*Loretta A. Wilson*

April 16, 2021

Office of The Governor
130 State Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St Paul, MN 55155

Attn: Governor Tim Walz

Dear Governor Walz,

Re: Forced Electroshock against Constituent Charles Helmer

The most recent report from MindFreedom main office is; Dr. Vine, the doctor who was shocking Charles Helmer has resigned the case. Another Doctor has taken up the charge; Dr. Ziad Nahas MD, MSCR. Governor Walz, Sir, changing doctors doesn't lessen the harmful effects of electroshock, the danger of grave harm increases drastically with each event.

I hope to support the attached .jpg images by starting with this: Today, I spoke a representative for AbbVie, LLC regarding a medication that is used to treat seizure disorders, certain psychiatric conditions (manic phase of bipolar disorder), and to prevent migraine headaches; Depakote. Interestingly enough, they were UNABLE to provide a comprehensive list of BENEFITS; only adverse events. FYI: Depakote carries the FDA black box warning for DILI (Drug Induced Liver Injury) the manufacturer has listed 161 possible side effects. What I hope to convey is: drugs can also extremely harmful!

Somatics, LLC web link to Warnings about the electroshock device:

http://www.thymatron.com/catalog_cautions.asp#:~:text=The%20most%20common%20reported%20adverse,seizure%20induction%2C%20an%20memory%20dysfunction.

THE FOLLOWING INFORMATION HAS BEEN PASTED FROM THE WEB SITE FOR YOUR CONVENIENCE.

> SOMATICS, LLC: ECT has risks. Some patients will experience adverse events in conjunction with electroconvulsive therapy. Patients should be made aware of these risks and confirm that they fully understand them prior to consenting to therapy. The most common reported adverse effects of ECT are: headache, muscle soreness; mild to moderate pain/discomfort, including jaw pain, nausea, disorientation immediately after seizure induction, and memory dysfunction. Specific patient conditions may be associated with substantially increased risk from ECT. These include unstable or severe cardiovascular conditions (recent myocardial infarction, unstable angina, poorly-compensated congestive heart failure, severe valvular cardiac disease), vascular aneurysms susceptible to rupture with increased blood pressure, increased intracranial pressure, recent cerebral infarction, severe chronic obstructive pulmonary disease, asthma, pneumonia and anesthesia risk level ASA 4 or 5.

Other serious adverse events have occurred, including adverse reaction to anesthetic agents / neuromuscular blocking agents; adverse skin reactions (e.g., skin burns); cardiac complications, including arrhythmia, ischemia/infarction (i.e., heart attack), acute hypertension, hypotension, and stroke; cognition and memory impairment; brain damage; dental/oral trauma; general motor dysfunction; physical trauma (i.e., if inadequate supportive drug treatment is provided to mitigate unconscious violent movements during convulsions); hypomanic or manic symptoms (e.g., treatment-emergent mania, postictal delirium or excitement); neurological symptoms (e.g., paresthesia, dyskinesias); tardive seizures; prolonged seizures; non-convulsive status epilepticus; pulmonary complications (e.g., aspiration/inhalation of foreign material, pneumonia, hypoxia, respiratory obstruction such as laryngospasm, pulmonary embolism, prolonged apnea); visual disturbance; auditory complications; onset/exacerbation of psychiatric symptoms; partial relief of depressive anergia enabling suicidal behavior; homicidality; substance abuse; coma; falls; and device malfunction (creating potential risks such as excessive dose administration).

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As for the attached images:

**In Image 001** - DX: lists among other things major depression severe with psychotic features | | | although the terminology might vary slightly, the manufacturers actually list those diagnoses as possible side effects of the prescribed drugs. All too often, doctors mistake drugs side effects as medical diseases | mental disorders; thus, unnecessary prescribing of more harmful drugs. But this also causes great concern for the patient because the side effects are not acknowledged as such by the doctor.

**Image 002 -** displays a chart describing an ECT event in detail. I have requested numerous times that the electrical equation be explained in layman's terms, all to no avail. But I have included that image because I wanted you to see an actual example of the electrical formula.

**Image 003 -** provides an overview of ECT prep, not a simple procedure in the least. In the strip at the bottom of the page you can see what happens when electricity is applied to the brain. If I may, I would like to offer this insight regarding the power of the jaw during ECT; the human jaw has the force of 70 lbs. per square inch; were it not for the "bite block" teeth would/could be shattered, a common occurrence in early shock administration (shock with muscle paralyzers). With the exception that anesthesia and muscle paralyzers are used, modern-day shocks are just as brain damaging as when they were first administered in the 1930's. The reason, well, as has already been addressed, it is the initial electrical contact with the brain that causes the seiz-ure / brain injury – the fact that anesthesia is used to prevent thrashing about is technically irrelevant at that point; injury to the brain has already been demonstrated via the Grand Mal convulsion that ensues. Any "honest?" shock doctor will tell you how the abdomen shakes during the seiz-ure/convulsion and how the toes are forced to a pointed position; the body's response to pain.

