

Legally Speaking



The Unspeakable

By *Karen MacNutt*,
Contributing Editor

Matthew 2:16

When a person lacks empathy for another human being, when his or her soul is emptied of feeling, when he or she can reduce any group of people to being non-people, then such a person is capable of unimaginable barbarity to others. History is filled with examples of genocide, ethnic cleansing, and wholesale liquidations of people thought to be undesirable or a threat to the killer.

Anyone with a heart or soul was shocked at the pre-Christmas murder of children in Sandy Hook, Connecticut. Those in public office were quick to call for more gun laws without determining why the killings took place or if the proposed laws would have made a difference.

We do not have a gun problem. We have a mental health problem exacerbated by a prescription drug problem. If you are unhappy, doctors will prescribe a pill. Unfortunately our health care system does not provide for adequate supervision of people on drugs. Sometimes the warnings about the drugs are inadequate. Sometimes the drugs have unintended consequences.

High capacity, semi-automatic guns have been around for more than one hundred years. Mass murders such as those at the Sandy Hook school first appeared in 1989 when Patrick Purdy, for no apparent reason, shot a number of children in a schoolyard in California. This type of senseless killing is not confined to the United States nor are guns the only weapons used. In cultures where guns are not available, such as Japan, edged weapons have been used.

The rise in these bizarre killings has paralleled the rise in the use of a type of anti-depressant known as a selective serotonin reuptake inhibitor (SRI or SSRI). The first SSRI drug was approved by the FDA in 1987 under the brand name of Prozac. By 1989, pharmacies were filling some 65,000 prescriptions per month of Prozac. It was thought to be a wonder drug until its dark side began to show up. A number of suicides and murder-suicides were blamed on the pill.

The SSRI drugs now carry suicide warnings. Further research

also indicated that the SSRI drugs should not be given to children or young adults. Unfortunately doctors continue to prescribe SSRIs to patients below the age of 25. Since 1987, other SSRI drugs under such brand names as Luvox, Zolof, Paxil, and Effexor have been introduced. Today, they are some of the most commonly prescribed psychotropic (mood altering) drugs.

Some of their known side effects include suicide, "abnormal thinking," and manic or psychotic reactions. SSRI drugs can also interact with dextromethorphan to cause hallucinations. Dextromethorphan is a common ingredient in over the counter cough medications.

SSRIs have another side effect which was the subject of an article in the *British Journal of Psychiatry*, (2009) 195: 211-217, "Emotional side-effects of selective serotonin reuptake inhibitors." Participants in the study described a general reduction in the intensity of all their emotions. They described their feelings as numbed, blank or flat. Some of the participants stated that they did not feel any emotions at all or that their emotions felt unreal or fake. In addition to the reduction of negative emotions, all the participants experienced a reduction of positive emotions such as happiness and love, including love of their families and enthusiasm for life. Reductions in the negative emotions of fear, guilt, or shame were sometimes seen as interfering

with an appropriate display of grief or an ability to respond to bad news. Many participants felt emotionally detached or disconnected to the point their surroundings seemed unreal. This emotional detachment extended to a detachment from other people. Specifically, said the report, they felt reduced sympathy and empathy towards other people. They cared less about themselves, about other people, or about the consequences of their actions.

In summary, the SSRI drugs are a widely prescribed drug that should not be given to young adults or children. The drug may cause an emotional detachment that reduces fear, guilt and shame while causing the loss of the ability to love, including love of one's family and love of life and a lack of empathy for others.

Some taking the drugs feel disconnected to the point their surroundings seem unreal. In some people, the drug causes abnormal thinking and psychotic reactions. In some people it causes thoughts of, and the completion of, suicide. Add cough syrup to the mix and you have a hallucinogen with those same characteristics.

If these side effects combine in just 1 out of 10,000 people taking the drug, the result could be a drug-induced murder.

The largest mass murder in the United States was caused by a jealous boyfriend who blocked the doors to a crowded social club and then lit the building on fire. Excluding that and terrorist attacks, in just about every other high profile, intentional mass murder in the United States, especially those that seem senseless, the killer was taking

or had just stopped taking an SSRI drug. That includes the Columbine school killings and the Virginia Tech killings.

Since 2002, federal HIPAA regulations relating to the privacy of medical records makes it difficult to discover what drugs, if any, a killer might have been taking. It has been reported that both James Holmes (the movie theater killer) and Adam Lanza (the Sandy Hook school killer) were being treated for psychiatric problems. Chances are good that they were on an SSRI type of drug.

