INTRODUCTION

It was in 1985 that a Winnipeg psychiatrist Dr. Colin A. Ross first introduced a radical form of pop psychiatry into Manitoba health care. From 1985 to 1991 Ross divided his time between the St. Boniface General Hospital, the University of Manitoba and preaching his new found mental health ideas at seminars. Ross has been described as a young, charismatic and dynamic speaker.

Although Dr. Ross did not have the medical, scientific or police evidence to back up his ideas, he nevertheless maintained that almost all emotional disorders (anxiety, depression, dysfunctional relationships etc.) and many mental illnesses were caused by childhood incest or childhood assaults by Satanic cults. And if Ross's patients could not recollect memories of the sexual assaults, Ross would tell them that they (the patients) had involuntarily blocked out or repressed the abuse memories and that the repressed memories resided in the patient 'alters' which were not accessible to the conscious memory (or host alter). By the use of brainwashing techniques (suggestive questioning, drug therapy, hypnosis, calling out alters, age regression, group validation etc.) Ross had no difficulty convincing his patients that their disorder was the result of childhood incest and/or Satanic cult abuse. Two of Dr. Ross's favorite psychiatric medications were prescribing overdoses of Halcion (triazolam) and giving sodium amytal injections. Ross also performed experimental new drug testing for large Drug Corporations.

Patients would readily produce horrendous false memories of incest and/or having been abused by Satanic cults to account for their illness. Ross would diagnose these patients as having Multiple Personality Disorder (MPD) and his treatment plan was to uncover the memories and integrate the alter personalities into one. There was no scientific or medical basis for this diagnoses and plan of treatment.

According to Roma Hart (Ross's patient from 1986 to 1991) all of Ross's MPD patients became suicidal. Hart says Ross would encourage his drug induced patients to commit suicide. By way of sworn statements, and other evidence, this Dossier alleges that Ross was dismissed from his position at the St. Boniface General Hospital in 1991 for causing the wrongful deaths of five patients. Ross's dismissal was concealed and covered up, allowing him to become certified by the Texas State Board of Medical examiners. After assessing the drug prescription resume of Roma Hart as a patient of Dr. Ross, it is the writer's view that Ross attempted to cause Hart's death by way prescribing massive overdoses of drugs and suggesting to her that she commit suicide.

In July 1998 Dr. Colin A. Ross was charged with fraud, gross negligence, fraudulent concealment, and conspiracy to commit fraud in the State of Texas. He was charged in Texas for practicing the same fraudulent medicine that he practiced at the St. Boniface General Hospital from 1985 to 1991. Charges were also filed against Ross in the Manitoba Court of Queen's Bench in1994 and 1997. To date no one has been successful in getting Ross into Court. Numerous unsuccessful complaints have been launched

-- continued --

against Ross to The College of Physicians and Surgeons of Manitoba, The Texas State Board of Medical Examiners and The Royal College of Physicians of Canada. The Canadian Psychiatric Association has also been made aware of at least some of these complaints against Ross.

The following doctors are experts and familiar with Dr. Ross' s medical practices, and the writer encourages readers to consult with them as professionals in the health care field:

1. Dr. Richard Ofshe, Professor at Berkley and a Pulitzer prize winner; 7112 Marlboro Terrace, CA. 94705, Tel: 510-845-4911.

2. Dr. Harold Merskey, London Psychiatric Hospital, 850 Highbury Avenue, P.O. Box 2531, London, ON. N6A 4H1, Tel: 519-672-2298.

3. Dr. August Piper, 901 Boren #701 Seattle WA. 98104, Tel: 206-623-5757.

4. Dr. Christopher Barden (Phd. in Psychology & Attorney at Law) Salt Lake City, Utah, Tel: 801-294-0600.

5. Dr. Jonathan Werier, 205-2265 Pembina Highway, Winnipeg, MB. R3T 2H2, Tel: 204-261-9761.(Dr. Werier is George Bergen's family physician)

For further insight into Dr. Colin Ross's unscientific ideas please refer to the quotations under TAB A, Volume I, taken from two of his books written in 1989 and 1994.

In 1990 the Minister of Health for the Province of Manitoba, Donald Orchard, bought into Ross's unscientific mental health ideas with devastating consequences to many Manitoba families.

George Bergen, B.Sc.
October 28, 1998

1998 EVIDENCE
[VOLUME I]

INDEX - SUMMMARIES

TAB A. A 1998 Affidavit of Roma Elizabeth Hart:
A former patient of Dr. Colin A. Ross from 1986 to 1991 states that she was wrongfully diagnosed by Ross who used brainwashing techniques to implant false childhood memories. Hart states that she witnessed the wrongful deaths of Ross's patients, and that Ross prescribed massive, noxious doses of psychiatric drugs to her (Hart) at the St. Boniface General Hospital in Winnipeg for five years.
Documentaton:
- Quotations taken from Dr. Colin Ross's 1998 and 1994 books that forms the basis of Ross's unscientific and dangerous pop psychiatry.
- Refer also to TAB N, VOLUME I.

TAB B. A 1998 Affidavit of George Bergen:
In a private investigation, George Bergen discovers that Dr. Colin Ross, (a) did not leave his position at the St. Boniface General Hospital in 1991 on a voluntary basis (see TABs C & D) as reported and, (b) Bergen states that Dr. Ross is responsible for four wrongful deaths at the St. Boniface General Hospital and one wrongful death at the University of Manitoba.
Documentation:
- The 1986 death certificate of Phyllis Peters dated July 20, 1986.
- A 1996 Affidavit of George Bergen.
- Excerpts from sworn statements by Dr. Colin Ross on July 24, 1995, in a Minnesota Court wherein Ross describes his work at the University of Manitoba. Phyllis Peters was an outpatient at Ross's Clinic at the University of Manitoba at the time of her death on July 20, 1986

TAB C. A 1998 Affidavit of Robert Alexander Cowan:
As a former Director of Mental Health for the Province of Manitoba, Robert Alexander Cowan states that it was his understanding in 1991, that Dr. Colin A. Ross did not leave his position at the St. Boniface General Hospital in 1991 on a voluntary basis and that the reason for Dr. Ross's leaving were covered-up and concealed from the public.

TAB D. Correspondence addressed to The Sisters of Charity (The Grey Nuns), Proprietors of the St. Boniface General Hospital who served on the Hospital's Board of Directors between 1985 and 1991 when Dr. Colin Ross was employed at the said Hospital. A reply is received from the President of the St. Boniface General Hospital that indicates the possibility of legal action.
Less then two weeks after writing the threatening letter, the President terminates his employment at the St. Boniface General Hospital. Bergen believes that the President may have been dismissed from his position at the St. Boniface General Hospital.

Documentation:

- A letter written by George Bergen to Sister Jacqueline St. Yves.
- A letter written by Ken Tremblay, to George Bergen.
- A *Winnipeg Free Press* report on Ken Tremblay President of the St. Boniface General Hospital regarding Mr. Tremblay's termination.
- A letter written by George Bergen to the Sisters of Charity.
- A list of book titles and a listing of Psychiatrists.
- A letter written by George Bergen to the Sisters of Charity.
- Excerpts from the book *Multiple Personality Disorder;* by Colin A. Ross on his (Ross's) use of Sodium Amytal injections on MPD patients at the St. Boniface General Hospital
- Excerpts from sworn testimony by Colin A. Ross on his use of Sodium Amytal injections of patients at the St. Boniface General Hospital.

TAB E. Petitions by citizens from across Canada, the United States and Great Britain demanding that Dr. Colin Ross be brought to justice for crimes against humanity affecting the most vulnerable members in society. These petitions represents over 1000 signatories.

Documentation:

- Excerpts from sworn testimony by Colin Ross in a Minnesota Court on June 30,1995 concerning his (Ross's) seminars.

TAB F. In 1998, MarthaAnn Tyo from Dallas, Texas brought charges against Dr. Colin Ross for fraud, negligence, fraudulent concealment, and conspiracy to commit fraud. Dr. Ross also faces charges under the Deceptive Practices Consumer Protection Act in the State of Texas. The charges in Dallas are for the same medical fraud that Ross was practicing at the St. Boniface General Hospital from 1985 to 1991. Similar actions were launched against Ross in Winnipeg in 1994 and 1997.

Documentation:

- A Press Release, dated July 30, 1998.
- A *Winnipeg Free Press* report dated August 24, 1998
- Refer also to TABs A, G, H and N, VOLUME I.

TAB G. A Testimony of Thomas Brown:

- Thomas Brown's wife was a patient of Dr. Colin A. Ross in Dallas, Texas.

TAB H. In 1990, Dr. Colin Ross arranged for a City of Winnipeg Police Detective Russ Heslop to interview his (Ross's) Multiple Personality Disorder (MPD) patients at the St. Boniface General Hospital. Ross's patients disclosed horrendous false stories of childhood sexual assaults by family members who were allegedly involved in Satanic Cults. Detective Heslop produced a 29 page Police Report in which he (Heslop) alleged Satanic Cult activities at various locations in Manitoba. Roma Elizabeth Hart was one of Ross's MPD patients interviewed by Detective Heslop. Ross then used the Heslop Report to create a wave of Satanic Cult public hysteria in Manitoba. The Minister of Health Don Orchard bought into Ross's fraudulent medical practices with devastating consequences for hundreds of families in Manitoba. (documented evidence implicating the Manitoba Government in this fraud is analyzed in VOLUME II)

Documentation:

- 18 newspaper reports pertaining to false and/or implanted abuse memories.
- Excerpts of Colin Ross's July 25, 1995 sworn statement in a Minnesota Court on his (Ross's) reasons for leaving Manitoba in 1991.

TAB I. A sworn statement by Karen and John Perchotte with a reference to Dr. Colin Ross.

Documentation:

- The results of a Polygraph test clears Mr. Perchotte of sexually assaulting his daughter. This is one more case of a therapist implanting false memories to fraudulently account for the emotional problems of a vulnerable client.
- The Curriculum Vitae of Lorne Huff, test administrator.

TAB J. A sworn statement by Julia and Edward Balik with a reference to Dr.Colin Ross.

TAB K. A sworn statement by Lawrence Kyle with reference to Dr. Colin Ross.

TAB L. A sworn statement by Niall Rennie with a reference to Dr. Colin Ross.

TAB M. A sworn statement by Gail and Wilhelm Dueck with a reference to Dr. Colin Ross.

TAB N. A sworn statement by Roma Elizabeth Hart, a patient of Dr. Colin Ross with references to Ross's criminal conduct at the St. Boniface General Hospital. Ross carries out many experimental drug testing contracts on his patients at the St. Boniface General Hospital.

Documentation:

- A medical statement by Dr. Ross wherein he admits to prescribing 100 times the manufacturer's recommended dosage of the psychiatric drug Halcion (Triazolam) to his patient Roma Elizabeth Hart.
- Examples of Ross's medical prescriptions of Halcion (Triazolam) as recorded by the pharmacy at 5-938 Carrigan Place in Winnipeg on June 11, 1990 and June 28, 1990 respectively.
- From the *Compendium of Pharmaceuticals;* Thirty first edition, 1996. [see page 596: it states that the maximum dosage of Halcion (Triazalom) must not exceed 0.5 mg. per day, yet Dr. Ross prescribed that Roma take 51 mg per day as per his medical report. The *Compendium* also states that death can result from overdoses of Halcion]
- Excerpts from Ross's 1995 sworn testimony on experimental drug testing.

TAB O. A sworn statement by Anne and William Lambert with a reference to Dr. Colin Ross.

TAB P. A sworn statement by Margaret and Michael Juce with a reference to Dr. Colin Ross.

TAB Q. A sworn statement by Ilse Babletek with a reference to Dr. Colin Ross.

TAB R. 1996 sworn statements by George Bergen with references to Dr. Colin Ross.

TAB S. Newspaper reports attesting further to the damages caused to families by the fraudulent therapy first introduced into Manitoba by Dr. Ross in 1985.

AFFIDAVIT

Re: Dr. Colin A. Ross

Affidavit of Roma Elizabeth Hart

I, ROMA ELIZABETH HART, of the City of Winnipeg in the Province of MANITOBA, CANADA, MAKE OATH AND SAY:

1. That in 1986, I, Roma Elizabeth Hart was enrolled as a student in the Faculty of Education at the University of Manitoba.

2. That in October 1986, I, Roma Elizabeth Hart, due to personal stress, was referred Dr. Colin A. Ross at the St. Boniface General Hospital in the City of Winnipeg.

3. That in October of 1986, I, Roma Elizabeth Hart was wrongfully diagnosed by Dr. Colin A. Ross as having Multiple Personality Disorder (MPD) caused by alleged repressed memories of childhood sexual assaults by my family members and Satanic cults. I, Roma Elizabeth Hart had no memories of the alleged assaults.

4. That as a patient of Dr. Ross from October 1986 to November 1991, I, Roma Elizabeth Hart was subjected to brainwashing memory recovery techniques that included hypnosis, age regression, dream imaging, leading and suggestive questioning, MPD group validation therapy, body memories, and massive toxic levels of psychiatric drugs.

5. That in the MPD group validation therapy sessions under Ross's care and direction at the St. Boniface General Hospital, I, Roma Elizabeth Hart, witnessed and became aware that there were other patients (under Ross's care) who were being brainwashed into falsely believing that they (Ross's patients) too had been sexually assaulted in their childhood by members of their own family and/or by Satanic cults.

6. That from October 1986 to November 1991, as a patient of Dr. Ross at the St. Boniface General Hospital, I, Roma Elizabeth Hart witnessed and/or became aware of five wrongful deaths as the result of unscientific and fraudulent therapeutic medical practises administered to patients under the care of Dr. Colin A. Ross at the St. Boniface General Hospital, in the City of Winnipeg.

---- continued ----

7. That during the period that I, Roma Elizabeth Hart was a patient of Dr. Ross at the St. Boniface General Hospital from October 1986 to November 1991, I, Roma Elizabeth Hart became aware that all of Dr. Colin Ross's MPD patients were suicidal or became suicidal, and that there where many suicide attempts by Ross's patients.

8. That during the period from October 1986 to November 1991, I, Roma Elizabeth Hart became aware that following a suicide attempt by his (Ross's) patients, Dr. Colin Ross would question them about their near death experiences.

9. That between 1986 and 1991 Dr. Colin A. Ross encouraged me, Roma Elizabeth Hart and another patient of his, Wanda Davenport, a close friend of mine, to commit suicide on more than one occasion. I, Roma Elizabeth Hart hereby submit that Wanda Davenport's death in 1991 was one of the five wrongful deaths that I became aware of as the result of Dr. Colin A. Ross's medical practices at the St. Boniface General Hospital from 1986 to 1991.

I, ROMA ELIZABETH HART, do solemnly swear that the contents of this AFFIDAVIT to be true.

SWORN before me
In the City of Winnipeg
In the Province of
Manitoba, CANADA
on October 23, 1998 A.D.)
)
George Bargen)
Commissioner of Oaths.
My Commission expires
on March 26, 2000 A.D.

Roma Elizabeth Hart
Roma Elizabeth Hart (deponent)

COLIN ROSS M.D. ON CHILD ABUSE, REPRESSED MEMORIES, DISSOCIATION AND MULTIPLE PERSONALITY DISORDER(M.P.D.)

Here are excerpts from Dr. Colin Ross's 1989, *Multiple Personality Disorder*, textbook and his *The Osiris Complex*(1994) that has made Manitoba into the iatrogenic (therapy induced symptoms or illness) capital of North America.

" In my view , splitting and dissociation are synonyms. I believe that repression is a form of dissociation(Jorn, 1982), dissociation being a general term, Which terms are used in which way is not essential, but it is necessary to arrive at consistent use of terms in the field."

C.Ross, M.D. P. 69
Multiple Personality Disorder, 1989:

" ------- it is necessary to ask in detail about child abuse in every assessment and try to understand whether the person's symptoms and problems are related to childhood trauma."

C. Ross, M.D.
The Osiris Complex: 1994
P. 47

" When I am assessing a patient with the features of chronic trauma disorder and can contact pre-existing alter personalities, I feel good because I know what to do and have an effective treatment to offer. When there are no alters, I feel much less happy."

Colin Ross, M.D. 1989
Multiple Personality Disorder, P. 203

" MPD patients have taught me that virtually all symptoms in psychiatry are potentially trauma-driven and dissociative in nature."

C. Ross, M.D.
The Osiris Complex; 1994
P. xiii

" The blank spells result from the amnesia barriers between the different personality states. When one personality has control of the body, another may not remember."

C. Ross, M.D.
The Osiris Complex; 1994, P. 49

" Memories may initially come back as flashbacks, dreams, hallucinations, vague premonitions of upcoming flashbacks, inner reveries, overheard conversations between alters, diary entrees or physical symptoms."

C. Ross, M.D.
Multiple Personality Disorder; 1989
P. 250

" The intact family, for many North American children, has been a war zone of physical and sexual abuse, a private Vietnam."

C. Ross, M.D.
Multiple Personality Disorder; 1989
P. 61

" What better way to survive incestuous abuse than to imagine that it is happening to someone else?"

C. Ross, M.D.
Multiple Personality Disorder; 1989
P. 61

" Somatic memories and behavioral enactment's of specific abuse incidents can underlay bingeing, vomiting, purging, and other behaviors."

(note: 'somatic' refers to body memories)

" Freud did to the unconscious mind, with his theories, what New York City does to the ocean with its garbage. Instead of listening to the tales his patients were telling him about childhood trauma, Freud projected his theories onto them 'to explain' their symptoms."

C. Ross, M.D., 1989
Multiple Personality Disorder, P. 181

" The patriarchal role for women , at least in our society, is a combination of sex object, doormat, and punching bag, MPD, then, is caused primarily by a sick social structure."

C. Ross, M.D.
Multiple Personality Disorder
P. 69

" The sexually abusive father is an embodiment of patriarchal corruption. Although officially abhorred, his behavior is consistent with societal norms. That is why incest and child pornography is so widespread: They are inevitable consequences of the power structure(here Ross reviews the feminist analysis; then goes on to say):
There is a lot of truth in this analysis."

C. Ross, M.D.
Multiple Personality Disorder; 1989

" In treatment, as the patient is exposed to her traumatic memories, which had been hidden behind amnesia barriers, dissociative symptoms transiently increase"

C. Ross, M.D.
Multiple Personality Disorder; 1989
P. 59

"---------one of her alters had a clear memory of aliens coming into her apartment, impregnating her, coming back later to remove the fetus, than returning years later to show her the half-human, half-alien child they were raising among the stars. This alter was mortified when I raised the possibility that the aliens were possibly not literally real:-
---

Margaret made this claim before I had heard about the current epidemic of UFO abductions. I did not realize, when I heard Margaret's story, that thousands of people in North America have similar memories. ----------

If the abductions are real, it would appear that the human race is being used as breeders, with amnesia for the human participation implanted hypnotically by the aliens. Margaret taught me that there is a connection of some kind between UFO abductions and the use of women as breeders for Satanic cults."

Colin Ross, M.D. 1989
The Osiris Complex, P. 149

" MPD is based not on defect but on talent and ability to dissociate to cope with overwhelming childhood trauma, which usually involved both physical and sexual abuse. MPD is a creative and highly effective strategy for preserving the integrity of the organism _ _ _"

C. Ross, M.D.
Multiple Personality Disorder;1989
P. 2

" Many professionals, however believe that MPD is an iatrogenic artifact."
(iatrogenic means induced by the therapist, social worker or doctor)

C. Ross, M.D.
Multiple Personality Disorder; 1989

" The voices in MPD occur when the different personalities talk to each other or to the part of the person who is in control most of the time."

C. Ross, M.D.
The Orisis Complex; 1994
P. 49

" My estimate is that MPD has a point prevalence of between 1 in 50 and 1 in 10,000 persons in North America."

C. Ross, M.D.
Multiple Personality disorder; 1989
P. 90

" Over the next 10 years we may gain insight into an extremely intricate multigenerational transmission of incest involving amnesia, abusive paternal alters having intercourse with alters of their children and MPD mothers amnesiac for their own direct contribution to the cycle. Once the linear flaws are corrected in the feminist analysis, it provides an essential component of the full understanding of MPD."

C. Ross, M.D.
Multiple Personality Disorder; 1989

" I have met many demons, devils, evil characters, representatives of Satan, and Satan himself in my MPD work."

C. Ross, M.D.
The Osiris Complex; 1994
P. 124

" Why is it scientifically impossible for demons to exist, in a universe characterized by black holes, neutrinos, nuclear fission and the Lorentz contraction?"

C. Ross, M.D.
The Osiris Complex; 1994
P. 125

" I see no reason at all why discarnate spirits should not actually exist, other than the reductionist insistence that all mind must be an epiphenomenon of brain."

(note: the word discarnate does not appear in Webster)

C. Ross, M.D.
The Osiris Complex; 1994
P. 125

" It is not possible to understand the nature of the human mind without thinking carefully about demon possession."

C. Ross, M.D.
The Osiris Complex; 1994
P. 124

" How can one determine if an entity is an alter or a demon? This question would be dismissed as irrelevant by the vast majority of psychiatrists and psychologists, and regarded as unscientific. The Evil One taught me otherwise."

C. Ross, M.D.
The Osiris Complex; 1994
P. 125

" ESP was rejected because of scientific conservatism in the same way that the stethoscope , smallpox vaccinations, and the circulation of blood were initially rejected by the medical establishment."

C. Ross, M.D.
Multiple Personality Disorder; 1989
P. 183

" In my experience, complex MPD with over 15 alter personalities and complicated amnesia barriers is associated with a 100 percent frequency of childhood physical, sexual and emotional abuse."

Colin Ross, M.D. 1989
Multiple Personality Disorder
P. 101

" Serious inquiry as to whether one is in the presence of a demon is considered by mainstream psychiatry as unscientific on the basis of ideological prejudice, not science. The reductionist, atheistic bias of modern psychiatry which dismisses the reality of demons is just that, reductionism."

Colin Ross, M.D. 1994
The Osiris Complex
P. 125

" In fact, the question of the reality of demons has been disregarded by mainstream psychiatry on the same basis as childhood trauma, dissociation, hypnosis, and the paranormal were dismissed in the late nineteenth century."

Colin Ross, M.D. 1994
The Osiris Complex, P. 125

AFFIDAVIT

Re: Dr. Colin A. Ross

Affidavit of George Bergen

I, GEORGE BERGEN, of the City of Winnipeg in the Province of MANITOBA, CANADA, currently employed by the Manitoba Government Employees' Union as a Senior Research Officer, MAKE OATH AND SAY:

1. That on March 17, 1998, I George Bergen, met with Sister Jean Ell, a member of the Catholic Church Grey Nuns, in the City of Winnipeg for the express purpose of discussing Dr. Colin A. Ross's medical practice at the St. Boniface General Hospital in Winnipeg from 1985 to 1991.

2. That on March 17, 1998, Sister Jean Ell, a member of the Sisters of Charity (Grey Nuns) who had served on the St. Boniface General Hospital Board of Directors, informed me, George Bergen, that Dr. Colin A. Ross did not terminate his employment relationship in 1991 with the St. Boniface General Hospital on a voluntary basis. The Grey Nuns are the proprietors of the St. Boniface General Hospital and have membership on the St. Boniface General Hospital Board of Directors.

3. That on March 17, 1998, I, George Bergen was informed by Sister Jean Ell that between 1985 and 1991 there were three (3) suicide deaths at the St. Boniface General Hospital linked to Dr. Colin A. Ross's medical practices at the Hospital.

-- continued on next page--

4. That I, George Bergen have evidence and have reason to believe that there were at least four (4) suicide deaths at the St. Boniface General Hospital and one (1) suicide death at the University of Manitoba as a consequence of Dr. Colin A. Ross's conduct and medical practices between 1985 and 1991.

5. That I, George Bergen, have evidence that Dr. Colin A. Ross is responsible for and caused the death of Phyllis Edna Peters, age 39 on July 20, 1986 when she (Phyllis Peters) attended Dr. Colin A. Ross's therapy clinic at the University of Manitoba.

I, GEORGE BERGEN, do solemnly affirm that the contents of this AFFIDAVIT to be true.

SWORN before me
in the Province of
MANITOBA, CANADA
on August 25, 1998, A.D.

Jan Malanowich
Commissioner of OATHS.
My Commission expires
on Oct 1, ~~2000~~ 1999, A.D.

George Bergen (deponent)

port of Medical Examine.

m 1

Manitoba
Attorney General
Office of the
Chief Medical Examiner

Case No. 1481/86
For Office Use Only

Name of Deceased	Sex	Date of Death
Miss Phyllis Edna PETERS	F	21/7/86

Residence	Place of Death (If Hospital or Institution Give Name)
206-3030 Pembina Highway, Winnipeg	Victoria General Hospital

Date of Birth	Age	Marital Status	Race	Occupation
11/7/1947	39	D	Wh	

MEDICAL CAUSE OF DEATH

		Approx. Interval Between Onset and Death
Part I Immediate Cause of Death	(a) Amitriptylene poisoning. DUE TO or as a consequence of	
Antecedent Causes. If Any, Giving Rise to the Immediate Cause (a) Above. Stating the Underlying Cause Last.	(b) DUE TO or as a consequence of	
	(c)	
Part II Other Significant Conditions Contributing to the Death But Not Casually Related to the Immediate Cause (a) Above	Depression.	

Autopsy Held	Name of Pathologist	Date Interim Death Certificate Issued	Date Final Death Certificate Issued
Yes ☒ No ☐	Dr. S. W. Chang		~~9~~x 9/1/87

TERNAL AMINATION	Place Performed	Toxicology Specimen Forwarded To
☐ YES ☐ NO		

Manner of Death								If Death Due to Trauma Date Occurred
Natural	☐	Homicide	☐	At Work	☐	M.V.A.	☐	
Accidental	☐	Undetermined	☐	At Home	☒	Driver	☐	Place Trauma Occurred
Suicide	☒	Alcohol-Drug Related	☒	In a Public Place	☐	Passenger	☐	Name of Police Force Informed
				Other		Pedestrian	☐	Dist. 6.

Circumstances (Describe Briefly)

This woman was found in her apartment unconscious and unresponsive at 2350 hrs July 20th 1986. Police transferred her to Victoria Hospital where she was pronounced dead at 0055 hrs, some 15 mins after her arrival. Police also found a suicide note at the apartment. Autopsy revealed no anatomical cause of death. Toxicology results were made available to me Jan. 9th 1987.

I, J. S. Garwood A MEDICAL EXAMINER FOR THE PROVINCE OF MANITOBA, APPOINTED UNDER THE FATALITY INQUIRIES ACT, DO CERTIFY THAT I DID ON THE 21st DAY OF July 19 86 A.D. TAKE CHARGE OF ~~XXXXXXX~~ ★ THE BODY OF P. Peters, INFORMED THE POLICE AND MADE ALL REASONABLE INVESTIGATIONS TO ASCERTAIN THE CAUSE AND MANNER OF DEATH AND THAT THE FACTS CONTAINED HEREIN REGARDING THE DEATH ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

★ IF BODY NOT VIEWED, STATE REASON: Well documented suicide.

J. S. Garwood
Signature of Medical Examiner

Jan. 10th 1987
Date

Manitoba
Attorney General

Office of the Chief Medical Examiner

AUTOPSY REPORT FORM

File no. _____ for Office Use Only

Hospital Autopsy No. 86 V 46

Preliminary Report ☒ Final Report ☐

Name of Deceased PETERS (Surname) PHYLLIS (Christian Names) Sex F Age 39

Home Address 206-3030 PEMBINA HWY. WINNIPEG, MANITOBA Place of Death 206-3030 PEMBINA HYW. WINNIPEG

Date and Time of Admission 0040 hrs 86 07 21 (if applicable) Place of Autopsy VICTORIA GENERAL HOSP.

Date and Time Pronounced 0055 hrs 86 07 21 Date and Time of Autopsy 0800 hrs 86 07 22

Name of Police Department WINNIPEG DISTRICT #6 Name of Medical Examiner DR. J. S. GARWOOD

NARRATIVE SUMMARY OF FINDINGS RELATED TO DEATH: (Include only relevant history, laboratory and anatomical findings)

FROM THE WINNIPEG POLICE DISTRICT #6

Found in her bedroom with face down, fully clothed. Rigor mortis already present. Apartment door locked with deadbolt in place. Had "suicide note and will".

Past history (Victoria General Hospital # 248748 , admitted to Psychiatry from 86 02 17 to 86 03 03 with major affective disorder, depression.

Had hysterectomy in 1984

Note: Toxicology results pendings.

Reports	Outstanding	Enclosed
Alcohol	☒	☐
Drugs/Poisons	☒	☐
CoHb	☐	☐
Microscopy	☒	☐
X-Ray	☐	☐
Microbiology	☐	☐

RCMP LAB
Name of Lab

CAUSE OF DEATH FOR MEDICAL CERTIFICATE OF DEATH (if pending, say why)

Part I

Immediate Cause of Death

Antecedent Causes, If Any, Giving Rise to the Immediate Cause (a) Above, **Stating the Underlying Cause Last.**

(a) Amitriptyline Overdose
DUE TO or as a consequence of

(b) _____
DUE TO or as a consequence of

(c) _____

Part II

Other Significant Conditions Contributing to the Death But Not Causally Related to the Immediate Cause (a) Above.

BILATERAL PULMONARY CONGESTION

Is it likely that outstanding toxicology or microscopic reports may alter the Medical Cause of Death? Yes ☒ No ☐

DATED at WINNIPEG

this 22 day of JULY

A.D. 1986

PATHOLOGIST DR. S.W. CHANG M.B.
(type or print name)

(Signature of Pathologist)

Pathologist to retain Goldenrod copy (for personal use only) and forward all remaining copies to the Office of the Chief Medical Examiner, 120—770 Bannatyne Avenue, Winnipeg, Manitoba. R3E 0W3

MG-59/Rev. 84

FORENSIC LABORATORY REPORT / **RAPPORT DES LABORATOIRES JUDICIAIRES**

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'87 JAN 12 13:

SECURITY CLASSIFICATION / CLASSIFICATION SÉCURITAIRE

DATE: 86.12.30

LAB. FILE NO. / DOSSIER DU LAB. N°: FLW 86-772

YOUR FILE No. / VOTRE DOSSIER N°: 86/6/135007

TO / À

The Chief Medical Examiner's Office
120 - 770 Bannatyne Avenue
WINNIPEG, MB. R3E 0W3

ATTN: R. MATTOCKS, RN, MEI

FROM / DU

Toxicology Section
Forensic Laboratory
R.C.M. Police
621 Academy Road
WINNIPEG, MB. R3N 0E7

REFERENCE / RÉFÉRENCE

Phyllis PETERS (BD: 11.07.49)
206 - 3030 Pembina Hwy.
WINNIPEG, MB. (DOD: July 21/86)

Pathologist: Dr. Chan
Victoria General Hospital

COPIES TO / COPIES À

Chief of Police, Winnipeg Police Department

1. GENERAL:

The following exhibits were received personally from R.B. MATTOCKS, RN, MEI, at the Forensic Laboratory, Winnipeg, Manitoba, on 86.07.22:

Exhibit 1B: one vial of blood
Exhibit 4 : one container of liver sample
Exhibit 5 : one container of kidney
Exhibit 6 : one container of gastric contents

The following exhibits were received personally from C/M A. Kraut, Alcohol Section, on 86.10.10:

Exhibit 1A: one vial of blood
Exhibit 2 : two vials of vitreous humor
Exhibit 3 : one vial of urine

2. PURPOSE:

1) To examine Exhibits 4 (liver) and 6 (gastric contents) for the presence of common drugs (eg. amphetamines, barbiturates, narcotics, salicylates, tranquillizers, etc.) and poisons (eg. strychnine, warfarin, etc.).

2) To examine Exhibit 1B (blood) for the presence of benzodiazepines (eg. diazepam-Valium).

3) To examine Exhibit 3 (urine) for the presence of acetaminophen, ethchlorvynol, phenothiazines and salicylates.

4) To quantify Exhibit 1B (blood) for amitriptyline.

. . . /2

Phyllis PETERS

3. RESULTS:

Purpose	Exhibit	Drug	Level	Comments
(1)	4 (liver)	caffeine		not quantified
		amitriptyline		
		nortriptyline		
		chlordiazepoxide		
	6 (stomach contents)	amitriptyline		
(2)	1B (blood)	negative		
(3)	3 (urine)	negative		
(4)	1B (blood)	amitriptyline	approx. 2mg%	lethal

4. REMARKS:

1) Amitriptyline is an antidepressant used to relieve anxiety. Nortriptyline, a metabolite (body-breakdown product) of amitriptyline is also an active antidepressant.

2) Chlordiazepoxide is an antianxiety agent used to relieve tension.

5. DISPOSITION OF EXHIBITS:

1) The exhibits are being held pending personal pickup.

2) Exhibit Disposition form to follow.

SUBMITTED BY:

T.A. Krepiakevich, B.Sc.(PHARM), M.Sc.
Toxicology Section

Affidavit of George Bergen

Sworn this 31st day of May, 1996

George Bergen
150 Dorge Drive
Winnipeg, MB. R3V 1M4

Telephone: 204-261-4382 (home)
204-982-6432 (office)

AFFIDAVIT OF GEORGE BERGEN

I, **George Bergen**, of the City of Winnipeg in the Province of MANITOBA

MAKE OATH AND SAY AS FOLLOWS:

1. That I am employed in the city of Winnipeg, a homeowner and a single parent of two dependent children, namely Paul Bergen age 22, and Andrew Bergen, age 16, both of whom live with me at 150 Dorge Drive in the City of Winnipeg.

2. That I graduated from the University of Winnipeg in the Province of Manitoba earning a Bachelor of Science degree in 1971.

3. That I am the estranged husband of Bonnie Joan Bergen(nee Peters) who in November of 1992, became mentally disoriented after undergoing memory recovery/multiple personality disorder(MPD) diagnostic therapy at the Winnipeg Christian Counseling Group, an agency of the Grant Memorial Baptist Church.

4. That Bonnie Joan Bergen(nee Peters) my estranged wife, due of the affects of the memory recovery/MPD diagnostic therapy, was effective in 1994 placed on permanent mental disability allowance in the City of Winnipeg.

5. That I am the brother -in -law of Phyllis Peters(Bonnie's sister) who(Phyllis) became deceased at the age of thirty-nine(39) on July 20, 1986, while under the care of one Dr. Colin A. Ross at the University of Manitoba.

6. That Phyllis Peters, at the time of her death, resided within a five(5) minute car ride from my family's residence at 150 Dorge drive, in the City of Winnipeg and that Phyllis Peters had a close family relationship with my family members.

7. That at the time of her death, Phyllis Peters had been employed full time at the Manitoba Medical Association in the City of Winnipeg for about three(3) years as a computer operator.

8. That in the fall of 1985, Phyllis Peters then thirty-eight(38) years of age, commenced a therapeutic counseling program at the University of Manitoba anxiety disorder clinic, a clinic that was under the sole direction of one Dr. Colin A. Ross as given in Dr. Ross's sworn testimony on July 24, 1995, and which transcript is attached to this Affidavit as evidence.

9. That after Phyllis Peters commenced therapeutic counseling at the University of Manitoba, her(Phyllis's) condition deteriorated rapidly and she began taking large amounts of psychiatric medication prescribed to her.

10. That by mid-February, 1986, Phyllis Peters' condition had deteriorated dramatically and she was hospitalized at the Victoria General Hospital psychiatric ward for a two(2) week period.

11. That by April 1986, Phyllis Peters was experiencing great difficulty at her place of employment with the Manitoba Medical Association at which time she(Phyllis) began seeking my advise in labour/management matters.

12. That in June of 1986, Phyllis Peters asked me to intervene as her representative in dealing with her employer at her place of employment.

13. That since I was somewhat acquainted with the Executive Director of the Manitoba Medical Association John Laplume, I agreed to assist her(Phyllis) on the condition that she explain her work relationship to me in great detail in order for me to get at the root of the difficulties she(Phyllis) was experiencing at her place of employment.

14. That in June 1986, Phyllis Peters began recounting to me the effects of her medications and that she was experiencing terrible satanic and devil worship nightmares, and that she was having memories of childhood satanic abuse flashbacks.

15. That in July 1986, on at least two occasions, Phyllis Peters advised me that she thought that she(Phyllis) was going crazy, and when I asked her why she had these thoughts, Phyllis began to recount that she had different personalities and that sometimes she no longer knew what kind of person she was.

16. That by mid-July, 1986, I knew that Phyllis Peters' employment difficulties were the result of large amounts of psychiatric medication and childhood satanic memories and ever recurring nightmares that seemed to come from her therapy sessions at the University of Manitoba.

17. That on July 20, 1986, Phyllis Peters could no longer cope with the large dosages of drugs and the terrible satanic memories induced in the counseling she was receiving at the University of Manitoba anxiety disorder clinic, and she took an overdose of medication that had been prescribed to her and she died.

18. That on or about November 2, 1995, I, George Bergen, after reading the July 24, 1995 sworn testimony of Dr. Colin A. Ross given in a state of Minnesota court, became aware that Phyllis Peters had been under the care of Dr. Colin A. Ross before and at the time of her death at the age of thirty-nine(39).

19. That the research material compiled and filed with this Affidavit, I believe provides compelling evidence that Dr. Colin A. Ross induced Phyllis Peters to involuntarily commit suicide by, 1) fraudulent therapy and, 2) by providing her(Phyllis Peters) with the motivation and the means to end her life.

20. That it is my belief that the evidence provided along with this Affidavit warrants a criminal investigation of one Dr. Colin A. Ross.

I George Bergen, do solemnly and sincerely affirm that the contents of this affidavit, made and subscribed by me George Bergen are true.

Sworn before me at the City
of Winnipeg, in the Province of
Manitoba, this 31st day of
May, A.D., 1996.

Jan Malanowich, J. Malanowich.

Commissioner of Oaths, for the Province of
Manitoba. My Commission expires on
97/10/01

Deponent:

George Bergen

STATE OF MINNESOTA — DISTRICT COURT

COUNTY OF RAMSEY — SECOND JUDICIAL DISTRICT

File No. C4-94-203

Vynnette Ann Hamanne,
Kenneth Earl Hamanne,
Adeana Ruth Hamanne,

Plaintiffs,

vs.

Diane Bay Humenansky, M.D.,

Defendant.

PARTIAL TRANSCRIPT
OF PROCEEDINGS

The above-entitled matter came duly on for trial before the Honorable Bertrand Poritsky, Judge of District Court, on the 30th day of June, 1995, in Room 1380 of the Ramsey County Courthouse, in the City of St. Paul, State of Minnesota.

APPEARANCES:

Edward Glennon, Esq., R. Christopher Barden, Esq., and Christopher H. Yetka, Esq., appeared on behalf of Plaintiffs Vynnette Ann Hamanne, Kenneth Earl Hamanne, and Adeana Ruth Hamanne.

David Waxman, Esq., and Eric Wein, Esq., appeared on behalf of Defendant, Diane Bay Humenansky.

* * * * * * * * * *

WITNESS INDEX

JULY 24, 1995

CALLED TO TESTIFY ON
BEHALF OF DEFENDANT
REGARDING THE
FRYE-DAUBERT ISSUES:

DR. COLIN ROSS
(Outside presence of jury)
Examination - Mr. Waxman 16
Examination - Mr. Barden 48
Examination - Mr. Waxman 60
Examination - Mr. Barden 66
Examination - Mr. Waxman 77
Examination - Mr. Barden 77

* * * * *

CALLED TO TESTIFY ON
BEHALF OF DEFENDANT:

DR. COLIN ROSS
(In presence of jury)
Direct - Mr. Waxman 86

* * * * *

(July 24, 1995) (Approx. 1:30 p.m.)

WHEREUPON, the following proceedings were duly had:

(Appearances: As previously indicated, excluding Ms. Davy.)

(The following proceedings were had in chambers. Robert Kuderer, Esq., also present in chambers.)

THE COURT: The record should reflect the fact that I'm present in chambers with the three attorneys who appeared on behalf of the Plaintiffs in the Hamanne case and the two attorneys on behalf of the defense, Mr. Waxman and Mr. Wein.

THE COURT: We've just briefly discussed scheduling. Mr. Kuderer now also showed up on behalf of the insurers. We've just discussed scheduling this afternoon. And at this point we've concluded that Mr. Glennon would like to make a statement for the record. He made an offer of proof -- not offer of proof, but he's outlined what he would say. I'd like to put that on the record now. If anybody wishes to respond, they may.

MR. GLENNON: On Friday at one o'clock or thereabouts when we had a telephone conference with Ms. Lehr, who, as I understand it, is chief counsel for the Minnesota Court of Appeals, she was getting background information from the lawyers for the parties about the position -- each one's position -- with respect to the

MR. WAXMAN: 166 is in, for the record?

THE COURT: Yes.

BY MR. WAXMAN:

Q. Would you briefly describe your educational background?

A. I completed my M.D, my medical degree, at the University of Alberta in Edmonton in Canada in 1981. I moved to the University of Manitoba in Winnipeg and completed my psychiatry training there in 1985. And got the Canadian equivalent of a specialty in psychiatry.

Q. You were born and raised in Canada?

A. Yes, true.

Q. You went to Canada for your undergraduate and post-graduate studies?

A. Correct.

Q. Subsequently to completing your education, you indicated that you completed a residency in psychiatry as well?

A. Correct.

Q. That was in Canada?

A. Correct.

Q. You completed that successfully?

A. Correct.

Q. Thereafter, did you engage in the practice of psychiatry?

A. I finished in the end of June 1985 and immediately went on staff as a first assistant, then associate professor of psychiatry at the University of Manitoba. I worked there

until the end of October 1991 doing a combination of inpatient and outpatient work, teaching and research.

Q. What was the nature of your practice at the University of Manitoba?

A. It evolved. It started off half time general adult inpatient work, which means basically people coming through the emergency department with all kinds of different psychiatric diagnoses, and receiving acute care. And half time director of the anxiety disorders clinic.

Then in 1988 I stopped the anxiety disorders clinic half and started a dissociative disorders clinic. And basically followed that pattern until the last nine months before I left in late '91, I did solely outpatient dissociative disorders work, which included clinical service, teaching, research.

Q. What was the nature of your research at the University of Manitoba?

A. There's several different types of research I did inside the dissociative disorders field and outside the dissociative disorders field, both. I had a number -- this is all reflected in my C.V. I did a number of drug company contracts, which means there is a drug that isn't yet on the market that a drug company is developing, and in the United States the Federal Drug Administration, in Canada the Health Protector Branch, mandates by law that there is a large

doesn't exist just by itself. Some research on the financial cost of failure to make the diagnosis and the financial cost of making the diagnosis and providing treatment for multiple personality disorder. That's kind of a general overview of the research I did.

Q. Doctor, at the University of Manitoba did you have a position of responsibility or a leadership position in the dissociative disorder service?

A. Just at the University? I was the director of the dissociative disorders program there.

U. of M.

Q. You ran the program there?

A. Calling it a program really exaggerates it a bit. Basically it consisted of me, a research nurse, a half-time social worker, some of the time a resident, and some research assistants and medical students doing research. It wasn't a full, big clinic.

Q. Okay. Compare that, if you will, with the environment in which you currently work now?

A. I moved from Winnipeg to Dallas late October, early November, '91. The purpose of the move, besides just personal reasons, like the weather is better, was basically professionally I couldn't function in the way I wanted to in Canada. I couldn't set up a full unit that was in a separate physical location that had specialty staff dedicated to it that would allow me to treat any kind of

Q. It's essentially a catch-all diagnosis?
A. It's a catch-all, but there are several sub-types that are defined. One example is cases of dissociative identity disorder where the identity states are not fully separate and crystalized out.
Q. These are all contained in the DSM, correct?
A. Correct.
Q. And who is the DSM published by?
A. American Psychiatric Press, which is the publishing arm of the American Psychiatric Association. No. No. That's not right. It's actually published directly by the American Psychiatric Association.
Q. The America Psychiatric Association?
A. Right. The reason I made that mistake is most of the publications are through the American Psychiatric Press, which is an arm of the American Psychiatric Association.
Q. Doctor, did you have any leadership or administrative positions while you were in Canada?
A. Well, I was a professor in the department of psychiatry, which is a leadership position by itself. I was director of the anxiety disorders clinic. Director of the dissociative disorders clinic. Acting medical director of one of the inpatient units for awhile. And was on the medical staff. That's administrative leadership. Then I had a research and teaching and reputation kind of leadership position.

suburbs of Dallas. Richardson is where my private office is, and Plano is where the hospital I practice is.

Q. It doesn't sound like a Texas accent. Where were you born and raised?

A. Just a little north of the Texas border in Canada.

Q. Okay. Where was it that you were educated, Sir?

A. I did my medical school work in Edmonton at the University of Alberta. I got my M.D. degree in 1981. Then I moved to Winnipeg and did my psychiatry training. Got my Canadian certification in psychiatry as a specialist in 1985.

Q. After you finished your training in 1985, did you engage in the practice of psychiatry?

A. The academic year ends at the end of June. I finished my training at the end of June. Beginning of July of '85 I became what is called an assistant and later associate professor of psychiatry. I split my time basically in terms of the clinical part between general adult inpatient psychiatry, which means people come in through the emergency department with any kind of psychiatric disorder, and half time in an anxiety disorders clinic. Then I did teaching and research and academic work.

Q. And in what areas did you do teaching, research, and academic work?

A. I did a smattering of research and teaching in quite a few different areas of psychiatry. What is called drug studies,

AFFIDAVIT

Re: Dr. Colin A. Ross

Affidavit of Robert Alexander Cowan

I, ROBERT ALEXANDER COWAN, of the City of Winnipeg in the Province of MANITOBA, CANADA, was employed as a Director in Mental Health for the Government of Manitoba from 1989 to 1996, MAKE OATH AND SAY:

1. That from 1989 to 1996, I, Robert Alexander Cowan, met with and attended meetings with senior administrative staff at the St. Boniface General Hospital and met with some members on the Board of Directors of the St. Boniface General Hospital.

2. That from 1989 to 1996 I, Robert Alexander Cowan, discussed confidential and other hospital matters with members of the Sisters of Charity (The Grey Nuns), who where and are the proprietors of the St. Boniface General Hospital having representation on the Hospital's Board of Directors.

3. That in1991 I, Robert Alexander Cowan, was aware of or it was my understanding that Dr. Colin A. Ross did not leave his (Ross's) employment at the St Boniface General Hospital on a voluntarily basis.

4. That in 1991 I, Robert Cowan, and senior Management in the Department of Health for

--- continued---

the Government of Manitoba believed that Dr. Ross's 1991 involuntary termination from his employment at the St. Boniface Hospital was not made public and that Dr. Ross was allowed to resign in a manner to make it publicly appear as a voluntary resignation.

I, ROBERT ALEXANDER COWAN, do solemnly affirm that the contents of this AFFIDAVIT to be true.

SWORN before me)
in the City of Winnipeg,)
in the Province of)
Manitoba, CANADA.)
On August 9, 1998 A.D.)
)
George Bergen)
Commissioner of Oaths.)
My Commission expires)
on March 26, 2000 A.D.)

Robert Alexander Cowan (deponent)

150 Dorge Drive
Winnipeg, MB. R3V 1M4

June 20, 1998

Sister Jacqueline St. Yves, s.g.m., Mauson de Mere D'Youville, 138 Rue St. Pierre, Momtreal Que. H2Y 2L7
Sister Gabrielle Cloutier, s.g.m., Centre Youville, 845 Dakota St. Winnipeg, MB. R3M 5M3
Sister Jean Ell, s..g..m., Sara Riel Inc., 210 Kenny St. Winnipeg, MB. R2H 2E4
Sister Germaine Hetu, s.g.m., 151 Despins St. Winnipeg, MB. R2H 0L7

Re: Dr. Colin A. Ross

Dear Sisters,

This is further to my last letter to you of June 12, 1998.

I am writing to offer my assistance to you or the Catholic Church in dealing with the residential schools issue. This I did not do in my last letter to you.

In the past few years I have investigated ten cases where Manitoba social workers and therapist have implanted fales memories of sex and/or satanic cult abuse in vulnerable clients by suggesting that thier emotional, relationships, or mental health problems are caused by childhood abuse. Manitoba has many therapists who were (and some still are) followers of Colin Ross, and they (social workers and therapists) have done great damage to families, the Catholic and Anglican Churches in Canada.

You should know that I am employed by the Manitoba Government Employees' Union as a Senior Research Officer in my daily line of work, and you may call me at my office or at home at anytime. My office number is 204-982-6432 and my home number is 204-261-4382.

I am forwarding a list of book titles on this subject matter as well as a list of eminent psychiatrists. Please feel free to call them (psychiatrists) if you require references about the writer. Most of them (psychiatrists) know me from letters or telephone contacts. For references please also feel free to ask anyone you feel may know of me. In my line of work I get to know many people.

I am also forwarding 'yet a nother' recent newspaper clipping that makes false and uncorroborated allegations against the Churches. I suppose some might rationalize this whole issue by pointing out that Christ too was subjected to many false allegations and leave it at that. Obviously I myself am not so inclined.

I would be prepared to attend meetings and/or provide you with any addituional information that you may require.

I would feel blessed if I could be of some assistance to you at this time.

Sincerely,

George Bergen, B.Sc.

BOOKS ON FALSE MEMORIES PRODUCED IN THERAPY

1. *Victums of Memories: Incest Accusations and Shattered Lives;* Mark Pendergrast; Published by Upper Access Books (1996).

2. *Making Monsters: False Memory Psychotherapy and Sexual Abuse;* Richard Ofshe & and Ethan Waters; Published by Charles Scribers and Sons (1994).

3. *Manufacturing Victums: What the Psychology Industry is Doing to People*; Tana Dineen; Published by T. Robert Davies Publishing (1997).

4. *Spectral Eviedence*: *The Ramona Case;* M. Johnson; Published by Houghton Mifflin (1997).

5. *Psychology Astray: Fallacies in Studies of Repressed Memory and Childhood Trauma;* Harrison Pope Jr., (Harvard); Published by Upton Books (1997).

6. *Hoax and Reality: The Bizzare world of Multiple Personality Dissorder;* Dr. August Piper Jr. Published by Jakson Arnason Inc. (1997).

7. *Myth of Repressed Memory;* Elizabeth Loftus & K. Ketcham; Published by St. Martin's Press (1994).

