

The Best Reason to NOT Execute James Holmes: He May Have Been a Victim of Both Medical and Legal Malpractice

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Global Research, July 24, 2015

Region: [USA](#)

Theme: [Law and Justice](#), [Science and Medicine](#)

Q: If Bartenders can be Held Liable for Violent acts Committed by their Customers, Shouldn't the Suppliers/Prescribers of Intoxicating Psychiatric Drugs be Considered Accomplices to Crimes Committed by Their Customers/Patients?

The mass murder trial of confessed “Batman Shooter” James Holmes is almost over. The grossly ill-informed jury was somehow convinced by the prosecution that Holmes’s increasingly psychiatric drug-intoxicated brain and the resultant drug-induced insanity had nothing to do with the irrational mass murders at the Aurora, Colorado movie theater on July 20, 2012.

And now this same ill-informed jury, who rejected the insanity plea a couple of days ago, will decide whether or not this victim of Big Pharma and Big Psychiatry (and the tragic “misdiagnosis and over-medication roller-coaster” that he and millions of others in America are on) will either be put to death or imprisoned for life in a non-psychiatric hospital – without possibility of parole. How the most pertinent facts of the case – and the cause of his obvious insanity have been over-looked or willfully ignored by the legal and psychiatric professionals would be laughable if it wasn’t so serious. One doesn’t laugh at a comedy of errors.

It is highly possible that the most important details in the Batman Shooter trial have been willfully overlooked by the legal and psychiatric professionals involved in the case. Whether or not there is legal malpractice involved I will leave to ethical legal professionals, if any can be found; but a strong case can be made for psychiatric malpractice – or at least medical malfeasance – in the case of Holmes’s prescribing (University of Colorado health center) psychiatrist, Dr Lynne Felton. The possibility of either legal or medical malpractice by the involved professionals has not been raised by the journalists who have been breathlessly covering the emotionally-charged aspects of the case since the crime was committed exactly three years ago.

Tough on Crime Prosecution vs. Ill-informed Defense

The lead prosecuting attorney, District Attorney George Brauchler is, as is the norm for most politically motivated, tough-on-crime DA’s, going for the death penalty. The jury rejected the defense’s assertion that Holmes was insane at the time of the infamous shootings and should not be executed. Anybody who saw the dazed and drugged look on Holmes’s face at his first hearing will know that he was intoxicated with some drug at the time. Brauchler was

the individual who held back the identity of Holmes's drugs for as long as he legally could. Apparently he even had possession of the pill bottles that had been taken from Holmes's apartment, thus derailing the defense's ability to plea insanity or to understand what had altered Holmes's mind so drastically.

Holmes's lead defense attorney was Dan King. As with all court appointed lawyers, King was a poorly-reimbursed court-appointed lawyer who never denied that Holmes was the shooter but he also never had the monetary resources to obtain a well-informed psychiatrist of the stature of Dr Peter Breggin, Dr David Healey or Dr Joseph Glenmullen to testify for the defense. He stated in his closing arguments that Holmes is/was schizophrenic, is therefore "not guilty by reason of insanity" (I prefer the phrase "guilty but insane") and should not be executed. Holmes's understandably distraught parents agreed.

King argued throughout the trial that Holmes was insane at the time of the shootings and should have been locked up in a long-term psychiatric facility rather than in a penitentiary, where, unfortunately, he would have been subject to the same "treatment" he received before his shooting rampage. He would have been under the care of prescribing psychiatrists with beliefs and prescribing habits similar to Dr Fenton.

It is common knowledge that virtually all American psychiatrists reflexively "treat" with psychotropic drugs over 95 - 98% of their out-patients (and 100% of their in-patients) in various combinations of neurotoxic and psychotoxic, brain-altering chemicals like Holmes's sertraline (generic Zoloft {Pfizer}, which is known to cause homicidal impulses, suicidal impulses, agitation, mania, psychosis, etc) and the benzodiazepine clonazepam (generic Klonopin {Roche}, which acts on the same brain synapses that the violence-inducing drug alcohol does).

