

The Colorado “Batman Shooter”. De-mystifying Mass Murder in America

Taboo Question: What were the brain-altering psych drugs that the Batman Shooter might have been taking or withdrawing from?

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Dramatic, and recurring mass shootings seem to be a peculiarly American phenomenon, given the fact that every other nation that experiences such shootings soon passes appropriate legislation that effectively prevents the repeat of such preventable tragedies. Not in America however, thanks to the National Rifle Association and the numerous, well-paid weapons manufacturing lobbyists who threaten into silence and inaction most of our elected officials in DC, both Republican and Democrat, who can't seem to resist taking the bribes.

The now infamous, and roundly hated James Holmes was probably just another one of many brain-altered, and then gun-wielding, mass murderers who shot into an innocent crowd after making impressively bizarre plans to do so. There are many similarities with the 1999 Columbine shootings that happened only a few miles away.

But what impressed me was the fact that the first words out of the mouths of the media and ruling elites immediately after many of these shootings was this obfuscating sentiment: “This is an act of ‘senseless violence’, and we will probably never understand why it happened”; meaning, of course, don't bother speculating about the motives of the shooter. And don't ask any unwanted probing questions, especially about Holmes' psychiatrist and what mind-altering drugs she probably prescribed for him. “Trust us”, they are saying, “we're the experts.”

Unfortunately, these experts are also likely to be beholden to various powers-that-be that aren't interested in having us sheeple understand what really went down on at the midnight Batman movie. And they don't seem to be very interested in solving the problem or curing the malady that is the epidemic of American gun violence.

The assorted potentially guilty accomplices are covering their behinds. They want to be sure that they will be held blameless when the final “official” report is released in a year or so. So don't expect to be told everything that we need to know so that we can make sense of mass shootings any time soon. Psychiatry and BigPharma are off limits.

Do expect to hear all sorts of irrelevant spin-off verbiage about what kinds of guns and ammo were used and whether or not there will be an “insanity defense”. And, of course, the overwhelming reportage, until the trial starts, will be about the hundreds of victims and their

dramatic stories rather than about the possible motivations of the shooter.

If there is evidence that will help us naïve “consumers” of drugs and information and advertisements and propaganda to make sense out of events that will give us a fighting chance to prevent them in the future, don’t expect that we will be told about it – until and unless some courageous investigative journalist does the hard sleuthing work and is allowed to report his findings. We will certainly be as confused about the Batman Shooter as most of us were about the Columbine shooters.

Making futile the attempts to de-mystify mass murder

If the real connections that would help to de-mystify the latest mass shootings are suppressed, as expected, the gradually approaching police state agenda of the 1% will be enabled. Prepare for “domestic” spy drones over America, more conceal and carry guns and assault rifles purchased by freaked-out gun-owners, metal detectors everywhere and taxpayer-paid private security firms frisking us as we stand in line to see the next violence-inducing, fear-inducing shoot-em-up fantasy film about fictitious time-traveling “undead” monsters, or some new and laughably absurd super-hero movie that will surely stimulate ideas about violence to who-knows-what mentally unsound or brain-drugged copy-cat wannabe who might fancy himself as a homicidal avenger of injustice (or as a competitor for the Guinness Book of World Records for non-combat mass murders).

I have been listening and watching the repetitive and sensationalistic news coverage of the Aurora shootings during the days since the deed was done. And virtually nobody wants to talk about the psychotropic drugs that most of the school and workplace shooters were taking or withdrawing from.

We all know that there are “sacred cows” lurking among us that are too big to raise questions about because they consider themselves too big to fail. And most of them have the economic and political power to ensure that they are not questioned. It is also well known that many major media “journalists”, news anchors, politicians and police departments are careful to not step on big toes in crisis situations like the Batman shootings. Readers are fully justified in suspecting that the “experts” are covering up something in this case. Read on.

Who might be potential accessories to the crimes of the Batman Shooter?

