

Abolition totale des  
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## **Collective truth and justice for Nathalie** **[www.cvjn.over-blog.com](http://www.cvjn.over-blog.com)**

### **Basic contribution to a parallel report legitimate around the experiences lived near a close victim of psychiatric and socio-judicial abuse**

Submission to the twelfth meeting of the Pre-sessional Working Group of the Committee on the Rights of Persons with Disabilities, 23-27 September 2019.

#### **M'hamed EL Yagoubi**

Following the devastating death of my partner on January 31, 2014 as result of psychiatric abuse, the brutality of the shock voluntarily led me to efficient ecological therapeutic psychotherapy consultations in a respectful office. I am grateful for the human and professional quality of the person in this firm.

- The problematic of disability is a question of social justice.
- For a radical break with stigmatizing approaches to disability.
- I actively participate in all conferences, meetings, symposia, forums and demonstrations related to the rights of psychiatric patients and the collection of testimonies.
- I publish on blogs, reference sites and share on social communication networks.
- I participate in collective actions and peaceful gatherings on the themes of psychiatry and the system of legal protection of adults.
- I share my experiences with all the people who ask me to alleviate their suffering and position themselves on the logic of law and justice.



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## **The paradigm of the initial report**

The initial report submitted by France to the United Nations Committee on the Rights of Persons with Disabilities (UN CRPD) pursuant to Article 35 of the Convention, expected in 2012, general distribution 16 October 2017, is in accordance with the law of 11 February 2005 which organizes the world of disability in all its variants, emphasizes disability and not interactions with the environment and its spatial and anthropological dimensions. This paradigm is notoriously evident in the approach to psychosocial disability.

## **Collective Truth and Justice for Nathalie. A whistleblower**

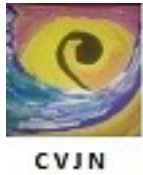
The collective blog Truth and Justice for Nathalie was created in 2015 to share the story of the dramatic sequences of a situation of psychiatric and socio-judicial abuse that ended with the spraying of the victim with imposed psychiatric drug treatments, who died on January 31, 2014 at the age of 43 after many years of suffering and struggle for her basic rights and dignity and after being dispossessed by the system of protection for adults : <http://cvjn.over-blog.com/2016/02/nathalie-texte-explicatif-cvjn.html>.

It interacts with social networks and other blogs and professional and informational reference sites of quality such as depsychiatrising, but it keeps its quality as a whistleblower on degrading psychiatric practices and the limitless drifts of guardianship and curatorship logic.

He was at the forefront in organizing the successful visit of Mrs. Catalina Devandas Aguilar, the UN Special Rapporteur and expert and her team to France from October 03 to 13 2017, especially the organization of the historical meeting in Marseille on Sunday, October 08, 2017 during which the collective presented more than 20 people concerned from the region who directly presented their testimonies and written reports in a friendly and original atmosphere, without constraints and without preconditions. This meeting began at 9 a.m. and ended at around 12 p.m., followed by interactions between all those present, men and women, on each other's experiences in dealing with objective and subjective obstacles in a disability situation.

He regularly receives calls for help and assistance from people all over France and Europe to testify about degrading psychiatric practices and about negligence and infantilisation by agents of the adult protection service.

The collective is not subsidized. Despite this, he is under pressure and intimidations, even unexplained threats and hostilities in Marseille to silence him. They come from the professional community, especially from actors who work in the field of psychiatry and its consequences, including some associations that advocate alternatives.



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## Introduction

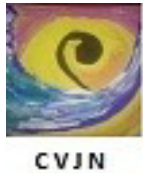
The emergence of the testimonies and writings of countless people on psychiatric practices identified by them as forms of torture and attacks on their psychological dignity and physical and moral integrity, and successive indignations on the functioning of the logic of legal protection of adults translated into measures of guardianship and tutelage, supposed to put them in a safe state, in a State that claims to be a country of human rights and is a signatory or ratifying corresponding international conventions, including the Convention on the Rights of Persons with Disabilities, invites anyone to be concerned about the fate of a considerable proportion of the vulnerable population and to consider the serious facts of degradation and deprivation of rights, widely denounced in these two areas: Psychiatry and guardianship and curatorship.

### **The transition from total invisibility to asserted and assumed visibility**

Silent speech, public engagement and the visibility and identification of the actors and bearers of these testimonies at a time of social networks and interactions via these networks adapted to the singularities of each person without spatial and temporal constraints have released enormous potential in the affirmation of their existence and their human and civic identity. These networks have allowed spontaneity and reactivity that were not previously allowed, for better or for worse. Certainly, the cries of the heart are read, but also, behind them, the eagerness, anger, passion and desire to be oneself, free and autonomous, recognized and considered in one's difference and similarity and treated independently of the labels of psychiatry of "disability" and those of the system of protection of "powerless/incapable".

It is on behalf of all these people who are victims of inhuman psychiatric practices and abuses heavy with the logic of guardianship and curatorship, men and women, young and adult, dead and survivors, that I put myself in action without personal or professional ambitions to write this parallel report, however modest it may be, to say in the mind of Michael Ignatieff (1986), that the freedom to be human is the ability to care for the needs of others, and in so doing, our humanity is strengthened.

It was in the name of the deceased, Nathalie, who died on 31 January 2014 in Aix-en-Provence at the age of 43, victim of both an involuntary psychiatric hospitalisation procedure from 18 October 2010 to 19 January 2011 with care imposed until the last second of her life, amplified by the serious failure of the strengthened curatorship regime and on behalf of all similar victims, I submit this report in a spirit of trust to the United Nations Committee on the Rights of Persons with Disabilities to call on the French state to address its failure to provide real protection to the vulnerable, especially women. <http://cvjn.over-blog.com/2015/10/dale-nathalie-une-lutte-pour-la-dignite.html>;



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## **The collective's initiative**

The founder took this initiative to submit elements of the knowledge formatted in this report to the United Nations Committee on the Rights of Persons with Disabilities without any personal or professional ambition. It is not subsidized and does not depend on any social, political or ideological influence. It is simply a space of information and knowledge dedicated to the victim and through her, all victims. It is based on the principles of human rights and the national, European and international conventions on human rights and the rights of persons with disabilities of the United Nations: UN-CRPD. It coordinates with several independent collectives and certain unsubsidized associations that work with victims of both psychiatric abuse and inhuman practices in the world of guardianship and tutelage, which have become out of control.

