

This reversal by the Lunts commission of the findings of a competent psychiatric commission which had no ties to the KGB, clearly demonstrates that KGB psychiatrists are, in essence, the supreme medical authority in the Soviet Union for determining whether or not political dissidents are mentally ill.

As a result of the Lunts commission finding, Grigorenko was placed in the Cherniakhovsk Psychiatric Prison Hospital where he spent some three and one half years in solitary confinement before he was transferred to an ordinary hospital. Notwithstanding the types of hospital in which he was placed, Grigorenko was always subjected to compulsory drug treatments right up until the time of his release.¹⁸ Grigorenko is no longer able to participate in the movement for

17. Senate Report on Psychiatry in the Soviet Union, Vol I, p. 70.

18. A Chronicle of Current Events: Journal of the Human Rights Movement in the U.S.S.R., Nos. 28-31 (London: Amnesty International Publications, 1975), p. 101.

human rights in the U.S.S.R. In a post-release interview he stated that he will not participate for now in public activities, but he expressed the hope that the movement for human rights in the U.S.S.R. would develop favourably in the future.¹⁹ The KGB was apparently successful, through the use of repressive psychiatry, in silencing the voice of Grigorenko in the human rights movement which it strives to suppress.

One could conclude from the Grigorenko experience that KGB influence over the practice of Soviet psychiatry is substantial and is, perhaps, taken unilaterally without consultation with the Ministries of Health at either the Republican or All-Union levels. The Grigorenko case is indicative of the fact that when the KGB is not able to persuade ethical Soviet psychiatrists to make false diagnoses of the mental health of political dissidents, it arbitrarily removes the dissident from the medical jurisdiction of non-conforming psychiatrists to the confines of the Serbskii Institute. Once the KGB has the "patient" at the Serbskii, it can have him or her examined by psychiatrists who can be counted on to return findings which are in consonance with the wishes of the KGB.

The Tashkent doctors' defiance of the KGB in 1969 is all the more remarkable when one considers that the examination of Grigorenko took place in the presence of a KGB officer-investigator in the Tashkent offices of the KGB.²⁰ The KGB

19. A Chronicle of Human Rights in the U.S.S.R., Nos. 11-12, (September-December, 1974), p. 52.

20. Senate Report on Psychiatry in the Soviet Union, Vol I, p. 59.

uses of psychiatry are not open to criticism, much less defiance of KGB directives, by doctors who feel themselves bound by the ethics of their profession. Dr. Voikhanskaia, for taking up the cause of Victor Fainberg and other dissidents who were unjustly interned in psychiatric prison hospitals, was subjected to KGB intimidation and, eventually, transferred to a geriatric unit.²¹ Yet another young Soviet psychiatrist who has chosen to defy the KGB rather than abrogate his moral and professional duties and has spoken out against the compulsory psychiatric treatment of sane political dissidents has not fared so well. Dr. Semen Gluzman, a Ukrainian psychiatrist, was sentenced in 1972 to serve seven years in a corrective-labour camp under strict regimen and three years of exile for co-authoring a document known as "An In Absentia Psychiatric Report on the Case of P.G. Grigorenko".²²

Dr. Voikhanskaia reports that Soviet psychiatrists who do not have the confidence of the KGB are generally excluded from seeing the case histories of patients who are involved in what can be termed "political" crimes or, as the Soviet authorities prefer to call them, crimes against the state. In fact, Dr. Voikhanskaia stated not long after her emigration to the West

21. "Psychiatric Care in Soviet Union Can Be Used For Persecuting Foes," The Globe and Mail, Toronto, August 6, 1975, p. 2.

22. A Chronicle of Current Events, No. 28, 31 December, 1972, p. 29. The document written by Dr. Gluzman and two anonymous psychiatrists points out the incongruities which exist between the results of the two 1969 Grigorenko psychiatric commissions. The document analyses the case of Grigorenko and concludes that the general is, and always has been, of sound mind.

that

because of the leakage of information to the West about false, KGB inspired diagnoses, even the doctors at the ordinary mental hospitals are not allowed to read the reports from the prison hospitals on the patients who are transferred from them.²³

The common Soviet psychiatrist cannot help but be aware, therefore, that the KGB is involved in unethical psychiatry. According to Dr. Volkhanskaia some psychiatrists, when they learned of this medical malpractice, were sympathetic, but could not bring themselves, for fear of KGB reprisals against them and/or their families, to join her in protest against such abuses.²⁴ They choose instead, like the psychiatrists on the first Grigorenko commission, to express their disapproval of KGB psychiatry by more dissimulate means -- refusal to abrogate their oaths as medical doctors. That is to say, they refuse, at some personal risk, to take part in the machinations of ethical Soviet psychiatric procedures which are perpetrated by the KGB.

Another former Soviet psychiatrist has also confirmed that sane Soviet citizens are, indeed, confined in Soviet mental hospitals for political reasons. In an interview shortly after his emigration to Canada in late 1973, Dr. Felix Iaroshenskii, formerly of the Leningrad Bekhterev Psycho-neurological Research Institute, stated that in the Soviet Union the

23. "Doctor Hits Soviet Detentions," The Washington Post, April 21, 1975, p. 2.

24. Ibid.

"diagnosis of schizophrenia is the basis of an accusation of political crimes".²⁵ He stated further, that the aforementioned Dr. Snezhnevsky, who often defends Soviet psychiatry and whom Dr. Iaroshevskii describes as an "influential individual with power to control jobs and promotions",²⁶ is able to persuade normally ethical doctors to diagnose cases as "schizophrenic" knowing full well that under other circumstances they would not do so. Dr. Iaroshevskii claims that because of its status as an international centre of psychiatry, political prisoners are rarely kept at the Bekhterev Institute, but it often serves as a holding station for patients who are in the process of being transferred to or from more isolated hospitals.²⁷

Dr. Semen Gluzman and Vladimir Bukovsky, both of whom are presently serving out their terms in Soviet corrective-labour camps, published a work in samizdat which outlines a systematic procedure that arrested political dissidents should follow in order to foil the KGB so that they cannot be declared insane.²⁸ This work will be discussed in more detail in the chapter dealing with the legality of Soviet repressive psychiatry, but it is interesting to note here that the methodology which the KGB uses against dissidents is clearly delineated

25. Senate Report on Psychiatry in the Soviet Union, Vol II, p. 89.

26. Ibid.

27. Ibid.

28. S. Gluzman and V. Bukovsky, "A Manual on Psychiatry for Dissidents," Survey, Vol 21; (Winter - Spring, 1975), pp. 180-99.

by Gluzman and Bukovsky.

In this case, the KGB (often not directly, but through the police, the procuracy, the specifically Soviet institution of informers and collaborators, etc., etc.) will tell medical establishments that they believe you are suffering from mental illness, and will indicate the reason for their interest in you.

A psychiatrist in a clinic, health centre, hospital or city first aid post is, in these circumstances, obliged to examine you and, if he considers it necessary, to have you admitted to a psychiatric hospital of the ordinary type.²⁹

Once again we see, therefore, that the KGB can covertly initiate proceedings which ultimately end up with the "patient", whether he or she be sane or not, being committed to one of the various types of psychiatric hospitals. Once a dissident has been committed to any type of psychiatric institution, the psychiatric prison hospital is but a step away for most dissenters. Zhores Medvedev was fortunate enough to escape such a fate³⁰, but Fainberg, Grigorenko, Pliushch and many, many others have not been so lucky.

Zhores Medvedev, a former Soviet biologist, became the target of the KGB after his book Fruitful Meetings Between Scientists in the World and the book The Medvedev Papers he co-authored with his brother, Roy, were published in the West. He lost his job as head of the Department of Molecular Radiobiology at the Institute of Medical Radiology at Obninsk in 1969 and was appointed to a series of lesser jobs and, eventually, was unable to obtain

29. Gluzman and Bukovsky, p. 181.

30 Zhores and Roy Medvedev, A Question of Madness. This work is a detailed account of Zhores Medvedev's arrest and brief incarceration in a Soviet psychiatric hospital of the ordinary type.

employment in any capacity. On May 29, 1970, Medvedev was arrested and placed in the Kaluga Psychiatric Hospital for psychiatric examination. He was not released from the hospital until June 17, 1970. His release was precipitated by the pressure put on the Soviet government by the many influential friends and colleagues of the Medvedevs and the notoriety Zhores' case received in the Western news media. Medvedev was not treated while in the psychiatric hospital, an action which implies that he was not in need of psychiatric treatment. The Medvedev incident underscores, however, once again, the discretionary powers the KGB is permitted to exercise. But so, too, does this case point out that pressure from both within and without the Soviet Union can be successfully brought to bear upon the Soviet authorities.

Yet another first hand report of KGB involvement in Soviet psychiatry is related in the literary testimony of a religious dissenter, Gennady Shimanov, who was arrested in 1969 and, without accusation or trial, was placed in a psychiatric hospital.³¹ In the first of his psychiatric examinations when Shimanov suggested that he was being examined at the behest of the KGB, a doctor quickly retorted:

Please don't think that we, together with the KGB are planning to bring some pressure on you here. You are for us, first and foremost, a sick person whom we must help. It is this that will guide our actions.³²

31. G.M. Shimanov, "Notes From the Red House," Senate Report on Psychiatry in the Soviet Union, Vol I, pp. 191-224.

32. Ibid., p. 200.

Shimanov's protestations that he did not consider himself ill and his appeals against his illegal confinement in an asylum went unheeded. In subsequent interrogation, one psychiatrist, a doctor H.L. Shafran, according to Shimanov's testimony, actually confirmed that Shimanov was, indeed, being held at the request of the KGB and that there was no legal case against him. The doctor said:

Perhaps you have not been going outside the framework of the law. But what significance does that have? In actual fact you do harm to the existing regime, all the same, by bringing back straying sheep to the Church. And you know yourself, Gena, that this regime is pretty strict . . . and will not put up with such activity. Here you are talking about laws. Don't you realize that the Committee of Public Security (KGB) doesn't give a damn for laws! Looking at you, I am sorry for you, Gena. Because you will inevitably be crushed. And it will be cold comfort for you that you are not the only one. Don't think I am trying to frighten you. I'm not directly involved. . . . You do understand me? But I know something of life. I myself worked for five years in Kolyma -- as a medical expert. And I am sorry that you are preparing for yourself a martyr's crown. This time I think you will get out of here all right. But afterwards perhaps quite soon . . . much sooner than you think, you will turn up here again. And it will be for good and all -- compulsory treatment.³³

When Shimanov responded that compulsory treatment can only be prescribed by a court, the doctor simply replied:

Well, what of that? -- They'll fix a closed hearing. And what will you be able to prove? Especially with such a diagnosis.³⁴

It is clear from this discussion that the KGB powers in psychiatric cases are all pervasive. The case of Shimanov only serves

33. Shimanov, "Notes From the Red House," p. 202.

34. Ibid.

to point out, once again, that Soviet psychiatry, when it comes to treatment of so-called political prisoners, is used by the KGB as an instrument of terror.

In the interview I had with the former Soviet lawyer from Leningrad, Iurii Luryi³⁵, he stated that during his experience as a criminal lawyer in the Soviet Union, he was not able to say that he definitely knew of cases whereby repressive psychiatry was used against political dissidents. In fact, he, at the urging of the physicist, Kapitsa, defended one Vladimir Eichwald, an engineer who was arrested by the KGB for allegedly spreading anti-Soviet propaganda. The accused was given a pre-trial psychiatric examination and pronounced a schizophrenic. Consequently, the court committed him to a psychiatric hospital for compulsory treatment. Dr. Luryi was unsuccessful in his attempts to have Eichwald examined by an independent psychiatric commission. He did, however, obtain outside psychiatric consultation which was based upon his presentation of facts relating to Eichwald's case to independent psychiatrists. He was not able to say conclusively that his client was, indeed, sane, but neither was he able to say that he was insane. Dr. Luryi's legal representations on behalf of Eichwald did pay off, however, in

35. Dr. Iurii Luryi, who emigrated to Canada in 1974, defended a number of political dissidents while he was a Soviet lawyer. The most well-known of his clients was Eduard Kuznetzov, a Leningrad Jew who is serving a sentence for attempting to hijack a Soviet plane to the West in 1970. I interviewed Dr. Luryi in connection with this study on July 26, 1975 in Toronto, Ontario. The interview was tape recorded in its entirety.

tangible benefits in that he was successful in having his client treated in a general hospital. Dr. Luryi states:

Thank heavens, I was able to get an agreement that Eichwald be treated in a general, not a psychiatric prison, hospital. And in two months, after I was successful in getting a further remission of compulsory treatment, the treatment was ended. But the very fact that they [the KGB] wanted to commit him for compulsory treatment, indicates that such treatment was an infringement of his rights.³⁶

Perhaps one of the most revealing testimonies of the fact that "KGB psychiatry" does, indeed, exist in the Soviet Union, comes from a member of the C.P.S.U. who was a minor Party official, S.P. Pisarev. In 1970, he sent a letter to the Soviet Academy of Medical Sciences protesting the KGB practice of sending political dissidents to psychiatric institutions. Although he does not say so directly, implicit in the letter is the fact that the KGB, not the Ministry of Health, is responsible for the operation of the Serbskii Institute. In his opening remarks he states:

Decade after decade -- continuously -- the unending and frequent mistakes and diagnoses made by the Serbskii Institute of Psychiatric Diagnosis compel me to ask for your attention.