So we need to wonder our loud who might be those “sacred cow” groups or industries that are contributing to or even benefiting from making obscure America’s recurrent mass shootings. Many of them regard themselves as being too big to expose, criticize or otherwise implicate as accomplices, even as inadvertent accomplices. Any one of us can think of any number of potential culprits. My list includes this TOP 9 LIST (plus 3 major potential players further below):

- 1) the violent entertainment industry;
- 2) the violent, and addictive videogame industry;
- 3) the violent professional contact sports industry, where violent acts are hoped-for and applauded;
- 4) the food industry that is doing so much to malnourish vulnerable brains and bodies;

- 5) the weapons manufacturers and their lobbyist organizations;
- 6) the ease in getting lethal military style weapons (the Aurora killer reportedly got some of his guns at Gander Mountain and Pro Bass Shops);
- 7) our militarized culture and the media that glorifies the “legal” mass murder by “licensed to kill” soldiers in the battlefield and then condemns them when they come home, psychologically and spiritually tormented, and commit murders, suicides or crimes;
- 8) Congresspersons, Presidents, state governors and Supreme Court justices who indifferently vote against, refuse to pass or refuse to enforce rational harm-reduction legislation that could do so much to prevent these mass homicides;
- 9) Christian church leaders who fail to teach to the potential mass murderers in their own Sunday School or confirmation classes about the Golden Rule and the other nonviolent ethical teachings of Jesus, whom they profess to follow.

But in the minds of many, the big culprits are the ones that the corporate media and their paymasters are scared to death about exposing, are:

- 1) BigPharma (the multinational pharmaceutical companies) and their propaganda that shapes public attitudes and behaviors and stimulates demand for drug prescriptions from their physicians;
- 2) the US Food and Drug Administration that grants approval for many potentially lethal psychiatric drugs on virtually zero long-term safety data and woefully inadequate efficacy data;
- 3) BigPsychiatry/BigMedicine and us obedient, quasi-enslaved physicians who are locked into those corporate entities and who have, by and large, not opened our eyes and ears to the data from the truth-seeking alternative medical, forensic and drug research community of altruists (who are not beholden to the obscenely wealthy and powerful pharmaceutical corporations).

Much of this data, which is virtually never published in the hostile BigPharma-subsidized medical journals, shows unequivocally that most, if not all, of the five classes of potentially addictive, potentially brain-damaging psychiatric drugs are fully capable of causing drug-induced violence, drug-induced psychoses, drug-induced homicidality, drug-induced mania, drug-induced suicidality, drug-induced dementia, drug-induced sleep disorders and drug-induced criminal behaviors (especially in unsuspecting adolescents who are often told to ignore the adverse effects and just keep on taking the drugs).

He who pays the piper, calls the tune

By ignoring the mountains of peer-reviewed complementary-alternative medical literature and only paying attention to what is advertised in the co-opted mainstream medical journals, we drug prescribers regularly – and often quite cavalierly – hand out brain and mind-altering synthetic chemicals that BigPharma’s ubiquitous, and very attractive, sales staffs try to reassure us are safe, curative and non-addicting us (with mostly skewed or insufficient data to back up their claims – and pens, pizzas and post-it notes to clinch the sale).

Therefore, considering the fact that there is that massive amount of evidence that makes a strong connection between American school shootings and the use of (or withdrawal from) mind-altering, brain-numbing, remorselessness-inducing psych drugs, a fair question should be: “Was the Batman Shooter taking or withdrawing from any one of the scores of psychiatric drugs so readily prescribed these days?”

(For essential background on this issue, see books by the whistle-blowing psychiatrist Peter Breggin, including *Medication Madness*, *Toxic Psychiatry*, *Talking Back To Prozac or Your Drug May Be Your Problem* or these websites: www.ssristories.com, www.cchrint.org, www.breggin.org, www.madinamerica.com or www.mindfreedom.org.)

But have we have heard on any radio or television station, even on PBS or NPR, a single word about the high likelihood of legal psych drug use or drug withdrawal in the case of the Batman Shooter? And have we heard anything about Dr. Lynne Fenton, Holmes’ psychiatrist who would have been the major prescriber? A lot of critical thinkers smell a rat. There is a cover-up in the making.