**Image 004** – The doctor documents that the patient is better, but of most importance, goes on to say: "However, She Has Substantial Memory Deficits."

**In image 005** – I present an email that was received from the Folger's manufacturer after I enquired about the amount of caffeine in one cup of their coffee. After placing my call to them I did the math to learn how much coffee I would have to consume in order to get the amount of caffeine that was administered in the shot that made my heart race to the point I couldn't breathe and lost consciousness. It would take about 42 oz. of coffee to equal the instant administration of 500 mg. "Caffeine"! My heart doctor would freak out if he knew about this!

**Image 006** – This image shows the amount of caffeine that was administered as well as the muscle paralyzing drug "atropine" that was administered for that one Electroshock event. What isn't listed in the medical record is the anesthesia that was administered, which is also known to be very dangerous. Images 005 and 006 together; describe the use of Caffeine in the administration of Electroshock.

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Manufacturers of prescribed drugs build their listing of side effects / adverse events using clinical trials AND reports that are called in by patients. I was informed of that process when I placed a call to one manufacturer yesterday, April 16, 2021.

On the flip side of the coin, the FDA has received tens of thousands of letters / reports from patients and concerned individuals, regarding the harmful / disabling properties of Electroshock; however, the FDA has repeatedly chosen to refer to those letters / reports as being "Anecdotal"! In other words, patients' reports are considered of little value by FDA and systematically removed from the equation when considering the dangers of Electroshock. FDA has also repeatedly ignored reports submitted by sundry doctors, psychologists and attorneys who have objected to reclassification of the shock device to anything less than Class III (highest level of danger).

Beginning on page 460 of the transcripts for The Center for Devices and Radiological Health – Medical Devices Advisory Committee – Neurological Devices Panel – January 27-28, 2011 meetings:

https://wayback.archive-it.org/7993/20170114044023/http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/MedicalDevices/MedicalDevicesAdvisoryCommittee/NeurologicalDevicesPanel/UCM247595.pdf

There were seventeen (17) members of the FDA Advisory Panel considering their recommendation for classification of the electroshock device on January 28, 2011. After an extended amount of conversing back and forth:

> Dr. Thomas G. Brott, M.D. Chair, begins to announce the recommendation of the Panel regarding classification of the shock device in relation to Depression, by stating:
>
> We have nine Panel members who have expressed an opinion that the classification should remain in Class III and nine Panel members who have expressed an opinion that we should classify the – pardon me?
>
> Unidentified Speakers: Eight. Eight. It was eight.
>
> Dr. Brott: I thought it was nine to nine.
>
> Dr. Eydelman: We'll look at the transcript when it's done.
>
> Dr. Brott: We'll get an accurate vote in a moment.
>
> Dr. Eydelman: This is not a vote.
>
> Dr. Brott: Pardon me?
>
> Dr. Eydelman: This is not a vote.
>
> Dr. Brott: No, I understand this it's not a vote, but I think the numbers are pertinent.

On page 462 of those same transcripts, Dr. Brott states:

> "So, I don't see that the reclassification would decrease the access of psychiatric patients to this procedure. And for that reason, the degree of risk, the level of the evidence, and the long term, I would like to put confidence in the FDA in a Class III in seeing these processes go forward."
>
> "At this point we need a break. We'll come back at three o'clock."
>
> Off the record.

FYI: Remember, there were seventeen non-voting (identified as recommendations) members on the FDA advisory panel.

To recap what you just read; nine (9) members recommended maintaining the shock device in Class III. Obviously, Dr. Brock misstated the number of non-voting (identified as recommendations) members in favor of Reclassification to be nine (9) as well. Dr. Brock had then stated: We'll get an accurate vote in a moment. But when the meetings resumed at 3 o'clock p.m., the ERRORED announcement was not addressed nor was it ever mentioned again; the meetings closed without announcing the accurate decision/recommendation of the Panel regarding classification of the shock device for depression.

The final count was actually nine (9) in favor of maintaining the device in Class III for depression; eight (8) were in favor of reclassification to Class II for depression.

I sincerely trust that this information has shed some light on the procedure as well as the dangers of Electroshock. The confusion that developed on January 28, 2011 as Dr. Brott, M.D. Chair, was announcing the Panel's recommendation; and the fact that it ended up not never being addressed during the meetings, is inexcusable from a professional standpoint.

Charles Helmer must be protected from further harm.

Even with the protection we call for, it will be an extremely difficult task assisting / encouraging Mr. Helmer in rebuilding trust in a system that has already inflicted such grave harm to his person.

Thank you!

Sincerely,

Loretta A. Wilson
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CC Governor Letter to the following (copies of the images will not be included with all letters):

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