The causes of the mistakes lie in the fact that this purely medical institution is de facto not subject to constant supervision and control by the public health authorities. The special hospitals for its "clients", which are used in the first instance (and in recent times predominantly) for political prisoners, are even formally not subject to their control . . .³⁷

36. Interview with Dr. Iurii Luryi, July 26, 1975.

37. S.P. Pisarev, "Letter to the Soviet Academy of Medical Sciences," Survey, London, No. 77 (Autumn, 1970), pp. 176-77.

Pisarev indicates in the letter that repressive psychiatry in the U.S.S.R. is not a new phenomenon, but, rather, has existed since the time of Stalin. Pisarev also implicates a former senior lecturer at the Serbskii Institute who is now the KGB Colonel-Doctor D.R. Lunts, head of the diagnostic centre of the Institute, when he admonishes the Party for not taking remedial action in light of the 1956 Khrushchev revelations. He writes:

This shameful practice is not something new. As far back as 1955-56, on the basis of hundreds of facts of illegal punishments based on grossly subjective diagnoses made by the Institute's experts, both before and after the so-called "personality cult" period, I raised this question with the C.P.S.U. Central Committee.

Among the types of "mentally ill" people sentenced to indefinite isolation the commission discovered hundreds of absolutely healthy persons. It listed systematically the distortions in the diagnoses given by the Institute,³⁸ in particular by D.R. Lunts (at the time a senior lecturer) and a number of other people.³⁸

It is not possible to determine exactly how many political dissidents are being subjected to compulsory treatment in Soviet psychiatric hospitals. Estimates from informed sources range from several thousand to several hundred. In a letter to the author of White Book, Anthony de Meeus, Dr. Hirt stated that on the basis of his extensive research and interviews over the past number of years he estimates that there are between seven and eight thousand political dissidents in Soviet

38. Pisarev, p. 177.

psychiatric hospitals.³⁹ In my interview with him, Dr. Hirt stated that Peter Reddaway is not in agreement with his estimates. Professor Reddaway feels that there are not more than a few hundred political dissidents being subjected to KGB repressive psychiatry.⁴⁰ Evidence from those dissidents who were in the Soviet institutions tend to support Professor Reddaway's estimate. Two former "patients", Victor Fainberg and Leonid Pliushch, are both of the opinion that no more than several hundred dissidents are in the hospitals.⁴¹ In May, 1975, Dr. Sakharov estimated that at that time there were several hundred dissidents in mental institutions.⁴²

So, too, is it difficult, especially for Western observers, to determine why the KGB selects some political dissidents for repressive psychiatry and not others. Dr. Sakharov, in attempting to explain this phenomenon, states that there are three categories of dissidents who are sometimes confined in psychiatric hospitals: those attempting to cross the border; those attempting to enter the United States Embassy in Moscow; and, those

39. White Book, p. 63.

40. Interview with Dr. Hirt, October 2, 1975.

41. "News Magazine," C.B.C. telecast, March 8, 1976: "An Interview With Victor Fainberg." Interviewer, David Halton. Fainberg stated that he felt there were still several hundred, perhaps as much as one thousand, dissidents in Soviet psychiatric hospitals. In answering a series of questions to be used as research material for this study, Leonid Pliushch, on April 8, 1976, stated that only a few hundred dissidents are in the hospitals.

42. Emigration of Soviet Jews, A report of a special subcommittee of the Committee on the Judiciary, The United States House of Representatives, Ninety-Fourth Congress, January, 1976, p. 32.

who possess firm religious beliefs.⁴³ Pliushch and Fainberg both agree that most of the dissidents in psychiatric hospitals fall into the three categories outlined by Dr. Sakharov. Each of them, however, add one more example of the type of dissident who is selected for KGB psychiatry. Pliushch says that Marxists who do not agree with the Soviet system of government and choose to express their opinions are also subjected to repressive psychiatry.⁴⁴ Fainberg states, although this may be an isolated case, that he was sent to the Serbskii Institute for forensic psychiatric examination because he was beaten so badly during his arrest that the KGB would have been too embarrassed to put him on open trial with his co-defendants.⁴⁵

In view of the detailed evidence compiled in this chapter, no one can deny the existence of KGB psychiatry. We have, after all, the testimony of respected psychiatrists, both Western and East European, a Soviet lawyer, Soviet citizens from all walks of life who are political dissidents, and even a member of the C.P.S.U. And these are by no means the limit of corroborative sources available, but, rather, only a cross-section of the accounts of first-hand witnesses.

We have seen, therefore, that the KGB can, through the

43. Emigration of Soviet Jews, p. 2.

44. Pliushch stated this fact in response to a question submitted to him on April 8, 1976.

45. Victor Fainberg, "A Memorandum on Dissenters in Soviet Psychiatric Hospitals," Moscow, Spring, 1974. This document was released in the West by the London-based Working Group on the Internment of Dissenters in Mental Hospitals.

cooperation of any Soviet agency it wishes to employ, initiate psychiatric examination of any dissident who is giving it cause for concern. The very nature of the methods by which the KGB operates in the application of psychiatry against the dissident may, in many cases, result in the "patient" not knowing that the examination is KGB inspired. The fact that the KGB can so easily coopt personnel from those various institutions to follow its orders, only tends to strengthen the suspicion that the KGB does have a special section within its organization which deals specifically with forensic psychiatry and, consequently, is responsible for the abuses of it. That section, if it does exist, obviously has a free rein when dealing with anti-regime dissenters. There can be no mistaking, however, whether a special forensic psychiatric section within the KGB exists or not, that the KGB uses psychiatry as one of its principal weapons to silence those Soviet citizens who insist on seeking out the freedoms their constitution guarantees. The justification for the existence of KGB psychiatry, if such a justification were to be put forth, would be indefensible. The denials of the existence of KGB psychiatry by such eminent Soviet academics as Snezhnevsky and Kudriavtsev do not hold water -- there is just too much evidence to the contrary.

But the purpose of this chapter was to confirm the fact that indiscriminate, repressive psychiatry by the KGB against

politicals actually exists. That aim has, without doubt, been achieved. It must be said, however, that proving the mere existence of KGB psychiatry is not enough. However distasteful it may be, any study such as this would not be complete if it did not enumerate the atrocities that the KGB commits through the abuses of Soviet psychiatry. The chapter which follows deals specifically with the practice and consequences of KGB inspired compulsory treatment of perfectly sane political dissidents.

IV. COMPULSORY TREATMENT WITH MIND-ALTERING DRUGS: MENTAL
AND PHYSICAL TORTURE.

It is time to think clearly: the incarceration of free-thinking healthy people in mad-houses is spiritual murder; it is a variation of the gas chamber, but even more cruel: the torture of the people being killed is more malicious and more prolonged. Like the gas chambers these crimes will never be forgotten, and all those involved in them will be condemned for all time, during their lives and after their death.]

These are the words Alexandr Solzhenitsyn used in his June, 1970 open letter to denounce the Soviet practice of putting sane people into psychiatric hospitals because of their political views. Solzhenitsyn's letter, together with the petitions from the Soviet scientific community protesting the incarceration of Zhores Medvedev in the Kazan psychiatric hospital (see Chapter III, pages 39 and 40), had a good deal of influence upon the Soviet authorities' decision to allow Medvedev his freedom. Medvedev was, however, more fortunate than most Soviet dissidents who have had the misfortune to find themselves inside a Soviet psychiatric hospital. That is to say, he, unlike so many other Soviet dissidents, was not subjected to compulsory treatment and/or the administering of drug overdoses.

Although it has been known for some time that Soviet authorities have indulged in psychiatric excesses when dealing with Soviet dissidents, it was not until the young Soviet biologist Vladimir Bukovsky, in March, 1971, smuggled copies of

1. Reddaway, Uncensored Russia, p. 227.

forensic psychiatric diagnoses and case histories of eight Soviet political dissidents to Western psychiatrists² that we learned the extent of Soviet psychiatric abuses. In informing the West of the internment of perfectly healthy Soviet citizens, Bukovsky opened the gates through which mounds of corroborative evidence of the terrors of Soviet psychiatry would flow. In closing his letter to Western psychiatrists Bukovsky pointed out that

For a healthy person there is no fate more terrible than indefinite internment in a psychiatric hospital. I believe that you will not remain indifferent to this problem and will devote a portion of your time to it -- just as physicists find time to combat the use of the achievements of their science in ways harmful to mankind.³

For his efforts, Bukovsky was re-arrested and charged under Article 70 of the R.S.F.S.R. Criminal Code with "activity aimed at subverting and weakening the Soviet regime" and was, subsequently, sentenced to serve seven years in a corrective-labour camp under "strict regimen" to be followed by five years of exile.⁴

Through the course of this chapter an abundance of evidence will be presented to prove that the Soviet authorities resort

2. Senate Report on Psychiatry in the Soviet Union, Vol I, pp. 28-191. Bukovsky is the aforementioned co-author of the work "A Manual on Psychiatry for Dissidents" (See footnote 28, Chapter III). Bukovsky provided the West with the case histories and diagnoses of eight major political dissidents: himself, Petr Grigorenko, Natalia Gorbanevskaja, Victor Fainberg, Vladimir Borisov, Victor Kuznetsov, Ivan Iakhimovich, and Mikhail Naritsa.
3. Vladimir Bukovsky, "Political Dissenters In Mental Hospitals," British Journal of Psychiatry, August, 1971, p. 226.
4. Robert G. Kaiser, "Russian Dissident Gets Prison, Exile," Washington Post, January 6, 1972, p. 1.

to inhumane psychiatric practices when administering compulsory psychiatric treatment to political dissidents. The most common method of involuntary excessive treatment of dissidents is the injection of drugs in massive overdoses. The injection of such overdoses can, and usually does, have the effect of placing the patient in such a state of mind that he, or she, is unable to comprehend what is going on around him or her.

The Soviet psychiatrists in the employ of the KGB often resort to drugs which have been rejected for quite some time by Western psychiatrists because of the harmful side effects the patient is subjected to when they are administered.⁵ (See Table 2 on pages 52 and 53 which lists the drugs which Soviet psychiatrists use and the effects they have on their patients) But so, too, are there other methods employed by KGB psychiatrists to break the will of the Soviet dissident. The Soviets have been known to employ high-voltage electric shock treatments which affect the brain and the central nervous system⁶ and wet sheet packs which, according to Dr. Hirt,

. . . consists of rolling the patient in a wet canvas so they cannot move. It was used to quiet a patient down who was too upset. It is used very much less in the West now. But it is used deliberately there [in the Soviet Union] as a form of punishment. And what they do is to let it dry, which was never done in the West. And as it dries, it contracts. Patients have died from this kind of extreme treatment. . . . In the West patients are sometimes rolled in wet sheet packs as a tranquilizer, but it is kept wet, and they are very carefully watched for blood pressure, temperature and so forth.⁷

5. Senate Report on Psychiatry in the Soviet Union, Vol II, p. 28.

6. Fainberg, "My Five Years in Mental Hospitals," p. 70.

7. Senate Report on Psychiatry in the Soviet Union, Vol II, p. 29.

LIST OF DRUGS WHICH ARE KNOWN TO HAVE BEEN USED AGAINST POLITICAL DISSIDENTS
IN SOVIET PSYCHIATRIC HOSPITALS AND THE POSSIBLE EFFECTS OF THE DRUGS WHEN
ADMINISTERED IN OVERDOSES

DRUG	DESCRIPTION AND EFFECT	REFERENCE SOURCE
AMINAZINE	A toxic derivative of the drug largectile which is used in the West, as well as in the U.S.S.R., as a medication for mentally ill patients. Aminazin causes the patient's musculature over the whole body to tremor violently and causes what is called dyskinesic phenomenon. It produces uncontrollable movements similar to those of Parkinson's disease, but very exaggerated. According to testimony given to Dr. Hirt by an unnamed former Soviet psychiatrist, psychiatrists at the Serbsky Institute have invented little wire cages a meter by a meter and less than the height of a man. The so-called patient is put into the cage naked and administered doses of aminazin. They let him flail around the cage until either he dies, or falls exhausted. Even though exhausted the patient will experience continued violent spasms or convulsions of the muscles. The drug also causes the body temperature to rise sharply.	Refer to Notes 1, 4, 8 and 9 below
HALOPERIDOL	A nonphenothiazine antipsychotic agent, effective for mania and hyperactive psychoses. It is also effective in schizophrenia. Used extensively by Soviet psychiatrists in overdoses administered to political dissidents interned in psychiatric hospitals. When abused, the drug causes the patient to become oblivious of what is going on around him. The patient will not be able to sleep and will soon lose the facility even for reading, walking and his coordination.	Refer to Notes 1, 2, 3, 5, 7, 8 and 9 below
INSULIN	Insulin shock treatments. In the West psychiatrists have stopped using insulin shock treatments because they were considered dangerous and didn't work as well as they were supposed to. People have been known to die from them. But they are still used by the KGB. When a dissident goes into a KGB institution and they start doing a blood test for sugar, he knows he is going to get insulin. They [the KGB] become anxious and worried about this because some patients have died under insulin.	Refer to Notes 1, 7, 8 and 9.
METROZOL	Early in the history of psychiatry, drugs were developed which were formerly used in western psychiatry, but have subsequently been discarded. They were used to convulse patients and induce a type of epileptic convulsion which often caused depression and certain symptoms of the schizophrenic process to disappear. Metrozol is a type of this drug and is no longer in medical use in the West. Dr. Hirt's witnesses state it causes a suffocating seizure during which the patient is fully conscious.	Refer to Note 1
RESERPINE	Developed in India from Rauwolfia. They have apparently discovered in KGB human experimental units that if you give huge doses of reserpine you cause damage to cells that support the brain cells -- i.e. foundation structures of the brain. Portions of the brain collapse on themselves and you get what looks pathologically like cerebral atrophy - atrophy of the brain - which is sometimes a sign of old age. This discovery was made by post-mortems on dead people murdered in the so-called psychiatric units. Western psychiatrists call this a deliberate form of chemical lobotomy.	Refer to Notes 1 and 6.
	Reserpine was once used extensively in the U.S. to control blood pressure, but now has been phased out in favour of new drugs with less drastic side effects.	Refer to Note 6.
RITALIN	A common tranquillizer which in very large doses causes destruction of substrate cells, the supporting cells in the brain tissue, so you get what is the equivalent to an early senile dementia. Post mortem on the brain only shows the senility, not what caused it.	Refer to Notes 1 and 6