8. *Return of the Furies: Analysis of Recovered Memory Therapy;* Wakefield & Underwager; Published by Open Court Publishing (1994).

9. *Last Thoughts: Understanding the False Memory Crisis and How it Could Affect You;* P. Simpson; Published by Thomas Publishing (1997).

10. *Lost Daughters: Recovered Memory Therapy and the People it Hurts;* R. Van Til; *Published by Wm.* B. Erdman's Publishing (1997).

Authorities in Psychiatry or Psychology Familiar with Dr. Colin A. Ross's Medical Practise

Dr. Peter Hays, University of Alberta Hospital, Department of psychiatry, Rm. 1E7.31, The Walter MacKenzie Centre, 8440-112 Street, Edmonton, Alta. T6G 2B7, (Dr. Hays is Vice- chairperson of the department) Tel: 403-492-6599

Dr. Harold Merskey, London Psychiatric Hospital, 850 Highbury Avenue, P.O. Box 2532, London ON. Tel: 519-455-5110.(Dr. Merskey is one of Canada's leading pychiatrist, trained in England)

Dr. Harrison Pope Jr., Associate Professor of Psychiatry, Harvard Medical School, The McLean Hospital, 115 Mill Street, Belmont, MA. Tel: 617-855-2911.

Dr. Richard Ofshe, Professor at Berkeley and a Pulitzer prize winner, 7112 Marlboro Terrace Berkeley, CA. 94705, Tel: 510-845-4911.

Dr. August Piper, 901 Boren #701 Seattle WA. 98104, Tel: 206-623-5757

Dr. Christopher Barden, (Phd. in Psychology and Attorney at Law) 4025 Quacker Lane North, Plymouth, MN. 55441, 612-595-0556.

Dr. John Hochman, 6345 Balboa Blvd. Bldg. 3, Ste. 255, Encino CA. 91316.

Dr. Jonathan Werier, 205-2265 Pembina Hwy. Winnipeg, MB. Tel: 204-261-9761. (Dr. Werier is a family physician practising in Winnipeg)

150 Dorge Drive
Winnipeg, MB. R3V 1M4

June 12, 1998

Sister Jacqueline St. Yves, s.g.m., Mauson de Mere D'Youville, 138 Rue St. Pierre, Momtreal, Que. H2Y 2L7
Sister Gabrielle Cloutier, s.g.m., Centre Youville, 845 Dakota St. Winnipeg, MB. R3M 5M3
Sister Jean Ell, s..g..m., Sara Riel Inc., 210 Kenny St. Winnipeg, MB. R2H 2E4
Sister Germaine Hetu, s.g.m., 151 Despins St. Winnipeg, MB. R2H 0L7

Re: Dr. Colin A. Ross

Dear Sisters,

I write to you with a single purpose. To be of assistance to the thousands of innocent victims who have fallen prey to what is surely the biggest scandal of the twentieth century. These innocent victims (including two members of my own family) have fallen prey to falsely implanted memories that have in turn generated false allegations of sexual abuse, rape, incest and satanic cult abuse. The innocent victims of these false allegations include thousands of Priests, Nuns, fathers, brothers, sisters and other relatives.

The Priests and Nuns who gave the best part of thier lives to help the disadvantaged people of North America over the past 200 years are now falsely branded in the media as sex abusers and perverts. I am of course talking about the residential schools issue. Even governments have bought into believing this scandal to be true. According to media reports, there are now more than a thousand lawsuits on sexual and physical abuse outstanding against the Catholic and Anglican churches involving residential schools. And Canadian governments are preparing for an out of court settlement to 'payoff' those that are making the false allegations of sexual abuse which allegedly occurred at these schools. Such a payoff would forever leave a taint on the Church. This is not to say that there was no abuse whatsoever. There are always exceptions.

Since 1993 The False Memory Syndrome Foundation of Phladelphia has logged over 20,000 (Canada & the US) cases were one or more family member(s) has falsely accused other family member(s) of sexual abuse. These false allegations come after a client has gone to a memory recovery therapist who attributes the client's emotional and mental health problems to childhood incest and other crimes within the family. And where a member from an aboriginal group goes to a memory recovery therapist, the emotional and mental health problems of a client are attributed to being sexually abused by Priests and Nuns if the client attended a residential school during his or her childhood.

At the center of this contraversy stands Dr. Colin Ross, who was empolyed at the St.Boniface Hospital from 1985 to 1991 practising fraudulent and very destructive medicine. Ross was also a Professor at the University of Manitoba. Being an M.D., a University Professor, young and charismatic, Ross had an enormous infuence in Manitoba and indeed throughout North America in the field of psychiatry, social work and especially christian therapy techniques, preaching his fraudulent therapy to thousnds at seminars and speaking engagements from 1985 to 1996. From the onset in 1985 at the St. Boniface Hospital, Ross threw himself into using a pop form of therapy based on the books *Sybil* and *Three Faces of Eve,* that were made into Hollywood movies in the late 1970's and ealy 1980's.

Ross quickly became popular with feminists and fundamental christians. Feminists said that Ross's new found insite into the human condition proved that the patriarchal family was corrupt and evil, while fundamentalists believed here was a medical doctor who had found the devils footprints. Note the mass public hysteria Ross generated in 1991 in the City of Winnipeg. (see enclosed documents).

Although he had no medical evidence, Ross held that virtually all forms of emotional and mental health problems stemmed from the patient having been sexually abused in childhood. And if the patient didn't have any memories of abuse, Ross would say that the patient had repressed or became amnesiac to these alleged traumatic events which usually involved incest and/or satanic cult abuse within the family. To help his patients 'recover memories' Ross would hypnotize and/or inject his patients with sodium amytal and then proceed to 'call out the different alters' that allegedly held the forgotten abuse memories. Because his patients had these alters, would Ross fraudulently diagnosed his patients as having Multiple Personality Disorder (MPD). My family doctor calls Ross a "total fraud" and that he (Ross) has created "cult like" following.

In his 1994 book *The Osiris Complex* (p.130) Ross describes how he preformed a demonic exorcism at the St. Boniface General Hospital after members from the church say a prayer.

It is my belief that between 1985 and 1991 there where five suicides linked directly or indirectly to Ross or his therapy through the work of those Ross had trained. My sister-in-law was one of these five. The damage caused by this man cannot be exaggerated in my view, and I do not believe that Ross left the St. Boniface Hospital in 1991 on a voluntary basis. I agree with sister Ell, that Ross did not leave on a voluntary basis. I do not believe that the Sisters of Charity 'Grey Nuns' would allow Ross to practice his fraudulent and dangerous medicine even if the Hospital Administration wanted him to continue.

A former patient of Ross at the St. Boniface Hospital, Roma Hart, who is currently sueing him, calls Ross a Madman. The writer and Hart have both complained to the College of Physicians and Surgeons, however, the College is protecting him.

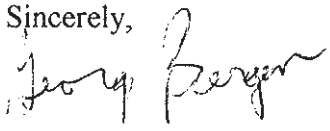
As you can see from the letter to the writer dated May 15, 1998, Dr. Colin Ross will soon be served with an inditment in the THE DISTRICT COURT of DALLAS COUNTY, Texas. The writer may be a witness at trial.

I am also forwarding other documents that are self explanitory to this matter. This includes the letter to me from The President of the St Boniface General Hospital, Mr. Ken Trembly dated May 20, 1998. It is my understanding that Mr. Trembly has been terminated since writing this letter. Mr. Trembly's letter appears tantamount to admitting there was 'a cover-up' in 1991 when Ross left the employ of the St. Boniface Hospital.

Please confirm, as soon as possible, if in your view Dr. Colin Ross terminated voluntarily or involuntarily from his contract of employment at the St Boniface Hospital in the fall of 1991. Your answer will be very important to the Grey Nuns, the Church, the Hospital.

Thank you in anticipation of your reply.

Sincerely,



COPY

STATE OF MINNESOTA — IN DISTRICT COURT

COUNTY OF RAMSEY — SECOND JUDICIAL DISTRICT

File No. C4-94-203

Vynnette Ann Hamanne,
Kenneth Earl Hamanne,
Adeana Ruth Hamanne,

Plaintiffs,

vs.

Diane Bay Humenansky, M.D.,

Defendant.

* *

TRANSCRIPT OF PROCEEDINGS

* *

The above-entitled matter came on for hearing before the Honorable Bertrand Poritsky, Judge of District Court, on the 25th day of July, 1995, at the Ramsey County Courthouse, Room 1380, St. Paul, Minnesota, commencing at approximately 9:00 o'clock a.m.;

The defendant appeared through her attorneys, David Waxman, Esq., Eric Wein, Esq., 120 South Riverside Plaze, Suite 1200, Chicago, Illinois; and the plaintiffs appeared through their attorneys, Edward Glennon, Esq., R. Christopher Barden, Esq., and Christopher H. Yetka, Esq., 4200 ID Center, 80 South Eighth Street, Minneapolis, Minnesota, at said time and place the following proceeding were had:

I N D E X

WITNESS:	DIRECT	CROSS	REDIRECT	RECROSS
Dr. Colin Ross	WA-3	B-73	WA-167	B-177
			179	179

WA = Mr. Waxman

B = Mr. Barden

EXHIBITS:	MARKED	OFFERED	RECEIVED
EXH-22	38	36	37
EXH-167	41	41	41
EXH-168	47	47	48
EXH-169	136	136	137

Q Do you you use Sodium Amytal in your treatment center?

MR. WAXMAN: Relevance.

THE COURT: No. Overruled.

THE WITNESS: The last time Sodium Amytal was used at our treatment center would be within six months of my arriving there. And we haven't done one then for three and a bit years.

THE COURT: Which one are you talking about? Does that mean before or after your arrival?

THE WITNESS: The last one done on my unit was within six months of my arriving in November of '91. In other words, it was early '92. We haven't done one since the first half of '92.

Q (By Mr. Barden) How about in Canada, when you were treating people in Canada, did you use Sodium Amytal treatments there?

A I did about roughly 30 Sodium Amytal interviews on patients for a variety of different disorders, not just dissociative disorders, for a variety of different purposes.

Q And were you using Sodium Amytal in those sessions specifically to help patients recover so-called lost memories or dissociated memories?

MR. WAXMAN: Relevance.

THE COURT: No. Overruled.

THE WITNESS: I've never used Sodium Amytal

for the purpose of recovering memories.

Q (By Mr. Barden) Do you believe in false memories?

A Yeah. I believe that there's an abundant -- clinical evidence and scientific evidence that highly elaborate memories can occur in a person's mind when it never happened, which is I assume what you mean by false memories.

Q Do you believe that psychiatrists had an ethical professional and legal duty to inform patients of the risks and dangers, the known risks and dangers, of treatment and of the risk and benefits of alternative treatments before the treatment starts?

A That's generally a -- generally accepted principle throughout medicine with which I agree.

Q Now, you mentioned that you read the discovery from the plaintiffs with regard to who the experts would be for the plaintiffs and what they would testify to --

A Right.

Q -- is that right? Do you remember reading the affidavit of Dr. Martin Orne?

MR. WAXMAN: Objection, Your Honor. Wish to be heard.

THE COURT: Yeah. You may approach.

(WHEREUPON, a discussion was had at the bench not recorded by the court reporter.)

PETITION September, 98

In July 1998, Dr. Colin A. Ross was charged with fraud, fraudulent concealment and conspiracy to commit fraud in the Dallas County Court of Texas. Lawsuits were also brought against Ross in 1994 and 1997 in the Winnipeg Manitoba. Dr. Ross has conducted more than 120 seminars across Canada and the US at which he taught the same fraudulent therapy that he has been charged with in Dallas and Winnipeg. After attending Ross's seminars, many therapists and social workers began practicing this fraudulent therapy and began suggesting to their vulnerable clients (patients) that they had repressed memories of having been sexually assaulted in their childhood by members of their own families or by a Satanic cult. This fraudulent therapy has destroyed thousands of families across Canada and the United States and is responsible for having caused suicide deaths, many attempted suicides and sending innocent family members to prison. This fraudulent 'brainwashing' therapy has cost Canadian taxpayers millions of health care dollars over the past 10 years. In the US it has cost citizens billions of dollars in terms of health care insurance premiums.

We the undersigned demand that Dr. Colin A. Ross be brought to justice in Canada and the United States of America for crimes against humanity under the Nuremberg Code.

NAME	ADDRESS	DATE

On behalf of over one thousand families who have contacted the British False Memory Society to report malpractice within the mental health profession and in the knowledge of the beliefs and practices of Dr Colin A. Ross, we support this petition.

Director
British False Memory Society
Bradford on Avon
Wiltshire
United Kingdom

16th September 1998

PETITION September, 98

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We the undersigned demand that Dr. Colin A. Ross be brought to justice in Canada and the United States of America for crimes against humanity under the Nuremberg Code.

NAME	ADDRESS	DATE
Ron Evans	11411-145 AVE. Edmonton, ALBERTA	27 Sept, 1998
[illegible]	1006 11445-135 ST " "	T5M 3M6
Russell Cable	11713-137 Ave	T5E 1Z6
ABDULAHI MAHAMAD	10517-129 Street	T5N 1W9
Marshall Deslauriers	15631-100 A Ave. Edm	T5P-0L5
Greg Loziak	4104-45 ST Beaumont AB	T4X 1G1 27 Sept '98
Reef Sandl	13-52148 RR 231	SHERWOOD PARK
R. Marshall	1243 Lakeview Rd North Edm/Alta	
Dave Engberg	47 Merland Cres. Sherwood Park AB	T8A 2P

PETITION September, 98

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NAME	ADDRESS	DATE
Ron Bailey	1201 8610 - Jasper Ave	Sept 27. 98
Marc Cherbonneau	9536 144st	Sept 27 - 98
W. Miller	11327 - 131 St	Sep. 27/98
Marlene Miller	11327-131 St.	Sept. 28/98
Edna Cobb	11713-137 Ave	Sept. 30/98

PETITION September, 98

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NAME	ADDRESS	DATE
[illegible]		
HECTOR DACEY	9945-161ST	15/9/98
Rosemary Daly	9945-161ST	15/8/98
Paul D Lowe	CROSSCANCER CLINIC	15/18/98 ED MONTON

PETITION September, 98

In July 1998, Dr. Colin A. Ross was charged with fraud, fraudulent concealment and conspiracy to commit fraud in the Dallas County Court of Texas. Lawsuits were also brought against Ross in 1994 and 1997 in the Winnipeg Manitoba. Dr. Ross has conducted more than 120 seminars across Canada and the US at which he taught the same fraudulent therapy that he has been charged with in Dallas and Winnipeg. After attending Ross's seminars, many therapists and social workers began practicing this fraudulent therapy and began suggesting to their vulnerable clients (patients) that they had repressed memories of having been sexually assaulted in their childhood by members of their own families or by a Satanic cult. This fraudulent therapy has destroyed thousands of families across Canada and the United States and is responsible for having caused suicide deaths, many attempted suicides and sending innocent family members to prison. This fraudulent 'brainwashing' therapy has cost Canadian taxpayers millions of health care dollars over the past 10 years. In the US it has cost citizens billions of dollars in terms of health care insurance premiums.

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NAME	ADDRESS	DATE
Rev & Mrs. Edwin Antin	7603 E Britton Dr Niagara Falls NY 14304	9/11/98
Randy & Faith Ezzo	2136 Southpoint Dr. Hummelstown Pa. 17036	9-13-98
Rev. Thomas & Jorge Rethefeld	3669 S. Ridgecrest Ave, Springfield, MO 65807	9-16-98
Rev. Ted & Carolyn Heaston	8321 S. 76th E. Ave. Tulsa, OK 74132	9-18-98
Rev. Steve & Patti Antin	22 Tara Rd. Peabody Ma 01960	9-20-98
Brian & Tricia Franke	528 71st St. Niagara Falls 14304	9-11-98
Rev. Ben & Jacob Alcer	3957 N. Delaware Springfield MO 65803	9-16-98
Dwight & Jean Wise	3167 Falcon Ln. Dover PA 17315	9-18-98
Joshua & Shara Schegs	2150 Arbor Circle Ypsilanti MI 48197	9-22-98

PETITION September, 98

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NAME	ADDRESS	DATE
Jim Lyons	Mountain	Sept 24
P. Weber	Mountain	Sept. 24/98
T. Collins	Box 1200, Agassiz, B.C.	Sept 24/98
K Allyen	Mountain	Sept 24/98
M.O Bakker	Mountain	Sept 24/98
B MANSON	MOUNTHIM	Sept 24/98
MR ROGER CHRETIEN	SEPT 24/98	

Turn over for more

PETITION

September, 98

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NAME	ADDRESS	DATE
TAMMY D. Ruttan	111 SAN Antonio Place Coq. BC	Sept 25, 1998.
Margaret Greene	111 SAN ANTONIO Pl, Coquitlam, BC.	9/25/98
ANNETTE BREENE	111 SAN ANTONIO Pl. Coq. B.C.	9/25/98
Jason Ruttan	111 San Antonio pl Coq B.C.	9/25,
ANGIE RUSTHAGE	3315 DEWD TRK. Rd Port Moody BC	09/24.
MAURICE ARSENAULT	3315 DEWD TRK Port Moody,	
Lori Rogers	12313 McNutt Rd Maple Ridge	
Brian RustHage	12313 McNutt Rd Maple Ridge	
Tim Rusthage	23072 64 Ave Langley	
Kim Miller	23072 64th Ave Langley	
R. GREENE	111 SAN ANTONIO PLACE	Coquitlam

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Daryl Rusthage	#23 - 3315 Dewdney TR RD Port Moody B.C.
Eileen Rusthage	#23 - 3315 Dewdney Tr. Rd. Port Moody, B.C.
Elizabeth Rougeau	#112 - 545 Rochester Coq. B.C.
Cindy Lunich	45492 - Bernard ave Chilliwack
Alan Rusthage	45492 Bernard ave - Chilliwack.
Manny Jeeparn ~~8915 Rd~~	8915 Edwards. Chilliwack B.C.
Al Peters	9326 Ashwell Rd Chilliwack B.C. V2P3W2
Tyler Bailey	1610 Haig Hwy Agassiz B.C.
Danny Bailey	1610 Haig Hwy. Agassie B.C.
George Walen	Surrey BC.
[illegible] #308 - 3057 Salisbury av. B.C.	
Linda Guculette	2240 Dawse Hill ~~Hawes~~ Coq. B.C.
[illegible signature]	2240 DAWES HILL RD. COQ. B.C.
Elcida Burdase	10688 - 151A St - Surrey, B.C.
Sinikka Tau ... 11 - 932 Robinson St. Coquitlam, B.C. V3J 7R8	
Inga Kaufman	507 - 9390 Cardstan CRT B. RS B.C

PETITION September, 98

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NAME	ADDRESS	DATE
L. Ganda	3175 Canfield Cres., Nth. Vancouver, BC V7R 2V9	Oct 24/98
Margaret Ganda	" "	"

PETITION September, 98

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NAME	ADDRESS	DATE
K.O'Farrell	PH3 950 Bidwell St. Vanc. B.C.	7 Oct 98
R. Soon	" " "	" "
J. O'FARRELL	1602 - 1350 Broughton St. Vanc	Oct 12/98

PETITION September, 98

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NAME	ADDRESS	DATE
Elaine Chretien	#306-920 Argyle St Penticton B.C.	Sept. 11/98
A Kunasaka	#101-385 Brunswick St Penticton	Sept 18.98
Corri Baldock	Site 50 Comp 39 Penticton BC V2A 6S7	Oct 1/98
Judy O'Brien	535 Burns St Penticton BC V2A 4W9	Oct. 6th 98
MINA FELT	RR1 Site 47 C3, Okanagan Falls B.C.	
Lynda Stephen	#101-281 Haynes St Penticton B.C.	

PETITION September, 98

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NAME	ADDRESS	DATE
S Stevens	Penticton BC	Sept 23/98
[illegible]	PENTICTON B.C	SEPT 23/98
P. Ogloff	Penticton, B.C.	Sept. 25/98.
[illegible]	Penticton BC	Oct. 9/98.
[illegible]	Penticton BC	Oct 9/98
[illegible]	Surrey BC	Oct 12/98
[illegible]	11076 Partridge Cr	Oct 15/98

PETITION September, 98

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NAME	ADDRESS	DATE
Bryce A Peterson	Surrey, B.C.	10/12/98
Shawn Clarke	5000 - 203rd Ave. Langley B.C.	Oct. 12/98
Teresa Granger	5000 - 203rd Ave. Langley B.C.	Oct. 12/98

PETITION September, 98

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NAME	ADDRESS	DATE
Carl E. Johnson	8659 - 10th Ave. Burnaby B.C. V3N 2S9	Oct. 7/98

PETITION September, 98

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NAME	ADDRESS	DATE
Jack Christopher	3637 - Haliburton Ave Fordale Sask S7T - 1B1	Sept 18/98

PETITION September, 98

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NAME	ADDRESS	DATE
Lloyd Corney	17935-62B AVE Edmonton AB.	Sept 14/98
Carmen Corney	17935-62B AVE. EDMONTON (AB)	SEP. 14/98
Larry S. Krywiak	13328-22St Edmonton, Alberta T5A 4K6	Sept 15/98
Mary Krywiak	13328-22st Edmonton	Sept 15/98
Walter H. Schneider	BOX 62, BRUDERHEIM, ALBERTA TOBOSO	SEPT. 15/98
Ruth Svitich	Bruderheim Alta. TOBOSO	Sept 15/98
[illegible]	99 Woodbine Rd Sherwood Park	Sept 16/98
George Ross	8704-140st Edmonton Alb.	Sept 16/98

PETITION September, 98

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NAME	ADDRESS	DATE
Ruth Avrin	205 - 110 19th St., West Vancouver, BC V7V 3W8	Oct 2/98.
Morven Avrin	205-110 19th St, West Vancouver BC V7V 3W8	10/2/98

PETITION September, 98

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NAME	ADDRESS	DATE
Evelyn Kelly	565 Papineau St Penticton B.C.	Sept 14/98
Susan Snider	565 Papineau Street, Penticton, BC V2A 4X6	Sept. 14/98
Mary Strickl	579 Papineau St. Penticton, BC V2A 4X6	Sept. 14/98
Wayne McDougall	RR#1 59C8 Kaleden BC	Sept 14/98
Patricia Whipple	572 Braid St Penticton	Sept 14/98
Lou Finkelson	557 Papineau St.	Sept 15/98
Naomi Point	160 Bruce Court	Sept 29/98
[illegible]	B.C.	Sept 29/98
K Bates	Penticton B.C.	Sept/29/98

PETITION September, 98

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NAME	ADDRESS	DATE
Bonnie Wang	Penticton	Sept 29/98
Joe	Pent.	Sept 29/98
Tamara Blumberg	Penticton	Sept 29/98
Jonathan Mayo	Penticton	Sep. 29/98
	Summerland B.C.	Sept 30/98
	Summerland, B.C.	Sept 30/98
	Penticton B.C	Sept 30/98
	Penticton B.C	Sept 30/98
Jane D. Smith	Penticton	Sept 30/98

PETITION September, 98

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NAME	ADDRESS	DATE
DANIEL C. SCHMITZ Daniel C Schmitz	1433 W. ELDRIDGE ST PAUL MN 55113	9/14/98
Joan Schmitz	1433 W. Eldridge, St. Paul, MN 55113	9/14/9

PETITION September, 98

In July 1998, Dr. Colin A. Ross was charged with fraud, fraudulent concealment and conspiracy to commit fraud in the Dallas County Court of Texas. Lawsuits were also brought against Ross in 1994 and 1997 in the Winnipeg Manitoba. Dr. Ross has conducted more than 120 seminars across Canada and the US at which he taught the same fraudulent therapy that he has been charged with in Dallas and Winnipeg. After attending Ross's seminars, many therapists and social workers began practicing this fraudulent therapy and began suggesting to their vulnerable clients (patients) that they had repressed memories of having been sexually assaulted in their childhood by members of their own families or by a Satanic cult. This fraudulent therapy has destroyed thousands of families across Canada and the United States and is responsible for having caused suicide deaths, many attempted suicides and sending innocent family members to prison. This fraudulent 'brainwashing' therapy has cost Canadian taxpayers millions of health care dollars over the past 10 years. In the US it has cost citizens billions of dollars in terms of health care insurance premiums.

We the undersigned demand that Dr. Colin A. Ross be brought to justice in Canada and the United States of America for crimes against humanity under the Nuremberg Code.

NAME	ADDRESS	DATE
Paula and George Tyroler	1223 Kantola Lively, Ontario P3Y 1T8	Sept. 14/98

PETITION September, 98

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NAME	ADDRESS	DATE
George Bergen	150 Dorge Dr. Winnipeg, MB. R3V 1M4	Sept. 13/98
Roma Hart	27-937 Greenecrest Ave. Wpg. MB. R3T 4S8	Sept. 13/98
Mike Juce	Box 243 Warren MB R0C3E0	
Margaret Juce	Box 243, Warren, MB R0C3E0	Sept 1/98
Pat Anderson	1404 Day St Winnipeg MB	R3/9/98
Charles Anderson	1404 DAY St Winnipeg Man. R2C-1E2	Sept 13/98
Bill Lambert	117 The Drive Shoal Lake MB R0J 1Z0	
Anne Lambert	117 The Drive, Shoal Lake, MB R0J 1Z0.	
Ralph Gauthier (Pat)	641 Moncton E-K	

STATE OF MINNESOTA — DISTRICT COURT

COUNTY OF RAMSEY — SECOND JUDICIAL DISTRICT

---------- File No. C4-94-203

Vynnette Ann Hamanne,
Kenneth Earl Hamanne,
Adeana Ruth Hamanne,

Plaintiffs,

vs.

Diane Bay Humenansky, M.D.,

Defendant.

PARTIAL TRANSCRIPT
OF PROCEEDINGS

The above-entitled matter came duly on for trial before the Honorable Bertrand Poritsky, Judge of District Court, on the 30th day of June, 1995, in Room 1380 of the Ramsey County Courthouse, in the City of St. Paul, State of Minnesota.

APPEARANCES:

Edward Glennon, Esq., R. Christopher Barden, Esq., and Christopher H. Yetka, Esq., appeared on behalf of Plaintiffs Vynnette Ann Hamanne, Kenneth Earl Hamanne, and Adeana Ruth Hamanne.

David Waxman, Esq., and Eric Wein, Esq., appeared on behalf of Defendant, Diane Bay Humenansky.

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WITNESS INDEX

JULY 24, 1995

CALLED TO TESTIFY ON BEHALF OF DEFENDANT REGARDING THE FRYE-DAUBERT ISSUES:

DR. COLIN ROSS

(Outside presence of jury)	
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Examination - Mr. Barden	48
Examination - Mr. Waxman	60
Examination - Mr. Barden	66
Examination - Mr. Waxman	77
Examination - Mr. Barden	77

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CALLED TO TESTIFY ON BEHALF OF DEFENDANT:

DR. COLIN ROSS

(In presence of jury)	
Direct - Mr. Waxman	86

* * * * *

requested you to comment on what other scientists have proposed?

A. Right.

Q. Then there's a vast number of workshops that you have given?

MR. BARDEN: Objection to "vast number," Your Honor.

BY MR. WAXMAN:

Q. Okay. Ninety-nine workshops, through Page 28, is that correct?

A. Correct.

Q. Whether 99 is vast or not --

THE COURT: Well, let me overrule the objection. The answer stands. Go ahead, Mr. Waxman.

BY MR. WAXMAN:

Q. Has that number increased in the last two years?

A. There would probably be another 15 to 20.

Q. Okay. And without going through these individually, can you briefly tell the jury the types of workshops that you have presented the 115 or 120 or so?

A. It's basically all kinds of workshops all over Canada and the United States, mostly on multiple personality disorder, dissociative disorders, varying from one hour to two full days; two full days of just me, I mean.

Q. Doctor, is there anything else about your background and experience that is contained in your Curriculum Vitae you

wish to discuss at this particular time?

A. Not particularly.

MR. WAXMAN: We're going to move on. I don't know if you want to break here or whatever.

THE COURT: We started so late, let's take another five minutes and we'll recess at four-thirty.

MR. WAXMAN: Fine.

BY MR. WAXMAN:

Q. Doctor, I don't mean to ask you a five-minute question, but what is multiple personality disorder, or dissociative identity disorder?

A. That's actually a two-day question. Basically the official definition of it is what I outlined earlier. You have these different personality states or identity states that are much more separated off and experience themselves as being literally separate people. They take turns being in control of the body. There's some sort of amnesia there, it can be amnesia for things a long time ago or it can be current amnesia. When one of these personality states is in control, then the other one that was in control before comes back, the one that comes back may not remember what was going on while the other one was in control. It can't be caused just by alcohol blackouts or imaginary companions and so on. That's the basic official definition of it.

Q. You indicated previously that it is a diagnostic entity

CAUSE NO. DV98-3843

MARTHA ANN TYO,	§	**IN THE DISTRICT COURT**
	§	
PLAINTIFF,	§	
	§	
v.	§	filed August 7, 1998
	§	
STEPHEN ASH, PH.D., MARY E. GRUNDMAN, L.P.C., CHARTER BEHAVIORAL HEALTH SYSTEM OF DALLAS, INC., BHC MILLWOOD HOSPITAL, INC., D/B/A CPC MILLWOOD HOSPITAL, KATHLEEN STANLEY, MD., COLIN A. ROSS, M.D., AND JEROME STATMAN, M.D.	§	**DALLAS COUNTY, TEXAS**
DEFENDANTS.	§	**14th JUDICIAL DISTRICT**

PLAINTIFF'S SECOND AMENDED PETITION

COMES NOW Plaintiff, **Martha Ann Tyo (f/k/a Martha Poe Hurt)**, complaining of Defendants, **Kathleen Stanley, M.D., BHC Millwood Hospital, Inc., d/b/a CPC Millwood Hospital, Stephen Ash, Ph.D., Charter Behavioral Health System of Dallas, Inc., Colin A. Ross, M.D., Mary E. Grundman, L.P.C., and Jerome Statman, M.D.** ("Defendants"), and respectfully shows the Court as follows:

Parties

1. Plaintiff, **Martha Ann Tyo (f/k/a Martha Poe Hurt)** ("Ms. Tyo"), is an individual residing in Van Zandt County, Texas.

2. Defendant, **Stephen Ash, Ph.D.** ("Ash"), is an individual residing in Archdale, North Carolina, who has already appeared herein.

3. Defendant, **Mary E. Grundman, L.P.C.** ("Grundman"), is an

individual residing in Scroggins, Texas, who has already appeared herein.

4. Defendant, **Charter Behavioral Health System of Dallas, Inc.** ("Charter"), is a Texas corporation doing business in the State of Texas, which has already been served with citation.

5. Defendant, **BHC Millwood Hospital, Inc., d/b/a CPC Millwood Hospital** ("Millwood"), is a Tennessee corporation doing business in the state of Texas, which has already been served with citation.

6. Defendant, **Kathleen Stanley, M. D.** ("Stanley"), is an individual residing in Fort Worth, Texas, who may be served with citation at her home office, 508 South Adams, Fort Worth, Texas 76109. A motion for substituted service upon this Defendant is currently pending with this Court.

7. Defendant, **Colin A. Ross, M.D.** ("Ross"), is an individual residing in Richardson, Texas, who may be served with citation at his home office at 1701 Gateway Boulevard, Richardson, Texas 75080.

8. Defendant, **Jerome Statman, M.D.** ("Statman"), is an individual residing in Fort Worth, Texas, who may be served with citation at John Peter Smith Hospital, at 1500 S. Main, Fort Worth, Texas 76104.

Jurisdiction and Venue

9. The amount in controversy in this case is within the jurisdictional limits of this Court. Venue of this lawsuit in Dallas County, Texas, is proper pursuant to Texas Civil Practices and Remedies Code § 15.002(1), because all or a substantial part of the events or omissions giving rise to the claim occurred in

Dallas County.

Acts of Agents

10. Whenever in this Petition it is alleged that Defendants did any act, it is meant that the Defendants performed or participated in the act or that Defendants' agents, officers, or employees performed or participated in the act on behalf of and under the authority of the Defendants.

11. The actions of Stanley, as set forth below, the allegations against whom are incorporated herein by reference, were performed in her individual capacity and as either agent for or employee of Millwood. Therefore, Millwood is jointly and severally liable for the damages caused by Stanley's improper acts committed as part of Ms. Tyo's treatment.

12. The actions of Ash, Ross, Grundman, and Statman as set forth below, the allegations against whom are incorporated herein by reference, were performed in their individual capacity and as either agent for or employee of Charter. Therefore, Charter is jointly and severally liable for the damages caused by the improper acts committed as part of Ms. Tyo's treatment.

Conditions Precedent

13. All conditions precedent to Ms. Tyo's causes of action herein have been substantially complied with or Defendants have waived their rights to demand compliance with them or Defendants are estopped from asserting noncompliance with them.

General Allegations

14. Ms. Tyo brings this professional negligence action against psychiatrists, psychologists, therapists, social workers, consultants and directors who provided mental health services to her beginning in 1990 and continuing through 1997. Ms. Tyo sought this treatment for her depression and marital problems. However, the Defendants never addressed these problems. Instead, using improper and inappropriate treatment techniques directed at the "recovery" of supposed "repressed memories," Defendants diagnosed Ms. Tyo as suffering from multiple personality disorder ("MPD") and as a survivor of "Satanic ritual abuse" ("SRA"), supposedly suffered by Ms. Tyo as a child. The "repressed memory" phenomena, unsupported by reliable scientific data, is based upon the theory that a "memory," usually of a traumatic experience during childhood, can be "repressed," to the extent that there is absolutely no recollection of the trauma until therapy, or some other traumatic event, allow the "repressed" memory to be "recovered."

15. Due to their emphasis upon and reinforcement of her "recovered memories" by Defendants, Ms. Tyo came to believe that she had been sexually abused by her mother, father, and other family members, that her family was part of an extended, transgenerational Satanic cult that engaged in the torture, murder, and cannibalism of numerous adults and children, and that Ms. Tyo, through one or more of alternate personalties or "alters," had abused her own son. It was these alters, supposedly created by Ms. Tyo's mind as a result of the

childhood trauma, who allegedly "held" the knowledge of these abusive events.

16. Although, at various times during her treatment, Ms. Tyo informed Defendants that she did not recall these events and did not believe that they occurred, Defendants informed her that her doubts meant that she was in denial as a result of the cult's "programming" and that her continued "resistance to treatment" would prevent her from improving. Ms. Tyo's therapists, alleged "experts" in "cult programming," supposedly discovered during the course of their treatment that Ms. Tyo had been "programmed" by the cult, and they led Ms. Tyo to believe that these horrific allegations were true, that she had been "programmed" by a cult and that Defendants could "deprogram" her. Ms. Tyo states that these events of "cult programming" did not, in fact, occur and the "memories" of these events were actually the product of the coercion and suggestion resulting from the improper techniques employed by Defendants herein.

17. Defendants not only failed to inform Ms. Tyo that the treatment techniques provided to her are unsupported by any reliable scientific support, but they also failed to advise her that the diagnoses themselves are controversial and that the mental health community is divided about whether memories can be "repressed" and whether "multiple personalities" or organized Satanic cults exist. Thus, Ms. Tyo lacked the information necessary to allow her to make a reasoned and informed decision to consent to the treatment rendered to her by Defendants.

18. Rather than assisting Ms. Tyo with her mental and emotional problems, Defendants' treatment of Ms. Tyo caused her to become increasingly mentally and emotionally dysfunctional and to isolate herself from her family of origin and to cut off all contact with the outside world. As a result of this treatment, Ms. Tyo had all ties with her three children legally severed, underwent over six years of unnecessary and improper treatment, incurred significant medical expenses, suffered the end of her marriage, attempted suicide on at least three occasions, engaged in self-mutilation and endured unbelievable physical pain and suffering and mental anguish.

Facts of the Case

19. In 1990, Ms. Tyo was a thirty-two year old mother of three adopted children married to Bobby Gene Hurt ("Mr. Hurt"). Sometime during 1990, Ms. Tyo and Mr. Hurt, began marriage counseling. The marriage counselor referred Ms. Tyo to a psychiatrist, Kathleen Stanley, M.D. ("Stanley"), to seek counseling for Ms. Tyo's personal issues, as well as to obtain medical treatment for depression. Within the first few sessions, without performing any psychiatric or psychological tests or analysis, and with no basis whatsoever for asking the question, Stanley asked Ms. Tyo if she remembered anyone in her family touching her inappropriately as a child. Ms. Tyo told Stanley she had no such memories, but Stanley insisted that the reason Ms. Tyo could not remember the entirety of her childhood was because she had "repressed memories" of incest. Stanley also conferred with Ms. Tyo's husband, Mr. Hurt, and he, too, was

persuaded by Stanley that Ms. Tyo had suffered childhood sexual abuse at the hands of her family, to the detriment of their marriage. Throughout the course of her treatment, rather than providing the care and treatment expected of a physician specializing in psychiatry, Stanley failed to properly diagnose and treat Ms. Tyo's depression, instead misdiagnosing her as an incest survivor with "repressed memories" without any significant evidence supporting her medical conclusion.

20. Using suggestive and hypnotic techniques, Stanley counseled Ms. Tyo to regress to a childlike state, to let the "inner child" speak and recall the alleged incidents of abuse. During many of these sessions, Stanley would give Ms. Tyo a stuffed animal and instruct Ms. Tyo to sit on a rocking sofa so that Stanley held her, almost like a child. In this environment, Stanley pressed Ms. Tyo to relate any and all bodily sensations which Stanley would diagnose and describe as "body memories" of abuse. Stanley also encouraged Ms. Tyo to read "The Courage to Heal" and to use the accompanying workbook to help draw forth "memories" of abuse. Stanley instructed Ms. Tyo to write with her opposite hand to let her "inner child" speak. Stanley never consulted with Ms. Tyo about the type of therapy she was using, its risks and dangers, or the fact that the concept of "repressed memories" was the subject of controversy within the therapeutic community.

21. Stanley acted as Ms. Tyo's therapist from 1990 through approximately March of 1991. Prior to beginning therapy with Stanley, Ms. Tyo

had definite memories of abuse inflicted by a former musical instructor and her brother-in-law, but no memories of any abuse inflicted by any family members. However, as a result of the improper hypnotic, suggestive and coercive techniques used by Stanley, Ms. Tyo "remembered" sexual and physical abuse allegedly inflicted by both her parents, two of her brothers and several of her neighbors. These "memories" included alleged vaginal and anal intercourse with her father as early as age two years old and inappropriate fondling by her mother while she was still in diapers.

22. As she struggled to "remember" the supposed abuse, Ms. Tyo became increasingly dependent upon Stanley. She was completely focused on trying to get better by "remembering" her supposedly abusive childhood and Stanley would praise her and compliment her when she did "remember." However, Ms. Tyo continually questioned the veracity of such "memories." Ms. Tyo told Stanley that she had a happy childhood. She told Stanley her very large family lived in a small house and she never had her own room as a child. She questioned how her "memories" of abuse could have gone unnoticed in this environment. Without any independent verification, Stanley continually affirmed to Ms. Tyo's that her "memories" were true and that she would have to uncover all her "memories" of abuse and relive such "memories" before her condition would improve.

23. During her treatment with Stanley, Ms. Tyo's ability to rationally function became increasingly diminished, and Ms. Tyo herself came to believe,

through the emphasis upon and reinforcement of her "recovered memories," that she had suffered repeated sexual and other traumatic abuse as a child by her family. In fact, these events did not occur, and these beliefs were the product of the coercion and suggestion resulting from the improper techniques employed by Stanley. These techniques were utilized without advising her that the hypnotic and other supposed therapeutic techniques utilized in her treatment were capable of causing false beliefs and memories of events which never occurred. Further, Stanley never attempted to independently verify Ms. Tyo's "memories," and she never obtained any consultation regarding her diagnosis, despite the fact that Ms. Tyo's condition only worsened significantly under Stanley's care.

24. In January of 1991, Stanley hospitalized Ms. Tyo at CPC Millwood Hospital ("Millwood") in Arlington (now known as BHC Hospital) allegedly to provide Ms. Tyo the "benefit" of exposure to other alleged incest survivors. While at Millwood, Ms. Tyo attended group therapy sessions with alleged incest survivors. During these group sessions, Ms. Tyo would listen to the "memories" of other "survivors" and would relate what she allegedly "remembered." When she questioned the "memories," the group leaders, employees of Millwood, told Ms. Tyo she was in denial, which was to be expected in her situation. She also continued her weekly sessions with Stanley, continuing the regression therapy described above.

25. In addition, during this hospitalization, Stanley urged Ms. Tyo to

confront her family about her "memories" of abuse. Stanley instructed Ms. Tyo to inform her family that she would cease all contact with them unless they admitted to the abuse and entered counseling for same. Although her parents were unable to attend this "confrontation," several of Ms. Tyo's siblings attended. After they denied Ms. Tyo's accusations, Ms. Tyo severed all contact with her family. Prior to confrontation, Stanley had told Ms. Tyo to expect their denials, and that the denials were actually confirmation that the abuse did occur. Ms. Tyo remained at Millwood for approximately two to three months.

26. Subsequent to her hospitalization, Ms. Tyo continued therapy with Stanley and continued attending group sessions. After she attended one group therapy session where another woman discussed her "memories" of snakes in cult ceremonies, Ms. Tyo recalled a "memory" involving snakes. Stanley interpreted Ms. Tyo's "memory" as an indication that Ms. Tyo's had been or was currently involved in a Satanic cult, and she referred Ms. Tyo to a "cult specialist," Ash, for testing.

27. Ash recklessly and uncritically accepted Stanley's diagnosis that Ms. Tyo was a victim of both childhood sexual abuse by her family and Satanic ritual abuse with "repressed memories" of same, and he failed to perform available and competent tests which might have disclosed the true nature of Ms. Tyo's mental condition. Ash analyzed Ms. Tyo using only a Rorschach test. Upon completion of the examination, he informed Ms. Tyo that he had "good news and bad news." The "good news" was that she was extremely intelligent.

The "bad news" was that she had multiple personality disorder, which would require at least seven to ten years of therapy. The theory of MPD, which is neither supported by clear, scientific evidence nor widely accepted by the mental health community, may be described as the existence within the person of two or more distinct personalities or personality states or "alters" (each with its own pattern of perceiving, relating to or thinking about the environment and self), which recurrently take full control of the person's behavior. Supposedly the trauma of being a Satanic Ritual Abuse ("SRA") victim results in the individual suffering from MPD.

28. Prior to this time, Ms. Tyo had never been diagnosed as having any type of disassociative disorder whatsoever. Stanley informed Ms. Tyo that multiple personality disorder ("MPD") and Satanic ritual abuse ("SRA") were beyond her professional capabilities, and she advised Ms. Tyo to continue therapy with Ash. At this time, Ms. Tyo ceased counseling with Stanley, although Stanley continued to prescribe anti-depressants for Ms. Tyo in coordination with Ash's therapy.

29. During her therapy with Ash, Ms. Tyo attended private weekly therapy sessions wherein Ash attempted to "call forth" and identify all of Ms. Tyo's alternate personalities ("alters"). Ash employed inappropriate hypnotic, suggestive and coercive techniques to discover the existence of these alters. In fact, these alters did not exist, and Ms. Tyo's belief in their existence was the product of the coercion and suggestion resulting from the improper techniques

employed by Ash. These techniques were utilized without advising her that the hypnotic and other supposed therapeutic techniques utilized in her treatment were capable of causing false beliefs and memories of events which never occurred. Further, Ash never attempted to independently verify the veracity of Ms. Tyo's "repressed memories," and he never obtained any consultation regarding his diagnosis, despite the fact that Ms. Tyo's condition only worsened significantly under Ash's care.

30. Prior to her hospitalization again in 1992, Ash diagnosed at least sixteen different alters, some of whom were allegedly "demons" created by Ms. Tyo's alleged participation in Satanic cult activities as a child. In addition, Ms. Tyo recalled "memories" indicating that the entirety of her family and the majority of her neighbors were involved in Satanic ritual activities including murder and cannibalism. Ash never consulted with Ms. Tyo about the type of therapy he was using, its risks and dangers, or the fact that MPD and SRA were the subject of controversy within the therapeutic community.

31. Ash educated Ms. Tyo on the alleged "triggers" used by Satanic cults. According to Ash, any and all contact with her family would be filled with these "triggers" as her family attempted to draw her back into the cult. These "triggers" extended even as far as a greeting card displaying colored flowers. Ash informed Ms. Tyo that the colors and type of the flowers were all different "triggers" designed to lure Ms. Tyo into Satanic cult activity.

32. In an effort to "free" Ms. Tyo from the cult and rid her of her

"demon personalities," Ash performed "exorcisms" by putting his hand upon Ms. Tyo's head and calling for the demons to leave her body. Ms. Tyo became increasingly afraid of Ash as he repeatedly attempted to exorcise the demons during therapy sessions. Furthermore, during the course of her treatment with Ash, Ms. Tyo became increasingly disturbed and suicidal as she came to believe, through the emphasis upon and reinforcement of her "recovered memories," that she had participated in ritual murders, cannibalism, Satan worship, and torture by members of her family and the Satanic cult.

33. On February 12, 1992, Ash hospitalized Ms. Tyo, after a suicide attempt, at a hospital run by Charter Behavioral Health System of Dallas, Inc. ("Charter"). During this hospitalization, Ms. Tyo was also introduced to Colin A. Ross, M.D. ("Ross"), head of the MPD Unit at Charter and Ash's supervisor. In addition to Ash, Stanley and Ross, during this hospitalization, Ms. Tyo was treated by several different counselors, physicians and nurses at Charter, including Dr. Jerome Statman, M. D. ("Statman") and M.E. Grundman, L.P.C. ("Grundman"), most or all of whom were employed by Charter. Ms. Tyo was placed in the MPD ward at Charter and was surrounded with over twenty women, all allegedly afflicted with MPD, who were performing acts of self-mutilation on a regular basis. While supposedly under hospital supervision, and under the influence of the other unfortunate women with whom she was hospitalized, Ms. Tyo was allowed to burn her breasts and ankle with cigarettes and to burn an inverted cross on one of her hands on or about February 16, 1992.

Ash, her treating therapist at Charter, "determined" that "Stephen," an alter who was a practicing Satanist and was controlled by demons, was the culprit responsible for Ms. Tyo's self-mutilation.

34. Despite the fact that Charter was now aware that Ms. Tyo was prone to self-mutulation and despite the fact that Ms. Tyo was now supposed to be under one-on-one supervision, Ms. Tyo was allowed to carve "SATAN'S BODY" on herself and to cut an inverted cross across her entire upper torso on March 4, 1992. Whenever Ms. Tyo "acted out" in this fashion, or appeared "out of control" in any way, she was forcibly carried by Charter employees into the "quiet room" where she was physically restrained against her will. While restrained, she was given injections in the hip to calm her down.

35. Like "Stephen" described above, several of Ms. Tyo's alleged alters recalled "memories" of cult participation during her hospitalization at Charter. For example, an alleged alter, "Mawsa," recalled "memories" of a Satanic ritual where a man was nailed to an inverted cross, dismembered and burnt. Supposedly in the same ceremony, a young woman was also dismembered and Mawsa allegedly killed and ate the blood and the flesh of a sacrificed infant. Subsequently, she was allegedly married to and raped by the Devil. Again, Ms. Tyo constantly questioned the veracity of such "memories" or the existence of any alternate personalities. She was appalled and incredulous that she could even commit murder and participate in cannibalism. But she was repeatedly assured by Ash and her other treating counselors, physicians, and Charter

personnel, most or all of whom were Charter employees, that she did have multiple personalities and the "memories" of these alters were, in fact, true. As a result of the improper hypnotic, suggestive and coercive techniques used, Ms. Tyo came to believe these horrendous "memories."

36. For example, while in Charter, Ms. Tyo "remembered" becoming pregnant and giving birth to multiple children fathered by Ms. Tyo's own father. She also "remembered" sacrificing these children to the cult and ingesting their blood and flesh. Ash, Ross and Statman told Ms. Tyo that these "memories" were true and were common experiences for individuals involved in SRA. Further, she "remembered" that she miscarried one of these children and that the child fell from Ms. Tyo's body into the toilet, at which time Ms. Tyo's mother allegedly flushed the fetus away. Ms. Tyo expressed incredulity that she could have forgotten having been pregnant and giving birth to multiple children, especially given the trauma she experienced after undergoing a hysterectomy at a young age and having to face the fact that she would never be able to have children. Nor could she comprehend how she could have killed any child she had birthed. Ms. Tyo knew she had stretch marks on her body, but her mother had always told her they resulted from the rapid weight gains and losses Ms. Tyo underwent while growing up.

37. However, none of the treating doctors, counselors and staff at Charter, including Ash, Ross, Statman and Grundman, most or all of whom were Charter employees, challenged the veracity of these "memories." In fact, two of

the nurses at Charter, Miriam and Marcy, who were Charter employees, confirmed that the stretch marks resulted from pregnancy. A doctor at Charter, Dr. Cromer, went even further and told her that a lack of physical scarring did not mean that the "memories" did not occur. According to Dr. Cromer, the lining of her vagina, similar to the lining in the mouth, would not bear any evidence of sexual abuse, childbirth or mutilation of any kind. Once again, because of the techniques used upon her, Ms. Tyo came to believe these wild stories.

37. Ms. Tyo's confusion and depression increased to such a point that she attempted to check herself out of Charter on or about March 5, 1992. However, she was falsely told by Charter employees that she would have to be committed to the state hospital if she checked herself out of Charter. Out of fear of being committed to the state hospital, Ms. Tyo rescinded the discharge papers and remained at Charter until May 15, 1992.

38. At one point during her hospitalization, Ms. Tyo asked Ross for his help in determining whether or not she was MPD, and she expressed her concern regarding Ash's "exorcisms." By this time, Ms. Tyo was distraught and depressed as a result of the trauma inflicted by Ash's therapy. She was suicidal and her physical condition had also deteriorated greatly and she had not eaten solid foods for about two weeks. Ross confirmed the MPD diagnosis without conducting any appropriate tests and without any legitimate basis for doing so, and he assured her that he would speak with Ash about stopping the

"exorcisms." When Ash's behavior did not change, Ms. Tyo requested Ross become her treating therapist instead. At this time, late April of 1992, Ms. Tyo ceased all treatment with Ash and Stanley and began treatment with Ross and Grundman.