Bad advice: “Don’t waste time trying to figure out what motivated the shooter”

Interestingly, one of the survivors of the Columbine school shooter Eric Harris (who was taking the Prozac-like drug Luvox that had been prescribed by his tragically unaware Colorado psychiatrist, after a trial of Zoloft “failed”) contributed to the myth-making when he advised the most recent batch of Colorado shooting victims to not “waste time trying to figure out what motivated the shooter or shooters. It’s a waste of time” he said, “and it gives them exactly what they want (sic).” And then later in the interview he lamented the fact that “I don’t think I’ll ever understand.” Duh.

Psychologically and spiritually, any psychologist or spiritual advisor worth his or her salt, when dealing with the psychological and spiritual consequences of trauma, will tell you that that advice is profoundly anti-therapeutic and will, at the very least, lead to delayed healing – possibly permanently delayed healing. That statement made me wonder what dependency-inducing psych drug that he had been taking for the last 13 years. Perhaps he has already tried to taper off his drug but then found out that he couldn’t tolerate the disabling, crazy-making withdrawal symptoms, and therefore he now justifies the continued use of a drug that he can’t get off of.

But he is certainly repeating what the “experts” always seem to want us to believe as they hide essential but “sensitive” information that might be uncomfortable for Holmes’ doctor, or clinic, or pharmacist, or neuroscience grad school program, or family member, or pharmaceutical company, or gun seller, or legislator or secret black-ops military experimenter, or other potential accomplices. Are the authorities trying to protect the various industries and people that rightfully need to be named for their part in the massacres, however indirect?

It is important for me to remind readers at this point to check out www.ssristories.com, where they will find a collection of 4,800+ damning, mostly criminal news stories about the behavioral and psychic toxicity of antidepressants. These are documented examples of psychotropic drug-induced violence that have made it into the media (via newspapers, TV, scientific journals) or were part of (only three!) FDA hearings (1991, 2004 or 2006) where public testimony about the lethality of FDA-approved psych drugs was allowed (and essentially ignored by the FDA panel).

The thousands of examples reported on that website represent just the tip of what surely is an enormous iceberg, since even the FDA estimates that as many as 99% of adverse events from any given drug is never reported to that agency.

What is the PDR trying to warn us physicians about when we prescribe antidepressants?

The *Physicians' Desk Reference* lists the following common adverse reactions (side effects) to SSRI antidepressants (among a host of other physical and neuropsychiatric effects). None of these adverse reactions is listed as *Rare*.

- Manic Reaction (Mania, e.g., Kleptomania, Pyromania, Dipsomania, Nymphomania)
- Hypomania (e.g., poor judgment, over spending, impulsivity, etc.)
- Abnormal Thinking
- Hallucinations
- Personality Disorder
- Amnesia
- Agitation
- Psychosis
- Abnormal Dreams
- Emotional Lability
- Alcohol Abuse and/or Craving
- Hostility
- Paranoid Reactions
- Confusion
- Delusions
- Sleep Disorders
- Akathisia (severe internal restlessness that can cause suicidality)
- Withdrawal Syndrome
- Impulsivity

It doesn't take a genius to recognize that any of the above drug-induced mental aberrations could pass as mental illness.

It should be emphasized that so-called adverse reactions are most likely to occur when starting or discontinuing the drug, increasing or lowering the dose or when switching from one SSRI to another. Adverse reactions are often mis-diagnosed as bipolar disorder, schizophrenia or some other "mental illness of unknown origin" when the symptoms may be entirely iatrogenic (treatment induced). Withdrawal, especially abrupt withdrawal, from any of these medications can cause severe neuropsychiatric and physical symptoms that can also cause the above signs and symptoms. It is important to withdraw extremely slowly from these drugs, often over a period of a year or more, under the supervision of a qualified and experienced specialist, if available. Withdrawal is sometimes more severe than the original symptoms or problems.

SSRI "adverse reactions" are actually expected,

understandable and therefore should not be surprising to physicians. They are not actually “side effects”

So with the list of common adverse effects of these drugs above, I present below a “short list” of drug-associated violence over the past decade or two, perpetrated mostly by young people who were involved in newsworthy shootings and whose psych drugs were identified and reported to the public.