TABLE 2 (CONTINUED)

SULFOZINE	Sulfozine is one per cent purified sulfur in peach oil. Injections produce extremely high fever causing severe joint inflammation with excruciating pain. May cause some brain damage. Increases blood pressure. Older people may experience a stroke, others and with senile symptoms, chronic arthritis or even heart damage. Never used in an ethical clinic. Used frequently by the KGB psychiatrists.	Refer to Notes 1, 8 and 9 below
TRIFTOZINE	A toxic derivative of Stelazine which is a phenothiazine anti-psychotic similar to haloperidol. It is used in the same manner as haloperidol by the KGB and produces the same type of side effects.	Refer to Notes 1, 2 and 3 below

NOTES

SOURCES OF INFORMATION

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2. Michael C. Gerard (ed), Pharmacology: An Introduction to Drugs, (Toronto McMillan, 1973).
3. L. Valzelli L, Psychopharmacology: An Introduction to Experimental and Clinical Principles (Toronto: Spectrum Press, 1973).
4. Philip M. Crane, Congressional Record of the U.S. House of Representatives, July 17, 1975, pp. E3920-1.
5. Iu. E. Ivanov, "After 16 years of Labour Camps -- The Psychiatric Hospital", Possev, (May, 1974), pp. 2-4. Cited in Vol I, Abuse of Psychiatry for Political Repression in the Soviet Union.
6. Austin Scott, "Soviet Use of Drugs on Foes Rising", The Washington Post, March 2, 1975, p. A24.
7. William Shawcross, "Dissent is a Disease", Sunday Times, London, (July 6, 1975), p. 13.
8. Victor Fainberg, "The Abuse of Psychiatry in the U.S.S.R.: My Five Years in Mental Hospitals", Index on Censorship, Vol 4, No 2, (Summer, 1975), pp. 67-71
9. Clayton Yeo, "The Abuse of Psychiatry in the U.S.S.R.: The Evidence", Index on Censorship, Vol 4, No 2, (Summer, 1975), pp. 61-6.

In corroborating the testimony of Dr. Hirt, Victor Fainberg, the former political dissident mental "patient" who spent five years in Soviet mental hospitals, said:

. . . they use the so-called 'roll-up' or 'warm-moist roll', when the patient is tied up in damp sheets and not only fastened down to his bunk but cocooned as tightly as possible with strips of the sheets almost touching one another. The sheets dry out and squeeze the entire body as in a vice (the patients often lose consciousness), and the whole section can hear the wails of the tortured victim. There have been cases when patients have been 'rolled-up' on ten successive days.⁸

Dr. Hirt has also concluded, on the basis of his interviews with former Soviet psychiatrists, that KGB psychiatrists resort to overdoses of truth serums to treat (sic) the political dissident.

. . . Soviet psychiatrists frequently use massive doses of the so-called truth serums, the barbiturates, and so forth, to get information from these patients. This is very routine. The thing is that they are used without restrictions. We use what we call narcoanalysis in the West, which involves careful intravenous injections of barbiturates -- and then, the patient can relive some bad experience that has been locked away inside the memory. But when you do this, you have to take great care because some people die very easily on any of the barbiturates. And so you keep oxygen handy. There are medical practices that are acceptable if they are ethically used-- and extremely dangerous or damaging when they are used unethically. Ethical or scientific limitations are not observed at all by the KGB psychiatrists.⁹

The samizdat literature enumerates the names of many

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8. Victor Fainberg, "Appeal to Human Rights Organizations," Senate Report on Psychiatry in the Soviet Union, Vol I, p. 141.
 9. Senate Report on Psychiatry in the Soviet Union, Vol II, p. 29.

of the political dissidents who have been and are being subjected to compulsory treatment as a means of changing their political views. Some dissidents, Pliushch, Grigorenko, Fainberg, Borisov, Bukovsky, for example, are well known and their plights receive a great deal of Western public attention. There are also, however, lesser known dissidents who are subjected to KGB psychiatry. The extent to which the Soviet authorities are willing to go in the administering of drug overdoses depends, of course, on the spirit of the dissident involved. In some cases, dissidents are hauled in to the psychiatric hospitals for a short time and administered overdoses of drugs. It may well be that this is done to punish some borderline dissidents, or, perhaps, to warn them that prolonged stays in hospitals for compulsory treatment can be arranged if they persist in opposing the will of the Soviet authorities. One such dissident is the Baptist woman P.R. Vladykina whose husband was placed in a psychiatric hospital on December 21, 1972 for their joint open letter to "all believers". The woman was not interned immediately, but rather, allowed to return home. When she found no sign of her husband, she went to the town of Glukhov (Hlukhiv) where her son was serving as a soldier. She describes her arrest and incarceration as follows:

It was the eve of the celebration of the 50th anniversary of the U.S.S.R. I put up in a hotel near the unit [in which her son was serving]. On December 30, an ambulance from the psychiatric hospital came to the hotel and four unknown persons

after tying my hands behind my back, took me to the Glukhov civil psychiatric hospital.

At that moment my son was with me at the hotel. Just before the ambulance arrived, a sergeant came running up and urgently called my son back to the barracks. Some soldiers and civilians who were also at the hotel at that hour were moved out of the way, so that no one should see how I seized and taken to the psychiatric hospital.

The staff of the psychiatric hospital had been told the story of our efforts; this was evident from the questions they asked. On the 5th day, January 4, 1973, I was artificially fed: they forced my jaws open and put in a probe and so doing broke an upper tooth on the left. Each day I was given eight to ten injections, because of which certain parts of my body turned quite black.¹⁰

After a few days of this type of treatment, Mrs. Vladykina was released from the psychiatric hospital and allowed to go home. One can only conclude, based upon her statement above and the brevity of her incarceration, that her confinement was intended as a form of punishment and, perhaps, a warning to cease and desist her religious activities.

Iurii Ivanov, the Leningrad dissident artist who spent a year and ten months between May, 1973 and early 1975 in various Soviet mental hospitals,¹¹ describes the system of compulsory treatment he observed thus:

. . . It is true that the confinement of politically undesirable persons does not take place in all the hospitals . . . They are sent here, to Number 3 psychiatric hospital, section Number 8, or to special prison-type psychiatric hospitals. In section Number 8 they quickly bring such 'sick' persons 'back to normal', as they call it, by putting them in small corridors together with incurable patients, and prescribing,

10. White Book, p. 48.

11. Marina Voikhanskaia, "A Psychiatrist's Notebook, No 2," Radio Liberty Special Report (RL 475/75), November 18, 1975, p. 3.

injections of strong doses of aminazin, haloperidol, etc. And also sulphur. The result: externally it is no longer possible to distinguish these persons from the seriously ill. They become subject to fainting, apathy, are unable to lead a normal life because the injections 'slow down' the activity of the central nervous system. Thus I saw V. Nikolaev, confined for having tried to leave the U.S.S.R. illegally and V. Borisov, interned for his participation in the democratic movement, brought 'back to normal' on the orders of the head of the section. I myself was 'brought back to normal', by being isolated in the small corridor for two months.¹²

Yet another political dissident, Vladimir Gershuni,¹³ vividly describes the effects of overdoses of drugs which were administered to him in the Orel Psychiatric Prison Hospital in March, 1970:

. . . During rounds, just by way of an experiment, I complained about feeling poorly after taking haloperidol, and asked that the dose be reduced. This led to my being prescribed even more aminazin than I was already receiving. The head physician, Evgenii Vladimirovich Kozich, the oculist I have referred to already, being in charge of my case, made this decision. During a hunger strike in January (I had been given aminazin since my arrival), I felt steadily worse, and after making a complaint, I began to get aminazin injections in the maximum dose, or very close to it (approximately 6 cc). I couldn't sleep at all, yet the same dose was administered to me for twelve days in a row, until they became convinced that I was still not sleeping, and that the injections had not made me give up my hunger strike. I was given two injections a day, from the 7th to the 18th of January, and from the 19th of January onwards I have been given two tablets of haloperidol twice daily, that is four tablets in all (and Kozich assures me that this will go on for a long time). This medicine makes me feel more awful than anything I have experienced before; you no sooner lie down than you want to get up, you no sooner take a step than you're longing to sit down, and if you sit

12. White Book, p. 49.

13. Vladimir Gershuni, "A letter from the Special Psychiatric Hospital in Orel," Senate Report on Psychiatry in the Soviet Union, Vol I, p. 230. Gershuni is a 44-year-old worker. In 1949 he joined a small Leninist group, was arrested and sent for ten years to the same camp where A. Solzhenitsyn was

down, you want to walk again -- and there's nowhere to walk. By the way, I'm not the only one who's had this sort of thing happen to him. Everybody here has their life made miserable by triftazin (trifluoperazine/stelazine), aminazin, and other powerful drugs. 14

It is not too difficult for one to imagine, in light of these accounts of the indiscriminate use of drugs against perfectly normal people, what must go on in the minds of those political dissidents who are at the mercy of the KGB psychiatrists.

Now that Victor Fainberg is in the West, he is able to relate many of the details of compulsory treatment of dissidents to Western observers. That is not to say, however, that he was silent about psychiatric abuses while he was in the Leningrad and Moscow psychiatric hospitals. Indeed, in early 1974, he issued a statement from Moscow which was subsequently smuggled to the West. In the statement he had this to say about conditions and torture in Soviet psychiatric hospitals:

Since these special asylums belong to the province of the Ministry for Internal Affairs, and not to the Ministry of Health, the conditions are those of a prison rather than a hospital; with cells locked on the outside, peep holes for the guards, one hour walks (45 minutes longer in the summer). The food is much poorer both in quality and quantity than in an ordinary asylum, but not quite as bad as in an ordinary prison. Visits are allowed once a month - for an hour

13. (continued) held. In October, 1969, Gershuni was arrested once more, and after several months of imprisonment and examinations, including a forensic medical team from the Serbskii, was found to suffer from chronic schizophrenia. The evidence consisted of 20 copies of a leaflet found in his flat about Grigorenko which was published in Paris. After eight months in the Butyrka prison he was sent to the hospital in Orel.

14. Gershuni, p. 231.

in the presence of guards and other prisoners with their visitors. No information on the treatment is allowed. If they beat you up, for instance, you dare not tell.

As for tortures, the same drugs that cure the sick may be used as instruments of torture for the sane, especially when given in great doses and for a length of time. Another instance is shock-therapy. In our country it is resorted to only in severe, all but hopeless cases, or, as a punitive measure against politicals. In the notorious Dnepropetrovsk asylum a young chemist - a devout Christian - was given thirty shocks in 1969.¹⁵

The handling of the case of Fainberg by the Soviet authorities is, in itself, confirmation that they resort to psychiatric abuses against sane political dissidents. Fainberg was arrested in Red Square in August, 1968 while demonstrating with six other political dissidents against the Soviet invasion of Czechoslovakia. He was so badly beaten by the KGB during his arrest that his shirt was drenched in blood and four of his front teeth were knocked out.¹⁶ Fainberg is of the opinion that the principal reason he was sent to a psychiatric hospital rather than being despatched to a corrective-labour camp was that his appearance before a court in such a battered state would prove embarrassing to the KGB. So it was, that a court at which Fainberg was not present pronounced him mentally ill as a schizophrenic.

In an interview shortly after his emigration to the West, Fainberg said that early during his incarceration he and a fellow "patient", Vladimir Borisov, decided to resist the emasculation

15. Victor Fainberg, "A Memorandum on Dissenters in Soviet Psychiatric Hospitals," pp. 1-2.

16. Senate Report on Psychiatry in the Soviet Union, Vol I, p. 135.

of their nervous systems by the KGB through overdoses of drugs. Fainberg concluded that the basic tenet of the Soviet system of compulsory psychiatric treatment of political dissenters was:

that no prisoner would be released until he renounced his political beliefs, admitted that his dissenting activities had been caused by mental illness, and thanked the doctors for curing him.¹⁷

Fainberg and Borisov vowed, however, that they would not succumb to the KGB doctors and their unethical practice of medicine. They chose instead to fight against the system from within. They began to smuggle evidence of psychiatric abuses abroad in the hopes that a world-wide public campaign would cause the Soviets to ease the plight of political dissenters in psychiatric hospitals and, in March, 1971, they began a hunger strike. In return for stopping their hunger strike, Fainberg and Borisov demanded a series of improvements in their treatment: an end to forcible injections of drugs; the right to legal counsel; the right to examination by psychiatrists chosen by themselves rather than those provided by the KGB; the right to be tried in a court of law; and, general improvements in the conditions in the hospitals.¹⁸ The hunger strike lasted 82 days and ended when concessions were made by the KGB which were temporarily gratifying for the two dissidents. During the hunger strike, a series of

17. Laurence Marks, "How Victor F. Won His Battle with the KGB," The Observer, London, October 20, 1974, p. 6. Leonid Pliushch said, on April 8, 1976, that the KGB told him that he would be released from the hospital if he promised to meet the following conditions: no engaging in anti-Soviet activities; break all contacts with other political dissidents; write a public letter condemning his fellow dissidents; and, testify against political dissidents at their trials. Pliushch refused, of course, to accept these conditions.

