



CALIFORNIAN WAR ON DISSIDENT VIEWS, PART 11: “THE PAN AMERICAN HEALTH ORGANIZATION”

In this series, we investigate the text of the Californian Assembly Bill 2943. Activists have found a keyhole in the USA law: consumer protection. Psychotherapists have been degraded to illegal prostitutes and clients are whore-mongers.



One out of every two Afro-Americans who now enter the ‘gay scene’ [will contract](#) the H.I.V.-virus before age 50, according to the Center of Disease Control, but seeing a therapist and buying his/her book is apparently far more dangerous. No-one spreading sexually transmittable diseases, lethal or non-lethal, is persecuted in California, but seeing a shrink appears to be the bloody limit. Homosexuality is no longer seen as a threat to our youth: heterosexuality is! It is not the virus of the prostitute that can harm you as you engage in sex with him, it is his speech as you listen to him. They have finally turned the tables around. To this end, the proponents of the bill quote the Pan American Health Organization, a pompous title for a scam.

1. PAHO text in the bill

In the draft of the bill, the PAHO was quoted in the following way. After this quote, we shall hold the train of reasoning against the light.

“The Pan American Health Organization, a regional office of the World Health Organization, issued a statement in May of 2012, stating: “These supposed conversion therapies constitute a violation of the ethical principles of health care and violate human rights that are protected by international and regional agreements.” The organization also noted that reparative therapies “lack medical justification and represent a serious threat to the health and well-being of affected people”.

Who is this PAHO? Not many people are familiar with the organization, and it apparently excels in producing position stances, approved by the 35 Ministers of Health, a snake-pit of sorts. It is therefore a political organization producing political stances meaning the



opinion of those in power. It is not a federation of doctors or mental health experts, nor does it carry out independent medical or health research.

In 2013, the Washington department of PAHO issued a [report](#), stating,

“Many gay men and lesbians, bisexuals, and transgender people are still being subjected to sexual abuse under the pretext of “curing” their sexual orientation. In a technical position statement published in May 2012, PAHO says that this “conversion” therapy has no medical basis and poses a serious threat to the health and well-being of those who are subjected to it.”

So, here we see that the PAHO defines “conversion” therapy as subjecting people to sexual abuse. And they state that “many” people are involved. To make matters worse, they state that these persons are “still” being subjected to sexual abuse.

Let us look into this allegation with close-reading of the actual words.

2. ‘Sexual abuse’



The American Psychological Association [defines](#) ‘sexual abuse’ as

“Sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent. Most victims and perpetrators know each other.”

In the Massachusetts General Hospital [Handbook of Psychiatry](#) (6th Edition), 2010, we read,

“Sexual abuse is defined as any completed or attempted sexual act with, sexual contact with, or exploitation of (i.e., noncontact sexual interaction) a child by a caregiver.”

Our comment: In order for therapists to be able to be accused of sexual abuse, they need to have been engaged in sexual activity with their client. Although it is known that in general health care (hospitals, ambulances, general practitioners, etc.) unwanted sex occurs, it is nevertheless slander to state that this is the rule in ‘conversion therapy’.

To our knowledge, there are no published examples of licensed therapists having engaged in

sex, wanted or unwanted, with their client in the therapy forms that the PAHO is defining and denouncing. There is no substantiation that these clients exist, nor of the numbers, nor of the ongoing nature of it. Further more, there is no substantiation that rape/assault/harassment is done under the pretext of *“curing the gay away”*.

The PAHO is introducing the notion of *“raping the gay away”*, and in doing so, is stigmatizing persons who specifically seek help for sexual issues, as helpless victims. Furthermore, the doctor-patient relationship is subliminally portrayed as a top-down affair, comparable to the lack of freedom and self-determination seen in the judicial penal system. No-one is *“subjected”* to psychotherapy; this is yet another move coming from the outdated paranoid social movement called Anti-Psychiatry, where psychiatry is defined by its very nature as capitalist, evil, coercive, harmful and society’s ultimate weapon against each and every form of deviance.

Were this *“raping the gay away”* indeed demonstrated to be a psychotherapeutic approach to sexual confusion, then of course it is common sense to say it has no medical basis etc. But the deceit that is perpetrated here by the PAHO, is to subliminally introduce the narrative of *“raping the gay away”*, to say that it is widespread and abundant, and to infer that countless casualties are known to them. The PAHO text is malicious in its fraud and deceit. Only by using scams can they, as emotional manipulators, build up a case.

So much for the presumed violation of *“ethical principles of health care”* which is referred to in the draft of the bill.