He accompanies the persons concerned as far as possible in the complex steps to assert their basic rights and interacts with people who suffer, men and women, in a therapeutic strategy centred on language and communication without reference to the syntaxes of psychiatric stigmatization of "mentally and other disabled" and "powerless/incapables" in the language of justice, especially the literature on the legal protection of adults. The collective helps these people to revalue their identity as patients or users by codifying their testimonies, their suffering and their hope to be listened to, recognized and considered as full citizens, equal before the law and the law despite their real or supposed disability.

## **From ignorance to knowledge**

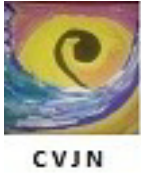
I have moved from ignorance to knowledge of the problems of the situations of people who are victims of forms of denial of their rights and human identity in hospital psychiatric practices in France. This passage was a painful experience while accompanying my partner through the processes and procedures of her hospitalizations in Aix-en-Provence to reduce the injustices that were inflicted on her, and to reduce her worries and anxieties caused by these inhuman measures.

Although I was always a good partner of all the services and hierarchical responsibilities, I had not been able to assess the fortress and the extent of resistance and indifference of all the services concerned, the complaints and reporting and alert reports communicated to all levels of responsibility to remind this group, psychiatry, justice and others, especially the Regional Health Agency (ARS), of the conditions not in conformity with human rights and the principles of life in which all the actors of these services have placed the victim.

An explanatory text on Nathalie's case is two versions: French and English. The link here: <http://cvjn.over-blog.com/2016/02/nathalie-texte-explicatif-cvjn.html>

## **Overview of the initial report**

I come back to the whole of the government's initial report, which I read carefully, to say that



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neither the form nor the content correspond to the real and complex facts of the disability world and its needs.

I would move directly to the treatment of the interpretations of the following articles in the initial report, which I believe are undoubtedly important to highlight the profound divorce between discourse and reality, between syntax and semantics, without being able to have time to deal with the others.

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**Article 10, Article 12, Article 13, Article 13, Article 14, Article 15, Articles 16, Article 17 and Article 19**

I have grouped Article 10 and Article 17 together in view of the proximity of their content.

**Overview of these articles**

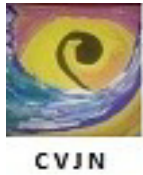
They are diverted from their original meanings in the UN CRPD, and decontextualized from their scope.

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**Article 10 - Right to life in relation to article 17: Protection of the integrity of the person**

*"States Parties reaffirm that the right to life is inherent in the human person and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others."* Page 10. UN-CRPD.

The government's initial report maintains ambiguities in these two articles, perceptible from far and wide. The strategy of eugenics towards pregnant women, especially those in psychiatric hospitals, is unquestionable (insdiscutable). I quote here the case of Nathalie during her hospitalization at the psychiatric centre in Aix-en-Provence from January 1 to April 26, 2010. Put in a room on the ground floor, dirty, very dirty. I took her clothes every day to wash them. I called the department myself to get some cleanliness. She was six months pregnant. She was pressured before the birth of the baby on March 30, 2010 at 10am for abortion and also for non-recognition. Her child was abducted immediately after delivery. Ejected from the psychiatric centre on April 26, 2010 without



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assistance and without resources. Reinforced curatorship on April 08, 2010 without consent. Remained without resources for several months.

It was a deliberate strategy to deprive her of her life by legal and psychiatric means despite my alerts and indignation at all levels of responsibility of the services concerned. Supporting evidence.

Why did the services of this psychiatric centre keep the victim from January 01, 2010 to April 26, 2010, to release her without resources, without any possibility to see her child? Isn't it a serious attack on his life?

### **Recommendations under Articles 10 and 17**

In view of the victim's experience, psychiatric practices towards pregnant women are determined by a devaluing look, deeply influencing diagnoses of supposed disability without any consideration of their actual validity.

- 1) I ask the Committee to ask the government about psychiatry's indifference to the rights to be a mother and to enjoy this natural quality.
- 2) I ask the Committee to cite the case of Nathalie.
- 3) I ask the Committee to inform and remind the government of the degrading and humiliating practices of pregnant women in psychiatric hospitals, regardless of their alleged disability.
- 4) I ask the committee to remind the Government of France that it is too much to psychiatricize a pregnant woman for "mental" disorders without taking into account the natural psychological effects of pregnancy phenomena in all cultures, societies and even in animal mammals. Scientific research is unanimous on these facts.

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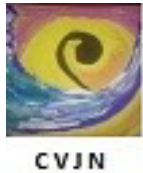
### **Article 12 - Equal recognition of legal personality**

«1. States Parties reaffirm that persons with disabilities are entitled to recognition everywhere as persons with disabilities." Page 10. UN-CRPD.

### **What does the initial report say about Article 12?**

France's initial report devotes three long pages to the interpretation of this article, from 22 to 24, in





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order to create ambiguities in sophisticated technical operations in which the mixture between the principle of protection and the logic of guardianship and curatorship invites any reader, especially persons who have been the subject of these measures, to question the real functioning of this system.

Any living organism, whether animal or plant, human or other, needs a level of protection in its environment over time to perform its natural and anthropological functions.

The ambiguous operations in the distinction between legal personality and legal capacity in the initial report are normative and not real. The initial report on page 21 states: "Legal personality is defined as the ability to hold rights: thus, any person, whether or not he suffers from an impairment of his faculties, whether minor or major, under protective or non-protective measures, is a holder of rights. Legal capacity refers to the ability to exercise the rights of which one is the holder". This normative distinction opens the way for anyone who passes through the psychiatric system in France to be diagnosed in a set of observations and interviews - many psychiatrists speak of interrogations (interrogatoires) - guided by the power of hospital psychiatry of "mental disorders, schizophrenia, cognitive or mental alterations, especially of persons who are victims of hospitalization procedures without consent.

