

Letters & - A Newsletter of Letters and Writings



ADDRESSO'SET PUBLICATIONS

Volume 1, Issue 3

May 24, 2011

Franklin H. Ernst Jr., M.D. wrote the following letter; it was sent out in March of 1989.

Open Letter to the California Medical Association

March 17, 1989

Laurens P White MD, President
California Medical Association
221 Main St
San Francisco, CA 94105

Ref: **SITUATIONAL ETHICS OF PSYCHIATRY ABUSE IN NAPA**
DO NO HARM if you might get caught

Dear Dr. (Laurens) White,

A HISTORY, EXAMINATION AND EVALUATION.....EIGHT YEARS BEFORE

On a medical visit to a home in Napa one day recently I heard a caller to Napa County Mental Health Service. Loud and clear, unmistakably "**But doctor, you have to see him FIRST!**" But doctor, they (the pharmacy) won't deliver the medicines before he sees you They won't let me have it (patient's medicines) 'til you see (named patient)." This was followed X3, "You have to see him first!" (before the drug store would let the caller pick up any medications) with increasingly firm tones.

On changing his psychiatrist, this patient had been accepted as a patient by that County Mental Health psychiatrist seven weeks earlier. This county physician knew the patient from 8 years before. MHS Social worker's statement had been "(patient) is just the same as he was 8 years ago." Was it on this basis that a telephone prescription from the physician's office had been made to the pharmacy days-weeks earlier.

The person calling was responsible for the patient's medication. It had completely run out. Unreturned calls to Napa County Mental Health Service had been started well in advance, apparently without response other than the telephone prescribing call either from the MHS social worker, MHS office or the physician himself telling the pharmacy to go ahead and renew what had been prescribed before.

Checking further with some pharmacists in Napa we learn of their distress at the periodic calls from County social workers attempting to pressure them into (continued?) dispensing of psychotropic medications for "patients/clients" (out of medications, no psychiatrist?).

YOU ARE PROBABLY ALREADY ASKING

Why not direct this letter and report to Napa County Medical Society and/or Napa County psychiatry? I think what follows will help to account for my discouragement in directing professional matters to those more local.

Special points of interest:

- HISTORY AND BACKGROUND
- MEDICAL SITUATIONAL (POLITICAL) VALUES
- SITUATIONAL CONVENIENCE FOR THOSE WITH SITUATIONAL PERSONALITY?
- DIAGRAMS
- TYPE TWO BUREAUCRATIC PERSONALITY
- TYPE TWO BUREAUCRATIC DIAGRAM

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- DIAGRAM OF SELF-GOVERNING PERSONALITY 6
- DIAGRAM OF SITUATIONAL PERSONALITY 7
- DIAGRAM OF CONTINUITY OF SERVICE 8, 9

Open Letter to the California Medical Association continued

HISTORY: I grew up professionally in Napa during the time when **Dwight Murray MD** was the centerfold of medical practice there, President of the AMA, etc. **E Kash Rose MD**, Pres CMA about a dozen years ago, was my Napa contemporary. But Napa was changing. **I MOVED FROM NAPA TO VALLEJO** 15 years ago. Napa has kept on changing. Have you heard of the **Napa Sentinel**? a weekly newspaper? **Harry Martin's** stories there give some indication of the direction of those changes.

1987: I still see some of my psychiatric patients in Napa County at their homes. Two years ago the County came onto additional funds for psychiatric patients through a piece of 1986 state legislation. This was the "Augmentation Funding Program" for the mentally ill to supplement the meager funds paid to Board and Care operators for the ("younger") mentally ill in their care. Some of the homes applied to Napa County government to participate in that program. Others did not.

This legislation allowed the counties to define the parameters for participation in this program. The **Napa County** program is the **only county** program in California that has added the condition requiring that **regular home visits by physicians MUST CEASE.**

Now in Napa, among "officials", except for "emergencies", **only** county investigators, county sheriff deputies, social workers and state inspectors, ie those with **policing functions, are permitted** to go to these homes **to visit the mentally ill patients** if these homes are to get these added funds. Patients in those homes now can only see physicians in physicians offices or at County facilities. See page 11, reproduction of that directive to these homes dated 5/4/87 obtained from a disgruntled participant in that program.

I preferred not to modify my practice to accommodate this **politically motivated, "situational value" finding** and instead see the affected patients in my office. Among other reasons it was already more than full enough. I do continue home visits to some elderly and a few of the "younger" mentally ill in "non-participating homes."

