

International Covenant on Civil and Political Rights (ICCPR) 2018 Review

Submission by Center for Human Rights of Survivors and Users of Psychiatry (CHRUSP) and the Law Project for Psychiatric Rights (PsychRights)

I. **Title: Ongoing Torture of Psychiatrized Individuals**

II. **Reporting Organizations:**

Center for Human Rights of Survivors and Users of Psychiatry (CHRUSP): The Center for Human Rights of Survivors and Users of Psychiatry (CHRUSP) is an international human rights organization holding special consultative status with UN ECOSOC. CHRUSP works to promote and realize the full human rights of survivors and users of psychiatry and people with psychosocial disabilities throughout the world, including in the United States where it is based.

Law Project for Psychiatric Rights (PsychRights): The Law Project for Psychiatric Rights (PsychRights) is a non-profit, tax exempt 501(c)(3) public interest law firm whose mission is to mount a strategic litigation campaign against forced psychiatric drugging and electroshock in the United States.

III. **Issue Summary:**

- A. Conditions for psychiatrized persons in the United States, which include torture and arbitrary detention,¹ have become worse since the last ICCPR review in 2014.
1. Federal legislation was enacted in 2016 that provided federal funding for coercive involuntary hospitalization and coercive assisted outpatient treatment².
 2. Court orders for involuntary treatment for persons with disabilities have routinely lasted one year and have routinely been renewed by a mental health court. For example, Patricia Bauerle, of Tucson, Arizona, has been repeatedly forced on court-ordered “treatment” for being “persistently and/or acutely disabled” and forcibly had her court-order “treatment” renewed for another year both in 2014 and 2015 (i.e., continuously for 3 years). Patricia Bauerle is also currently on court-ordered treatment on an outpatient basis and the agency may renew her court-ordered “treatment” again.
 3. Persons with disabilities are routinely restricted from travel. For example, Patricia Bauerle of Tucson, Arizona, who has never been found to be a “danger to self” (when appeal decision for at least one court-ordered “treatment” considered) nor “danger to others” by any mental health court and has been required to seek permission to travel out of county while on court-ordered “treatment.” Also when individuals, including Patricia Bauerle, have been involuntarily hospitalized, they have not been permitted to travel outside the hospital unit.
- B. Mental health policy in the United States needs a strong mandate from the Human Rights Committee to end nonconsensual treatment. Evidence continues to mount from within medical and mental health professions that psychiatric treatments do more harm than good, bolstering the human rights argument for the abolition of coercive mental health interventions accepted by an increasing number of UN bodies (see section VII below).³

¹ The Working Group on Arbitrary Detention, along with the Committee on the Rights of Persons with Disabilities, consider deprivation of liberty based on actual or perceived psychosocial disability to be a form of arbitrary detention. This includes deprivation of liberty of any person in the mental health system, including those who are involuntarily hospitalized, those who are on court-ordered treatment, and those who are on court-ordered treatment on an outpatient basis. See, e.g., *Working Group on Arbitrary Detention, Report No. 14/2014*, at ¶ 30 (2014).

³ See also the previous ICCPR list of issues submission (<https://d3gqux9sl0z33u.cloudfront.net/AA/AG/chrusp-biz/downloads/257813/CHRUSPjointsubmHRC122812.pdf>) and full report (<https://dk-media.s3.amazonaws.com/AA/AG/chrusp-biz/downloads/283810/CHRUSPUSICCPRshadowreportFINAL.pdf>) by CHRUSP, PsychRights and others, which provide additional citations to evidence of harm.

