

Prisons-Concentration Camps for a Culture that Hates Children

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INTRODUCTION

Drugs and crime are destroying America. There are over two million incarcerated young men and women (more than in the military). Almost all of their crimes are related to drug abuse beginning about 12 years of age. The epidemic of drug abuse at early ages is based on the failure of families, schools and the communication industry to immunize youths against the contagion of drug abuse and the related rage against our culture which created them. There is one drug abuse arrest every 20 seconds. The growing acceptance of marijuana seems counterproductive. Basically, people want to escape from the rage-creating trends of life. Alcohol and drugs, including marijuana, are easy, but ineffective, ways of doing so.

A major overlooked question is “Why? What is our culture doing to make people, beginning in their early puberty, to want to “turn off” rather than eagerly engage in a productive life?” Even those who are well off? And what can we do about it?

BEFORE BIRTH

Drug Abuse potential and anti-social disorders begin before birth. If children exposed *in-utero* to beautiful classical music have extraordinary musical and intellectual abilities as has been well documented, then whatever is imposed on any pregnant woman should be of concern for the future of her unborn child. Shows like *Jerry Springer* and any other raucous violent gladiatorial communications are mental health hazards for helpless children, born and unborn. Such programs are not good models for adults either.

After five months in prison, listening to and observing tattooed muscle bound young men, I feel justified in stating that tattoos are directly related to intrauterine harshness. It appears that the person tries to “beautify” himself as compensation for the imposed

ugliness originally internalized *in-utero*. Day after day of involvement with such prisoners, just screams to me, “I was born this way!” This will be proven if anyone is serious enough to fund and do the research. Remedial efforts of tranquil joy for the atmosphere around pregnant women cannot do any harm and will be salutary.

THE RIGHT TO CHILDHOOD-PRISONS ARE CONCENTRATION CAMPS FOR THOSE DEPRIVED OF CHILDHOOD

Drug abuse propensity and rage are also increased because there is no recognized Right to Childhood [1]. This reflects a loss of comfort, composure, security, and gentle words with music and communication of melody and harmony without adult intrusions until full adaptation to adult hormones. Children have the right to calm, serene security allowing development with positive pro-social, responsible, productive self-images. Children should want *to be* instead of *not be*. The Right to Childhood helps them with *being*. To grow up surrounded by untruths, disunity, immorality and ugliness is *non-being*, and “the promotion of non-being” is a reasonable definition of “evil.” Children are much more suggestible than adults and incorporate, often with misunderstanding, that to which they have been exposed. Neighborhood gangs prove this.

If a youth gets a cacophonous adulteration super imposed on earlier dissonant stressful pre-pubertal development, there is an unquenchable habituation for malignant overstimulation, conditioned paradoxically by the relief of short-lived “escapes”—subliminally acceptable to the overstimulated person, it is like the relief of a “high.” Youths can even call it “cool” which itself alludes to trying to “cool off” in an uncomfortable culture. Regardless, episodic agitation, overt or covert, becomes the trigger needed to bring about the transient escape habituation. “I don’t want

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to be like this,” becomes shortened to “I don’t want to be.” This can happen in the rich and engulfed as well as in the poor and deprived. It has to do with spirit rather than matter—as Napoleon stated, “Spirit is to matter as three is to one.” For children as well as soldiers too, I add.

Spontaneous intrusiveness dominates in most interactions until other more calm pro-social ways are adopted, if one is lucky enough to experience virtue adequately. These stressful relating habits, usually with screaming noises and semi-violence, become conditioned by a “glad that is over” relief or “escape.” And drug abuse fits right in. Every prisoner, given the opportunity by non-directive non-clinical living together, specifically verbalized that drugs offered, from childhood to the present time, an “escape from life”, a phenomenon I came to call “the relieving high of withdrawal from misery and rage.” I further concluded that whatever enables escape will be sought by any available means, including criminal activity to get money to pay for whatever drug is available to help bring about the escape. And for some, in open society, the escape becomes a post-traumatic like rage of mass killings.

ESCAPING FROM WHAT?

This is the main question: What is our culture doing to create this mess?. Most will not like the answer because it fundamentally is that we are abusing our freedoms. No culture can survive the loss of the rules and traditions that built it. There are rules to life which enable one to “win” [2], and, if not followed, one loses—even ending up as an almost “non-being” in prison.

