

## Cindy Perlin, LCSW

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January 5, 2017

Attorney General Lisa Madigan  
Office of the Attorney General  
500 South Second Street  
Springfield, IL 62701

RE: Official Corruption

Dear Attorney General Madigan,

I am writing to ask you to investigate a situation in which officials in the state of Illinois are withholding evidence and retaliating against an Illinois forensic patient in order to keep her committed to a mental institution when she is no longer mentally ill or dangerous. The situation involves withholding information about whether psychiatric drugs caused this patient to kill her daughter in 2010 and attempt to kill herself, withholding evidence about perjury and fraud, and cruel and inhumane treatment.

I am a Licensed Clinical Social Worker from New York State who has known the patient, Marci Webber, since 2002. I have been in phone contact with her several times weekly since her incarceration and commitment because I am very concerned about her and believe so strongly that an injustice is being done. Marci has been committed to the Illinois mental health system since June, 2012 after being found not guilty by reason of insanity. She is currently being held at Elgin Mental Health Center. The actions of her public defender and the mental health officials, particularly Dr. James Corcoran and Dr. Daniel Hardy (now retired), do not add up. Judge George Bakalis of the Dupage County Criminal Court is assigned to the case.

Here is some background on the case:

Marci was a struggling 43 year old single mother of three girls when the tragedy occurred. She was living in upstate NY and was on medical leave from Albany Law School where she was pursuing joint masters of social work/J.D. Juris doctorate of law degrees. She is an honorably discharged Army veteran who had security clearance to handle nuclear weapons and has been a volunteer for many nonprofits benefitting children in her community. Marci had been under a great deal of stress for many years. To help her deal with the stress, Marci's doctor prescribed an ever increasing array of psychiatric drugs which included two antidepressants (Wellbutrin 300mg and Zoloft 200mg), an antipsychotic (Seroquel 100mg) for sleep and another sleep medication (Ambien 10mg), as well as a blood pressure medication (Metoprolol 100mg) for calming. Although neither Marci nor I realized it at the time, this untested combination of drugs was actually exacerbating, not decreasing, her stress and anxiety and causing cognitive and memory problems along with unexplained physical symptoms.

In September of 2010, Marci took her four year old daughter Maggie to visit her mother and eldest daughter Mallory in Illinois. Her primary care physician, who was prescribing her psychiatric medication, had not seen her since January, 2010 but continued to renew Marci's prescriptions. She failed to renew Marci's Zoloft 200mg prescription, however, which had been last filled for a 30 day supply on July 27.

Marci returned briefly to New York and then went back to Illinois. By the time Marci returned to Illinois, her mother and 18 year old daughter Mallory noticed that Marci was not herself. She was nervous and worried that people were after her. Marci also had flu-like symptoms of aches and pains, fatigue, sweating and cramping. Her family members were concerned because they didn't understand what was happening but were not alarmed because Marci had never been dangerous. In fact, Marci was experiencing symptoms of psychiatric medication withdrawal, which can cause flu-like symptoms as well as paranoia, psychosis, akathisia (a movement disorder characterized by a feeling of inner restlessness and a compelling need to be in constant motion), suicidal and homicidal behaviors. No one had warned her or her family members that this could happen.

Sometime just before Halloween, Marci discovered she had some Zoloft and started taking it again. Restarting an SSRI antidepressant after withdrawal can be as dangerous as abruptly stopping it, with all of the same symptoms.

At this point Marci was going in and out of psychosis and was very confused. She believed she had left all her medications at home and tried to get her prescriptions filled at the Walmart in Illinois. She was told that they were unable to fill the prescriptions due to a New York law that prevented her doctor from calling in or faxing the prescriptions. Her primary care doctor said she should wait for the prescriptions to be mailed to her. No one warned Marci about the dangerousness of abrupt withdrawal. No one assessed her mental state or asked if she had withdrawal symptoms or advised her to go to a hospital.

Marci returned to her mother's home and became more paranoid and delusional. She believed that an illuminati internet sex ring was going to kidnap Maggie and sell her into sexual slavery then kill her during a satanic ritual, sending Maggie's soul to hell for eternity. In this irrational, confused, psychotic state she killed her daughter to save her from this fate and then tried to kill herself. Her daughter Mallory found her dead sister and her wounded mother and called 911.

Shortly after the homicide, I was contacted by detectives investigating the case. I was Marci's former psychotherapist. I had not treated Marci for two years but I was still occasionally in touch with her. When I heard what had happened, I immediately informed the detectives that I suspected that the homicide and suicide attempt were related to psychiatric drugs. At that point I had known Marci intimately for 8 years and had known her to be a concerned and loving parent to her children. Marci had never been violent or psychotic before. It is extremely unusual for a person to have a first psychotic episode at such a late age and when it happens it is usually due to a physical cause.