1. Critical Psychiatrist Dr. Lee Coleman, who has testified in a variety of courts, about the incompetency and harms of coercive psychiatry, has recommended the complete abolition of forced psychiatric treatment.⁴
2. Expert medical researcher Dr. Peter Gøetzche (2016, June 1) has provided a notarized signed affidavit of the harms of psychiatric drug treatment.⁵
3. Medical journalist Robert Whitaker (2004) authored a peer-reviewed article showing how neuroleptics demonstrated a 50-year record of doing more harm than good⁶. Whitaker (2016, July 25) conducted a re-analysis of long-term studies of schizophrenia and shows how the adverse effects of the neuroleptic drugs (often referred to as “antipsychotics”) outweigh the potential benefits and that people with schizophrenia who do not take the drugs have had better outcomes.⁷
4. Neuroleptics (often referred to as “antipsychotics”) have severe adverse physical effects⁸, and severe cognitive effects⁹, and severe psychological effects.¹⁰
5. Critical Psychiatrist Dr. Lee Coleman (2018, November 20) has presented a video about how lithium, a common medication used for a psychiatric “bipolar” diagnosis is poison.¹¹
6. Lawyer Jim Gottstein (2016, October 14), founder of the Law Project for Psychiatric Rights, has presented a video providing the information that “neuroleptics reduce recovery rate of schizophrenia from 80% to 5%”¹².
7. Lawyer Jim Gottstein (2012, February 28) has presented a video that discusses the huge problem of the epidemic of the harmful drugging of children and elderly¹³.
8. Critical Psychiatrist Dr. Lee Coleman (2018) has explained that psychiatrists are child abusers, not “child savers.”¹⁴
9. Critical Psychiatrist Dr. Lee Coleman (2018) has produced videos discussing the brain damage of shock treatment^{15,16} and its misrepresentation in the media¹⁷.
10. Critical Psychologist Dr. Bruce Levine (2018, March 16) has explained that there seems to be a strong link between taking psychiatric drugs and school shootings¹⁸.

⁴ Coleman, Lee, M.D., (2018, November 13). [YouTube video file]. “Dr. Lee Coleman urges the complete abolition of forced psychiatry.” Retrieved from <https://www.youtube.com/watch?v=f32ggzrD08> (approximately 25 minutes).

⁵ Gøetzche, Peter, M.D. (2016, June 1). Affidavit of Dr. Peter Gøetzche. Retrieved from <http://psychrights.org/Litigation/160601PGotzscheAffidavit>.

⁶ Whitaker, Robert. (2004). “The case against antipsychotic drugs: a 50-year record of doing more harm than good” by Robert Whitaker, *Medical Hypotheses*, Volume 62, Issue 1, 2004, Pages 5-13. Retrieved from <http://psychrights.org/Research/Digest/Chronicity/50yearrecord.pdf>

⁷ Whitaker, Robert. (2016, July 25). “The case against antipsychotics.” Retrieved from <https://www.madinamerica.com/2016/07/the-case-against-antipsychotics/>

⁸ Clarke, Catherine SRN, SCM, MSSCH, MBChA, Evans, Jan MCSP, & Phys, Dip. (2015). “Neuroleptic Physical Adverse Drug Reactions.” (2015, March). Retrieved from <http://www.psychiatric-drug-effects.com/downloads/Neuroleptic%20Physical%20Adverse%20Drug%20Reactions.pdf>

⁷ Catherine SRN, SCM, MSSCH, MBChA, Evans, Jan MCSP, & Phys, Dip. (2011). “Neuroleptic Psychological and Cognitive Adverse Drug Reactions.” Retrieved from <http://www.psychiatric-drug-effects.com/downloads/Neuroleptic%20Psychological%20Adverse%20Reactions.pdf>

¹⁰ Catherine SRN, SCM, MSSCH, MBChA, Evans, Jan MCSP, & Phys, Dip. (2011). “Neuroleptic Psychological and Cognitive Adverse Drug Reactions.” Retrieved from <http://www.psychiatric-drug-effects.com/downloads/Neuroleptic%20Psychological%20Adverse%20Reactions.pdf>

¹¹ Coleman, Lee, M. D. (2018, November 20). [YouTube video file]. “Lithium is just poison, pure and simple.” Retrieved from <https://www.youtube.com/watch?v=17W-LAA6Wx4> (approximately 8 minutes)

¹² Gottstein, Jim, J.D. (2016, October 14). [YouTube video file]. “Schizophrenia Drugs Reduce Recovery Rates from 80% to 5%.” Retrieved from <https://www.youtube.com/watch?v=W-uhfxkq4OE> (approximately 1 hour and 37 minutes).

¹³ Gottstein, Jim, J.D. (2012, February 28). [YouTube video file]. “The psychiatric drugging of children & elderly.” Retrieved from https://www.youtube.com/watch?v=y_AC--JhPOI&feature=youtu.be (approximately 10 minutes).