What is our culture doing to us and, more importantly, to our children? The answer arises from the fact that “evil is touted as good.” Evil is the promotion of *non-being*. The suggestibility of all people is the problem ever since original sin—we can choose *non-being* unwittingly especially when coached by serpents, and Milgrims (*infra*), Eichmanns(*infra*), and Hollywood-journalism dictators.

A major problem is that those responsible for defending the First Amendment today have failed to provide the direction to “do good and avoid evil” (although I expand St. Thomas’ exhortation to “do transcendentals and avoid evil.” Defending evil is touted as “freedom” or as “rights” to act inconsistent with “..Nature and

Nature’s God” (“behavioral pollution” of all types)--evil acts are promoted as “good.” Resulting is a culture filled with spiritual black holes: raw violence, unnatural sexuality, hostility and violence promotions, un-empathic punitive law infatuated with itself, games which desensitize killing, loss of decency and privacy, culture created “aliens” eager to become pseudo-religious terrorists, and the promotion of diseases, especially body dysmorphic disorders (particularly uncivilizing for insecure developing immature boys). The uncivilized is provided, for rich and poor alike, as acceptable entertainment. If it seems “normal” or if you can do it and still talk about it, then it is assumed to be all right—but there is stress to be accommodated as loud sensational *non-being* engulfs. Accommodation, even habituation, can be by denial, by resistance, by Stockholm syndrome, by drugs or a combination of all. And for some, the accommodation breaks down to blind rage and mass killings.

Matters are worse because few have learned the courage or the ability to be a “minority of one” daring to speak out against the absolutism of contemporary relativity which basically says, “Anything goes.” Those who do speak against the evil as evil will be met with an oppressive illiberal silencing, rejection and even destruction. Teachers, politicians, leaders of all persuasions, journalists, editors, and any iconoclast with a body dysmorphic disorder will give orders, encourage, demand, promote, or seduce to evil because they can get away with it--like soccer hooligans provoking to the point of murderous violence. Those who criticize evil are mocked, attacked and vilified as dated, cruel and unprogressive, when they actually are being discriminated against as once were Jews, Blacks, Asians and others with subcultural differences. One is willfully blind not to recognize the name-calling, mocking, abuse, ignoring, not hired, first fired, degraded in theaters, demeaned by press and media, persecuted by editors, and deemed intolerable—meaning “not thinking the right way.” Believers are not yet required to wear armbands with a Cross on them. Amazing: Self-righteously condemning those of past vicious discrimination, liberals, in the name of freedom, perpetrate the same on the groups they do not like.

Meanwhile, those promoting evil, openly live out Stanley Milgrim Suggestibility [3] which is present almost everywhere in our culture, as discriminators proceed to shock and sensationalize, to get and

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keep attention, and give “orders”, thereby literally enslaving the suggestible to what is evil-advertised-as-good. Advertising itself has almost become totally sexualized. Anything goes—anytime, anywhere, with anybody or anything. What does that do to a 10 year old? Bewilder him to look for escape? Enrage him when he cannot “get” what seems so readily available? What does overstimulation do to him, caused by the teacher who gets indirect pedophilic experience masquerading as freedom? When the gays scheme (they call it “chicken-hawking” to recruit immature youths (and anyone else) into homosexuality habituation? Can the adulteration of childhood be without consequences? The same applies to every celebrity selling himself through shock appeal. “Take that!” and “Hah, you cannot do anything about it.” Most people influencing our children are Stanley Milgrim perpetrators of Eichmann-like “Follow orders-Obey authority (Me!) even when evil is directed (Sieg Heil!) because the Eichmann editor et al say it is “good”. Without doubt, the rules of a winning life and culture are broken day in and day out. And *non-being* reigns, well camouflaged by loud authoritarian glitz—and the subliminal feeling for many is, “Get me out of here!” sometimes even self-imagined and shortened to “I’m gonna be cool by drugs” or a combat-like murderous rage. Regardless, the Adolf Eichmanns predominate, happy in their pseudo-freedom to promote what is profitable, stressful and wrong. Those who object, by insisting there is an objective “right and wrong,” are censored or mocked by more glib loud emotion-churning, order-giving, nature-ignoring liberals and celebrities. This is true about almost anything our kids see and experience today leading to their virtual mental kidnapping (Achtung). Yet, we ask, “Escaping from what?”

Wake up and turn off all but the weather forecasts which are about the only thing believable from today’s press!