I also immediately contacted the public defender assigned to Marci's case, Jeff York, and informed him of my suspicions. I sent him articles and books and the names of psychiatrists (including Dr. Peter

Breggin and Dr. Joseph Glenmullen) who were knowledgeable about psychiatric drug induced homicide and suicide. York refused to arrange for an evaluation of Marci and delayed the state's evaluation for two and a half months. She was put back on Zoloft, which had caused her akathisia and psychosis, for the evaluation. York also failed to bring up the medication issue at Marci's trial and strongly advised Marci and her family not to file a wrongful death, malpractice or product liability lawsuit, claiming it would jeopardize her criminal case because the jury would think she killed her daughter to make money. The statute of limitations on filing these claims has expired. York also strongly urged Marci and her family to cut off all contact with me, telling them I was just using Marci to write a book and make money off of her. The trial ended up being a bench trial with only one witness, the psychologist who evaluated Marci two and a half months after her crime. I volunteered to testify at Marci's trial but my offer was refused by York, even though Marci wanted me to testify. Marci had been adamant about bringing up the medication issue in her trial but her requests were ignored.

After spending close to two years in jail, Marci was found not guilty by reason of insanity and committed to a mental hospital for the criminally insane, where she can be confined for up to 99 years. She spent four years confined to Elgin Mental Health Center. Hospital personnel refused to discuss, document or admit even the possibility that the homicide was related to her psychiatric drugs and showed no signs of ever releasing her. The environment there was hostile and abusive rather than therapeutic. She was assaulted by other patients and staff 15 times. Patient assaults were frequently at the provocation of staff. Two staff even encouraged her to kill herself and provided her with the means to do so (which she eventually used after being denied discharge last November). One of these staff members was Marva Stroud, a therapy aide, who is president of the union at Elgin MHC. Marci was also forced to sleep in noisy environments while being denied the use of ear plugs, causing severe sleep deprivation resulting in problems with memory, cognitive impairment and trauma.

Marci refused treatment with psychiatric drugs at Elgin MHC, with the help of a lawyer who volunteers his time to patients at the facility, which allowed her to recover from her mental confusion. She has not taken any psychiatric medication since September 2013 except for two forced injections administered without cause at Elgin. She has been lucid and not psychotic, despite her very difficult circumstances. She is not a danger to herself or others. She was told at Elgin MHC that if she refused medication and continued to utilize lawyers that they would "slow her progress". Her psychiatrist there, Dr. Rosanova, warned her that if she didn't shut up, they would sleep deprive her "right into a psychosis". After four and a half years she was transferred to another facility, Chicago Read Mental Health Center, with no explanation for the reasons or plan for her release. The conditions there, though less violent and hostile, were still extremely difficult for Marci as she was on an acute unit separated from and denied therapeutic privileges the NGRI population receives. While at Chicago Read she was also sexually assaulted by a staff member. Her extremely credible allegations constitute a class 3 felony.

Marci has repeatedly asked Judge Bakalis for other representation and has tried valiantly to get other attorneys to accept her case pro bono, all to no avail. Marci requested a discharge hearing, which York delayed for 2 ½ years while promising to arrange evaluations for her by various people that never happened. Despite the resistance and almost complete lack of cooperation of her attorney, a lack of resources and obstruction by the mental health facility where she has been held, Marci was granted a discharge hearing on September 26, 2017. I was able, with private contributions, to hire Dr. Toby

Watson to do an independent evaluation of Marci. Dr. Watson concluded in his evaluation that Marci was not mentally ill and dangerous and should be released. Dr. Watson also interviewed the members of Marci's treatment team and they agreed.

Jeff York did not present Dr. Watson's report to the court. He told Marci he would use it as a "back up". He continued to promise to hire someone else to evaluate her and never did. I sent the report to Judge Bakalis. York was resistant to having Dr. Watson testify at Marci's discharge hearing. He did not agree to pay for his testimony until the very last moment, apparently hoping that Dr. Watson, who was from another state, would not be available. I offered to testify but was ignored.

Marci's discharge hearing was in two parts because Dr. James Corcoran, the head of the facility where she was being held, who had told her he didn't want to testify, conveniently managed to be out of the country on her first hearing date. He was the State's only witness.

On September 26, Dr. Watson and Marci's treating social worker and psychologist, as well as a psychiatrist who had frequent contact with Marci, all testified that she was not mentally ill and dangerous and should be discharged. In addition, Marci's court reports, although they hadn't been recommending discharge, had listed her diagnosis as "Major Depression, Single Episode (in Remission).