18. Laurence Marks, "How Victor F. Won His Battle with the KGB."

public appeals supporting Fainberg and Borisov were launched by Dr. Sakharov¹⁹ and other well-known Soviet citizens. Consequently, an anti-Soviet campaign exposing KGB psychiatric abuses began to gather steam in the West. According to Fainberg, the administration of the prison mental hospitals was ordered to "put an end to our hunger strike at all costs."²⁰ The first attempts by the KGB to end the strike were the standard approaches to this type of problem in the psychiatric hospitals: a promise of release as soon as the strike ends; inducing friends and relatives of the strikers to urge them to give up their cause; placing them in complete isolation from each other as well as other patients; forced feeding so that their health would not deteriorate too much; etc.²¹ But the two men resisted all temptations and, except for one of their demands, finally forced the KGB to capitulate. The only demand which was not met was the right to trial in a court of law. In speaking about the results of the strike after his emigration to the West, Fainberg stated that:

they finally capitulated and allowed Volodia's lawyer to come and visit us. He became my lawyer too. All our other demands were likewise met. One of them, however, was modified: we had asked to be declared sane and taken to court. This was not acceded to on the pretext that we were too weak to appear in

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19. Dr. A. Sakharov, "Open Letter to the Minister of Internal Affairs Schchelokov About Various Arrests and Enforced Hospitalizations," Arkhir samizdata, Vol 9, AS 609, March 30, 1971.
20. Fainberg, "My Five Years in Mental Hospitals," p. 68.
21. Ibid.

court, so our case was again heard in our absence. The court named a new commission, but at least our lawyer was to take part in setting it up. An end was put to Volodia's 'treatment', and all the other sane people in the Arsenalnaia hospital had theirs stopped as well.²²

The concessions granted by the KGB were, for Fainberg and Borisov, but a brief respite in the administering of compulsory treatment. Indeed, the improvement in general conditions in psychiatric prison hospitals for political dissenters was, as soon became apparent, part of a grand scheme on the part of the KGB to delude Western psychiatrists into believing that there were no abuses in the practice of psychiatry in the Soviet Union. Once the strike was over, the furor that was raised in the West over the fates of Fainberg and Borisov became less intense and, subsequently, interest in the plight of political dissidents who were undergoing psychiatric compulsory treatment waned. The Soviet Union was aware, however, that some members of the World Psychiatric Association (W.P.A.) intended to raise the question of psychiatric abuses in the Soviet Union at the international congress of the W.P.A. which was held in Mexico City during the last week of November and the first week of December, 1971.

The Soviet psychiatrists who attended the congress were successful in keeping the question of Soviet psychiatry from being placed on the agenda. In his testimony before the United

22. Fainberg, "My Five Years in Mental Hospitals," p. 68

States Senate Committee on the Judiciary, Dr. Hirt described what happened at the congress:

. . . originally, the agenda of the W.P.A. congress was not going to take up the question. However, members on the floor raised the question. In the end, there were manipulations made in camera by part of the executive, and no resolution was passed. I won't go into all the details of that at this point, except to say that this was a disappointment to many, many psychiatrists in the world, and, of course, the thousands of illegally incarcerated 'patients' in the U.S.S.R. . . . The Russians were aware that there might be a resolution. From what we hear from the dissidents who were aware of this in Russia, these unethical Russian psychiatrists were quite concerned about the fact that a resolution might be passed at the world congress. Snezhnevsky, who was the head psychiatrist representing the U.S.S.R. at the meeting, denied that this illegal practice was going on. Yet, he, in fact, was the very man who was the architect of the incarceration of Zhores Medvedev. He denied at the meeting that such a practice was going on in the U.S.S.R., in spite of facts coming to the West that show otherwise.²³

During my interview with him in October, 1975, Dr. Hirt spoke further about the Soviet psychiatrists' actions during the 1971 congress of the W.P.A.

The only way to expose this medically-derived horror [the repressive Soviet psychiatry] is to get as much world publicity as we can. Publicity can be effective. This was proven before the W.P.A. congress took place in Mexico. The Soviets were afraid they would be expelled from world medical bodies if the question of repressive psychiatry were brought up. Before the congress took place, they began to let people out of mental hospitals and eased up on the compulsory treatment of those who remained. But at Mexico, Western psychiatrists, especially the British, felt that the organization was a social one and had no business in politics. They were afraid that any definitive action on the question would be 'an insult' to the Soviets. As a result, therefore, of strong Soviet

23. Senate Report on Psychiatry in the Soviet Union, Vol II, p. 15.

lobbying and a threat that they would walk out of the congress, the problem of repressive Soviet psychiatry did not get on the agenda. But the system of Soviet psychiatric repression is growing and more and more political dissidents are being affected by it.²⁴

It is clear then that in spite of their unethical medical practices the Soviet psychiatrists were able to intimidate Western, particularly British, psychiatrists at the Mexico congress of the W.P.A. This may have happened because of the Western doctors' ~~own~~ political naiveté and a complete misunderstanding of Soviet political realities. Nonetheless, after the congress Soviet repressive psychiatry against political dissidents continued unabated.

For his part, Victor Fainberg felt betrayed by the attitudes of Western psychiatrists toward the threats of the Soviet psychiatrists attending the congress. But more important for Fainberg was the fact that in the face of the indifference shown by Western psychiatrists at the congress to the plight of political dissidents in Soviet psychiatric hospitals, the KGB was confident that it could return to the extreme psychiatric abuses of political dissidents. The Soviet authorities were no doubt aware that the deluge of anti-Soviet sentiment which was sure to follow would not motivate Western psychiatrists to move against the Soviets in world medical bodies. According to Fainberg,

24. Excerpted from my interview with Dr. Hirt on October 2, 1975.

immediately after the W.P.A. congress the KGB psychiatrists resumed the practice of employing repressive psychiatry against political dissidents.

A huge new wave of repression began, and the many prisoners who were about to be released, stayed on. . . . The authorities then began to violate the conditions under which our hunger strike had been called off. They even started giving Volodia Borisov injections again, and so we had to go on another hunger strike, which produced a new wave of protests in the West. Under this pressure they sent us to the Serbskii Institute for re-examination. Here, Volodia and I were again separated, as he was in the criminal wing of the Lunts department while I was in the same wing as on my first confinement there in 1968, with the political prisoners and other people in the charge of the KGB. Most of them were politicals.²⁵

As soon as Fainberg and Borisov began their second hunger strike, the psychiatrists began to force-feed them again. Fainberg reports that this time, however, the forced feeding was much more brutal. The Soviet psychiatrists began to inject Fainberg with drugs.²⁶ He immediately threatened to commit suicide if the compulsory injections of drugs were not terminated. Dr. Marina Voikhanskaia, who at that time was a Soviet psychiatrist who had not yet come under attack for sympathizing with dissident mental "patients", intervened and convinced Fainberg not to commit suicide.²⁷ The strike ended two months after it began when the hospital authorities agreed to send the two men to the Serbskii Institute in Moscow for re-examination by a new commission.²⁸ There was also the promise that they would be

25. Fainberg, "My Five Years in Mental Hospitals," p. 68.

26. Marks, "How Victor F. Won His Battle with the KGB."

27. "Psychiatric Care in the Soviet Union Can Be Used for Persecuting Foes," The Globe and Mail, Toronto, August 6, 1975, p. 2.

28. Fainberg, "My Five Years in Mental Hospitals," p. 68.

transferred to a hospital of the ordinary type. This gave both men a new hope because transfer to an ordinary type hospital from a prison-type hospital is usually the first step for patients about to be released. This new hope was shortlived, however, since they were sent from the Serbskii Institute directly back to the Arsenalnaia Prison Psychiatric Hospital in Leningrad to await a court decision on their fate. Fainberg calculates that the KGB officials took this step because, once again, their earlier actions which led to the termination of the hunger strike placated those humanitarians, both within and without the Soviet Union, who had been waging a world-wide public campaign to convince the Soviet authorities to release the two dissidents. Once it appeared that Fainberg and Borisov were about to be released, the public campaign lost momentum which probably caused the KGB to feel that they could renege on their promises which were made to the two dissidents. When talking about this stage of his internment, Fainberg states:

Once the campaign for our release was over because people thought everything was now all right, we were sent back to the Arsenalnaia Prison Mental Hospital to await the court decision. They again separated us and put us in solitary confinement. And the court decision was that the Serbskii Institute commission had no right to release us, this being the prerogative of the special commission which visits the prison mental hospitals. Yet this commission consisted of exactly the same people, all of them leading members of Soviet psychiatry.

Fearing a new hunger strike, however, they added a rider that the decision of the Serbskii commission

would be taken into account by the Leningrad commission. But before this had met, a new wave of repression was instituted throughout the Soviet penal system. It was at this time that the Mor-dovian concentration camps were transferred to the Perm region and all prisoners in the Arsenalnaia were to be sent to provincial prison mental hospitals such as Dnepropetrovsk, Sychevka and Orel. All the prisoners except me, that is, because I was ill and they were afraid of renewed protests from the West. So they decided to leave me there and to try and break me.²⁹

Fainberg once again began to smuggle letters from the psychiatric prison hospital to the West to give publicity to his and Borisov's case and began a third hunger strike. This time he made only one demand of the hospital authorities: the transfer of political prisoners to provincial prison hospitals must be stopped. Eighteen days later, after a letter he had had smuggled out of the country for delivery to the United Nations Secretary General, Kurt Waldheim, had been published in the West, the Soviet authorities gave in to Fainberg -- none of the political prisoners in the Arsenalnaia was to be deported. Fainberg feels that only the publicity his strike generated in the West caused the Soviets to relent. Indeed, Fainberg cites this as "an interesting example of how the campaigns in the West reflected in the behavior of the Soviet authorities."³⁰

Shortly after his strike ended, Fainberg was examined by a new psychiatric commission. The Soviet psychiatrists were

29. Fainberg, "My Five Years in Mental Hospitals," pp. 69-70.

30. Ibid., p. 70.

obviously concerned about Fainberg's mental and physical health because they recommended that Fainberg be released. In describing his perception of what was taking place at that time, Fainberg said:

The doctors were afraid that if I were not released I would again go on a hunger strike and, being ill and weak, I might not survive, for during my previous hunger strike I had twice been on the verge of death. If I died, they would have been in a very uncomfortable position in view of the campaign in the West. That is why they decided to let me go.

However, as I learned from a reliable source, the KGB were very angry and told the doctors that people like Borisov and I could not possibly be freed without agreeing to give up our activities. But the doctors' argument about my possible death in a hunger strike carried weight and they decided to release me, though not Volodia, in whose department there had not been a commission.³¹

Fainberg was subsequently transferred to an ordinary mental hospital and, eight months later, in November, 1973, was released. He was in such poor physical and mental shape that the Soviet authorities recognized that he would have to be released or they would have to suffer the embarrassment of a well-known political prisoner dying in a psychiatric hospital. This is, no doubt, why the KGB allowed Fainberg to be released without fulfilling the stipulated pre-release conditions mentioned earlier in this chapter.

Perhaps the most maltreated Soviet dissident to pass through the network of Soviet psychiatric prison hospitals is

31. Fainberg, "My Five Years in Mental Hospitals," p. 70.

the mathematician Leonid Pliushch. Pliushch, before his release in January, 1976, was given such massive overdoses of mind-altering drugs that for long periods of time he was hardly aware of what was going on around him. On May 28, 1975, in an interview with members of the Committee on the Judiciary of the United States House of Representatives which was conducted in Moscow, Dr. Sakharov stated that Leonid Pliushch was being administered drugs which were slowly killing him. In emphasizing the seriousness of the plight of Mr. Pliushch, Dr. Sakharov concluded that it was "a simple question of humanity and saving the life of a man who is dying in a horrible way."³²

Pliushch was arrested on January 15, 1972, and charged under Article 62 of the Ukrainian Criminal Code (the equivalent of Article 70 of the R.S.F.S.R. Criminal Code) with anti-Soviet agitation and propaganda. His problems with the KGB began in 1968 when he wrote a letter to the editor of Komsomolskaia Pravda (the official organ of the Communist Youth League) in which he criticized the trial of Ginzburg and Galanskov³³ and

32. Emigration of Soviet Jews, p. 34.

33. Galanskov and Ginzburg are two Soviet writers who were arrested by the KGB in January, 1967. They were charged with anti-Soviet agitation and propaganda under Article 70 of the R.S.F.S.R. Criminal Code. They were not brought to trial until January, 1968 at which time Galanskov was sentenced to seven years imprisonment under strict regimen in a corrective-labour camp and Ginzburg received five years. Galanskov died in the camps in 1972 at the age of 32 because of a lack of proper medical attention for the treatment of severe ulcers. Ginzburg served his time after which he was placed under administrative surveillance. (See A Chronicle of Human Rights in the U.S.S.R., No 13, January-February, 1975, pp. 16-20.

compared it to the Stalinist trials of 1937.³⁴ From that point onward, the KGB began a campaign against Pliushch which encompassed prolonged administrative harassment, loss of his job, arrest and illegal incarceration, and, eventually, confinement in a psychiatric prison hospital. After his arrest, Pliushch was kept in solitary in Kiev and was interrogated at length by the KGB. He refused to answer the KGB questions and, in April, 1972, he was taken to the infamous Serbskii Institute in Moscow where he was examined by "expert psychiatric commissions" which subsequently diagnosed Mr. Pliushch as a person who was suffering from latent schizophrenia.³⁵ Pliushch was returned to Kiev in October, 1972, but it was not until December, 1972 that Mrs. Pliushch learned that her husband had been declared mentally ill.³⁶ In January, 1973, after more than a year in confinement,³⁷ Pliushch was given a trial which was conducted in secret with only three persons present -- the judge, the procurator and Pliushch's lawyer. The judge decreed, presumably on the basis of the report of the Serbskii Institute psychiatric commissions that Leonid Pliushch was not responsible for his actions and

34. White Book, p. 39.

35. Leonid Pliushch, "Excerpts from Statement by Dissident on His Detention in Soviet Mental Hospital," New York Times, New York, February 4, 1976, p. 8. See also, Tatiana Khodorovich, Istoriia bolezni Leonida Pliushcha (Amsterdam: The Herzen Foundation, 1974), p. 87.