SUBGROUPS

In prison, I noticed that some escape by a group process of loud self-derogatory gibberish, bizarre and mean, with an astonishing flood of the “N” word, requiring self-assured cackling laughter, all of which really was a mutually metastatic escape to ersatz victimhood. Such was paradoxically “pleasing” to all in the group as the “escape” established identity with their pseudo-celebratory begging for handouts

to cover their self-induced paralyzing and blinding incompetence of preened victimhood. They act as if they understand what is being said. And yet, most others, who could be in the group but do not want to be, firmly state the whole interaction is a “look at us” meaningless sham and pseudo-escape masquerade. The less than one milligram of melanin (about the lead tip of an ordinary pencil), often characterizing individuals in these groups, cannot account for these anti-intellectual and anti-social self-stressing habits which appear as preliminary to and feebly equivalent to their “escape” needs that are manifested by drug abuse and violent eruptions. Somehow, this is to some degree our general culture and we are all the same in needing the escape one way or another.

Certainly, drug abuse provides the “escape”, especially when life continues to offer less intellectual and material successes as well as little accomplishment with serenity. If all one knows is loud failure and mistreatment, a method of escape must be found—an escape mechanism sought and entrenched since intrauterine life. Drug abuse serves the purpose. Stress become selfishly automatic. “Escape” is just the next needle or pill or self stimulation followed immediately by relief. Maybe it all is a form of “wonderful” masturbation, so the sex reflex maniacs can claim it too--as rape becomes the “high” and rage at the same time?

REHABILITATION FAILURE

Rehabilitation efforts tend to fail as evidenced by high prisoner recidivism rates. This means there is no growth. Interaction between prisoners and their guards is probably counter productive. Prison-guards need to be seen as absolute authority—for reasons of safety and organization. But the guards’ “raucous semi-military mistreatment” (no mission) style is just “more of the same” for inmates’ lives. Guards just repeat what put the incarcerated in prison. Calm reality, thought-processing, pro-social, and stressless communication styles, which prisoners and drug abusers need, are far from what they get. A new “language” is needed. Respectfully, I offer my books: *Everybody for Everybody*, *The Soul of the Earth*, and *Ancient Secrets Updated to Scientific Mysticism*, from which canned phrases may be extracted and offered as a totum for prisons, for example: “What on earth happened to cause you to get like this? You need to be prudent and one with all right now” (The thousands of

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brief aphorisms in these books fit well with the short attention-span constraints of prison life). Saturating the prison environment with simple, well thought out, questioning and pro-social messages needs to be done, beginning with “Your culture put you here--learn a new culture and live better.”

Of interest is the attention deficit problem which was at least subtly present in half of the prisoners I observed. Impulsivity and inability to complete tasks are severe problems. One wonders if chronic drug abuse is causative of an atypical ADHD. Closely monitored medication trials seem indicated. This may also apply to frequently observed mood swings, rage reactions, panic-anxiety attacks, and even micro-psychotic episodes. Low dose combinations of prescription drugs for target symptom relief may help break the cycle of repetitive stress escape and its accompanying criminality as well as psychiatric co-morbidities.

UN-AMERICAN CAPITALISM

Drug abuse is created and supported, overtly and covertly by our culture which does more harm than merely provide moribund, immoral, and unhealthy atmospheres from which people need to escape. It is more than mere dereliction by not protecting the unborn, not fulfilling the Right to Childhood, and not having effective rehabilitation. Granted, we must stop evil being promoted as good. Yet, also important is to recognize that drug abuse is promoted by un-American Capitalism (I call it “KGB Capitalism”). There is a political-pharmacy-prison complex of money makers: pharmaceutical companies, pharmacists, physicians, the private prison industry, all supply companies for prisons, and the stock holders: judges, attorneys, prosecutors, pharmacy boards, medical boards and other so-called public servants, especially politicians, who have financial interests in the pain-med-political-prison industry. It is outrageous that they make money by keeping prisons full. Because of conflict of interest, they have betrayed America: they could sign neither the Preamble of the U.S. Constitution nor the Declaration of Independence. Politicians, in particular, are “taxing” the people worse than King George III ever did. No doubt those I accuse will dismiss all this—just as many rejected the treatment needs of AIDs patients some 30 years ago.

THE HIV-AIDS PARALLEL

When HIV-AIDS was first identified, those afflicted were overtly rejected until elementary decency and honesty rediscovered their humanity. Treatment

efforts finally began even though most patients were homosexuals (“Who was that homosexual I saw you with?”). Dallas Buyers Club, the movie, clarified that medically abandoned homosexuals found the first AIDs treatments which worked! Several successive treatment improvements followed. Today, all treatments are combined with great success—a fact proving the murderous routine outcome of any law dictating medical care. If a well-intended law had been passed mandating the first treatment, none of the subsequent successful treatments would have been likely. Government law is not an answer for AIDS or drug abuse treatment in the fluid never-robotic field of medical care.