IN THE BACKGROUND: 1985

On 10/14/85 I wrote a **report** to then Assemblyman Don Sebastiani (copy available at <http://www.ListeningActivity.com>) about the **adverse effects** on the lives (and deaths) and health (and illnesses) attributable to the unrelenting day and night "inspections" of the homes where some of my patients were living in Napa County. These were Board & Care homes and the terrorizing raids, evictions and kidnappings of these people from their homes were led by personnel from the Santa Rosa office of **California Community Care Licensing**. Membership in these raiding teams included personnel from offices of **local state Ombudsman, County Mental Health Service, County Adult Protective Services and Sheriff Dept personnel**. I don't think Napa office of State Highway Patrol was in on these.

Reporting these to Sebastiani did not endear my person to Napa County. Their responsive assaults have occurred.

In one of these responses during **August '86 an inspector from the Napa County District Attorney Office** inadvertently confirmed the extent of the collusions between specific employees at some of the raided homes and Napa County social workers.

This inspector's confirmation backed up the earlier Nov '85 affirmation by one of the raiding social workers. Naming a specific employee, "She (called Lucy) works very closely with me (without home owner's or administrator's awareness) to transfer these people out!" This was one of the homes being arbitrarily discriminated against, blackballed by County Mental Health

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Service workers for needed referrals in order to keep from going bankrupt. Overall it was **medically a very sound, good home**, compassionate, alert quality health care for residents, even by Lucy when she was there. Residents felt at home.

Writer knew of one event where "Lucy" showed up for work one day then abruptly left the B & C Home premises untended shortly before one of these raiding inspections. Lucy's reason: "A sudden increase in pain from a whip lash" many months before.

It is a "NO! NO!" to leave the residents of these facilities untended, a rule, however, selectively enforced by the Napa MHS workers. The timing of these raids on certain specific homes has been consistently impeccable in the disadvantages to the residents and the owners. These raids have been so routinely timed as to catch the owner off balance that there had to be inside information being supplied to the policing agencies. These instances of "too good to be true" perfect timing for raids go back at least 10 years.

The selective pattern of betrayals of B & C Home residents and owners by a network of employees was one finding not reported on 10/14/85.

The Napa County District Attorney office investigator of the 8/86 event was the same inspector who a year later, on 8/18/87, I confronted as he was following a couple of us around Napa City. It was only the hour before that I had made my **second attempt to reason with that County's Board of Supervisors about** the inadvisability of specifically **excluding treating physicians from the homes** where the mentally ill lived. Later, reporting this "tailing" event to the Napa County Administrator provoked a knowing smile.

Subsequent to filing the 10/14/85 report, some Napa County personnel have "laterally" transferred over to the aforementioned Santa Rosa office of California Community Care Licensing for short intervals and then back "home" to Napa County employ. Promotion or advancement? Not that I am aware of. Other counties would be well advised to keep track of their "lateral transfer" employees who have been in Napa County.

MEDICINE AND SITUATIONAL (POLITICAL) VALUES

As a visiting physician to the homes, one of the medical advantages has been the chance to review of all of a patient's medications. Drug interactions can be of significance in the mentally ill and the elderly.

Banning the physician from at-home review of patient living conditions and medications on the shelf at home is medically speaking, poor judgment. BUT it does prevent a physician from observing the tactics of non-medical personnel involved in carrying out politically motivated and ordered activities AND the adverse effects on the health of the residents, the pawns of these political programs.

COURT ROOM MEDICAL DIAGNOSES (POLITICAL?)

On 12/08/88 as personally witnessed: A nominally well respected County MHS physician as expert witness at a Superior Court conservatorship extension hearing, case no. 20450, was seen testifying that a conservatee (known to the writer), had a diagnosis of "chronic schizophrenia." County Counsel representative asked that doctor the manifestations of this disorder.

As listed by that physician they were: His "behavior is very childlike. He lives in a board and care home where he has food, shelter and clothing provided. He takes medication for his illness. He is a constant problem for his caretakers. He has to be reminded to take his medication. He resists taking his medication. He does such things as go to the bathroom outside inappropriately. He walked down the street without his pants on. He smokes in his bed at times despite

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repeated warnings about the dangers. He is unmotivated to take part in treatment programs. He spends his time around the house. He does not go to a day care program. He is unable to handle his money. He uses it to buy alcohol and then he has a drinking problem and it further aggravates his mental problem. He exhibits violence towards other members of the house. If they won't give him a cigarette he pushes them or takes a swing at them."