On October 10, the day before he was to testify against Marci's release, Dr. Corcoran met with Marci. She secretly recorded the meeting. During the meeting, Dr. Corcoran admitted to Marci that the psychiatric medication she was taking probably caused her crime, but that he wasn't going to testify to that because he had written otherwise in court reports and he didn't intend to "impeach" himself in court. He also told Marci that she wasn't going to get released because she hadn't gone through the system of passes with increasing privileges that is generally expected prior to discharge. The reason she hadn't done that step was because the facility wouldn't allow it, one of the ways they've slowed her progress. Dr. Corcoran also accused Marci of being an alcoholic. Marci has insisted that her prior abuse of alcohol was due to her trying to self-medicate the akathisia she experienced from the psychiatric medication. We had supplied her treatment team and her attorney with journal articles documenting the association between alcohol abuse and use of SSRIs.

Marci told her attorney about the meeting with Dr. Corcoran and the recording, reading a transcript of the recording to him in a phone message, but he refused to listen to the recording or give it to the judge. Instead, he told her she had committed a felony by making a secret recording and could be prosecuted for it. (I believe this falls under the necessity defense, where she committed a crime in order to prevent greater crimes—perjury, obstruction, fraud and her continued, indefinite, unjustified and extremely harmful and punitive false imprisonment. She has been on an acute unit for over 22 months and is currently on a unit for inmates unfit to stand trial.)

In his court testimony, Dr. Corcoran stated that Marci was irritable, uncooperative with treatment, argumentative and an alcoholic. He was the only witness who recommended against her release. Marci's attorney refused to put Dr. Watson, any of the other three doctors or Marci on the stand to rebut his testimony and refused to introduce the articles about the connection between SSRIs and alcoholism as evidence. A two year old report by a biased IME was also introduced into evidence

without the report's writer being available for cross examination and without Marci's attorney making any attempt to rebut the findings in the report. He later told her that it was introduced as "judicial notice" by the judge. An example of the bias in the report is that the evaluator, Dr. Seltzberg, read through six years of my almost weekly treatment notes for Marci and picked out one sentence to highlight for evidence of Marci's prior dangerousness. The sentence referred to Marci being upset when she arrived at her session with me because she had just had "an altercation" (a verbal argument) with an employee at Walmart. The notes had further indicated that a supervisor had gotten involved and taken Marci's side but that wasn't mentioned in Dr. Seltzberg's report. Dr. Seltzberg also cited an incident in which Marci had been given a cigarette laced with an unknown hallucinogenic substance and went to the hospital as evidence of a prior psychosis and cited an unfounded CPS report, filed in retaliation for Marci not paying a contractor for inadequate work.

Marci had to wait a full month for the judge's decision. In the meantime, I sent the judge a copy of Marci's recording of Dr. Corcoran with a description of what it contained. He refused to listen to it and refused to grant Marci's discharge. He did order Chicago Read Mental Health Center to start granting her passes, starting with passes to walk around the facility on her own. After two months she was to be granted passes for supervised visits outside the facility. In six months she was to return to court. The judge stated that Marci did not prove, to a clear and convincing degree, the burden of which was on the patient, that she was not mentally ill and dangerous and should be discharged. This standard is virtually impossible to prove when a patient has an uncooperative attorney, is indigent, and people are willing and able to lie without any consequences. York refused to raise the issue of the unconstitutionality of the statute as Marci requested, emphasizing the legal standard requiring both mental illness and dangerous to confine an individual. He also refused to challenge court reports that he told Marci weren't evidence, but then entered them into evidence himself without challenging them.

Marci was devastated by the decision. She was led to believe by her attorney that the likely outcome of her hearing was that she would be discharged and would be able to go to Arizona to live near and be able to spend time with her terminally ill father before his passing. She had a job lined up and a place to live there.

Marci returned to the facility and the staff refused to implement the first phase of passes the judge had ordered and even refused to escort her off the unit for her supposedly daily half hour breaks for three days and also deprived her of daily fresh air. Marci was experiencing neck pain and was prescribed Flexeril, a muscle relaxant. On the third night after her failed discharge hearing, Marci tried to commit suicide. She took 30 Fioricet pills, a migraine medication that she had been hoarding in case things got too unbearable. She also tried to suffocate herself by putting a plastic bag over her head and tying it around her neck with a shoelace. These, as I noted earlier, had been given to her by Marva Stroud, an aide at Elgin Mental Health Center when she was there, along with encouragement to kill herself. In addition, Marci tried to hang herself under the uncovered sink in her room. An uncovered sink is in violation of Joint Commission requirements. Thirteen hours later she woke up on her bed. A staff member was looking for her because she hadn't shown up for a craft fair at the facility. She has no idea how she got back in bed and staff claimed they didn't know either. She was not given any medical attention until several hours after that, when she was brought to a hospital for physical evaluation. A

doctor at the facility told her she would not have been able to make it back to her bed on her own given the amount of drugs she had taken.