36. Khodorovich, p. 87.

37. This situation is contrary to Article 97 of the Code of Criminal Procedure of the R.S.F.S.R. which states that any person accused of a crime must be brought to trial within a maximum of nine months from the time the arrest has been made. This point will be discussed in the following chapter which deals with the legal aspects of psychiatric repression.

ordered him committed for compulsory treatment in a special psychiatric hospital. The court did not call the accused or any expert witnesses during the trial.³⁸ Shortly thereafter, Pliushch was despatched to the Dnepropetrovsk Psychiatric Prison Hospital where he was to remain until January, 1976 when he emigrated to the West. The extreme measures which are used against political dissidents in the Dnepropetrovsk hospital were soon to become blatantly obvious to Mr. Pliushch. He stated in a recent interview that most of the patients in Dnepropetrovsk were deranged murderers, rapists and hooligans. What is more depressing is the acknowledgement by Pliushch that there were about 60 political prisoners who were mentally normal people incarcerated with those who were, indeed, dangerous, mentally ill patients. Pliushch's first impressions of the institution confirmed his worst fears of what was in store for him.

The horror of the 'psikhushka' (the mad house) gripped me from the start. In the ward there were more patients than beds. I was put as the third person on two bunks that had been pushed together. On the beds patients were writhing from haloperidol. One man's tongue was lolling out, another was rolling his eyes, a third walked around unnaturally bent over. Some lay and groaned with the pain -- they had been given injections of sulfur. As they explained to me, they were being punished for bad behavior. Patients stood around the door and begged the male nurses to let them go to the toilet.³⁹

38. Khodorovich, p. 87.

39. Pliushch, New York Times, February 4, 1976, p. 8.

No doubt, Pliushch was aware that conditions in his new habitat were going to get much worse before they would get better. His second day at Dnepropetrovsk only served to strengthen that premise.

When I woke up next morning, I saw two male nurses beating a patient. In the afternoon I was summoned for interrogation by Dr. Kamenetskaia. A male nurse came in and said that a patient had attacked some nurses and had then tried to hang himself in the toilet. She ordered him to be tied up and burst into the ward and started shouting at him. The patients told me that he had not attacked anyone but they had beaten him up because he had asked to go to the toilet. But no one could make his mind to tell the doctor about this because they were afraid of being punished with sulfur. 40

The horrors that Pliushch witnessed when he first arrived at the Dnepropetrovsk hospital were soon to become much more vivid to him. In August, 1973, Pliushch was himself subjected to injections of haloperidol. Doses of the drug were gradually increased and his wife began to notice during her visits that a deterioration of his physical and mental health had begun to set in. In relating her visit of October 22, 1973, Mrs. Pliushch described his condition in detail.

When Leonid Ivanovich was brought into the room, it was impossible to recognize him. There was pain and misery in his eyes. He spoke with difficulty, haltingly and often leaned against the back of the chair for support. It was evident that he was trying to control himself, but from time to time he closed his eyes while trying to carry on a conversation and answer my questions. But his inner strength was exhausted, finished. Leonid Ivanovich began to breathe in deep sighs, he awkwardly tried to undo his clothing, but was unable. His face became distorted by a spasm and his arms

40. Pliushch, New York Times, February, 4, 1976, p. 8.

and legs began to convulse. Still convulsing, he tried to stand up, his whole body was tense, but he powerlessly sank back onto the chair. It was not noticeable that from time to time he lost his sense of hearing. He mustered up his strength -- it was a disheartening sight for a man's wife and son to witness -- and tried to speak, spasmodically swallowing saliva. His throat and vocal cords were twitching. Leonid Ivanovich could not control himself and it was he who asked that the visit end 10 minutes ahead of time. They took him away.⁴¹

This was the condition of a man who, up until two short months before, had been sending his family and friends articulate, reassuring letters.⁴² It was clear then, that the KGB psychiatrists were intent upon breaking the spirit and the mind of Leonid Pliushch. Indeed, when answering his own rhetorical question about the "aim of treatment and regulations" which were being forced upon political dissidents in the Soviet psychiatric hospitals, Pliushch says:

. . . The first days should break a person morally straight away, break down his will to fight. Then begins the "treatment" with neuroleptics. I was horrified to see how I deteriorated intellectually, morally and emotionally from day to day. My interest in political problems quickly disappeared, then my interest in scientific problems, and then my interest in my wife and children. This was replaced by fear for my wife and children. My speech became jerky, abrupt. My memory deteriorated sharply. At first I felt it keenly when I saw the patient's suffering or learned that some friend had turned traitor. Then I became indifferent to all that. The effect of the neuroleptics increased my isolation from the healthy politicals. I did not want to hear the cries, the fights, the laughter, the crying, the delirium. For whole days on end I lay and tried to sleep. The neuroleptics helped me. I did not have a thought in my head. The only thoughts that remained were -- toilet, smoking and the "bribes" you had to give for an extra visit to the toilet.⁴³

41. Khodorovich, p. 102.

42. Many of Pliushch's letters from Dnepropetrovsk hospital which were written before his drug treatments began are produced in Khodorovich's book.

43. Pliushch, New York Times, February 4, 1976, p. 8.

During February and March, 1974, the KGB psychiatrists changed the type of drug administered to Pliushch. Instead of haloperidol, large doses of insulin were injected and, consequently, when his wife visited him on March 4, 1974, she reported that his features, because of "great dropsical swelling" were unrecognizable.⁴⁴ In the spring and summer of 1974, however, the hospital authorities cut back on the doses of drugs and Pliushch began to look and feel better. But by the fall, they had returned to their usual form of "treatment". They began to treat Pliushch with massive doses of triftozine which causes side effects similar to those of haloperidol. Once again, his friends and relatives began to fear for his safety. On December 16, 1974, thirty-eight Soviet citizens who are involved in the Human Rights Movement in the U.S.S.R. made a statement to the press in Moscow in which they pointed out the gravity of Pliushch's situation. The authors of the statement indicated that Pliushch's state of health was so bad that the authorities cancelled a routine visit which had been arranged for Mrs. Pliushch on December 13, 1974. One could conclude from this incident that the KGB did not want him to be seen in such a poor state. The statement read in part as follows:

After a relative easing of the pressure on Pliushch during the spring and summer months, when the quality

44. Khronika tekushchikh sobytiy, No. 32, pp. 52-3, cited in in Prisoners of Conscience in the U.S.S.R.: Their Treatment Conditions (London: Amnesty International Publications, 1975), p. 132.

of mind-altering drugs administered to him against his will was not such as to render him incapable of moving about, reading, and writing, a new and harsh regimen has been initiated. As a result of having been given large doses of neuroleptics (triftozine?), Pliushch is in a very critical physical and mental state. On December 13, Pliushch's wife was denied a routine visit. There is reason to believe that the denial was due to Pliushch's serious condition, and the hospital administration's unwillingness to let him be seen in such a condition.⁴⁵

These increases in the psychiatric abuses against the person of Leonid Pliushch may have been punishment in retribution for his refusal to recant his political views and admit that he was suffering from mental illness. In October, 1974, after the insulin had been changed for a different type of drug, the doctors at Dnepropetrovsk hospital suggested to Pliushch that he write a declaration condemning his anti-Soviet activities in the same manner as the dissidents Petr Iakir and Victor Krasin⁴⁶ had done. According to the Chronicle of Current Events, Pliushch

categorically refused to do it: He told them Iakir had lied and asked them if they wanted him to become a liar as well. After that they did not make any similar requests and did not make any conversation with him. Soon they began to administer him a new drug -- triftozine tablets in massive doses.⁴⁷

Somehow, Pliushch was able to muster the courage to defy

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45. A Chronicle of Human Rights in the U.S.S.R., No. 13, January-February, 1975, p. 13. Some of the signatories of this statement were Dr. Sakharov, Mrs. Sakharov, General and Mrs. Grigorenko, Anatoly Marchenko, Mrs. Khodorovich and many other prominent members of the Human Rights Movement.
 46. Krasin and Iakir were arrested for anti-Soviet activities in 1972 and, after more than a year in jail, in 1973 denounced their political activities in return for light sentences. It is generally assumed that they were coerced into recanting through torture at the hands of the KGB in Moscow.
 47. Khronika tekushchikh sobytii, No. 34, December 31, 1974, pp. 37-8.

the KGB and still survive. In the late winter and spring of 1975, perhaps for fear that Pliushch might die in Dnepropetrovsk, the Soviet authorities once again relaxed the "treatment" of Pliushch and reduced his intake of triftozine. In April, 1975, however, Mrs. Pliushch was informed that her husband had developed "chronic schizophrenia" with "paranoid" forms. She immediately despatched a statement to the Medical Administration of the MVD in which she demanded that they: 1) stop the administration of neuroleptics to Pliushch pending a decision of the Kiev Oblast Court on the matter of discontinuing compulsory treatment (she had already filed the petition with that court); and, 2) transfer Pliushch to another hospital.⁴⁸ In justifying her request in the statement, she says:

... after twenty months of treatment with various combinations of neuroleptics (haloperidol, insulin, triftozine) for the 'latent schizophrenia' that was diagnosed when Leonid Pliushch was admitted to the special hospital in Dnepropetrovsk, he has become afflicted with the classic schizophrenia described in all Soviet textbooks. As we know (from those same textbooks), 'latent schizophrenia' does not develop into ordinary schizophrenia.⁴⁹

Pliushch was to spend yet another eight months within the confines of the Dnepropetrovsk Psychiatric Prison Hospital after which, because of his poor state of health and the worldwide public campaign which was being waged to encourage the Soviets to release him, he was released upon the condition that he and his family emigrate to the West.⁵⁰ While he was in the

48. A Chronicle of Human Rights in the U.S.S.R., No. 15, May-June, 1975, pp. 8-9.

49. Ibid.

50. In an interview on April 8, 1976, Pliushch stated that support from three major sources in the West aided in his eventual release from Dnepropetrovsk: 1) mathematicians; 2) leftists in West European countries; and, 3) members of West European Communist Parties.

hospital, Pliushch thought to himself: "I must remember everything I see here so I can describe it later."⁵¹ In a post-release meeting with the Western press, however, Pliushch reported that he had not been able to retain the memory of many of the experiences to which he was subjected and which he witnessed. Perhaps, however, as time goes by he will be able to recollect many of the details of his stay with the KGB psychiatrists at Dnepropetrovsk. But then, as the following excerpt from his statement to the press might indicate, perhaps it would be better for his own peace of mind if most of his experiences with the KGB were to be left forgotten.

Alas, I did not remember a hundredth part of what I saw. In spite of my apathy I was afraid that my deterioration was irreversible. I looked at the really serious cases who, they told me, had been quite well a few years ago. You had been able to have some communication with them. Several politicals broke down and gave in before my eyes.

Being a Communist, as far as my convictions are concerned, I would like to address myself to Communists in the West. When I found out that among those fighting for my release there were French and Italian Communists, I did not think that this would help me personally. It was the fact that they were taking part that made me glad. For me it meant that these Communists were fighting for a humane socialism.

Here in the West, I consider it a duty to my conscience to join in the fight for the release of political prisoners from the prisons, camps and psychiatric prisons of the U.S.S.R.⁵²

The cases cited in this chapter are not isolated instances of psychiatric maltreatment, but, rather, they are indicative of a deliberate effort on the part of the KGB against a selected group of Soviet citizens who have a common cause. It is

51. Pliushch, New York Times, February 4, 1976, p. 8.

52. Ibid.

depressing to learn that perfectly sane people are being locked up in a prison-type psychiatric hospital with madmen. That is one thing, but when those sane people are being administered massive overdoses of mind-altering drugs and being physically abused it becomes nothing more than torture. What is even more depressing, is the fact that a proven medical science is being abused for the purpose of political repression. The testimonies presented in this study, not only those of the political dissidents such as Fainberg, Grigorenko and Pliushch, but also those of psychiatrists from within the Soviet Union and in the West, confirm the fact that repressive psychiatry does, indeed, exist in the Soviet Union. The next chapter examines and discusses the legal aspects of Soviet repressive psychiatry being waged against political dissidents.

V. LEGAL ASPECTS OF SOVIET PSYCHIATRIC ABUSES AGAINST DISSIDENTS

The material presented in the previous chapters is confirmation of the existence of repressive Soviet psychiatry as practiced against political dissidents. Soviet authorities contend, of course, that repressive psychiatry does not exist in the Soviet Union. A writer in Izvestiia, the official Soviet government organ, when answering Western charges that "in the Soviet Union representatives of the intelligentsia are sent to psychiatric hospitals without trial," states:

In reality it is a question of people who have committed socially dangerous actions while in a state of irresponsibility or who have, during the investigation and trial or after sentence has been passed, contracted a mental sickness which deprives them of the opportunity to be aware of their actions or to control them. In accordance with existing laws such people, on the basis of the conclusion of a competent legal-psychiatric appraisal from experts, and at the insistence of the court, are sent to be cured at a general or special psychiatric hospital.