40. From that point on, Ms. Tyo saw Ross and Grundman for counseling and psychotherapy concurrently. Ross and Grundman recklessly and uncritically accepted Ash's and Stanley's diagnosis and failed to perform available and competent tests which may have disclosed the true nature of Ms. Tyo's mental condition. Ross and Grundman both worked to attempt to identify even more alters, as well as "fragment" alters. Some of the alters were allegedly the operatives in the cult, such as Christian, Victor or Augusta - the high priestess. Others, such as Dean and Martha Ann, were allegedly the personalities that caused confusion and were the reason why Ms. Tyo never suspected she had MPD prior to this time. Both Ross and Grundman allegedly conferred with these alters, even with the alleged Satanists. In fact, these alters did not exist, and these beliefs were the product of the coercion and suggestion resulting from the improper techniques employed by Ross and Grundman. These techniques were utilized without advising Ms. Tyo that the hypnotic and other supposed therapeutic techniques utilized in her treatment were capable of causing false beliefs and memories of events which never occurred. Further, Ross and Grundman never obtained any consultation regarding her diagnosis, despite the fact that Ms. Tyo's condition only worsened under their care.

Neither Ross nor Grundman consulted with Ms. Tyo about the type of therapy they were using, its risks and dangers, or the fact that MPD and SRA were the subject of controversy within the therapeutic community.

41. On or about April 30, 1992, Ross told Ms. Tyo that she would have to leave Charter in three weeks, but Ross acknowledged that at that point she might still be suicidal and might still want to mutilate herself. Subsequent to that conversation, Ms. Tyo went through a period she describes as deep denial. She denied she was MPD or had participated in SRA. Ross and Grundman, however, forced her out of her denial by assuring her that their diagnosis was, in fact, correct and the "memories" she'd recovered were true. They videotaped her therapy sessions with Grundman to "prove" the existence of her alters and reminded her of the stretch marks "proving" her prior pregnancies. Once again, Ms. Tyo came to believe everything that she had "remembered."

42. Ms. Tyo left Charter on or about May 15, 1992. Prior to leaving, she made arrangements to see Grundman every Monday and Wednesday and to see Ross every Friday. Ross and Grundman had agreed on a plan of therapy that included continuing to identify all of Ms. Tyo's alleged alters and to edit Ms. Tyo's happy childhood memories to remove all of the "illusions." Her therapy with Ross and Grundman continued in this fashion throughout the remainder of 1992, but Ms. Tyo did not make any progress and her condition continued to steadily deteriorate.

43. Ross and Grundman constantly reinforced the validity of Ms. Tyo's

"memories" of abuse at the hands of her family and the Satanic cult. Grundman insisted that Ms. Tyo was heavily programmed by the cult and that she could not have any contact with her family or the "programming" would take over and draw her back into cult activity. Furthermore, Ross and Grundman told Ms. Tyo that since she had already left the cult once, she would most likely be sacrificed if she returned.

44. In June of 1992, Ms. Tyo visited her parents. At their next session, Grundman told Ms. Tyo that she had been reprogrammed and was in denial about the "programming." Throughout her therapy with Grundman, Grundman attributed Ms. Tyo's denial after any contact with her family as "reprogramming" and discouraged family contact. Grundman also encouraged Ms. Tyo to give away any and all gifts or objects given to her by her family or pictures of her family because such objects were "triggers" and Ms. Tyo needed to be rid of the "triggers" to be free of cult influence. Grundman even instructed her to get rid of clothes or objects of certain colors because they were "triggers."

45. Like Ash, Grundman was considered a "Christian counselor." She identified several of Ms. Tyo's alleged alters as God, the Archangel Michael, and other angels who were working within the body to fight the forces of Satan. Grundman also held joint sessions with Ms. Tyo and Mr. Hurt, wherein she explained the workings of the different alters, and how to handle the appearance of the alters at home, to Mr. Hurt.

46. Grundman and Ross continued identifying new and different alters.

Each alter was allegedly clothed with a particular "jobsuit" that dictated his/her role within the body. At one point in time, Ms. Tyo calculated that over 200 alters or "fragment" alters had been identified with names such as Sherry, Loner, David, Geary, Christian, Dean, Martha, Joey, George, Lois, Katie, Mawsa, Augusta, Alice, Noah, Martha Ann, Little Martha, Karol, Victor, Bernadette, Catherine, Kate, Kathleen, Katrina, Katarina, Marty, and Martha M. Grundman counseled Ms. Tyo that the alters would each have to shed his/her "jobsuit" and become a part of the collective "system" to keep Ms. Tyo out of cult activity. In a "conversation" with one of the alters, Augusta - the Satanic High Priestess, Grundman absurdly tried to convince her to shed her "jobsuit" by pointing out the limited future for women in Satanic cults.

47. Ms. Tyo was also encouraged by Grundman and Ross to read books about MPD and to write down and organize her alters. Grundman gave Ms. Tyo the books "A Mind of My Own," "Managing Our Selves; Building a Community of Caring" and "Managing Our Selves: God In Our Midst" and instructed her to read these books as guides for recovery. Ms. Tyo also went through lengthy exercises listing the name, birth date, age, purpose, and origin of each alter. She was also encouraged to write to each alter to ask for help in freeing herself from the cult.

48. Grundman and Ross counseled Ms. Tyo on how to deal with her husband and children, as well. Grundman counseled Ms. Tyo to place the non-school age child, Jessica, in full-time daycare so that Ms. Tyo could work on

her therapy full-time. Grundman counseled Ms. Tyo to leave her husband and move out with the kids, which Ms. Tyo did in November of 1992, and she stayed separated from Mr. Hurt throughout the Thanksgiving holiday in 1992. Subsequently, Mr. Hurt was hospitalized for kidney problems and it was discovered he needed a kidney transplant, but still Grundman counseled Ms. Tyo to remain separated from her husband.

49. In early December of 1992, Grundman held another joint session with Ms. Tyo and Mr. Hurt. In this session, Ms. Tyo and Mr. Hurt agreed to give their marriage another chance, but shortly thereafter their marriage was again strained as Ms. Tyo experienced extreme despair and depression and doubts about her marriage. Grundman attributed her condition to "anniversary programming" related to a Satanic cult holiday. During the 1992 hospitalization, Ms. Tyo had been given a schedule of all the Satanic or Occult "holidays." Throughout Ms. Tyo's therapy with Ross and Grundman, Grundman constantly referred to the schedule to relate any difficulties experienced by Ms. Tyo to a Satanic or Occult anniversary. Further, when Ms. Tyo experienced difficulties that did not correspond in time with a Satanic or Occult anniversary on the schedule, Grundman told Ms. Tyo her difficulties must relate to a holiday particular to her family's cult.

50. In early January of 1993, Ms. Tyo experienced a severe crisis as Mr. Hurt required multiple surgeries due to his kidney condition. Ms. Tyo was unable to deal with the strain of her home life and her therapy. Ms. Tyo was

hospitalized in Charter again on January 29, 1993, after she attempted a drug overdose in front of her four year-old adopted daughter.

51. Ms. Tyo's second experience at Charter was even worse than her first hospitalization. For the very first time, Grundman began to work with her on "integration," and Grundman urged her to shake off the cult "programming" that was separating her from her husband. Ms. Tyo's physical and mental condition spiraled downward. Charter counselors, employees of Charter, encouraged her more and more to let the child alters out to play. The incidents of self-mutulation increased, as did the incidents of forcible restraint in the "quiet room." Once she attempted to draw blood from her body using needles stolen by another patient. Another time, she banged her head against a concrete wall of the "quiet room" so loudly that it could be heard down the hallway. Fortunately, she was stopped before she could inflict serious harm on herself. She attempted suicide twice during this hospitalization, including attempting to hang herself in the "quiet room." Her parents visited her in the hospital, but Ms. Tyo's heavy state of medication made any communication impossible. Ms. Tyo remained in Charter until March 19, 1993.

52. Ms. Tyo's relationship with Mr. Hurt fell apart completely in April of 1993. Mr. Hurt demanded she leave the house, leaving him with the kids and Ms. Tyo with no money or source of income whatsoever. Subsequently, Ross helped Ms. Tyo obtain government benefits on the grounds that she was totally disabled due to her MPD. In 1994, Mr. Hurt sued Ms. Tyo for divorce and, based

upon the advice of both Ross and Grundman, Ms. Tyo terminated her parental rights. Specifically, Ross and Grundman led her to believe she was a danger to her children who she dearly loved. In what she thought was their best interests, Ms. Tyo gave up her parental rights to her children.

53. While hospitalized in Charter in 1993, Ms. Tyo began a relationship with a technician at Charter who worked for Charter under Ross on the MPD Unit, named Lawrence Samuel Tyo. Mr. Tyo continued seeing Ms. Tyo after Mr. Hurt demanded she leave the house. Subsequently, in October of 1993, Mr. Tyo moved in with Ms. Tyo. As their relationship grew, Grundman requested Mr. Tyo to attend Ms. Tyo's therapy sessions so that he could help Ms. Tyo work on her therapy at home. Grundman encouraged Mr. Tyo, who was totally untrained in psychoanalysis or counseling, to call out the alters at home and attempt to persuade them to remove their "jobsuits" and integrate with the system.

54. Ms. Tyo's therapy continued with Ross and Grundman until the summer of 1995. Grundman and Ross continued to identify new alters and new "memories" of cult activity even as late as August of 1995. Ms. Tyo recalled "memories" of abuse by new perpetrators, especially her grandmother. According to these "memories," her grandmother belonged to a different cult that killed and ate animals instead of infants. She also "remembered" new incidents of abuse, including being forced to perform oral sex on her mother and grandmother.

55. Despite Ms. Tyo's desperate condition, Grundman terminated treatment with Ms. Tyo in the summer of 1995. Ms. Tyo asked both Grundman and Ross for a referral, but both said they thought she could work on her own with Mr. Tyo, the former technician at Charter. Ms. Tyo still had not reestablished contact with her family, although her family attempted to contact her several times after she ceased treatment with Grundman. Each time, Mr. Tyo called Grundman to ask whether it was advisable to allow Ms. Tyo contact with her family. Each time, Grundman told Mr. Tyo that Ms. Tyo should not risk contact with her family for fear of being drawn back into the cult.

56. Subsequent to Grundman's termination of therapy, Ms. Tyo saw Ross for treatment on a regular basis to discuss her medication and her integration. Ms. Tyo repeatedly asked Ross to educate her on methods of discerning reality and how to live a normal life since she had been told her entire life up to that point had been dictated by the cult. Rather than providing Ms. Tyo with mechanisms for dealing with her current life, Ross encouraged her to continue working with Mr. Tyo on identifying and integrating alters.

57. Ms. Tyo continued treatment with Ross including consulting regarding her progress in "intergration" and receiving medication until April of 1997, at which time Ross terminated his relationship with Ms. Tyo without referring her to any other counselors or physicians. Up through the time of termination, Ross never explicitly or implicitly questioned the veracity of Ms. Tyo's "memories" and, in fact, after Ms. Tyo's reestablished contact with her

family in the summer of 1996, Ross encouraged her not to confront her family regarding the "memories" but to let them maintain their denial. Until 1998, Ms. Tyo was incapable and unable to discover her causes of action against Defendants, as she firmly believed in the "memories" "uncovered" during her therapy with Defendants as a result of their overly suggestive hypnotic and coercive techniques. Ms. Tyo did not discover, and could not have discovered in the exercise of reasonable diligence, her causes of action against Defendants more than two years prior to filing suit against them because of the false memories and chaos they created in her.

58. As a proximate result of her negligent treatment by Defendants, Ms. Tyo has lost everything. Since the early days of her therapy with Stanley, Ms. Tyo has gone from a fully functioning individual to a completely disabled individual totally dependent on therapy and her therapists. Prior to starting therapy with Stanley, Ms. Tyo had been evaluated and determined to be an acceptable parent for the three young children adopted by her and Bobby Gene Hurt. As a result of her therapy and subsequent hospitalizations, she was unable to work and unable to function either as a wife or as a mother to her family. As a result of her inability to function as a wife or a mother, Mr. Hurt sued Ms. Tyo for divorce. Subsequently, Ms. Tyo severed her parental rights to the children, leaving Ms. Tyo completely alone, as her relationship with her parents and siblings had been severed back in 1991.

59. As a proximate result of Defendants' negligent conduct, Ms. Tyo has

suffered, and will continue to suffer in the future, severe mental distress and anguish and physical pain and suffering. In all likelihood, she will be physically and mentally scarred for life. Her entire past has been questioned and rewritten. Furthermore, as a result, Ms. Tyo's whole sense of identity has been destroyed. She continues to need psychological counseling as a result of this situation and will continue to need such counseling for the foreseeable future. In addition, as a result of Defendants' conduct, Ms. Tyo has suffered severe economic damages. As a result of the therapy she endured, Ms. Tyo is unable to work and depends on government assistance for her income.

FRAUDULENT CONCEALMENT

60. As described above, Defendants engaged in a continuous course of conduct to conceal their own wrongful actions. Defendants owed a duty to Ms. Tyo to disclose the risks and dangers of the therapeutic techniques they used, the controversial nature of the therapeutic techniques they used, and the fact that most of these techniques may cause false memories. Defendants failed to disclose this information and in fact confirmed the veracity of Ms. Tyo's "memories" when they knew such memories were or almost certainly had to be false. Further, to conceal their own wrongful actions, Defendants alienated Ms. Tyo from her family of origin and told her that any and all contact with her family might lead to her own harm and/or death. Therefore, Defendants separated Ms. Tyo from any and all individuals or information from which Ms. Tyo might have discovered the false nature of her memories.

61. This fraudulent concealment was done with the intent to deceive or defraud Ms. Tyo directly or was done with such recklessness or indifference as to amount to intent to defraud and deceive Ms. Tyo. The concealment by Defendants was fraudulent, oppressive and malicious and made with the intent to deceive Ms. Tyo.

LIMITATIONS AND THE MEDICAL LIABILITY AND INSURANCE IMPROVEMENT ACT OF TEXAS

62. Although the liability of some of the Defendants in this case may be governed by the Medical Liability and Insurance Improvement Act of Texas ("MLIIA"), application of the two-year statute of limitations contained therein would be in violation of Article I § 13 of the Texas Constitution which states that the Legislature has no power to make a remedy by due course of law contingent on an impossible condition. That would include imposing a statute of limitations which cuts off a plaintiff's cause of action before the plaintiff has a reasonable opportunity to discovery the wrong and bring suit. In this case, Ms. Tyo, as described above, did not discover and did not have a reasonable opportunity to discover the wrong committed against her by the Defendants within two years of each Defendant ceasing to treat her. In fact, she did not discover her causes of action until 1998, at her very first opportunity. She gave the required statutory notice and filed suit promptly thereafter. Imposing the two-year statute of limitations provided in the MLIIA to causes of action against Defendants who ceased treatment of Ms. Tyo more than two years prior to the

filing of this suit would be unconstitutional.

FIRST CAUSE OF ACTION--NEGLIGENCE
(Against Stanley, Ash, Statman, Ross and Grundman)

63. Ms. Tyo incorporates herein the allegations made in the proceeding paragraphs as if set forth here verbatim.

64. Ash and Grundman each held themselves out to the community as competent mental health counselors and therapists. Stanley, Statman and Ross held themselves out in the community as competent psychiatrists and specialists in the treating of depression and psychological problems. Each of these Defendants violated the duty they owed to Ms. Tyo to exercise the ordinary care and diligence which reasonable and prudent counselors, psychologists, social workers and psychiatrists would have exercised under the same or similar circumstances. As set forth above, these Defendants breached this duty in multiple respects to Ms. Tyo, including, but not limited to:

(a) failing to carefully evaluate Ms. Tyo's symptoms of which they knew or should have known and failing to seek and discover other symptoms;

(b) failing to perform sufficient examinations of Ms. Tyo;

(c) failing to perform sufficient diagnostic procedures on Ms. Tyo;

(d) failing to make a proper diagnosis of Ms. Tyo's condition;

(e) failing to investigate and determine Ms. Tyo's true condition prior to directing therapy and recommending medications;

(f) failing to provide treatment for Ms. Tyo's depression, but rather creating other problems requiring continued and

extensive treatments;

(g) improperly alienating Ms. Tyo from her family of origin;

(h) improperly alienating Ms. Tyo from her husband and children;

(i) failing to advise Ms. Tyo of the questionable nature of the therapeutic techniques being utilized in Tyo's treatment;

(j) failing to advise Ms. Tyo of alternative treatments, considering the risks and benefits of the treatments utilized;

(k) misrepresenting the merit of the therapeutic techniques being used in Tyo's treatment;

(l) failing to advise Ms. Tyo that the diagnoses made regarding her condition were controversial and that the mental health community was divided as to their validity;

(m) using improper, untested and unproven therapeutic techniques without the informed consent of Ms. Tyo;

(n) taking and reinforcing as true and as representing real memories of actual historical events, without corroboration, the "memories" being uncovered under during the course of Ms. Tyo's treatment and advising Ms. Tyo as to the truth and reliability of these "memories";

(o) using hypnotic and other suggestive and coercive therapeutic techniques;

(p) failing to obtain proper consultations or to properly refer Ms. Tyo to qualified and competent health care providers;

(q) diagnosing Ms. Tyo with certain conditions without possessing sufficient training, expertise, and skill to make such diagnoses;

(r) inducing or attempting to induce other mental health care providers to confirm or support the erroneous diagnoses and treatment of Tyo's supposed conditions, including MPD and SRA;

(s) undertaking treatment of Ms. Tyo for the conditions with which she was diagnosed while lacking sufficient skill, training, experience, critical judgment and/or objectivity to adequately treat such alleged disorders and causes;

(t) failing to maintain adequate records of Ms. Tyo's diagnoses, examination, care and treatment;

(u) inducing the creation and development of alters in Ms. Tyo and developing and reinforcing chaos in Ms. Tyo;

(v) refusing to allow and/or discouraging Ms. Tyo from denying the diagnoses of MPD and SRA and the alleged activity of Ms. Tyo and her family in transgenerational Satanic cults, cult programming, cannibalism, assault, and murder;

(w) failing to provide a boundary between Ms. Tyo's beliefs and their own professional evaluation of such beliefs;

(x) providing only limited access to materials regarding MPD and SRA approved by them and not providing Ms. Tyo with books or articles taking counter positions;

(y) as to Grundman and Ross only, abandoning Ms. Tyo's treatment without insuring that other competent professionals had taken over her care;

(z) providing and allowing the provision of counseling and treatment by those without proper training and qualification;

(aa) failing to adequately supervise staff and employees;

(bb) confining, and subjecting Ms. Tyo to physical restraint, abreaction, confinement and physical, mental and emotional abuse without Ms. Tyo's informed consent;

(cc) confining, and subjecting Ms. Tyo to physical restraint, abreaction, confinement and physical, mental and emotional abuse without Ms. Tyo's informed consent at a time when she was unable to give informed consent due to the deterioration in her medical, mental and emotional condition which was caused by these Defendants' negligent treatment of Ms. Tyo;

(dd) failing to stop, intervene and/or take reasonable steps to stop the physical, mental and emotional abuse and exploitation of Ms. Tyo when these Defendants had the affirmative duty to do so;

(ee) improperly using physical restraints in abreaction therapy;

(ff) deceiving Ms. Tyo to remain in the hospital as a protection from a nonexistent cult and/or commitment to a state hospital; and

(gg) creating a continuing serious dependency/hate relationship with Ms. Tyo, under which conditions therapy could not be effectively conducted.

65. Each and every one of the foregoing acts and omissions, taken separately and collectively, constitutes negligence, and each and every one of the foregoing acts and omissions, taken separately and collectively, constitutes a direct and proximate cause of the damages to Ms. Tyo set forth below.

SECOND CAUSE OF ACTION--NEGLIGENCE
(Against Millwood and Charter)

66. Ms. Tyo incorporates herein the allegations made in the proceeding paragraphs as if set forth here verbatim.

67. Millwood and Charter held themselves out in the community to be competent hospitals, health care facilities and providers of psychiatric and therapeutic services. These Defendants violated the duty they owed to Ms. Tyo to exercise ordinary care and diligence which reasonable and prudent hospitals, health care facilities and providers of psychiatric and therapeutic services would have done in the same or similar circumstances and were, during the

course of their treatment of Ms. Tyo negligent in, at least, the following particulars:

(a) Failing to provide competent treatment within their facilities;

(b) Failing to determine the capability and competence of counselors, psychologists and psychiatrists providing treatment to their patients;

(c) Failing to provide competent counselors, psychologists and psychiatrists to provide treatment to their patients;

(d) Failing to use proper procedures and criteria prior to issuing credentials;

(e) Failing to properly screen patients before submitting patients to psychiatric care;

(f) Failing to supervise the psychiatric and psychological treatment of their patients;

(g) Failing to perform adequate inspections of the conditions existing upon the unit which hospitalized Ms. Tyo;

(h) Failing to provide proper case and treatment for mental health problems;

(i) failing to adequately supervise staff and employees;

(j) confining, and subjecting Ms. Tyo to physical restraint, abreaction, confinement and physical, mental and emotional abuse without Ms. Tyo's informed consent;

(k) confining, and subjecting Ms. Tyo to physical restraint, abreaction, confinement and physical, mental and emotional abuse without Ms. Tyo's informed consent at a time when she was unable to give informed consent due to the deterioration in her medical, mental and emotional condition which was caused by these defendants' negligent treatment of Ms. Tyo;

(l) failing to stop, intervene and/or take reasonable steps to stop the physical, mental and emotional abuse and exploitation of

Ms. Tyo when these defendants had the affirmative duty to do so;

(m) improperly using physical restraints in abreaction therapy; and

(n) deceiving Ms. Tyo to remain in the hospital as a protection from a nonexistent cult and/or commitment to a state hospital.

68. Each and every one of the foregoing acts and omissions, taken separately and collectively constitute negligence in and of themselves and each, taken separately and collectively, constitute a direct and proximate cause of the harm to Ms. Tyo.

THIRD CAUSE OF ACTION--NEGLIGENCE PER SE
(Against Millwood and Charter)

69. Plaintiff incorporates herein the allegations made in the preceding paragraphs.

70. Plaintiff asserts that Defendants Millwood and Charter, each held themselves out in the community to be competent hospitals, health care facilities, or providers of psychiatric and therapeutic services. These Defendants violated the statutory duties which they owed to Ms. Tyo to exercise the ordinary care and diligence which reasonable and prudent hospitals, health care facilities, and providers of psychiatric and therapeutic services would have done in the same or similar circumstances and were, during the course of their treatment of Plaintiff, negligent *per se* in, at least, the following particulars:

(a) Millwood and Charter, through their administrators, failed to

provide the oversight of Ms. Tyo required by law, and thus violated Tex. Health & Safety Code Ann, § 576.022 (Vernon's 1992).

(b) Millwood and Charter, through their administrators, failed to provide adequate psychiatric care to Ms. Tyo, and thus violated Tex. Health & Safety Code Ann. § 576.022 (Vernon's 1992).

(c) Millwood and Charter, through their administrators, failed to provide adequate medical care to Ms. Tyo, and thus violated Tex. Health & Safety Code Ann. § 576.022 (Vernon's 1992), because during Ms. Tyo's treatment, Millwood and Charter failed to provide proper medical care to Ms. Tyo, although they knew or should have known of multiple medical problems, both caused by their treatment and independent of this treatment.

(d) Charter violated Ms. Tyo's rights as a patient by mechanically restraining her unnecessarily, and thus violated Tex. Health & Safety Code Ann. § 576.021, 576.024 (Vernon's 1992). These mechanical restraints were knowingly administered in non-emergency situations, when there was no imminent probability of harm to Ms. Tyo or others, in violation of Texas law.

(e) Charter provided excessive, unnecessary medication to Ms. Tyo in violation of Ms. Tyo's rights. Tex. Health & Safety Code Ann. § 576.021(2) (Vernon's 1992).

(f) Charter violated Ms. Tyo's rights by coercing her to revoke her requests for discharge. In these sessions, Ms. Tyo was threatened that she would be faced with involuntary commitment if she left Charter, and thus violated 25 TAC § 404.157.

71. Because these statutes were written to protect patients such as Ms. Tyo, these breaches support findings of negligence per se. Each and every one of the foregoing breaches, taken separately and collectively, constitute a direct and proximate cause of the harm to Ms. Tyo.

FOURTH CAUSE OF ACTION--GROSS NEGLIGENCE
(Against All Defendants)

72. Ms. Tyo incorporates herein the allegations made in the proceeding

paragraphs as if set forth here verbatim.

73. Defendants' negligence was committed with malice, because their conduct, when viewed objectively from their standpoint at the time they engaged in it, involved an extreme degree of risk to Ms. Tyo and her family, considering the probability and magnitude of the potential harm to them, and because they had actual, subjective awareness of the risks involved, but they nevertheless proceeded with conscious indifference to the rights, safety and welfare of Ms. Tyo and her family.

74. Accordingly, the imposition of exemplary damages against Defendants is justified, and Ms. Tyo seeks an award for same in an amount sufficient to punish Defendants and to deter them and others similarly situated from committing such gross negligence in the future.

FIFTH CAUSE OF ACTION--FRAUD
(Against All Defendants)

75. Ms. Tyo incorporates herein the allegations made in the preceding paragraphs.

76. Ms. Tyo further alleges that at all times material hereto, Defendants engaged in fraudulent conduct and/or fraudulent misrepresentations. As described above, from 1990 through 1997, Ms. Tyo was under the care of one or more of the Defendants at all times in order to extract from her and her medical insurance carrier the maximum amount of money that was available under the insurance policy and/or so Defendants could use her as an experiment or project

("guinea pig") for their own personal agendas and/or promotion as experts in the field.

77. Defendants made material representations of fact to Ms. Tyo during the course of their treatment of her regarding her medical, psychiatric, and psychological conditions and the causes of these conditions. Ms. Tyo reasonably relied on these misrepresentations to her detriment. These misrepresentations, known by Defendants to be false and/or which were made by each of them recklessly, without any knowledge of their truth, and as positive assertions, were made repeatedly by Defendants during the course of their treatment of her. They include, but are not limited to, the following:

(a) that she needed to be hospitalized and that she needed to be hospitalized for the amount of time she was hospitalized;

(b) that she had repressed memories of childhood sexual abuse which she did not "remember" prior to beginning therapy with Stanley in 1990;

(c) that she suffered from multiple personality disorder (a/k/a disassociative identity disorder), repressed memory syndrome, and Satanic ritual abuse;

(d) that she was the victim of Satanic ritual abuse;

(e) that she had been and/or was being programmed to engage in cult activities;

(f) that she could only improve through the use of physical restraints, abreaction sessions, medications, hypnosis, confinement, and isolation;

(g) that she was sexually abused from infancy through adulthood;

(h) that she was suicidal and homicidal;

(i) that if she left the Defendants' care she would be committed to a state hospital and/or the cult would find her;

(j) that Ms. Tyo needed extensive mental health treatment and hospitalizations for her condition, without which she would not "get well";

(k) that she had been a "perpetrator" of abuse in the cult;

(l) that she had borne and killed multiple children;

(m) that the individual forms of treatment provided would benefit her mental condition;

(n) statements regarding the cost of and duration of her treatment; and

(o) the experience held by each Defendants in the areas in which they provided treatment, advice, or consultation.

78. Ms. Tyo reasonably relied on these representations; that is, she reasonably believed these representations of Defendants to be true, and she was thereby induced to consent to and/or submit to prolonged therapy and hospitalization, physical restraints, abreaction sessions, medications, hypnosis, confinement, and isolation.

79. Ms. Tyo reasonably relied on these assertions of, or failures to disclose, material facts by Defendants by submitting to treatment and spending substantial amounts of money for therapy and treatment which she would have not done but for Defendants' assertions and omissions of material fact. As a proximate result of Ms. Tyo's reliance upon these representations and omissions, she has been damaged, monetarily, psychologically, mental, and physically, in a sum far in excess of the minimum jurisdictional limits of this

Court, and she seeks to recover the elements of damage set forth below.

SIXTH CAUSE OF ACTION--CONSPIRACY TO COMMIT FRAUD
(Against Stanley, Ash, Statman, Ross, Grundman and Charter)

80. Ms. Tyo incorporates herein the allegations made in the proceeding paragraphs as if set forth here verbatim.

81. During Ms. Tyo's hospitalization at Charter from February to May, 1992, Stanley, Ash, Statman, Grundman, Ross, Charter, and other persons working for and/or connected with Charter were involved in a civil conspiracy to defraud Ms. Tyo. Specifically, Ross, Statman, Ash and Grundman had personal knowledge of the purpose of the conspiracy, and they intended to be involved in the conspiracy.

82. During her hospitalization at Charter from January to March, 1993, Grundman, Ross, Statman, Charter and other persons employed by and/or associated with Charter were involved in a civil conspiracy to defraud Ms. Tyo. Specifically, Grundman and Ross had personal knowledge of the purpose of the conspiracy, and they intended to be involved in the conspiracy.

83. During the course of their treatment of Ms. Tyo at Charter from February to May 1992, Stanley, Statman, Ash, Ross, Grundman and their co-conspirators consciously agreed and conspired to hospitalize Ms. Tyo and keep her hospitalized for the maximum possible period of time in order that they could extract the greatest possible amount of money from Ms. Tyo and her medical insurance company and so that they could promote their own

self-interests by using Ms. Tyo and her alleged illness and treatment to advance and promote their own standing, reputation, and esteem among their profession and business associates and the public generally.

84. During the course of their treatment of Ms. Tyo at Charter from January to March 1993, Ross, Grundman and their co-conspirators consciously agreed and conspired to hospitalize Ms. Tyo and to keep her hospitalized for the maximum possible period of time in order that they could extract the greatest possible amount of money from Ms. Tyo and her medical insurance company and so that they could promote their own self-interests by using Ms. Tyo and her alleged illness and treatment to advance and promote their own standing, reputation, and esteem among their profession and business associates and the public generally.

85. On both occasions, each of the co-conspirators consciously agreed among themselves:

(a) to keep Ms. Tyo hospitalized by falsely representing to her and others that she suffered from multiple personality disorder (a/k/a disassociative identity disorder), repressed memory syndrome, and ritual abuse, and that she was involved in Satanic cult activity, ritual abuse, and transgenerational Satanic cult activity, among other activities;

(b) to represent to Ms. Tyo and others that Ms. Tyo was homicidal and suicidal and a danger to herself, her children and others because of alleged past Satanic cult abuse, ritual abuse, child abuse, transgenerational Satanic cult activity, torture and homicide, among other activities; and

(c) to refer Ms. Tyo to themselves and other treaters for further "treatment" to continue the conspiratorial scheme.

86. It was also part of the conspiracy that Stanley, Ash, Ross, Grundman and certain other co-conspirators, during their treatment of Ms. Tyo prior to and subsequent to her hospitalizations, would continue with the same practices in order to force her into further hospitalizations and to continue out-patient treatment in order to extract the greatest possible amount of money from Ms. Tyo and her medical insurance company and to promote their own self-interests by using Ms. Tyo and her alleged illness and treatment to advance and promote their own standing, reputation, and esteem among the profession and business associates and the public generally.

87. Stanley's, Statman's, Ash's, Ross', Grundman's and their co-conspirators' acts and omissions in furtherance of the conspiracy, which were committed during the entire course of their treatment of Ms. Tyo, include, but are not limited to, the following acts and omissions of conduct:

(a) misdiagnosing Ms. Tyo as suffering from multiple personality disorder (a/k/a disassociative identity disorder), repressed memory syndrome, and ritual abuse;

(b) inducing or attempting to induce other health care practitioners or providers to confirm or support the erroneous diagnosis and treatment of multiple personality disorder, repressed memory syndrome, and ritual abuse;

(c) engaging and/or allowing or encouraging other health care practitioners or providers to engage in activities under the guise of diagnosis and treatment which a reasonable professional would or should know were improper, harmful, or not within reasonable standards of care and/or which a reasonable professional would or should know were detrimental to Tyo's health, her family, social relationships, and emotional, mental, and physical health;

(d) subjecting Ms. Tyo to physical restraint, abreaction, confinement, and physical, mental, and emotional abuse without Tyo's informed consent;

(e) subjecting Ms. Tyo to physical restraint, abreaction, confinement, and other treatment without her effective informed consent at a time when she was unable to give informed consent due to the deterioration of her medical, mental, and emotional condition caused by Stanley, Ash, Ross, Statman, Grundman and their co-conspirators' negligent diagnosis and treatment of Ms. Tyo;

(f) inducing, encouraging, and/or forcing Ms. Tyo to believe events that never happened and/or for which Stanley, Ash, Ross, Grundman, Statman and the co-conspirators had no reasonable basis to believe happened, including, but not limited to, activity by Ms. Tyo and her family and others in transgenerational Satanic cults, cult programming, ritual abuse, physical and mental abuse, cannibalism, drug abuse, kidnapping, assault, and murder;

(g) using techniques of therapy that encouraged guesses, speculation, and confabulation and/or in using pressure, instilling in Ms. Tyo fear of abandonment, drugs, hypnotherapy, indeomotor signaling, finger triggering, leading questions, and/or other suggestion to create, change, influence, infect, reinforce, and/or influence perception and beliefs;

(h) using and/or recommending the use of psychoactive medications of improper type and/or dosage and/or in an improper fashion for purposes for which they were not intended and in treating psychiatric disorders for which they are of no proven value or are harmful and which impaired Tyo's mental function;

(i) falsely diagnosing and continuing to diagnose Ms. Tyo as suicidal and homicidal without any facts or objective criteria to support this diagnosis and using this diagnosis as justification for continued therapy and commitment without any facts as objective criteria to support this diagnosis;

(j) not investigating and/or verifying with appropriate psychological, psychiatric, medical, and physical exams alleged claims of physical and sexual abuse alleged inflicted on Ms. Tyo in Satanic rituals;

(k) iatrogenic inducement, reinforcement, and reinfection of probable induced delusional thoughts of Ms. Tyo which led to prolonged and unnecessary hospitalization;

(l) inducing the creation and development of alters in Ms. Tyo and development and reinforcing chaos in Ms. Tyo;

(m) never exploring or investigating the probability, hypothesis, or proposition that the alleged activity by Ms. Tyo and her family and others in transgenerational Satanic cults, cult programming, ritual abuse, physical and mental abuse, cannibalism, drug abuse, kidnapping, assault, and murder, and multiple personality disorder, repressed memory syndrome, and ritual abuse never existed, especially when no physical evidence existed to confirm the activities;

(n) discouraging Ms. Tyo from denying the alleged diagnoses of multiple personality disorder, repressed memory syndrome, ritual abuse, activity by Ms. Tyo and her family and others in transgenerational Satanic cults, cult programming, ritual abuse, physical and mental abuse, cannibalism, drug abuse, kidnapping, assault, and murder; and punishing or threatening Ms. Tyo with withheld rewards, commitment, scare tactics, return to the alleged cult, and/or never seeing her family again if she denied the diagnoses, memories, or activities and/or did not cooperate with Stanley, Ash, Ross, Grundman, Statman and their co-conspirators in assisting Stanley, Ash, Ross, Grundman, Statman and their co-conspirators in supporting their false diagnoses and beliefs;

(o) deceiving Ms. Tyo by convincing her to remain in the hospital as protection from a nonexistent cult;

(p) exploiting the high hypnotizability, the window of psychological vulnerability, trance state, and/or emotional vulnerability of Ms. Tyo;

(q) exploiting Tyo's susceptibility and transference wishes in the service of Stanley's, Ash's, Ross', Grundman's, Statman's and their co-conspirators' conscious and/or unconscious counter-transference;

(r) placing Ms. Tyo in group therapy which reinforced and reinfected her thoughts and beliefs;

(s) suggesting and/or using hypnosis or hypnotic techniques in refreshing recollection when they knew that such therapy could cause distortion, induce false memories, and suspend critical judgment;

(t) introducing individual exogenous material to Ms. Tyo for the purpose of artificially invoking false memory response, such as the use of movies and videotapes which Ms. Tyo was required to see, and in using videotapes, audio tapes, movies, and other material to educate Ms. Tyo about the cult ritual abuse, multiple personality disorder, repressed memory syndrome, ritual abuse, and to convince Ms. Tyo she was abused and that she abused others;

(u) using methods of brainwashing and mind control on Ms. Tyo; and

(v) creating and continuing a serious dependence/hate relationship with Ms. Tyo, under which conditions therapy could not be effectively conducted.

88. The participation of Stanley, Ash, Ross, Grundman, Statman and Charter in this conspiracy proximately caused severe physical and mental injuries to Ms. Tyo, including the damages set forth below.

89. The conspiratorial actions taken by Stanley, Ash, Ross, Grundman, Statman and Charter toward Ms. Tyo were part of a broader conspiracy and comprehensive pattern of fraud which existed to falsely diagnose and treat patients for non-existent mental illnesses and psychological problems, especially repressed memory of childhood abuse, Satanic ritual abuse, participation in Satanic cults, multiple personality disorder and other "disassociative disorders." This conspiracy allowed Stanley, Ash, Ross, Grundman, Statman and Charter to make millions of dollars through the hospitalization and out-patient treatment of such patients.

90. This conduct of Stanley, Ash, Ross, Grundman, Statman and Charter was committed with actual malice and/or intentionally and without just cause and/or willfully and wantonly, entitling Ms. Tyo to recovery of exemplary damages from them. Ms. Tyo seeks an award for exemplary damages in an amount sufficient to punish Stanley, Ash, Ross, Grundman, Statman and Charter and to deter them and others similarly situated from engaging in such conspiracy in the future.

SEVENTH CAUSE OF ACTION--DTPA
(Against Ash and Grundman)

91. Ms. Tyo incorporates herein the allegations made in the proceeding paragraphs as if set forth here verbatim.

92. Ms. Tyo is a consumer, as that term is defined by the Texas Deceptive Practices-Consumer Protection Act ("DTPA"), Section 17.41, et. seq., of the Texas Business and Commerce Code.

93. Ash and Grundman have engaged in false, misleading, or deceptive acts or practices against Ms. Tyo as set forth in Section 17.46 of the DTPA, including, but not limited to, the following:

(a) causing confusion or misunderstanding as to the approval or certification of their services;

(b) causing confusion or misunderstanding as to their affiliation, connection, or association with, or certification by, each other, Ross, Charter and others;

(c) representing that their services had sponsorship, approval, characteristics, uses or benefits which they did not have and that they had sponsorship, approval, status, affiliation or connection

which they did not have;

(d) representing that their services were of a particular standard, quality or grade when they were of another; and

(e) failing to disclose information concerning their services which was known at the time of their treatment of Ms. Tyo, which failure to disclose was intended to induce Ms. Tyo into accepting their services, which services Ms. Tyo would not have accepted had the information been disclosed.

94. These false, misleading and deceptive acts of Ash and Grundman, all enumerated in Subsection (b) of Section 17.46 of the DTPA, were relied upon by Ms. Tyo to her detriment. Furthermore, these false, misleading and deceptive acts and practices constituted express misrepresentations of material fact that cannot be characterized as advice, judgment or opinion. They also include a failure to disclose information in violation of Section 17.46(b)(23) of the DTPA.

95. Ash and Grundman engaged in unconscionable actions or an unconscionable course of action against Ms. Tyo, in that they engaged in acts or practices which, to Tyo's detriment, took advantage of Tyo's lack of knowledge, ability, experience and capacity to a grossly unfair degree. These unconscionable actions or course of action cannot be characterized as advice, judgment or opinion.

96. Pursuant to DTPA § 17.50(b), Ms. Tyo is entitled to recover from Ash and Grundman all of her economic damages caused by Ash's and Grundman's DTPA violations, including, but not limited to, past counseling and medical expenses, future counseling and medical expenses, lost earnings in the past and

lost earnings in the future. The amount of these damages exceeds the minimum jurisdictional amount of this Court.

97. All of Ash's and Grundman's conduct was committed "knowingly," as that term is defined in the DTPA. Specifically, Ash and Grundman engaged in such conduct with actual awareness, at the time of the acts and practices complained of, of the falsity, deception, and unfairness of the acts and practices.

98. Accordingly, pursuant to DTPA § 17.50(b)(1), Ms. Tyo is entitled to recover damages in excess of the minimal jurisdictional amount of this Court for the past and future mental anguish and the past and future pain and suffering she suffered as a result of Ash's and Grundman's DTPA violations. In addition, the jury may award Ms. Tyo up to three times the amount of her economic damages as exemplary damages.

99. All of Ash's and Grundman's conduct was committed "intentionally," as that term is defined in the DTPA. Specifically, Ash and Grundman engaged in such conduct and practices with actual awareness of the falsity, deception and unfairness of their acts and practices and with the specific intent that Ms. Tyo act in detrimental reliance on the falsity and deception of their conduct and/or in detrimental ignorance of the unfairness of their conduct.

100. Accordingly, pursuant to DTPA § 17.50(b)(1), Ms. Tyo is additionally entitled to recover up to three times the amount of both her mental anguish damages and her economic damages, as exemplary damages. Pursuant to DTPA

§ 17.50(d), Ms. Tyo is also entitled to recover her court costs and reasonable and necessary attorneys' fees incurred in pursuing her suit against Ash and Grundman.

DAMAGES

101. Ms. Tyo seeks damages in excess of the minimum jurisdictional limit of this Court to compensate her for the following injuries proximately caused to her by Defendants' negligence, gross negligence, fraud, conspiracy and Ash's and Grundman's DTPA violations:

(a) past counseling/medical expenses;

(b) future counseling/medical expenses;

(c) loss of past earnings;

(d) loss of future earnings;

(e) past pain and suffering;

(f) future pain and suffering;

(g) past mental anguish;

(h) future mental anguish;

(i) past and future loss of relationship with her children; and

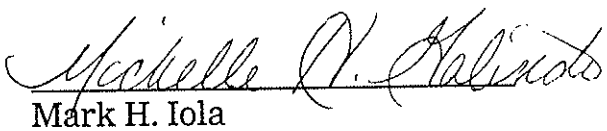
(j) exemplary damages.

JURY DEMAND

102. Ms. Tyo demands the trial of such cause by a jury pursuant to Texas Rules of Civil Procedure 216 and 217. Ms. Tyo previously tendered the jury fee of $30.00.

WHEREFORE, Plaintiff, **Martha Ann Tyo (f/k/a Martha Poe Hurt)**, respectfully request that Defendants, **Stephen Ash, Ph.D., Mary E. Grundman, L.P.C., Kathleen Stanley, M.D., BHC Millwood Hospital, Inc., d/b/a CPC Millwood Hospital, Charter Behavioral Health System of Dallas, Inc., Colin A. Ross, M.D. and Jerome Statman, M.D.**, be cited to appear and answer herein; that upon final trial hereof, Ms. Tyo receive judgment against Defendants for the damages set forth above, plus pre-judgment and post-judgment interest at the highest rates allowed by law or in equity, all costs of Court, and such other and further relief, general or special, legal or equitable, to which she may show herself justly entitled.

Respectfully submitted,



Mark H. Iola
State Bar No. 00792294
Roger L. Mandel
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ATTORNEYS FOR PLAINTIFF

CERTIFICATE OF SERVICE

The undersigned hereby certifies that true and correct copies of the foregoing Plaintiff's Second Amended Petition were served this 7th day of August, 1998, upon the following counsel via the method indicated:

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Schell, Beene, Vaughan & Quillin, L.L.P.
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2200 Ross Avenue
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- ☐ via fax #214-754-0060
- ☐ via first-class, U.S. mail
- ☐ via overnight delivery
- ☐ via hand delivery

V. Rock Grundman
Rock Grundman & Associates
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- ☑ via certified mail, return receipt requested
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- ☐ via overnight delivery
- ☐ via hand delivery

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- ☐ via overnight delivery
- ☐ via hand delivery

Michelle H. Galindo
MICHELLE HERON GALINDO

PRESS RELEASE July 30, 1998

A former University of Manitoba professor who also practiced medicine at the St. Boniface General Hospital from 1985 to 1991 will be facing Texas justice. Dr. Colin A. Ross is facing fraud, gross negligence, fraudulent concealment, and conspiracy to commit fraud charges. He also faces charges under the Deceptive Practices Consumer Protection Act in the State of Texas. A number of Ross's colleagues also face the same charges

A Winnipeg man says he is assisting the Texas Law firm of STANLEY, MANDEL & IOLA bring Dr. Ross to justice. George Bergen said the law firm approached him for assistance in May of this year. On July 2, 1998 the Texas law firm filed charges on behalf of Martha Ann Tyo a former patient of Ross.

In 1994, a Winnipeg women filed a lawsuit against Dr. Ross. Roma Elizabeth Hart had been Ross's patient from 1986 to 1991. In 1986 Hart was a 27 year old single mom and part time student in the University of Manitoba's Faculty of Education. She sought assistance at the U of M's Student Psych. Services in dealing with stress. Ross's graduate student Lynne Ryan in psychology took Hart to see Dr. Ross and within fifteen minutes Ross shook Hart's hand welcoming her to his Multiple Personality Disorder (MPD) therapy at the St. Boniface General Hospital. Ross informed Hart that her stress was due to incest and having been part of a satanic cult during her childhood. Hart pleaded that she had no memories of incest or cults. She was then subjected to memory recovery techniques that included hypnosis, age regression, dream imaging, suggestive questioning, exorcisms, body memories and massive doses of psychiatric drugs. Ross convinced Hart that for her to get better she needed to recover her repressed memories. At one point she was prescribed one hundred times the maximum recommended dosage of Halcion. Hart began to believe the incest and that she had been part of a Satanic cult during her childhood. Ross traumatized Hart by having her believe that she had been abducted and impregnated by aliens. Soon after she became Ross's patient, Hart was frequently hospitalized and was unable to look after her young daughter, work or continue with her education. The five year ordeal was a nightmare, Hart says. It included numerous suicide attempts, she said. The 1994 case against Ross had suffered from one legal delay after another.

Bergen said that he filed charges against Ross in April, 1997 soon after he discovered that his sister-in-law, a computer operator, had been a patient at Ross's therapy clinic on the University of Manitoba campus in 1986. This 39 year old Winnipeg women went to Ross's clinic after she experienced a mild depression. Bergen said his sister-in-law was kept heavily drugged and she began to believe that during her childhood, her entire family had been part of a satanic cult that worshiped the devil in a northern Manitoba church. Shortly after attending the clinic she was hospitalized for two weeks. Three months later she was found dead in her apartment. I have no doubt that Dr. Ross is responsible for her death, Bergen says. He said she committed suicide because she could no longer live with the horrific false memories that were implanted in Ross's Clinic at the University of Manitoba

His case against Ross was thrown out by the courts in February of 1998 on procedural technicalities, Bergen said. After studying his charges against Ross for seven months in 1997, the Manitoba Court sited legal technicalities in dismissing the case instead of

dealing with the substance of the charges. Bergen said he didn't have the financial resources to file an appeal.

The fifty page Court action brought against Ross and other therapists and social workers at the Charter and Millwood Hospitals in Texas by Martha Ann Tyo reads like a six year witchcraft horror story out of the dark ages and surpasses the 1692 Salem Witch trials in terms of its absurdity, Bergen says.

In 1990, Martha Ann Tyo, age 32 sought treatment for depression and marital problems. She was assessed as having MPD and informed that she had repressed memories of incest and abuse by a satanic cult. In therapy, Martha Ann came to believe that she had been sexually abused by her mother, father, and other family members and that her family was part of an extended, transgenerational Satanic cult that engaged in torture, murder and cannibalism of numerous adults and children. Martha Ann came to believe that one of her 'alter' personalities had abused her own son.

At the beginning of her therapy Martha Ann pleaded with her therapists that she did not have any memories of incest or being involved in cult activity described by her therapists and social workers. The therapists and social workers then informed her that she was in deep 'denial' as a result of the cult's "programming" and that her continued "resistance to treatment" would prevent her from improving.

Martha Ann was advised to break all ties with her family in order that the therapists could "deprogram" her.

The Court document says that as a result of Martha Ann's treatment she "had all ties with her three children legally severed, underwent over six years of unnecessary and improper treatment, incurred significant medical expenses, suffered the end of her marriage, attempted suicide on at least three occasions, engaged in self-mutilation and endured unbelievable physical pain and suffering and mental anguish".

Hart and Bergen say they have had their complaints to the Manitoba College of Physicians & Surgeons and the Texas State Board of Medical Examiners rejected. Both licensing bodies showed a determined interest in shielding Ross, Bergen says.

George Bergen	204-261-4386 or 204-9826432 (Winnipeg)
Roma Hart	204-275-5723 (Winnipeg)
Mark H. Iola	214-443-4300 (Attorney with STANLEY, MANDEL & IOLA)
Michelle Heron Galindo	(same as Mark H. Iola)
Colin Ross	214-918-9588 (Dallas)
Dr. Kenneth Brown	204-774-4344 (The Manitoba College of Physicians & Surg.)
Belinda J. Ockels	903-786-8194 (The Texas State Board of Med. Examiners)
Emoke Szathmary	204-474-9354 (Pres. University of Manitoba)
Jack Litvack	204-237-2920 (Pres. St. Boniface General Hospital)
Charter Hlth Centre	214-519-1101 (Dallas)
Lynne Ryan	204-985-5060 (Winnipeg)

Patient suing psychiatrist

Ex-city doctor planted false memories: lawyer

By Alexandra Paul
Medical Reporter

A FORMER Winnipeg psychiatrist is being sued in Texas for allegedly planting false memories about childhood satanic abuse in a patient.

Dr. Colin Ross, now a psychiatrist in Dallas, has been accused of similar allegations in two Winnipeg lawsuits — one of which was dismissed by the courts in 1997 and one that is still before the courts.

In the most recent lawsuit, by Texas patient Martha Ann Tyo, Ross and his psychiatric methods are blamed for Tyo's loss of her livelihood, her divorce and loss of custody of her three children.

Dallas lawyer Mark Iola said Tyo went to Ross with stress in 1990. She was told she had multiple personality disorder and had repressed memories of incest and abuse by a satanic cult.

In Winnipeg, Ross faced two lawsuits after clients were supposedly diagnosed as victims of satanists.

One suit was filed by Winnipeg's George Bergen, a relative of a patient who committed suicide. It was dismissed by the courts in 1997.