¹⁴ Coleman, Lee, M.D. [YouTube video file]. (2018, December 4). “Child savers of child abusers?” Retrieved from <https://www.youtube.com/watch?v=lgzIEqZW4S8> (approximately 16 minutes)

¹⁵ Coleman, Lee, M.D. [YouTube video file]. (2018, October 23). “Shock Treatment-Brain damage as ‘treatment.’” Retrieved from <https://www.youtube.com/watch?v=mz5ccII4tRg> (approximately 15 minutes)

¹⁶ Coleman, Lee, M.D. [YouTube video file]. (2018, November 13). “More on how shock treatment ‘works’. Brain injury as treatment.” Retrieved from https://www.youtube.com/watch?v=CKG_7dfnkBo (approximately 8 minutes)

¹⁷ Coleman, Lee, M.D. [YouTube video file]. (2018, October 17). “60 Minute whitewashes shock treatment” Retrieved from <https://www.youtube.com/watch?v=IMtRSrSxIw> (approximately 11 minutes)

11. The International Society of Ethical Psychology and Psychiatry has issued public statements that highlight the lack of relevance of mental illness to the problems of mass shootings^{19,20}, and some of the problems that psychiatric drugs cause that actually seem to contribute to violence in society.^{21,22}

C. There are practical and feasible alternatives to nonconsensual treatment to achieve legitimate aims while respecting personal autonomy and avoiding irreparable iatrogenic harm.

1. The Alternatives to Suicide peer resource group program, which has been recognized in the US national magazine *Oprah*, has effectively helped individuals talk about suicidal feelings and alternatives to suicide to help discover purpose and meaning in life.^{23,24}
2. Clinical Psychologist Dr. Bruce Levine proposes that we should listen to adolescent boys instead of mainstream shrinks in attempt to reduce the prevalence of mass shootings.²⁵
3. Expert medical researcher Dr. Peter Gøetzche (2016, June 1) has provided a notarized signed affidavit naming places that have avoided using any type of coerced psychiatry.²⁶

IV. Concluding Observations and ICCPR Framework

In 2014, the United Nations Human Rights Committee²⁷ concluded the following:

“Non-consensual psychiatric treatment

The Committee is concerned about the widespread use of non-consensual psychiatric medication, electroshock and other restrictive and coercive practices in mental health services (arts. 7 and 17).

¹⁸ Levine, Bruce, Ph.D. (2018, March 16). School shootings: Who to listen to instead of mainstream shrinks. *CounterPunch*. Retrieved from <https://www.counterpunch.org/2018/03/16/school-shootings-who-to-listen-to-instead-of-mainstream-shrinks/>

¹⁵ “How talking about suicide can give people something to live for.”(n.d.). *Oprah Magazine*. Retrieved from <https://www.oprahmag.com/life/health/a25416537/talking-about-suicide/>

¹⁶ Western Mass Recovery Learning Community. (n.d.). “Alternatives to Suicide.” Retrieved from <http://www.westernmassrlc.org/alternatives-to-suicide>

¹⁸ United Nations Human Rights Committee. (2014, April 23). “Concluding observations on the fourth periodic report of the United States of America.” *International Covenant of Civil and Political Rights*. Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsijKy20sgGcLSyqccX0g1nnMFNOUOQBx7X%2B155yh1wkDk6CF00Adiqu2L8SNxDB4%2BVRPkf5gZFbTQO3y9dLrUeUaTbS0RrNO7VHzbyxGDJ%2F>

¹⁹ International Society of Ethical Psychology and Psychiatry’s (2013, January 2) statement on “The Connection Between Psychotropic Drugs and Mass Murder.” Retrieved from <http://psychintegrity.org/wp-content/uploads/2015/08/Statement-on-The-Connection-Between-Psychotropic-Drugs-and-Mass-Murder-January-2-2013.pdf>

²⁰ International Society of Ethical Psychology and Psychiatry’s (2014, July 2) statement on “The Role of Mental Illness in Violent Behavior.” Retrieved from <http://psychintegrity.org/wp-content/uploads/2015/08/The-Role-of-Mental-Illness-in-Violent-Behavior-July-2-2014.pdf>