It is during psychiatric hospitalizations that systematic research is initiated on the patient's social, family and professional life, not to use supports or levers that could take over, but to introduce the patient or user, especially young women, into an invisible process of guardianship in the name of the legal protection of adults. Using his vulnerability and isolation and especially his lack of knowledge about protection measures, presented as a good solution to his situation to incapacitate him for life and not for an accompaniment to autonomy. This is where the psychiatric diagnosis is surreptitiously directed in the direction unwanted by the patient, even without his knowledge or in forms of psychological manipulation, to validate the protection measure, which is transformed by his delegation into a complex associative with the functioning of the company into uncontrollable forms of dispossession, which subsequently deeply obstruct the freedom of the protégé (protected) and generate forms of financial and material insecurity, with worrying and dramatic consequences. This is the least we can say about the failing (défaillant) and inhuman practices of this system of protection delegated to the incompetent without the knowledge of the uncontrolled guardianship judges. The actors in this system, referred to as judicial representatives (mandataires judiciaires), use forms of verbal violence, intimidation and blackmail, or even threats of re-hospitalisation, whenever the protégé (protected) claims his or her rights to money for life.

The initial report states on page 24, point 125: "The judicial support measure (articles 495 et seq. of the Civil Code) also aims to restore a person's autonomy in the management of his resources, when the above-mentioned personalised social system has not enabled him to manage his social benefits satisfactorily and his health or safety is compromised". Wrong. How many protected persons have regained their autonomy? No statistical data.



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As an example that fits into a global meaning: How can we explain each time the victim, Nathalie, claimed her living money, the judicial representative replied: "If you don't have money to buy food, all you have to go to the restaurant of the heart or the Red Cross to get packages! So, the law is clear on the conditions of access to the restaurant of the heart. Persons receiving DAAs (Disabled Adult Allowances) are not allowed to be entitled to packages because their allowances exceed the "scale". Supporting evidence.

How can we explain the intervention of my partner's representative in the termination of her health insurance when she was in a state of health with worrying, even dangerous consequences? See the report submitted to the service of the guardianship judges on 13 October 2013 a few months before his death on 31 January 2014.

How can we explain the agent's behaviour in subscribing to a pay-TV channel for 34.90 euros each month when the victim did not have a television? See the report submitted to the guardianship judge on 13 October 2013.

When the guardianship judge or his department is informed directly, the answer is simple: "We will write to the representative. And find your own solutions! Take care of Natalie!" Proof of this.

### **Guardianship, guardianship and psychiatry. It means grabbing the bull by the horns**

There are not and will not be good professional practices in the system of legal protection for vulnerable adults. The report lies. The power of the agents is almost total over the protégé (protected), notoriously evident in wilful neglect, contempt and verbal abuse. This is institutional abuse of a socio-judicial nature.

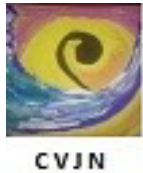
The collective truth and justice for Nathalie holds indisputable information and evidence on the functioning of the curatorship system delegated to agents who act in associations that contribute to the functioning of the company. A complaint was filed on 12 November 2014 with the public prosecutor of Aix-e-Provence against the agent, for fraud and negligence. Another filed the same day against the psychiatrist for manslaughter and abuse. No further action.

The report states on page 23: "*In addition to legal protection measures, the legislator has put in place several measures to support the most vulnerable people in the exercise of their rights*". The question asked here: How are these measures translated into action? It's unreal. See reports and complaints.

### **Recommendations**

1) Put an end to the abuses of the applications of institutional guardianship and curatorship measures.





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- 2) End impunity and abuse of agents, guardians and curators.
- 3) Abolish the guardianship and tutelage system in its current forms and establish a flexible and controlled system in accordance with human rights principles and the articles of the UN CRPD Convention. Introduction of assisted decision making regimes (no longer substitutive in accordance with the UN CRPD Convention).
- 4) Abolish the DAAs (AAH) system and replace it with another non-stigmatizing benefit system.
- 5) Reconsider complaints against judicial agents and guardians for negligence and fraud.
- 6) Remind the French State and its government of the serious consequences of the functioning of guardianship and curatorship, which has become out of control and out of control despite complaints and official reports on the failure of this system, which generates processes of deprivation of the basic needs of protected persons, especially women, who are forced to beg, engage in prostitution and hunger until starvation.
- 7) Remind the French State and its government that the problem is not technical or dysfunctional, but structural, contaminated by computational logic and not from support to autonomy or protection.
- 8) Remind the French State and its government of the disregard of the justice system for complaints from protected persons and their relatives for abuse and neglect and misappropriation.
- 9) Remind the French State that agents, tutors and curators are more problematic than solutions for persons subject to protection and their power. Because they are incompetent. Because they are dependent on the objectives of their reference structures and not in the service of the needs of the people to be protected.
- 10) Remind the French State that guardianship and curatorship measures are not protective measures. They are targeted shots at the weak links in society: the vulnerable and the poor. And it is not by making fun of this category of society that we can boast of human rights and democracy. The sick, vulnerable and poor are first and foremost human beings and citizens. These are objective, social and economic, material and moral conditions that are set as obstacles to their freedom and normality. It is a matter of social justice that is lacking.
- 11) Remind the French State that housing conditions are unacceptable for most people under the legal protection of adults.