Either one of those two drugs could have easily caused Holmes's intoxicated brain to become psychotic and homicidally insane. Fenton had prescribed them for Holmes for the past several months, resulting in a state of chronic inebriation which likely caused his decline from a brilliant neuroscience grad student (he graduated with a 3.94 GPA as an undergraduate) into a paranoid, zombified loner who failed an important oral final exam a few weeks before the killings. His failure caused him to drop out of school, a shameful failure in his eyes and the eyes of others. Intolerable shame induces acts of violence, particularly in the isolated, the drug-intoxicated and the hopeless.

In my research about this case (of court records, media reports or testimony from "expert witnesses") I have found not the slightest hint of anybody's awareness of what is commonly known about the cocktail of drugs that Dr Fenton had prescribed for Holmes. In addition to the sertraline and clonazepam, Fenton had also prescribed propranolol [generic Inderal, a "beta-blocker" drug which can cause depression and should be used with extreme caution with psychotropic drugs], drugs that Dr Fenton testified under oath that she had increased (to toxic levels, in the case of sertraline) at Holmes's last clinic visit a few weeks before he did the deed.

Holmes's Irrational "Under-the-Influence" Weapons Purchases - a Sure Sign of (Probably Drug-Induced) Insanity

Wikipedia detailed the weapons and ammunition that the psychiatric drug-intoxicated Holmes had irrationally purchased in the two months before the massacre. This is clear evidence of how abnormal was the neurological-psychological state of his brain.

On May 22, 2012, Holmes purchased a Glock 22 at a Gander Mountain shop in Aurora. Six days later, on May 28, he bought a Remington 8870 Express tactical shotgun at a Bass Pro Shop in Denver. On June 7, just hours after failing his oral exam at the university, he purchased a Smith & Wesson M&P15 semi-automatic rifle from a Gander Mountain store in Thornton, and bought a second Glock 22 pistol in Denver on July 6. All the weapons were bought legally and background checks were performed. "In the four months prior to the shooting, Holmes also bought 3,000 rounds of ammunition for the pistols, 3,000 rounds for the M&P15, and 350 shells for the shotgun over the Internet. On July 2, he placed an order for a Blackhawk Urban Assault Vest, two magazine holders, and a knife at an online retailer. He also purchased spike strips, which he later admitted he planned to use in case police shot at him or followed him in a car chase.

Every So-called Expert in Court, Except Holmes, Was Clueless About the Brain/Drug Connection

Among all the "smartest people in the room" only Holmes seems to have suspected that his psych drugs could have been part of the problem. In a pre-trial interrogation (and in a tone that sounded like he was offended by Holmes having the temerity to suggest that the psych drugs had anything to do with the murder spree), an investigator asked about that notion. Holmes replied: "I'm only saying that I think it is a possibility."

If there was any thought of Holmes being accused of never showing remorse after having his drug dosages reduced in jail, the jury was shown a videotape of Holmes saying ***"I kind of regret that she (Dr Fenton) didn't lock me up so that everything could have been avoided."***

Nobody in a position of authority in the courtroom, the legal "experts" or the psychiatric "experts", seemed to have a clue about some of the most important issues. And therefore the laypeople on the jury are about to make another life or death decision about the fate of the publicly despised Holmes, who is just another one of the millions of innocent victims of involuntary drug intoxication. How can we feel good about the first of their verdicts if they haven't been given all the facts?

Justice is not going to be done. And the accomplices to these murders (Big Pharma and the American Psychiatric Association, for starters) will probably go scot-free.

Alarmingly, none of the above "experts" seem to comprehend the serious consequences of Dr Fenton's decision to, first of all, prescribe three (!) psychoactive drugs to a stressed-out grad student who was suffering a traumatic breakup with his girlfriend; and then, secondly, incrementally raise the doses to increasingly toxic levels (rather than lower them) when the previously brilliant Holmes was losing his cognitive abilities and, suffering the final insult, failing to pass his oral exams.. Dr Fenton testified that, at the last visit, she increased the dosages of all three of Holmes's drugs, admitting to actually bumping up the sertraline/Zoloft dose to **150 mg per day**, a potentially lethal dose!! (The normal starting dose for Zoloft is 25 - 50 mg per day.)