The second one, by former Winnipeg patient Roma Elizabeth Hart, is still before the courts.

In Texas, Tyo's lawyer said while under Ross's care, his client was advised by therapists to break all family ties so she could be deprogrammed.

A court order subsequently severed her legal ties to her children, her husband divorced her and she ended up on a government disability pension. Medical bills for her care ran over $1 million, Iola said.

Tyo attempted suicide three times and mutilated herself during her six years of treatment, he said.

"She was carving 'Satan's Boy' in her chest with a razor blade and burning herself with cigarette butts," Iola said.

The three cases revolve around the controversial theory that victims of childhood abuse sometimes repress or block out traumatic memories and later recover them. Equally controversial in medical circles is the companion concept of false memory syndrome, in which fake memories of past trauma are said to be deliberately implanted in the psyche.

Ross has a private practice in Dallas and could not be reached for comment, nor could state medical board officials. Licensing officials in Manitoba record no disciplinary action against him here.

Hart learned about the Texas suit from Bergen, who offered to supply material about the Winnipeg cases to the Dallas lawyer.

"My statement of claim will look almost identical to Ms Tyo's except I was given more drugs," Hart said, referring to Halcion, a drug linked to bizarre mood changes that is also part of Tyo's suit.

Hart filed her action in 1994 in Manitoba and said she is awaiting a ruling on an application to extend the statute of limitations that would allow her case to proceed.

Hart, a patient of Ross's from 1986-91 — the year he moved to Texas — alleges Ross convinced her that her stress was the result of incest and abuse by a satanic cult during her childhood. She said he also told her she was suffering emotional trauma after being impregnated by aliens and brainwashed by the CIA.

In her court application, Hart said she alleges the trauma destroyed her life and left her unable to care for her young daughter or to work or pursue a university education.

George Bergen filed a suit alleging false memory syndrome on behalf of his sister in-law who committed suicide in 1986 while she was under Ross's care. The suit was dismissed in February.

George Bergen's ex-wife Bonnie Bergen filed a widely publicized suit alleging false memory syndrome which she claimed was the fault of another Winnipeg counsellor, not Ross. In 1996, it, too, was dismissed.

Testimony of Thomas Brown
Taken May 15, 1996

On June 5, 1994, I received a phone call from my wife, Kathleen Anne Brown who was at the Charter Hospital inpatient facility in Dallas Texas directed by a Dr. Colin Ross. She was being treated for, in her words "integration of personalities" brought on by MPD or Multiple Personality Disorder. My wife claims that, remembered though therapy, she is the victim of satanic ritualized abuse involving major portions of her childhood years and that this is the cause of her emotional problems. Other professional opinions indicate major depression, which occurs in patients regardless of past history. This was her first visit to the facility and she had been there roughly a week or two.

She began "I know so much more now!". She then described how she was learning from "new things being researched by Dr. Ross" about mind control "abuse programs" conducted by the CIA.

My response was that the mind control experiments done by the CIA were already well publicized and not new (revealed around the mid 1970's). I also explained to her that if she was part of a cover up scheme that I would have run into problems somehow long ago when I worked on technically sensitive projects at a defense contractor. She emphasized that "this is all new stuff, he's (presumably Dr. Ross) only known about this for about 18 months" and stated that it involved a "very organized conspiracy with child sex abuse rings". This 18 months would correspond with the advent of Dr. Ross's unpublished report on the subject as compiled from information he gathered as a result of the freedom of information act for classified documents. She stated that "He (presumably Dr. Ross) says how it happened". From this I infer that he spoke directly with patients about the issue. She stated that Dr. Ross had spoken to them within the previous few days of this phone call.

Kathleen then asserted that she also was a victim of this abuse and made new accusations against her parents. No accusations were made against me.

From that time, Kathleen has had several visits to the facility and in February of 1995, moved to a location closeby for better support. Her mental health has eroded badly since that first visit.

To me it appears that there was an intentional seeding of information to knowingly vulnerable patients with the expectation of iatrogenically introducing new symptoms.

Thomas Brown

Thomas Brown
1216 Laurel Avenue
St. Paul, MN 55104
(612) 647-9012 (w) 687-5436

August 22, 1995

George Bergen
150 Dorge Drive
Winnepeg, Manitoba CANADA R3V1M4

Mr. Bergen:

I obtained your name from Matt Keenan who is preparing a story about FMS and the involvement of Dr. Colin Ross in particular.

My (former) wife, was and still is being "treated" by Dr. Ross. Her treatment by Dr. Ross and others who advocate his treatment model has fractured our family. We now unfortunately are divorced after a unfortunate sequence of events that put our two young children though some physical and, I'm sure, emotional trauma.

It sounds like our stories have a number of similarities.

For your benefit, here are a few highlights:

She was diagnosed by a Dr. David Hielner (Yarmouth Maine) , after only one 45 minute session, that she has a condition called Multiple Personality Disorder or Multiple Identity Disorder (as classified by DSM IV). As far as I can tell, no medical records about past treatment of depression was present when the diagnosis was made. Dr. Hielner is a strong advocate of Dr. Colin Ross and repressed memory therapy. A few weeks before the diagnosis, Dr. Hielner had been to a seminar sponsored by Ross which described the repressed memory/MPD model. My wife borrowed Ross's book regarding MPD. She spent hours staying up late at night saying "I have this!" or "this is me!" every few minutes. This of course heavily reinforced the diagnosis to her.

On June 3, 1994, during the first visit to Charter Hospital, my wife called up hysterical because she "now realized" that she was part of government sponsored "programming". The lead up to this determination was described as follows: Dr. Ross had a group session where he described the CIA mind control theory. It was stated that it was "new stuff just getting un-repressed by victims". I thought (and later found out to be correct) that this was data from the 25 year declassification rule. Later that same day, patients were subjected to a "guided imagery" session where they are allowed to use their imagination to create "memories". Within 24 hours, my wife and at least 2 other patients (her closest friends in the therapy group) were convinced that they were victims of the CIA plot. After this, my wife was deeply suspicious of everyone for a time from the water meter checker to the postman. She was told that there would be a special word that would "trigger" a response and cause

her to commit a crime or suicide. Dr. Ross testified at the Humanansky trial regarding his CIA plot theories. The main project he referred to was "project artichoke". This project terminated in 1953 according to Ross. My wife was not born until 1957.

As early as 1990 however, my wife claims that she was part of a satanic ritual abuse cult (long before her visit to Charter Hospital) The most notable portion of it was that she was reinforced by her therapist at the time that she had given birth to babies as early as age 10 and was then forced to dismember them and drink their blood. Earlier, before all of this started, she stated that her periods didn't begin until age 13.

Over the few years that we have endured this, we (meaning myself and my two children) have seen a loving mother turn into an isolative and depressed basket case that willingly abandoned her children and spend their college savings bonds to support her therapeutic "habit" . At the time of our divorce, I gave her a choice, either to stay with the children and me or to go with her friends at Charter. She soon disappeared with little notice to Charter Hospital.

In my opinion, having lived with this for a number of years, this is another way that, again, women have been victimized. The real losers in this are the patients (overwhelmingly women) who destroy their most important relationships and in the end only get anger, frustration, depression and loneliness. Perhaps the saddest and most telling relationship that it effects is their relationship with their children... it ruins it.

I am doing my utmost to expose Dr. Ross and his theories. Because my former wife is not (yet) a retractor, there will probably not be any legal action against Ross at this time. I however intend to be very vocal about evidence which exposes his disasterous treatment methods.

If there is any information that I could provide to assist you, please ask.

Sincerely,

Thomas Brown

WINNIPEG FREE PRESS

Mounties probe Satanic crime, animal mutilations

By Paul Wiecek

The Manitoba RCMP are investigating incidents of criminal activity involving Satanists — including the mutilation of animals — which have been occurring throughout the province recently.

"We've been seeing things that can only be described as strange. Bizarre graffiti, mutilated animals, carcasses turning up in various places — it runs the whole gamut," RCMP spokesman Cpl. Wyman Sangster said yesterday.

Sangster made the statement the same day the *Free Press* quoted from a report that identified eight Manitoba towns with connections to Satanic cults based in Winnipeg.

The report, written by Winnipeg Const. Russ Heslop, cited a reliable informant in naming Flin Flon, The Pas, Thompson, Winkler, Brandon, Grand Marais and the Jackhead Indian reserve as places in Manitoba with Satanic cult connections.

Sangster said the RCMP has still not received a copy of Heslop's report but he said the contents of it as reported in yesterday's *Free Press* do not surprise him.

"We've been aware of (Satanic) activities in the rural areas for some time and have investigated numerous incidents," he said, refusing to give specifics.

"It's a concern to us although I would stress that (the criminal activity) isn't widespread," he said.

Sangster said the force has done what it can to educate its members in the outlying detachments on what to look for and any suspected incidents of illegal Satanic activity are reported to RCMP headquarters in Winnipeg which coordinates the information.

"We've been very pro-active in this area and have attempted to inform our members through a training manual and a video which has been sent to all the detachments," he said, adding a course in Satanism is also a standard part of RCMP investigators' training.

Sangster said the force also attempts to monitor the movements of known cult members within the province as well as across Canada and the U.S.

According to Heslop's report, Winnipeg-based Satanists have connections to over a dozen Canadian cities from Vancouver to Halifax.

Sangster said the Manitoba RCMP works closely with other police forces — particularly those in Western Canada — to track the movements of the known cult members.

He said the force is also a regular contributor to Canadian Intelligence Services Canada (CISC), which is a national storehouse of information on organized crime groups in Canada.

A spokesman for CISC could not be reached for comment.

Sangster said the investigation of Satanic-related crimes is difficult because the groups are rigidly controlled and there is only so much police can do to penetrate them.

"We're very cautious of the Charter of Rights when we do our investigations," he said, noting the charter guarantees freedom of belief — no matter how bizarre — and police cannot arrest someone for simply being a Satanist.

Sangster

Heslop

Satanism conference targets abuse

SEP 21 1990
p. 1
WINNIPEG FREE PRESS
Sept 21/90

By Alexandra Paul

The province will pull doctors, lawyers, teachers, social workers and government officials together this fall for a massive conference on Satanism and ritual abuse of children.

Occultists defended/13

As well, Family Services Department spokesman Janice Little said yesterday the province is looking at a review of allegations of Satanic criminal-cult rituals in Winnipeg.

Little said the government has been quietly trying to combat ritualistic abuse of Winnipeg children since last year.

She said experts in Satanism, including police, social workers and psychiatrists from outside Manitoba, will be brought to Winnipeg for two days in November to train 400 conference delegates.

The delegates will be taught to identify, assess and treat children involved in ritualistic abuse, Little said.

"It's an interdepartmental effort," she said, naming the lead departments as Health, Justice, Education and Family Services.

The conference will be the first of its size to be organized by the province, Little said.

A previous, smaller workshop was held last December to assess the extent of Satanism in Winnipeg. Top top Family Services officials and child and adolescent mental health officials attended, she said.

See CRITIC page 4

Janice Little
Heslop
Somers
+
Ross

Critic demands

continued from page 1

Satanism probe

Little's comments were the response by the Filmon government yesterday on the findings of a secret police report on Satanism in the city.

The 32-page report, completed in March by national Satanism expert and Winnipeg police Const. Russ Heslop, identified a criminal network tied to five local Satanic cults.

Heslop stated the network is engaged in pornography, drug trafficking, child abuse, sexual assualts and possibly murder.

Known cult members number up to 150, come from all walks of life, and range in age from 13 to 50, the report says.

A registered nurse, a restaurant manager and a high-ranking banking official have been linked to one cult, it says.

Little said the Heslop report is not the only indication the government has had of Satanic cults operating in Winnipeg, but she would not elaborate.

"This is an issue the department is aware of," she said.

"It is something we will take forward for a review with the new minister."

Retiring Family Services Minister Charlotte Oleson did not run the Sept. 11 provinical election and her post is expected to be filled next week.

Little said it is up to Oleson's replacement to decide how to respond to the Heslop report and to calls this week by psychiatrist Dr. Colin Ross and social worker Rosemary Somers for a task force on Satanic activity.

At least one opposition critic, however, accused the Tories of dragging their feet on the issue.

NDP family services critic Becky Barrett (Wellington) blasted the Filmon government for failing to throw its resources into a full investigation of Satanic cult activities in Winnipeg.

"Anytime there is any suspicion of abuse, you need to act on it immediately — you need to investigate it by putting human and financial resources into it," Barrett said.

Barrett, a social worker and former executive director of a housing program for abused women and their children, said Satanism is not a new phenomenon.

There are stories of children dabbling in Satanic rituals in Alberta and Saskatchewan, Little said.

"It is not something that has appeared miraculously," she said.

Task force urged on cults

WINNIPEG FREE PRESS

By Allison Bray

Satanism poses a real threat, but Manitoba lacks the resources to deal with the problem, a Winnipeg psychiatrist said yesterday.

Speaking to about 70 school counsellors, teachers and administrators at a one-day conference on Satanism, Dr. Colin Ross said a multi-disciplinary approach involving government departments and law enforcement agencies is needed to fight the problem.

"The fact is it's there, it's definite," Ross said of Satanic worship and cult-related crime.

But he said the resources to deal with the problem, including psychotherapists with expertise in Satanic cults, are virtually non-existent in Manitoba.

"It's pathetic the amount of resources available for child abuse in general, but when you add on Satanism, it's completely undefined," he said.

Task force

"There just aren't people you can refer to who are Satan counsellors."

Ross said the provincial departments of Education, Family Services, Justice and Health — which are sponsoring a two-day conference on the issue next month — should go a step further and establish a task force to deal with Satanism.

"We need some sort of co-ordinated, organized body," he said.

As well, he said, municipal and provincial police should be restructured to better investigate crime related to Satanism.

Ross said the cost of treating those who have been heavily involved with Satanic cults is enormous.

For example, he said, children who have been severally sexually or physically abused — which may occur in Satanic rituals — may develop multiple personality disorders that take years of therapy to overcome.

He noted the cost to treat 15 women in Manitoba suffering from the disorder — a severe form of psychosis in which separate personalities emerge as a means of coping with severe trauma or abuse — is more than $1 million, adding the average length of therapy is about four years.

Ross said while some otherwise normal teenagers may simply dabble in Satanism for kicks and later drop it, the jury is out on how much psychological or emotional damage may result, or on what factors would cause them to get involved in the first place.

Awareness session

"I just don't get it why a kid who is pretty well adjusted would get involved in a Satanic cult and drink the blood of his friends from a vase," he said.

"I just don't see many well-adjusted kids getting sucked into it."

Ross and RCMP Const. Kathy King were invited to speak on Satanism and cult-related crime as part of a Satanism awareness session sponsored by the Counsellors Association of River East, consultant Joan Trubyk said.

Despite recent reports of Satanic involvement in the desecration of cemeteries in St. Boniface and West St. Paul, Trubyk said the in-service was planned months ago, not in reaction to the events.

"We're at an awareness stage," she said. "We're hearing reports and it's important for us to keep abreast of it."

Trubyk said while teachers and counsellors are concerned over the growing reports of Satanism in Winnipeg and North America, the issue has not exploded at the school level.

"Ultimately, we need to know what's happening, maybe we need to know not to overreact," she said.

King said while police are aware of a certain amount of dabbling or "entry-level involvement" in Satanism in Manitoba, police have no statistics as to its prevalence.

However, she said, now that the issue has come into the limelight, incidents may appear to be on the rise in much the same way that reports of child abuse have increased as awareness of the problem has grown.

OCT. 2/90

W.F.P.

Ross

King

Trubyk

Satanic inquiry urged

SEP. 20/90 W.F.P. P.1 SEP. 20 1990

WINNIPEG FREE PRESS

By Alexandra Paul

A doctor and a social worker who hear frequent confessions of ritualistic practices — including human sacrifice — from self-proclaimed Satanists are demanding a provincial inquiry into criminal-cult activities in Winnipeg.

"We should have an attorney general task force into this — there's enough reality to justify a task force and it's serious," Dr. Colin Ross, a psychiatrist and Canadian authority on multiple personality disorder, said.

Social worker Rosemary

See **TASK** page 4

Ross

Heslop

+

Somers

Task force needed, social worker says

continued from page 1

Somers echoed the call.

Somers, former co-ordinator of Youth Victims Project — a joint city police, school and child and family services program — said child-welfare officials have frequently discussed the need for a provincial task force into Satanic cults and street gangs.

"We absolutely have to have this," Somers said.

These (Satanists) are organized so why on earth shouldn't we be — we're supposed to be the good guys."

Ross and Somers want Justice Minister Jim McCrae to order an inquiry into the findings of a secret police study by Winnipeg Const. Russ Heslop, who spent a year documenting Satanism in Winnipeg for the department.

The 32-page report detailed a criminal network tied to five local Satantic cults engaged in organized pornography, drug trafficking, child abuse, sexual assualt and possibly murder.

They said that if such a task force supports Heslop's findings, then the province must forge a network of therapists, social workers and police to combat the cults.

The province was silent on the call yesterday, despite a reporter's repeated requests to speak with Premier Gary Filmon, McCrae and other officials.

"What we are talking about is sexual abuse, physical abuse, emotional abuse and substance abuse," Somers said.

She and Ross said they take Heslop's findings seriously.

"At St. Boniface (General Hospital) we have heard reports about Satanists and their crimes in Manitoba, which include a whole variety of criminal practices, including human sacrifices," Ross said.

He said he has heard confessions from approximately 20 patients who have told him for three years that they are involved in highly organized Satanic cults which are part of a network stretching across North America.

The confessions are unconfirmed, but they support the findings of the Heslop report, Ross said.

He said many of the patients have histories of sexual and physical abuse at home, making them susceptible to cult leaders who play upon their victims' minds to cultivate deviant behavior.

"There are teenagers who are drinking each other's blood — I have direct statements by participants of these activities," Ross said.

"They do specific rituals, drinking each other's blood, ritual sacrifices of animals."

Five-year-old tots of Satanist families 'ritually abused'

p.1

WINNIPEG FREE PRESS

SEP. 19/90

By Paul Wiecek

© Winnipeg Free Press, 1990

Children as young as five have been "ritually abused" by members of their Satanic families who use them for sex and possibly even feed them raw animal flesh, a Winnipeg police intelligence report says.

"There is evidence to suggest several cases of ritual child abuse have occurred within the city," Const. Russ Heslop concluded in a report he submitted to Chief Herb. Stephen last March.

Heslop

In one instance, the report states several children, including two girls, five and seven, and a young boy, were removed from a Satanic family — which included a senior bank official and a registered nurse — after allegations of sexual abuse were made.

"As the children were removed to a foster home, they began to disclose definite Satanic experiences with indicative behavior," the report states.

"The children were observed eating raw flesh from a chicken, killing a family cat, chanting slogans such as 'Kill her, Kill her,' (and) digging up decaying carcasses of family pets and other animals that were buried around the yard."

The report states the children also made numerous references to a "dead pit" where their "father and uncle supposedly disposed of dead animals."

The report said the girls were "terrified of the television and the VCR.

"Some of their disclosures were that they had been filmed in various sex acts with family members and that they had seen themselves doing 'dirty things' on TV (i.e. video)."

Heslop said numerous accusations have been made against one family (the report isn't clear if it's the same family) but: "To date, many of the accusations have resulted in Crown opinion decisions indicating no charges due to the credibility of the young children."

Lack of funds forces expert out of province

Doctor to head program in Texas

By Alexandra Paul

Dr. Colin Ross, an expert on multiple personality disorder, is leaving Winnipeg to help head a psychiatric program in Texas.

"I'm happy about the situation in Texas but I'm sorry to be leaving Manitoba," said Ross, an associate professor at the University of Manitoba who practises at St. Boniface General Hospital.

He'll miss Winnipeg, but he won't miss the funding shortages and animosity he has faced from other mental health officials.

"There are various reason for leaving but the main one is there is not enough support — clinical support or research support — for this area in Manitoba."

He added that funding pleas to the Manitoba Health Services Commission for two years to pay the salary of a research nurse have been ignored.

Animosity from mental health professionals, including other psychiatrists, is another reason he's packing his books.

"There is a large amount of hostility by mental health professionals, of dissociative disorders and that's been a factor in my decision to leave," he said.

Many psychiatrists, psychologists, nurses and others don't believe in the existence of emotional trauma from childhood abuse, he said.

That's partly because their training and society in general has ignored the phenomenon until recently, Ross said.

"The two major forces in psychiatry in the 20th century, psychoanalysis and biology, have really excluded child abuse," he said

He noted that the father of psychoanalysis, Sigmund Freud, dismissed stories of childhood abuse as neurotic fantasies.

Meanwhile other founders of the profession preached that mental illness is caused by biological factors, Ross said.

Neither influence leaves much room for environmentally induced disorders, he said.

He said Canada lags behind the United States in recognizing emotional trauma associated with childhood abuse.

Ross said his departure Nov. 18 will give him a chance to advance research on multiple personality disorder (MPD) and the emotional consequences of childhood sexual and physical abuse.

Ross, the author of a definitive text on MPD, will be working with a team of professionals at the Charter Hospital of Dallas, a private facility in a Dalla. suburb.

His work will involve two in-patient programs, one of which is a 10-bed unit for MPD patients and a 16-bed unit for patients in crisis from sexual abuse.

"There are 12 in-patient units in the U.S. and there are none in Canada and no indications that there is going to be one," he said.

Ross's departure is Manitoba's loss, Canadian Mental Health Association executive director Bill Martin said.

Martin, who heads up the Manitoba CMHA, hailed Ross as a pioneer.

"I'm sorry that he's going," Martin said, predicting that his patients and many professional allies here will miss Ross

"I believe Colin is making an important contribution so that in five years time we will look back at it and say 'That was a good beginning,'" Martin said.

Martin said he understands Ross's frustration with lean research grants and animosity from some professionals.

But at the same time, patients have so few therapy resources that Ross's departure will leave a gaping hole, Martin said.

"I don't know anyone who does the same kind of work he does."

Sept. 24/91

W. F. P.

Ross & Martin

Some science, some fiction

Tabloid tricks MD for out-of-body experiences piece

By Alexandra Paul P. 1

ENQUIRING minds wanted to know.

And a respected Winnipeg psychiatrist says he was tricked into giving *National Enquirer* readers the goods on out-of-body experiences.

~~Doctor forced to leave/3~~

Dr. Colin Ross, an expert on multiple-personality disorder and childhood abuse, is quoted in the Sept. 17 issue of the supermarket tabloid in a story headlined: "One in three people have left their bodies — & then returned."

"The guy phoned me and identified himself as a science writer so I didn't know it was going to be in there," said Ross, who works at St. Boniface General Hospital and is an associate professor at the University of Manitoba.

The article quotes Ross as saying "Out-of-body experiences are much more common than most people think."

The article, which has no byline, cites two instances — one of a woman who left her body after plunging from a third-storey balcony and breaking her pelvis and the other of a man who floated outside himself during heart surgery.

~~"Those two examples are made~~ up," Ross scoffed. "But the statistics are accurate and I did do the study."

Ross said he led a team which

See OUT-OF-BODY page 4

Out-of-body experiences article 'not bad,' psychiatrist insists

continued from page 1

interviewed 1,055 men and women, ~~aged 18 to 70, from Winnipeg~~.

Each respondent was asked 28 questions, including whether they have had out-of-body experiences.

That question was: "Some people have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they are looking at another person. Mark the line to show what percentage of the time this happens to you (from zero per cent to 100 per cent)."

He said 302 of the respondents — 28.6 per cent — reported at least one out-of-body experience.

"This is how they came up with the figure of one in three people had some kind of dissociative experience," Ross said.

All the respondents said they ~~were alert, awake~~ and not under the influence of drugs or alcohol during the events.

Ross said he's not angry at the Enquirer for making up part of its story and failing to identify itself to him in the interview.

"It doesn't slay me," he said. "It was not a bad article, not a sensational article, aside from those two points."

The study is part of a groundbreaking series on cases of sexual and physical childhood abuse in the general population.

It was published in the American Journal of Psychiatry last November.

It discusses coping mechanisms, called dissociative behaviors, that are usually linked to the trauma of childhood abuse.

Some findings that the tabloid left out include:

- 47 per cent said they felt almost as if they were two different people.
- Seven per cent hear voices more than 30 per cent of the time, suggesting that most people who hear voices frequently do not have schizophrenia.

Sept 24 1991

WINNIPEG FREE PRESS

Ross

Officer won't speak of devil - until reporter leaves room

By Alexandra Paul

A Winnipeg police officer refused to give a lecture on the evils of Satanism yesterday — until a reporter got the heck out.

A *Free Press* reporter was ordered out of a lecture on Satanism yesterday to be given by national expert and Winnipeg police Const. Russ Heslop at a Roman Catholic youth conference.

A conference organizer announced a journalist was in the room seconds before Heslop was to deliver his lecture, billed as a warning about Satanic activity in Winnipeg.

Chatter among the approximately 50 delegates in the packed room was silenced by the announcement.

'That's her'

The organizer, who did not identify herself, told delegates the session would not be held unless the reporter left.

Delegates began to murmur and one person pointed out the reporter, saying, "That's her."

Heslop

Outside the closed doors of the lecture, another organizer said Heslop had requested the reporter's ouster at the last minute.

The organizer said Heslop was speaking at the conference as a private citizen, but a conference program inviting media coverage identified him as Winnipeg police officer.

Heslop was not available for comment.

Heslop authored an internal police report, completed in March, that stated five Satanic cults with some 150 members operate in Winnipeg.

The cultists are engaged in criminal activity, including pornography, drug trafficking, child abuse and possibly murder, according to the report.

Heslop was transferred to a community relations post shortly after submitting his report.

The Satanism lecture was the only session to be closed at the three-day church conference, covering everything from sex education and rock music to the Catholic interpretation of New Age spiritualism.

A conference program showed Heslop was to deliver the Satanism lecture twice yesterday, under the heading: "Satanism — Not what is happening in Vancouver or Miami but right here in Winnipeg.

"Your brother, sister, son or daughter is a prime target," the program said.

Several people, interviewed before the reporter was barred, said they were not skeptical about reports of Satanic cults in the city.

"We believe it is happening in Winnipeg and we want to know more," one middle-age woman, who did not want to give her name, said.

"I imagine those (parents) with children would be really worried," she said.

Regina delegate Stephanie LaBelle, 18 said she is aware of similar Satanic activity in Medicine Hat and Regina.

"I know of people who could be involved," she said.

RITUAL AB

THE WINNIPEG SUN Tuesday, October 9, 1990

Are crimes and abuse against children being performed for Satan? Oct 7 1990

By MIA STAINSBY
Vancouver Sun

VANCOUVER

The twists and turns are denser than an Agatha Christie plot.

The phenomenon of ritual abuse — involving horrific crimes and abuse against children, seemingly for Satan — increasingly baffles and boggles the imagination. Alleged survivors of ritual abuse have been popping up at increasing rates across Canada in medical and counselling offices in recent years.

Therapy uncovers unbelievable stories of murders, mutilation, human and animal sacrifices, rituals involving blood, excrement, semen, the breeding of babies for sacrifice, violent sexual abuse of children, pornographic film-making, and acts beyond the combined imaginations of David Lynch and Steven Spielberg.

Until recently, such disclosures resulted in survivors being labelled deluded and ill. Now, professionals such as police, social workers, educators, counsellors, Crown counsels and psychiatrists, are starting to listen.

But the spectrum of response swings wide — from people who believe such ritual abuse stories are absolute hogwash to others who believe everything.

Regardless of the divided opinion, ritual abuse persists. It is spawning workshops, conferences, training sessions, support groups for survivors and education awareness groups.

A cautious Rob Tucker, founder of the Council on Mind Abuse, in Toronto, believes there is a core of truth to the disclosures.

"The numbers of cults aren't known," he says. "But numbers of adults coming forward in Canada are beginning to tip over a thousand."

The biggest question in the controversy is: If people are being murdered, where are the bodies and the evidence? But on the other hand: how do all the survivors of ritual abuse, all across North America, come up with fairly consistent stories of horrible activities?

The believers say cults have sophisticated ways of destroying evidence, involving burning in industrial ovens, cannibalizing, "accidental" house fires, grinding up or chemically disposing of remains.

They say cults have members in highly placed jobs assisting in the coverups — people in police forces, insurance companies, medical fields. They say "breeders" bear babies who are not reported to authorities, for sacrifice.

Non-believers have other explanations. They say the disclosures reflect psychotic delusions, drug hallucinations, histrionic attention-seeking, archetypal images from the collective unconscious or urban myths.

Others believe the stories are prompted by therapists asking leading questions or that they are exaggerated interpretations of Christian zealots.

Dr. Colin Ross, a psychiatrist at St. Boniface Hospital in Winnipeg, believes ritual abuse, as described by survivors, does occur. As an expert in the field of multiple personality disorder — a controversial new area in psychiatry — Ross has come across a Pandora's box of ritual abuse disclosures.

The disorder is believed to be caused by extreme trauma during childhood. Of the estimated 6,000 people in North America who have been diagnosed with the disorder, about one-quarter to one-third have ritual abuse memories. He estimates at least 500 cases of the disorder in Canada.

"These are stories people are hearing all over North America and it does seem impossible and unimaginable, but the stories are consistent," he says.

"Cannibalism has existed in all kinds of cults throughout human history so it's not inconceivable that the human race could do that."

An internal report leaked from the Winnipeg police department to the Winnipeg Free Press last month shows the department is aware of 159 satanic cult members in that city.

In the Winnipeg area recently, someone opened a crypt, violated the body, and took body parts including the head.

"It wasn't the work of some kids," says Deputy Police Chief Joe Gallagher.

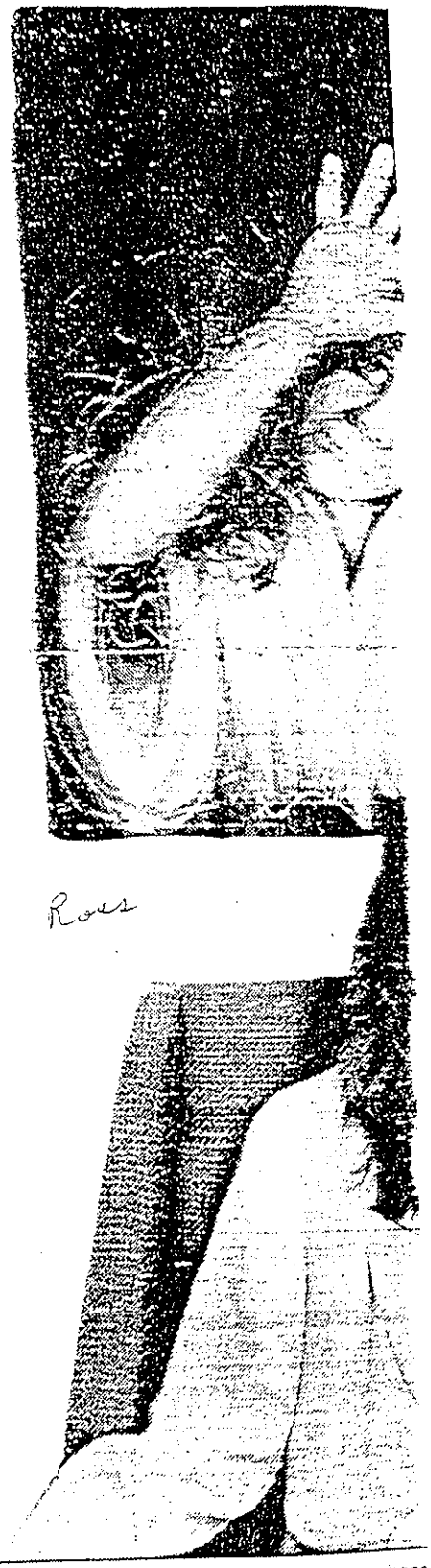
Edmonton police detective Ken Montgomery, in a recent interview in the Catholic newspaper, Western Catholic Reporter, said as many as five satanic cults are operating in that city.

Cults have not been involved in known criminal activity but police say they know of teen suicides resulting from cult involvement.

Vancouver police, however, report nothing unusual in cult activity in that city.

"If anyone has such information, I urge them to come forward. We depend on the public for information," says Sgt. Bob Cooper.

In Vancouver, the Ritual Abuse Awareness Network (TRAANS), a support group



Ross

Daniela Coates is the founder of Vancouver-bas

Satan cop taking 'heat'

Blamed for fear of cults

By MICHELLE BAILEY
For The Sun

The author of a police report claiming satanic cults exist in Winnipeg says he's been taking "heat" since the document was leaked to the public last month.

"I get the message all of the time that I am the reason why all of this (fear of cults in Winnipeg) has come up," Const. Russ Heslop said yesterday. "I've been under a considerable amount of heat."

Heslop, a former youth division officer who spent a year researching and writing the controversial report that garnered national headlines, made his comments during a speech at a Catholic youth conference.

After the presentation, the officer — who had asked organizers not to allow media into his seminar — refused to elaborate on his statements or speak to a *Sun* reporter.

A police official couldn't be reached to comment yesterday on whether Heslop — transferred to community relations duties last spring after completing his report — was speaking with the approval of the department.

After the report was leaked to the media, police officials — who denied Heslop's transfer was a punitive measure — downplayed the validity of the document, which claimed satanic cults in Winnipeg are involved in criminal activity from prostitution and drug trafficking to murders.

File photo

Sacrifice band's music only 'promotes sex, drugs and the occult,' says cop.

During his speech yesterday at the Young Catholics Challenge the '90s conference, Heslop didn't discuss the document or its allegations, limiting his comments to satanism in general.

Calling the practice "seductive and frightening," Heslop said society has to realize satanism is a multi-billion-dollar industry.

"People are cashing in on satanism and are promoting it through movies, music, clothing, printed media and other forms of literature.

"And young people are the most susceptible because they are the ones who are targeted by these multi-billion-dollar industries."

Reading from heavy metal lyrics by bands with names such as Sacrifice and Exodus, Heslop said young people are learning and listening to "more of this than to their teachers."

"People will listen to this for four or five hours a day, which is longer than they are in school," he said, adding the music only "promotes sex, drugs and the occult.

"They are getting a message in there, whether they like it or not."

While people in the audience gasped in disbelief, Heslop said individuals involved with the occult believe in the Bible, God and Jesus — but choose to follow Satan.

"Some people have a hard time believing in heaven and hell. Satanists believe in hell. They know they are definitely going there, unlike those who hope they will go to heaven."

He said the only way to understand satanism is to understand Christianity.

"It is important to be convicted in your own beliefs. There is hope in all of this and it comes through education, awareness, and not being afraid.

"Fear is a product of ignorance — and we could remove a lot of fear from not being so ignorant."

Heslop

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November 27, 1990

SATANIC CULTS FOCUS OF PROVINCIAL INSERVICE

Ritual abuse and youth involvement in satanic cults will be the topic for a provincial government inservice, believed to be the first of its kind in Canada, November 29 - 30 in Winnipeg, Health Minister Donald W. Orchard has announced.

"Investigation has revealed that children and adolescents who have been victimized by ritual abuse, and the active involvement of troubled children and teens in satanic cult activities can leave significant emotional scars which may form the basis for mental health disorders," said Orchard.

"It is important the government receive accurate information and strike new strategies regarding the identification, assessment and treatment of children and adolescents involved in satanic cult activity."

Professionals providing youth services in the departments of Health, Family Services, Education and Training, and Justice will attend the inservice which will co-ordinate the training of government staff from a cross-departmental perspective. A limited number of observers from the police, RCMP, and clergy will also be invited to attend.

Speakers include some of the top experts in North America: Dr. George Fraser, Director of the Anxiety and Phobic Disorders Clinic, Royal Ottawa Hospital; detectives Wilson and Wikersham of the Denver Police Department; Louise Edwards, Registered Clinical Counsellor, B.C.; and local speakers giving psychiatry, police, counselling and pastoral perspectives.

ROSS HESLOP PINET ?

- 30 -

Contact: Leanne Boyd, Mental Health Services, 945-5447

Extent of Satanism overblown, expert says

By Brenda Suderman

Only half those people who claim to be involved in Satanism actually participate in hard-core cult rituals, an Ottawa psychiatrist who specializes in post-traumatic stress disorders said yesterday.

"We're not believing everything that is going on, but something is going on," Dr. George Fraser of the Royal Ottawa Hospital said at a media briefing.

During the final day of a provincial in-service on Satanism, Fraser presented findings from his work with 25 adult patients who have suffered some form of childhood abuse.

The meetings with staff from the departments of Health, Education, Family Services and Justice were closed to the media and the public to allow for open discussion, organizer Leanne Boyd said.

'There's lots of trickery going on'

"We think it's really important that the media gets the story out, but it is also important for staff to deal with confidential matters freely," she said.

Fraser said 12 of the 25 patients were probably involved in cult activity through their family connections, and another five participated in gang rituals described as satanic.

The others either lied or just imagined the rituals, he said.

But despite his findings, Fraser doesn't have any real proof of widespread satanic activity or ritual deaths.

"I think there's not a lot of bodies," he said.

"I think what's happening is there's lot of trickery going on."

Perverse sexual activities are often cloaked under the guise of Satanism to gain credibility, he said.

"We have a group in society that gets together for sexual gratification and sexual perversion," Fraser said, adding money, not devil-worship is often the motive.

"I think it's just a fantastic coverup."

But despite his skepticism, Fraser said claims of abuse through Satanic rituals can't be simply dismissed.

"Those of us who are looking at it are trying to be very cautious and study it," he said.

A government committee will continue to deal with the issues Fraser and other workshop speakers raised, Boyd said.

She acknowledged Satanism and ritual abuse are real in Manitoba, but it's impossible to say how widespread the activity is.

Fraser commended the Manitoba government for sponsoring the two-day workshop, and said governments should establish some type of agency to investigate rumors and charges of satanic activity.

"Even if only half of their stories are true, these people need help," Fraser said.

SATANIC WORKSHOP HELD IN WINNIPEG

Boyd

Satanic abuse services 'cut up'

By Alexandra Paul

WFP p.2 Aug 3/91

Fragmented services are hindering the rescue of children abused in Satanic rituals, the province's top child-protection expert says.

"It's bizarre — the whole thing is cut up," Child Protection Centre director Dr. Charlie Ferguson said. He said city police, provincial RCMP and a handful of medical experts can't seem to work together.

"None of the disciplines make a connection and they can't find a situation that fits into their criteria," he said, referring to differences between the jurisdictions of the experts and their varied definitions of ritual abuse.

Ferguson said the tragedy is that he suspects Satanic rituals were to blame for some mysterious child-abuse cases he's seen since 1970.

Probably the worst offender in the organizational chaos is the city police, he said.

"The official stance of the police department is skepticism," Ferguson said. Winnipeg police won't even confirm to him the recent assignment of two officers to ritual abuse cases, he said.

Ferguson said he tried as early as last winter to contact police but an appointment fell through with Const. Russ Heslop, who co-authored a report on alleged Satanic crime in Winnipeg.

"He didn't show up," Ferguson said.

Ferguson said he's impressed with the work of RCMP child-abuse unit Const. Kathie King but she can't help his medical team in Winnipeg.

"She works in the country and she's not aware of any city cases," he said.

Within the medical field, the divisions are just as wide. One of Canada's foremost authorities on dissociative behavior triggered by abuse is Winnipeg psychiatrist Dr. Colin Ross. But Ross might as well be across the continent from Ferguson instead of across the city.

"He works primarily at St. Boniface (General Hospital)," Ferguson, who works at Health Sciences Centre, said. "We have no significant connection with him," he said, adding Ross's work is with adults, not children.

Youth division Insp. Lou Spado stressed that the appointment of two sergeants from the child-abuse unit to handle ritual abuse is a part-time assignment. But he said that while there's no proof of Satanic crime in Winnipeg, police are taking the threat seriously.

King from the RCMP said: "We haven't identified anything full-blown but we'd be very foolish to say this never happens." King said authorities are undoubtedly missing cases because they don't know what to look for.

"We may not be able to point to a case and say 'That's ritualistic abuse' " she said.

Noting literature reviews state ritualistic abuse is mainly emotional, King said: "It may not be something we can point a finger at." She also called for a co-ordinated "sensible" approach to tackle the issue.

King
Ferguson
Ross

April 7, 1992 W.F.P.

Ritual abuse widespread, counsellor declares

W.F.P. P. 23

By Janet McFarland
Staff Reporter

Society is facing a turning point in its understanding of satanic ritual abuse, a counsellor specializing in the treatment of victims said yesterday.

Louise Edwards, a Kamloops therapist with more than 25 years experience treating sexual abuse and rape victims, says society can no longer deny the widespread presence of satanic abuse.

"You couldn't talk about widespread sexual abuse 10 or 15 years ago because people said that didn't happen in their communities," Edwards said in an interview.

"We're at the same place now for ritual abuse."

Strong-willed and outspoken, Edwards is in Winnipeg for a conference on sexual abuse beginning today at the International Inn.

She also spoke on ritual abuse 18 months ago at a two-day workshop for Manitoba government employees.

Edwards said she knows satanic abuse happens in Manitoba and has talked to victims.

"I'm hearing about different kinds of groups in the Manitoba area. There's a lot of satanic stuff, for sure," she said.

"I don't think there's a village or a town anywhere that doesn't have some section of it. It's a widespread problem."

The sects or groups of people practising the abuse are not all from a single satanic organization, she said.

"There are versions of other religions. Every one has its own quirks."

One group Edwards said she has not been able to identify has been described by victims as wearing brown robes and doing things "opposite" to the Catholic Church but different from other types of Satanism.

She estimated as many as three in every 100 children are victims of ritual sexual abuse.

Edwards said society doesn't know more about it because victims are slow to open up, even to therapists, because they are seldom believed. She added police and other investigators often miss signs of the abuse.

She said she had her first inkling the abuse was occurring while she was working with young runaways in the corrections system. One girl made strange comments Edwards didn't understand.

By the late 1970s, she said, she realized and accepted the extent of ritual abuse that was occurring.

Yesterday, she outlined a typical scenario of ritual sexual abuse, saying it differs widely from other types of sexual abuse.

Victims are normally victimized within their families, with mothers assisting in preparing very young children for abuse.

Children are conditioned to feel helpless and powerless. Victims have reported they were frequently drugged with substances such as sleeping pills and were brainwashed.

"The purpose is to let the child know at a very early age that he or she has nothing and can never get away," she said.

The sexual abuse begins at an early age and occurs at night. Ceremonies are often linked with cycles of the moon, she said.

Edwards: 'lot of satanic stuff'

Edwards
The baby-wax therapist
from Kamloops

APR 25 1992
WINNIPEG FREE PRESS

Believe the unbelievable, Satanism experts say

By Bain Gair
Staff Reporter

It's a normal midday in a government cafeteria — workers sip coffee and gossip about budget cuts, the kid's report card, the soaps.

In the midst of this normalcy, one person talks instead about drinking blood from a decapitated cat and events so frightening, so depraved, so evil, they defy belief.

Debbie (not her real name) says she was a victim of ritual abuse — abuse by a satanic cult — as a young girl growing up in a middle-class Winnipeg neighborhood.

This woman and others like her tell stories of being forced by men draped in black robes to put animals to death as a sacrifice to the Devil, and of ritual murder and incest.

What makes her stories more frightening is that they are often set in a church basement and the perpetrators aren't street thugs, but respectable citizens — pastors, teachers, doctors, police officers. Her father was a Winnipeg journalist.

She is jittery as she relates these tales, but seems sincere. She is either an accomplished liar or has survived horrific abuse.

"Why . . . how could I make these things up? Why would these things even come into my mind?" she asks.

As difficult as it may be, it's time society started listening to these stories, and believing them, say professionals in the field.

Louise Edwards, a Kamloops counsellor acknowledged to be one of the nation's experts, says women everywhere are telling similar stories. They can't all be lying, she reasons.

Edwards claims as many as three in 100 children across Canada have been victims of ritual abuse. Shirley Tervo, a local counsellor, believes that is true for Manitoba.

Both counsellors believe satanic or ritualistic cults have operated in Manitoba for decades and are still operating.

RCMP Cpl. Kathie King says police have never launched a full-scale investigation into a ritual abuse case.

"The problem for police is we need hard evidence," she says.

"But we've all been around too long to simply dismiss it, to say, 'Oh no, this could never happen.' "

Debbie says she and other survivors have been dismissed for too long.

"My way of finding meaning for what happened to me is to try to stop it from happening to someone else," she says.

■ Outlandish tales ring true / B18

Edwards

King

Outlandish stories ring true to experts

April 25/92 P. B13

By Bain Galr
Staff Reporter W. F. P.

SEXUAL ASSAULT, incest, cannibalism, torture, brainwashing, even murder.

Can this actually be going on? In Manitoba? In the name of the Devil?

Leanne Boyd, a mental health worker who chairs a government committee on ritual abuse and youth involvement in satanic cults, says stories of ritual abuse should not be dismissed.

"The very fact that you've got a committee made up of four different government departments and representatives from the clergy and the police should tell you that's it real, that it's out there," she says.

The registrar of the Psychological Association of Manitoba, Dr. Lois Edmund, said she has an inch-thick file of articles from professional journals dealing with ritual abuse.

"Certainly within the last couple of years people have become increasingly aware of these problems," Edmund said.

SPECIAL REPORT

But if it's out there, where's the proof? Why has no perpetrator of these unspeakable crimes ever been arrested?

Counsellor Shirley Tervo says it is because victims often have no memory of the crimes. Some have dissociative disorders — or multiple personalities — which must be overcome before they could ever testify. Other have been brainwashed, she says, or threatened with death if they ever expose the cult.

"None of us who deal with this have a lot of support in the community; it leaves us feeling very isolated," Tervo says.

Debbie (not her real name), a 38-year-old civil servant who claims she was sexually and ritually abused by a satanic cult from age two to 12, says the credibility gap will close as others come forward with their stories.

She said when the horrific memories, long repressed in her subconscious, returned during therapy, it scared the hell out of her — literally.

These were memories of her as a little girl, being forced by men dressed in black robes — including her father — to perform satanic rituals. To take part in animal sacrifices, to eat human excrement, to have sex with her father and other men, to eat the flesh of an aborted fetus.

Debbie says she sought psychiatric help two years ago after suffering for years from depression, anorexia, bulimia and nightmares that woke her up screaming.

She says her psychiatrist diagnosed her with dissociative disorder — a malady sometimes called multiple personality disorder — and helped her bring forth these repressed memories and deal with them.

The rituals she remembers often took place in the basement of a Winnipeg church in the late 1950s and early 1960s and were performed by as many as 20 men and women in black robes — including her father and mother — sometimes sitting in a circle surrounded by candles. A table also draped in black appears to serve as an altar. She is about age five and is placed on the altar, either dressed in a white dress or unclothed. From there, her body becomes part of a perverse sexual and satanic ritual.

"The reason they use children and animals is that they are taking the ultimate innocence and destroying it. It's the ultimate slap in the face to God," she says.

What made the memories more frightening is that the perpetrators, including her parents, were respected citizens. Her father was a journalist and she says others involved were a doctor and police officer.

Her first reaction was denial. She says she wanted her psychiatrist to commit her to an institution. It would have been easier.

"You go through a period of denial, of feeling sorry for your parents. You say to yourself, 'I must be sick to even think this about my own parents.' "

But after being overwhelmed with hundreds of these flashbacks, she came to believe these events weren't simply nightmares — she had lived through them.

The elements of Debbie's story — men in black robes, presence of candles, animal sacrifices, sexual abuse, cannibalism — are consistent with hundreds of other survivors' stories, says Louise Edwards, a professional counsellor and expert on the subject from Kamloops, B.C.

Edwards estimates that as many as three in 100 children could be victims of ritual abuse.

She knows people will find that statistic difficult to believe, just as they may find the victims' stories hard to believe. But Edwards, who has been counselling sexual abuse victims for about 30 years, draws a parallel to the public's attitude toward spousal or child abuse 20 years ago.

"Nobody believed it when women started telling these awful stories of sexual abuse 20 years ago. And 10 years ago, nobody would have believed how much incest there was. Now those stories have come out."

Tervo

Monday, August 31, 1992

AUG 31 1992

Wave of ritualistic abuse spurs call for help

W.F.P.

By Allison Bray
Staff Reporter

An influx of teenage girls requiring treatment for ritual and satanic abuse has led a local residential youth treatment centre to propose a special five-bed unit to handle such horrific cases.

"Every time I think nothing else is going to surprise me, it does," Wally Baergen, co-ordinator of treatment services for Marymound Inc., said in an interview.

Baergen said the private adolescent treatment centre has sent a proposal to the federal and provincial governments seeking funding to establish a "five-bed treatment unit for highly abused adolescents," including victims of ritual and satanic abuse.

Baergen, who has worked with troubled teens for the past 17 years as a social worker, said a rising number of disclosures of ritual abuse by some of the agency's clients over the last three years prompted Marymound to consider the special program.

It would provide intensive individual, group and family counselling — if appropriate — by specially trained youth counsellors and psychiatric staff.

He said about 10 per cent of the 60 residential clients referred to the agency by Child and Family Services each year have made disclosures of ritual or satanic abuse and would be likely candidates for the program.

"We really believe these are children who it's difficult, if not impossible, to do group treatment (with) because they are so needy," he said.

While society still has difficulty accepting allegations of ritual murder, cannibalism, torture and sex abuse associated with satanic and ritual abuse, Baergen sees it as the extreme side of child abuse.

While many ritual abuse survivors are at first reluctant to make disclosures because of a fear of retribution, he said the behaviors often speak for themselves.

Those include victims slashing their throats and faces, biting and mutilating their flesh, inserting objects into open wounds and orifices, drinking their own blood, chanting, praying to Satan and throwing themselves against walls.

"There are times I almost wanted to call an exorcist rather than a social worker," he said.

Leanne Boyd, head of a provincial governmental committee on satanic and ritual abuse, agreed there is a need for a specialized unit to treat ritual abuse victims.

■ Satanism shrouded / B9

Baergen
Boyd

Some scoff, some stay to hear social worker

Doctors lectured on satanic abuse

By Doug Nairne
Staff Reporter

SKEPTICS CLAIM ritual abuse involving sadistic satanic rituals isn't real, but Winnipeg physicians are asking how to spot it in their patients.

While addressing a meeting of the College of Physicians and Surgeons yesterday, provincial social worker Leanne Boyd said more and more doctors are approaching her for information.