That was it! Nothing more and nothing less. Physician was not clear about medications being taken by patient, did not know name of patient's caretaker.

All these "manifestations" listed for the court were accurate, although it had been well over a year, maybe 3, since the event of going out in the street unclothed and it was an exaggeration of his reactions to being denied cigarettes. The only problem is (that) these "manifestations" DID NOT support any diagnosis of "chronic schizophrenia."

That expert witness physician made no mention of anything indicating a thought disorder, reality contact, nothing about inappropriate affect. There was no mention of any secondary symptomatology, no hallucinations or delusions. The reason this expert county witness did not mention them was because conservatee did not have any of these "manifestations."

The County doctor's "findings" testified to as the basis for continuation of patient's conservatorship were indistinguishable from those of a character disorder. In fact, patient himself in court had appropriate affect, his thinking was logical, he managed his own behavior at least as well as the physician, county counsel and public defender.

This writer shudders to think of the implications of this quality of "mental illness" diagnosis as the politicians increase their power and control over medical diagnosis and treatment. How many times has this kind of court diagnosis happened? As a professor of mine once answered to a similar question, "How many times do you need to count a skeleton to know there are 206 bones?"

I did note at the time of the hearing that ALL "EXPERTS" involved, the physician, public defender, county counsel AND THE SUPERIOR COURT JUDGE seemed to be quite satisfied with themselves and the outcome. Not one of them was a stranger to this kind of hearing, to this MEDICAL DIAGNOSIS, nor to the resultant significance for the conservatee.

SOCIAL/POLITICAL SIGNIFICANCE

While this may be overly harsh to say, this writer is aware that this is the "style of diagnosis" also used by the Bolsheviks to keep their dissidents locked up in psychiatric prisons AND for which the presence of those psychiatrists at recognized World Congresses has been questioned if not unwelcome. A medical diagnosis is a medical diagnosis? Or is it a matter of

SITUATIONAL CONVENIENCE for those with a SITUATIONAL PERSONALITY?

Situational values and ethics are to be contrasted to the personal ethics and values that go with a **"DO NO HARM" professional commitment**.

"Do no harm" can only be a personal commitment.

THE LOCAL POLITICAL SCENE

AGAIN why don't I take these matters up with Napa County Medical Society, with County District Attorney office, the local Chapter of the Northern California Psychiatric Society, etc? Listed next are a few of the responses to this valid question.

1. In writing to Napa County District Attorney Office, not even certified mail can be counted on as being delivered there to the specific person identified on the cover.

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2. In the almost four years since 4 copies of the 10/14/85 report to Sebastiani were sent to four different people/addresses in the Napa County Medical Society, NO RESPONSE or even verbal acknowledgement has been received. The Napa County Medical Society Executive Director is known personally. That Society has a rather significant number of psychiatrists as members, several in private practice, many of them employed by Napa State Hospital - most all of whom I know if not having been one of their teachers in the past.

3. The twin events mentioned above of: i) prescribing before examining and ii) whatever-the-manifestations call it "schizophrenia" were reported to the Napa-State-Hospital-dominated area's local chapter of the Northern California Psychiatric Society on Feb 25, 1989.

Their response in effect was to encourage sweeping the events under the rug, eg "Why don't you take them aside and talk to them personally" and changing the topic to eg "Isn't it awful how Governor Deukmejian wants to cut planned parenthood in the state."

The writer is aware that these two physicians have employment histories at NSH. The "Schizophrenia" diagnoser was taken under the wings of Napa State Hospital within three weeks of the request for the transcript of this "schizophrenia" court hearing being received by the court reporter. Napa State Hospital physician hiring practices are another topic, eg their prompt hiring of a physician whom the Solano County Coroner office had questions about a few years ago.

4. The willingness of Napa County Counsel office to fabricate rationales for not paying expert medical witnesses subpoenaed to Superior Court hearings by them, eg County Case #20109 on 12/8/88. Are there "situational values" behind their "situational subpoenas?"