Let there be no doubt, that the Soviet Union does, indeed, have legislation which is designed to protect the individual from any medical abuse. Soviet citizens are nominally protected by means of Public Health Legislation, the Criminal Code (CC), and the Code of Criminal Procedure (CCP). Insofar as forensic psychiatry is concerned, Article 51 of the Fundamentals of Public Health Legislation of the U.S.S.R. and

1. K. Briantsev, "Izheradeteli v triasine klevety," Izvestiia, Moscow, October 24, 1971, p. 4.

the Union Republics states that:

Forensic medical and psychiatric expertises shall be carried out in accordance with the legislation of the U.S.S.R. and the Union Republics by decision of the persons making an inquiry, investigator, procurator, and also under the ruling of the court. The manner of organizing and carrying out forensic medical and psychiatric expertises shall be established by the U.S.S.R. Ministry of Public Health by agreement with the Supreme Court of the U.S.S.R., the Ministry of the Interior of the U.S.S.R. and other departments.²

Article 11 of the CC of the R.S.F.S.R. is the authority for the courts to order compulsory psychiatric treatment for someone suspected of committing a socially dangerous act.³ The article states in part:

A person shall not be subject to criminal responsibility who at the time of committing a socially dangerous act is in a state of nonimputability. That is, cannot realize the significance of his actions or control them because of a chronic mental illness,

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2. Fundamentals of Legislation of the U.S.S.R. and the Union Republics (Moscow: Progress Publishers, 1974), p. 85. The article does not specifically say so, but clearly the inclusion of "other departments" opens the door for KGB participation in matters of forensic psychiatry.
 3. G.V. Morozov and Ia. M. Kalashnik (eds), Forensic Psychiatry (New York: International Arts and Sciences Press, Inc. 1970), p. 102. In Soviet criminal law, a crime is defined as a socially dangerous act (action or omission) committed intentionally or negligently. In the first case, a person acting intentionally recognizes the socially dangerous nature of the consequences of his action or omission, is able to foresee its dangerous consequences, desires them, or consciously permits such consequences to come about. In the second case, a person acting out of negligence ought to have foreseen, but did not foresee, the possibility of occurrence of the socially dangerous consequences of his action or, due to thoughtlessness, did not prevent such consequences.

temporary mental derangement, mental deficiency, or other condition of illness. Compulsory measures of a medical character may be applied to such a person by order of the court.⁴

Once the court has determined that the accused is non-imputable it can order him or her to be committed to either a general or special psychiatric hospital (Articles 58 and 59 of the CC). Chapter 33 of the CCP of the R.S.F.S.R. outlines the procedures to be followed for the application of compulsory psychiatric treatment. The startling thing here, however, is the fact that it is the investigator of the case, not the court, who orders the psychiatric examination to determine imputability. The case is only referred to the court if "grounds have been established for applying compulsory measures [committal and treatment] of a medical character to the person who has committed the socially dangerous act."⁵ The fact that the KGB does become involved in initiating psychiatric examination of political dissidents undergoing criminal investigation is underscored by Victor Fainberg.

Formally, the KGB has no right to interfere in a medical case. But, like in all walks of Soviet life, the KGB has its final say. Practically, it can interfere at any stage.

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4. Kommentarii k ugodovnomu kodeksy RSFSR (Moscow: Iuridicheskaya Literatura, 1971), p. 29. See English translation without commentary in Harold J. Berman, Soviet Criminal Law and Procedure: The R.S.F.S.R. Codes (Cambridge: Harvard University Press, 1972), p. 126.
 5. Article 403 of the CCP of the R.S.F.S.R. cited in Berman, p. 327.

If they want someone out of the way, a telephone call to the city psychiatrist will do the trick, bypassing court procedure. . . . If it is convenient to put a defendant into an asylum, they make him go through a medical examination which is, as a rule, a foregone conclusion.⁶

Such action on the part of the KGB is, given the provisions of Chapter 33 of the CCP, perfectly legal. Since the KGB is the investigative agency in criminal cases which have political implications, it has the right under current Soviet law to order a forensic psychiatric examination of the accused. Article 404 of the CCP states that:

Referral of the person for examination by a forensic psychiatric expert shall be permitted only if there exist sufficient data to indicate that this very person has committed the socially dangerous act regarding which the criminal case has been initiated and the investigation is being conducted.⁷

The question which springs immediately to mind, however, and one which is not answered in the legislation, is obvious. Who is to determine if sufficient data exist to allow the investigator to initiate a psychiatric examination? Quite clearly, the decision is made by the investigator without consultation with either the court or the procuracy. The fact of the matter is, the investigator of the case is allowed by law to determine whether or not the accused committed the crime -- that is to say, whether or not he is guilty of the crime.

6. Victor Fainberg, "A Memorandum on Dissenters in Soviet Psychiatric Hospitals," Moscow, p. 3. My italics.

7. Berman, p. 327.

The Soviet legislation contains articles which are nominally designed to protect the interests of an accused who is to undergo psychiatric examination, the most important of which provides that during the conduct of an expert examination an accused shall have the right to:

- 1) challenge the expert;
- 2) request the assignment of an expert from persons indicated by him;
- 3) present additional questions in order to obtain the opinion of an expert concerning them;
- 4) be present, with the permission of the investigator, at the expert examination and give explanations to the expert; and
- 5) become acquainted with the opinion of the expert.⁸

On the surface, then, the accused is guaranteed that the psychiatric examination will be conducted under the protection of these provisions. The CCP also stipulates, however, that those rights can very easily be removed under the provisions of paragraph four of Article 184 of the CCP which states:

The decree to assign a forensic psychiatric expert examination and the opinion of the experts shall not be announced to the accused if his mental state makes this impossible.⁹

Not only, therefore, can the Soviet authorities refuse to advise the accused the results of the psychiatric examination, but they can, if they wish, avoid informing that person that he or she is, indeed, undergoing a forensic psychiatric examination.

8. Article 185 of the CCP; cited in Berman, p. 262.

9. Berman, p. 262.

Another provision of the CCP which is designed to protect the accused is contained in Article 405 which stipulates that defense counsel is obligatory for the accused who is declared to be in a state of nonimputability. The article states:

In cases of persons who have committed socially dangerous acts while in a state of nonimputability, as well as of persons who have contracted a mental illness after committing a crime, the participation of defense counsel shall be obligatory. Defense counsel shall be permitted to participate in a case from the moment the fact of the mental illness of the person who has committed the socially dangerous act is established.¹⁰

The key here is that defense counsel shall be permitted to participate in a case only after mental illness is established. The accused does not, therefore, have the right to counsel during the time which a psychiatric commission is sitting to determine whether or not he or she is mentally ill.¹¹

Implicit in all of these legislative guarantees, however, are the facts that 1) the investigators will follow the guidelines for ordering a psychiatric examination which are set out for them in Article 404 of the CCP; 2) the rights provided in Article 185 of the CCP will be afforded the accused; 3) the commission of the expert forensic psychiatrists will follow ethical medical practices; and, 4) in the event the person is

10. Berman, pp. 327-28.

11. The fact that defense counsel is allowed for the accused only after nonimputability has been established is in consonance with normal practices within the provisions of the CCP. For example, in the case of an alleged criminal for whom nonimputability has not been established, defense counsel is permitted to participate in the case only from the moment the accused is informed of the completion of the preliminary investigation and is presented with all proceedings of the case. See Article 47 of the CCP cited in Berman, p. 218.

found to be mentally ill, he or she will be properly represented by defense counsel.

The former Soviet lawyer, Iurii Luryi, whom I interviewed as part of my research for this chapter, contends that as a general rule KGB¹ investigators have no difficulty in establishing whether or not the accused committed the crime which is alleged to have been committed. More often than not the accused admits that he or she has violated one or more articles of the CC or the investigator has seized proof, such as anti-Soviet material, of the crime. He points out that the KGB is not above fabricating evidence whenever it deems it necessary. When asked if he had ever come across fabricated evidence in political trials, Dr. Luryi stated:

I must tell you that I came across this very rarely. Nonetheless, I can say that this practice does exist. I rarely came across it because in those trials in which I took part, there was no need for the KGB to fabricate evidence -- the accused pleaded themselves guilty and did not dispute the facts. . . . But on those rare occasions -- there were not any in my practice -- when they thought it necessary the KGB simply went ahead and fabricated the evidence. I came across these occasions to a greater extent not in political cases, but, rather, in cases which were fabricated when the KGB did not have material for a political charge, but considered it necessary to put a person in prison. This happened, for example, in the cases of Feldman in Kiev and Iavor in Leningrad.¹²

12. An interview with Dr. Luryi conducted July 26, 1975. A Chronicle of Human Rights in the U.S.S.R., No 3, (June - August, 1973), p. 33. Nikolai Iavor, a Leningrad mathematician, was arrested in the spring of 1973 and charged with hooliganism. A Chronicle of Human Rights in the U.S.S.R., No 4, (September - October, 1973), p. 19. Alexander Feldman, a 27 year old Jewish activist in Kiev, was arrested in October, 1973 and charged with hooliganism.

Dr. Luryi's testimony serves to point out that KGB investigators do not always follow the procedures outlined in the CCP. There is no reason to believe that when conducting investigations where forensic psychiatry is to be used against dissidents the KGB will follow the letter of the law. There is no guarantee, therefore, that the KGB will follow the procedures of Article 404 of the CCP. That is to say, if the KGB investigators cannot ascertain whether or not the accused political dissident actually committed the crime, they will fabricate evidence to help their case and lend an air of authenticity to their illegal actions.

We need only refer to the case of Leonid Pliushch to point out that the Soviets abrogate the provisions of Article 185 of the CCP when applying those rights to political dissidents who are to undergo expert psychiatric examination. According to Tatiana Khodorovich, Pliushch was not afforded any of the guarantees of Article 185. She reported that when the court decided whether or not Pliushch was responsible for his actions the hearing was declared to have "state secret" implications and, consequently, was held in camera.

The courtroom was empty: neither the accused, nor his legal representative, nor a psychiatric expert, nor the accused's relatives were present. So great was the isolation of the hearing from the outside world, that the militia detachment guarding the empty hall refused (with threats of arrest) to allow onto the steps of the court

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building the citizens wishing to attend the hearing. It was only after many requests that the accused's wife and sister were allowed (on account of the severe cold) to await the end of the hearing in the vestibule.¹³

There can be no doubt that the political dissidents' legal and civil rights are violated by unethical doctors who declare sane people insane and recommend to the courts that these sane people be committed to a psychiatric hospital for compulsory treatment (see Chapter III). This fact has been demonstrated in many cases, but no more so that in the cases of Grigorenko and Pliushch. When an expert commission of three psychiatrists, Dr. Gluzman and two anonymous psychiatrists, conducted an independent examination of General Grigorenko, they concluded:

Petr Grigorenko is not suffering from mental illness and his condition during the period of his activities to which the charges relate cannot be considered as a psychotic one of non-accountability. Our analysis has also shown that his actions were rational and purposeful in character. Grigorenko deliberately pursued a goal which was punishable by law. Therefore, he is not liable under either Article 11 (Principles of Criminal Legislation of the U.S.S.R. and the Union Republics) or Article 36 (Principles of the Health Legislation of the U.S.S.R. and the Union Republics), which provides for the implementation by the health authorities of special measures concerning prevention and treatment of diseases which constitute a danger to the public (including mental illnesses) and also for compulsory hospitalization of persons suffering from such diseases.¹⁴

13. Khodorovich, p. 177; cited in *Prisoners of Conscience in the U.S.S.R* (London: Amnesty International Publications, 1975), pp. 120-21.

14. White Book, p. 105.

Their conclusions go on to say:

Psychiatry is a branch of medicine and not of penitential law. The practice of isolating political dissenters without publicity by confining them to psychiatric hospitals must be discontinued and the doctors who knowingly commit inhumane acts should be prosecuted according to the norms of international and Soviet law. . . . 15

It is evident, then, that at least three other Soviet psychiatrists agreed with the Tashkent psychiatric commission of experts, which found Grigorenko to be sane, and not the Serbskii Institute commission, which found Grigorenko to be insane. Furthermore, the results of the independent commission makes it clear that the psychiatrists, by declaring Grigorenko insane, were violating medical ethics as well as Soviet Law.