Government law cannot well regulate the art and science of medicine. Such law is neither art nor science. Medical care is primarily trial-and-error educated guessing, which is something impossible for law coherently to dictate. In fact, Government law is really a huge outhouse. . . a necessary evil the size of which is proportional to the lack of virtue of its citizens, the lack of just and truthful judges, and the fees of attorneys. Government Law automatically tends to be totalitarian—from throwing citizens into jail to prohibiting too much sweet soda drinking. The self-righteous grandiose arrogance of law makers is essential for acceptance of the law by flimflammed citizens. “Respect the law” should be replaced by “fear the law.” Well-hidden by the law is that government law is not based on science, nature or transcendental principles, although the law pretends every grandiosity imaginable. The law is a pseudo-religion based on the faith of its believers (exploiters) who attempt to maintain order and the common good by dogmatic legalisms, rather than truth, justice and equal protection. Government law as “established religion” (which robbed judges and court rituals evince) is actually prohibited by the Constitution and, as such, has no right to impinge on the other learned professions of medicine (governing “life”) and divinity (governing “pursuit of happiness”). Government law is necessary for “liberty” and conflict resolution supposedly for the Common Good. Still the flood of imprisoned innocent people and reversed rulings by successive appeals courts mark it emphatically also as more “evil” than good. This becomes especially evident when the Supreme Court has ruled that unsworn statements to Courts or Congress are not covered by criminal statutes which prohibit false statements (which makes “the law” into a bunch of passed on lies unworthy of respect).

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Like the attack on AIDS, the medical profession must attack the problems. No matter how well intended, government laws regulating medical care will become counterproductive. In fact, terminating drug-misusing patients by psychiatrists is itself a seeming death blow. My sense is that the patients I was obligated to terminate because of drug misuse were all dead after a year or two. This was always very disturbing. The regular “I can save everyone” rescue fantasy, of all good physicians, makes one want to keep trying rather than terminate (Some inpatient drug rehabilitation programs expel patients if caught smoking a plain cigarette—which appears, at the very least, unHippocratically unethical).

Then there are the hazards of law induced stopping of well-intended and effective “treatment” efforts: One of my 45 year old patients had been on Oxycontin (now, of ill-repute), moderate doses, for five years from me. Seduced by the Pain Decade 2000-2010 promotion and his long standing complaining that the injections from his pain specialist “did not work,” I gave him Oxycontin, which he said, and his family confirmed, did work well. For most of the five years, overall, he was back with his family, had his business going well, kept monthly appointments and took his psychiatric meds. My taking over his pain treatment by adding the Oxycontin stabilized him completely, almost. Like medical students, law students, graduate students, and young men everywhere, he and his buddies would “party” occasionally (My treatments efforts never did turn anyone into a saint). For some reason, this time was a lulu, and they ended up in an emergency room. He was admitted to inpatient drug treatment and discharged home after 90 days. Exuberant over his complete success, he left me several negative phone messages about how all my meds were wrong and he parroted all the oxymoronic common anti-medication clichés well learned. I left him a phone message that I was glad he was doing so well and was sorry that he felt my treatment was wrong, but I thought he had done well with all of the meds I had prescribed over the years. I offered to be available if ever he thought I could help. About one month later, his wife informed me that he was dead of a heroin overdose relapse. Four months sobriety, and dead. This after about eight years of psychiatric meds including five years of Oxycontin, during which time he functioned well with an occasional party, and remained alive.

Cases like this makes one wonder about the counter productive impact of having doctors stop pain meds

such that patients go back to the more dangerous street drugs. Does this not account somewhat for the present increase in the heroin overdose problem as prescribers become afraid to continue using what even appeared to work? One thinks of actor Phillip Seymour Hoffman—Did his medical care doctors stop his pain meds because of the current government “gang busters” style threats against pain-med prescribing doctors who just thought they were listening to their patients and trying, even unorthodoxly, to help as the Hippocratic Oath required? And did his doctors give a handout, like one I used for decades, at least annually to my patients with known history of using street drugs, which warned that the old high doses, adapted to in the past, would be lethal if abruptly restarted at those doses in a relapse. Whatever, the current way is not working for drug abuse. Indeed, the surge of fatal overdoses after current “Elliot Ness” threats to and judicial example-making of pain med prescribers cannot be ignored. The law giving a semi-monopoly of pain meds to self-served pain med specialists, is costly and as counterproductive as would be a comparable law for all psychiatric med to be supervised by psychiatrists, or for any other subspecialty based medications. It is doubtful any law will make matters better except those returning all practicing medicine to the Hippocratic Oath [4].