"In Manitoba we've been very lucky in that professionals here are interested in this and take it seriously," she said.

"Unfortunately that hasn't always been the case in the rest of the country."

As if to reinforce Boyd's claim of skeptics, several doctors conspicuously walked out of her presentation shaking their heads, returning the literature she provided.

Although reports of ritual abuse are widespread, there has never been a case successfully brought to trial.

Victims, usually children, tell terrifying stories of sexual abuse, human sacrifice and devil worshipping.

Boyd

Boyd is the chairwoman of a committee set up by the province to look into the issue.

Doctors attending the meeting questioned her on how to identify ritual abuse, some saying they already question their patients on any past mental or physical trauma to give them the opportunity to reveal sexual abuse.

Boyd said doctors are one of the most important resources in spotting victims of satanic rituals.

"I've spoken to many victims who tell me they came forward because of a wonderful doctor who listened to what they had to say and believed them."

Boyd said signs of the abuse include an unnatural fear of blood, migraine headaches and sleeplessness.

Many victims are not identified until they are adults, as the memories are so disturbing they are blocked out.

Some adults only realize they have been abused after undergoing counselling for other problems.

Man accused of rape may have multiple personalities, trial told

W. FP

By Kevin Rollason
Law Courts Reporter

ANOTHER PERSONALITY belonging to a man accused of raping two teenagers and leaving them bound with wire could be responsible for the crimes, a psychiatrist testified yesterday.

Dr. Colin Ross, a former Winnipegger and expert on multiple personality disorder, said Edwin Dennis Proctor exhibited telling symptoms of the disorder when Ross interviewed Proctor for 7 1/2 hours in 1986.

But he said he wasn't able to confirm the diagnosis because the Mental Health Review Board wouldn't pay for the additional 10 to 20 hours he needed for a definitive diagnosis.

"It would have been easier to spend a few thousand dollars instead of the millions which have probably been spent on him over the years," Ross told the seven-man, five-woman Court of Queen's Bench jury.

He added that if Proctor is suffering from MPD he's not receiving proper psychiatric treatment.

Proctor, 42, has pleaded not guilty to two counts of attempted murder, two counts of rape, two counts of confinement and one charge of buggery.

Court has been told that two hitchhiking 15-year-olds were sexually assaulted by Proctor on Oct. 18, 1979.

Oct 4/95

The teens, both now 30, said they were each raped by the gun-toting Proctor, who abandoned them in separate places outside the city after leaving them unconscious and bound with wire around their necks, hands and feet.

Ross said the two internal voices Proctor claims he hears — including one called the Black Angel which encourages him to commit suicide and harm nurses — are a symptom of the disorder.

As well, he said Proctor's history of childhood abuse and amnesia are also typical of people with MPD.

Under questioning by defence counsel Saul Simmonds, Ross said he would find it "unbelievable" if Proctor was faking his symptoms during the almost 15 years since his arrest.

"He'd have to be an extremely good actor and not have slipped up through the years," Ross said.

"He would have had to have knowledge about multiple personality disorder greater than the psychiatrists examining him in 1980."

The trial continues.

COPY

STATE OF MINNESOTA — IN DISTRICT COURT

COUNTY OF RAMSEY — SECOND JUDICIAL DISTRICT

File No. C4-94-203

Vynnette Ann Hamanne,
Kenneth Earl Hamanne,
Adeana Ruth Hamanne,

Plaintiffs,

vs.

Diane Bay Humenansky, M.D.,

Defendant.

* *

TRANSCRIPT OF PROCEEDINGS

* *

The above-entitled matter came on for hearing before the Honorable Bertrand Poritsky, Judge of District Court, on the 25th day of July, 1995, at the Ramsey County Courthouse, Room 1380, St. Paul, Minnesota, commencing at approximately 9:00 o'clock a.m.;

The defendant appeared through her attorneys, David Waxman, Esq., Eric Wein, Esq., 120 South Riverside Plaze, Suite 1200, Chicago, Illinois; and the plaintiffs appeared through their attorneys, Edward Glennon, Esq., R. Christopher Barden, Esq., and Christopher H. Yetka, Esq., 4200 ID Center, 80 South Eighth Street, Minneapolis, Minnesota, at said time and place the following proceeding were had:

I N D E X

WITNESS:	DIRECT	CROSS	REDIRECT	RECROSS
Dr. Colin Ross	WA-3	B-73	WA-167	B-177
			179	179

WA = Mr. Waxman

B = Mr. Barden

EXHIBITS:	MARKED	OFFERED	RECEIVED
EXH-22	38	36	37
EXH-167	41	41	41
EXH-168	47	47	48
EXH-169	136	136	137

MR. WAXMAN: Good morning, Your Honor. We'd ask Dr. Ross to resume his testimony, please.

THE COURT: All right. Dr. Ross, you're still under oath.

THE WITNESS: Okay.

THE COURT: You may be seated.

THE WITNESS: I was gonna do self-serve. Thanks, Judge.

CONTINUING DIRECT EXAMINATION BY MR. WAXMAN:

Q Dr. Ross, when we finished the day yesterday, you were discussing the history of the study of multiple personality disorder. And you indicated that there was a significant drop off in the amount of study and the amount of publishing on the disorder through about the 1960s into the 70s.

A Correct.

Q Would you pick up at that point on the course of the history of multiple personality disorders?

A Sure. The dissociative disorders are dropped out of sight really in 1905 or so because of a variety of different factors. And then the curve stayed down really flat. There's only a handful of publications per year until in the entire western medical literature. And then the curve started to grow up again, especially late '70s, and then really take off in the '80s. So there appears to be four

A Basically. And couple of radio interviews, two or three radio interviews, not a great deal.

Q Okay. Now, you've also written a book, a proposal, called CIA Mind Control; isn't that right.

THE COURT: What was the title? I missed it.

MR. BARDEN: It's called CIA Mind Control.

THE COURT: Okay. Thank you.

Q (By Mr. Barden) Is that listed on your resume anywhere?

A No. It's not a publication. It was just a book proposal. It's about two to three years old now.

Q Now, isn't -- you had talked about when you left Canada to come to the states. Isn't it in fact true that you had some serious problems with a psychiatric community in Canada?

A No. It's not true.

Q Now, I would refer you to a -- to a newspaper article that was published in Canada. I think it's called the Winnipeg Free Press published September 24, 1991. Are you familiar with that particular article?

MR. WAXMAN: Objection, Your Honor. I object to cross-examination by smear. If there's something going on, it should be disclosed. We should talk about it.

THE COURT: Approach the bench.

MR. BARDEN: Is this a preach for a legal objection?

THE COURT: That's not an appropriate objection, Mr. Waxman. I think you know that.

(WHEREUPON, a discussion was had at the bench not recorded by the court reporter.)

THE COURT: Mr. Barden is withdrawing the question and will proceed, excuse me, as indicated at the bench. Now, go ahead. Rephrase the question.

Q (By Mr. Barden) Do you recall a newspaper article in the Winnipeg Free Press dated September 24, 1991, in which you were interviewed?

A No. I was interviewed by the Free Press a lot of times. There's a lot of articles about me on a wide range of topics. I don't remember that particular one.

Q Okay. Would it refresh your memory if I -- well, I will just read you the quote from the news article.

A Okay.

Q See if it refreshes your memory. If not, I will show it to you.

A Okay.

MR. WAXMAN: Objection. Shouldn't the witness be able to see it first.

THE COURT: Not necessarily. The objection is overruled.

Q (By Mr. Barden) I'd be happy to. Now, in the article it says, "Animosity from mental health professionals including

other psychiatrists is another reason he's packing his books." Quote, 'There is a large amount of hostility by mental health professionals of dissociative disorders and that's been a factor in my decision to leave' unquote, he said, period."

A Was there a question about that?

Q Do you recall making that statement to the press?

A I don't directly recall making that statement. I'm not contesting that I made it at this time that it's reasonably accurate.

THE COURT: You say it is reasonable?

THE WITNESS: I have no reason to believe that it's not. I don't remember the interview or specifically what I said. It could be an accurate quote. It should be an accurate quote. It's possible I said something to that affect. I just don't have a direct memory of that particular interview, which is already four years ago.

MR. BARDEN: May I show this to the witness, Your Honor?

THE COURT: You may.

MR. WAXMAN: May we see it first, Your Honor?

THE COURT: Yeah. You have a right to see if first.

MR. WAXMAN: Thank you. We have no

objection, Your Honor, as long as we get a copy so we can cross in the parts that are not being asked.

THE COURT: Very well. If one isn't made, I'll just ask counsel to supply Mr. Waxman a copy.

MR. WAXMAN: Thank you.

Q (By Mr. Barden) And the question is, just having read that, does that come back to your memory now?

A No. I don't specifically remember making that statement in an interview, but.

Q Okay.

A But I may have made a statement. I also, quite frequently, get misquoted and misrepresented. So it may be accurate. It may not.

Q But you don't deny that there was a lot of -- a lot of hostility?

A Right. That's true.

Q Okay. And you don't deny that you may have made the statement?

A I certainly may have made the statement.

Q Okay. Now, isn't it in fact the case that a number of your theories are considered very controversial in the psychiatric world?

A Yes and no.

Q And that a number of your theories have generated, as this quote says, "A large amount of hostility by mental health

professionals"?

MR. WAXMAN: Objection. The article does not say that his theories have caused the animosity.

THE COURT: The objection is sustained. Wait. There's no question.

THE WITNESS: I'm sorry.

THE COURT: Go ahead, Mr. Barden.

Q (By Mr. Barden) Isn't it true that your theory has generated a large amount of hostility in the large --

MR. WAXMAN: Asked and answered.

MR. GLENNON: -- mental health profession?

THE COURT: Well, not quite that.

THE WITNESS: Okay. It's not -- should I answer?

THE COURT: Yeah. The objection is overruled.

THE WITNESS: It's not true that my theories have generated hostility. Rumors about my theories have generated hostility. Those rumors don't accurately reflect my theories I actually have ever held or have actually published. So the hostility is toward the dissociative disorders as a general field. There's been a lot of controversy and hostility towards them, which would have occurred if I never existed. It's not hostility towards me, Colin Ross, or my personal theories. And the theories

STATUTORY DECLARATION of **Karen Ann Perchotte** and **John Yvon Perchotte**

Made this 24th day of May, 1996

Karen Perchotte
John Perchotte
Box 114
Group 327, R.R. 3
Selkirk, MB. RiA 2A8

Tel: 204-757-2500

STATUTORY DECLARATION

We, **Karen Ann Perchotte** and **John Yvon Perchotte**, are married and reside at R. R. 3 Selkirk, in the Province of Manitoba, do hereby solemnly declare:

1. That in 1992, our married daughter Corina Rennie(nee Perchotte) at age twenty-six(26) commenced a course of therapeutic marriage counseling under the care of counselor Keith McKinnon, employed with the Government of Manitoba, in the Province of Manitoba.

2. That the Government of Manitoba counselor Keith McKinnon suggested to our daughter Corina in 1992, that she had all of the signs of having been sexually abused and that she(Corina) may have repressed these memories, and that the reason he(Keith McKinnon) knew about these signs of sexual abuse in others was because he(Keith McKinnon) himself had been sexually abused as a child.

3. The Civil Service Commission counselor Keith McKinnon then proceeded on a course of therapeutic counseling to recover the traumatic childhood sexual abuse memories that our daughter believed that she(Corina) had blocked out of her mind or repressed.

4. That in 1993, our daughter, Corina Rennie(nee Perchotte) believed that she was in love with the Government of Manitoba counselor, Keith McKinnon, and that he(McKinnon) would be leaving his(McKinnon's) wife to be with our daughter Corina.

5. That in 1994, our daughter believed that her marriage and emotional problems were caused by childhood sexual abuse memories induced or implanted by the Government of Manitoba counselor Keith McKinnon; memories of traumatic events that never happened.

6. That in 1994, our daughter, commenced a course of therapeutic memory recovery counseling under the care of sexual and ritual abuse specialist Judy Hill, at the City of Winnipeg, in the Province of Manitoba.

7. That in June, 1995, our daughter, Corina Rennie(nee Perchotte) confronted and falsely accused her father(John Perchotte) of sodomizing and sexually abusing her(Corina) during her childhood.

8. That the fraudulent false memory creation therapeutic counseling first introduced into Manitoba in 1985, by Dr. Colin A. Ross, and which repressed memory recovery therapy was practiced by Keith McKinnon and Judy Hill in the counseling of our daughter Corina, has devastated our family and we will seek whatever relief that is available.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 24 day
of May, 1996.

George Bergen

Commissioner of Oaths in and for the
Province of Manitoba. My Commission
expires March 26, 1998.

Declarants:

Karen Ann Perchotte

Karen Ann Perchotte

John Yvon Perchotte

John Yvon Perchotte

Huff Investigation & Polygraph Services

449 Provencher Boulevard
Winnipeg, Manitoba, Canada
R2J 0B8
Telephone (204) 237-6006
Fax (204) 231-0905

December 7, 1995

Mr. John Perchotte
Box 114 Group 327 R.R. #3
Selkirk, MB R1A 2A8

Attention: Mr. Victor Bargen

Dear Sir:
Re: Polygraph Exam - John Perchotte - Your File # 95/1270

On Thursday December 7/95 at 10:02 a.m. the subject John Perchotte attended to my office for the purpose of obtaining a polygraph examination with respect to allegations of sexual assualt on his daughter Corrina.

The writer conducted a modified zone test series "A" with the following relevant questions being asked of the subject.

5) Did you commit any sexual acts with Corrina at any time? No.
7) Have you ever done anything of a sexual nature with Corrina? No.
10) Did you ever sodomize your daughter Corrina? No.

After examination of the charts the writer is of the opinion that the subject is truthful and he did not engage in any sexual acts with his daughter Corrina at any time.

Yours truly,

Lorne Huff
LH/jb

c.c. Redekopp & Bargen
Barristers & Solicitors
1727 Henderson Hwy
Winnipeg, MB R2G 1P3

Curriculum Vitae of Lorne Huff

1961 Joined R.M. of Fort Garry Police Dept. as a constable

1962 Graduated from city of Wpg Police Recruit School
General uniform patrol handling all types of calls

1966 Acting Sergeant in charge of shift of some five men, responsible for all activity in the R.M. of Fort Garry

1967 Acting Detective for Fort Garry

1968 Promoted to rank of detective. Involved in all criminal investigations, court officer responsible for the laying of charges & transporting prisoners from Vaughan Detention to Provincial Judges Court

1974 Transferred to Juvenile Division downtown Safety Building on Amalgamation of all forces - Responsible for all investigations involving Juveniles and emphasis on all types of sexual assaults

1976 Transferred to Vice Division - Prostitution, Gaming, Drugs and LCA enforcement

1977 Transfer to Detective Division - Public Safety Building into Crimes against property and Arson. Worked on all types of criminal cases, Break, Enter & Theft, Arson, Murder, Rape, Robbery, Assaults. Also acting Sergeant in charge of fifteen to twenty detectives, responsible for co-ordination of all criminal offenses and detention of suspects

1981 Selected as the first polygraph examiner for the Winnipeg Police Dept. Attended to Canadian Police College in Ottawa in Sept of 1981 - Graduated Dec. of 81 with degree in Forensic Polygraphy

1982 Sergeant in charge of Polygraph Section, conducting all polygraph examinations including pre-employment

1983 Promoted to rank of Sergeant level #1. continued on Polygraph

1986 Sergeant in charge of special units for Break & Enter and Bank Robberies , in charge for squad of twenty detectives

1986 Sergeant in charge of District #6 Detectives, squad of 8 men responsible for investigation of all criminal matters in Dist #6

Jan/87 Retired from the Police Department as Sergeant level #1 after 26 years of service

Feb/87 Started my own company Huff Investigations & Polygraph services conducting all types of polygraph examinations and criminal & civil investigations for many law firms in Wpg, Calgary, Vancouver, Montreal Regina & Kenora Ontario. Investigations for numerous Insurance Companies, and Businesses, Government and the Law Society of Manitoba

1980 - To
1987 Lecture to all police recruits & senior officers - City of Wpg Police Academy on Polygraph & Interrogation & Interview techniques

1982 Advanced course in Polygraph - Cdn. Police College - Ottawa

1982 Lecturer to Man. Crown Attorneys Conference in Winnipeg on Polygraph use, Interrogation & interview techniques in the police field

1982 Attended working Seminar on Polygraph with American & Canadian Polygraph Associations

1983 Attended Can. Police Assoc. working Seminar on Polygraph in Winnipeg

1984 Attended Can. Police College Polygraph School in Ottawa as a monitor and lecturer to Polygraph Course Trainees
1984 Supervisor of Polygraph Field Training for Manitoba
1984 Attended Can. Assoc. of Police Polygraphists working Seminar in Brampton Ontario
1985 Attended Can. Assoc of Police Polygraphists working Seminar in Wpg
1985 Recipient of Service Award from Can. Assoc of Police Polygraphists
1985 Submission to City of Wpg Council on values of pre-employment polygraph testing
1986 Lecture to all in service officers Wpg Police on Interrogation & Polygraph
1987 Lecture to Legal Aid Manitoba - use of Polygraph in Criminal matters
1987 Lecture to Criminal Justice Chapter Manitoba on Polygraph
1988 Lecture to Legal Secretarys Assoc. on Polygraph
1989 Lecturer & Insurance adjustors conference in Brandon Man. on Polygraph use
1990 Lecturer to Insurance Secretarys Assoc on Polygraph
1991 Guest Lecturer for two day Seminar for the Brandon City Police Dept Crime Section on Polygraph, Interrogation & interview techniques on the police field
1992 Lecturer to Manitoba Criminal Justice Chapter - Polygraph use
1993 Lecturer to Manitoba Trial Lawyer Association on Polygraph use
1994 Guest Lecturer to Western Canadian Police Womens Assoc. on Interrogation & Interview techniques

Given evidence in over 300 cases. All levels of the Judicial system from Traffic Court, Provincial Judges Court & Court of Queens Bench. Considered expert witness on Polygraph. Conducted over 700 Polygraph examinations. Numerous In Service Courses with W.C.P.

STATUTORY DECLARATION of **Julia Balik** and **Edward Balik**

Made this 20th day of June, A.D., 1996

Julia Balik
Edward Balik
63 Inman Avenue
Winnipeg, MB. R2M 0R7

Tel: 204-256-5905

STATUTORY DECLARATION

We, **Julia Balik** and **Edward Balik** residing at the City of Winnipeg, in the Province of Manitoba, do solemnly declare:

1. That in 1993, our daughter Tatiana Balik at the age of twenty(20) years, commenced a course of therapeutic counseling in the City of Winnipeg under the care of a therapist giving her name as Morgana Lafaye employed or associated with the Serene Counseling Service, and

2. That during our daughter's course of therapeutic counseling, she(Tatiana) developed false memories of having been sexually molested by her father Edward Balik in her childhood, wherein she(Tatiana) began to recall false memories of events that never happened, and

3. That in 1995, we received a threatening letter from a City of Winnipeg Lawyer, one Albert H. Redekopp representing our daughter(Tatiana Balik), wherein false allegations of childhood sexual abuse are made against us, and

4. That we believe our daughter has and is continuing to receive fraudulent false memory recovery therapy, a form of fraudulent therapy that we believe was first introduced into Manitoba by Dr. Colin A. Ross in 1985.

5. That this fraudulent false memory recovery therapy has devastated our family and we will seek whatever relief that is available, and

That we make this solemn declaration believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 20 day
of June, A.D. 1996.
George Bergen

Commissioner of Oath in and for the
Province of Manitoba. My Commission
expires on March 26, 1998.

Declarants:

Julia Balik

Edward Balik

STATUTORY DECLARATION of **Lawrence Kyle**

Made this 18th day of June,A.D., 1996

Mr. Lawrence Kyle
6 Fleury Place
Winnipeg, MB. R2J 2J1

Tel: 204-257-1939 or
204-252-1939

STATUTORY DECLARATION

I, **Lawrence Kyle** at the City of Winnipeg in the province of Manitoba do hereby solemnly declare:

.) That, in 1989 , I was approached by Cpl. Duggan, of the Yorkton, Saskatchewan detachment of the RCMP. He informed me that, my son Kevin Patrick Kyle, after months of treatment in the St. Norbert youth centre (now known as St. Norbert Foundation, X-Kalay Industries, --name changed after controversy over treatment techniques), made the following accusations. Namely, that I had sexually abused him, and that he had seen me do the same to his younger brother and sister. These accusations are **false** and no charges were laid.

2) That, in 1993 my son Kevin Patrick Kyle at the city of Winnipeg was admitted to the St. Boniface General Hosptal psychiatric ward and, was diagnosed as having a condition known as multiple personality disorder (MPD).

3) That, on June 8, 1994, I was confronted at my place of employment, by officers Gregg Burnett and Jim Bell of the City of Winnipeg Police Department and was threatened by them with criminal charges relating to accusations made by my son Kevin Patrick Kyle. Namely, that from November 1, 1993 to January 1994, I had often taken him to gay bars and then taken him to my home and sexually abused him. These accusations are also **false** and no charges actually laid.

4) That, I believe that my son Kevin Patrick Kyle received fraudulent memory recovery /MPD diagnostic therapy at the St. Boniface Hospital in 1993-94 and probably in St. Norbert as early as 1987. I am given to understand uch therapy was introduced in Winnipeg in 1985 by Dr. Colin A. Ross, who was employed at the St. Boniface Hospital and the University of Manitoba from 1985 to 1991 and, that such therapy continues after his departure.

5) That I make this solemn declaration conscientiously believing it to be true, and knowing it is of the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 18th day
of June, A.D. 1996

George Bergen

Commissioner of Oaths in and for the Province
of Manitoba. My Commission expires
on March 26,1998.

Declarant:

Lawrence Kyle

Lawrence Kyle

STATUTORY DECLARATION of **Niall Rennie**

Made this 25th day of June, 1996.

Niall Rennie
39 Inkster Blvd
Winnipeg, MB. R2W 0J3

Tel: 204-586-2791

STATUTORY DECLARATION

I, **Niall Authur Rennie**, a resident of the City of Winnipeg, in the Province of Manitoba, do solemnly declare:

1. That in 1992, my then spouse Corina Rennie(nee Perchotte) and myself(Niall Authur Rennie) commenced a course of therapeutic marriage counseling under the care of one Keith McKinnon employed by the Civil Service Commission in the Employee Assistance Program, and

2. That in the first few counseling sessions with Keith Mckinnon, he in my (Niall Authur Rennie's) presence indicated to my then spouse that she(Corina Rennie), without herself(Corina Rennie) being fully aware of it, had made numerous references to sexual abuse issues, and

3. That prior to the marriage counseling sessions with Keith Mckinnon in 1992, my then spouse(Corina Rennie) had never expressed or recounted to me(Niall Authur Rennie) memories of sexual abuse in her childhood, and

4. That in or about the third counseling session, Keith Mckinnon, in my presence, suggested to my then spouse(Corina Rennie) that he(Mckinnon) would pursue a course of memory recovery therapy, if Corina decided that this was the avenue that she(Corina) wanted to pursue, and

5. That after the first few marriage counseling sessions attended by both myself(Niall Authur Rennie) and my then spouse(Corina Rennie), Keith McKinnon then proceeded to meet privately with Corina Rennie for the purpose of therapeutic counseling to investigate the possibilities of recovering past memories of sexual abuse that may be causing her(Corina Rennie) emotional difficulties, and

6. That after many months of searching for sexual abuse memories in her childhood and reading literature suggested to her(Corina) by therapist Keith Mckinnon, Corina began to get false memory 'flashbacks' of having been sexually abused by her father, John Yvon Perchotte, and

7. That in 1993, Corina Rennie believed that she was in love with the Civil Service Commission counselor Keith McKinnon, and she believed that Keith Mckinnon would leave his(McKinnon's) wife ~~to live with her(Corina Rennie)~~, and

8. That by 1994 Corina Rennie falsely believed that all of her emotional problems where the result of having been sexually abused by her father; false sexual abuse memories of events that never happened; false memories implanted in therapy sessions by Keith McKinnon, and

9. That in 1994, Corina Rennie commenced a course of therapeutic counseling under the care of a memory recovery specialist one Judy Hill, at the City of Winnipeg in the Province of Manitoba, and

10. That in June 1995, Corina Rennie confronted her father and falsely accused him(Corina's father) of having sodomized her and sexually abused her(Corina) during her Childhood, and

11. That the fraudulent false memory recovery therapy introduced into Manitoba by Dr. Colin A. Ross in 1985, and which therapy was practiced by Keith McKinnon and Judy Hill, has devastated our family relationships, and has left Corina Rennie, I believe, in a condition where she is unable to differentiate between imaginary suggestions made to her(Corina) and real events, and I will seek whatever relief that is available, and

That I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
Manitoba, this 25 day
of June A.D.,1996
George Bergen

Commissioner of Oaths in and for the
Province of Manitoba, My Commission
expires on March 26, 1998.

Declarant:

Niall Authur Rennie

STATUTORY DECARATION of **Gail Laverne Dueck** and **Wilhelm Dueck**

Made this 18th day of May, 1996

Gail & Wilhelm Dueck
Box 128
R.R. 5
Winnipeg, MB. R2C 2Z2

Tel: 204- 222- 0955

STATUTORY DECLARATION

We, **Gail Laverne Dueck** and **Wilhelm Dueck**, married and residing at the City of Winnipeg, in the Province of Manitoba, do solemnly declare:

1. That in 1991, our daughter Sherri Lea Dueck nineteen(19) years of age, commenced a course of counseling under the care of therapist and Christian counselor Jackie Reimer who we believe was associated with or employed by the Winnipeg Christian Counseling Group, an agency of the Grant Memorial Baptist Church.

2. That by 1992, the Christian counselor Jackie Reimer, through a process of suggestion and memory recovery therapy, induced or implanted Sherri's mind with false memories that led her(Sherri Lea Dueck) to believe that she(Sherri Lea Dueck) had been the victim of sexual abuse by Sherri Lea Dueck's parents during her childhood years and that this was the devil's work.

3. That Timothy and Corrine Plett, of the City of Winnipeg, being managers of the Cedarwood Camp, a Christian summer youth camp, employed Sherri Lea Dueck in 1991, and that Timothy and Corrine Plett since 1991 have imparted to Sherri and others, that they(Timothy and Corrine Plett) believe the false memories of childhood sexual abuse induced or implanted by therapist Jackie Reimer.

4. That therapist and counselor Jackie Reimer is currently in 1996, associated with and practicing therapy at the Crisis Pregnancy Centre of Winnipeg, having offices at 650 Broadway, in the City of Winnipeg.

5. That we have been threatened with legal action against us for sexually abusing our daughter Sherri in her childhood, on the basis of the false memories that were generated in therapeutic counseling by Jackie Reimer.

6. That Sherri Lea Dueck attended nurse training school at the St. Boniface Hospital during the winter of 1991/92, and that she dropped out of nursing school in the spring of 1992.

7. That Sherri married Allan Malazdrewich on October, 4, 1992 in the City of Winnipeg.

8. That in April, 1996, our now married daughter, Sherri Lea Malazdrewich(nee Dueck) commenced another counseling regime under Christian counselor Nancy Gemey, from New Direction for Life Ministries, and who(Nancy Gemey) is continuing a similar false memory recovery counseling therapy commenced by Jackie Reimer in 1991. Nancy Gemey's mailing address is New Directions for Life Ministries, P.O. Box 1492 Winnipeg, Manitoba.

9. That the fraudulent and false memory recovery therapy, first introduced into Manitoba by Dr. Colin A. Ross in 1985, and which is practiced and/or encouraged by Jackie Reimer, Nancy Gemey, Tim and Corrine Plett in the counseling of our daughter Sherri Lea Dueck has devastated our immediate and extended family and we will seek whatever relief that is available.

That we make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
Manitoba, this 18th day
of May, 1996.

George Bergen George Bergen

Commissioner of Oaths in and for the
Province of Manitoba. My Commission
expires March 26, 1998.

Declarants:

Gail Laverne Dueck
Gail Laverne Dueck.

Wilhelm Dueck
Wilhelm Dueck.

STATUTORY DECLARATION OF ROMA ELIZABETH HART

Declared this 21 Day of May, 1996

Roma Elisabeth Hart

27 - 937 Greencrest Avenue

Winnipeg, MB. R3T 4S8

Telephone: 204-275-5723

STATUTORY DECLARATION

I, **Roma Elizabeth Hart**, of the city of Winnipeg in the Province of Manitoba, do solemnly declare:

1. That in 1984, I worked for the Provincial Government as a project manager on the Cultural Integration of Refugee Children Program, while attending progressive part-time studies at the University of Manitoba in the Faculty of Education.

2. That from 1981 to 1989, I worked at the Black Hole Theatre in the City of Winnipeg, being promoted first to house manager and then to stage manager, while attending progressive part-time studies at the University of Manitoba Faculty of Education.

3. That in 1985, I won the University of Manitoba, Faculty of Arts theatre competition award for overall excellence in directing.

4. That in October, 1986, I developed minor stress symptoms from working, attending the University of Manitoba and being a single parent, and I, therefore, went to the University's Student Psych Services office on campus and requested that medical authorization be approved in filing my unemployment insurance claim form.

5. That in October 1986, Lynne Ryan, the intake worker at the University of Manitoba, anxiety disorders clinic, directed me to Dr. Colin A. Ross, who she (Ryan) assured me would assist me in filling out my unemployment insurance claim form.

6. That in October, 1986, I met with Dr. Colin A. Ross, and I requested that he assist me in filling out my unemployment insurance claim form, whereupon Dr. Ross interviewed me, before he would deal with my request to have him(Ross) authorize my unemployment insurance claim form.

7. That in October, 1986, at my first interview with Dr. Ross, after approximately one-half hour, he(Dr. Ross) held out his hand and said, "welcome to MPD(multiple personality disorder) therapy", while shaking my hand.

8. That beginning in October, 1986, Dr. Colin A. Ross placed me on his MPD therapy treatment program, which consisted of high dosages of medication, hypnotherapy, and a constant search for "alters personalities" and childhood sexual and satanic ritual cult abuse memories that he suggested had occurred in my family.

9. That within the first six months of therapy under Dr. Colin A. Ross, he(Ross) had me believing that I had repressed a memory of having been impregnated and given birth to a child from an alien being, which terrified and upset me greatly.

10. That during 1987 and 1988, under Dr. Colin Ross's hypnotherapy, drugs and suggestions, I came to believe that I had as a child been subjected to incest by my entire family, and that I had been a childhood victim of an endless stream of satanic cult abuse, and that my family had been part of a satanic cult.

11. That due to the large dosages of addictive medication and therapy I became totally dependent on Dr. Colin Ross, and because of the therapy, I was no longer able to care for my young daughter, as I needed periodic hospitalization in order to cope with the debilitating affects of the medication and the recovered satanic ritual abuse memories.

12. That from October, 1986, to November, 1991, Dr. Colin A. Ross, through his(Ross's) medication and hypnotherapy, had complete control of my life, and he(Ross) could illicit "alter personalities" and satanic ritual cult abuse memories from me at will by suggesting that he would give me a sodium amytal needle. Dr. Colin A. Ross knew I feared needles, and I always wanted to please Dr. Ross by saying whatever it took to make him feel happy, just like his other MPD patients.

13. That during the times I was hospitalized, I learned that all of Dr. Ross's MPD patients became suicidal and I was no exception.

14. That while under Dr. Ross's care from October, 1986, to November, 1991, I attempted suicides many times.

15. That Wanda Davenport and her best friend Terry, both treated by Dr. Ross, committed suicide in or about 1989, because they could no longer bear the torment of remembering horrendous family incest and sexual abuse memories that Dr. Colin Ross had induced in their minds and which they came to believe as being a real and part of their childhood.

16. That after an unsuccessful suicide attempt by one of Ross's MPD patients, he(Ross) would quiz them about whether they had seen any white lights or had other near death experiences.

17. At the beginning of my treatment program, in 1986, Dr. Ross would regularly hug and stoke his patients, rub their backs and arms, and put his hands on their legs; until there was an uproar about it and he then stopped this form of 'treatment'.

18. When Dr. Ross felt that one of his more pretty MPD patients was ready to have her "alter" personalities integrated, he(Ross) would take them out to Chi Chi's for an "integration dinner celebration".

19. That from October, 1986, to November, 1991, Dr. Colin Ross would regularly prescribe large overdoses of addictive medication, that left me with many fainting spells, hallucinations, dizziness, nightmares, a staggering gait, fatigue, and it often changed my easy going friendly character to one of a drug induced hostility and rage.

20. That between 1989 and 1991, on at least two occasions, Dr. Ross suggested to me that I should go ahead and commit suicide and kill my parents. Dr. Ross would telephone me late at night and suggest this to me.

21. That between December, 5, 1989, and January 9, 1990, Dr. Colin Ross, admitted me to the St. Boniface Hospital and placed me on massive overdoses of triazolam of up to 51 mg per day, or 100 times the maximum allowed dosage set by the manufacturer. This is a restricted drug and is reported to cause death in overdosages. (see Appendix "A")

22. That on June 11 and again on June 28, 1990, as an outpatient, Dr. Ross prescribed and directed me to take twenty(20) times the maximum per day limit of triazolam set out by the manufacturer, a restricted hypnotic and addictive drug, which overdose can cause death.(see Appendix A) R.H.

23. That on June 4 and again on June 12, 1990, as an outpatient, Dr. Ross prescribed and directed me to take two(2) times the maximum per day dosage limit of diazepam set out by the manufacturer. (see Appendix A) This is also a restricted drug. R.H.

24. That while I was under Dr. Ross's care, he would have me take triazolam and/or diazepam plus cimetidine, even though both triazolam and diazepam are contraindicated with cimetidine according to Pharmaceutical Manuals.

25. That during the summer of 1990, Dr. Colin Ross arranged to have Winnipeg Police Officer, Russ Heslop interview me and other MPD patients about the satanic ritual cult abuse memories induced by Dr. Ross in therapy sessions.

26. That on at least ten occasions Dr. Ross provided me with addictive drugs in a brown paper envelope across his desk, to avoid leaving a paper trail in dispensing restricted drugs.

27 That due to Dr. Colin Ross's destructive false memory recovery/MPD diagnostic therapy, my career in teaching has been destroyed, and I have been unable to find any other employment.

And that I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at the City of
Winnipeg, in the province of
Manitoba, this 21 th, Day of
May, AD. 1996.

George Bergen

Commissioner of Oaths in and for the
Province of Manitoba. My Commission
expires March 26, 1998.

Declarant:
Roma Hart

Roma Elizabeth Hart

Appendix "A"

(E)

ST. BONIFACE GENERAL HOSPITAL

DISCHARGE SUMMARY

(To be completed on Discharge or Transfer of Patient)

ATTENDING PHYSICIAN:	Dr. C. Ross	UNIT No:	454438
PATIENT'S NAME:	Elizabeth Hart	D.O.B.	Feb. 4/59
DATE OF ADMISSION:	Dec. 5/89	DATE OF DISCHARGE:	Jan. 9/90
COPIES TO:	Chart/Dr. C. Ross		

Elizabeth Hart is a 30-year-old, single, unemployed woman living by herself in a townhouse on Welfare.

ENTRANCE COMPLAINT:

She was admitted on an elective basis after considerable discussion and planning for treatment of her multiple personality disorder.

HISTORY OF PRESENT ILLNESS:

She has been on treatment for a multiple personality disorder for three years and has had previous admissions to M3 which are documented in discharge summaries. Over the past year she has been unable to make any sustained progress in outpatient therapy. She attributes this to her ongoing traumatic life situation. She is stressed by the difficulties she is having attempting to reestablish a relationship with her daughter who has been in foster care since 1987. She says that there is no place for her to live which is not producing severe chronic trauma. She says that when she tries to stay at her own townhouse, that she is subject to harassment by members of a satanic cult in which she has been involved. She claims that they bother her in a variety of ways including breaking into her house and spreading blood around the house. She stated that she has been directly involved in three ritual sacrifices of human beings in the summer of 1989. She identified these individuals as johns of hers. She also says that she murdered another person in August, 1989 and that cult members helped her dispose of the body. These claims were discussed at length with her and Constable Russ Heslop of the Winnipeg City Police who pursued a number of lines of investigation based on statements she made, but nothing positive turned up. There is no conclusive proof that this satanic cult exists or that any of these murders actually took place. The third source of stress that she cited was her relationship with her boyfriend who is in his 50's and lives in an apartment downtown. She characterizes him as sexually abusive, self-interested and interested in her only as a sexual object. She claims to remain in this relationship because there are no alternatives in her life and because a relationship with him might be useful if she takes Child & Family Services to court concerning her daughter. During the past year she has had severe symptoms of multiple personality disorder including post-traumatic symptoms, depression, an eating disorder, episodes of amnesia, uncontrolled switching

. . . 2

of personalities, a great deal of trouble sequencing events and keeping track of daily activities, auditory hallucinations, trance states of various kinds and a great deal of difficulty just coping with life on a day-to-day basis. She was unable to deal successfully with several courses she was attempting to take at university in the fall of 1989. There was extensive discussion with Ward staff and the admission was planned out carefully. She was admitted on an elective basis and treated on the Ward.

PAST PSYCHIATRIC HISTORY:

See previous discharge summaries.

MEDICAL & SURGICAL HISTORY:

She has chronic stomach pain which has been assessed in the past by Dr. Baker. There are no signs of an ulcer. She has a history of abusing street drugs including I.V. medications and has shown me needle tracks in 1989 on a number of different occasions. At the time of admission her medications consisted of diazepam 20 mg q.i.d.

PERSONAL & SOCIAL HISTORY:

She is the second oldest of four children. She has an extensive history of childhood trauma including physical and sexual abuse and involvement in childhood pornography by her father and alleged witnessing of multiple drug related murders by her father. She was involved in a satanic cult in Transcona as a teenager, but denies any other involvement in cult activity until recently.

LABORATORY INVESTIGATIONS:

Sodium, potassium, chloride, calcium and glucose were normal. Urea and creatinine were normal. Total protein was low at 53, normal is 60-80, albumin was 33, normal is 33-45. There was evidence of a mild macrocytic anemia. Her hemoglobin was 112 and mean cell hemoglobin was elevated at 31.5.

PHYSICAL EXAMINATION:

No abnormalities were noted on physical examination.

MENTAL STATUS EXAMINATION:

At the time of admission she was an oriented, alert, well-groomed woman who was appropriately dressed and cooperative with interview. Her speech was normal in rate, rhythm and tone. There was no evidence of severe agitation or psychomotor retardation. Her thought processes were rational and intact, except there was a

question as to whether her claims of involvement and satanic sacrifices were real, fabrications or delusions. Her mood was broad in range and predominantly angry. No gross cognitive impairment was evident. Her concentration was intact. She had insight into the nature of her problems. Her judgement appeared to be intact. She appeared to be of normal intelligence and she was expressing both homicidal and suicidal ideation, although she had no specific plan to harm herself or anyone.

DIAGNOSIS:

Multiple personality disorder.

TREATMENT & COURSE IN HOSPITAL:

She was placed on triazolam which is her benzodiazepine of choice for inpatient treatment and was treated with ultrahigh doses of triazolam. The highest dose level she achieved was 51 mg per day of triazolam. This was given in an attempt to control and suppress her post-traumatic symptoms, especially anxiety, nightmares, motor agitation and irritability. She was also given Ensure because she has an eating disorder and does not eat properly. This consisted of Ensure 250 mg t.i.d. which she took throughout the admission. Some work was done with her in terms of clarifying the state of her personality system and several altered personalities were integrated in December. On December 26th she was the victim of an unprovoked sexual assault by a copatient. He had been admitted about 14 hours prior to the assault. He had no previous history of sexual assault, sexual abuse of any persons or violence or assault in any form. He grabbed both her breasts, pushed her to the ground and was kissing her when staff arrived. She screamed at the time of the assault which is what caused the staff to come and pulled the man off of her. This assault was witnessed by three staff persons. Elizabeth made a complaint to the police who took a statement from her and the three staff people and the offending patient was interviewed by police in my presence.

This is a difficult patient behaviorally. She has a strong tendency to angry outbursts, threats, blaming, hostility and projection of her problems onto others. This has been characteristic of her throughout the three years of treatment. During the course of hospitalization her behavior gradually deteriorated and this did not seem to be directly related or solely related to the assault, although it was exacerbated by the assault. Towards the end of the admission she was very hostile and manipulative. She was threatening staff in a variety of ways and on the day prior to discharge she spit in a nurse's face, pulled a nurse's necklace off breaking it and threatened to pull the nurse's earrings out. Because of her angry and blaming behavior and because of the adversary stand she took in relationship to staff, it was impossible to carry out any further therapy so she was discharged. Another reason for discharge was to deliver a clear message to her that assaulting staff is unacceptable and will not be tolerated. It was stated to her that there is some possibility of admission in the future depending on her behavior, but for the moment she is to be followed in outpatient follow-up. Although she stated that her boyfriend was sexually

abusive of her and characterized me as a pimp for sending her out on weekend passes with him, which were in fact voluntary and entirely at her discretion, she stated to nurses on return from her last weekend pass during admission that she and her boyfriend were engaged. Because she was on high doses of triazolam at the time of discharge, she was converted to diazepam and this was to be dispensed from the pharmacy one day at a time. Her initial dose on the day of discharge was 300 mg of diazepam. This is to be tapered by 20 mg per day which will result in her reaching 80 mg by January 20th and then prior to January 20th a decision will be made as to whether to taper her down to 0 or to maintain her on a lower dose of diazepam. She is discharged with outpatient follow-up by Dr. Ross.

Colin A Ross

Dr. C. Ross

/sp
90/01/11
90/01/12

Appendix A

1.PATIENT HART, ELIZABETH LANG E PLANS PSA NHID
*NO SAFETY VIALS*WRK MRS.SMITH 880P 8.SIG CODE TAKE 12 TABLETS DAILY
9.DIR 1 TAKE 12 TABLETS DAILY
10.DIR 2
11.DIR 3
2.DRUG APO DIAZEPAM
DIN 405337 STR 10MG FORM TAB
GEN-MFG DIAZEPAM APX 12.GROSS 8.38 13.REPEAT 1 14.LBLS 1
COST 2.1500 PER 100 ONG INSCE. 8.38 15.COMMENT
COMMENT PATIENT 0.00
3.RX# 674570 4.QTY 84 5.W/V V 16.DOCTOR ROSS, COLIN
6.DATE 900604 7.BILL PSA INIT SM 237-2919 409 TACHE
REFILLS 1 LAST 900611 FREQ 7 ALSO PH 237-2335

1.PATIENT HART, ELIZABETH LANG E PLANS PSA NHID
5-938 CARRIGAN PLACE 284-1260
*NO SAFETY VIALS*WRK MRS.SMITH 880P 8.SIG CODE
9.DIR 1 TAKE 40 TABLETS DAILY TO
10.DIR 2 BE TAKEN IN DIVIDED DOSES
11.DIR 3
2.DRUG APO TRIAZO
DIN 808571 STR 0.25MG FORM TAB
GEN-MFG TRIAZOLAM APX 12.GROSS 30.23 13.REPEAT 5 14.LBLS 1
COST 13.6000 PER 100 ONG INSCE. 30.23 15.COMMENT 4 DAY INTER-
COMMENT PATIENT 0.00 VALS/OK JUNE 20/90
3.RX# 678073 4.QTY 160 5.W/V V 16.DOCTOR ROSS, COLIN
6.DATE 900611 7.BILL PSA INIT SM 237-2919 409 TACHE
REFILLS 3 LAST 900627 FREQ 5 ALSO PH 237-2335

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1.PATIENT HART, ELIZABETH LANG E PLANS PSA NHID
5-938 CARRIGAN PLACE 284-1260
*NO SAFETY VIALS*WRK MRS.SMITH 880P 8.SIG CODE
9.DIR 1 TAKE 12 TABLETS (120MG)
10.DIR 2 DAILY IN DIVIDED DOSES.
11.DIR 3
2.DRUG APO DIAZEPAM
DIN 405337 STR 10MG FORM TAB
GEN-MFG DIAZEPAM APX 12.GROSS 8.56 13.REPEAT 4 14.LBLS 1
COST 2.1500 PER 100 ONG INSCE. 8.56 15.COMMENT 4 RPTS 1 WE
COMMENT PATIENT 0.00 EK INTERVALS
3.RX# 681325 4.QTY 84 5.W/V V 16.DOCTOR ROSS, COLIN
6.DATE 900712 7.BILL PSA INIT NG 237-2919 409 TACHE
REFILLS 0 LAST 900712 FREQ 0 ALSO PH 237-2335

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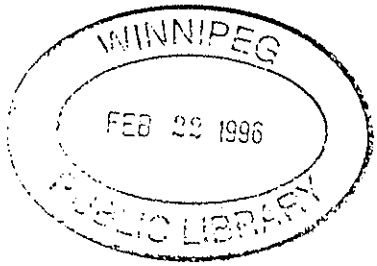
1.PATIENT HART, ELIZABETH LANG E PLANS PSA NHID
5-938 CARRIGAN PLACE 284-1260
*NO SAFETY VIALS*WRK MRS.SMITH 880P 8.SIG CODE TAKE 40 TABLETS DAILY F1W
Triazolam 0.25mG
DIN APO TRIAZOLAM APX 12.GROSS 44.83 13.REPEAT 1 14.LBLS 1
COST 13.6000 PER 100 ONG INSCE. 44.83 15.COMMENT
COMMENT PATIENT 0.00
3.RX# 677743 4.QTY 280 5.W/V V 16.DOCTOR ROSS, COLIN
6.DATE 900628 7.BILL PSA INIT SM 237-2919 409 TACHE
REFILLS 1 LAST 900706 FREQ 8 ALSO PH 237-2335

REFERENCE
PEMBINA TRAIL

Appendix A



CPS

Compendium of Pharmaceuticals and Specialties

Thirty-First Edition 1996

The Canadian Reference for Health Professionals

Habitrol (cont'd)

The application of several Habitrol systems simultaneously, could result in serious overdosage. The effects of chewing and swallowing Habitrol are unknown.

Chronic Toxic Effects: No experience has been obtained with S(-)-nicotine treatment longer than 3 months duration.

Management of Excessive Topical Exposure: If the patient shows signs of overdosage, Habitrol should be removed immediately. The skin may be washed with water only, as soap may facilitate absorption. Owing to a depot of nicotine in the skin, delivery of nicotine to the bloodstream will continue for several hours afterward.

Management of Nicotine Poisoning: In cases of severe poisoning, the following measures are recommended: supportive measures for seizure control, warming the body to normal temperature, artificial respiration in the case of respiratory failure, atropine for excessive bronchial secretions and vigorous fluid support for pronounced hypotension or cardiovascular collapse.

Dosage: When starting treatment with S(-)-nicotine, the patient should stop smoking completely.

One Habitrol system should be applied daily and left on the skin for 24 hours.

If the patient has been unable to maintain or otherwise re-establish initial abstinence with the aid of Habitrol after 1 month, the treatment should be discontinued.

Prolonged continuous use of Habitrol should not exceed 3 months.

Treatment is divided into 3 components: selection and evaluation of an initial dosage strength, a maintenance phase and a weaning phase. Treatment may be completed in as little as 7 weeks, but more typically lasts 9 to a maximum of 12 weeks. The dosage strengths employed, and the duration of use of each, depend upon the individual patient's response. Tobacco withdrawal must be accompanied by behavioral support at all times.

Selection and Evaluation: Treatment is initiated with Habitrol 21 mg/day or 14 mg/day, depending on the number of cigarettes smoked per day. Habitrol 21 mg/day is usually recommended for smokers with a consumption of more than 20 cigarettes a day. Habitrol 14 mg/day is usually sufficient for smokers with a consumption of up to 20 cigarettes daily. The dosage strength may be adjusted early in the maintenance phase in response to either the appearance of side effects or difficulty in maintaining abstinence.

Maintenance: The intial dosage strength selected should generally be worn for 3 to 4 weeks, but this period may be extended. Consideration may be given to an extension of this period to 6 to 8 weeks if Habitrol 14 mg/day was selected as the initial dosage strength.

Weaning: The goal of a stepwise reduction from Habitrol 21 mg/day to the lowest dosage strength is accomplished by an intermediate step employing Habitrol 14 mg/day, typically worn for 3 to 4 weeks, whereas Habitrol 7 mg/day is employed directly after maintenance on Habitrol 14 mg/day. Habitrol 7 mg/day, designed to reduce nicotine substitution toward the end of therapy and consolidate abstinence, should typically be worn for 3 to 4 weeks. The weaning phase may be compressed if the maintenance phase has been extended.

After completing treatment with Habitrol it is advisable for psychological/behavioral therapy to be continued.

No experience is available on treatment with S(-)-nicotine in smokers below the age of 18 and is limited in ages 65 years and above (see Warnings).

Administration: To avoid evaporative loss of nicotine, and as a matter of safety with regard to accidental exposure of children and pets, the system should be applied promptly after its removal from the protective pouch. After removing the release liner (first the smaller strip and then the larger portion), the Habitrol system should be applied to a clean, oil-free, non-hairy, dry, intact area of skin on the trunk, or the upper outer arm. A different site of application should be chosen each day, and no site should be re-used within 1 week. The patient should be advised that the system not be worn for longer than 24 hours, and to dispose of used systems out of the reach of children and pets. For detailed instructions see Information for the Patient.

Note: Dosage adjustment cannot be achieved by cutting a transdermal system. This will cause the nicotine to evaporate rapidly, and render the pieces ineffective.

Safety Note Concerning Children: Nicotine is a highly toxic substance. Doses of nicotine which are tolerated by adults during treatment with Habitrol can produce severe symptoms of poisoning in small children (see Warnings). Even after use, Habitrol contains more than half of its initial nicotine content. Therefore patients must be cautioned that new and used systems must not be handled casually or left where they may be misused (by application) or ingested.

Similarly, care must also be taken when disposing of used systems (for detailed instructions see Information for the Patient).

Information for the Patient: See Blue Section—Information for the Patient "Habitrol"

Supplied: See Table III

Table III—Habitrol

Dosage Forms

	Habitrol 7 mg/day	Habitrol 14 mg/day	Habitrol 21 mg/day
Average dose (mg) of S(-)-nicotine delivered in vivo during 24 hours	7	14	21
Content of S(-)-nicotine (mg)	17.5	35	52.5
Drug releasing area (cm^2)	10	20	30
Printed code (on backing film)	CWC	FEF	EME

The total amount of S(-)-nicotine in the reservoir is needed to maintain the delivery pattern as required while the system is being worn.