5. County Mental Health Service social workers use of aversive conditioned reflex procedures to alienate particular physicians from select Board & Care operators. One such procedure is that of requiring, year after year, twice monthly reports from these operators on medications prescribed by a specifically targeted psychiatrist alone among the three or four prescribing for their patients, all patients under the same social worker, case manager. (Technically this is called aversive operant conditioning.) Other direct and indirect aversive and alienating procedures used by personnel of that office against targeted physicians have also been identified.

6. It has become somewhat of a hazard even to drive inside the County, what with almost routinely being sought out and followed by State, County or City patrol vehicles especially during daylight hours, eg stopped ostensibly solely for "No Seat Belt" being in place (AFTER starting to get out of the stopped car).

7. MHS workers persuading personnel in convalescent hospitals to misrepresent the actions of patients to other consulting physicians in order to get erroneous psychiatric diagnoses.

8. MHS workers (case managers) overtly arbitrary and capricious about which B & C homes they will keep filled to a profitable capacity by their referrals of residents AND which homes they will starve to bankruptcy by turning off referrals.

For purposes of understanding, these events can be identified as examples of the situational ethics and situational values of the personnel involved. Any claim by the bureaucracies noted above that they are protecting the lives, health and/or "rights" of these mentally ill and elderly is contradicted by effects of the outcomes on the people who are their charges. This is in addition to their unwillingness to consult, their opposition to and disregard of the medical advice (including written) given to them about the people whose lives they are charged with managing (over whom their word is law).

Perhaps these case managers are so used to managing what their supervisors say to do that they have no time or need to consult anyone else about one of their "cases", eg effects on a

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case of arbitrarily moving him, unilateral transfer of treatment to another physician, watchfulness for interacting medications, banning patient MD selection.

The best that can be said about events reviewed above is that these are examples of the adverse effects on the lives and health of people who are sick and disabled by authorities schooled and practiced in the use of plausible justifications and justifiable plausibilities, versed in "situational ethics" and "situational values", ie going along with whoever has the most muscle and biggest guns.

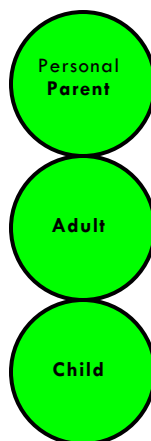
REGULATION OF PERSONAL BEHAVIOR WITH, WITHOUT A PERSONAL VALUE SYSTEM

"Situational Ethics" and "Situational Values" are the hallmark of the "SITUATIONAL PERSONALITY." The SITUATIONAL PERSONALITY as contrasted to SELF-GOVERNING PERSONALITY was reviewed in my letter to the members of the Northern California Psychiatric Society dated 12/29/87.

In brief: Behavior is both accountable and classifiable.

1. Each person lives through one CHILDHOOD and carries those memories and WAYS OF BEHAVING with himself through his life. These are called the CHILD BEHAVIORS of the person.
2. Each has the ability to behave on the basis of reasoning. These are called the ADULT BEHAVIORS of the person, eg the professional at work.
3. Each person has had someone in the position of being a parent, a guiding & protecting person to him during childhood. There is a picture of this person's ways of behaving that is stamped into yourself. These are called the person's PARENT BEHAVIORS. (E Berne)

This Is Diagramable in the THE SELF-GOVERNING PERSONALITY as follows:



A person's internal PARENT is the organ holding and transmitting personal values, ethics, principles. It takes part in forming personal judgments. One's PARENT defines what's good for the person and what's not. The PARENT functions are PROTECT and foster the integrity of the individual and valued others (family) - socially, environmentally, physically, nutritionally & educationally. A person's ADULT is the organ of reasoning. A person's CHILD is the collection of childhood based behaviors, the basis of one's ongoing emotional life. Your Child is inventive, imaginative. (E Berne) (Emotional) beliefs, "belief systems" are in the CHILD.

"Personal judgment" is a product of personal Parent AND Adult. Quality MEDICAL JUDGMENTS can thus be succinctly defined as based on the commitment to the personal (PARENT) ethic "DO NO HARM" when engaged in a patient matter AND one's professional (ADULT) knowledge and experience, ie long term compared to shorter term effects of a judgment call.

The SELF-GOVERNING PERSON uses his own personal Parent as the basis for his personal values, ethics, standards AND personal principles.