²¹ International Society of Ethical Psychology and Psychiatry’s (2013, January 2) statement on “The Connection Between Psychotropic Drugs and Mass Murder.” Retrieved from <http://psychintegrity.org/wp-content/uploads/2015/08/Statement-on-The-Connection-Between-Psychotropic-Drugs-and-Mass-Murder-January-2-2013.pdf>

²² International Society of Ethical Psychology and Psychiatry’s (2014, July 2) statement on “The Role of Mental Illness in Violent Behavior.” Retrieved from <http://psychintegrity.org/wp-content/uploads/2015/08/The-Role-of-Mental-Illness-in-Violent-Behavior-July-2-2014.pdf>

²³ “How talking about suicide can give people something to live for.”(n.d.). *Oprah Magazine*. Retrieved from <https://www.oprahmag.com/life/health/a25416537/talking-about-suicide/>

²⁴ Western Mass Recovery Learning Community. (n.d.). “Alternatives to Suicide.” Retrieved from <http://www.westernmassrlc.org/alternatives-to-suicide>

²⁵ Levine, Bruce, Ph.D. (2018, March 16). School shootings: Who to listen to instead of mainstream shrinks. *CounterPunch*. Retrieved from <https://www.counterpunch.org/2018/03/16/school-shootings-who-to-listen-to-instead-of-mainstream-shrinks/>

²⁶ Gøetzche, Peter, M.D. (2016, June 1). Affidavit of Dr. Peter Gøetzche. Retrieved from <http://psychrights.org/Litigation/160601PGotzscheAffidavit>

²⁷ United Nations Human Rights Committee. (2014, April 23). “Concluding observations on the fourth periodic report of the United States of America.” *International Covenant of Civil and Political Rights*. Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsijKy20sgGcLSyqccX0g1nnMFNOUOQBx7X%2B155yh1wkDk6CF00Adiqu2L8SNxDB4%2BVRPkf5gZFbTQO3y9dLrUeUaTbS0RrNO7VHzbyxGDJ%2F>

The State party should ensure that non-consensual use of psychiatric medication, electroshock and other restrictive and coercive practices in mental health services is generally prohibited. Non-consensual psychiatric treatment may only be applied, if at all, in exceptional cases as a measure of last resort where absolutely necessary for the benefit of the person concerned, provided that he or she is unable to give consent, and for the shortest possible time without any long-term impact and under independent review. The State party should promote psychiatric care aimed at preserving the dignity of patients, both adults and minors.

We reject the Human Rights Committee's conclusion that sometimes nonconsensual treatment can be justified, and call for complete abolition in law and practice.

V. Current U.S. Government Policy or Practice

- A. To the best of our knowledge, the United States federal government has not taken any action in even an attempt to stop nonconsensual treatment.
- B. In 2016, the United States federal government enacted federal legislation that provided funding for coercive involuntary hospitalization and coercive assisted outpatient treatment.²⁸

VI. Human Rights Committee General Comments

The Human Rights Committee's General Comment No. 35, paragraph 19, endorses the use of deprivation of liberty in mental health settings, despite recognizing its inherent harm, and contrary to the weight of international opinion in the health and human rights fields (see below under Other UN Body Recommendations). CHRUSP and PsychRights urge the Human Rights Committee to reconsider its position in light of the information presented in this submission.²⁹

VII. Other UN Body Recommendations

A. Specific to United States:

The Working Group on Arbitrary Detention made the following recommendations to the United States:

- 1) Ratify ... the Convention on the Rights of Persons with Disabilities, ... and review all reservations with a view to withdrawing them.³⁰

CHRUSP and PsychRights support this recommendation.

- 2) Expand access to the treatment of psychosocial disabilities outside the criminal justice system and develop pre-arrest and pretrial intervention programmes aimed at preventing the incarceration of persons in need of mental health treatment. Additionally, develop protocols to protect inmates with psychosocial disability from abuse and provide training to law enforcement and corrections officers on de-escalation skills when inmates suffer mental health crises. Ensure appropriate follow-up so that individuals are able to access mental health treatment upon release.³¹

CHRUSP and PsychRights oppose the use of diversion programs or programs to ensure access to treatment that require compliance with unwanted treatment (such as New York's 'assisted outpatient

²⁸ *Helping Families in Mental Health Crisis Act* subsumed under *21st Century Cures Act*. 42 U.S.C. 290aa. Pub. L. 114-255, Div B. 130 Stat. 1202 et seq.