Dr Fenton (who was a board-certified specialist in psychiatry) obviously hadn't heard of (or at least failed to consider) the well documented possibility that a significant minority of Caucasians (10%) are deficient in one of the Cytochrome P 450 liver enzymes that metabolizes/degrades SSRIs into supposedly less potent forms of the chemical. Therefore,

not having tested the already suicidal/homicidal, drug-intoxicated Holmes for the possible absence of that enzyme (and the predictable increased toxicity of the drug), there was a 10% possibility that she was lethally poisoning her patient's brain and body.

But Fenton was very likely an over-busy and therefore a likely over-prescribing psychiatrist who was unaware of the "pure and uncontaminated" (non-pharmaceutical company-influenced) neuroscience literature that has established the above facts.

One wonders if even the budding neuroscientist James Holmes (or his intelligent RN mother and scientist father) was aware of what the drugs were doing to his brain and how dangerous they could be. He showed some awareness of the toxicity of psych drugs in that he refused to accept a fourth prescription for Seroquel offered by Fenton. (Seroquel [AstraZeneca] is a heavily sedating so-called "antipsychotic" drug that is commonly prescribed for insomnia, mania and psychotic symptoms like hallucinations.) Holmes refused this fourth drug because he didn't want to be too sedated when he was studying for the oral exams that were coming up.

Choosing to not take the witness stand (standard advice given by many lawyers for fear of having their clients chewed up by opposing attorneys) we may never know what serious drug effects he was suffering.

Foolishly Trusting the Corrupted Science of the Multi-national Pharmaceutical Corporations

Instead, Fenton, like the vast majority of her psychiatric and medical colleagues around the nation, believed (and blindly trusted) the corrupted science of the cunning multinational psycho-pharmaceutical corporations who pay for the rat lab experiments (as well as all of the human clinical trials) that lead up to the huge profits the companies hope to make selling their dependency-inducing (aka addictive) blockbuster drugs at criminally inflated prices.

Dr Fenton was probably a true believer in the well-propagandized (and mistaken) notion that Big Pharma's highly profitable psych drugs (and their equally profitable vaccines) are safe and effective and can be passed out like candy. She, like all the other court psychiatrists (apparently even those that testified for the defense!) did not seem to be aware of the sobering fact that no combination of two or more psych drugs has ever been tested - even in the rat labs - for either long-term safety or efficacy.

Tragically, for the drug-intoxicated brain of James Holmes, Dr Fenton had placed her trust in the psycho-pharmaceutical industry's pseudoscience - and Holmes will be the one who will suffer from her willful ignorance and misplaced trust. (It should be mentioned that there are charges pending against Fenton for her failure to properly alert authorities about Holmes's clearly expressed homicidality.)

In Defense of Dr Fenton and Mr Holmes

If being a too-busy doctor is any defense (in a court of law [it is not]), Dr Fenton probably can be forgiven for not taking the time to read between the lines of Big Pharma's powerful disinformation campaign that affects both prescribers and American consumers of drugs.

The ubiquitous attractive pharmaceutical sales reps that often get in to see the doctors ahead of patients are often able to seduce opposite-sex physicians to prescribe their

unaffordable new miracle drugs, by giving them free samples, pizzas, pens and post-it notes that reinforce the messages of the absurd but seductive drug commercials on TV. (By the way, America is only one of two nations on the planet where it is legal to advertise drugs directly to consumers; New Zealand is the other one.) Those commercials create many dumbed-down patients to trust in the drugs that they are then advised to obediently swallow by their equally dumbed-down physicians. Of course we physicians are also easily influenced by the equally absurd medical journal advertising that cunningly shapes our belief systems and prescribing habits.