Overall, the social escape epidemic, manifest especially by drug abuse and related criminality, has had worse impact on more people than cigarettes and AIDS has. Alcohol, cocaine, pain medication, marijuana, crack, heroin, Sudafed and/or the latest “high” drugs will be found at the scene of almost every accident, robbery, murder, and catastrophic family disorganization or during the 72 hours preceding the disaster. AIDs afflicted individuals were able to save themselves, as Dallas Buyers Club showed. Drug abusers and criminals will not be able to do the same for themselves. Some suggestions follow.

TEN SUGGESTIONS

As a result of my prison experience, ten condensed suggestions are offered:

1. Any medication causing “highs” should not be prescribed or even produced. Propoxyphene (Darvon) should be made available again. With rare exceptions, it was the only pain medication I used until I was ensnared by the government’s “Pain Decade 2000-2010.” Over the years, I

had at least a dozen patients tell me that they hadn't used heroin or other drugs while on my propoxyphene. They begged me to keep them on it because "I don't want to go back to the street." Curious, I discovered old studies reporting its benefits close to that of methadone for reducing heroin use; there was obvious debate as to which medication, propoxyphene or methadone, was better. The addictionologists chose methadone for which they had a monopoly to use. Certainly, "unethical" and "immoral" may apply, if the anti-addiction benefits of propoxyphene were censored, from other medical practitioners, to enhance patient volume at their new methadone clinics. My finding out about the valuable benefits of propoxyphene were purely fortuitous, and addictionologists did not believe me. I wrote the Food and Drug Administration about my findings with propoxyphene and was encouraged to use and study it. That propoxyphene was completely taken off the market in 2010 for alleged heart problems, was very disturbing, as I wondered how many addictionologists, protecting their field, contributed to that decision, after being reminded of it by my letters. To treat substance abuse effectively is going to require major changes from what is done now and who is to do them. Without Alcoholic Anonymous, the success rate of addictionologists is likely close to that of control groups. Propoxyphene must be brought back--it has been in use for 50 years--some chemical modifications may be valuable for its demonstrated and needed drug abuse effectiveness without addictionologists.

2. Capitalism must promote the good: New pain medications without "highs" must be developed as well as polypharmacy "no high" protocols for pain and anti-social disorders. All sentences from legal authorities owning assets (KGB gone capitalist) in the pharmaceutical and prison industries should be over-turned.
3. Press and media productions must become prosocial instead of causes for escape. "Healthy Pregnancy-Unborn Child Radio and Television Programming" must be a public health effort promoted vigorously. Such will provide continuous beautiful music or melody, harmony and pro-social serenity. Also included will be The Great Courses, and classical known positive

prosocial programs. A complete four year college level group of courses will be played continuously during daytimes over a five year period. All courses will be played and made available by all old and new communications gadgetry. They will hear and see a four year college education program over every five year period. May be such 24/7 efforts will give them the childhoods they never had. In addition, prisons should play only these programs along with sport shows (If the prisoners do not like it, just call it "punishment" and tell them not to come back once released). All television and communication industry products of loud, raucous, violent anti-social acts must have at the beginning and at each advertising interruption this message: *"Public Health Warning: This show can ruin your born or unborn child's intellectual and social success. Protect your children, yourself, and suggestible others from this show. Better yet, turn off these flickering lights of nothing and find something good to do!"* For those who object, tell them this is just more "free speech."

4. There is a post-traumatic stress like aspect to drug using and rage reactions. The military used abreactive "Amytal" interviews quite effectively during World War II. I used it effectively on several very disturbed sexually and physically abused teenagers in the 1970s with return to remarkable sustained benefit. Psilocybin-assisted psychotherapy has been useful in relieving stresses during palliative care (Sarlo Foundation and Heffter Research Institute) and may be helpful for relief of other brain "inflammations" long forgotten. There is something very therapeutic about the brain verbally reliving horror, even if sedated or unconscious. It is obvious that once stress is expressed, many no longer need "highs" or rages to escape what cannot be expressed consciously. Growth becomes possible. Consideration must be given to use abreactive interviews for every drug abusing and violent preoccupied person. If anyone of any age wants drugs or is having violent plans, post-traumatic stress unconscious abreaction will definitely benefit some. Not to do this is to accept teenagers doing drugs and even mass murderers. Perhaps all criminals should have this done on admission to prison.