²⁹ United Nations Human Rights Committee. (2014, April 23). "Concluding observations on the fourth periodic report of the United States of America." *International Covenant of Civil and Political Rights*. Retrieved from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsijKy20sgGcLSyqccX0g1nnMFNOUOQBx7X%2BI55yhIwIkDk6CF00Adiqu2L8SNxDB4%2BVRPkf5gZfBTQO3y9dLrUeUaTbS0RrNO7VHzbyxGDJ%2F>

³⁰ Report of the Working Group on Arbitrary Detention on its Visit to the United States of America, UN Doc. A/HRC/36/37/Add.2, para 93 (i).

³¹ *Id.*, para 93 (j).

treatment’ program), and also would add that non-medical options such as psychotherapy, counseling, and peer support must be made available. Access to any mental health services must be only on a voluntary basis, i.e. with the free and informed consent of the person concerned.

3) Enact an enforceable right under legislation for persons with psychosocial disability to live in the community and be provided with health services that are free from coercion and restriction. Additionally, ensure that legislation and practices relating to hospitalization respect due process guarantees.³²

CHRUSP and PsychRights support the first part of this recommendation, which refers to the Disability Integration Act being considered by the United States Congress.³³ We consider that the recommendation regarding due process in hospitalization is misleading and does not accurately reflect the WGAD’s position stated elsewhere in the report that ‘Involuntary institutionalization of persons with psychosocial disabilities and forced treatment is prohibited,’ and that the concerns about due process were raised by individuals who voluntarily entered hospitals for treatment and were prohibited from leaving. Due process is not the best terminology or concept to refer to a remedy to secure release from prohibited detention; better would be simply a right to habeas corpus or equivalent remedy to obtain prompt release from deprivation of liberty in mental health services.

‘The Working Group received information on mental health laws in several jurisdictions, including Washington, D.C., and California, which authorize involuntary hospitalization based on an actual or perceived psychosocial disability, and mental health treatment without obtaining the free and informed consent of the persons concerned or providing the appropriate support to enable them to exercise their legal capacity. This form of confinement is justified using criteria such as danger to the confined person or others and/or the need for care and treatment, which is inherently discriminatory since it is based on the person’s actual or perceived impairment. The Working Group received testimony from individuals who had been subjected to prolonged periods of detention in psychiatric institutions in violation of their human rights. In some cases, individuals were subjected to “voluntary hospitalization”, but without their informed consent to treatment and without the ability to leave at any time.’³⁴

B. General:

1. The United Nations Convention of Rights of Persons with Disabilities (CRPD) (2006) sets the benchmark for the human rights of persons with disabilities, including survivors and users of psychiatry, who are persons who have or are perceived to have psychosocial disabilities. The United States has signed but not yet ratified CRPD. As a signatory, the United States is bound to refrain from undermining rights guaranteed by the treaty. The Committee on the Rights of Persons with Disabilities has affirmed that mental health services may only be provided on the basis of free and informed consent of the person concerned, and that states are obligated to release all individuals who are confined against their will in mental health services.³⁵

2. The Working Group on Arbitrary Detention (WGAD) has followed the CRPD in recognizing ‘the State’s obligation to prohibit involuntary committal or internment on the grounds of the existence of an

³² Id., para 94 (c).

³³ 115th Congress, S.910, <https://www.congress.gov/bill/115th-congress/senate-bill/910>.

³⁴ Id., para 76.