As an aside, one of the most characteristic elements of the human is the ability, the natural desire to organize information into some sort of useable design for better understanding of his

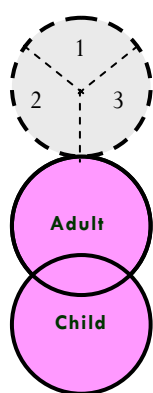
"SITUATIONAL ETHICS" AND "SITUATIONAL VALUES" ARE THE HALLMARK OF THE "SITUATIONAL PERSONALITY."

surroundings. The organized social predators in our society would have us, the self-governing, be ashamed of our God given ability to intuitively sort, eg using the above diagram or between the good guys and those whose intentions are less than honorable.

The SELF-GOVERNING PERSONALITY is to be contrasted with the SITUATIONAL PERSONALITY with its situational values. **THE SITUATIONAL PERSONALITY:** Hallmarks of the situational personality are deception & intimidation. Through special committee behavioral engineering on the newer "situational" aspirant and initiate, a recruit comes to discard the values of keeping his word, of staying with parental teachings, values and meanings given to words as related to personal actions. In a word his values, standards, ethics and principles are re-designed so as to become **essentially a psychopath.**

On analysis: **Tyrannies** are run by **Situationals** without personal values.

Diagram of **THE SITUATIONAL PERSONALITY**



In the case of the "Situational Personality," the personal PARENT has been replaced by the "**Situational-Committee PARENT**" with its "Situational" ethics, values & instructions.

1. Most recent instructions & "peer review."
2. Next most recent.
3. Third most.

In the background, extensive "committee work" has gone into preparation of the unit, **deactivating personal value after personal value** & a regular testing program to make sure those personality elements are not coming back to life in his thinking or actions.

(The porous top circle - **defective Parent and parenting ability.**)

DIAGNOSTIC OF THE SITUATIONAL PERSONALITY: NO PERSONAL PARENT.

A Parent job is to set limits on behavior. You get grown up and then YOU (personal Parent) get to set your own limits. The self-managing person enjoys the pleasures of "Being his own boss." Terms of **ridicule and derision come from Situationals** ; (aimed at) the personal values AND pleasure of doing a good job in your own work, eg "workaholic", "compulsive", etc.

We find the situationals in our bureaucracies at all levels. As a general finding of their past, there will be something flaky, wild or radical done in public. Now they are behind the scenes promoting violations of personal values among the decent people staffing our bureaucracies. Particularly they go to work on bending those values of the **"TYPE TWO BUREAUCRAT."**

TYPE TWO BUREAUCRATIC PERSONALITY:

The Enmeshed, Enslaved, Indebted, Corrupted/Being-corrupted Personality.

You will find this type personality in the hierarchal setting, eg social workers with their endless ladders of supervisors. More recently these are also to be found in other policing agencies such as the Consumer Services Agency, its Department of Consumer Affairs and the Highway Patrol as these personnel have been subjected to their recent much increased levels of intensity of "policing" directives. Directives aimed at "improved citation quotas."

This is the setting in which the otherwise decent employee is usually up to his eyeballs in debt, has a decent to good paying position, often a family. Mortgage and other payments to bankers are coming out of him like a series of hemorrhages. As a rule you can expect, off the job,

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PROTECTS AND FOSTERS THE INTEGRITY OF THE PERSON AND VALUED

OTHERS (FAMILY) - SOCIAL, ENVIRONMENTAL, PHYSICAL, NUTRITIONAL, AND EDUCATIONAL.

A PERSON'S ADULT IS THE ORGAN OF REASONING.

A PERSON'S CHILD IS THE COLLECTION OF CHILDHOOD EXPERIENCES, THE BASIS OF ONE'S ONGOING EMOTIONAL LIFE.

YOUR CHILD IS INVENTIVE, IMAGINATIVE. (E. BERNE)

"PERSONAL JUDGMENT" IS A PRODUCT OF PERSONAL PARENT AND ADULT

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to find behind the badge, one with a predictable set of personal values and ethics to which he subscribes and by which he attempts to run the majority of his life. At work he gets attracted and encouraged to joining in with the **"brown tongue, brown mouth" staff pastimes**, jeering, ridiculing, hating particular qualities, programs, persons. These pastime events will at times be joined eg at coffee breaks by someone in a supervisory position.