Since the amount of S(-)-nicotine released from Habitrol per cm^2 is constant, the dose administered is determined solely by the size of the contact area of the system.

Store below 25°C. Do not store unpouched. Apply immediately upon removal from the protective pouch.

(Shown in Product Recognition Section)

Reviewed 1994

HALCINONIDE

General Monograph, CPhA

see Corticosteroids: Topical

HALCION®

Upjohn

Triazolam

Hypnotic

Pharmacology: Triazolam is a benzodiazepine with a very short elimination half-life (about 3 hours).

In sleep laboratory studies in man of 1 to 21 days duration, triazolam significantly reduced sleep latency, increased duration of sleep and decreased the number of nocturnal awakenings. However, after 2 weeks of consecutive nightly administration, the drug's effect on total wake time is decreased, and the values recorded in the last third of the night approach baseline levels. On the first and/or second night after drug discontinuance (first or second post-drug night), total time asleep, and percentage of time spent sleeping frequently were significantly decreased, and sleep latency significantly increased when compared to baseline (predrug) nights. This effect is often called "rebound" insomnia.

The duration of hypnotic effect and the profile of unwanted effects may be influenced by the alpha (distribution) and beta (elimination) half-lives of the administered drug and any active metabolites formed. When half-lives are long, the drug or metabolites may accumulate during periods of nightly administration and be associated with impairments of cognitive and motor performance during waking hours. If half-lives are short, the drug and metabolites will be cleared before the next dose is ingested, and carry-over effects related to sedation or CNS depression should be minimal or absent. However, during nightly use and for an extended period, pharmacodynamic tolerance or adaptation to some effects of benzodiazepine hypnotics may develop. If the drug has a very short elimination half-life, it is possible that a relative deficiency (i.e., in relation to the receptor site) may occur at some point in the interval between each night's use. This sequence of events may account for two clinical findings reported to occur after several weeks of nightly use of rapidly eliminated benzodiazepine hypnotics: 1) increased wakefulness during the last third of the night and 2) the appearance of increased daytime anxiety (see Warnings).

When sedation and psychomotor performance were compared in healthy elderly and young subjects, in response to 0.125 and 0.25 mg doses of triazolam, the degree of sedation was greater and the impairment of psychomotor performance more pronounced in the elderly. The age dependent difference was closely associated with the correspondingly higher plasma triazolam concentrations measured in elderly subjects.

Patients with severe liver disease also demonstrated greater psychomotor impairment than control subjects or patients with minimal liver dysfunction.

Pharmacokinetics: Triazolam is rapidly absorbed and peak plasma levels are reached within 2 hours following oral administration. Peak plasma concentration (C_{max}) and area under the plasma-concentration curve (AUC) increase in proportion to the dose, while the time to peak plasma concentration (T_{max}), elimination half-life ($t_{1/2\beta}$), and clearance are independent of dose. Triazolam has a short half-life, the range is reported to be 1.5 to 5.5 hours.

Triazolam is metabolized via hepatic microsomal oxidation. The hydroxylated metabolites, which are inactive, are excreted primarily in the urine as conjugated glucuronides. The two primary metabolites account for approximately 80% of the urinary excretion.

Repeated administration of triazolam for 7 days does not lead to accumulation and does not alter the rate of elimination.

Pharmacokinetics in the elderly: The kinetics of triazolam are significantly influenced by age (see Table I on following page). Following single oral doses of 0.125 mg and 0.25 mg of triazolam, peak plasma concentrations and area under the curve were significantly higher and clearance significantly lower in elderly subjects (mean age: 69 years) than in younger ones (mean age: 30 years). Age, however, did not influence the time to peak plasma levels and differences in elimination half-life were small.

Pharmacokinetics in patients with renal failure: Following oral administration of triazolam, 0.5 mg, peak plasma triazolam concentrations were lower in 11 patients with renal failure undergoing dialysis (4.04±1.83 ng/mL) than in patients with normal renal function (6.54±1.70 ng/mL). Other pharmacokinetic parameters were not significantly different between patients with impaired and normal renal function.

Pharmacokinetics in patients with hepatic failure: Following oral administration of triazolam, 0.25 mg, triazolam clearance was reduced in 8 subjects with biopsy-proven cirrhosis (4.99±3.14 mL/min/kg) as compared to 7 normal subjects (6.69±2.52 mL/min/kg). Peak plasma levels and time to peak concentration were not different between the groups. The reduction in triazolam clearance in subjects with cirrhosis correlated with the severity of liver dysfunction.

Indications: For the symptomatic relief of transient and short-term insomnia in patients who have difficulty falling asleep. Triazolam is not recommended for early morning awakenings.

Treatment with triazolam should usually not exceed 7 to 10 consecutive days. Use for more than 2 to 3 consecutive weeks requires complete re-evaluation of the patient.

The use of hypnotics should be restricted for insomnia where disturbed sleep results in impaired daytime functioning.

Contraindications: In patients with known hypersensitivity to this drug or other benzodiazepines.

Triazolam is contraindicated in patients who in the past manifested paradoxical reactions to alcohol and/or sedative medications, and in subjects with a history of substance or alcohol abuse.

Pregnancy: Triazolam is contraindicated in pregnant women. Benzodiazepines may cause fetal damage when administered during pregnancy. During the first trimester of pregnancy, several studies have suggested an increased risk of congenital malformations associated with the use of benzodiazepines. During the last weeks of pregnancy, ingestion of therapeutic doses of a benzodiazepine hypnotic has resulted in neonatal CNS depression due to transplacental distribution. If triazolam is prescribed to women of childbearing potential, the patient should be warned of the potential risk to a fetus and advised to consult her physician regarding the discontinuation of the drug if she intends to become pregnant.

Triazolam is contraindicated in patients who have myasthenia gravis or a history of uncorrected narrow-angle glaucoma.

Warnings: General: Sleep disturbance may be the presenting manifestation of a physical and/or psychiatric disorder. Consequently, a decision to initiate symptomatic treatment of insomnia should only be made after the patient has been carefully evaluated.

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Table I—Halcion

Mean (± standard deviation) Pharmacokinetic Parameters Following Single Oral Doses of Triazolam in Young and Elderly Volunteers

Parameter	Triazolam 0.125 mg		Triazolam 0.25 mg	
	Young (n = 26)	Elderly (n = 21)	Young (n = 26)	Elderly (n = 21)
C_{max} (ng/mL)	1.08 ± 0.08	1.67 ± 0.16*	2.02 ± 0.15	3.06 ± 0.22*
T_{max} (hr)	0.88 ± 0.08	0.95 ± 0.11	0.96 ± 0.10	0.88 ± 0.07
AUC (ng/mL·hr)	3.85 ± 0.45	6.24 ± 0.82*	7.01 ± 0.68	12.03 ± 1.11*
$t^{1}/_{2}\beta$ (hr)	2.94 ± 0.4	3.03 ± 0.25	2.43 ± 0.16	3.00 ± 0.24*
Clearance (mL/min/kg)	11.4 ± 2.2	6.8 ± 0.9*	10.5 ± 1.0	5.8 ± 0.4*

*Statistically significant for young versus elderly at indicated dose.

The failure of insomnia to remit after 7 to 10 days of treatment may indicate the presence of a primary psychiatric and/or medical illness.

Worsening of insomnia or the emergence of new abnormalities of thinking or behavior may be the consequence of an unrecognized psychiatric or physical disorder. These have also been reported to occur in association with the use of triazolam.

Memory Disturbance:

- Anterograde amnesia of varying severity has been reported following therapeutic doses of benzodiazepines including triazolam. Anterograde amnesia is a dose-related phenomenon and elderly subjects may be at a particular risk. Data from several sources suggest that anterograde amnesia and next day memory loss may occur at a higher rate with triazolam than with other benzodiazepines.
- Cases of transient global amnesia and "traveler's amnesia" have also been reported in association with triazolam, the latter in individuals who have taken the drug to induce sleep while travelling. Transient global amnesia and traveler's amnesia are unpredictable and not necessarily dose-related phenomena. Patients should be warned not to take triazolam under circumstances in which a full night's sleep and clearance of the drug from the body are not possible before they need again to resume full activity (e.g., an overnight flight of less than 7 to 8 hours).

Abnormal thinking and psychotic behavioral changes have been reported to occur in association with the use of benzodiazepine hypnotics including triazolam. Some of the changes may be characterized by decreased inhibition, e.g., aggressiveness or extroversion that seem excessive, similar to that seen with alcohol and other CNS depressants (e.g., sedative/hypnotics). Particular caution is warranted in patients with a history of violent behavior. Psychotic behavioral changes that have been reported include bizarre behavior, hallucinations, and depersonalization. Abnormal behaviors associated with triazolam have been reported more with chronic use or high doses.

It can rarely be determined with certainty whether a particular instance of the abnormal behaviors listed above is drug induced, spontaneous in origin, or a result of an underlying psychiatric or physical disorder. Nevertheless, the emergence of any new behavioral sign or symptom of concern requires careful and immediate evaluation.

Confusion: The benzodiazepines affect mental efficiency e.g., concentration, attention and vigilance. The risk of confusion is greater in the elderly and in patients with cerebral impairment.

Anxiety, restlessness: An increase in daytime anxiety (interdose rebound anxiety) and/or restlessness have been observed during treatment with triazolam. This may be a manifestation of interdose withdrawal, due to the very short elimination half-life of the drug.

Depression: Caution should be exercised if triazolam is prescribed to patients with signs or symptoms of depression that could be intensified by hypnotic drugs. Suicidal tendencies e.g., intentional overdose, is more common in these patients thus, the least amount of drug that is feasible should be available to them at any one time.

Precautions: *Drug Interactions:* Triazolam produces additive CNS depressant effects when coadministered with alcohol, antihistamines, anticonvulsants, or psychotropic medications which themselves can produce CNS depression.

Pharmacokinetic interactions can occur when triazolam is administered along with drugs that interfere with its metabolism. Examples include cimetidine or erythromycin which when coadministered with triazolam cause an approximate doubling of the plasma levels and elimination half-life of triazolam. Consequently, consideration of dose reduction may be appropriate when patients are treated concomitantly with triazolam and either cimetidine or erythromycin.

When a single oral 0.25 mg dose of triazolam was coadministered with nefazodone (200 mg bid) at steady state, triazolam peak concentrations, half-life, and AUC were increased 1.7, 3 and 4 fold respectively. The pharmacokinetics of nefazodone were not altered. The concomitant use of triazolam and nefazodone was also associated with an increase in psychomotor impairment presumably due to increased triazolam plasma concentrations. The interactive effects of higher doses of these agents have not been studied. The concomitant use of nefazodone and triazolam should be avoided.

Drug abuse, dependence and withdrawal: Withdrawal symptoms, similar in character to those noted with barbiturates and alcohol (convulsions, tremor, abdominal and muscle cramps, vomiting, sweating, dysphoria, perceptual disturbances and insomnia) have occurred following abrupt discontinuance of benzodiazepines, including triazolam. The more severe symptoms are usually associated with higher dosages and longer usage, although patients given therapeutic dosages for as few as 1 to 2 weeks can also have withdrawal symptoms, including **daytime anxiety**, between nightly doses (see Pharmacology and Warnings). Consequently, abrupt discontinuation should be avoided and a gradual dosage tapering schedule is recommended in any patient taking more than the lowest dose for more than a few weeks. The recommendation for tapering is particularly important in patients with a history of seizures.

The risk of dependence is increased in patients with a history of alcoholism, drug abuse, or in patients with marked personality disorders (see Contraindications). Interdose daytime anxiety and rebound anxiety may increase the risk of dependency in triazolam treated patients.

As with all hypnotics, repeat prescriptions should be limited to those who are under medical supervision.

Patients with specific conditions: Triazolam should be given with caution to patients with impaired hepatic or renal function, severe pulmonary insufficiency, or sleep apnea. Respiratory depression and apnea have been reported in patients with compromised respiratory function.

Occupational Hazards: Because of triazolam's CNS depressant effect, patients receiving the drug should be cautioned against engaging in hazardous occupations requiring complete mental alertness such as operating machinery or driving a motor vehicle. For the same reason, patients should be warned against the concomitant ingestion of triazolam and alcohol or CNS depressant drugs.

Pregnancy: For teratogenic effects see Contraindications. Non-teratogenic effects: a child born to a mother who is on benzodiazepines may be at some risk for withdrawal symptoms from the drug during the postnatal period. Also, neonatal flaccidity has been reported in an infant born to a mother who had been receiving benzodiazepines.

Lactation: Human studies have not been performed but studies in rats have shown that triazolam and its metabolites are secreted in the milk. Therefore, administration of triazolam to nursing mothers is not recommended.

Children: The safety and effectiveness of triazolam in children below the age of 18 have not been established.

Geriatrics: Elderly patients are especially susceptible to dose-related adverse effects, such as drowsiness, dizziness, or impaired coordination. Therefore, the lowest possible dose should be used in these subjects.

Adverse Effects: The most frequent adverse reactions associated with the use of triazolam are extensions of the pharmacological effects of the drug, e.g., sedation (morning drowsiness, somnolence), dizziness, nervousness/irritability and impaired coordination.

The most serious adverse reactions which may occur include memory impairment, abnormal thinking/behavior, confusion, anxiety, and depression (see Warnings).

The incidence of adverse reactions among patients receiving triazolam or placebo is listed in Table II. The figures cannot be used to predict precisely the incidence of untoward events in the course of usual medical practice where patient characteristics and other factors often differ from those in clinical trials. Comparison of the cited figures, however, can provide the prescriber with some basis for estimating the relative contributions of drug and nondrug factors to the untoward event incidence rate in the population studied.

The adverse reaction profile of triazolam observed in controlled clinical trials illustrates the dose-dependency of most of the adverse reactions. **At present, the higher dose range is not recommended** (see Dosage).

Rare (i.e., less than 0.5%) adverse reactions include dysesthesia/paresthesia, dream abnormalities, drug abuse/habituation, drug withdrawal symptoms, hallucinations, muscle tone disorder, tremor, tinnitus, hearing impairment, eye irritation/redness, edema, chest pain, hot/cold flashes, hypertension, syncope, dyspnea, constipation, flatulence, oral irritation, micturition difficulties, dermatitis, diaphoresis, muscular cramps, muscular weakness, malaise, sexual dysfunction. Elevated levels of AST, bilirubin, and alkaline phosphatase have also been noted.

Overdose: Symptoms and Treatment: Manifestations of triazolam overdosage include extensions of it's pharmacological effects, namely, somnolence, confusion, impaired coordination, slurred speech, and ultimately, coma. Respiratory depression and apnea have been reported with overdosages to triazolam.

Table II—Halcion

Percent of Patients Reporting Adverse Reactions (≥ 0.5%)

Body System	Adverse Reaction	Triazolam 0.1-0.3 mg N = 1002	Triazolam 0.4-0.6 mg N = 2370	Placebo N = 2036
CNS	drowsiness/sedation	9.5	18.6	14.5
	headache	5.9	8.1	6.2
	dizziness	4.4	9.0	5.8
	nervousness/irritability	3.7	4.6	6.4
	impaired coordination	1.7	4.3	1.2
	insomnia	1.0	1.2	2.8
	confusion	0.7	1.0	0.5
	mood changes	0.7	0.8	0.7
	depression	0.5	1.1	0.7
	memory impairment	0.2	1.0	0
Metabolic/Nutrition	appetite change	0	0.5	0.6
Special Senses	visual disturbance	0.4	0.7	0.2
	taste alteration	0.4	0.6	0.3
Cardiovascular	palpitations	0.5	0.4	0.4
Respiratory	respiratory infection	1.1	1.7	0.9
Gastrointestinal	nausea/vomiting	2.9	3.8	3.5
	dry mouth	0.5	0.9	1.4
	abdominal pain/discomfort	0.4	0.6	0.5
	diarrhea	0.2	0.8	0.4
Musculoskeletal	musculoskeletal/joint pain	0.8	0.9	0.7

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Halcion (cont'd)

Death has been reported in association with overdoses of triazolam by itself, as it has with other benzodiazepines. In addition, fatalities have been reported in patients who have overdosed with a combination of alcohol and a single benzodiazepine, including triazolam. In some of these cases, blood levels of the benzodiazepine and alcohol were lower than those usually associated with reports of fatalities with either substance alone.

As in all cases of drug overdosage, respiration, pulse and blood pressure should be monitored and supported by general measure when necessary. Immediate gastric lavage should be performed. An adequate airway should be maintained. I.V. fluids may be administered. As with the management of intentional overdosage with any drug, the physician should bear in mind that multiple agents may have been ingested by the patient.

The benzodiazepine antagonist, flumazenil, is a specific antidote in known or suspected benzodiazepine overdose. (For conditions of use, see Anexate product monograph.).

Experiments in animals have indicated that cardiopulmonary collapse can occur with massive I.V. doses of triazolam. This could be reversed with positive mechanical respiration and I.V. infusion of norepinephrine bitartrate or metaraminol bitartrate. Hemodialysis and forced diuresis are probably of little value.

Dosage: The lowest effective dose should be used. Treatment with triazolam should usually not exceed 7 to 10 consecutive days. Use for more than 2 to 3 consecutive weeks requires complete re-evaluation of the patient.

The starting dose in all patients should be 0.125 mg; for many patients this dose immediately before retiring should be sufficient. In most adults, a dose of 0.25 mg should not be exceeded. A dose of 0.5 mg should be used only for exceptional patients who do not respond adequately to a trial of the lower dose since the risk of several adverse reactions increases with the size of the dose administered.

For elderly, or debilitated patients and patients with disturbed liver/kidney function, the dose should not exceed 0.125 mg before retiring. The 0.25 mg dose should be used only for exceptional patients who do not respond to a trial of the lower dose.

Information for the Patient: See Blue Section—Information for the Patient "Halcion".

Supplied: 0.125 mg: Each violet, scored tablet branded "Upjohn 10" contains: triazolam 0.125 mg. Nonmedicinal ingredients: cellulose, cornstarch, docusate sodium, erythrosine sodium, FD&C Blue No. 2, lactose, magnesium stearate, silicon dioxide. Gluten-free. Blister packages of 7. Store at controlled room temperature (15 to 30°C).

0.25 mg: Each powder blue, scored tablet branded "Upjohn 17" contains: triazolam 0.25 mg. Nonmedicinal ingredients: cellulose, cornstarch, docusate sodium, FD&C Blue No. 2, lactose, magnesium stearate, silicon dioxide. Gluten-free. Blister packages of 7. Store at controlled room temperature (15 to 30°C).

(Shown in Product Recognition Section)

HALDOL® E

McNeil

Haloperidol

Antipsychotic

Pharmacology: Haloperidol is a butyrophenone derivative with antipsychotic properties that has been considered particularly effective in the management of hyperactivity, agitation, and mania. Haloperidol is an effective neuroleptic and also possesses antiemetic properties; it has a marked tendency to provoke extrapyramidal effects and has relatively weak alpha-adrenolytic properties. It may also exhibit hypothermic and anorexiant effects and potentiate the action of barbiturates, general anesthetics, and other CNS depressant drugs.

The mechanism of action of haloperidol has not been entirely elucidated, but has been attributed to the inhibition of the transport mechanism of cerebral monoamines, particularly by blocking the impulse transmission in dopaminergic neurons.

Peak plasma levels of haloperidol occur within 2 to 6 hours of oral dosing and about 20 minutes after i.m. administration. The mean plasma (terminal elimination) half-life has been determined as 20.7±4.6 (SD) hours, and although excretion begins rapidly, only 24 to 60% of ingested rad oactive drug is excreted (mainly as metabolites in urine, some in feces) by the end of the first week, and very small but detectable levels of radioactivity persist in the blood and are excreted for several weeks after dosing. About 1% of the ingested dose is recovered unchanged in the urine.

Indications: Haloperidol is indicated in the management of manifestations of acute and chronic psychosis, including schizophrenia and manic states. It may also be of value in the management of aggressive and agitated behavior in patients with chronic brain syndrome and mental retardation and in the symptomatic control of Gilles de la Tourette's syndrome.

Contraindications: Comatose states and CNS depression due to alcohol or other depressant drugs; severe depressive states; previous spastic diseases; lesions of the basal ganglia; Parkinson's syndrome, except in the case of dyskinesias due to levodopa treatment; sensitivity to haloperidol; senile patients with pre-existing Parkinson-like symptoms.

Children: Safety and effectiveness in young children have not been established; therefore, haloperidol is contraindicated in this age group.

Pregnancy and *Lactation:* Safety for use in pregnancy and lactation has not been established. do not administer to women of childbearing potential or nursing mothers unless, in the opinion of the physician, the expected benefits of the drug outweigh the potential hazard to the fetus or child. Haloperidol is excreted in breast milk.

Warnings: Tardive Dyskinesia: Tardive dyskinesia is known to occur in patients treated with neuroleptics with antipsychotic properties and other drugs with substantial neuroleptic activity. Although the dyskinetic syndrome may remit partially or completely if the medication is withdrawn, it is irreversible in some patients. At the present time there is uncertainty as to whether neuroleptic drugs differ in their potential to cause tardive dyskinesia.

Since there is a significant prevalence in this syndrome associated with the use of neuroleptic drugs, and since there is no known effective treatment, chronic use of these drugs should generally be restricted to patients for whom neuroleptics are known to be effective and for whom there is no alternative therapy available with better risk acceptability. If manifestations of tardive dyskinesia are detected during the use of a neuroleptic, the drug should be discontinued.

The risk of a patient developing tardive dyskinesia and of the syndrome becoming irreversible appear to increase with the duration of treatment and the total amount of drugs administered, although, in some instances, tardive dyskinesia may develop after relatively short periods of treatment at low doses. The risk of developing tardive dyskinesia may, therefore, be minimized by reducing the dose of the neuroleptic drug used and its duration of administration, consistent with the effective management of the patient's condition. Continued use of neuroleptics should be periodically reassessed. Withdrawal Emergent Neurological Signs: Generally, patients receiving short-term therapy experience no problems with abrupt discontinuation of antipsychotic drugs. However, some patients on maintenance treatment experience transient dyskinetic signs after abrupt withdrawal. In certain of these cases the dyskinetic movements are indistinguishable from the syndrome described under Tardive Dyskinesia except for duration. It is not known whether gradual withdrawal of antipsychotic drugs will reduce the rate of occurrence of withdrawal emergent neurological signs but until further evidence becomes available it seems reasonable to gradually withdraw use of antipsychotic drugs.

An encephalopathic syndrome (characterized by weakness, lethargy, fever, tremulousness and confusion, extrapyramidal symptoms, leukocytosis, elevated serum enzymes, BUN and FBS, followed by irreversible brain damage) has occurred in a few patients treated with lithium plus haloperidol. A causal relationship between these events and the concomitant administration of lithium and haloperidol has not been established; however, patients receiving such combined therapy should be monitored closely for early evidence of neurological toxicity and treatment discontinued promptly if such signs appear.

Elderly or debilitated patients receiving the drug should be carefully observed for lethargy and a decreased sensation of thirst due to central inhibition which might lead to dehydration and reduced pulmonary ventilation and could result in complications, such as terminal bronchopneumonia.

Occupational Hazards: Although haloperidol is a relatively non-sedating neuroleptic, sedation may occur in some patients. Therefore, physicians should be aware of this possibility and caution patients about the danger of participating in activities requiring complete mental alertness, judgement and physical coordination, such as driving and operating dangerous machinery.

Haloperidol may prolong the hypnotic action of barbiturates and may potentiate the effects of alcohol and other CNS depressant drugs such as anesthetics and narcotics; caution should therefore be exercised when it is used with alcohol, or this type and adjustments in their dosage may be required.

Precautions: Administration to patients with severe cardiac involvement should be guarded, despite the fact that haloperidol is well tolerated by patients with cardiac insufficiency and that it has been used with favorable results to maintain the cardiovascular function of patients with excitive crises. In very rare instances, it has been felt that haloperidol was contributory to the precipitation of attacks in angina prone patients. Moderate hypotension may occur with parenteral administration or excessive oral doses of haloperidol; however, vertigo and syncope occur only rarely.

Haloperidol may lower the convulsive threshold and has been reported to trigger seizures in previously controlled known epileptics. When instituting haloperidol therapy in these patients, adequate anticonvulsant medication should be maintained concomitantly.

As with other antipsychotic agents, haloperidol should be administered cautiously to patients with severe impairment of liver or kidney function, and to patients with known allergies or history of allergies to other neuroleptic drugs. Caution is also advised in patients with pheochromocytoma and conditions predisposing to epilepsy, such as alcohol withdrawal and brain damage.

Haloperidol has lowered cholesterol concentrations in the serum and liver of monkeys. An accumulation of desmosterol has been observed in the serum of rats given repeated high doses (10 mg/kg) of haloperidol. In man, mild transient decreases in serum cholesterol were reported in preliminary studies. However, in a study involving a group of schizophrenic patients on extended medication, significant lowering of serum cholesterol was not observed with haloperidol, and there was no accumulation of desmosterol or 7-denydrocholesterol. A significant lowering of cholesterol together with accumulation of another sterol (possibly 7-denydrocholesterol) has been reported in patients receiving a chemically related drug (trifluoperiol), and skin and eye changes (ichthyosis and cataracts) have occurred clinically with another butyrophenone derivative. Skin and eye changes have not been observed in patients receiving haloperidol. However, all patients receiving haloperidol for a prolonged period of time should be carefully observed for any changes in the skin and eyes. If such changes are seen, discontinue the drug promptly.

Drug Interactions: Haloperidol has been reported to interfere with the anticoagulant properties of phenindione in an isolated case, and the possibility should be kept in mind of a similar effect occurring when haloperidol is used with other anticoagulants.

Haloperidol may antagonize the action of epinephrine and other sympathomimetic agents and reverse the blood pressure-lowering effects of adrenergic-blocking agents, such as guanethidine.

Enhanced CNS effects may occur when haloperidol is used in combination with methyldopa.

Haloperidol inhibits the metabolization of tricyclic antidepressants, thereby increasing plasma levels of these drugs. This may result in increased tricyclic antidepressant toxicity (anticholinergic effects, cardiovascular toxicity, lowering of seizure threshold).

When prolonged carbamazepine treatment is added to haloperidol therapy, this results in a significant reduction of haloperidol plasma levels. Therefore, during combination treatment, the haloperidol dose should be adjusted, when necessary. After stopping carbamazepine, it will be necessary to reduce the dosage of haloperidol.

Haloperidol may impair the antiparkinson effects of levodopa.

If an antiparkinson agent is used concomitantly with haloperidol, both drugs should not be discontinued simultaneously, since extrapyramidal symptoms may occur due to the slower excretion rate of haloperidol.

The physician should keep in mind the possibility of an increase in intraocular pressure when anticholinergic drugs, including antiparkinson agents, are administered concomitantly with haloperidol.

When haloperidol is used to control mania in cyclic disorders, there may be a rapid mood swing to depression.

The antiemetic action of haloperidol may obscure signs of toxicity due to overdosage of other drugs or mask the symptoms of some organic diseases, such as brain tumor or intestinal obstructions.

Severe neurotoxicity (rigidity, inability to walk or talk) may occur in patients with thyrotoxicosis who are also receiving antipsychotic medication, including haloperidol.

Carcinogenicity studies in mice (18 months) and rats (24 months) showed a significant increase in mammary gland

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diazepam. Diazepam should be used in these patients with caution and in low doses to preclude development of ataxia, sedation and other possible adverse effects.

Emotional Disorders: Diazepam is not recommended in the treatment of psychotic or severely depressed patients. Precautions are indicated for severely depressed patients or those who show any evidence of impending depression, particularly in the recognition that suicidal tendencies may be present and protective measures may be necessary.

Since excitement and other paradoxical reactions may result from use of the drug in psychotic patients, diazepam should not be used in ambulatory patients suspected of having psychotic tendencies.

Use before Bronchoscopy and Laryngoscopy: Since there are insufficient data available to establish the safety of diazepam prior to bronchoscopy and laryngoscopy, its use is not recommended.

Use before Gastroscopy, Esophagoscopy, Cardioversion and Surgical Procedures: Diazepam should be used only under conditions in which safeguards are available should laryngospasm and circulatory or respiratory depression occur.

Since an increase in cough reflex and laryngospasm occur with general endoscopic procedures, the use of a topical anesthetic agent and the availability of necessary counter measures are recommended.

Concurrent use of narcotics and barbiturates with diazepam may produce a potentiation of effect and, when such combinations are used, appropriate reduction of dosage is required.

Impaired Renal and Hepatic Function: The usual precautions in treating patients with impaired hepatic function should be observed. Since metabolites of diazepam are excreted by the kidney, in order to avoid their excess accumulation, caution should be exercised in the administration of the drug to patients with compromised kidney function.

Potentiation of Drug Effects: Careful consideration should be given if diazepam is to be used concomitantly with other psychotropic agents such as phenothiazines, barbiturates, MAO inhibitors and other antidepressants, since the pharmacological action of these agents may potentiate the action of diazepam.

Due to the possible potentiation of effects and the occurrence of adverse reactions, patients should be advised to abstain from CNS depressant drugs during treatment with diazepam.

The clearance of diazepam and of certain other benzodiazepines can be delayed when used in association of cimetidine.

Parenteral diazepam has produced hypotension or muscular weakness in some patients, particularly when used with barbiturates, narcotics and alcohol.

General: After administration of diazepam, ambulation should be delayed until complete alertness is restored.

Adverse Effects: Evidence suggest that there is a low incidence of local reactions when Diazemuls is used. Side effects most commonly reported are drowsiness, fatigue and ataxia. Other adverse reactions less frequently reported include:

CNS: confusion, depression, dysarthria, headache, hypoactivity, slurred speech, syncope, tremor, vertigo and floppy infant syndrome.

Gastrointestinal: constipation, nausea.

Urogenital: incontinence, changes in libido, urinary retention.

Cardiovascular: bradycardia, cardiovascular collapse, hypotension, venous thrombosis and phlebitis at site of injection.

Ophthalmological: blurred vision, diplopia, nystagmus.

Dermatological: urticaria, skin rash.

Other: hiccups, changes in salivation, neutropenia, jaundice.

Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, use of the drug should be discontinued.

Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after diazepam therapy and are of no known significance.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm and pain in throat or chest have been reported.

Because of isolated reports of neutropenia and jaundice, periodic blood counts and liver function tests are advisable during long-term therapy.

Overdose: Symptoms and Treatment: Manifestations of diazepam overdosage include somnolence, confusion, coma and diminished reflexes. Respiration, pulse and blood pressure should be monitored, as in all cases of drug overdosage, although, in general, these effects have been minimal unless overdose is extreme. General supportive measures should be employed, along with I.V. fluids, and an adequate airway maintained. Hypotension may be combatted by the use of levarterenol. Dialysis is of limited value.

Dosage: Dosage should be individualized for maximal beneficial effect. The usual recommended dose in older children and adults ranges from 2 to 20 mg I.M. or I.V., depending on the indication and/or the severity of the condition (see Dosage for specific indications). In acute conditions the injection may be repeated within 1 hour, although an interval of 3 to 4 hours is usually satisfactory.

When a continuing drug effect is required, lower doses (usually 2 to 5 mg) with small increments if necessary, should be used in elderly or debilitated patients and when other sedative drugs are administered (see Warnings and Adverse Effects).

For dosage in pediatric use, see Dosage and Warnings.

Because of its delayed action, Diazemuls is not recommended for the management of status epilepticus.

I.V. Use: Diazemuls should be injected slowly, taking at least 1 minute for each 5 mg (1 mL) administered. Extreme care should be taken to avoid intra-arterial administration or extravasation (see Warnings, particularly for use in children).

When I.V. use is indicated, facilities for respiratory assistance should be readily available.

When used I.V., Diazemuls should be injected directly into the vein without prior dilution or mixing with other products or solutions. Diazemuls may, however, be mixed or diluted with Intralipid/Nutralipid, but such a mixture should be used within 6 hours. If it is not feasible to administer Diazemuls directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Diazemuls has been shown to be incompatible with morphine and glycopyrrolate. Mixing or further diluting Diazemuls with products or solutions other than its own emulsion base (Intralipid or Nutralipid) may de-stabilize the emulsion. Although such an effect may not be recognizable on visual inspection, it could give rise to potentially serious adverse reactions. Polyethylene-lined or glass infusion sets and polyethylene/polypropylene plastic syringes are recommended for use with Diazemuls. Do not use infusion sets containing polyvinyl chloride.

I.M. Use: Diazemuls should be injected deeply into the muscle.

Adults: Acute anxiety or tension states related to stressful conditions or non-psychotic emotional disorders when parenteral administration is required. Depending on severity, 2 to 10 mg, I.M. or I.V. Repeat in 3 to 4 hours, if necessary.

Acute alcohol withdrawal: As an aid in symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis. Initially 10 mg I.M. or I.V., then 5 to 10 mg in 3 to 4 hours, if necessary.

Minor surgical procedures including esophagoscopy and gastroscopy: as an adjunct in relieving anxiety states that may be present before these procedures. Approximately 5 to 10 mg, I.M. or I.V., as required, about 30 minutes prior to procedures.

For the relief of muscle spasm in cerebral palsy, athetosis and stiff man syncrome. Initially, 5 to 10 mg I.M. or I.V., then 5 to 10 mg in 3 to 4 hours, if necessary.

Pre-operative medication for the relief of anxiety states. If premedications other than atropine sulfate, scopolamine hydrobromide, mependine or fentanyl citrate are desired, they must be administered in separate syringes. Extreme caution must be exercised in patients with chronic lung disease or unstable cardiovascular status. 10 mg I.M. or I.V. 1 to 2 hours before surgery.

Cardioversion: to relieve anxiety and tension and to reduce recall of procedure. 5 to 15 mg, I.V., within 10 to 20 minutes prior to procedure.

Children: See Warnings. Dosage not to exceed 0.25 mg/kg slowly over a 3-minute period.

Geriatrics and Debilitated: See Precautions. 2 to 5 mg, I.M. or I.V.

Once the acute symptomatology has been properly controlled with Diazemuls the patient may be placed on oral therapy with diazepam if further treatment is required.

Supplied: Each mL contains: diazepam 5 mg, dissolved in the oil phase of an oil/water emulsion compounded with purified soybean oil 150 mg, acetylated monoglycerides 50 mg, purified egg phosphotides 12 mg, glycerol 22.5 mg and sodium hydroxide to adjust pH to approximately 8. Diazemuls is a sterile formulation and contains no preservatives. It is intended for I.V. or I.M. use only. Ampuls of 2 mL, packages of 10.

Store at controlled temperature below 25°C. Do not freeze.

DIAZEPAM

General Monograph, CPhA

Benzodiazepine

Pharmacology: Diazepam possesses sedative, hypnotic, anxiolytic, muscle relaxant and anticonvulsant properties. Most of the actions of benzodiazepines appear to result from the potentiation of neural inhibition mediated by gamma aminobutyric acid (GABA) in the CNS. Diazepam acts selectively on polysynaptic neuronal pathways and may inhibit or augment transmission, depending on the endogenous function of GABA.

Pharmacokinetics. Diazepam is well absorbed after oral administration with peak blood levels reached in 1 to 2 hours. Following I.V. administration, peak blood levels occur in 15 minutes. The absorption of diazepam is rapid after rectal administration but tends to be slow and erratic after I.M. injection. Diazepam is widely distributed to all body tissues and crosses the placenta and the blood-brain barrier. The concentration in the CSF is approximately equal to the concentration of free drug in the plasma. Brain and plasma diazepam levels drop rapidly after initial I.V. injections as the drug is distributed to other tissues in the central compartment. Diazepam is metabolized by the liver primarily to active metabolites. Two of its active metabolites, N-desmethyldiazepam and N-methyloxazepam are further metabolized to oxazepam then conjugated with glucuronic acid and excreted. Elimination is prolonged in elderly or very young patients as well as in patients with liver disease. Although diazepam has a long half-life it should be administered in divided doses to prevent excessive sedation following rapid absorption of large doses.

Indications: The short-term symptomatic relief of mild to moderate degrees of anxiety.

In acute alcoholic withdrawal, diazepam may be useful in the symptomatic relief of acute agitation, tremor and impending acute delirium tremens.

In the treatment of status epilepticus and recurrent seizures.

As an adjunct for the relief of spasticity in neuromuscular disorders such as cerebral palsy, multiple sclerosis and athetosis.

As a premedication for anaesthesia, endoscopy and other minor procedures.

Contraindications: Known hypersensitivity to diazepam or other benzodiazepines. In myasthenia gravis, acute narrow angle glaucoma and infants under 6 months of age.

Warnings: Diazepam injectable should not be administered to patients in shock or coma. Rare reports of apnea or cardiac arrest have been noted, usually following I.V. administration. Those affected are usually elderly or very ill, those with limited pulmonary reserve and those who have received recent parenteral barbiturates. Resuscitative resources should be available. Since lingual obstruction of the airway may occur, particularly in children and in the elderly, caution is required to maintain a free airway in patients receiving diazepam injectable.

Precautions: Emotional disorders: Diazepam is not recommended in psychotic or severely depressed patients. Caution is required in the treatment of severely depressed patients or those who show evidence of impending depression, particularly the recognition that suicidal tendencies may be present and protective measures may be necessary. Since excitement and other paradoxical reactions may result from the use of the drug in psychotic patients, it should not be used in ambulatory patients suspected of having psychotic tendencies.

Epileptic patients: Diazepam is not recommended as a substitute for standard anticonvulsant medication in the long-term control of epilepsy. It is indicated in the treatement of status epilepticus; however, appropriate anticonvulsant therapy should be instituted as soon as possible after the interruption of status epilepticus. Diazepam should be used with caution for other indications in these patients because it may induce or aggravate seizures. Under these circumstances, dosage adjustment of anticonvulsant medications may be required.

Drug dependence: Abrupt cessation of large doses of diazepam after prolonged periods may precipitate acute withdrawal symptoms, including seizures. In these cases, the drug should be discontinued gradually. Caution should be exercised when it is considered necessary to administer diazepam to addiction prone individuals.

Premedication for procedures: Diazepam injectable should be used only under conditions in which safeguards are available should laryngospasm and circulatory or respiratory depression occur. Concurrent use of narcotics and barbiturates with diazepam injectable may produce a potentiation of effect. Appropriate reduction of dosage is required.

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To minimize the possibility of phlebitis, i.v. injections should be made directly into a large lumen vessel, such as an antecubital vein. Rate of administration should not exceed 5 mg/minute.

Avoid intra-arterial injection due to the risk of necrosis.

Occupational Hazards: Patients receiving diazepam should be advised to proceed cautiously wherever mental alertness and physical coordination are required. After parenteral administration of diazepam injectable, ambulation should be delayed at least 1 or 2 hours or until complete alertness is restored.

Drug Interactions: Antacids: Antacids may decrease the rate but not the extent of absorption of diazepam when administered concurrently.

CNS depressants: Benzodiazepines may enhance the CNS depressant effects of drugs including alcohol, anticonvulsants, barbiturates, MAO inhibitors, narcotic analgesics, phenothiazines and tricyclic antidepressants.

Disulfiram: Disulfiram may inhibit the metabolism of diazepam. Diazepam dosage may have to be decreased.

Cimetidine: Cimetidine may inhibit the metabolism of diazepam. Diazepam dosage may have to be decreased.

Levodopa: Diazepam may decrease the therapeutic effects of levodopa.

Omeprazole: Omeprazole may prolong the elimination of diazepam.

Pregnancy: Several studies have suggested an increased risk of congenital malformations associated with the use of diazepam, chlordiazepoxide and meprobamate during the first trimester of pregnancy. If the drug is prescribed for a woman of childbearing potential, she should be warned to contact her physician regarding discontinuation of the drug if she intends to become or suspects that she is pregnant.

Lactation: Diazepam enters breast milk. It may accumulate in the infant resulting in lethargy and loss of weight. Use in lactation should be avoided.

Geriatrics: Elderly and debilitated patients or those with organic brain disorders have been found to be prone to CNS depression following even low doses of benzodiazepines. For these patients the dosage should be limited to the smallest effective amount to preclude development of ataxia, oversedation, falls or other possible adverse effects.

Adverse Effects: CNS: Most of the adverse effects of diazepam are due to its depressant effect on the CNS. They are generally dose-dependent and include: drowsiness, ataxia, fatigue, dizziness, vertigo, headache, slurred speech, memory impairment, confusion, depression. Paradoxical CNS stimulation may occur in early therapy.

Gastrointestinal: nausea, hiccups, increased appetite, anorexia, weight gain or loss, dry mouth, increased salivation, swollen tongue, bitter or metallic taste, constipation.

Genitourinary: menstrual irregularities, failure to ovulate, gynecomastia, increased or decreased libido, urinary retention or incontinence.

Dermatologic: urticaria, rash, pruritus, photosensitivity may occur.

Ophthalmologic: blurred vision, diplopia, nystagmus have occurred.

Cardiovascular: apnea, hypotension, bradycardia or cardiac arrest after rapid i.v. administration particularly in elderly or debilitated patients and in patients with respiratory or cardiovascular instability.

Hematologic: rare cases of leukopenia, agranulocytosis, aplastic anemia, hemolytic anemia, decreased hematocrit.

Hepatic: elevation of liver enzymes has occurred and jaundice has also been reported.

Overdose: Symptoms: Drowsiness, oversedation, confusion and slurred speech. In more serious overdosage, symptoms may include: hypotension, ataxia, hypotonia, hypnosis, coma and rarely death. When the effects of the drug overdosage begin to wear off, the patient exhibits jitteriness and overstimulation. There are minimum effects on respiration, pulse and blood pressure unless the overdosage is extreme or there is concomitant ingestion of alcohol or other CNS depressant drugs.

Treatment: In the case of an oral overdose, gastric lavage followed by the administration of activated charcoal may be beneficial if performed soon after ingestion. Institute general supportive therapy as indicated. Vital signs and fluid balance should be carefully monitored. An adequate airway should be maintained and assisted respiration used as needed. Flumazenil antagonizes the CNS action of benzodiazepines and may be of value in the management of overdose. Forced diuresis and hemodialysis are of no value.

Dosage: Oral: Must be individualized and carefully titrated in order to avoid excessive sedation or mental and motor impairment. A cumulative increase in the therapeutic effect during the first few days of administration may be anticipated, since drug excretion is slow.

Diazepam should neither be prescribed nor administered for periods in excess of 6 weeks, without follow up and establishing the need for more prolonged administration in individual patients.

Abrupt discontinuation of diazepam should be avoided in patients who have received long-term therapy. The drug should be gradually tapered in order to avoid precipitation of withdrawal symptoms or seizures in those patients with a history of a seizure disorder.

Symptomatic relief of mild to moderate anxiety: Adults: 5 to 40 mg daily, in divided doses, according to severity of symptoms and patient response. Initiate treatment with low dose and increase gradually. After dosage adjustment, the daily dosage may be administered in some patients in 2 divided doses or even in 1 dose, usually at night.

Symptomatic relief of acute alcohol withdrawal: Adults: 30 to 40 mg in 3 or 4 divided doses during the first 24 hours, reducing the dose daily as indicated.

As an adjunct for relief of spasm in patients suffering from cerebral palsy, multiple sclerosis and athetosis: Adults: 5 to 40 mg daily, in divided doses.

Elderly and debilitated patients: 2.5 mg once or twice daily as tolerated. Initiate treatment always at the lowest dose and increase gradually as needed and tolerated.

Children: 0.12 to 0.8 mg/kg/day in 3 or 4 divided doses.

Parenteral: The i.v. route is preferable for parenteral administration, because i.m. absorption is erratic and unpredictable. The rate of i.v. administration should not exceed 5 mg/minute. Resuscitative resources should be available (see Warnings).

In acute conditions, the injection may be repeated within 1 hour although an interval of 3 to 4 hours is usually satisfactory.

While dosage should be individualized for maximum beneficial effect, the usual dosage is:

Symptomatic relief of mild to moderate anxiety: 2 to 10 mg i.v. or i.m. Repeat in 3 to 4 hours, if necessary.

Symptomatic relief of acute alcoholic withdrawal: 10 mg i.v. or i.m. initially, then 5 to 10 mg in 3 to 4 hours, if necessary.

Premedication for procedures: 5 to 10 mg i.m. or i.v. approximately 30 minutes prior to procedure.

As an adjunct for relief of muscle spasm in patients suffering from cerebral palsy, multiple sclerosis and athetosis or tetanus: 5 to 10 mg i.m. or i.v. initially, then repeated in 3 to 4 hours, if necessary. For tetanus, larger doses may be required.

Children: For sedation and muscle relaxation 0.04 to 0.2 mg/kg/dose every 2 to 4 hours i.v. or i.m. to a maximum of 0.6 mg/kg in an 8 hour period.

Status epilepticus including severe recurrent seizures: In seizing patients, the i.v. route is preferable because peak plasma levels may be reached only after 60 minutes when the i.m. route is used: 5 to 10 mg i.v. initially. If necessary to control seizures, repeat at 15 to 30 minute intervals for a maximum of 3 additional doses. Repeat in 2 to 4 hours if necessary. Once seizures stop, begin appropriate anticonvulsant drug therapy immediately by the parenteral route.

Children: For status epilepticus 0.2 to 0.5 mg/kg/dose i.v., repeat at 15 to 30 minute intervals for a maximum of 3 additional doses. Maximum dose: >5 years: 10 mg, <5 years: 5 mg.

Cardioversion: To relieve anxiety and tension: 5 to 15 mg i.v. within 5 to 10 minutes prior to the procedure.

Elderly and debilitated patients: (see Precautions and Adverse Effects) 2 to 5 mg i.v. or i.m.

Reviewed 1996

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Wyeth-Ayerst

Opium—Belladonna Alkaloids Compound

Antidiarrheal

Supplied: Each blue capsule with white "AYERST" monogram contains: activated attapulgite 300 mg, pectin 71.4 mg, powdered opium 12 mg, hyoscyamine sulfate 52 µg, atropine sulfate 10 µg, scopolamine HBr 3 µg. Energy: <1 kJ (<1 kcal). Bottles of 12.

DICETEL® ℞

Solvay Kingswood

Pinaverium Bromide

Gastrointestinal Calcium Antagonist

Pharmacology: Pinaverium is a calcium antagonist which inhibits the calcium influx by blocking the voltage-dependent calcium channel at the smooth muscle cell level. It possesses a high degree of selectivity for the intestinal smooth muscle.

Many studies showed that pinaverium induces a relaxation of the gastrointestinal and the biliary tracts and mainly of the colon, an inhibition of the motor colonic response to food and/or pharmacological stimulations, implying the action of the drug in irritable bowel syndrome.

Indications: For the treatment and relief of symptoms associated with irritable bowel syndrome (IBS), abdominal pain, bowel disturbances and intestinal discomfort.

For the treatment of symptoms related to functional disorders of the biliary tract.

Contraindications: Patients with known hypersensitivity to pinaverium or any of the excipients.

No other contraindications have been identified at this time.

Warnings: Contact of pinaverium with the esophageal mucosa may be irritating. Therefore, it is strongly recommended that the tablet be taken with a glass of water during mealtime. If more than 3 tablets are prescribed per day, the additional tablet(s) should be taken concurrently with a glass of water and a snack.

Precautions: Pinaverium should not be administered for the relief of motility dysfunction due to underlying organic disease.

Pregnancy: Reproductive studies performed in animals have not revealed the presence of teratogenic effects. However, the safety of pinaverium during pregnancy has not been established. Consequently, in the pregnant patient, this drug should only be administered if, in the judgment of the physician, its use is essential to the welfare of the patient.

Lactation: There have been no controlled studies in nursing women; therefore, the drug should be avoided during lactation.

Adverse Effects: Minor adverse events were reported and listed as mild and moderate. They were mainly minor digestive disorders that may be related to the disease, such as epigastric pain and/or fullness (0.8%), nausea (0.5%), constipation (0.4%), heartburn (0.3%), distension (0.3%) and diarrhea (0.2%).

Other Systems: headache (0.3%), dryness of the mouth (0.3%), drowsiness (0.2%), vertigo (0.2%) and skin allergy (0.2%).

Overdose: Symptoms and Treatment: In man, apart from diarrhea and/or flatulence, pinaverium induced no undesirable effects in daily dosages of up to 1 200 mg.

No cases of overdosage of pinaverium have been reported to date. However, if overdosage occurs, gastric lavage is recommended and symptomatic treatment initiated if deemed necessary.

Dosage: The usual adult dosage is 3 film-coated tablets of 50 mg a day (1 tablet 3 times a day). In exceptional cases, the dosage may be increased up to 6 tablets a day (2 tablets 3 times a day).

It is recommended that the tablet be taken with a glass of water during meals or snacks. The tablet should not be swallowed when in the lying position or just before bedtime.

The duration of treatment depends on the disorders for which pinaverium is given.

Supplied: Each orange-colored, circular-shaped, film-coated tablet, with a slightly convex surface, contains: pinaverium bromide 50 mg. Nonmedicinal ingredients: in the core: hydrophobic anhydrous silica, magnesium stearate, microcrystalline cellulose, modified cornstarch, modified lactose and talc; in the film coating: gastrosoluble acrylic resin, micronized talc, polyoxyethylene glycol 6000 and Sepisperse orange K3020 (titanium dioxide (E 171), sunset yellow lake (E 110), hydroxy propylcellulose (E 463)); intermediary solvents: acetone, ethanol and isopropanol. Boxes of 100 in blister packs. Store at room temperature (15 to 30°C) in dispensing box.

(Shown in Product Recognition Section)

Reviewed 1995

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STATE OF MINNESOTA — DISTRICT COURT

COUNTY OF RAMSEY — SECOND JUDICIAL DISTRICT

File No. C4-94-203

Vynnette Ann Hamanne,
Kenneth Earl Hamanne,
Adeana Ruth Hamanne,

Plaintiffs,

vs.

Diane Bay Humenansky, M.D.,

Defendant.

PARTIAL TRANSCRIPT
OF PROCEEDINGS

The above-entitled matter came duly on for trial before the Honorable Bertrand Poritsky, Judge of District Court, on the 30th day of June, 1995, in Room 1380 of the Ramsey County Courthouse, in the City of St. Paul, State of Minnesota.