³⁵ CRPD Guidelines on Article 14 (recapitulating numerous Concluding Observations on the requirement for mental health services to be based on free and informed consent of the person concerned); CRPD General Comment No. 1 paragraphs 7 and 42 on forced treatment in mental health settings as a violation of the right to equal recognition before the law because it denies legal capacity; CRPD General Comment No. 5 on the obligation to release those confined in mental health services.

impairment or perceived impairment, particularly on the basis of psychosocial or intellectual disability or perceived psychosocial or intellectual disability,’ and instructing further that ‘Courts shall comply’ with this obligation.³⁶ The WGAD furthermore declares,

‘All health and support services, including all mental health-care services, are to be provided based on the free and informed consent of the person concerned. The denial of legal capacity of persons with disabilities and detention in institutions against their will, without their consent or with the consent of a substituted decision-maker constitutes arbitrary deprivation of liberty in violation of international law. Perceived or actual deficits in mental capacity, namely, the decision-making skills of a person that naturally vary from one to another, may not be used as justification for denying legal capacity, understood as the ability to hold rights and duties (legal standing) and to exercise those rights and duties (legal agency),’³⁷

‘Persons with psychosocial disabilities are to be given the opportunity to stand trial promptly, with support and accommodations as may be needed, rather than declaring such persons incompetent,’³⁸

‘Individuals who are currently detained in a psychiatric hospital or similar institution and/or subjected to forced treatment, or who may be so detained or forcibly treated in the future, must be informed about ways in which they may effectively and promptly secure their release, including injunctive relief;

‘Injunctive relief should consist in an order requiring the facility to release the person immediately and/or to cease immediately any forced treatment and any systemic measures, such as those requiring mental health facilities to unlock their doors, and to inform persons of their right to leave; and establishing a public authority to provide for access to housing, means of subsistence and other forms of economic and social support in order to facilitate de-institutionalization and the right to live independently and be included in the community. Such assistance programmes should not be centred on the provision of mental health services or treatment, but free or affordable community-based services, including alternatives that are free from medical diagnosis and interventions. Access to medications and assistance in withdrawing from medications should be made available for those who so decide.’³⁹

3. “Dignity Must Prevail” (2015, October 8)⁴⁰ ruled the United Nations Special Rapporteur on rights of persons with disability Catalina Devandas-Aguilar, and on the right to health, Dainius Pûras, declared that all government entities should “eradicate all forms of non-consensual psychiatric treatment.”

4. The Human Rights Council, in its 2017 resolution on mental health and human rights,

‘8. *Calls upon* States to abandon all practices that fail to respect the rights, will and preferences of all persons, on an equal basis, and that lead to power imbalances, stigma and discrimination in mental health settings.’⁴¹

³⁶ United Nations Basic Principles and Guidelines on Remedies and Procedures on the Right of Anyone Deprived of Their Liberty to Bring Proceedings Before a Court, UN Doc. A/HRC/30/37, 6 July 2015, para 38.

³⁷ *Id.*, para 106 (b)

³⁸ *Id.*, para 107 (b)

³⁹ *Id.*, para 107 (d) and (e).

⁴⁰ “Dignity must prevail.” (2015, October 8). United Nations. Retrieved from <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16583&LangID=E>

⁴¹ UN Doc. A/HRC/36/L.25 (26 September 2017).

5. The World Health Organization (WHO) has withdrawn its earlier recommendation that states enact legislation to regulate involuntary internment and involuntary treatment in mental health, and instead promotes an end to all coercive practices in mental health settings.⁴²

VIII. Recommended Questions

1. What specific steps will the United States take to stop, as soon as possible, the nonconsensual psychiatric treatment of individuals throughout the United States?
2. What specific steps will the United States take to stop, as soon as possible, the nonconsensual psychiatric treatment of children throughout the United States?
3. Why hasn't the United States yet made any serious efforts to stop nonconsensual treatment of individuals?

IX. Suggested Recommendations

1. The Human Rights Committee should recommend that the United States' federal government's Human and Health Services Department and Department of Justice enact a detailed policy to stop the nonconsensual psychiatric treatment of individuals throughout the United States.
2. The Human Rights Committee should recommend that the United States' federal government's Human and Health Services Department and Department of Justice enact a detailed policy to promote the repeal of federal, state, and local laws that permit nonconsensual psychiatric treatment.
3. The Human Rights Committee should recommend that the United States Congress enact the Disability Integration Act, bill number S.190 in the 115th Congress (latest bill number available as of 2017-2018).

⁴² WHO webpage Mental Health, Human Rights and Legislation, https://www.who.int/mental_health/policy/legislation/en/; WHO Quality Rights Project flyer, https://www.who.int/mental_health/policy/quality_rights/QRs_flyer_eng_2017.pdf?ua=1.