3. ‘Human rights’

The second part of their admonition pertains to *“human rights”* which would be violated. The notion is copied from the [2012 Stance Paper](#) of the PAHO. In the text of the paper, they refer to human rights, and in footnote 2 they explain what exactly is meant by that in this context:



“Footnote 2: The human rights that can be affected by these practices include, among others, the right to life, to personal integrity, to privacy, to equality before the law, to personal liberty, to health, and to benefit from scientific progress.”

Let us investigate each one of these human rights. We will not look into the term *“among others”*, because this caveat is too poorly defined to be taken seriously. We will demonstrate that the conclusions are a scam.

a) The right to life: PAHO, nor any other organization, has ever pointed out how a licensed therapist doing talk therapy can violate the right to life. In what way is a therapy session associated with manslaughter, death, disappearance or the induction of lethal diseases? There are no police inquiries nor convictions to be found which can be traced back to the therapy room. There is however an abundance of thriller novels, murder mysteries and who-dunnits to enjoy, but all this has nothing to do with professional psychiatry.

You come in alive and kicking, and yes, you go out alive and kicking. And mind you, Miss Marple, no sudden unexplained death twelve hours later.

b) The right to personal integrity. There is not a single document or research article demonstrating how licensed and lawfully regulated psychotherapy violates personal integrity. What is this all about? Nobody knows. This is yet again a scam, coming from the sinister illusions spread by Anti-Psychiatry where therapy is excruciating, the physician is called Doctor Dracula and the lesbian is a Damsel in Distress.

c) The right to privacy. When it comes to this accusation, it is slander to imply that licensed psychotherapists who discuss sexual issues violate the right to privacy as part of any proceedings. There is no document in psychiatric literature to substantiate this generalization. If privacy would be violated, then in that event there are sufficient measures in place to tackle this presumed problem in the professional community, as always. This is yet another scam.



d) Equality before the law. It is totally unclear how licensed psychotherapy undermines equality before the law. This subject is a matter for lawyers, but the link to psychotherapy is totally imaginary. The PAHO has not published or referred to any research findings from medical or law schools to back up this presumed link, neither is the subject self-evident.

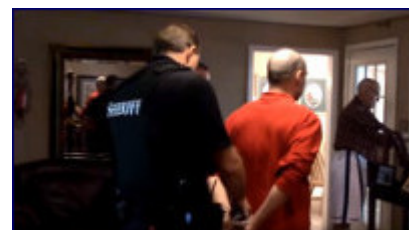
e) The right to personal liberty. In the sense of the client *going into* therapy, the PAHO has not shown documents proving a connection between psychotherapy and coercion. Neither has the American Psychological Association or the American Psychiatric Association done so. The former association even said in 2009 that there is no valid connection to be demonstrated in the so-called testimonies that they have collected (see part 10 in this series). Neither does such proof exist in South or Central America.

f) When it comes to liberty *during therapy*, there is no document produced from within any major or minor psychotherapeutic community or association demonstrating that clients in specifically *licensed* psychotherapy lack the freedom to do, think, participate and to end psychotherapy at all times. No instances are on record, and so no structural problem exists. If it

were to exist, then it is up to the legislators to demonstrate that the professional institutes cannot handle this problem of their own accord. Therefore the allegation is merely an insinuation towards the professional therapeutic community which is under attack.

f) In the sense of being deprived of liberty after the therapy, there is no evidence that liberties have been taken away in Californian psychotherapy or psychiatry, unless the individual is 5150'd.

5150 comes from Article 1, Section 5150 of the California Welfare and Institutions Code, first signed into law in 1967. Section 5150 states that someone who, as a result mental illness, presents a danger to themselves or others, or who is gravely disabled by their mental illness, can be detained for 72 hours for evaluation in a psychiatric facility by peace officers, registered nurses, doctors, or other appropriate health professionals. Most states have similar legislation, but the number 5150 is specific to the state of California.



To date, there is no sign that this restrictive measure is consistently used in client contacts when discussing sexual matters. In fact, not even a single case is known. Therefore, we may safely say that the proposed solution to protect persons who struggle with same-sex attractions from losing personal liberties, is a solution waiting to find the corresponding underlying problem. The problem has yet to be unveiled.

g) The right to health. There is no scientifically substantiated evidence in psychiatric or forensic literature demonstrating that clients are compromised in their health situation by licensed mental health workers.