APPEARANCES:

Edward Glennon, Esq., R. Christopher Barden, Esq., and Christopher H. Yetka, Esq., appeared on behalf of Plaintiffs Vynnette Ann Hamanne, Kenneth Earl Hamanne, and Adeana Ruth Hamanne.

David Waxman, Esq., and Eric Wein, Esq., appeared on behalf of Defendant, Diane Bay Humenansky.

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WITNESS INDEX

JULY 24, 1995

CALLED TO TESTIFY ON
BEHALF OF DEFENDANT
REGARDING THE
FRYE-DAUBERT ISSUES:

DR. COLIN ROSS
(Outside presence of jury)
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* * * * *

CALLED TO TESTIFY ON
BEHALF OF DEFENDANT:

DR. COLIN ROSS
(In presence of jury)
Direct - Mr. Waxman 86

* * * * *

(July 24, 1995) (Approx. 1:30 p.m.)

WHEREUPON, the following proceedings were duly had:

(Appearances: As previously indicated, excluding Ms. Davy.)

(The following proceedings were had in chambers. Robert Kuderer, Esq., also present in chambers.)

THE COURT: The record should reflect the fact that I'm present in chambers with the three attorneys who appeared on behalf of the Plaintiffs in the Hamanne case and the two attorneys on behalf of the defense, Mr. Waxman and Mr. Wein.

THE COURT: We've just briefly discussed scheduling. Mr. Kuderer now also showed up on behalf of the insurers. We've just discussed scheduling this afternoon. And at this point we've concluded that Mr. Glennon would like to make a statement for the record. He made an offer of proof -- not offer of proof, but he's outlined what he would say. I'd like to put that on the record now. If anybody wishes to respond, they may.

MR. GLENNON: On Friday at one o'clock or thereabouts when we had a telephone conference with Ms. Lehr, who, as I understand it, is chief counsel for the Minnesota Court of Appeals, she was getting background information from the lawyers for the parties about the position -- each one's position -- with respect to the

until the end of October 1991 doing a combination of inpatient and outpatient work, teaching and research.

Q. What was the nature of your practice at the University of Manitoba?

A. It evolved. It started off half time general adult inpatient work, which means basically people coming through the emergency department with all kinds of different psychiatric diagnoses, and receiving acute care. And half time director of the anxiety disorders clinic.

Then in 1988 I stopped the anxiety disorders clinic half and started a dissociative disorders clinic. And basically followed that pattern until the last nine months before I left in late '91, I did solely outpatient dissociative disorders work, which included clinical service, teaching, research.

Q. What was the nature of your research at the University of Manitoba?

A. There's several different types of research I did inside the dissociative disorders field and outside the dissociative disorders field, both. I had a number -- this is all reflected in my C.V. I did a number of drug company contracts, which means there is a drug that isn't yet on the market that a drug company is developing, and in the United States the Federal Drug Administration, in Canada the Health Protector Branch, mandates by law that there is a large

number of different studies with placebos have to be done in various university settings across the country before the drug can be approved to go on the market. I was involved in trials of that sort with anti-anxiety drugs, anti-psychotic drugs, antidepressant drugs.

Then I did several pieces of research having to do with the teaching and training of psychiatry residents to perform various psychiatric functions in a reliable fashion. Some research on criteria for collect selecting resident and whether they're reliable and have any validity.

Q. You are familiar with the scientific concepts of validity and reliability?

A. I am.

Q. Please proceed.

A. Then I did what's called epidemiological research in the general population and in the clinical population. This means using various kinds of standard measures to survey either the general population or various types of people in treatment, grouping of people in treatment, to see how common dissociative symptoms and dissociative disorders are in those various groups. And a variety of studies basically focused on trying to differentiate multiple personality disorders from other psychiatric disorders. Studies looking at what is the other forms of mental health problems that go along with multiple personality disorder. Usually it

suburbs of Dallas. Richardson is where my private office is, and Plano is where the hospital I practice is.

Q. It doesn't sound like a Texas accent. Where were you born and raised?

A. Just a little north of the Texas border in Canada.

Q. Okay. Where was it that you were educated, Sir?

A. I did my medical school work in Edmonton at the University of Alberta. I got my M.D. degree in 1981. Then I moved to Winnipeg and did my psychiatry training. Got my Canadian certification in psychiatry as a specialist in 1985.

Q. After you finished your training in 1985, did you engage in the practice of psychiatry?

A. The academic year ends at the end of June. I finished my training at the end of June. Beginning of July of '85 I became what is called an assistant and later associate professor of psychiatry. I split my time basically in terms of the clinical part between general adult inpatient psychiatry, which means people come in through the emergency department with any kind of psychiatric disorder, and half time in an anxiety disorders clinic. Then I did teaching and research and academic work.

St. Boniface Gen. Hosp.

Q. And in what areas did you do teaching, research, and academic work?

A. I did a smattering of research and teaching in quite a few different areas of psychiatry. What is called drug studies,

where the drug company has some new medication that they're developing that's not on the market yet, and they need a lot of studies comparing the drug to placebo in a lot of different cities before it can get approved to be on the market. I took part in those type of studies and published some of those.

Different kinds of research having to do with teaching residents to perform what is called a mental status examination, which is asking about the person's mental state in a very systematic way, and figuring out a way to teach residents reliably so they can do that accurately. Studies about criteria for selecting residents into specialty training in medicine. A hodgepodge of other studies having to do with clinical signs and symptoms and different disorders. Most of it was focused on what's called the dissociative disorders.

Q. What are included in dissociative disorders? Obviously, we'll get into more detail later, but generally.

A. Well, the psychiatric system is in a diagnostic manual that's put out by the American Psychiatric Association called the Diagnostic and Statistical Manual. The first edition came out in 1952. It keeps going through updated editions. The last one was updated in 1994.

Q. Is that what you refer to as DSM?

A. Yes DSM, Diagnostic and Statistical Manual, and IV is the

or half-day workshops, then there's people who submit research papers. Usually you have 15 or 20 minutes to present some piece of research or some clinical insight that you have. Most of these are at various meetings and workshops and so on.

Q. Okay. As of October '93, you had submitted 41 such papers, correct?

A. Right.

Q. And I take it that number might be a little higher now?

A. Right.

Q. Your C.V. also indicates awards that you have won and grants that you have received, correct?

A. Correct.

Q. Anything in particular that you would comment on there?

A. Well, under grants received, you can see there's a lot of different drug studies there. There's money from faculty of medicine at the University of Alberta. There's money from faculty of medicine at the University of Manitoba. There's several different research foundations in Canada, National Research Foundation, several different research funds. And quite a wide variety on topics mostly focused on dissociative disorders. There's a lot of different people, a lot of different grant agencies that have decided my research is worth funding.

Q. And below that section, there is a list of contracts that

you've had with various drugs companies, which again is a continuation of the work that you were describing earlier?

A. Right.

Q. And, Doctor, you also have professional activities listed?

A. Right.

Q. These are other organizations and/or journals that you have an association with?

A. Correct.

Q. And if we can turn to Page 21, items 34 through 40, you are a reviewer for various journals, is that correct?

A. Yeah. There's probably four or five more that are on the updated C.V. This basically means that, say the Journal of Biological Psychiatry, somebody submits a paper to that journal, it's then sent out to me and anywhere from one or two or three or other reviewers to give an opinion as to should it be published or not published. If it should be published, what revisions are required, what are the problems, what needs to be tidied up? In other words, these journals seek me out to give an opinion on what they should publish.

Q. You are requested by the journals to review various pieces of literature?

A. Yes.

Q. You were so requested by the American Journal of Psychiatry?

A. Correct.

Q. The Journal of Clinical Psychiatry?
A. Yes.
Q. The Canadian Journal of Psychiatry?
A. Right.
Q. Among others?
A. Right.
Q. Any others that you would list for the jury at this time?
A. Psychological Reports, Hospital and Community Psychiatry, Psychiatry. There's probably one or two more. I can't think of them now.
Q. Obviously, 37, the specialty journal Dissociation, you reviewed for that as well?
A. Right.
Q. Doctor, are there any other positions, in addition to your reviewing, that you wish to discuss at this time?
A. Well, I've also reviewed similarly for a number of different grant agencies, five or six different grant agencies. They send me now a grant application. I'm giving an opinion should this research be funded or not.
Q. The research is scientific work that's being proposed by various other professionals?
A. I've reviewed grants on a fair range of topics: Anxiety disorders, dissociative disorders, cognitive therapy, borderline personality disorder, and childhood trauma.
Q. The agencies or entities with the purse strings have

requested you to comment on what other scientists have proposed?

A. Right.

Q. Then there's a vast number of workshops that you have given?

MR. BARDEN: Objection to "vast number," Your Honor.

BY MR. WAXMAN:

Q. Okay. Ninety-nine workshops, through Page 28, is that correct?

A. Correct.

Q. Whether 99 is vast or not --

THE COURT: Well, let me overrule the objection. The answer stands. Go ahead, Mr. Waxman.

BY MR. WAXMAN:

Q. Has that number increased in the last two years?

A. There would probably be another 15 to 20.

Q. Okay. And without going through these individually, can you briefly tell the jury the types of workshops that you have presented the 115 or 120 or so?

A. It's basically all kinds of workshops all over Canada and the United States, mostly on multiple personality disorder, dissociative disorders, varying from one hour to two full days; two full days of just me, I mean.

Q. Doctor, is there anything else about your background and experience that is contained in your Curriculum Vitae you

STATUTORY DECLARATION of **Anne Mary Lambert** and **William Edmound Lambert**

Made this 5th day of June, A.D., 1996

Anne & Bill Lambert
Box 239
Shoal Lake MB. R0J 1Z0

Tel: 204- 759-2207

STATUTORY DECLARATION

We, **Anne Mary Lambert** and **William Edmound Lambert**, are married and reside at the Town of Shoal Lake in the Province of Manitoba, do solemnly declare:

1. That our married daughter Marcie Marjorie Harrison(nee Lambert) at the age of twenty-eight(28) years of age, commenced a course of therapeutic counseling at the Hamiota Health Centre, in the Province of Manitoba in April 1992, under the care of one Teresa Pelland an employee of the Hamiota Health Centre, and

2. That after approximately one week of therapeutic counseling sessions with Teresa Pelland at the Hamiota Health Centre, we beleive that our daughter Marcie Marjorie Harrison(nee Lambert) as the result of fraudulent therapy, developed false implanted memories of having been sexually abused by her father William Edmound Lambert in her(Marcie's) childhood, and

3. That our daughter was the subject of additional counseling in 1992 and 1993, under the care of therapist one David Reed at the City of Brandon, and who(David Reed) we believe practiced a fraudulent form of memory recovery/multiple personality disorder(MPD) diagnostic therapy that was first developed by Dr. Colin A. Ross in 1985 at the City of Winnipeg in the Province of Manitoba, and

4. That the fraudulent false memory recovery therapy introduced into Manitoba in 1985, by Dr. Colin A. Ross and which therapy we believe was practiced by Teresa Pelland, at the Town of Hamiota and David Reed at City of Brandon, has devastated our family relationships and we will seek whatever relief that is available, and

That we make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 1 ST day
of June, A.D. 1996
George Bergen, _____.

Commissioner of Oath in and for the
Province of Manitoba. My Commission
expires on March 26, 1998.

Declarants:
Anne Mary Lambert
Anne Lambert

William Edmound Lambert
_____

STATUTORY DECLARATION of **Margaret Juce** and **Michael Juce**

Made this 4th day of July, 1996

Margaret Juce &
Michael Juce
Box. 243
Warren, MB. R0C 3E0

tel: 204-322-5388

STATUTORY DECLARATION

We, **Margaret Juce** and **Michael Juce**, reside near the Town of Warren, in the Province of Manitoba, do solemnly declare:

1. That our married daughter at about thirty-three(33) years of age, commenced a course of therapeutic counseling at the Sherbrook Counselling Services, in the City of Winnipeg, in or about 1988 under the care of one Judy Hill, a practising therapist associated with or employed by the Sherbrook Counselling Services, and

2. That, after commencing therapeutic counselling under the care of Judy Hill, our daughter began to believe that she had been sexually abused during her childhood, and

3. That, as counselling progressed, we believe that as a result of fraudulent therapy practiced by Judy Hill, our daughter developed false childhood memories of having been sexually abused by her mother(Margaret Juce), and

3. That the fraudulent false memory recovery therapy introduced into Manitoba by one Dr. Colin A. Ross in 1985, and which therapy we believe was practiced by Judy Hill at the Sherbrook Counselling Services, has been devastating to our family since and we will seek whatever relief that is available, and

That we make this solemn declaration believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 4th day
of July, A.D. 1996.
George Bergen George Bergen

Commissioner of Oath in and for the
Province of Manitoba. My Commission
expires on March 26, 1998.

Declarants:
Margaret Juce

Margaret Juce

Michael Juce

Mike Juce

STATUTORY DECLARATION of Ilse Bableteк

made this 26th day of June, A.D., 1996

Ilse Bableteк
19 Tracy Crescent
Winnipeg, MB. R3M 4H5

Tel: 204-253-0232

STATUTORY DECLARATION

I, **Ilse Babletek**, at the City of Winnipeg, in the Province of Manitoba, do solemnly declare:

1. That in 1992, my married daughter at the age of thirty- ~~three~~(37) years commenced a course of therapeutic counseling at the offices of one Dr. Lynn Ryan in the City of Winnipeg, and

2. That after having attended therapeutic counseling at the offices of Dr. Lynn Ryan, my daughter developed falsely induced memories of having been sexually abused by her father Jenoe Babletek, and

3. That in 1993, my daughter confronted and falsely accused her father Jenoe Babletek of having sexually abused her(my daughter), in her childhood, something that never happened.

4. That, I believe my daughter developed these false memories as a result of fraudulent therapy that she received at the offices of Dr. Lynn Ryan, a form of false memory recovery therapy that I have been told was first introduced into Manitoba by Dr. Colin A. Ross, and

5. That this false memory recovery therapy has devastated our family and I will seek whatever relief that is available to me, and

That I make this solemn declaration conscientiously believing it to be true and having the same force and effect as if it were made under oath.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 26 day
of June A.D. 1996.
George Bergen

Commissioner of Oath in and for the
Province of Manitoba. My Commission
expires on March 26, 1998.

Declarant:
ILSE
~~Elsie~~ Babletek

STATUTORY DECLARATION of George Bergen

made this 8th day of July, A.D., 1996

George Bergen
150 Dorge Drive
Winnipeg, MB. R3V 1M4

Tel: 204- 261- 4382(home)
204-982-6432(office)

STATUTORY DECLARATION

I, **George Bergen**, at the City of Winnipeg at the Province of Manitoba do solemnly declare:

1. That the statements contained herein, and which statement I believe to be true, were told to me(George Bergen) by Peter Wrublowsky who resides with his wife Mary at:

1061 Betournay Street
Winnipeg, MB. R2J 1E2

Tel: 204-253-0680, and

2. That I, George Bergen, was advised by Peter Wrublowsky, that his daughter commenced a course of therapeutic counseling at the Family Centre of Winnipeg in 1990, under the care of Elaine Bergen and Sara Axelrod, who were employed or associated with the Family Centre, and

3. That as a result of therapy at the Family Centre, Peter and Mary Wrublowsky's daughter developed false memories of having been sexually abused by her father, and in 1991 the daughter confronted Peter Wrublowsky with false allegations of having been sexually abused, and

4. That I, George Bergen, believe that Elaine Bergen and Sara Axelrod were practicing fraudulent false memory recovery therapy, similar to the form of fraudulent therapy introduced into Manitoba by Dr, Colin A. Ross in 1985, causing great harm to the Wrublowsky family, and

That I make this solemn declaration conscientiously believing it to be true and having the same force and effect as if made under oath.

Declared before me at the
City Of Winnipeg, in the Province
of Manitoba, this 8th day
of July, A.D., 1996.

Declarant:

George Bergen

Jan Malanowich Jan Malanowich
Commissioner of Oaths in and for the
Province of Manitoba. My Commission
expires on October 1, 1997.

STATUTORY DECLARATION of George Bergen

made this 8th day of July, A.D., 1996

George Bergen
150 Dorge Drive
Winnipeg, MB. R3V 1M4

Tel: 204- 261- 4382(home)
204-982-6432(office)

STATUTORY DECLARATION

I, **George Bergen**, of the City of Winnipeg in the Province Of Manitoba do hereby solemnly declare:

1. That my spouse Bonnie(Joan) Bergen began a course of therapeutic counseling in April 1992, under the care of one Tammy Schultz employed by or associated with the Winnipeg Christian Counseling Group, an agency of the Grant Memorial Baptist Church, at the City of Winnipeg in the Province of Manitoba, and

2. That after two(2) counseling sessions, Tammy Schultz advised Bonnie Bergen that she(Bonnie) had all of the signs of having been sexually abused as a child even though Bonnie had no memory of this abuse, and

3. That as counseling progressed, Tammy Schultz advised Bonnie that she(Bonnie) had all of the signs of having been abused by a satanic cult thoughout her childhood years, and

4. That Tammy Schultz provided Bonnie Bergen with satanic cult literature that Schultz may have obtained as a member of the Manitoba Government's nineteen member satanic search and education committee, and

5. That Tammy Schultz often reassured Bonnie Bergen that everything about her(Schultz's) therapy was legitimate because it was government approved and that she(Schultz) was on a Government committee that had the police and clergy representation on it, and

6. That Tammy Schultz diagnosed Bonnie as having multiple personality disorder(MPD).

7. That in November, 1992 Bonnie Bergen became mentally ill and she(Bonnie) began to have failing memory and she could no longer differentiate between suggestions made to her(Bonnie) and reality, and

8. That Bonnie's personal physician Dr. Debra Wiens at the St. James Medical Clinic agreed with Tammy Schultz's assessment that Bonnie had MPD, and she(Wiens) would frequently ask Bonnie "who am I talking to now" or "which one am I talking to", when Bonnie made her visits to her(Dr. Debra Wiens), and

9. That when pastor Bob Carroll and deacon Ewin Dirks leaders of the Fort Richmond Baptist Church(Bonnie's home church) were appraised of Bonnie's therapy in January 1993 and her husbands(George Bergen's) objection to Schultz's therapy as being "lies and falsehoods", Carroll and Dirks made every effort to protect Schultz and advised that Bonnie's satanic ritual abuse in childhood was "possibly all true", and

10. That in April 1993, Tammy Schultz and Dr. Debra Wiens arranged for Bonnie to go for a psychiatric assessment at the St. Boniface Hospital, where Dr. Stewart Wakeman diagnosed Bonnie as having MPD, and

11. That in September 1994, Bonnie Bergen realized that Tammy Schultz had implanted false memories in her(Bonnie's) mind whereupon the Bergen family filed a civil suit against Tammy Schultz and the Grant Memorial Baptist Church, and

12. That in January 1995, Bonnie Bergen was assessed by Dr. Harold Merskey in London Ontario, who diagnosed Bonnie Bergen as not having MPD, and

13. That from 1992 to 1995, as a result of the fraudulent false memory recovery/MPD therapy, practiced by Tammy Schultz, Bonnie's condition had deteriorated to the extent where she could no longer function as a mother or a homemaker, and

14. That in 1995, total disability pensions under the Civil Service Superannuation Fund and the Canada Pension Plan where approved for Bonnie Bergen, and

15. That the false memory recovery/MPD therapy practiced by Tammy Schultz, and which therapy was first introduced into Manitoba by one Dr. Colin A. Ross in 1985, has devastated our family and I will seek whatever relief that is available to me, and

That I make this solemn declaration conscientiously believing it to be true and having the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
Manitoba this 8th day
of July, A.D. 1996

Jan Malanowich
Commissioner of Oath in and for the
Province of Manitoba. My Commission
expires on October 1, 1997.

Declarant:

George Bergen

STATUTORY DECLARATION of George Bergen

made this 8th day of July, A.D., 1996

George Bergen
150 Dorge Drive
Winnipeg, MB. R3V 1M4

Tel: 204- 261- 4382(home)
204-982-6432(office)

STATUTORY DECLARATION

I, **George Bergen**, at the City of Winnipeg in the Province of Manitoba do solemnly declare:

1. That the statement which follows hereto and which is marked as Exhibit #200, and which statement I believe to be true, was written by Shiela and James Shoesmith, who reside at:

Apartment 525
135 Niakwa Road
Winnipeg, MB. R2M 5K2

Tel: 204-257-9444

2. That I, George Bergen was advised by Shiela and James Shoesmith that one **Shar Reid,** M.Ed., M.S.W., at the City of Winnipeg, a therapeutic counselor, was responsible for implanting false memories into the minds of the Shoesmith's daughter, and

That I make this solemn declaration conscientiously believing it to be true and having the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 8th day
of July, A.D., 1996

Jan Malanowich
Commissioner of Oaths in and for the
Province of Manitoba. My Commission
expires on October 1, 1997.

Declarant:

George Bergen

Exhibit #200

We are a family experiencing the devastating effects of False Memory Syndrome.

My husband and I have been married for forty years. We have a son and a daughter. Our daughter is the oldest. Shortly after her thirtieth birthday in January, 1989, she began seeing a therapist. The therapist's name was Shar Reid, M.Ed., M.S.W. She was a member of Associated Marriage and Family Therapists in Winnipeg.

We were not surprised at her seeing someone for her depression, although we did feel she should go to a psychiatrist. She had suffered with bouts of depression since age eighteen.

After two months in therapy she stated she wanted nothing to do with us and wrote us a letter saying she thought she may have been sexually abused as a child. After reading the shocking letter, we contacted her and asked to see her and her husband immediately. She declined, saying that I, and not her father, could go to the therapist with her. At that meeting, which was being tape-recorded, Ms. Reid, the therapist, told me that our daughter had been sexually abused by her father when she was two years old. When I had questioned our daughter she had been very vague- not knowing who the perpetrator was and not sure how old she was at the time, etc.

I was, to say the least, in shock at all this. I told her and the therapist that I knew for sure it was not her father and if, in fact, it ever happened, which I doubt to this day, it must have been a baby-sitter or neighbour.

When the hour was over we arranged another appointment for the following week.

The next day I went to see my family Doctor and told him everything. He advised me not to meet with them again as he felt Ms. Reid did not have the proper education and training to handle this type of situation. He suggested I ask our daughter to go to a psychiatrist with me and that he would set up an appointment with one. When I approached our daughter with this suggestion she turned me down. She wanted nothing more to do with us. We were devastated.

She also wrote a letter to our son asking him to meet her and discuss their childhood. He refused, saying there was nothing wrong with their childhood. He is supportive of us and has not seen or heard from her in over five years either.

Exhibit #200

When all this happened to us over five years ago we had no idea it was happening in other families as well. Finally in September, 1992, we saw a television program about False Memory Syndrome with the telephone number of the Foundation in Philadelphia, and we got in touch with them.

We are also members of the False Memory Syndrome (Manitoba) support group and have met many wonderful people who have lost their daughters to therapy.

With there being no licensing of therapists in Manitoba, there is nowhere we can complain and we feel there should be a governing body so that there would be more control over the therapeutic community and also access for our concerns.

STATUTORY DECLARATION of George Bergen

made this 8th day of July, A.D., 1996

George Bergen
150 Dorge Drive
Winnipeg, MB. R3V 1M4

Tel: 204- 261- 4382(home)
204-982-6432(office)

STATUTORY DECLARATION

I, **George Bergen**, at the City of Winnipeg in the Province of Manitoba do solemnly declare:

1. That the statement which follows hereto and which is marked as Exhibit #300, and which statement I believe to be true, was written by Hilda Gushsulak, who resides at:

St. Rose du Lac, Box 209
Manitoba, R0L 1S0

Tel: 204-447-2463, and

2. That I, George Bergen was advised by Hilda Gushulak that one **Ken Barkman** associated with the St. Boniface Hospital, at the City of Winnipeg, a therapeutic counselor, was responsible for implanting false memories into the minds of the Gushulak's daughter, and

That I make this solemn declaration conscientiously believing it to be true and having the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 8th day
of July, A.D., 1996

Jan Malanowich
Commissioner of Oaths in and for the
Province of Manitoba. My Commission
expires on October 1, 1997.

Declarant:

George Bergen

#300

Our eldest daughter was diagnosed with a genetic disorder when she was 14 years old. This caused her to grow very tall and to have cardio-vascular problems, all a part of the same condition.

She wanted nothing more than to be the same as her peers, and would never accept that nothing would be normal for her but she could still live a full and productive life within the limits set by her doctors.

All of our attempts to help her deal with her ailment were rejected. She did not want to see any psychologist or psychiatrist for help in healing the mental and emotional trauma caused by this diagnosis. Then commenced the waiting for the right time for open-heart surgery, which she had done when she was 28. We almost lost her- the aneurysm ruptured in the O.R. Then ensued the long, slow, and painful convalescence.

All the time, of course, we were there for her, during her illness and her good periods, and were very proud that she did accomplish much in spite of her physical condition. We were very close and the very best of friends. All has now changed.

She started therapy, just before her surgery, for weight control. She changed therapists- we are not sure why. Both therapists were female, but she stayed with the second for a very short time. She then started seeing a male social worker/hypnotist/massage therapist... whatever else he purports to be. Following is a litany of events since she has been with him:

I- Progressive alienation, coldness, hostility, rudeness, belligerence, so different from the warm, friendly, compassionate girl we all knew.

II- In February 1992 our daughter came home to tell us she wanted no more contact with us and that she would inform us when we could see her again.

III- In November 1992 we received the first of four letters from her asking about possible abuse and abusers when she was a child- the letters became more strident, more desperate sounding, more distraught.

IV- Letter #4 came January, 1993, the vilest, most venomous missive. Here are the main points. She accuses us of:

1. Gross ritualistic sexual abuse by both parents, both sets of grandparents, aunts and uncles on both sides, all our friends and most of the town. All kinds of abuse- physical, mental, emotional, sexual, ritualistic.

Exhibit #300

2. Burning children at stakes and other sacrifices in pits, with altars and fires.

3. Making pornographic pictures and movies with her in the starring role.

4. Forcing her into child prostitution.

5. The abuse started the moment she was born, she says.

She has made many other allegations and accusations but the real cruncher is this: there will be no reconciliation until we admit to all this stuff and nonsense. There is not a smidgen, not an iota of truth in any of her statements- this is all so bizarre! It is also painful. And it all started when she began seeing her present therapist, who also will not acknowledge our existence and will not see us.

I must tell you how very unhealthy is her relationship with this person. She sees him three times per week plus she phones him almost every day, sometimes more often. As you probably know, a patient needs time to process one session before going into another- seeing this man so often does nothing except compound all these fallacies.

She apparently also has been diagnosed as having "multiple personality disorder". Whose diagnosis is this? This is a psychiatric condition... a social worker is most unqualified to diagnose.

I would like now to list some of the techniques he uses for memory enhancement that are so intrusive, and very, very harmful:

I- Hypnosis- Our daughter has been hypnotized several times. We think that she is in a post-hypnotic trance and her mind is being controlled by her therapist.

II- Contracting with the individual alters (multiple personalities)- Wrong, wrong, wrong!! The point of therapy is to integrate, not to segregate the alter egos.

III- Guided Imagery- Think about it. Are these patients really to imagine happenings under the direction of the therapist, who doesn't know any of the extended family and therefore cannot possibly make any kind of fair and informed judgement?

IV- Massage therapy- Hogwash!! memory is not stored in the tissues. There is not a single, solitary calf muscle that can remember how or when it was rubbed or for what reason. This therapist has also manipulated the genitalia of our daughter and she has manifested bruises on the inside of her thighs, supposedly done during massage therapy.

Exhibit #300

V- Drug therapy- We are not sure if she has ever been given sodium amytal. We certainly hope not. A social worker is not qualified to give any kind of medication. She is also on medication for her heart condition which should probably not be mixed with a barbiturate.

This is only a bare outline of what has befallen our lovely girl- there are a myriad of other details too numerous to mention. But I do have to tell you that we are appalled at the kind of person she has become, through no fault of ours or hers. This therapist is evil personified. He has made our daughter become mentally ill and is causing so much pain, unhappiness and distress, not only for us but also for her. She has shed rivers of tears and we have felt each drop. He is depriving her of the love , comfort, and support of the people who care for her the most.

STATUTORY DECLARATION of George Bergen

made this 8th day of July, A.D., 1996

George Bergen
150 Dorge Drive
Winnipeg, MB. R3V 1M4

Tel: 204- 261- 4382(home)
204-982-6432(office)

STATUTORY DECLARATION

I, **George Bergen**, at the City of Winnipeg in the Province of Manitoba do solemnly declare:

1. That the statement which follows hereto and which is marked as Exhibit #400, and which statement I believe to be true, was written by Connie Pilgrim, who resides at:

904-100 Adamar Road
Winnipeg, MB. R3T 3X6

Tel: 204- 261-4225

2. That I, George Bergen was advised by Connie Pilgrim that one **Dr. David Bolton,** at the City of Winnipeg, a Psychiatrist, was responsible for implanting false memories into the minds of the Connie Pilgrim's daughter, and

That I make this solemn declaration conscientiously believing it to be true and having the same force and effect as if made under oath.

Declared before me at the
City of Winnipeg, in the Province
of Manitoba, this 8th day
of July, A.D., 1996

Jan Malanowich
Commissioner of Oaths in and for the
Province of Manitoba. My Commission
expires on October 1, 1997.

Declarant:

George Bergen

Exhibit #400

Another Mothers' Day has just passed - the fifth one without a word from my daughter.

Five years ago, my daughter went to see a psychiatrist, seeking help and understanding of the general stress of mid-life challenges. During the course of her visits, he asked her if "she ever thought she might have been sexually abused". She said "No", and asked me about it. I was stunned to think anyone would suggest such a possibility.

However, she took this suggestion to a therapist, who picked up on it and took her into a feminist self-help group. This group suggested reading such books as The Right to Innocence, and The Courage to Heal, ... the latter formulates the program for recovery for "victims". It recommends that one divorce one's natural family, and break with anyone who does not agree with the victim. My daughter has followed these precepts to the letter. Her rage and language on the telephone when last we talked was horrible. She has divorced her parents, sisters, brother, nieces and nephews, in fact anyone who had formerly been close to her. To think that at one time she had been part of a warm, loving family, and we all live in Winnipeg. None of my other children believe her, and they were all brought up in the same family environment. To date, no corroborative evidence for her claims has been established.

Neither the psychiatrist nor the therapist will see or speak to me. Part of this whole problem is that anyone can call herself or himself a "therapist". There are no special qualifications for the job, no diploma, no license, no regulating committee to defer to. Not all, but certainly some therapists are not qualified, and as a result are doing harm, and should be held accountable.

STATUTORY DECLARATION

I, **George Bergen**, at the City of Winnipeg at the Province of Manitoba do solemnly declare:

1. That the statements contained herein, and which statement I believe to be true, were told to me(George Bergen) by Robert Baker who resides at:

185 Dalhousie Drive
Winnipeg, MB. 4T3 2Y9

Tel: 204-269-9636

2. That I, George Bergen, was advised by Robert Baker that his daughter commenced a course of therapeutic counseling at the St. Boniface Hospital in the City of Winnipeg in 1993 at the daughter's then age of eighteen, and

3. That as a result of therapy at the St. Boniface Hospital, Robert Baker's daughter developed false memories of having been sexually abused and raped by her father Robert Baker, and

4. That Robert Baker further advised me(George Bergen) that he(Robert Baker) was charged with incest and sexual assault in 1994, and that it cost him ninety thousand ($90,000.00)dollars in legal fees to prove his innocence as per the attached newspaper articles identified as Exhibit #1000, and

5. That I, George Bergen believe that the St. Boniface Hospital used the same or similar fraudulent false memory recovery/MPD therapy that was introduced into Manitoba by Dr. Colin A. Ross in 1985, and

That I make this solemn declaration conscientiously believing it to be true and having the same force and effect as if made under oath.

Declared before me at the
City Of Winnipeg, in the Province
of Manitoba, this 8th day
of July, A.D., 1996.

Declarant:

George Bergen

Jan Malanowich Jan Malanowich
Commissioner of Oaths in and for the
Province of Manitoba. My Commission
expires on October 1, 1997.

Exhibit # 1000

Thursday, June 23, 1994

Incest ruled 'false memory'

JUNE 23/94

Teen shocked as judge rejects testimony as 'product of her mind'

By Kevin Rollason
Law Courts Reporter

A JUDGE dismissed a teenager's incest testimony yesterday as a product of false memory syndrome, the first time a Manitoba court has recognized the syndrome's existence.

"I think she honestly believes it happened to her," Mr. Justice Kenneth Hanssen of Court of Queen's Bench said while acquitting the teenager's father of incest and sexual assault charges.

But he said he had to go beyond simply finding the man not guilty.

"That person can still suffer a stigma in the community. The public assumes the person was guilty, but got off because of the judge's reasonable doubt.

"My view is the alleged assaults probably never occurred and were really the product of (her) mind."

A 19-year-old woman had testified her father sexually assaulted her about eight times while she was 15. She claimed she suppressed the memories until she experienced a flashback after receiving therapy at the Health Sciences Centre, and later St. Boniface General Hospital, for depression.

But she also testified she had the flashback about a week after being questioned by a nurse about whether she'd been sexually abused by her father.

And the teenager — who claims her father is the only sex partner she's ever had — refused a medical examination.

With tears rolling down her cheeks outside the courtroom, she said although she didn't want her father to go to jail, she couldn't believe what the judge said.

"He's discounted everything I've said," said the teenager.

"He's just dismissed me as someone with delusions. I'm in shock he said none of this ever happened.

"I wish it were a false memory. I doubted myself for a long time, but I've lived with it and I know it's there and it happened."

Lawyer Jeff Gindin said what happened to his client's daughter is a classic case of her therapists planting the suggestion in her mind.

"We don't think she's a liar," Gindin said.

"We feel based on the therapists' suggestions she probably does believe it happened. For a suicidal, depressed, very vulnerable person to be told by therapists that you'll be believed whatever you say is dangerous, because it leads to therapist-induced memories."

"I've never raped my daughter," the man said. "I know that. My family knows that. Now the judge knows that. All I'm hoping for is in time my daughter will come around. She's my daughter and that will never change."

Incest ruled 'false memory'

JUNE 23/94

Teen shocked as judge rejects testimony as 'product of her mind'

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Winnipeg Free Press
Local

SECTION B1
Editor, Brian Cole / 697-7292
E-mail City_Desk@freepress.mb.ca

Tuesday, July 19, 1994

Incest acquittal to stand

Angry mother vows to pursue justice for daughter

By Kevin Rollason
Law Courts Reporter

A WOMAN whose former husband was acquitted of sexually abusing their daughter is furious that the Crown has decided not to appeal the case in which the judge said the teen was suffering from false memory syndrome.

"She has been assaulted by the court system," the mother of the 19-year-old said yesterday after receiving word from the Justice Department.

But she vowed to continue her fight for an appeal until the end of this week when the appeal period expires.

Michael Watson, acting assistant deputy justice minister, said the Crown can appeal only on a question of law and not whether a judge believed the teenager wasn't credible.

"The judge had a reasonable doubt about her credibility," Watson said. "Credibility is always an issue for the trier of fact."

The acquittal last month sparked an outcry from women's groups and law professors from across the country who questioned the judge's conclusion that the teen suffered from so-called false memory syndrome, which is not a recognized mental disorder.

Before hearing evidence from the defence lawyer suggesting that the teenager suffered from false memory syndrome, Mr. Justice Ken Hanssen of Court of Queen's Bench dismissed the case.

Hanssen said he didn't believe the teenager's testimony.

"I think she honestly believes it happened to her," Hanssen said while acquitting the teenager's father of incest and sexual assault charges. "My view is the alleged assaults probably never occurred and were really the product of (her) mind."

University of Manitoba law professor Ann McGillivray said she can't dispute the Crown's rationale for deciding not to appeal.

But McGillivray said she is still concerned about some of the trial judge's comments.

McGillivray said if the judge expressed comments about the young woman's state of mind, he should have heard expert testimony to back up his own assessment.

However, she said the Crown must be satisfied the trial judge made no such comments.

Watson also dismissed claims expressed by law professors that the Crown had to appeal the case because of the precedent it sets.

"This case isn't a precedent," Watson said. "Not at all. It's a simple case which is based on credibility."

The teenager testified her father sexually assaulted her about eight times when she was 15. She said she suppressed the memories until she experienced a flashback after receiving therapy for depression at the Health Sciences Centre and St. Boniface General Hospital.

The teenager also testified she had the flashback about a week after being questioned by a nurse about whether she'd been abused.

But the teenager — who said her father is the only sex partner she's ever had — refused a medical examination, testifying she only wanted an apology from her father.

Fact or fictitious charges?

F.P. Sept 19/94 WPG FREE PRESS

Some violent memories are real; some say others can be induced

By Kevin Rollason
Law Courts Reporter

ONE THING is clear when you talk to people about false memory syndrome — there's little middle ground.

On one side is the belief herapists can plant suggestions in ie minds of patients who then 'remember" incidents and falsely accuse their parents or others of sexually abusing them as children.

This point of view entered the arena of public debate after a Pennsylvania couple founded an organization to publicize the so-called dangers of false memory syndrome in 1992.

The opposing view contends memories of childhood abuse are true but often suppressed because the trauma is too much to handle — and the memories only surface years later when victims are removed from the abusers' influence and obtain help.

Troublesome claims

Critics denounce false memory syndrome as a tool for perpetrators to discredit their victims or for society at large to dismiss troublesome claims of abuse.

This summer, the American Medical Association's council on scientific affairs waded into the controversy.

The association said it "considers recovered memories of childhood sexual abuse to be of uncertain iuthenticity, which should be subject to external verification. The use of recovered memories is fraught with problems of potential misapplication.

"Most controversial are those memories that surface only in therapy and those from either infancy or late childhood," an association statement continued.

"Few cases in which adults make accusations of childhood sexual abuse based on recovered memories can be proved or disproved."

PAMELA FREYD founded the Philadelphia-based False Memory Syndrome Foundation with her husband Peter after their adult daughter, Jennifer, remembered in 1990 that her father had fondled and raped her as a child.

They said their family was ripped apart by the accusations. Jennifer, a psychology professor, recalled the abuse under therapy. Their story has gained a high profile, with the Freyds and their daughter locked in a public battle that has included spots on network talk shows, research papers and public speeches.

Since 1992, the Freyds' organization has attracted the support of parents with similar experiences, including 10 families in Manitoba. The group is funded through private donations.

"Child sexual abuse is a very serious problem — it deserves better than the silliness of false memory cases," Pamela Freyd said recently in an interview. "We have 13,000 families who are distraught. It isn't the accusation so much as the lack of contact with their children."

Freyd said when an accusation of abuse follows the dredging up of memories in therapy, claims should be examined closely.

"HOW CAN the therapist know the truth or falsity of the claims without external evidence? How do you know?"

Dr. Michael Thomas, a psychiatry professor at the University of Manitoba, said he believes false memories can be induced.

"It would surprise me if anyone would say it can't happen," Thomas said. "The frequency it happens is open to argument. To suggest it can't happen is difficult to defend because of research data."

Thomas said research has shown memories can be planted under hypnosis and people can't distinguish between planted and actual memories.

On the other hand, Dr. Peter Hays, vice-chairman of the University of Alberta's department of psychiatry, said he doesn't believe traumatic memories can be suppressed.

"With FMS they say they can't remember and it's buried, but we can all remember traumatic events," said Hays, who was set to testify for the defence during an abuse trial in June.

"We remember being tortured if it happened to you."

Hays said he's concerned about potential backlash if false memories are uncovered only after those wrongly accused are publicly branded.

"If you get women falsely making sexual assault claims, then the ones who are really sexually assaulted won't be believed," he said.

"The real tragedy is for the girl who accuses the parent because she has memories induced which she will later realize are false.

"But by the time she does she's lost her family."

Memories of Abuse

Court actions surfacing in Manitoba are putting a local spotlight on an issue making national headlines over the last two years – whether False Memory Syndrome exists. In this special report, law courts reporter Kevin Rollason examines the controversy surrounding sudden adult memories of childhood abuse.

■ Syndrome before the courts / A1

Therapy centre sued for implanting false memory; second case weighed

Lawsuit challenges abuse recall

Winnipeg Free Press Sept 19/94 p. 1

By Aldo Santin
and Kevin Rollason
Staff Reporters

ROMA ELIZABETH Hart has changed her mind — and the way she's thinking now may well put the legal spotlight on one of the most controversial social and medical issues of the 1990s — false memory syndrome.

Hart said she became convinced during mental health therapy at a St. Boniface treatment centre that her parents had sexually abused her.

But now she believes it never happened, using an argument identical to that of false memory syndrome — a condition that has not been medically or legally recognized in Canada. It claims fictitious "memories" can be implanted in vulnerable patients through suggestion.

Hart is hoping the courts will allow her to sue former Winnipeg psychiatrist Colin Ross for malpractice, claiming he wrongly diagnosed and treated her for multiple personality disorder for several years, a condition ostensibly caused by childhood sexual abuse.

First to file

Hart's sworn affidavit, which accompanies a court motion expected to be scheduled for hearing this month, says Ross diagnosed her after a single interview. Hart is the first of two Manitobans to file an action related to false memory.

On Friday, George Bergen launched a $1-million action against a Christian counselling centre, claiming one of its counsellors convinced his wife she had been ritually abused by satanic cults and was subjected to incest and rape.

Bergen, who is one of the plaintiffs along with his wife and their children, claims the therapy sessions left his wife unable to work, take care of their children or perform household chores.

Meanwhile, according to Hart's affidavit: "During weekly psychotherapy sessions with Dr. Ross (between October 1986 and August 1991) he would constantly question me about having any memories or dreams about incest or sexual abuse by my father or any other people when I was a child," the affidavit reads in part.

". . . as a result of (Ross's) influence and my failure to maintain my convictions in the face of (his) insistence, I began to confess untrue allegations that my parents had sexually abused me as a child."

Memories of Abuse

Court actions surfacing in Manitoba are putting a local spotlight on an issue making national headlines over the last two years – whether False Memory Syndrome exists. In this special report, law courts reporter Kevin Rollason examines the controversy surrounding sudden adult memories of childhood abuse.

Hart: has filed affidavit

Inside Story

■ Fact or ficlitious charges? / B2

If the matter goes to trial, it would be the first time Manitoba's courts will be asked to rule directly on the validity of false memory.

A two-year deadline for filing suit expired last November. But Hart will try to persuade a Court of Queen's Bench judge to extend her rights on the grounds that she was incapable of managing her affairs during those two years due to "impairment of her physical and mental condition caused by the respondent's negligence."

Her sworn affidavit claims that, as a result of Ross's treatment, she suffered such psychological, emotional and physical damages that she can't work full time and will require future care.

Ross would not comment, citing confidentiality. He used to practice out of a centre at St. Boniface hospital and moved to the U.S. in 1991.

Winnipeg Free Press
Sept 1/94

Bergen: blames therapy

Family claims it was ruined

By Glen MacKenzie
Staff Reporter

A WINNIPEG family is suing a counselling centre for more than $1 million, claiming it was torn apart after a counsellor allegedly implanted ideas of ritual abuse in a woman's mind.

In a statement of claim filed in Court of Queen's Bench against the Winnipeg Christian Counselling Group, Bonnie Bergen claims her counsellor, Tammy Schultz, implanted erroneous memories during a course of therapy in which she was "encouraged to recount stories of incest, rape and ritual satanic cult abuse," which allegedly occurred in Saskatoon and Flin Flon more than 20 years ago.

Bergen, 44, said in an interview yesterday that while she was an incest victim when she was about 20 years old, she now considers the alleged incidents of ritual abuse "too bizarre to believe."

Nightmares

Her husband, George Bergen, 60, a senior research officer for the Manitoba Government Employees' Union, who is one of the plaintiffs in the suit, said his wife began having nightmares in the fall of 1993 following her therapy sessions, which began in March, 1992.

"She was reliving the Satanic ritual stories in nightmares. Then she had difficulty sorting out what was reality," he said.

Bergen claims his wife's "dysfunctional" condition — which has yet to be diagnosed as a psychiatric condition — deteriorated to the point where she could no longer work, help with the children or home and it ultimately broke up their marriage.

Bonnie Bergen said she bears no animosity toward the counsellor but stands fully behind the lawsuit.

"I want them to realize they're dealing with people who are helpless and must be careful."

Schultz, who holds two masters degrees in counselling, refused comment on the case, citing patient-client confidentiality.

But she said she believes false memory syndrome can occur — even if it's not recognized by the medical or psychiatric community — and it often comes up in abuse cases.

She added, however, that she was surprised to hear of the lawsuit against her.

Officials at Grant Memorial Baptist Church, with which the counselling centre is affiliated, couldn't be reached for comment.

WINNIPEG FREE PRESS

'I've been through hell'

WPG Free Press Nov 17/93

Former mayor of Riverton cleared of teen sex assault charges

By Allison Bray
Staff Reporter

A 28-MONTH ordeal is over for the former mayor of Riverton whose lawyer says he was caught up in "hypersensitivity" to child sex-abuse allegations.

Few believed it in the first place: not his family, his friends and neighbors, nor the judge who finally acquitted Victor Sigurdson of sexually assaulting three teenage girls during a school outing.

And for the first time in more than two years, Sigurdson and his family can sleep peacefully again.

"I've been through hell for the past 28 months . . . I'm ready to get on with life," Sigurdson, 66, said yesterday.

Ever since he was charged in 1991 with sexually assaulting three Virden Junior High students while at the helm of a boat at Hecla Island, Sigurdson's life has been turned upside down.

"I received coast-to-coast coverage, complete with details that were not even substantiated," he said of media reports of his arrest on charges of touching in a sexual way the 13- and 14-year-old girls.

"It bothers me every time I hear of a story like this. I don't like it," Sigurdson said.

"I can now appreciate when I hear of a teacher accused of abuse. I know what they're going through."

Sigurdson's arrest generated shock waves through the small Interlake community over which he presided as mayor for 14 years until his retirement last year.

Residents who spoke to the Free Press following his arrest were incredulous.

"A lot of them feel for the guy," Don Bilinski, owner of the local store had said.

"He's a big part of the community and a lot of people feel he's been found guilty before being proven innocent."

BILINSKI'S WORDS turned out to be prophetic.

Provincial court Judge John Enns acquitted Sigurdson on appeal of all three counts after a two-day trial in Arborg last week, on the grounds the allegations could not be proven beyond a reasonable doubt.

But almost a year earlier, Sigurdson's wife collapsed outside the courtroom after protesting her husband's innocence. Provincial court judge Ron Morlock had found him guilty and sentenced him to a one-year conditional discharge and ordered him to attend a counselling program for sex offenders.

While his lawyer, Jim McLandress, said the ordeal has taken its toll on Sigurdson and his family, he said the case illustrates "hypersensitivity" to child sex-abuse allegations.

McLandress said what in reality was an unintentional brushing against the girls' inner thighs as Sigurdson helped them manoeuvre the boat while they sat in front of him, was misconstrued as being intentionally sexual.

Winnipeg psychologist Toby Rutner said he fears there will be more cases like Sigurdson's because children have become oversensitized to the point where doctors and teachers are afraid to touch them out of fear of abuse allegations.

Ex-nun to be tried

Nov 17/93 FP

NORTH BAY, Ont. — A former Roman Catholic nun has been ordered to stand trial on a charge of gross indecency for sex crimes that allegedly occurred two decades ago.

The charges of gross indecency were laid last March against Bernadette Larochelle, a former Sister of the Assumption, and Albert Lozier of Ottawa, a former Brother of the Sacred Heart.

Angry dad says agency has no right to bar him from girl

JAN. 30/95

WPG FREE PRESS

FP

Monday, January 30, 1995

By Ruth Teichroeb
Social Affairs Reporter

Inside Story

■ Father flails at shadows / B3

AN ANGRY father is demanding a review of why Winnipeg Child and Family Services is blocking access to his daughter after an extensive probe of sexual abuse allegations failed to uncover any evidence against him.

The man says he was falsely accused during a bitter custody dispute with his estranged wife.

Those who have investigated the case haven't been able to determine with certainty whether the now-seven-year-old child was even molested, let alone who may have done it.

But they say the case highlights the problems they face — and the increasing expertise required — when sorting out sexual abuse complaints arising during custody disputes.

Although no statistics are available for Manitoba, U.S. studies have suggested that between 15 per cent and 50 per cent of allegations arising in custody/access disputes may be false.

In this case, the father has asked Ron Fenwick, director of the child and family support branch of Family Services, to investigate the agency's handling of the matter.

The sexual abuse allegations first arose in October 1992. At the time, the father had seen his daughter only during supervised visits for the previous two years because his ex-wife had accused him of planning to kidnap the child.

The man lost access to his daughter after the mother reported the child's allegations to Winnipeg Child and Family Services and the police.

In November 1992, the child was examined at the Child Protection Centre by Dr. Charles Ferguson, whose medical findings suggested the girl had been sexually abused.

A year later, the child was examined again at the centre after alleging her paternal grandfather molested her. This time, two other doctors found no medical evidence of abuse.

A March 1994 assessment by centre social worker Sharon Wazny-Prendergast recommended that the father be given supervised access.

But the next month, a report submitted at the request of CFS by Dr. Eric Ellis criticized the CPC assessment and said there wasn't enough information to determine what was best for the child.

Victor Bargen, the father's lawyer, said two motions asking for access to the child have been turned down by a judge over the last year. The reason given was that a psychologist hired by CFS says the child is afraid of the father, he said.

But Bargen said he believes the child has been manipulated.

Dave Waters, director of the eastern branch of Winnipeg Child and Family Services, said the agency is committed to restoring access to the father.

Abuse: too many cry wolf

F.P.

Sept 3/95

WPG FREE PRESS

Province to launch fall probe as child-custody cases get ugly

By Allison Bray
Staff Reporter

Inside Story

■ Caught in the crossfire / A5

SO MANY parents falsely accuse their former partners of child abuse that the government plans a special probe this fall, the Free Press has learned.

At the same time, the provincial Children's Advocate is calling for changes to the Divorce Act to give children more say in choosing a custodial parent. Wayne Govereau said the system currently sets no legal requirement for a judge to consider the wishes of the child.

"It's a nasty, nasty world out there for kids," he said.