Soon after his emigration to the West, Mr. Pliushch was examined extensively in Paris by psychiatrists from Vienna, Britain and France, all of whom found him to be sane.¹⁶ Perhaps the most damning testimony of Soviet unethical psychiatric practices comes from psychiatrists. For example, the Soviet psychiatrists with whom Dr. Hirt spoke, Dr. Marina Voikhanskaia Fainberg, Dr. Iaroshevsky, Dr. Gluzman, and Dr. Hirt have given testimony which concludes that sane political dissidents are being interned in Soviet psychiatric hospitals with little regard for either legal, medical or moral principles. As far as is known, however, no Soviet psychiatrist has ever been charged under the provisions of Article 181 of the CC for giving

15. White Book, p. 105. My italics.

16. Karen Moser, "WHO Failing: Soviet Scientist," The Journal, Ottawa, April 8, 1976, p. 72.

testimony of an opinion which is false. The article reads in part:

The giving of testimony known to be false by a witness or by the victim, or of an opinion known to be false by an expert, or in the conduct of a preliminary investigation or inquiry shall be punished by deprivation of freedom for a term not exceeding one year or by correctional tasks for the same term.¹⁷

One cannot expect, however, that such charges will ever be brought against a psychiatrist who cooperates with the KGB. If, after all, the KGB, the courts, the procuracy and the psychiatric profession collude on illegal psychiatric abuses against political dissidents, there are no means available by which they can be prosecuted. On the contrary, the KGB will go to great lengths to induce Soviet psychiatrists who are unwilling to certify sane people as insane to violate medical ethics. In the fall of 1974, Dr. Semen Gluzman sent a letter from his Perm corrective-labour camp to his parents in which he wrote:

And I cannot "reconsider" my belief, as a doctor-psychiatrist and close friend, that Leonid Pliushch is completely sane. You know that in September, 1973 there came to me an agent of the central KGB, Georgii Trifonovich Dygas. In secret and without any sanction from the Procurator, I was taken to the visiting house of Colony 36, where they worked me over for three days without any witnesses. No bargain was made -- I refused. But it was obvious

17. Berman, p. 178. *My italics.*

how badly someone wanted me to help, so that they could say: "And suddenly Gluzman agreed to refute the 'lies' of the West about the confinement of healthy people to Soviet psychiatric hospitals." They offered me quite a bit for this. Would you really approve such a recantation? You, conscious and honourable people, doctors? No, you would not approve. Because then I would be a criminal, a colleague of Elsa Koch . . . and Danil Lunts.¹⁸

It is clear from Dr. Gluzman's letter, therefore, that those psychiatrists who choose not to break the law by giving a false medical opinion will soon find themselves as targets of the KGB and may, like Gluzman, eventually find themselves charged with political crimes.

The question of whether or not the Soviet authorities follow the provisions of Article 405 of the CCP is a moot point. Quite clearly, defense counsel is obligatory for persons who have been found "not responsible" for their acts. Evidence indicates that by and large Soviets do, indeed, abide by the terms of this article. The question is, however, does the counsel defend the accused? In the cases of political dissidents, the answer is definitely no. In late 1969, for example, a student, Valeria Novodvoskaia, was arrested for distributing anti-C.P.S.U. literature. She was declared mentally ill and assigned an advocate, one Dobuzhsky, to act as her defense counsel. In spite of his obligation and moral duty

18. A Chronicle of Human Rights in the U.S.S.R., No. 13, (January - February, 1975), p. 11.

to represent the interests of his client, the lawyer did not even meet once with his client.¹⁹ Subsequently, Novodvorskaia was shipped off to a psychiatric hospital for compulsory treatment. It goes without saying, that it is next to impossible for a lawyer to defend a client with whom he has never met or spoken. But such is the Soviet style of justice when so-called political crimes are involved.

Another two political dissidents, Vasilii Chernishev and V. Popov, who were arrested in 1970 and charged with anti-Soviet propaganda, were subjected to the same violations of law after they were diagnosed as mentally ill. Chernishev, when describing the actions of the KGB and the doctors, states:

In prison I was examined for thirty minutes and this diagnosis was made: chronic schizophrenia of a paranoid type. I did not meet my defense counsel, was not present at my trial, and for one and a half months did not even know about the diagnosis or the trial. It was my wife who, after the trial, told me about it when she visited me. She represented me at the trial, but had not been informed of the nature of the case -- a flagrant breach of the law. The same diagnosis was made on Popov.²⁰

Furthermore, Leonid Pliushch said recently that a lawyer was appointed by the court to defend him at his January, 1973 trial. The lawyer, however, had only one brief meeting with Pliushch to discuss the case. After that meeting, all requests by Pliushch for permission to meet with his

19. Valerii Chalidze, To Defend These Rights: Human Rights and the Soviet Union (New York: Random House, 1974), p. 144. See also, Prisoners of Conscience, pp. 109-10.

20. Senate Report on Psychiatry in the Soviet Union, Vol I, p. 225. *My italics.*

defense counsel were refused.²¹ Since neither he or his family were allowed to attend the trial, he has no idea if the lawyer made any attempt to present a defense on his behalf.

The KGB is not always successful, however, in keeping the defense counsel for a political dissident from presenting a proper defense for his client. Dr. Luryi told me in the interview I had with him that he successfully defended a political dissident client in Tallin. He considered the defense successful not because he got his client off the charge, but, rather, because he was able to have the client committed to an ordinary psychiatric hospital rather than the special prison-type hospital. The client was an engineer, Vladimir Eichwald, who was arrested for spreading anti-Soviet propaganda and agitation. He was examined by an expert forensic psychiatric commission which declared him schizophrenic. In explaining how he defended Eichwald, Dr. Luryi stated:

I found that he had been in the psychiatric hospital in Tallin for approximately four months before the trial. I asked the experts who came to the court this question: how did you relate to Eichwald in the hospital -- as a criminal or as a sick man? They answered, "As a sick man, of course." I asked them if they gave him psychiatric treatment. They said, "Of course we treated him." I asked them if they treated him the same as anyone in the hospital or more negligently than others. "No", was the answer, "We treated

21. Mr. Pliushch made this known during an interview conducted on April 8, 1976.

him attentively." I asked if they considered they had treated him correctly. They answered, "Of course." Did the treatment bring results? You see, when they concluded that he was mentally ill and required compulsory treatment, it was before the time they started to treat him. Had anything changed after they had treated him? Was there any improvement in his condition? They answered that as a result of their very good treatment there was good improvement in his condition. Do you understand? They said that undoubtedly his condition had sharply improved. Then I asked, "After such successful treatment, does he need this compulsory treatment today?" Then, just like a fish, they swallowed the bait. They replied that in his present condition he no longer required further treatment. But if they swallowed the bait, then the court didn't. It decided to continue as before with the compulsory treatment -- against the opinion of the psychiatric experts. But since this was, after all, not normal, I agreed with the psychiatric experts that we could take a path of compromise. [I]nternment in an ordinary hospital instead of a prison-type hospital. They rejected my next complaint, but told me unofficially, "We will release him a month after the sentence begins." And this was done.²²

It must be remembered, however, that this is an isolated case, but it serves to demonstrate that the KGB, the courts, and the psychiatrists can become careless in their attempts illegally to detain political dissidents and, consequently, as this case proves, cause themselves embarrassment and forces them to be more lenient than intended.

There is yet one other major example of the violation by Soviet authorities of legislation which is designed

22. An interview with Dr. Luryi, July 26, 1975.

to safeguard the rights of the individual in the criminal process. That violation involves the length of time that a person accused of committing a crime may be held in pre-trial confinement. Article 97 of the CCP states that "confinement under guard in connection with the investigation of a case may not continue for more than two months." The same article, however, authorizes continued detention by reason of the "special complexity of the case" through a series of rights granted procurator agencies at various levels of government. A procurator of an autonomous region, territory, republic or national area may extend the maximum period of pre-trial detention to three months, the R.S.F.S.R. procurator may extend it to six months, and the U.S.S.R. Procurator General can extend it to nine months. A Soviet citizen who is suspected of having committed a crime could, therefore, if the Soviet authorities follow the letter of the law, languish in a jail cell or a psychiatric hospital for up to nine months while the KGB investigates the circumstances of the offence to determine if a formal charge will be laid against the confined person. Notwithstanding these provisions, however, Leonid Pliushch spent more than one year in confinement before he was brought to trial.²³ Another dissident, Iurii Shikhanovich, a Moscow

23. White Book, p. 37.

mathematician who was arrested on September 28, 1972 for anti-Soviet agitation,²⁴ was also held, allegedly in the Serbskii Institute, for more than one year. On October 3, 1973, Dr. Sakharov and three other political dissidents wrote to the Chairman of the U.S.S.R. Supreme Court expressing concern for the fate of Shikhanovich. In their letter they stated:

The Moscow Procurator's Office states that Shikhanovich's case has been handed to the court. Moscow City Court officials assert that the case has not yet reached the court. For a year Shikhanovich has not had a single meeting with his wife or even a lawyer. At present none of Shikhanovich's relatives or friends have reliable information concerning the place and conditions of Shikhanovich's detention; no one even knows just where this information can be found. The motives for such unlawful actions are not clear to us, but whatever they may be, they give rise to extremely grave apprehensions. Complete isolation of an accused person increases the possibility of illegal persecution. This determination makes it possible for the court to judge him not responsible, that is, not in control of his own actions. All of us acquainted with Shikhanovich know him to be a man who takes the utmost responsibility for his every step. But even the commission's determination is no basis for depriving Shikhanovich of his right to participate in the court proceedings. We insist on an open trial with Shikhanovich's participation.²⁵

Shikhanovich was subsequently sent to trial and committed to a psychiatric hospital for compulsory treatment. He was released from the hospital in the summer of 1974.²⁶

24. A Chronicle of Human Rights in the U.S.S.R., No. 3, (June-August, 1973), pp. 13-14.

25. A Chronicle of Human Rights in the U.S.S.R., No. 4, (September - October, 1973), pp. 35-6.

26. A Chronicle of Human Rights in the U.S.S.R., No. 10, (July - August, 1974), p. 51.

Upon reading of these examples of violations of Article 97 of the CCP, one question must surely spring to mind. How can the Soviet authorities justify such blatant violations of Soviet law? Dr. Luryi explains it this way:

. . . this happens not only in political cases, but also in many criminal, general-criminal and especially in group-economic cases. In fact, we know of occasions when the accused has been kept under arrest significantly longer than nine months -- up to a year or a year and a half. How is this done? It is not done with a view to a coarse disregard of the law. It is done with a view to a Philistine fulfilment of the law. I will explain how it happens. On each particular occasion when the length of investigation, the length of time under arrest, exceeds nine months, you find in the case a decision of the Presidium of the Supreme Soviet of the U.S.S.R. which permits the time of arrest to exceed nine months. That's how it is really. It is not actually illegal because the Presidium of the Supreme Soviet, as you know, publishes between sessions of the Supreme Soviet decrees which are confirmed at the sessions and become laws. A decision of the Supreme Soviet is the same as an order of the Council of Ministers of the U.S.S.R. It is a legal act which is signed by the Chairman of the Presidium, or one of the 15 Deputy Chairmen, and the Secretary. It is not a law accepted collectively, but it is an instruction for a specific occasion and by this instruction, the Presidium of the Supreme Soviet is able to countermand its own laws.²⁷

The essence of Dr. Luryi's statement is that decrees of the Presidium of the Supreme Soviet take precedence over established legislation. The Soviet authorities can, therefore, if it suits their purposes, legally countermand their own laws. One would have to conclude then that in each of the cases in which political dissidents were detained for more than nine

27. An interview with Dr. Luryi, July 26, 1975. See also, V.M. Chkhikvadze, (ed), The Soviet State and Law (Moscow: Progress Publishers, 1969), pp. 132-33.

months while awaiting trial the Presidium of the Supreme Soviet passed a decree authorizing the extended confinement of the individual. It would follow, of course, that the same would hold true for any law which the KGB wanted to circumvent. That is to say, if the KGB wanted to take some particular action against a political dissident which violates an aspect of law, the Presidium would simply have to pass a decree authorizing such action.

So far this chapter has only dealt with internment of political dissidents in a psychiatric hospital in cases where they are suspected of having committed a crime. Psychiatric examination of those individuals is almost always at the initiative of a KGB agent who is investigating the alleged crime. But Dr. Gluzman contends that the KGB has other ways of getting the dissident into the psychiatric hospitals. In the Manual on Psychiatry for Dissidents which Dr. Gluzman and Vladimir Bukovsky wrote, they contend that in addition to forensic examination following the institution of criminal proceedings, the dissident may also be subjected to psychiatric examination under the following two circumstances:

- 1) Compulsory investigation or compulsory hospitalization within the framework of normal medical regulations; and
- 2) If the person is a witness in a case where a political dissident is being tried for allegedly committing a crime.²⁸

28. Gluzman and Bukovsky, Manual on Psychiatry for Dissidents, pp. 181-83.

According to Dr. Gluzman and Bukovsky, the KGB will resort to normal medical regulations to detain a dissident when, because of certain objective circumstances, it is undesirable to institute criminal proceedings against him or her. They point out to the dissident that

In this case, the KGB (often not directly, but through the police, the procuracy, the specifically Soviet institution of informers and collaborators, etc., etc.) will tell medical establishments that they believe you are suffering from mental illness, and will indicate the reason for their interest in you.²⁹

Dr. Gluzman and Bukovsky explained that when the KGB uses this method to have a dissident committed, he or she will generally be found to have symptoms of mental illness and will be committed to a psychiatric hospital of the general type. It was precisely this method which was used to confine Zhores Medvedev to the Kaluga Psychiatric Hospital in 1970. When attempting to induce Medvedev, shortly before he was forcibly removed from his apartment to the Kaluga hospital, to submit voluntarily to a psychiatric examination, Dr. Lifshits, the head psychiatrist at the hospital, admitted that he had received information that certain facts about Medvedev had come to the attention of the city and regional Party committees.³⁰ Medvedev states that when Lifshits was pressed for further information he finally admitted that

29. Gluzman and Bukovsky, Manual on Psychiatry for Dissidents, p. 181.

30. Zhores and Roy Medvedev, p. 34.

His visit [to Medvedev's apartment] had been occasioned by a request from the Chairman of the Obninsk City Soviet, Antonenko, who had recently talked to Medvedev and found his behavior strange. Antonenko had allegedly asked that I be examined . . .³¹

Based upon his investigation of his brother's case, Roy Medvedev also concluded that the psychiatric examination was initiated for political reasons.