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5. Rehabilitation of prisoners must target drug abuse and create living style alternatives for those fostering anti-social behaviors which include flooding prisons with a new introspective problem solving “therapeutic” language (possibly from my books *Everybody for Everybody* or *Soul of the Earth*). At one’s third drug-related or violent imprisonment, papers should be completed for emigration to a country of their choosing should there be a fourth imprisonment. Motivation for pro-social functioning should enable complete “escape”. If not in the United States, then they can try to do so in another country (One must consider the Eldridge Cleaver phenomenon of a criminal fleeing the United States only to return willfully completing his sentence and become adamantly prosocial and pro-America). Finances, such as earned Social Security, should not be withdrawn from prisoners, but used for rehabilitation.
6. Schools must aggressively teach the danger of drug abuse and implement the Right to Childhood. Those in schools who promote drug use or interfere with the Right to Childhood must be prevented from having anything to do with children--Drug promoters should also have to undergo abreactive discovery (*supra*). The four basic virtues of ancient Greece must be taught: prudence, temperance, fortitude, and justice—along with the transcendentals: being, matter, identity, truth, oneness, good and beauty. None of these should be preached, but taught as a knowledge base of which they should be aware and can choose should they be so inclined. “Empathy” should be an activity taught and promoted as essential for virtue. In the 1960s, I promoted a campaign, which failed, for a United Nations Organization of Empathy (“UNOE”)--It is needed now, more than ever.
7. Treatment for drug abuse must change because current efforts barely achieve a placebo level of success. Contemporary addictionology has failed. I suspect this follows from their arrogant self-serving rejection of the Oath of Hippocrates (*supra*). From my observations, nothing works well other than “12 steps” of Alcoholics Anonymous and Bill Glass-like “Jesus” approaches. The complexity of the brain needs polypharmacy treatment for the multiple psychiatric syndromes evident.
8. The press and media must recognize that the First Amendment was first because the founders intended thereby to protect and inform the people for the purpose of retaining religious-like virtue for posterity. They understood such virtue as necessary for a worthy government and decent civilizing culture to continue. Assaulting the public with anti-social anti-religious drivel may be thought of as “free speech and press”, but there is nothing “free” about it when it leads people to prisons and destroys the once salutary culture [5,6].
9. The Stanley Milgrim Suggestibility and the Stanford Penitentiary Experiment phenomena must be reviewed and signed off on each January by all in government from the White House to the lowest prison guard. All need to know and reject the well demonstrated Hitlerian, Orwellian, and Machiavellian mechanisms of power abuse and resultant corruption almost automatically entailed in public service.
10. Medicine must be reestablished as a free-standing, independent, self-governing profession committed to the ancient laws of the Hippocratic Oath, an oath followed faithfully for millennia until recently. Physicians thought to be violating the law are to be treated through an “Intervention” by competent medical colleagues instead of legalisms. Records should be closed as they were for centuries with privacy protected by the Fourth Amendment against unreasonable search and seizures. Abortion and euthanasia are to be simple non-medical procedures easily done by judges and lawyers required to do so at facilities for such at every Justice Center. Consistent with the need for reestablishment of a Hippocratic Oath based medical profession, an Institute of Medicine’s Report concluded that mental health/substance use health care is often: “Ineffective, not patient-centered, untimely, inefficient, inequitable, and at times unsafe. It, too, requires fundamental redesign” (emphasis added) [7]. The same applies to treatment efforts for criminality, the origin of which is clearly related to substance abuse. Medicine needs total reprofessionalization and return to the Hippocratic Oath.

CLOSURE

The complexity of the human brain (I believe President Obama has plans to allocate billions of dollars to study

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it) is overwhelming in its variability. There are at least one hundred known neuro-transmitters and at least as many unknown. There are probably one thousand sub-systems, wide reaching and amazing (The running water/touching wetness causing urination is one example). There are billions of neurons and trillions of synapses. To maintain that one medication can correct polysyndromic disorders begs disbelief. Closely monitored polypharmacologic trial and error efforts are needed for drug abuse and prison patients, since they invariably have attention deficit, learning disabilities, developmental disorders, anxiety, mood swings, obsessive-compulsive and micro-psychotic components for which treatment must be offered. To help these patients, my ten suggestions are productive for a salutary redesign.

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