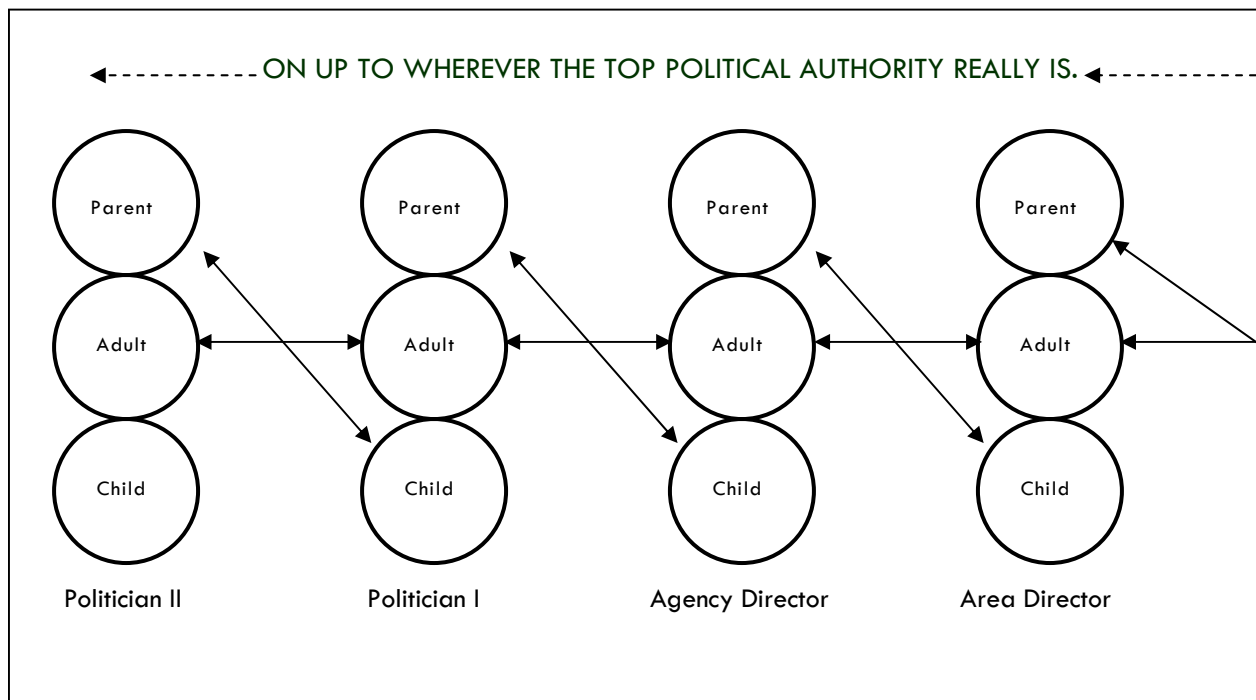
His job performance is one of being directed by a supervisor to carry out particular tasks. His personal value system may at times be violated a bit here, a bit there as time goes on. BUT "A job is a job" and he can ill afford the cost of a move. Good "annual performance reports" and approvals for timing of vacation, etc., depend on the "good will" of his supervisor. Thus he has to keep an eye out, watch over his shoulder for what really counts to his supervisor. His number one job is to take care of himself. The same is true of his supervisor and of his supervisor's supervisor, etc. The program then becomes one of **"DO WHAT IT TAKES TO KEEP YOUR JOB"** at all levels of the hierarchy.

Intermixed in these staffs are some **KGB-like situational personality personnel** at both the same and other levels, the now-older "recruits" noted earlier (mostly from middle class family backgrounds). Having already had extensive experience in sounding plausible ("cool") whatever the situation (eg lying to parents since 14), they are skilled at obliquely, by suggestion, by "talking to someone else" in the vicinity and thus to be overheard by our prospect for enslavement, and by more direct "friendly conversation", they are skilled at **persuading these lower level bureaucrats "to go along (with the orders) to get along"** with their supervisors and with the **bending of their personal values and ethics**.

With this set of diagrams it is also easier to understand the predilection for those **"SITUATIONALS"** in charge **at the top of our bureaucracies** to cause to be promoted up through the ranks into top middle management those with what they call a "minority" background. These individuals are **less likely to feel internally** (contrasted to being cheered on by "peers") **secure**, protected and **less personally confident** (this usually comes from personal

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ABOUT #1.



Parent). Often they are socially less potent. Here social potency is differentiated from social power. What was probably a good functioning Parent for home, may be much less useful to the individual in the sea of political intrigue, in a "territory" foreign to ones own biological parents.