Was an Informed Consent Form Signed by James Holmes?

There is no reason to think that James Holmes was fully warned by Dr Fenton that taking high doses of sertraline (with or without clonazepam and propranolol) could result in violence, aggression, psychosis, apathy, suicidality or homicidality. Failure to obtain fully informed consent – about serious adverse effects of a drug – is grounds for a medical malpractice lawsuit.

Similarly, because Holmes was a struggling student under the neurotoxic and psychotoxic influence of three brain-disabling drugs, he also may have lacked the time, inclination or cognitive ability to be sufficiently suspicious of his cocktail of synthetic chemicals that were obviously disabling his brain.

If any person was inebriated, sleep-deprived, stressed-out, malnourished and strung out by months of daily ingesting some combination of illicit drugs (that were once upon a time legal substances) such as alcohol, amphetamines, methamphetamine, Ecstasy, heroin, cocaine, morphine, Quaaludes, barbiturates, rape drugs or LSD (with all the adverse effects that could be expected to occur), nobody would question the role of such intoxicating substances if the inebriated person perpetrated some act of aggression.

But Holmes was swallowing legal prescription drugs (that have not yet been declared illegal, as perhaps many of them should be); but we brain-washed sheeple have been led by powerful forces to disbelieve the connections between criminal activities and legal drugs, even though the illegal drugs have molecular structures and mechanisms of action that are indistinguishable from the legal ones.

What the psychiatrist Fenton and the budding neuroscientist Holmes should have been aware of is the fact that the drug industry has never done any long-term safety or efficacy studies on the so-called SSRI (“Selective” [which is a lie] Serotonin Reuptake Inhibitors) antidepressants prior to their achieving FDA approval for marketing. Certainly the combination of an SSRI and a benzodiazepine (Klonopin) were never tested in combination for any outcome, even in the rat labs – where the microscopic, neurotransmitter and immunofluorescence studies of drugged brains are done.

Readers of the non-Big Pharma-influenced neuroscience literature (including many of my *Duty to Warn* columns over the years (available at http://duluthreader.com/articles/categories/200_Duty_to_Warn), are well aware of the overwhelming evidence that brain-altering psychoactive drugs like Zoloft and Klonopin can cause serious neurological/mental aberrations in the otherwise normal brains of people (who might be temporarily sad, nervous, inattentive, hyperactive, sleep deprived, shy or lonely and therefore are at risk of being labeled permanently mentally ill if they ever enter the mental health “system”).

The range of psych drug-induced abnormalities include this short list: **acts of aggression, violence, homicidality, suicidality, akathisia, restlessness, anxiety, insomnia, an “I don’t give a damn” attitude, apathy, loss of memory, dementia, disruptions in academic performance, loss of cognitive abilities, loss of IQ points, remorselessness, manic psychosis, hallucinations, delusional thinking, confusion, depression and other signs, symptoms or behaviors that are irrational or viewed by concerned observers as atypical for the person taking the drug or drugs.**

No More Fake News Please

Read what Jon Rappoport, of No More Fake News (<http://nomorefakenews.com/>) wrote on his blog (at <http://jonrappoport.wordpress.com>) a couple of years ago, shortly after the Aurora shooting.

People don’t get it. The media doesn’t get it and they don’t want to get it. Billions of dollars are riding on the drugs Dr. Lynne Fenton ... prescribed to her patient, James Holmes, the accused Batman shooter.

And when billions of dollars in potentially lost revenue are hanging in the balance, the interested parties take action. They’re serious about their money. They don’t screw around.

You see, if James Holmes was, for example, taking Prozac, all of a sudden no one wants to take it. If doctors prescribe it to patients, the patients say, ‘Hey, wasn’t this the drug that nutcase took before he killed all those people in the theater?’

“The bulk of American media is afraid to go after psychiatric drugs as a cause of violence. This fear stems, in part, from the sure knowledge that expert attack dogs are waiting in the wings, funded by big-time pharmaceutical companies.