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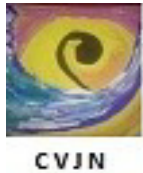
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**Aix : ils jettent les meubles des locataires par la fenêtre**

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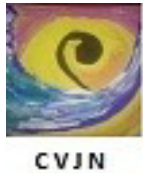
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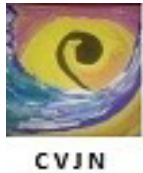
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**Observations préliminaires de la Rapporteuse spéciale sur les droits des personnes handicapées, Mme Catalina Devandas-Aguilar au cours de sa visite en France, du 3 au 13 octobre 2017 :** Les mesures de tutelle et curatelle ne sont pas de mesure de protection. Elles sont



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des meures qui entravent la liberté.

*“En réalité, loin d'assurer leur protection, la mise sous tutelle prive les personnes de leurs droits et entraîne un risque d'abus et d'institutionnalisation. J'exhorte la France à revoir sa législation afin d'éliminer tout régime de prise de décision au nom d'autrui. A la place, toutes les personnes handicapées doivent pouvoir bénéficier d'une prise de décision accompagnée, quel que soit le*

*degré d'accompagnement nécessaire, afin qu'elles puissent décider par elles-mêmes, en toute connaissance de cause.”* Extrait du texte de la Rapporteuse Spéciale.

<http://www.ohchr.org/FR/NewsEvents/Pages/DisplayNews.aspx?NewsID=22245&LangID=F>

**Inspiration: Abolir de la tutelle au Pérou pour motif de handicap :**

[https://depsychiatriser.blogspot.com/2018/11/abolition-de-la-tutelle-au-perou-pour.html?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed%3A+D-psychiatriser+%28D%C3%A9-psychiatriser%29](https://depsychiatriser.blogspot.com/2018/11/abolition-de-la-tutelle-au-perou-pour.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+D-psychiatriser+%28D%C3%A9-psychiatriser%29)

**Détournements, négligences :** les tutelles hors de contrôle : En moyenne en France, un seul juge avec 3400 dossiers à gérer. France Inter (2017). Consulté 25 juillet 2019.

<https://www.franceinter.fr/emissions/secrets-d-info/secrets-d-info-16-decembre-2017>

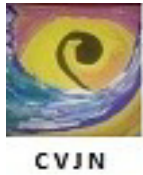
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### **Article 13 - Access to justice**

A distinction must be made here between justice as an indivisible whole, a principle and access to justice as specific approaches.

In disability, especially psychosocial disability, the word justice is a meaningless meaning. The procedures and steps to assert the basic rights of persons with disabilities, especially those who are "diagnosed" by the psychiatric system of "mental disability, cognitive or mental alterations, impairment, mental disorders, schizophrenia, strangeness, etc." are and will never be treated as subjects of law and ordinary citizens as long as the normative framework within which the law of 11 February 2005 which organizes the world of disability in all its variants, physical and psychosocial in France emphasizes the notion or designation of intellectual or mental disability in which all persons who have passed through the psychiatric system are placed, especially under conditions of constraint.

The majority of judges do not perceive people with "psychosocial" disabilities who claim their basic rights as other citizens. Their views and assessments of the situations of these people, especially women, young women, are contaminated by the elements of psychiatric diagnoses supposedly



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scientific and medical, indisputable by the judges, despite the manifest errors in most diagnoses of the hospital psychiatric system and self-censoring expert opinions.

It is these elements that profoundly influence the decision-making processes of most judges in all cases of litigants, elements infected by diagnoses of "mental disability".

The government's initial report addresses this problematic, which is of major importance to society as a whole, in technical forms codified in 45 lines on pages 24 and 25.

My experiences codified during the accompaniment of my partner to assert her basic rights are posted on my blog. There is no real listening, no specific or general support, and no real legal permanence at the Maison Départementale des Personnes Handicapées (MDPH) in Marseille. These are just words without references. See the article in these links, regularly updated and consulted.

1) Timeline <https://mars-infos.org/aix-en-provence-chronologie-d-une-445>

2) <http://cvjn.over-blog.com/2015/11/aix-en-provence-chronologie-d-une-maltraitance-psychiatrique-texte-integral.html>

The initial report refers to what it called "access points to rights" for people with psychosocial disabilities created in 2014, dependent on the Departmental Councils for Access to Law, on which representatives of the public authorities, legal professionals, etc. sit. It talks about specialized associations that in their practices are only runners to get subsidies and specialists in the field. They use mechanisms, including European ones, that give access to subsidies or project funding for actions that no longer exist, such as AJuPID (Access to Justice for People with Intellectual Disabilities).

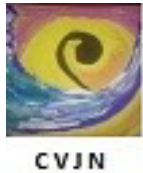
## **Justice and psychiatry**

During the 9th Justice and Psychiatry Day organized in Marseille on December 05, 2017, <https://www.udaf13.fr/modules/catalogueagenda/documents/programme-justice-et-psychiatrie-2017.pdf>, I asked a very small simple question in the cinema room to speakers from judicial actors, psychiatric experts, lawyers, educators, and the public, etc.

My question was worded as follows:

In what century will there be a separation between the judicial and psychiatric powers in France? Only one lawyer dared to react in a violent posture against the legitimacy of my question asked without preconditions and without any background. A question asked in reference to my experiences in multiple and endless approaches at all hierarchical levels of justice and the services concerned to at least reduce the intensity of their silence on the victim's complaints.





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This did not surprise me because I knew how the incompetence of most lawyers in this city is immeasurable.

To obtain information to file two complaints against the actors involved in the total destruction of my partner Nathalie on January 31, 2014, I consulted 12 lawyers in Marseille.

The common denominator of the answer: "Complaints? Impossible. Who are you? Who are you? You don't even have the right to raise this issue. Don't come here anymore! "Worse, they threatened to pay me fines. And yet, I did it without going through these actors.

That is what we refuse to hear here in Marseille and we do not want to see. And when you want to hear you cover your ears and when you want to look you are in the oblique.

To say that developing the Right or changing the law in this area would be a joke of size XXXL as long as society, for the most part, is on the side of the actors of crime through its indifference and insensitivity.

This was well explained by the Special Rapporteur in the document of the preliminary observations: "Similarly, French society is not very aware of the right of people with disabilities to live independently in its midst". . In this state of mind, this society, infected by the dehumanizing psychiatric paradigm, ends up accepting the unacceptable until moral death.

