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**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

THE CHURCH OF THE HOLY LIGHT)
OF THE QUEEN, a/k/a The Santo Daime)
Church, *et al.*,)

Plaintiffs,)

v.)

MICHAEL B. MUKASEY, *et al.*,)

Defendants.)

_____)

CIV. NO. 08-3095-PA

**WITNESS STATEMENT OF
GEORGE S. GLASS, M.D., P.A.**

EXPERT WITNESS STATEMENT OF GEORGE S. GLASS, M.D., P.A.

December 8, 2008

I. Declaration of the author

1. My name is George S. Glass. I am a medical doctor licensed to practice medicine in the State of Texas. I have practiced psychiatry in Harris County, Texas for 34 years. I have been hired by the United States Department of Justice at the rate of \$350 per hour for this Report and \$475 per hour for testimony. I have been asked to offer my opinion on the practices of the plaintiffs in the case *Church of the Holy Light of the Queen, et al., v. Mukasey*.

2. I graduated from Swarthmore College, Swarthmore, Pennsylvania with a B.A. in Psychology in 1963, and graduated from Northwestern Medical School in Chicago, Illinois with an M.D. in 1967. I completed a straight medical internship at Kings County Hospital, Brooklyn, New York in 1967 and did a psychiatric post doctoral fellowship at the Yale University Medical School Department of Psychiatry from July 1968 through July 1971.

3. I was a Lieutenant Commander and Staff Psychiatrist at the Bethesda Naval Hospital from July 1971 - June 1973, where I helped set up the Navy's Alcohol Treatment Program. I was an Assistant Professor of Psychiatry at the University of Texas Hospital Medical School in Houston from 1974 through 1978 and then was promoted to a Clinical Associate Professor of Psychiatry. I have been a Clinical Associate Professor at the Baylor College of Medicine since the mid 1980's, as well as at the Cornell-Weill Medical Program at the Methodist Hospital in Houston. I have been Board Certified by the American Board of Psychiatry and Neurology since 1976, and Board Certified by the American Medical Society on Alcoholism and Other Drugs Dependencies since 1986. I have been a Fellow of the American Psychiatric Association (APA) since 1987, and a Distinguished Life Fellow since 2003.

4. I was the State Chairman for the American Medical Society on Alcoholism and Other Drugs of Abuse (AMSODA) from 1975 through 1987 and a member since then. Additionally, I am a founding member of the American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA) as well as a charter member of the American Academy of Organizational Psychiatry (AAOP) I served on the Harris County Medical Society's Physician Counseling Committee for seven years and was the chairman for four years. Additionally, I was liaison for the Houston Psychiatric Society with the Harris County Medical Society in the mid 1980's, and on the Public Affairs Committee, and the Forensic Psychiatry Committee of the Texas Society of Psychiatric Physicians.

5. During the course of my career, I have authored more than thirty professional publications. I have been engaged in the practice of psychiatry in Houston, Texas for over 34 years. I was working as a practicing psychiatrist from 2000-2008 when the events involved in this lawsuit occurred, as well as now when this report is made.

6. I believe that my experience as a psychiatrist and an addictionologist qualifies me to serve as an expert in this case. My opinions are based on a reasonable degree of medical probability. My detailed curriculum vitae, including all of my publications as well as a listing of all my forensic experience, are attached hereto as Appendix A. I have served as an expert witness for plaintiffs and defendants over the past few years, as well as having been appointed by the Court to provide an opinion on multiple occasions.

II. Scope of Report

7. I was asked to review segments of a number of depositions for plaintiffs in this lawsuit, as well as a number of intake forms which had been completed by individuals applying for membership in that church. I have been asked to offer my professional opinion on whether or

not there was a potential for harm or damage to individuals who ingest an ayahuasca tea used by the Church in their ceremonies, or "Works."

8. In this report, I will detail my concerns as a medical doctor, a psychiatrist, and as a certified addiction physician, about the effects of the drugs involved in the ayahuasca, the intake process that people coming to the church are involved with, the mental health and/or vulnerability of the people coming to the church, the manner in which the ayahuasca is given, the amount of the ayahuasca, the supervision/observation/monitoring provided for members during the Work, and the long term effects of ayahuasca use.