The whole thing must, of course, have been coordinated with the Kaluga Party Committee and the Kaluga branch of the KGB. A police detail with a major in charge would never otherwise have been at the disposal of a psychiatrist appearing at Zhores' apartment without an identity card or any other document. It was quite obvious that the whole operation had been carried out under the direction of some third person to whom both Lifshits and Major Nemov were subordinate. Most likely of all it was some leading official of the regional Party committee or KGB.³²

While doing my research for this study, I was unable to document an instance whereby a political dissident was forced to submit to a psychiatric examination as a result of being a witness in political trial.³³ That is not to say, however, that this is not the case. Dr. Gluzman and Bukovsky state that it is possible that the witness may have to undergo

31. Zhores and Roy Medvedev, A Question of Madness, p. 34.

32. Ibid., p. 47.

33. Moroz, Boomerang, p. 48. Although the question of psychiatric abuses was not involved, it is interesting to note here that Viacheslav Chornovil, a Soviet Ukrainian journalist, was arrested in 1966 for refusing "to testify at a closed, illegal, trumped-up trial." Later, he documented secret trials of Ukrainian intellectuals which he covered as a journalist in the mid-1960's. These materials were published in the West. He was tried and sentenced in 1967 to three years imprisonment. This sentence was later commuted under general amnesty to 18 months. Chornovil was re-arrested in January, 1972; tried and sentenced, in February, 1973, to 7 years in a corrective-labour camp and 5 years in exile.

compulsory out-patient examination. They state that

In this case, the formal pretext is that doubt has arisen in the mind of the investigator (procurator, court) as to your ability to grasp correctly the circumstances which have an important bearing on the case and to give the correct evidence about them.³⁴

They go on to point out that the dissident can protect himself, through the provisions of the R.S.F.S.R. Statute on State Notariat, from this procedure by arming himself with an objective psychiatric report on the state of his mental health. Article 66 of the Statute on State Notariat provides that:

At the request of interested persons, state notarial offices shall safeguard evidence necessary in the event a case will arise in judicial or administrative agencies, if there is reason to suppose that production of the evidence will subsequently become impossible or difficult.

By way of safeguarding evidence, the state notary shall interrogate witnesses, inspect written and material evidence, or order an expert examination.³⁵

At the written request of the witness, a notary will issue a decree ordering an examination, with indications as to the form it will take and the place where it is to be held.³⁶ Then, according to Bukovsky and Dr. Gluzman, all the witness has to do is pay for this formal notarial assistance and

34. Gluzman and Bukovsky, p. 183.

35. "The R.S.F.S.R. Statute on State Notariat," *My italics*. Cited in Harold J. Berman and John B. Quigley, Jr., Basic Laws on the Structure of the Soviet State (Cambridge: Harvard University Press, 1969), p. 300.

36. This procedure is discussed in "Instructions regarding the procedure for carrying out notarial transactions in state notarial offices of the U.S.S.R.," pp. 135-46. Cited in Gluzman and Bukovsky, p. 183.

do everything necessary to ensure that if he or she is arrested and attempts are made to have him or her declared mentally ill, the psychiatric report becomes generally known.³⁷

Dr. Gluzman and Mr. Bukovsky are assuming, however, that the authorities will follow the letter of the law. As has been evidenced throughout this study, the KGB and other Soviet authorities can, and do, disregard the law whenever it suits their purposes. Nonetheless, any dissident who is about to appear as a witness in a political trial would be well advised, given the KGB propensity to circumvent the law rather than administer it, to have an independent psychiatric examination completed before the fact.

We have seen in this chapter, then, that not only do Soviet psychiatrists abuse normal psychiatric procedures for the purposes of political repression, but also that such abuses are de facto violations of existing Soviet law. What remains now is to discuss, by way of conclusion, the following points:

- 1) Why have Soviet authorities resorted to repressive psychiatry as a means of political repression?;
- 2) What, if anything, can be done to prevent Soviet authorities from indulging in such practices?;
- and, 3) Is the recent trend in the Soviet Union toward allowing dissidents to emigrate to the West a signal that the Soviet authorities have found a new, but not so new, method to silence the voice of Soviet political dissent?

37. Gluzman and Bukovsky, p. 183.

VI. CONCLUSIONS

The evidence from primary sources in this study can leave no doubt in the reader's mind that a KGB and/or MVD presence permeates the Soviet psychiatric institutions, that is, psychiatric prison hospitals, general psychiatric hospitals, clinics, psycho-neurological institutes, and the Serbskii Institute of Forensic Psychiatry. This only serves to underscore that KGB psychiatry does, indeed, exist. One could be allowed to view these allegations with a certain degree of skepticism if the evidence were gathered from a single source or a single interest group. To the contrary, the material compiled in this study has come from a cross-section of Soviet society: Soviet psychiatrists who refuse to cooperate with the KGB; ex-Soviet psychiatrists, ex-political dissidents from all walks of life who have been subjected to KGB psychiatry, an ex-Soviet lawyer; a member of the C.P.S.U.; and, through the medium of samizdat, individuals who are still actively involved in the human rights movement in the U.S.S.R.

The testimonies of the two Western psychiatrists, Dr. Wing and Dr. Hirt, regarding the state of Soviet psychiatry cannot be considered as biased opinions of anti-Soviet Westerners. Each of the doctors has publicly defended Soviet psychiatric

procedures which take place when ordinary Soviet citizens are being treated. Indeed, each of them has stated that there is a great deal in Soviet psychiatry that Western psychiatrists could learn from and, consequently, improve Western psychiatry. For example, each doctor agreed that general Soviet psychiatry has better: post-psychiatric treatment rehabilitation programmes; doctor-patient ratios; and, approaches to curing certain types of mental illnesses. But so, too, do they castigate Soviet psychiatry for allowing itself to be abused by the KGB for the purposes of political repression.

For their part, Soviet officials still maintain that there is no such thing as KGB psychiatry. Furthermore, they contend that Soviet psychiatry is administered and controlled to the letter of the law in accordance with existing Soviet legislation. The cases of Leonid Plushch, General Grigorenko, Victor Fainberg, and Zhores Medvedev, all of whom at one time or another have been examined by independent psychiatric commissions and declared perfectly sane, contradict those contentions. We have seen, as well, how the laws of the Soviet State can be circumvented, at the initiative of the KGB and to the detriment of the political dissident, through legislative and/or administrative decree. This is done, of course, to lend an air of pseudo-legality to the violation of the legal rights of the dissident who is being subjected to repressive psychiatry.

Given the fact that no Westerner knows what goes on in the Politburo of the ruling C.P.S.U. and the upper echelons of the KGB organization, it is not surprising that we cannot determine the Soviet rationale for singling out any particular political dissident to be the target of KGB-directed repressive psychiatry. We have been able to determine, however, that certain trends have developed as to the category of dissident who finds him- or herself undergoing compulsory psychiatric treatment in one of the psychiatric prison hospitals. Based upon the evidence contained in this study, it is possible to conclude that compulsory psychiatric treatment is limited to political dissidents who: attempt to cross the borders of the U.S.S.R.; attempt to enter the ~~United States~~ Embassy in Moscow; possess firm religious beliefs; are Marxists but do not believe in the Soviet system of government; and/or, will, if he or she were to be given a public trial, cause embarrassment to the Soviet authorities.

It is also possible to conclude with a degree of certainty that the aims of repressive Soviet psychiatry are three-fold. First, it is clear that the psychiatric hospitals are used by the KGB to keep particularly bothersome dissidents out of circulation for either a short term or over the long term. This is particularly true during Soviet holiday periods and during visits of foreign political figures to the U.S.S.R.¹ Second, there seems to

1. For Example, the wards and halls of the psychiatric hospitals and clinics were crowded with persons picked up just prior to the first visit to the U.S.S.R. of President Nixon.

be an effort on the part of the KGB psychiatrists to change the political views of the dissident who has been committed to a psychiatric hospital. This is attempted by several methods: 1) coercion, or threat of coercion; 2) rendering the "patient" senseless with massive overdoses of mind-altering drugs; 3) promise of leniency, or release, in return for recantation of political views; and, 4) putting pressure on relatives and friends of a dissident to induce him or her to follow instructions of the KGB. Third, the KGB can place the dissident in a hospital for short-term compulsory treatment as a form of punishment to warn him or her what may happen over the long term if he or she does not stop participating in anti-Soviet activities.

There are certain other tangible benefits for the KGB in using compulsory psychiatric treatment as a means of detaining political dissidents. A declaration of nonimputability usually means that the dissident can be put away without bothering to go through the process of conducting a formal public trial. As has been indicated, the accused is seldom, if ever, present when the court establishes nonimputability. The defense counsel, more often than not, does not even bother to present a defense for his client. This procedure is particularly helpful in avoiding publicity when dealing with a dissident who has an international reputation. Once nonimputability has been established, the dissident can be detained in a psychiatric institution for an

indefinite period of time. In a normal criminal trial, however, the court must impose a determinate sentence in accordance with the CC. When the trial is open to the public, and a determinate sentence is rendered, the dissident is often back to haunt the KGB after the determinate sentence has been completed. Furthermore, as was pointed out in Chapter II, once a dissident is declared nonimputable and committed for compulsory treatment, a record is compiled on him or her and forwarded to the Serbskii Institute in Moscow for filing. The KGB is able, therefore, at any time after the dissident is released, to re-arrest that person on the grounds that he or she has suffered a relapse of the mental illness. There is no need, then, for the KGB to go again through the process of re-establishing nonimputability. The court, in collusion with KGB psychiatrists, can reimpose compulsory psychiatric treatment on the basis of the alleged relapse. KGB psychiatry is, therefore, a facile but effective means of controlling political dissidents.

Evidence of the numbers of political dissidents who still remain in psychiatric hospitals and the reports of new incarcerations which reach the West with almost every issue of the Chronicle of Current Events, indicates that the Soviet authorities are continuing to pursue their policy of repressive psychiatry. The question that remains is, what, if anything, can be done to deter the Soviets from indulging in these obvious psychiatric abuses. From within the Soviet Union the human rights

movement must continue its campaign to pressure the KGB into releasing political dissidents from psychiatric hospitals.

It was proven in the cases of Fainberg, Medvedev and Pliushch that pressure put on the Soviets by Western public opinion can have a great deal of effect on the fate of political dissidents. World public opinion appears to be even more effective, as it was in Pliushch's case, if that pressure comes from Western Socialist and Communist Parties. Western medical associations, particularly psychiatric associations such as the B.P.A., C.P.A., A.P.A., are continuing to press world medical bodies such as the W.P.A. and W.H.O. to conduct independent investigations of Soviet psychiatry. Dr. Hirt tells us that many Western psychiatrists feel that such an investigation will lead to a formal censuring of Soviet psychiatric practices which could result in the Soviets being expelled from such agencies as the W.P.A. It is a known fact that many Western psychiatrists feel, notwithstanding the abuses of their profession which are obviously taking place, that repressive psychiatry is a political matter, not a medical matter. As such, they consider the question of KGB psychiatry should not be discussed in a medical forum. Furthermore, even if the W.P.A. or W.H.O. did call for an independent investigation of Soviet psychiatry, it is highly unlikely that Soviet authorities would ever allow such an investigation to take place. It is clear, however, that Soviet do not want to

be expelled from world medical bodies. Consequently, they might allow certain selected patients to be examined by independent psychiatrists. Those selected patients would, of course, be patients who are, indeed, mentally ill. Those patients who are being held in spite of the fact that they are perfectly sane would not be examined if an investigation were to be conducted. In all probability, then, an independent investigation would have little effect on the situation since the Soviets would, no doubt, manipulate it so that the body would conclude that Soviet repressive psychiatry does not exist. After the investigation, psychiatric abuses of political dissidents would continue unabated.

Once a political dissident has become the object of Soviet repressive psychiatry, there is little hope that person will ever lead a normal life after the initial internment unless he or she changes his or her political views. There may be a brief respite after release from the hospital, but if the dissident continues to engage in "anti-Soviet activities" or associates with other dissidents, he or she will soon find him- or herself back in hospital for further compulsory psychiatric treatment.

There appears to be a trend developing whereby the dissident who is totally committed to his or her political views, that is, refuses to recant, and refuses to cooperate with the KGB does, in the end, escape Soviet repressive psychiatry. That is to say, the Soviet authorities seem to have adopted a policy of allowing well-known political dissidents whom they are unable

to break to emigrate to the West.² This is particularly true, as in the cases of Pliushch, Medvedev and Fainberg, when the dissident is well-known internationally. In this manner, the Soviet authorities are able to rid themselves of a troublesome dissident who is causing them embarrassment at home and abroad. But as long as the Soviet Union remains a repressive society, the struggle for human rights in the U.S.S.R. will continue. As long as the struggle continues, the Soviet Union will continue to resort to political oppression. It is, then, a never ending circle. The Soviets get rid of prominent dissidents by allowing them to emigrate to the West, but new names will move to the forefront of the dissent movement and other dissidents will take the places of Pliushch, Fainberg, et al. in the Soviet psychiatric prison hospitals. Repressive psychiatry in the U.S.S.R. is likely to continue, therefore, to be wielded by the KGB as an instrument of terror, unless the Soviet system would undergo substantial changes in the direction of the rule of law and effective procedural guarantees of human rights.

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2. It is interesting to note that political dissidents who are well-known but have been incarcerated in corrective-labour camps instead of psychiatric hospitals, are also being encouraged to emigrate to the West. Most recently, Andrei Amalrik, a Soviet dissident writer, has "agreed to accept exile abroad after a relentless campaign of police harassment." See David K. Shipler, "Amalrik, Harassed, Will Leave Soviet," New York Times, April 13, 1976, pp. 1, 9.

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