The number of abuse allegations — both true and false — is making it nastier. Although there are no specific statistics, child welfare agencies have noticed a marked increase in abuse accusations during custody disputes over the past few years, said Child and Family Support director Ron Fenwick.

"Any conniving individual who wants to put the screws to their spouse knows any kind of abuse allegation will get the full force of the law," said family court lawyer Mary McManus.

Richard Alcock, another family court lawyer, quipped that the allegations have become so commonplace, divorce papers should be accompanied by a form letter detailing alleged abuses.

"There are enough times it's used as a weapon to get back at the partner," Alcock said. "So when (real abuse) is happening, it's taken with a grain of salt."

Dr. Charles Ferguson, director of the Child Protection Centre, also fears too many parents cry wolf.

"If (the child) is operating in society in a relatively normal way, then the agency will assume the (parent) is coaching," he said.

Keith Cooper, director of Winnipeg Child and Family Services, said a quarter of the 2,800 child abuse allegations in the province each year arise during custody disputes.

Govereau said his office alone receives three or four phone calls a week from parents claiming their ex-partners are abusing their children. "I could have in excess of 20 full-time (staff) following up on custody/access issues," he said.

Ferguson said the number of children in custody disputes who are actually being abused is probably less than 10 per cent of those where abuse is claimed. But the psychological damage to children used as pawns is abuse in itself.

"Our experience is these children are at enormous emotional risk and are ill-used. These parents have to live with the threat that none of them will win the battle," and the child could be apprehended on the grounds of emotional abuse.

This fall, a committee of provincial child welfare agencies will try to determine what can be done to stem the tide of false allegations. Govereau said options could include appointing a family advocate to represent the child's interests during a custody battle. Cooper said a pending review of the Child and Family Services Act could revamp the law to include sanctions against parents who maliciously make false claims.

WPG FREE PRESS

Prof. wants his accuser punished

July 6/95 FP

By Aldo Santin
Education Reporter

A UNIVERSITY of Manitoba professor says the faculty association is protecting a female colleague who falsely accused him of sexual harassment.

Prof. Walter Good, head of the marketing program at the faculty of management, said an investigation by the university's sexual harassment officer found the complaint to be entirely fabricated. But he said the university appears incapable of disciplining the individual.

"The lesson in all this is that the university is unable to protect our interests in cases of malicious and vindictive acts by our colleagues and the faculty association only acts to protect the perpetrators," Good wrote in a memo he circulated to the faculty two weeks ago.

"I have waited for two years for this matter to be resolved but it has become clear that other faculty are quite free to openly make unsubstantiated allegations of a nature that can ruin professional careers and family lives without any real threat of serious formal action or other consequences."

Good is in Australia and could not be reached for comment.

A copy of the memo was obtained by the Free Press.

Good said he demanded an investigation into comments made about him during a faculty committee meeting in June 1993.

Good said subsequent investigations "found the allegations to be entirely without substance; fabrications and lies concocted by (the colleague) and others.

"Her comments were judged to have 'had the effect of creating a hostile or offensive environment for me' within the faculty," Good writes in his memo.

The university's sexual harassment policy states that individuals who make "frivolous or vexatious complaints" can be disciplined.

University spokesman Bob Raeburn said Good's conclusion that the investigation found the allegations were "fabrications and lies" is his own interpretation, adding it is not supported by the report.

Raeburn said Good was cleared by the investigation and the appropriate disciplinary measures were imposed on the other professor.

Good said the university administration issued a memo to the female colleague in September 1993, ordering her to give him a written apology.

The administration also wrote to members of the committee in mid-June 1993, Good said, reminding them it was a violation of university policy to discuss unsubstantiated allegations in an open forum.

Good said the woman who made the allegations filed a grievance over the June memo from the administration and has yet to give him a written apology.

Raeburn said it's the responsibility of the faculty dean to determine appropriate disciplinary measures if a complaint isn't substantiated.

"The penalty (written apology), as determined by the dean, had to be appropriate to the findings of the sexual harassment officer," Raeburn said.

Raeburn said the university won't comment on any matter that is subject to a grievance.

Grant Woods, president of the faculty association, said he was surprised that Good would discuss the matter publicly, adding Good's letter has been sent to the association's lawyer for comment.

The female professor declined to comment.

Demonic spectre in Martensville case evaporates F.P.

Facts fail to support satanic ritual cult links

JULY 6/95

WPG FREE PRESS

By Leslie Millin
Special to the Free Press

VANCOUVER — Documents recently released relating to the Martensville case of child sex abuse seem to indicate this is one more addition to the lengthy list of improbable charges of satanic ritual cult activities.

Such activities are widely believed to exist, and people both sane and serious will tell you so. But do they? Not long ago, a detailed computer search through the scientific, medical and legal literature turned up not a single case where there was corroboration.

Many, many accusations exist. There is a thriving therapy industry based on assisting people who assert that they have been victims of satanic cult abuse.

Some of the practitioners involved make assertions that leave the mind reeling. One such, delivered in a respectable academic setting, was that the sentence "Look after yourself," in a postcard from a sister to a sister, was an instruction to commit suicide to cover up a satanic past.

Indeed, the number of accusations is in itself odd. An academic study, of which unfortunately I have only the briefest summary, investigated 12,000 accusations without finding a single corroborated case.

That there should be so many accusations without a single stick of corroboration defies probability.

No doubt satanic cults exist. The world is all too full of deranged people prepared to start up cults, and insecure people who will follow them.

No one can doubt that evil exists. Whoever did what in the Bernardo/Homolka case, ghastly acts were committed.

And there is no doubt that children are sexually abused, and that their abusers seek to conceal this fact, and that sometimes their abusers conspire with each other in both abuse and concealment: Mount Cashel taught us this.

Nevertheless, the fact is that most cults become known, because they require their adherents to behave in unusual ways that attract attention: breaking off contact with family and friends, attempting to proselytize, or prancing down the public streets wearing strange garb and beating a drum.

Sterling was only one convicted in Martensville case.

FURTHER, THE successful concealment of systematic child abuse tends to happen in a closed world, such as an orphanage or residential school or centre for the handicapped. No such closed world existed in Martensville. Nor are satanic abuse accusations typically associated with such closed worlds.

And it is interesting that where sexual abuse of children has been successfully prosecuted almost entirely on the evidence of the accusers, this has not been on the basis of "recovered memory," or intensive and suggestive interrogation of children.

Rather, it has been on the basis of acute and all too painful memory, on consistency of method — child abusers are almost always repeat offenders — and often on confession by the accused in the face of overwhelming, credible testimony.

Without for one second disputing that such offenders committed evil acts, clearly they did not, for the most part, do so because they espoused evil as an end in itself. Rather, they wanted self-gratification, and were generally indifferent as to the misery they inflicted on children incapable of self-defence.

But for those who engage in satanic cults, the whole point of the matter is to further evil as an end in itself.

Where cult activities involve secret meeting places, the use of symbolic objects and paraphernalia, and the repeated abuse to the point of murder of children, the chances of some sort of slip-up revealing some sort of corroborating evidence have to be significant.

In the documents released on the Martensville case, there were originally some 180 charges of sexual child abuse, many of them linked to satanic ritual. The eventual outcome was a single conviction of one man, Travis Sterling, for improperly touching a nine-year-old girl while she was at a day-care centre run by his parents.

But the Martensville police chief believed in the satanic cult aspect of the case. He believed that children were taken from the day-care centre to "the Devil Church," where they saw other children killed and dismembered.

"I believe these events did take place," he said in a confidential report cited by the RCMP task force set up to try to make some sense of the affair. He also made use of an organization called Cult Out Ministries, whose name speaks for itself.

"This error led to the Martensville police department suspecting a large number of innocent persons as suspects involved in the cult," the RCMP report says.

"On numerous occasions this (Martensville) police department alleged complex conspiracies to the more bizarre allegations of pending human sacrifices. To date, task force investigators have found no evidence to substantiate . . . (this) allegation."

Some months ago, I attended a forum where those who believe in recovered memory of childhood abuse debated those who strongly doubt the validity of the techniques used in much of recovering such memories, while not denying, of course, that such abuse happens.

The forum heard a long intervention from the floor by a woman who described in detail the ritual satanic murder of a child who was her best friend. The detail was formidably consistent, as such recovered memories often are.

No one could doubt her sincerity. No one could doubt her anguish.

But no one there, expert or otherwise, on either side of the controversy, advised her to go at once to the police and accuse those who had committed such terrible crimes.

And that speaks for itself.

(Leslie Millin is an editor with the Issues Network.)

Ex-Brother cleared of orphanage sex

By Ian Bailey
Canadian Press

ST. JOHN'S, Nfld. — The Supreme Court of Canada has cleared a former Christian Brother at the Mount Cashel orphanage of indecent assault in a blunt ruling that questions evidence from three victims.

Joseph Burke now stands convicted only on one count of assault causing bodily harm for beating one of the boys. Three indecent assault convictions were thrown out.

"He seems happy with the result," lawyer Marvin Storrow said yesterday from Vancouver after speaking with Burke, now living in the West Coast city.

But the lawyer said Burke is "not happy with the fact that he had to suffer through six or seven years of fighting this matter."

The St. John's orphanage, now demolished, became known across Canada for beatings and sexual abuse that occurred in the 1970s at the hands of the brothers, members of a Roman Catholic lay order who ran the institution.

Mount Cashel's horrors rocked Newfoundland, which has a significant Catholic community. The tales of abuse bubbled for 15 years before authorities acted.

Never jailed

Burke was arrested in April 1989 on charges involving alleged incidents between 1974 and 1981. He was convicted in 1991. He was sentenced to 25 months but was never imprisoned because of appeals.

In a blistering ruling released yesterday, Justice John Sopinka wrote one boy who testified against Burke "has a vivid imagination" and questioned "whether or not there was any core of truth" to his claims.

He cited the "chronic dishonesty" of a second witness as he questioned whether that boy's evidence was credible.

"If there were ever a witness upon whose evidence it is unsafe to rely as the basis for a conviction, (this boy) must be that witness."

To conclude, Sopinka wrote: "I simply cannot accept that any trier of fact, acting judicially, could have found any merit in the claims of either (witness)."

Sopinka said the testimony of a third witness caused "great concern."

None of the boys can be named. The presiding judge at Burke's trial imposed a ban on identifying them.

Parents group vindicated after MD's rebuke

Sept 15/95

By Bill Redekop
Staff Reporter F.P.

THE PARENTS Helping Parents group said yesterday it feels vindicated after the head of the Child Protection Centre was disciplined by the licensing body for Manitoba doctors.

The group had helped a Winnipeg father press for an inquiry into a CPC assessment that his four-year-old daughter showed evidence of sexual abuse.

"Now that this case recognizes the flawed process of sexual abuse investigations at the CPC, I believe this will be a gateway for other parents to bring their cases forward as showing significant problems," group president Louise Malenfant said yesterday.

■ Exam mishandled? /A1

She was referring to a letter from the college to Dr. Charles Ferguson, the head of the centre. The letter said his 1992 examination of the child had been "below an acceptable standard."

Earlier, the college's complaints committee had rejected the complaint against Ferguson.

Dr. William Pope, the college's assistant registrar, said the committee's original assessment of the case was based on information available to it at the time.

Other material has since been brought forward, leading the college's investigation chairman, Dr. Claude Murphy, to reverse that assessment, Pope said.

He refused to discuss the contents of the material, citing confidentiality under the Medical Act.

"The committee does what it can do under the circumstances," said Pope, adding he sees no reason to change the process.

The father, who swears he was falsely accused, said he will also use the college's letter to sue Ferguson for negligence, a suit that could be launched as early as today.

The father's lawyer, Victor Bargen, said they plan to sue Ferguson for damages, including monetary compensation.

"There's incredible damage done to a child by a misdiagnosis like this," Bargen said.

The girl has been receiving sexual abuse therapy from child and family services, he said.

"It's been an absolute nightmare," said the father, who can't be identified in order to protect the child's identity. "There is not an aspect of my life that hasn't been absolutely shattered.

"I don't know who my friends are. I don't know who believes me and who doesn't believe me."

He hopes the college's criticism of Ferguson's assessment will help him obtain visitation rights. He hasn't seen his four-year-old daughter in three years.

Sept 15/95 FP

Child-abuse expert reprimanded over exam

By Bill Redekop
and Bud Robertson
Staff Reporters

THE LICENSING agency for Manitoba doctors has written a stern letter to the province's foremost child-abuse expert saying he mishandled an examination that has kept a Winnipeg man from seeing his daughter for three years.

Dr. Charles Ferguson's methods for examining the four-year-old girl "were below an acceptable standard," says a letter by Dr. Claude Murphy, the investigative chairman for the College of Physicians and Surgeons of Manitoba.

Inside Story

■ Parents group vindicated /B3

The reprimand was revealed Wednesday in a letter to the father. The man, who cannot be named in order to protect the child's identity, had appealed a decision of the college's complaints committee.

The committee originally sided with Ferguson, who is director of the Child Protection Centre.

Child and Family Services refers most children alleged to have been sexually abused to the CPC for medical examinations.

In the letter, Murphy said Ferguson should "review his criteria for performing an examination on a child in this situation."

Murphy added that the letter of criticism will be kept on file.

Ferguson said he stands behind his examination of the girl and is seeking legal counsel concerning ramifications of the letter.

"I'm not really devastated," he said. "I'm not going to slit my wrists."

Child and Family Services chief executive officer Keith Cooper said the case will be reviewed in light of the college's new findings.

But he said CFS has no intention of severing its ties with the centre.

The girl's mother made allegations of physical and sexual abuse against the father during a bitter custody fight in 1992. Police investigated but charges were never laid.

In a report to Child and Family Services, Ferguson reported the girl's hymen was broken "compatible with digital penetration."

The little girl said the father poked her with pins and stuck a knife in her buttocks.

But two other physicians who examined the girl 13 months later at the Child Protection Centre disagreed. They said the hymen had not been broken, nor had abuse taken place. The second examination was conducted after persistent complaints by the father.

The father also volunteered for two psychiatric assessments to determine whether he has pedophilic or aberrant tendencies.

"There is nothing in the history or the examination to indicate the presence of a sexual or paraphilic disorder," wrote Dr. Stanley Yaren, the province's chief forensic psychiatrist, after interviewing the father.

"He seemed to understand the appropriate boundaries," said psychiatrist Dr. Gail Robertson.

Custody disputes fertile ground for false abuse charges: experts

June 30/95

By Ruth Teichroeb
Social Affairs Reporter

CUSTODY AND access disputes between warring parents provide fertile ground for false sexual abuse allegations, experts say.

Margo Buck, associate director of Winnipeg's Child Protection Centre, says American studies estimate up to 50 per cent of child sexual abuse allegations arising from such disputes may be false.

"It's a very controversial issue," Buck says. "I have a feeling that's probably true. But it's very difficult to gauge."

Those statistics are substantially higher than the estimated five to six per cent false-allegation rate in general child sexual abuse cases.

Such disturbing figures point to the difficulties of investigating the increasing number of sexual abuse complaints that have cropped up during custody disputes over the last five years, Buck and others say. "I've never seen such messes," she says. "Often they are just riddles."

While professionals emphasize that most abused children do tell the truth, everyone agrees that sorting out custody-related allegations requires special expertise.

But the issue of how to identify false allegations has fuelled heated battles between professionals.

"Some dismiss custody and separation allegations too quickly, while others won't acknowledge the higher rate of false allegations exists," Buck says.

In the early 1980s, when society was just beginning to acknowledge the prevalence of child sexual abuse, most professionals believed that children weren't capable of lying about such matters.

But in recent years, both the courts and child protection officials have realized that assumption is too simplistic.

For example, medical assessments of such cases have improved over the last decade, Buck says. When doctors first began examining children for sexual abuse, norms about what a healthy vagina looked like in a young girl didn't exist.

In the past, non-specific medical findings — like redness in the genitals — were often automatically used to reinforce a disclosure, she says.

Now, medical findings are used more cautiously, in the context of all other information, she says. Medical diagnoses of sexual abuse — except in cases of extreme trauma — are rarely conclusive by themselves.

False allegations are not necessarily prompted by a malicious parent but may simply arise because of anxiety, she says.

An overly anxious mother, caught up in a bitter custody dispute, may overreact when a child complains dad "hurt her bum," Buck says.

The mother may immediately interpret that as a sexual reference when the child might be complaining about rough handling during a diaper change, she says.

If the child is also having nightmares — which can be a sign of either sexual abuse or divorce-related emotional turmoil — the scene may be set for false allegations, she says.

Dr. Eric Ellis, a Winnipeg psychologist, says assessing sexual abuse allegations arising from custody conflicts is the "hardest work I do."

In sexual abuse investigations, the word of a child — who is disadvantaged by virtue of language skills alone — is pitted against that of an adult, he says.

In addition, mental health professionals have no scientifically valid methods of determining when someone is being truthful, he says.

While children rarely lie about sexual abuse, custody disputes are the most common backdrop for false allegations, he says.

"Warring parents have come to realize that this can be . . . a way to stop access between parent and child."

Too often, poorly trained professionals botch abuse investigations as well, he says.

But in the end, the bulk of such cases have insufficient evidence to go to court, he says. Instead, estranged parents and children need help repairing badly damaged relationships.

"In the long run, all children need some relationship with the departed parent."

WINNIPEG POLICE Sgt. Robin Parker says they always begin with the assumption that an abused child is telling the truth.

But if they're suspicious about an allegation, they may ask a polygraph specialist to do a "statement validity" assessment, he says.

That involves assessing factors like whether the language used by the child is age-appropriate or whether the child sounds coached. They also look for corroboration of the child's statement, he says.

Police have not yet charged a parent for coaching a child to give false statements, but Parker says he expects that could happen if the evidence were available.

Accused father flailing at shadows

FP

Jan 30/95

Sex abuse allegations keep daughter away for two years

By Ruth Teichroeb
Social Affairs Reporter

FROM THE father's perspective, it's been a no-win situation of nightmarish proportions.

He was in the midst of a bitter custody dispute with his estranged wife when the sexual abuse allegations cropped up from his young daughter.

From the beginning, he has maintained his innocence.

And after two years of investigation by police, doctors, psychologists and social workers, no one is sure whether the child was molested, let alone who may have done it.

Nevertheless, the father hasn't been allowed to see his seven-year-old daughter for two years.

He's furious, and has complained to every possible authority about what he believes is an injustice.

He believes his ordeal represents a failure of the system which investigates sexual abuse complaints.

To back his claim, he points to conflicting medical evidence and opposing recommendations from psychologists and social workers.

On the other hand, professionals involved in the case say sexual abuse allegations that arise during heated custody disputes are always complex.

Side of caution

Any complaint of sexual abuse from a child must be taken seriously and that often means erring on the side of caution, they say.

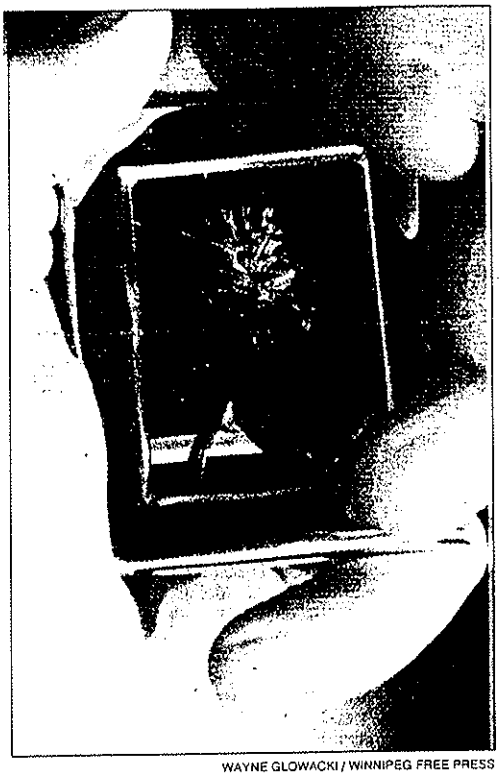
The father's problems began in October 1992, when his estranged spouse reported that their then-five-year-old daughter complained he touched her private parts.

The abuse had allegedly taken place during supervised vists at the father's home. He'd agreed to supervised visits — overseen by paid professionals — two years before when his estranged spouse accused him of planning to kidnap their child.

The mother took the child to Winnipeg Child and Family Services where the girl repeated her allegation, adding her father had also pinched her privates with pliers.

Those allegations set the wheels of the system in motion and resulted in the father losing access to his daughter.

Winnipeg police interviewed the child on videotape and talked to her parents.



WAYNE GLOWACKI / WINNIPEG FREE PRESS

Dad-daughter relationship shattered.

■ CFS holds all cards / A1

The father was asked to take a lie-detector test, which he refused on the advice of his lawyer. He later passed a privately administered lie-detector test.

When Dr. Charlie Ferguson, director of Winnipeg's Child Protection Centre, examined the child in November 1992, he found medical evidence to suggest the girl had been sexually abused.

Around the same time, CFS hired play therapist Dr. Susan Hartley to work with the child.

In November 1993, the child told Hartley that her paternal grandfather had molested her while her father watched. CFS reported those allegations to police in April 1994.

The next month, the girl was re-examined at CPC, this time by Dr. Debby Lindsay and Dr. Sue Wood. They concluded there was no physical evidence of sexual abuse.

The father seized upon the differing medical reports as proof he was innocent and eventually complained to the College of Physicians and Surgeons of Manitoba about Ferguson.

But the College has backed Ferguson, saying sexual abuse exams are a "somewhat inexact science" and that he was legally and morally bound to report what he saw.

CPC social worker Sharon Wazney-Prendergast also did a parent-child assessment in March 1994 and recommended that supervised access be given to the father.

She noted that the father had very limited opportunity to abuse the child in the violent manner described and that the allegations could be related to the contentious custody dispute.

She also recommended the mother get counselling to help her cope with the father's access to the child and suggested the father undergo a psychological assessment.

Instead, the next month a CFS worker asked Dr. Eric Ellis to critique the CPC's parent-child assessment. Ellis concluded the assessment was poorly done and that there was insufficient information available to decide whether the child's allegations were valid.

MEANWHILE, A judge twice denied the father access to his daughter last year, citing concerns raised by CFS and the therapist that the child was too fearful of him.

No criminal charges were laid against the father or grandfather because of insufficient evidence. The custody dispute hasn't gone to trial because of a series of delays instigated by both parties.

Dave Waters, director for the eastern branch of WCFS, said they are willing to work towards access for the father.

But he also said that the child must be given time to get over her fear of her father.

But the father says he's caught in a catch-22. He believes the child has been manipulated and that the more time that goes by, the harder it will be to repair their relationship.

After a two-year battle, the father said his only hope is to push for a trial and wish for the best.

BRANDON SUN

Sex trial halts after third juror dismissed

96/02/01

A Court of Queen's Bench judge declared a mistrial in the case involving a man accused of sexually assaulting a young girl after a third juror was dismissed.

Justice Rodney Mykle dismissed the juror from duty Wednesday morning just prior to what was supposed to be the start of closing arguments from the Crown attorney and defence lawyer.

Two other jurors were dismissed Tuesday prior to testimony.

Mykle told the remaining nine jurors before declaring a mistrial that the Criminal Code allows for a trial to continue with 10 jurors but no less.

"The events that unfolded could not have been foreseen before the trial began," Mykle said.

The case will go to assignment court in March to set a new trial date.

The 34-year-old Brandon man has pleaded not guilty to sexual assault and sexual interference. The incident is alleged to have occurred between April 1991 and November 1993.

The girl, now 10, testified on Monday that the incident occurred on a summer day, but she couldn't remember how old she was or what grade she was in when it happened.

The girl said the man, a family friend, fondled her genital area and kissed her in his apartment. His apartment was two doors down from the girl's apartment.

The man, who cannot be named to protect the identity of the girl, repeatedly said during his testimony he did not sexually assault the girl.

Child's charges baffle friend

BRANDON SUN

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96/01/31

By Scott Gibbons
The Brandon Sun

CRIME

A Brandon man repeatedly told a Court of Queen's Bench jury Tuesday that he never sexually assaulted a young girl.

The man, who can't be named by court order to protect the identity of the girl, said during cross-examination by Crown attorney Garry Rainnie that he has no idea why the girl would make the allegation.

"I find this truly embarrassing," the man said.

The 34-year-old man has pleaded not guilty to sexual assault and sexual interference. The incident is alleged to have occurred some time between April 1991 and November 1993.

The girl, now 10, testified Monday that the man, a close friend of the family, sexually assaulted her one summer day but she couldn't remember how old she was or what grade she was in when it happened.

The girl said she was playing in a paddling pool in the backyard of the apartment block while her mother and the man sun tanned that day. And when the man went to his apartment, which was two doors down, the girl followed him.

Once in the apartment, the girl played with a teddy bear that belonged to the man's son before he took her into his bedroom and fondled her genital area, she said. The man then kissed her before they left the apartment.

The man said it was possible there was a summer day when the girl followed him into his apartment, which he shared with his common-law wife, and played with the teddy bear.

He also said it was possible he may have played with the girl by bouncing her on his knee in his bedroom, but at no time did he sexually assault her.

Meanwhile, the man testified that in addition to babysitting the girl and picking her up at day care for her mother, the girl would come almost daily to his family's apartment.

The man said he felt he was filling a void in the girl's life because her natural father was never around. He added she needed attention.

Other defence witnesses testified Tuesday that the girl sought attention.

A day-care owner, who looked after both the girl and the man's young son and who lived in the same apartment block as the two, said the girl craved attention and affection.

The woman also said the man and girl got along very well.

Another mother who lived in the block said she caught the girl falsely accusing her daughter in order to get her into trouble. The woman also said she believed the girl wanted attention.

A third mother testified that the impression in the neighborhood was the girl was dishonest. However, she said she couldn't speak from any personal experience.

The girl's mother said during cross-examination by defence lawyer John McAmmond that her child had behavioral problems, was hard to control and had run away several times. She also said the girl likes attention and, like all children, was known to tell the odd lie.

The mother said she tried to get counselling for the girl from the Brandon Mental Health Centre to help control her. Workers there suggested the girl might be a sexual abuse victim, the mother said, and that they wouldn't be able to counsel her until she was assessed for abuse.

The trial before Justice Rodney Mykle and the five-man and five-woman jury continues today. Two jurors were dismissed at the start of Tuesday's testimony.

Woman says doc promoted multi-personality, abuse idea

KATHLEEN MARTENS
Staff Reporter

After complaining of stress, a Winnipeg woman says she was encouraged to believe she had multiple personalities as a result of childhood sexual abuse.

Roma Hart, 39, claims a combination of drugs and therapy led her to develop the feeling she had been abused as a child and her parents were to blame.

She almost went to police to lay charges, but started to doubt her retrieved memories.

"I heard about the false-memory syndrome and just sort of decided on my own that this is probably what happened to me," Hart, a member of the local chapter of the False Memory Syndrome Foundation, said yesterday.

The Manitoba chapter has a support group in Winnipeg.

Hart has detailed her allegations against Dr. Colin Ross, a psychiatrist who formerly practised in Winnipeg, in a civil suit and on the Sally Jesse Raphael talk show.

She says a former patient in Texas is also suing Ross.

There is controversy about so-called memory enhancement techniques in which psychotherapists use drugs or hypnosis to help patients "recover" childhood memories.

False accusations

The Canadian Psychiatric Association released a statement in 1996 saying memories of childhood sexual abuse recovered during adulthood are not reliable and should not be accepted without corroborating evidence.

There is a risk that such techniques can lead to false accusations, the association said in a position paper to its members.

Hart says Ross seemed to be preoccupied with sexual abuse being the cause of her ills. And she couldn't shake the possibility altogether.

"It only took a few more sessions to convince me that, yeah, maybe (my parents) did sexually abuse me."

St. Norbert resident George Bergen got involved with the False Memory Syndrome Foundation, which is headquartered in Philadelphia, after his wife had a bad experience with a therapist. He now uses his professional research experience outside work to help affected families.

"I don't doubt that it (child sexual abuse) can cause serious problems (in adulthood)." But false memories of abuse can be implanted by therapists, Bergen said.

Nightmare Psychiatry: Delusions of Satan, ET abduction, and the cultivation of false memories

By Douglas Mesner (www.process.org)

Read the works of Dr. Colin Ross, they were all telling me, *He has proven everything!* CIA sex-slave producing mind-control programs, international conspiracies to cover-up crimes of Satanic cult activities, all proven beyond any reasonable doubt in the writings of this esteemed psychiatrist specializing in dissociation and trauma.

These served as ill endorsements for the credibility of Dr. Ross coming, as they did, from members, followers, or defenders, of a cult-like conspiracy theory-based collective known as S.M.A.R.T. (Stop Mind-control And Ritual abuse Today). Previous to these urgent entreaties that I educate myself of the Doctor's works, I had attended - and subsequently wrote a report about - S.M.A.R.T.'s annual conference in August of 2009 where I sat dumb-struck for an entire weekend, listening, as speaker followed speaker to barrage their overly-credulous audience with impossibly absurd scenarios of occult crime, remote mind-control, and even inter-dimensional demon conjuring[1] . It was the expressions of doubt within my conference report that prompted the emails and internet message board comments suggesting that Ross might help to dispel my ignorance.

According to their website, "The purpose of S.M.A.R.T. is to help stop ritual abuse and to help those who have been ritually abused. We work toward this goal by disseminating information on the connections between secretive organizations, ritual abuse, and mind control, by encouraging healing from the damage done by ritual abuse and mind control, and by encouraging survivors to network." As I learned at the conference, they even offer the tools to combat the sinister mind-control of these "secretive organizations": A vendor in the lecture room was selling a slightly more elaborate version of the tin-foil hat in the form of steel mesh-lined baseball caps meant to block electromagnetic cranium-invading frequencies. It was the very stuff of paranoid delusion, the purveyors of which felt certain that Dr. Colin Ross had legitimatized it all.[2]

So, who is Dr. Colin Ross? According to his website: "Dr. Ross is an internationally renowned clinician, researcher, author and lecturer in the field of dissociation and trauma-related disorders. He is the founder and President of the Colin A. Ross Institute for Psychological Trauma." And, "In addition, Dr. Ross has authored over 130 professional papers, has reviewed for numerous professional journals and grant agencies and is a past President of the International Society for the Study of Trauma and

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1. From a lecture given by woman called "Royal" who appeared to be about 40 years old, yet claimed to be a victim of Nazi Doctor Joseph Mengele: "My experience with Mengele involved much of the trauma-based mind control involving core programming (such as End-Time programming) that is connected to the global take over. He used the Psychic/ Spiritual dimensions using, what I have come to call "demonic harmonics", which involves using musical tones and quantum physics to open up portals into the spiritual realms." http://www.freedomrunministries.org/articles/PostAbortiveStressRA.pdf

2. Following the publication of my report upon the S.M.A.R.T. conference on Examiner.com, the organiser of the conference - self-described masonic mind-control victim, Neil Brick - went all to pieces, calling the editor's offices and posting hysterical online comments regarding my piece wherever he could. His fellow paranoiacs followed suit, and it was in the resulting online exchanges I engaged in with some of them that I was helpfully directed to the works of Dr. Ross. (Eventually, the S.M.A.R.T. crowd managed to cow a harried editor into pulling my piece entirely. The editor called me to suggest I might consider measures of increased personal safety, so disturbed and frenzied was the anger that these people seemed to be focusing on me. The poor fellow clearly hadn't the constitution for the harassment suddenly belaboured upon him.)

Dissociation." Dr. Ross has even acted as a consultant for the Showtime television series *The United States of Tara* about a troubled housewife who suffers from a case of the mythic Multiple Personality Personality Disorder (MPD), now known as Dissociative Identity Disorder (DID).

This all makes for an impressive sounding resume, but a Google search of "Dr. Colin Ross" readily reveals some rather questionable material as well - the most prevalent of which regards Ross's application to the James Randi Educational Foundation's Paranormal Challenge, which offers one million dollars "to anyone who can show, under proper observing conditions, evidence of any paranormal, supernatural, or occult power or event." Ross's paranormal claim? He claims the power to shoot electromagnetic radiation from his eyes.[3]

As far as Ross "proving" the existence of a satanic conspiracy and CIA mind-control, of course he's done nothing of the sort. What Ross *has* done is collected and published a number of documents - available to anybody by way of Freedom Of Information Act request - relating to the CIA's MK-ULTRA mind-control experiments that began in the 1950s, continuing till at least the late '60s, in response to Cold War fears that the Soviets had perfected the same.

In the course of the project's mind-control research, MK-ULTRA experimented with a variety of drugs - sometimes on unwitting citizens - in an effort to find the perfect truth-serum. While some drugs made most subjects more chatty, none reliably provoked the unrestrained revelation of guarded secrets that experimenters had hoped for. In fact, the potential for the subject to divulge unreliable, false, fabricated information was found to be so high that the drugs employed as truth serums were eventually disregarded as useless.[4]

Similarly, hypnosis was concluded to be worthless insofar as military applications are concerned. Ross nonetheless suggests - flaunting the existence of documents that demonstrate experiments in hypnotic mind-control were attempted - that the United States is currently engaged in the production of hypnotically brain-washed agents, "Manchurian Candidates", to carry out Top-Secret operations and assassinations.

The irony of Ross's self-styled expertise regarding MK-ULTRA is that knowledge of the *actual results* of the MK-ULTRA experiments should have served to correct him - in advance - of errors made in his clinical practice: As a therapist working with Multiple Personalities, Ross has used many of the same techniques proven unreliable during MK-ULTRA to extract information from his client's "alters" (alternate personalities), including hypnosis and "truth serum" (sodium amytal).

The fact that Ross specializes in DID, and the fact that he is a conspiracy theorist are not at all independent of one another. The theory of DID - unsupported by science (but well-worn as a fictional plot device) - is that certain traumas, particularly that of childhood sexual abuse, can prove so incomprehensible and damaging to the victim's psyche that, as a protective measure, the memory of this trauma is re-compartmentalized in some dark corner of the mind where it is then consciously inaccessible to the victim. The victim who represses memories thus then develops "distinct identities or personality types" of which they also aren't consciously aware, but which "recurrently take control of the person's behavior". It is these alternate identities that retain the traumatic memories for the victim. Treatment for this condition often relies on the recovery of these repressed traumatic memories. The victim, it is

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3. Confusingly, Ross wrote a paper for a journal, The Anthropology of Consciousness, that explains that his is not a personal power. Everybody - according to Ross - emits higher EEG from the eyes. This, he continues, may explain the myth of the Evil Eye, as well as the feeling of being stared at. Aside from the fact that ocular artifact (EEG peaks in response to minor eye movements) is a well-known phenomena to neurologists, the idea that other individuals may somehow sense the EEG of somebody staring at them is based on no credible evidence (see Skeptical Inquirer debunking of Sheldrake: http://www.csicop.org/si/show/can_we_tell_when_someone_is_staring_at_us)

4. An excellent history of MK-ULTRA mind-control/truth serum experiments is given in Dominic Streatfield's *Brainwash,* 2007, St. Martin's Press

presumed, must confront these hidden traumas so as to assimilate them into the conscious mind, thereby making the mind "whole" again.

Some therapists - in what is known as "guided imagery" sessions - actually encouraged their clients to visualize and describe what it would be like if their father, brother, or whatever chosen perpetrator had raped her. After constructing some reasonably plausible, if horribly disturbing scenario, she would then be told that this telling of events only occurred to her in this way because her unconscious mind was relaying her actual information regarding true events.[5]

It is a belief in the historical accuracy of repressed memories, and the continued encouragement of this belief within a certain fringe sub-set of the psychotherapeutic community, that allows S.M.A.R.T. to maintain their delusions. The "facts" of Satanic Ritual Abuse and Mind-Control were almost entirely revealed to them in recovered memories of abuse they believe themselves to have suffered. The reality is, "memories" that are recovered through hypnosis, sodium amytal interviews, and guided imagery sessions - indeed, recovered memories of any kind - have been shown to be nearly entirely worthless insofar as historical accuracy is concerned. The potential for outside contamination and confabulation is too great, and in the case of recovered memories of Childhood Sexual Abuse, many have come to recognize that their recovered memories were indeed False Memories: memories of events that never happened, but which they believed must have been true (most often under the influence of a therapist) because it served an explanatory function in their lives at the time.

Hypnotic regressions meant to bring forth memories of past traumas are more likely to bring forth bizarre fabrications of events that have never occurred. Worse, when the subject is aware that the point of the regression is to uncover sexual abuse, the fabrications will likely include just that.

The digging for memories of abuse, and the credulous acceptance of memories that seem to defy all reason, has led to a broader acceptance of the harmful conspiracy theories now espoused by organizations like S.M.A.R.T. among some clients and therapists in Recovered Memory Therapy.

Secret military mind-control projects and highly organized international rings of Satanic Ritual Abuse form an ever-widening circle of perpetrators that now often envelopes local police forces, the FBI, CIA, and government officials (as well as the nearly anonymous, middle-class parents of the MPD client) as believers in the pristine untainted nature of recovered memories attempt to explain away contradictory evidence that serve to disprove their fabrications of abuse. All such debunking evidence is seen as dis-information and cover-up.

Arguably, Ross did much to build the mythology of Satanic Ritual Abuse that formed the core of what sociologists now refer to as the "Satanic Panic", a modern witch-hunt that arose in the eighties, continuing into the mid-nineties, and leading to many false convictions and fruitless investigations of unlikely crimes.

A former patient in the care of Dr. Ross, Roma Hart, described to the author how she came to be implanted with false memories of Satanic Abuse under Ross's direct influence. Her story sheds much light on Ross's more broad appeal to the paranoid and delusional. The following are excerpts from an interview with Roma Hart, the full transcript of which can be read here: **www. Process.org**

[...] How often did you see [Dr. Colin Ross], and what was the "therapy" at that point?

I saw him twice a week for an hour to two hours. It was hypnotherapy. He made some tapes for me to listen to all day. He had me do 'dream-imaging', where at the end of each session he'd ask me to think about whether certain things had happened to me. My homework was to go home and dream about these things. I'd come back the next session and say, *I dreamed about those things, and this was what I was dreaming.* And

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5. A number of case studies regarding therapeutically created false memories may be found on the False Memory Syndrome Foundation website - a priceless resource for anybody interested in the topic. http://www.fmsfonline.org/retract1.html

he would always say, *Those dreams you had are actually flash-backs of real events in your life.* So it proceeded very quickly into insanity. So about two months after I started seeing him, I was committed into the hospital's Psych Ward.

And all the while he was telling you to recall your dreams as memories?

He would give me something to think about. I had homework to do. He would plant the thought in my head that this is what I was supposed to try to see if I could remember. Of course I would dream about it, because what else are you going to do when you're deep in therapy? When somebody tells you to think about this, you'll go home and you'll dream about it, you come back and you say, *I had this terrible nightmare about what you said.*
Ah, well, that's a flash-back. It really did happen.
And I would say to him, *I don't remember that happening.* The first time I saw him - the first visit, I told him - he asked, *were you ever abused as a child?* I was raised in the sixties by military parents, because my father was an aerial cartographer. They were very strict. I said, *what do you mean by abuse? I mean, they were strict, but they never abused me.* I made it very clear to him that my parents never, at any time, ever sexually abused me, or anybody. But he said it was normal to deny it.

So eventually you were made to come to agree that you had been sexually abused?

I was told by Colin Ross that I fit the description of somebody who was sexually abused... Even though I swore it never happened. He said, you fit the description. All people with MPD have been sexually abused [according to Colin Ross].

I know about Colin Ross. He has written [several conspiracy theory books]. How specific was his story for you? Did he develop a specific narrative for you that fit his conspiracy theory [and explained your supposed MPD]?

Oh, absolutely. As I said, my father was in the military. This was when I was a tiny little girl, he was in the Air Force. And for Colin Ross, for anybody who's ever been in the military, he just makes the immediate leap into CIA, for crying out loud. He asked me if the words - what was it? - 'beta'... 'gamma'... and, um... 'omega', I think it was [meant anything to me]. Those three. He said that children were put in to CIA experiments where they used goggles on [the children's] eyes and hypnotized [them]. [The CIA programmed personalities] were either one of those: beta, omega, alpha, one of those. One [of these designations programmed the child so that they] would commit suicide, one would be given the job to dispense disinformation, the other was [...] an assassin. I just thought 'gamma' sounds too stupid, 'alpha' sounds like alphabet soup, for crying out loud, I think I chose Omega, or something like that. I chose the one that sounded the least stupid to me, because I was just trying to cooperate with him. There was just no way you could argue with him. He'd always just twist things around. You couldn't possibly argue with him. He'd always just say that you fit the description, absolutely fit the description. It has to be *this.*

So in his mind, you had to be Omega, or Gamma, etc. You couldn't be None of The Above?

No. Not at all. No. He was very much involved in [the idea of] CIA mind-control nonsense. And then he would give you jobs to do, homework to do at home. You were supposed to close your eyes and you were supposed to visualize different parts of the city so that you could leave your body and travel around the city. Then you'd come back for your next appointment and he'd say, So did you go anywhere? Did you see anything for these out-of-body experiments he was putting you into? I would say, *I don't think I did. I don't know.* I tried the best I could. You'd just try to please him so much because he just had this charisma, and you'd want to please this guy. He was very

affectionate with all of his patients. He would give hugs, he'd rub your back and rub your legs. In those days he was just so charismatic. He was such a good-looking young psychiatrist. All the nurses would just pander to him like puppies... So here we were: young women as MPD patients trying to please this handsome, young, charismatic guy who was giving [us] all of his affection.

Did Colin Ross encourage you to take action against your parents under the assumption that they sexually abused you?

Yes. When I was at my most insane, under the most drugs, he encouraged me to get a rifle and go up and shoot them. He also encouraged me to kill myself constantly, saying it would be quite understandable. He would phone me late at night - and he did that to other patients too, because there was an MPD support group, and we'd all talk to each other and visit each other - he'd send us home with lethal amounts of drugs, phone us up at night, and encourage us to kill ourselves. One of the reasons I figure he did that was because he had this interest in the 'white-light' Near Death Experience. So after we'd come out of comas, or what-not, from drug over-doses, the first thing he'd ask us was, *Well, did you see the light?* That's all he was interested in. Some of the other women died though. But he really didn't care about that. He just said it was *fate.*

And what exactly did he say his research was?

Multiple Personality Disorder and [that research into alleged] mind control experiments with the CIA - and Satanic Ritual Abuse, for crying out loud! He explained this to me the first month I started seeing him. There was a sign above the planetarium, and I saw it on my way to see him. It was the silliest thing. It was going toward Christmas and they were talking about the star of [Bethlehem], and that made [Colin Ross] start commenting about aliens. The star [of Bethlehem, according to Colin Ross] wasn't really the star of Jesus - it was an alien ship that they were really seeing. So then he explained that lots of people had been abducted by aliens, and that women had been abducted by aliens and impregnated by aliens, and they have these alien babies. Now, I think I already said to you that at that time when I started seeing him I was a Pentecostal Christian Fundamentalist. I belonged to Church, was a Sunday School teacher. All I could think was, *How horrible! How could God let that happen? And what about the baby? Would it have a soul?* So, in my mind, I was horrified. Completely horrified. I wouldn't even talk about it. I couldn't even talk about it. I just didn't want to talk with anyone. But then, a few years later - I think it was 1990, somewhere around then - he came up from a conference in Chicago. He'd seen [infamous MPD therapist] Bennett Braun and the International Association of Dissociation and MPD, and that. He came in the hospital to see me and he said, *Oh, I have great news for you!* He was so excited, so happy and bubbly. I looked at him and thought, *Good. Great news. What is it?* And he said, *You know that baby that you had? The half alien baby? It didn't die!* Thinking that it had died was [according to Colin Ross] the only way that I could resolve it in my mind, so that I wouldn't have to worry about the soul. So he thought for me, telling me that it didn't die was going to be some good news. I looked at him absolutely horrified. I said, *What are you talking about?* At the conference he'd just been to, it had explained why all of the Satanic Ritual Abuse cases that they'd always talk about, where women give birth to these babies and they kill the babies - but nobody can ever find the bodies of these babies - [the conference Colin Ross attended explained that] the reason they can't find the bodies of these babies is because the bodies of these babies are beamed up into spaceships, and they're raised in the spaceships until they're 18 years old. Then they're beamed back down to earth and given jobs with the CIA. This is all to form a New World, and all that. So it's really the aliens who are impregnating the women, while they're CIA mind-controlled, and then they give birth at Satanic rituals. It's a big circular thing. It's the craziest circular thing I ever heard in my life. But I was horrified. I burst into tears. I couldn't believe he just told me that my alien baby was alive. But he was so confused. He didn't know why I wasn't happy.

So - your malpractice proceedings: You didn't end up even getting a settlement, did you?

No. Because I am on welfare disability, the only money I could raise for lawyers was just through begging people that I was given contact numbers for. [I would be told] This lawyer hates [Colin Ross], this doctor hates him. And this other man - his daughter died under Colin Ross's care, and he helped me with some money too. So I did manage to drag it through the system for 11 years with 4 different lawyers. But, because my second to last lawyer did such an atrociously bad job - and he admitted to his negligence to the Law Society - it was dismissed due to delay. And then Colin Ross's lawyer managed to have the costs awarded against me. So I owed Colin Ross something like 100 to 200 thousand dollars - something astronomical. So I had to appeal that. So I had to raise another 5 thousand dollars to appeal that, and then the Law Society threw in another 20 to 30 thousand dollars to pay the lawyer to help me appeal that, so I would have the costs removed. And that was Judge Sinclair's order that I sent down to you. It says that, reason for dismissal due to delay, fault of my counsel. And the costs were taken off. I didn't have to pay the costs.

As crazy as Roma Hart's story may appear on the face of it, a prior knowledge of MPD therapy and Ross's conspiracism at the very least render her narrative plausible. Corroborating court documents and sworn affidavits, as well as an eerily similar charge of malpractise brought to trial by a Ms. Tyo in Texas (where Ross relocated after leaving - perhaps involuntarily - the Manitoba hospital where Hart was treated), make Ms. Hart's claims very difficult to dismiss.

Nonetheless, not long after posting my interview with Ms. Hart online, Ross objected publicly to the piece. Directing his comments to me he asked that I "investigate these allegations against [Ross] with the same skepticism and rules of evidence that [I] would bring to bear on a claim of the supernatural or the paranormal, or a conspiracy theory. The allegation is that the Government of Manitoba, the University of Manitoba, the College of Physicians and Surgeons of Manitoba and St. Boniface Hospital conspired to cover up malpractice by [Ross] and [his] being fired."

Ross further objected that he had not yet written about Satanic Ritual Abuse at the time of his treatment of Ms. Hart, thus, supposedly, indicating that he could have suggested no such scenario during her therapy. He cited the fact that he still holds medical license as evidence that he was unlikely to have committed such egregious malpractice.

I replied: "Certainly I am sensitive to the idea of promoting false or unfounded allegations. For this reason I am very thorough in matters such as this. If the allegation is, as you say, 'that the Government of Manitoba, the University of Manitoba, the College of Physicians and Surgeons of Manitoba and St. Boniface Hospital conspired to cover up malpractice by me and my being fired,' then the counter-allegation must be that several individuals independently and (in the cases of Hart and Tyo) geographically unrelated, confabulated a very bizarre, unlikely, and specific narrative regarding your therapeutic practice. Further, Ms. Tyo won a rather large settlement. While Ms. Hart's case ran over the Statute of Limitations, the Law Society of Manitoba found her case 'winnable' thus agreeing to pay her legal charges in compensation of Allan Baker's incompetence. These facts remain unchanged though you still hold medical license."

Hoping to prod Ross toward specifying his position on Satanic Ritual Abuse and other conspiracies, I continued: "I make no mystery that I feel the events we now refer to as the Satanic Panic were the workings of delusional paranoiacs and heart-less opportunists. To me, it matters little that your first publication regarding Satanic Ritual Abuse comes before or after a certain point. The fact is, your work on SRA comes highly recommended by those who still wish to keep the righteous witch-hunts of the eighties (to mid-nineties) alive. For this reason I would ask you not to be elusive: Do you find merit in the claim that there is an organized, underground society or agency systematically engaging in Ritual Abuse for the purpose of mind-control? Such a belief, in my view, is delusional. For a man in your position (most-cited among panic-mongers), I feel that not explicitly distancing yourself from those beliefs, if you don't in fact hold

them, is grossly irresponsible. As you know, claims of Satanic Ritual Abuse are nearly universally disregarded as an artifact of a hysteria by nearly all professions but for those in a certain sub-set of the psychotherapeutic world. Within this world, your work is felt to be vital in understanding the vile machinations of a global satanic mind-control plot. If you came to disregard claims of Satanic cult activity in the course of your work, you'd possibly do much good for those still afflicted with such delusions to explain how you reached your conclusions." (The exchange can be read here)

Unfortunately, Ross refused to state what it is he actually believes, citing "various", but unspecified reasons for reserving comment: "Your argument that geographically separated people could not have come up with the same story unless it was accurate is the same argument that therapists used in the late 80s/early 90s to 'validate' SRA. I have never given an estimate of the % of SRA memories that are accurate and decline to do so now for various reasons."

And in that mystifying statement, Ross both seemed to scoffingly dismiss the question of Satanic Ritual Abuse (by referencing the flawed arguments that were used to validate SRA), and confess a belief in it at the same time (by presupposing the existence of accurate SRA memories in his decision to refrain from stating an estimate of legitimate cases... though it's worth mentioning that I'd never asked him to do so.)

It is true though, that during the height of the Satanic Panic, therapists invested in conspiracist notions of Multiple Personality Disorder origins were quite fond of citing the consistency of Satanic Abuse tales arising from various clients across a broad range of communities as evidence of the phenomena's basis in actual events. The difference being, of course, that we know how these geographically unrelated subjects came upon their "memories" of SRA. They were treated by therapists who felt they knew how to recognize the symptoms of SRA - therapists who drew out exactly the memories they were looking for. Therapists, I daresay, who derived much inspiration from the works of Dr. Colin Ross.

But that was that. No more clarifying comments from the esteemed dissociative disorders doctor. Being that I have witnessed first-hand at the S.M.A.R.T. conference that the myth of amok Satanic cults is still ruining lives, I couldn't but see Dr. Ross's avoidance of the Satanic Ritual Abuse question as a profound failure of character, or critical thinking.

Perhaps both.