<http://www.ohchr.org/FR/NewsEvents/Pages/DisplayNews.aspx?NewsID=22245&LangID=F>

Justice, law, support, accompaniment... in psychiatry are only rododontades.

For the dignity of the late Nathalie, and all the victims of psychiatry and injustices, I remain an insurgent against the crimes committed against the vulnerables, guilty of being in a situation of psychological fragility. Crime against humanity. Nathalie's case is part of a global meaning in which I learned how the production of legal horrors works.

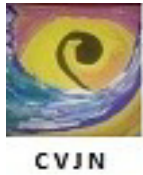
I support the strategy of absolute prohibition of measures of forced psychiatric hospitalisation and care imposed in accordance with the UN CRPD Convention and the abolition of the guardianship and tutelage system.

It is in the name of human rights and in the name of the spirit of the UN CRPD that I am determined.

## **Recommendations:**

Some elements for ecological recommendations:

1) The urgent need to reverse the existing paradigm in the doctor-patient relationship by directing it in a break with scientism towards an ecological perspective.

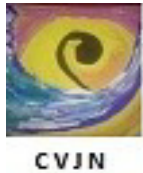


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- 2) Active listening to the patient and his or her family as full members of the health community.
- 3) Separation between psychiatric and judicial power and ending the instrumentalization of psychiatry by eliminating its accusatory tendencies towards cognitive functioning.
- 4) Consideration of the patient's experience in managing his or her health status and his or her potential to overcome objective and subjective constraints.
- 5) Contextualization and articulation of the social and ecological dimensions in the perception and therapeutic relationship. A real strategic and alternative invention.
- 6) To put an end to the functioning of the guardianship and tutelage system in its forms current. "These are not protective measures but measures that impede freedom." See the preliminary observations of the UN Special Rapporteur of the CRPD, published on 13 October 2017.
- 7) Explicitly reintroduce the right in the psychiatric sector and fight to ensure that it is respected by users in its national, European and international dimensions. The Universal Declaration of Human Rights of 10 December 1948 with its thirty articles requires the International Convention on the Rights of Persons with Disabilities of the United Nations to be enshrined in law.
- 8) Abolition of forced hospitalizations and all forms of restraint in the name of the principles of human rights and the human dignity of the accused person. These are forms of torture that degrade people's lives.
- 9) Recognition and protection of the status of whistleblower against psychiatric ill-treatment and abuse of guardianship and curatorship.
- 10) Banish psychiatric concepts that undermine the idea of intelligence and its facets. Intelligence is a dynamic, complex and evolving quality with multiple dimensions beyond the scope of psychiatry and its ideological extensions. "Intelligence organizes the world by organizing itself", Piaget (1937). The medical, psychological and social sciences must rethink their paradigm in the perception of the human, the process and the living and free themselves from pathologizing and accusatory reductionism. These sciences are invited to reduce the intensity of their language of accusation and deprivation of the recipient of his innocence through the games of linguistic jurisdiction specific to the institutional language, the language of power-action. The psychic is a development that takes place in real and complex interactions. Alexi Léontiev, *Le développement du psychisme*, 1959 editions of Moscow University.
- 11) Creation of an independent Observatory on psychiatric practices and the abuse of guardianship and curatorship pending another alternative and a code of ethics for the profession.

They are simple elements and simpler than the simple one. Unfortunately, none of them will have any chance of succeeding in this society caught in the grip of the saws of an icy ideology that nests everywhere in all levels of institutions and the labyrinth of the social and human sciences paradigm,



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which do not even have a minimal autonomy whatsoever to free themselves from the supervision of this ideology and reconnect with their semantics that underpin their legitimacy.

Nathalie's case was a real learning experience and an act of knowing that it is not an isolated case. It is part of a global meaning of a growing inhumanity erected as modernity and rationality which, by their scientific weight, masks deadly managerial practices to serve a system of norms that itself conducts conservative systemic loops of an oppressive and homogenizing destructive order.

What is the use of hundreds of conferences, colloquia, seminars and scientific or militant meetings on psychiatric problems and "psycho-social disability" as long as the majority of society itself remains indifferent and insensitive?

The radicality of this issue is not extremism. It is quite human in its foundations.

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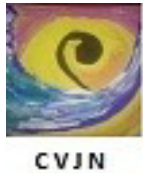
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**Principaux textes de droits mobilisés dans la situation ou qui pourraient l'être :**



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- [La CDPH-ONU](#)
  - [Rapport de la Contrôleure Générale des Lieux de Privation de Liberté \(2016\)](#)
  - [Observations préliminaires de la Rapporteuse spéciale sur les droits des personnes handicapées, Mme Catalina Devandas-Aguilar au cours de sa visite en France, du 3 au 13 octobre 2017](#)
  - [Le rapport de la Cour des Comptes sur la protection juridique des majeurs publié le 04 octobre 2016. Une réforme ambitieuse, une mise en œuvre défailante](#)
  - [Le rapport de Défenseur des droits sur la faiblesse et la complexité du système de protection publié le 29 septembre 2016](#). La volonté du Défenseur des droits, qui est conscient de la complexité de ces questions et de la faiblesse des moyens des juridictions, est de provoquer une réflexion des pouvoirs publics permettant de préparer d'éventuels changements de principes qu'il recommande en conscience.
- Rapport de la Rapporteuse spéciale sur les droits des personnes handicapées. Visite en France (2019). Consulté le 29 juillet 2019). [http://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/40/54/Add.1](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/40/54/Add.1)

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## Article 14 - Freedom and security of the person

The political framework within which this article is interpreted in France's initial report is largely contaminated by the speech of 02 December 2008 by the former President of the Republic, who held the presidency from 2007 to 2012. Mr. Nicolas Sarkozy. The link to the speech: [https://www.collectifpsychiatrie.fr/?page\\_id=809\\_id=809](https://www.collectifpsychiatrie.fr/?page_id=809_id=809)

Despite the reforms enshrined in the law of 05 July 2011: RIGHTS OF PERSONS PURCHASING PSYCHIATRIC CARE, <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT00002799662> which always remains accusatory of the patient treated as an object of care and not an actor in the health community, and despite its modification by law number 2013-869 of 27 September 2013 entitled: Strengthening of rights and guarantees granted to persons in psychiatric care without consent: <https://www.legifrance.gouv.fr/affichTexte.do?> the logic of security and the logic of total social control notoriously take precedence over the specific objectives of what care and treatment means.