Teaching children (language and values) is a PARENT function, eg one's "MOTHER TONGUE." Suffice it to say, those from a "minority" are generally more malleable to "peer pressure" when the "peers" show muscle. Personal ethics, values, standards and principles are less likely to hold up under pressure if one's PARENT teachings come from being within a "minority," because the biologic parent may not have been able to transmit those values with **the necessary personal** (reasoned, compassionate, clear thinking expectation of their ultimate usefulness to the offspring) **depth of authority to protect** the person later in life **from becoming corrupted**. AGAIN: **Beliefs are CHILD. Values are PARENT.**

Anyone in the hierarchy who thinks for himself may well get advanced up this ladder. BUT anyone who thinks AND then acts on the basis of PERSONAL values (contrasted to beliefs) and judgments without additional "in house consultation and clearance" is very likely to be seen as "dangerous to the outfit" and quite unlikely to be promoted if he manages to keep his job.

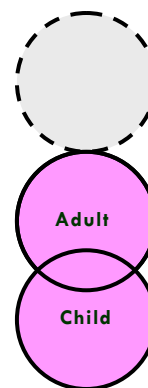
TYPE TWO BUREAUCRATIC PERSONALITY DIAGRAM:

The Enmeshed, Enslaved, Indebted (Corrupted/Being-corrupted) Person.

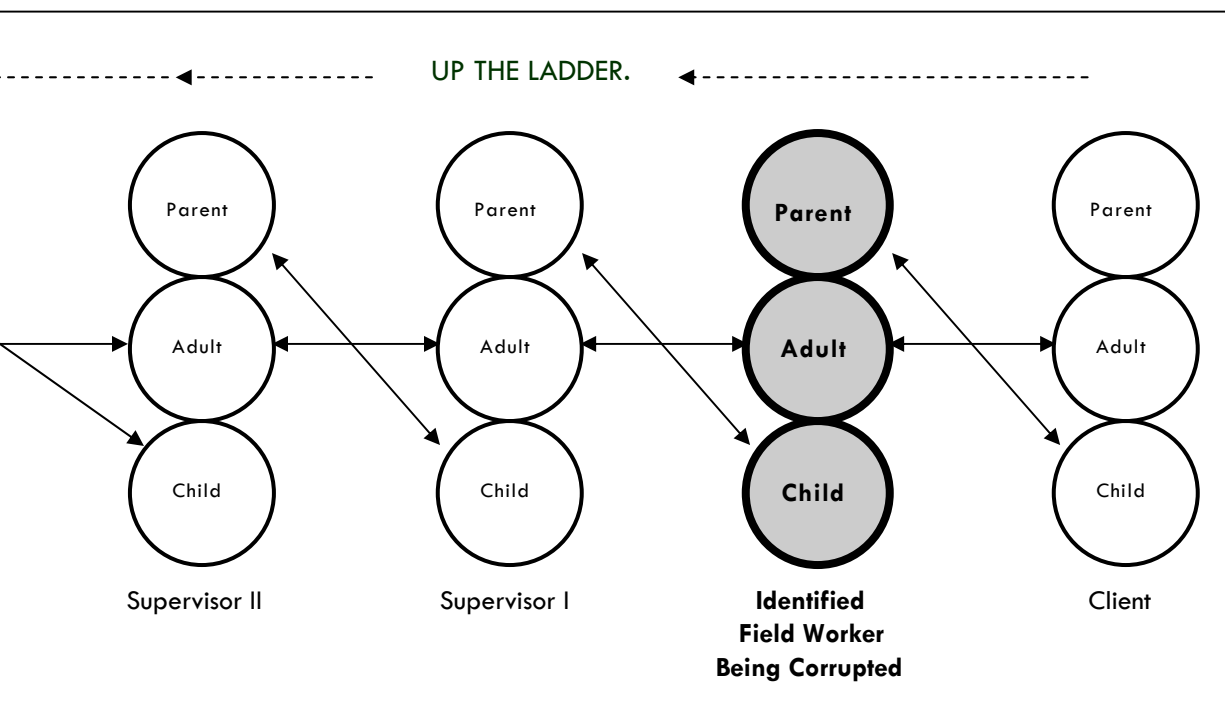
The following is a diagrammatic rendition of the interplay of personality forces at the personal level from the combination of both the official and the unofficial transactions between employee members at different levels of these hierarchies, ie those with more rank and those with less rank. The "Being corrupted" worker is highlighted.