Tragically, in the vast majority of psychiatric drug-related suicides, homicides or other types of irrational violence, prescription drugs are generally not reported in the corporate-controlled and subsidized media, where pharmaceutical companies advertise heavily, exerting subtle influence on how much investigative journalism is allowed – or allowed to be published. He who pays the piper calls the tune.

Among the nearly 5000 examples of psychiatric drug-induced violence on its site, SSRI Stories includes a list of 66 school shootings that are disproportionately American. That list of 66 often mentions suicides that were also connected to either taking or withdrawing from SSRI drugs. There has been an explosion of such incidents since Eli Lilly’s Prozac, the world’s first SSRI drug, was released onto an unsuspecting public back in 1989.

It needs to be emphasized that most of the developed world’s drug regulatory agencies, including the FDA, have not tested psychotropic drugs for safety or efficacy on human brains under the age of 18 (either short term or long term), and therefore those agencies have not approved their use for that group (with rare exceptions). It also needs to be mentioned that no combination of two or more drugs of any class (again with rare exceptions) have even been tested for safety or efficacy in the rat labs. Therefore, we physicians, if we prescribe these untested drugs, (especially in combination with other drugs) to that underage group (that is at a stage of immature brain development) we are doing so “off label”, thus exposing ourselves to medico-legal risks.

Here is the sobering list. Read it and weep – and then reassess what really needs to be done with background checks when someone with a clean criminal or so-called “mental illness” record tries to purchase an automatic rifle that can shoot 60 rounds a minute.

Eric Harris age 17 (first on Zoloft then Luvox) and Dylan Klebold aged 18 (Colombine school shooting in Littleton, Colorado), killed 12 students and 1 teacher, and wounded 23 others, before killing themselves. Klebold’s medical records have never been made available to the public.

Jeff Weise, age 16, had been prescribed 60 mg/day of Prozac (three times the average starting dose for adults!) when he shot his grandfather, his grandfather’s girlfriend and many fellow students at Red Lake, Minnesota. He then shot himself. 10 dead, 12 wounded.

Cory Baadsgaard, age 16, Wahluke (Washington state) High School, was on Paxil (which caused him to have hallucinations) when he took a rifle to his high school and held 23 classmates hostage. He has no memory of the event.

Chris Fetters, age 13, killed his favorite aunt while taking Prozac.

Christopher Pittman, age 12, murdered both his grandparents while taking Zoloft.

Mathew Miller, age 13, hung himself in his bedroom closet after taking Zoloft for 6 days.

Jarred Viktor, age 15, stabbed his grandmother 61 times after 5 days on Paxil.

Kip Kinkel, age 15, (on Prozac and Ritalin) shot his parents while they slept then went to school and opened fire killing 2 classmates and injuring 22 shortly after beginning Prozac treatment.

Luke Woodham, age 16 (Prozac) killed his mother and then killed two students, wounding six others.

A boy in Pocatello, ID (Zoloft) in 1998 had a Zoloft-induced seizure that caused an armed stand off at his school.

Michael Carneal (Ritalin), age 14, opened fire on students at a high school prayer meeting in West Paducah, Kentucky. Three teenagers were killed, five others were wounded..

A young man in Huntsville, Alabama (Ritalin) went psychotic chopping up his parents with an ax and also killing one sibling and almost murdering another.

Andrew Golden, age 11, (Ritalin) and Mitchell Johnson, aged 14, (Ritalin) shot 15 people, killing four students, one teacher, and wounding 10 others.

TJ Solomon, age 15, (Ritalin) high school student in Conyers, Georgia opened fire on and wounded six of his class mates.

Rod Mathews, age 14, (Ritalin) beat a classmate to death with a bat.

James Wilson, age 19, (various psychiatric drugs) from Breenwood, South Carolina, took a .22 caliber revolver into an elementary school killing two young girls, and wounding seven other children and two teachers.

Elizabeth Bush, age 13, (Paxil) was responsible for a school shooting in Pennsylvania

Jason Hoffman (Effexor and Celexa) – school shooting in El Cajon, California

Jarred Viktor, age 15, (Paxil), after five days on Paxil he stabbed his grandmother 61 times.