For much more on the tight connections between the unique American epidemic of school shootings among our over-drugged (and over-vaccinated) males and their psychiatric drugs, go to Rappoport’s “The School Shooting White Paper” at <https://jonrappoport.wordpress.com/2012/02/11/the-school-shooting-white-paper/> or my column on the issue at: http://duluthreader.com/articles/2015/03/26/5031_the_red_lake_school_shootings_10th_anniversary. Also go to www.ssrstories.net for a sobering list of >5000 reports of irrational behaviors among people who were taking SSRIs.

Prescription Drugs and Iatrogenic Violence

“Prescription Drugs Associated with Reports of Violence Toward Others” is the title of a study that was published in 2010 in the Public Library of Science ONE.

The breakthrough study named sertraline and clonazepam as two of a group of drugs closely linked to violence, aggression, physical assaults, physical abuse and homicidality (homicidal ideation and homicidal actions). Dr Fenton probably didn’t read it, nor, in her defense, did many of her colleagues in the industry. If any of them did see the paper, most of them may have deferred to the opinion of their trade organization, the American Psychiatric Association that would likely discredit it.

The authors of the study (Thomas J. Moore, Curt D. Furbert, and Joseph Glenmullen [author of "Prozac Backlash"]) reviewed nearly 2000 cases of violent adverse drug effects that had been reported to the FDA from 2004-09. They found that 31 commonly prescribed drugs, including sertraline and clonazepam, accounted for 79% of all reported cases of violence.

Twenty of the violence-inducing drugs were psychiatric drugs (11 so-called antidepressants (including sertraline), 6 sedative/hypnotics (including clonazepam), and 3 drugs for so-called ADHD). (See my Duty to Warn column on the subject, which includes a ranking of the 31 culprits at http://duluthreader.com/articles/2012/04/05/299_many_ps psychoactive_drugs_are_strongly_associated.)

The authors concluded, "These data provide new evidence that acts of violence towards others are a genuine and serious adverse drug event that is associated with a relatively small group of drugs." If Dr Fenton and Mr Holmes - and perhaps James's parents - had been aware of this peer-reviewed study, there may have been no Batman Shooting. We need to find out why this study was not widely circulated, why was it suppressed and who did the suppressing?

In 2007, Health Canada, the Canadian drug regulatory authority issued a warning on clonazepam. The agency warned that clonazepam (nearly identical in molecular structure as the notoriously addictive Valium) can make addicts of patients within weeks or months of its use. The agency emphasized that the benzodiazepine drug's "adverse" effects included hallucinations, delusional thinking, confusion, loss of memory, and depression, all symptoms that James Holmes suffered from.

Dr Fenton and her colleagues probably missed (or ignored) this warning as well, but so did Holmes, his parents, his lawyers, the psychiatric "experts" and all of the journalists covering the trial.

Of course, many other international agencies have issued warnings about psychiatric drug-induced mania, psychosis, aggression, violence, homicidality, suicidality, etc, notably those agencies in the United States, the European Union, Japan, United Kingdom, Australia and Canada. The information is usually ignored by busy or inattentive medical professionals (who may NOT want to know about such unwelcome truths, which then fails to be forwarded to their drug-consuming patients. Big Pharma, with the help of the corporate-controlled media and the medical and psychiatric industries, sees to it that such information stays submerged.

Join me in mourning the totally preventable tragedy of the Aurora mass murder and the loss of a once-brilliant neuroscience student who got tied up in an unforgiving psychiatric system, whose brain was severely disabled by legal neurotoxic drugs and who is now unjustifiably the most hated man in America. And please join the efforts to save James Holmes's life by forwarding this information widely, especially to ethical lawyers and healthcare journalists who might send it to responsible persons involved in the case.

Dr Kohls is a retired physician who practiced holistic mental health care for the last decade of his career. He writes a weekly column for the Reader Weekly, an alternative newsweekly published in Duluth, Minnesota, USA. Many of Dr Kohls' columns are archived at http://duluthreader.com/articles/categories/200_Duty_to_Warn.

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