It is called the **"Continuity of (Self) Service" DIAGRAM:**

The point of this diagram is that in each echelon of authority THE PERSON in the particular slot will be understandably primarily concerned about #1. This is a very strong FEELING in most. AND **as a feeling it does involve the Childself** in the person far more than his **Adult**



IN THE CASE OF THE "SITUATIONAL PERSONALITY" THE PERSONAL PARENT HAS BEEN REPLACED BY THE "SITUATIONAL-COMMITTEE" PARENT AND ITS "SITUATIONAL" ETHICS, VALUES & INSTRUCTIONS. (& "PEER REVIEW") IN THE BACKGROUND, EXTENSIVE "COMMITTEE WORK" HAS GONE INTO PREPARATION OF THE UNIT, (DEACTIVATING PERSONAL VALUE AFTER PERSONAL VALUE) AND A REGULAR TESTING PROGRAM IMPLEMENTED TO MAKE SURE THOSE PERSONALITY ELEMENTS ARE NOT COMING BACK TO LIFE. DIAGNOSTIC OF THE SITUATIONAL PERSONALITY: NO PERSONAL PARENT. SELF-REKIDDING IS ACTIVE. "PERSONAL JUDGMENT" IS ABSENT WHEN THE PERSONAL PARENT IS ABSENT.



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"Mastery of the universe is proportional to the symbols man has by which to represent his universe."

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Open Letter to the California Medical Association continued

who is the more workman-like quality. This **Childhood based feeling** is primarily concerned about how does the person at next higher level, ie his direct boss feel about him, react to him. In **looking at the "boss" from this adapted Child point of view inside himself, ie compliantly and/or defiantly, he will also be seeing the "boss" as endowed with Parent-like qualities.** This is in addition to **and on top of their (Adult-to-Adult) workmanlike exchanges about the mission of the position.** As the diagram shows, this quality of **dual/duplex views** and exchanges is obtained at each step up and down the ladder.

When upper echelons of command are varying the intensity and nature of the general **trend of increased forceful, punitive, "or else" quality of directives,** changing these at unpredictable intervals, combined with a **continuously changing set of office protocol in the "small items", then** there is a general **intensification of the Child-to-Parent** aspect of relationships in these hierarchal settings. This is most regularly **at the expense** of the stated objective, (Adult) reasoned mission of the agency and the persons in the particular slots.

Thus when it comes to a hierarchal system and a (Childlike feeling of) desperation-like strain in the (belief of the) need to keep your job, despite being required to violate "just a few" of one's personal values, there are very few who will not "Do what it takes to keep your job!" This is how many are now being led to enter into the early stages of being corrupted. Here the "corrupted" one will begin inventing a personal set of plausible justifications to offset the inside (Parent) remonstrations, voice of conscience and personal doubts.

In conclusion: This is in the nature of a report. I am uncertain if CMA can or will see fit to investigate further. **When this report is forwarded by yourself, Dr White,** to the appropriate Medical Association committees and task forces **I do request** at least being informed and advised.

In this report **the problem is defined: Shall the situational values and situational ethics of the political bureaucratic chiefs** with their judicial arms continue to increase the setting aside of medical treatment for the ill? Or **does the CMA think the citizenry wants physicians with personal values and ethics** to do real diagnosing and prescribing for illnesses?

Sincerely Yours,

Franklin H. Ernst Jr., M.D.

CC: Napa County Board Supervisors
CSAC and Select Members
Napa County Medical Society and Select Others
Assemblyman Bev Hansen
Senator Jim Nielsen
Northern California Psychiatric Society
American Medical Association
American Psychiatric Association
Professional Liability Insurance Co
Americans Against Union Control of Government
National Right to Work Committee
Concerned Women for America
Solano County Republican Central Committee
Napa Sentinel
Bill Filante MD
Committees Against Psychiatric Abuse
Select Others

IN THIS REPORT **THE PROBLEM IS DEFINED: SHALL THE SITUATIONAL VALUES AND SITUATIONAL ETHICS OF THE POLITICAL BUREAUCRATIC CHIEFS WITH THEIR JUDICIAL ARMS CONTINUE TO INCREASE THE SETTING ASIDE OF MEDICAL TREATMENT FOR THE ILL? OR DOES THE CMA THINK THE CITIZENRY WANTS PHYSICIANS WITH PERSONAL VALUES AND ETHICS TO DO REAL DIAGNOSING AND PRESCRIBING FOR ILLNESSES?**