Marci and I now believe that the Flexeril, which affects the serotonin system, was responsible for pushing Marci over the edge. According to Dr. David Healy's website, Risk.com, there have been more than 100 adverse event reports to the FDA regarding Flexeril and suicidal ideation and attempts in vulnerable individuals. If Marci had been thinking rationally at the time, she would have been very aware that a suicide attempt would set her back in terms of her release. She is no longer taking Flexeril and is not feeling suicidal now.

Dr. Nidia, a medical doctor at Elgin MHC, told Marci that the Flexeril combined with low potassium that was noted during her hospital visit and withdrawal from Benadryl she had taken earlier in the evening of her suicide attempt would have caused confused and irrational thinking, anxiety and akathisia and contributed to her suicide attempt.

Chicago Read's (presumably Dr. Corcoran's) response to Marci's suicide attempt was to move her back to Elgin Mental Health Center, where she had previously experienced 13 assaults by patients, 2 assaults by staff and was traumatized by staff. She was again placed on an acute unit away from the NGRI population with more restrictions. She also does not have the allies she had on her Chicago Read treatment team. Her privileges are extremely restricted at Elgin MHC. At Chicago Read, she was able to use her laptop computer to write and watch DVDs, although she wasn't allowed access to the internet. She was able to freely use the telephone and had pens to write with. They moved her with no notice with only the clothes on her back. They told her it was because she had "contraband", which in fact she had acquired at Elgin. Dr. Corcoran chastised her for the recordings she had made. Marci and I believe this is another example of punishment and retaliation under a false pretense of safety and treatment. At Elgin, her phone usage is severely restricted, she cannot have her computer and she is only allowed crayons to write with. They have not told her when she will get her personal possessions back. It is now more than six weeks since they moved Marci and she still has only the clothes on her back. Besides clothing and personal care items, Marci had many books, DVDs, an iPod, a Kindle and other effects, all donated by me and others outside the facility, that made her confinement more tolerable. In addition, they had her on very intrusive one-on-one supervision for two weeks even though she was no longer suicidal and are again sleep-depriving her by not allowing her to use ear plugs to drown out noise. She is only getting 2-3 hours of broken sleep a night and some nights no sleep at all due to constant noise from staff talking and patients making noise. They are refusing her right to visitation and anything that's pleasurable, including her veteran's snacks and chocolate sent by her mother. I sent her Christmas gifts that arrived at the facility on December 22 and she still has not been given them. They are keeping her on frequent observation to keep her restricted to the unit even though frequent observation is only supposed to be for risk of suicide and she is no longer suicidal. No one is telling her what their plans are for her, which is further increasing her distress.

**In what kind of "mental health" system is the response to a suicide attempt to return the patient to a situation where she has been traumatized and deprive her of sleep, all of her coping tools and anything that would make her confinement more tolerable?**

Jeff York told Marci that Dr. Corcoran wrote a letter to Judge Bakalis informing him that Marci has been moved back to Elgin because of her possession of contraband. Corcoran conveniently left out any mention of the suicide attempt. York has not tried to advocate for Marci in any way since this occurrence.

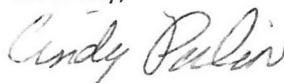
I faxed an urgent letter to Judge Bakalis informing him of the latest developments in mid-December. He responded that I was not a party to the case and had no standing, and that if Marci didn't like her attorney she could hire her own. Marci continues to be sleep deprived and traumatized.

I am urging you to investigate this situation. A great injustice is being done. Jeff York is charged with the responsibility of defending Marci and advocating for her and instead he has gone out of his way to sabotage her case. A few months ago I filed an ARDC complaint against him which went nowhere. Dr. Corcoran is charged with her treatment, but has knowingly lied about her mental status to keep her locked up (at a cost to taxpayers, incidentally, of \$250,000 per year) and is supervising and most likely ordering her cruel and inhumane treatment. Why would they do this if there were not an ulterior motive? And why is Judge Bakalis not replacing York despite repeated requests even after having seen his inadequacy in representing Marci?

I have years of emails to Jeff York and letters to Judge Bakalis I can send you as documentation as well as the recording of Dr. Corcoran mentioned above.

Please contact me at (518) 439-6431 regarding this matter and also contact Marci at (847) 429-5732 as there is much more information that she can contribute. Marci has reviewed and contributed content to this letter. I appreciate your time and attention.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Perlin".

Cindy Perlin, LCSW