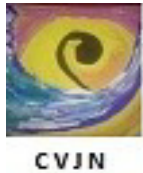
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The abolition of the notion of hospitalisation without consent and its replacement by that of "care without consent" does not change in any way and in form and substance the link between psychiatry and the public authorities and their representatives. This is evidence of an ambiguity in this law. As a reminder, my partner was the victim of the measure of the prefectural decision of involuntary hospitalization (hospitalisation d'office) from 18 October 2010 to 19 January 2011, concocted by the psychiatrist in a certificate of August 2018 and a false petition manufactured by people from the neighbourhood with malicious and unhealthy behaviour. This measure was followed by the outpatient treatment imposed until her death on 31 January 2014. All the more so, I alerted Mr Denys Robillard, deputy and Rapporteur of the Social Affairs Committee of the National Assembly, by an e-mail posted on his website on 28 December 2013 at 2:47 p.m., only 33 days before Nathalie's death, to ask him to intervene or make a gesture, however small it may be. No reaction. Supporting evidence, provided in the file of the two complaints and confirmed at the hearings on June 15, 2015.

## Recommendations

- 1) Repeal of the law of 5 July 2011 and its consequences despite the reform of 27 September 2013 as reflected in the law of 2013-869.
- 2) Remind the Government of France that behind all forms of forced psychiatric hospitalisation and treatment without consent there are attacks on the psychological integrity of the person and human tragedies.
- 3) Remind the Government of France that these measures are against the principles of human rights and especially against the spirit of the UN CRPD.
- 4) Remind the Government of France that Nathalie died because of the unjustified measure of involuntary hospitalization (hospitalisation d'office) by decision of the Prefect from October 18, 2010 to January 19, 2011 and the care imposed until the last second of her survival on January 31, 2014. This measure is aggravated by its placing under a failing and dispossessing guardianship, despite alerts and reports at all levels of responsibility. Supporting evidence.
- 5) **Ask and put the question to France about the case of Nathalie, who died in inhuman conditions because of the measure of involuntary hospitalisation (hospitalisation d'office) by decision of the Prefect from 18 October 2010 to 19 January 2011, followed by the treatment imposed until her death on 31 January 2014 because of the treatments imposed and the unjustified amputations of her allowances and resources by the judicial representative. The certificate issued on 03 February 2014 by the Forensic Medicine Department of Marseille (Timone Hospital) is clear: Cause of death: "Respiratory failure due to drug loads". No consideration of physical health status. For more specific knowledge, see the document in this**



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link: <https://confcap-capdroits.org/2018/10/26/recueil-confcap-situation-37-de-lignorance-a-la-connaissance-contribution-a-un-eclairage-sur-une-maltraitance-psychiatrique-et-socio-judiciaire-le-cas-de-nathalie-a-aix-en-pro/>

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## Article 16 - Right not to be subjected to exploitation, violence and abuse

I have here a definition of abuse from the Council of Europe (1987):

"Any act or omission committed by a person (or group, if it affects the life, physical or psychological integrity, or freedom of another person (or group) or seriously compromises the development of his personality and/or harms his financial security."

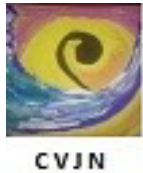
<https://slideplayer.fr/slide/14174573/>.

Another definition from the High Council on Public Health: "When we talk here about violence and abuse, what exactly are we talking about? In a first approach, let us say first of all that these are facts that are part of a relationship in which one of the protagonists exerts a force on another, and/or in a relationship of dependence, or even also in a relationship of protection as is an educational relationship but whose protection dimension has been denied or perverted. These are acts (or absences of acts) suffered by dependent and/or vulnerable persons. Different expressions are used: those of violence, abuse, or acts of abuse; those of domestic violence and institutional violence, domestic abuse and institutional abuse specify the scope; those of psychological abuse specify the nature of the abuse. If these expressions underline the wide scope in which they are used, the terms violence and abuse would seem at first sight to be interchangeable." :

<https://www.hcsp.fr/explore.cgi/Accueil>

The initial report reduces the fight against ill-treatment to two mechanisms: 3977 and the ARS, while Article 16 of the CRPD is clear: "States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both inside and outside their homes, from all forms of exploitation, violence and abuse, including their gender-based aspects. Pages 16 and 17.





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What is 3977? Simply put, a call centre under the Ministry of Solidarity and Health:  
<https://solidarites-sante.gouv.fr/affaires-sociales/personnes-agees/maltraitance-des-personnes-vulnerables/article/le-3977>

This centre called ALMA (Allô Maltraitance Personnes âgées et Handicapées.). I have experienced this with the Marseille centre (ALMA 13) in the context of reporting, alerting and requesting intervention to reduce the extent of forms of abuse and psychiatric violence and the services of guardians) No positive feedback effects, however minimal. Supporting evidence.

What is the LRA? Agence régionale de santé (ARS) is a public administrative institution of the French State responsible for the implementation of health policy in its region. Created on April 1, 2010: [https://fr.wikipedia.org/wiki/Agence\\_r%C3%A9gionale\\_de\\_sant%C3%A9](https://fr.wikipedia.org/wiki/Agence_r%C3%A9gionale_de_sant%C3%A9)

Widely contested in its bureaucratic and managerial functioning. As a structure, it is based on two logics: Rationalization and management. Is it necessary? The answer is here:

"I need nurses, caregivers, stretchers for my service, I don't need a director, deputy director and ARS who will put indicators in me, people to monitor indicators and put indicators in again":  
<https://www.youtube.com/watch?v=G6SC1XUi6JA=G6SC1XUi6JA>

Abuse, ill-treatment and violence against people with disabilities in the psychiatric system in France are recognized and experienced on a daily basis despite reports, reports and alerts. They are serious symptoms of non-lawful areas, areas of hospital psychiatry and guardianship and curatorship.