To the contrary, the nihilism which is caused by the 1969 mantra "*mental disorders are a myth*" (Anti-Psychiatrist Thomas Szass) is the main factor jeopardizing the access to health care in people who have come to identify as 'gay'. The Anti-Psychiatry Movement promotes sheer negligence, and refuses to take responsibility for its lack of appropriate actions by denying all underlying problems themselves. After all, so they reason, the need for health care is a myth. Radical gay-lib is Anti-Psychiatry, and gays constitute its most powerful driving force at this moment. They feel they are on the forefront of something heroic and beautiful. They peruse over 'victories'. The rest has died out.

There is no proof on the PAHO website or in mainstream scientific journals that licensed therapists demotivate, obstruct or recklessly ignore health issues of their clients. In this way, licensed therapists are not even able to defend themselves, should they so be inclined.

We observe that

- the PAHO builds solely on the HRC stance that was handed to them.
- the opinion of “*the other side*” about health is not described, nor taken into consideration.
- the controversial aspect of a debate on health care is not respected, ideological prejudice is being confused with scientific findings.

h) The right to benefit from scientific progress. Therapists offer psychological services to men and women whose same-sex attraction doesn't define them. It is unclear how such services could jeopardize scientific progress.

Neither the PAHO nor any of the allied parties of the HRC have provided accounts of such services, making it impossible to pinpoint what their issue would be. The word ‘*conversion therapy*’ is therefore merely a sweeping bogus generalization meaning all sorts of things.

No-one can distill what the activists at the HRC are getting at with their concern over scientific progress. They are the ones cleaning up the chess-board, knocking thousands of pawns down, yet they accuse others of diminishing scientific progress and silencing public debate!



The Alliance for Therapeutic Equality has published groundbreaking psychological research articles over the last decades. It has its own periodical called the ‘*Journal of Human Sexuality*’ and it is up for debate at all times. In the case that the Californian legislators decide to enforce law AB2943, research coming from this institute will no longer be available.

Future generations in California will never know that other views ever existed. And that is the ultimate aim of the proponents, not client care.

If PAHO is seriously interested in making the results of scientific progress available to all who voluntarily wish to seek it, then it must decline AB2943 and promote respectful public debate, not diminish it.

4. Fearmongering



The PAHO director, Dr. Mirta Roses, succeeded in obtaining support for her [stance paper in 2012](#) by inserting the following slander,

“In some cases, the victims were interned and deprived of their liberty, sometimes to the extent of being kept in isolation during several months. The testimonies provide accounts of degrading treatment, extreme humiliation, physical violence, aversive conditioning through electric shock or emetic substances, and even sexual harassment and attempts of “reparative rape,” especially in the case of lesbian women.”

No one knows where these tales come from and where they are archived. Not even any of the “*major mental health organizations*” that have allied with the HRC for their campaign, refer to these monstrosities. Quite strange when one sees the malice which would be perpetrated.

Anyone who is familiar with licensed psychotherapy in the USA knows that this kind of stories are fantasy tales, based on crude and deceitful caricatures of mental health care from a century ago.

Dr. Roses refers to [one website](#) in South America (footnote 6 in her paper), but when you follow the url-link that she relies on, it says that the document does not exist (“*documento inexistente*”).



5. Stepping in

Even if a shred of the bogus story had some factual value, then it is up to the legislators to challenge the proponents to provide evidence that these proceedings have survived in California into the 21st century as a living reality, that they are structural in nature, that they are so stubbornly persistent that the professional community cannot adequately deal with it, that the current laws on assault are inadequate, that the police department is failing in its crime--monitoring capabilities and that all other forms of legislation have been evaluated and found impotent to adequately protect civilians. Only then can you perhaps step in.

6. Impotence

We insist that all such is not the case, therefore the legislation is a solution for a problem that cannot be found. There is no impotence within the professional community to deal with substantiated harm, there is impotence to adequately deal with ideological warlords, impotence to protect members from slander, impotence to ensure scientific progress, and impotence to safeguard professional autonomy.

7. Conclusion

Seeing since the whole human rights allegation of the PAHO is based on the single paragraph highlighted above, and seeing that not a single word that it contains, can be substantiated in California or elsewhere in the USA, then the proponents of the bill commit acts of deceit and deception by passing the PAHO document on as foolproof evidence of what they call "*contemporary science*" to validate their proposed legislation.

Legislators in other states need to be made aware of this deceit, since it can only be unveiled by close-reading and fact-checking. Then the whole discussion about civil rights, penal systems and law enforcement becomes irrelevant. The weed must be nipped in the bud before everybody starts working over-hours for this unprecedented interference in the free acquisition of mental health care and information.

To be continued.

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