If policy decisions are going to be made in an effort to prevent such killings in the future, the public has a right to know if prescription drugs were a contributing factor.

What drugs, if any, were the killers on? Are there serious adverse reactions by people taking these drugs that are not being tracked? Are the warnings accompanying those drugs adequate? Are the doctors who prescribe the drugs fully familiar with the drug's possible interactions and side effects? Are doctors spending enough time with their patients to adequately monitor the drugs and their possible side effects?

Some health care systems only allow five mental health visits a year. Do we need to expand the mental health coverage in our health insurance plans?

Do we need to re-examine the point at which a doctor's obligation to protect society outweighs the patient's right of privacy? Lawyers are pledged to the confidentiality of their client's business. That confidentiality does not extend to plans by the client to break the law. The same should be true of mental health providers.

Given what some news sources have reported about Holmes' and Lanza's history of unstable behavior, why were they not given adequate help or placed in a secure setting before they hurt someone?

Not everyone who sees a mental health provider is a threat to society. Not everyone who takes a drug for depression is a problem. Anyone who is prescribed a drug without being made aware of its side effects or negative interactions, and anyone who is given a personality altering drug but is not adequately monitored by a doctor, is a potential problem.

Only a very small percentage of guns of any kind are ever used in crime. Demonizing millions of gunowners who have never hurt anyone will not stop people

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who are experiencing a psychotic episode from killing someone.

Anti-gun proponents have taken advantage of these tragedies to push their long time agendas. They say the solution is to limit guns that can carry large numbers of rounds. To put it another way, their solution is to make the killer use more time to accomplish his or her evil deed.

They have mis-defined the problem. If you do not accurately define a problem, you cannot solve it.

If you define the problem as being men dressed in black killing people, then you might conclude making black clothes illegal would solve the problem. How the men dressed is not the problem. The problem is that they killed other people.

If you define the problem as being gun deaths, then you might conclude making guns illegal would solve the problem. However killing people with guns is not the problem. Nothing is solved if you replace murder by shooting with murder by arson.

A common factor in the Colorado theater killings and the Connecticut school killings is that attacks were well planned. Another factor is that the victims were in "gun free" zones. That is, the victims were helpless.

Given that the killings were planned, there is no reason to believe that if guns were not available, the killers would not have sought other means. In Colorado, the accused murderer knew how to make explosives. That knowledge is available from the internet and from various government publications. Had explosive devices been set at the doors of the theater and in the theater, many more people would

have died. Having an armed guard at the theater, or having armed civilians in the theater, might stop a murder armed with a gun but not one who sets off explosives.

The school killer could have used any number of weapons to kill once inside the building. All the teachers could do was to offer themselves up as martyrs to stall the killer. They were brave enough, but they lacked the tools needed to successfully defend their children. Once in a classroom of small children, a killer could have used a club, a machete, a chain saw, or any number of other things to kill the children. If any of the school personnel had been armed, they may have been able to stop the killer. Being helpless does not protect you from bullies, bad guys or psychotics. If the person trying to kill you has psychiatric problems, appeals to logic or compassion are not apt to be successful.

In both the case of the theater and school killings, if guns were removed but all other factors remained the same, there would still have been numerous deaths. Removing guns is not the answer.

The NRA's solution of adding a good guy with a gun with their Project SHIELD proposal, might have made a difference. The attacker may have looked for an easier target: that is, a different group of people to kill. In the alternative, the attacker might have been killed in the attack thus reducing the number of people killed or injured. A person who is determined to kill and who does not mind being killed in the attempt, can only be stopped by force.

If, however, you can remove the determination to kill, then you

stop the event before it happens. The only way you can do that is to address the mental health issue. We must re-examine the drugs these people were on. We must make sure the warning labels are adequate. We have to improve the quality of mental health services available so that people with problems can get the help they need. Those who are a danger to society need to be in a secure environment before they hurt someone.

Until those whose agenda is to block private ownership of guns at any cost, stop distracting the public, we will never have the discussion we need to have about improving mental health care.

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India Rape Ignites Women's Rush For Gun Applications

The high-profile rape by six men of a 23-year-old woman in Delhi, India who later died in a Singapore hospital ignited a rush on gun license applications by women, according to the Guardian newspaper and other international news agencies.

The unidentified woman spent almost two weeks in hospitals in India and Singapore before dying of injuries suffered in the attack. Her ashes were scattered on the Ganges River following a secret cremation.

Hundreds of women reportedly applied for gun licenses, and the government's response is to pass new justice legislation and make the punishment for sexual assault tougher. In the case of the six men arrested for the gang rape death, they could face the death penalty.

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