The ARS (Regional Health Agency )is far from putting the fight against these facts on its real agenda. Otherwise, how can we explain the report I sent them on 14 March 2011 on acts of ill-treatment and violence suffered by the victim until its total destruction on 31 January 2014? No reaction. Supporting evidence.

## Recommendations

- 1) To Register any act of institutional ill-treatment committed against persons with physical or psychosocial disabilities as a crime against humanity.
- 2) To end impunity for authors of abuse and violence in the psychiatric world
- 3) Put an end to the abuse of power by all services over psychiatrists.



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4) To treat objectively with complaints lodged by the persons concerned and their relatives against ill-treatment and violence. The case of the two complaints filed by Nathalie's companion on November 12, 2014 with sufficient evidence. No response to date, despite the hearing of 15 June 2015 at the judicial police department at the Aix-en-Provence police station, during which I reinforced these two complaints with other evidence, especially with a report of more than 30 pages and signed the minutes of proceedings.

5) Remind the Government of France that violence and psychiatric abuse of vulnerable people inexorably leads to the destruction of patients.

6) Remind the Government of France of the importance of activating "Articles 222-13 and 14 of the Criminal Code: violence against persons who are particularly vulnerable because of their age or physical or mental condition is particularly punishable".

7) Remind the Government of France of the urgent need to integrate psychiatrists into the sphere of law and human dignity.

8) Establish an observatory independent of any influence on the practices of abuse and violence.

9) Remind the Government of France that the plan to combat ill-treatment defined in the initial report on pages 27, 28 and 29 is obsolete. The so-called National Committee for Well-being, the mechanism of line 3977, the two information systems, PRISME and COMPLAINTS with monitoring software are not efficient despite ANESM's recommendations. The ARS (Regional Health Agency), the fight against abuse is its last concern. If not, how can we explain its silence on the grievances of the victims and their families? How can we explain the violent silence of the ARS PACA (Marseille) on the report I submitted to them on March 14, 2011 on the Nathalie case? It is not necessary to point out here that this bureaucratic agency is a source of questions rather than representations.

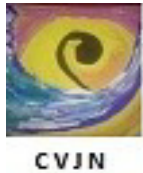
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## **Article 19 - Autonomy of life and inclusion in the community**

Article 19 of the CRPD clearly says in three points:

"States Parties to the present Convention recognize the right of all persons with disabilities to live in society, with the same freedom of choice as other persons, and shall take effective and appropriate measures to facilitate the full enjoyment of this right by persons with disabilities and their full integration and participation in society, including by ensuring that:

(a) Persons with disabilities have the opportunity to choose, on an equal basis with others, their place of residence and where and with whom they will live and that they are not obliged to live in a particular living environment.

(b) Persons with disabilities have access to a range of home, residential and other accompanying social services, including personal assistance necessary for their to enable them to live in and integrate into society and to prevent them from being isolated or segregated;

(c) Social services and facilities for the general population are made available to persons with disabilities on an equal basis with others and are adapted to their needs." Page 14.

Alain Ehrenberg (2009) looks at the interoperability of the notion of autonomy by saying: "whether it is a question of job search, couple life, education, ways of working, keeping healthy or... being sick (...), self-initiated action is the one that has both the most prestige and the most effectiveness today; it is the one (...) to which we attach the most value, whether it is acting effectively or choosing your life"

To say it briefly on what autonomy means, the National Centre for Textual Resources and Lexicals defines autonomy as: "The ability to determine oneself, to choose, to act freely".



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<https://www.cnrtl.fr/definition/autonomie>

The initial report of the Government of France devotes four pages to this article: from 29 to 32. It excels in the technicalization of the concept of autonomy and dissolves it in the compartmentalization of services to suggest that there is a real general policy oriented towards the needs of people with disabilities without specifying its variants, especially psychosocial disability and without defining need.

What is need?

Cornelius Castoriadis (1975). "Man can only exist by defining himself each time as a set of corresponding needs and objects, but he always goes beyond these definitions, and if he exceeds them, it is because they come out of himself (...), that he makes them by making and making himself that no rational, natural or historical definition makes it possible to fix them once and for all".

In page 31 of the initial report, the expertise of the persons concerned and their relatives, nourished by the experiences in coping with it, is treated as an additional accessory: "Recognize the expertise resulting from the lived experience, which does not replace the competence of the professionals but which is cumulative. Peer emulation, peer support, peer training, peer conciliation, all these are opportunities to recognize, qualify and professionalize functions in an economic framework to be developed."

What is professional expertise in examining a complex and dynamic system such as the cognitive and mental functioning of a person in complex situations such as "psychosocial disability"?

What is she professional about?

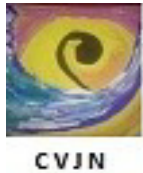
What is its reference paradigm?

I am referring here to Georges Balandier (2001) in the distinction between three figures of modern or postmodern time: The scientist, the intellectual and the expert. Intellectual who guides or enlightens is gone or transformed into an intellectual system (intellocrate). The scientist is in a situation of interpreting what results from applied knowledge and its effects. The expert is a man of influence, of discreet influence over political power, of influence, of influence, of the calculated impact of the communicators in his service, on public opinion.

The expertise of cognitive functioning and the competence of professionals in examining the complexity of mental processes are more likely to generate subjective judgments in most cases about a reality that is difficult to observe and identify as such: Intelligence and its multiple dimensions. "Intelligence organizes the world by organizing itself." Jean-Piaget (1937). Delachaux and Niestlé, 1937.