Chris Shanahan, age 15 (Paxil) in Rigby, ID who out of the blue killed a woman.

Jeff Franklin (Prozac and Ritalin), Huntsville, AL, killed his parents as they came home from work using a sledge hammer, hatchet, butcher knife and mechanic's file, then attacked his younger brothers and sister.

Neal Furrow (Prozac) in LA Jewish school shooting reported to have been court-ordered to be on Prozac along with several other medications.

Kevin Rider, age 14, was withdrawing from Prozac when he died from a gunshot wound to his head. Initially it was ruled a suicide, but two years later, the investigation into his death was opened as a possible homicide. The prime suspect, also age 14, had been taking Zoloft and other SSRI antidepressants.

Alex Kim, age 13, hung himself shortly after his Lexapro prescription had been doubled.

Diane Routhier was prescribed Welbutrin for gallstone problems. Six days later, after suffering many adverse effects of the drug, she shot herself.

Billy Willkomm, an accomplished wrestler and a University of Florida student, was prescribed Prozac at the age of 17. His family found him dead of suicide - hanging from a tall ladder at the family's Gulf Shore Boulevard home in July 2002.

Kara Jaye Anne Fuller-Otter, age 12, was on Paxil when she hung herself from a hook in her closet. Kara's parents said "... the damn doctor wouldn't take her off it and I asked him to when we went in on the second visit. I told him I thought she was having some sort of reaction to Paxil...")

Gareth Christian, Vancouver, age 18, was on Paxil when he committed suicide in 2002,

(Gareth's father could not accept his son's death and killed himself.)

Julie Woodward, age 17, was on Zoloft when she hung herself in her family's detached garage.

Matthew Miller was 13 when he saw a psychiatrist because he was having difficulty at school. The psychiatrist gave him samples of Zoloft. Seven days later his mother found him dead, hanging by a belt from a laundry hook in his closet.

Kurt Danysh, age 18, and on Prozac, killed his father with a shotgun. He is now behind prison bars, and writes letters, trying to warn the world that SSRI drugs can kill.

Woody ____, age 37, committed suicide while in his 5th week of taking Zoloft. Shortly before his death his physician suggested doubling the dose of the drug. He had seen his physician only for insomnia. He had never been depressed, nor did he have any history of any mental illness symptoms.

A boy from Houston, age 10, shot and killed his father after his Prozac dosage was increased.

Hammad Memon, age 15, shot and killed a fellow middle school student. He had been diagnosed with ADHD and depression and was taking Zoloft and "other drugs for the conditions."

Matti Saari, a 22-year-old culinary student, shot and killed 9 students and a teacher, and wounded another student, before killing himself. Saari was taking an SSRI and a benzodiazapine.

Steven Kazmierczak, age 27, shot and killed five people and wounded 21 others before killing himself in a Northern Illinois University auditorium. According to his girlfriend, he had recently been taking Prozac, Xanax and Ambien. Toxicology results showed that he still had trace amounts of Xanax in his system.

Finnish gunman Pekka-Eric Auvinen, age 18, had been taking antidepressants before he killed eight people and wounded a dozen more at Jokela High School - then he committed suicide.

Asa Coon from Cleveland, age 14, shot and wounded four before taking his own life. Court

records show Coon was on Trazodone.

Jon Romano, age 16, on medication for depression, fired a shotgun at a teacher in his New York high school.

Etc, etc.

Finally, to read my recent Duty to Warn column entitled:

“Many Psychoactive Drugs are Strongly Associated with Violence” see:
<http://www.thepeoplesvoice.org/TPV3/Voices.php/2012/04/05/long-term-treatment-with-anti-depressant-->

Dr. Gary G. Kohls is a retired physician who has painfully witnessed (in his practice of holistic mental health care) the soul- and psychic devastation of war, domestic violence, punitive parenting, malnutrition, homelessness, poverty and the serious potential dangers of the chronic and widespread use of psychotropic drugs. In his essays he tries to warn his readers about some of the physical, neurological, psychological and spiritual consequences of all forms of violence and neglect.

An earlier version of this essay was posted on July 25, 2012 at:
<http://lewrockwell.com/kohls/kohls13.1.html>

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