In addition, it generates the fundamental error in the sense defined by Lee Ross (1977). "Over-determination of subjective judgments on objective conditions".

Experts and professionals of supposed psychosocial disability, called in the initial report of mental



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disability, excel in banter with mental processes, with the psychic and with the intelligence of people accused of mental disability. You don't play games with processes. Said Jean-Jacques Bonniol (1986/1996), my former director of research at the University of Provence, with whom I learned what it means to be a process and process evaluation. In most cases, the function and role of the expert and the professional in the mental processes of people with suspected mental disabilities are confused and lead to the intoxication of these processes.

Jeannette Pols (2014) emphasizes the knowledge of patients' experience in managing their suffering and also in managing the time of treatment, a knowledge that reveals autonomy and responsibility that is not recognized or valued in the health professional assessment system. <https://journals.sagepub.com/doi/abs/10.1177/0162243913504306?journalCode=sthd>

<https://www.sciencepresse.qc.ca/blogue/2014/10/21/savoir-patients-contribution-essentielle-reseau-sante>

The initial report talks about the recognition, support and accompaniment of family carers (les aidants). Here, my experiences are heavy and indisputable in the approaches made to all the services concerned, and finally a simple sentence on the interpretation of Article 19: A communication considered to be reality. For several years, unceasing steps and calls have been made to all the services concerned and their consequences to ask all levels of the hierarchy for actions, however minimal they may be, to meet the basic needs of the victim, and to at least ease the pressure on my professional and social conditions. No reaction and no answer. <https://mars-infos.org/aix-en-provence-chronologie-d-une-445>

The initial report refers to access to housing. That's a lie. To request the necessity of changing the victim's place of residence, a hostile place and a source of harassment or even threat, I alerted and communicated reports to all the services concerned, especially the housing organisations in the city of Aix-en-Provence. No action and no response or action, no matter how small. A violent silence. Supporting evidence.

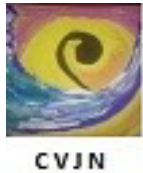
See the contribution of M'hamed EL Yagoubi to the 19th National Study Days: "Elected officials, public health and territory". Housing and Mental Health: Marseille 12 and 13 December 2017. Pages 126/127 and pages 268/269.

With regard to insertion or integration into working life, the structure of ESAT (Etablissement et service d'aide par le travail) <https://www.service-public.fr/particuliers/vosdroits/F1654>, it is well known in its practices of harassment, even sexual violence, far from appearing as isolated cases. [https://www.service-public.fr/particuliers/vosdroits/F1654\\_divers/2162511-20171103-bouches-rhone-quinze-ans-prison-viol-deux-femmes-handicapees](https://www.service-public.fr/particuliers/vosdroits/F1654_divers/2162511-20171103-bouches-rhone-quinze-ans-prison-viol-deux-femmes-handicapees)

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## Recommendations

- 1) Put an end to the compartmentalisation of services for people with disabilities
- 2) End or nevertheless, reduce the influence of expertise and professional in the pathologizing treatment of the intelligences of people with disabilities
- 3) Banish all stigmatizing and discriminatory designations relating to disability and its variants.
- 4) To restore the functioning of people with disabilities to optimal conditions



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5) Act on the environment of people with disabilities to facilitate their physical and psychological expression

**6) Disable all "mental health" research that uses people in situations of psychological fragility for personal and professional interests. A form of abuse and violence disguised in professional researcher postures. This research, which is based on the ideology of innovation and social engineering, carries major risks for the people concerned. Because they have deactivated the precautionary and precautionary principle.**

7) Remind the Government of France of the massive abuses of associations that employ people with disabilities characterized by diversion and abuse of weakness.

**8) Remind the French government of the urgent need to deinstitutionalize the problem of disability.**

**9) Remind the Government of France of the need to motivate medical, social, psychological and political sciences to change their paradigm in the approach to disability so that it is based on human rights principles and the spirit of the UN CRPD. The urgency to reduce the intensity of the scientific reductionist approach to disability and to treat the facts of disability in terms of understanding and not of the mechanical explanation of the causal system.**

**10) Remind the Government of France of the need to integrate the issue of disability into an ecological vision that involves society as a whole and its superstructures. By putting the vulnerable at the heart of public policies, society re-humanizes itself and protects itself against the abuses of postmodern time. A strategic invention to make society is required.**

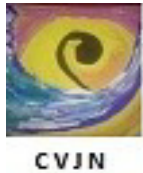
11) Remind the government of the need to review the system of representation of people with disabilities and to reduce the intensity of bureaucratic practices of certain associations that are far from representing the interests of the persons concerned. It is about creating a quality that has disappeared or that has never existed: TRUST. This is a spontaneous or acquired belief in the moral, emotional, social, professional... value of another person, which makes it impossible to imagine his betrayal, deception and incompetence. It is the mutual trust of citizens in each other that will make all particularisms accepted, hence the tolerance of expression and the necessary multifaceted mutual aid that leads to intergenerational and interplanetary solidarity.

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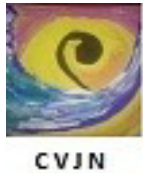
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### **Conclusion and perspectives**

The problems in the psychiatric and legal protection system of adults of full age in France are profound and complex problems. They concern the whole society in all its sensibilities and categories. They deserve solutions based on social and human justice. **The President of the Republic Emmanuel Macron** was not wrong when he said that "the deep problems in our country (...) related to injustice (2019). (Accessed July 29, 2019 at 3:20 p.m.). [https://www.liberation.fr/depeches/2019/07/27/emmanuel-macron-des-problemes-profonds-dans-notre-pays-lies-a-l-injustice\\_1742469\\_1742469](https://www.liberation.fr/depeches/2019/07/27/emmanuel-macron-des-problemes-profonds-dans-notre-pays-lies-a-l-injustice_1742469_1742469).

However, unless action is taken to put an end to its invasive visibilities, it is absolutely urgent to work in bottom-up and top-down approaches to significantly reduce its intensities.

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