9. In preparing this report, I relied on the following materials: the Declaration of Gathel Scott Ferguson; the Declaration and Deposition of Jonathan Goldman; the preface to Forest of Visions, written by Mr. Goldman; the Declaration of Jacquelyn Prestidge; the Declaration and Deposition of Miriam Ramsey; the Declaration and Deposition of Mary Row; the Declaration and Deposition of Alexandra Bliss Yeager; the Deposition of John Seligman and his introduction to Mr. Goldman's preface; the Deposition of Dr. [REDACTED]; intake forms 1-11, the Kaplan and Sadocks "Comprehensive Textbook of Psychiatry", and various online sources regarding "Daime" as well as information about MAO Inhibitors. The specific parts of the depositions cited here are attached as Appendix B.

10. I reviewed the material provided to me in detail. As a psychiatrist and an addictionologist, I have several concerns about how the Church uses ayahuasca in its ceremonies. My concerns include:

- a. The medical and psychological effects of the components of ayahuasca
- b. The negative side effects of the components of ayahuasca, and the potentially-harmful interactions

c. the inadequacy of the Church's screening procedures

d. The vulnerable population attracted to the Church

III. Summary of Conclusions

11. The ayahuasca mixture used in the Church's ceremonies poses risks to an individual's health and safety.
12. The screening process utilized by the Church is not sufficient to prevent harmful and potentially life-threatening interactions. People who may be at risk to suffer such an interaction are not effectively screened out.
13. The amount and potency of ayahuasca given to participants varies and may result in serious injury to a participant.
14. Since the majority of the Guardians are not medical professionals, and indeed, consume the ayahuasca themselves, they cannot effectively identify or treat circumstances that may arise during the ceremony.
15. The Church seems to attract a vulnerable population.

IV. The Components of Ayahuasca

16. According to members of the Church, their ayahuasca is made up of two components: a monomine oxidase inhibitor and dimethyltryptamine.

A. Monomine Oxidase Inhibitor (MAOI)

17. MAOIs are potent anti-depressant medications, which are rarely used by physicians due to their dangerous interactions with a wide variety of other medications and foods. Most physicians use MAOIs as the drug of last resort, when a patient has not responded to any other type of antidepressants, or before they turn to Electro Convulsive Shock Treatment (ECT).

18. MAOIs interact with foods that contain tyramine, an essential amino acid found in many foods, including meat, dairy products, nuts, and red wine. If an individual were to combine an MAOI with tyramine, there is a high risk of a hypertensive crisis, which can lead to a stroke. MAOIs also interact with many other common medications, which can lead to serotonin syndrome, another potentially fatal reaction caused by too much brain serotonin. See Tables attached as Appendix C.

19. In addition to these major, and life threatening side effects, MAOIs have a host of relatively minor, but also potentially damaging side effects. These include, but are not limited to:

- a. drowsiness
- b. constipation
- c. nausea
- d. diarrhea
- e. stomach upset
- f. fatigue
- g. dry mouth
- h. dizziness
- i. low blood pressure
- j. postural lightheadedness
- k. decreased urine output
- l. decreased sexual function
- m. sleep disturbance
- n. muscle twitching

- o. weight gain
- p. blurred vision
- q. headache
- r. increased appetite
- s. restlessness
- t. shakiness
- u. trembling
- v. weakness
- w. increased sweating

20. Church members acknowledge that there are potential problems due to the MAOI in the ayahuasca because they caution individuals about avoiding foods and drugs before a Work. See attached Appendix D. Despite this warning, however, there is no follow-up or monitoring to ensure the members do avoid these potentially-interactive foods. See, e.g., Deposition of John Seligman at 105:16-22 (“Q. Are you aware that in particular red wine could have an interaction with some of the chemicals within the Daime? A. I am. Q. So, would this raise a flag for you that this person consumes, regularly consumes this amount of wine? A. It would. And it must have slipped by me.”)

B. Dimethyltryptamine (DMT)

21. Dimethyltryptamine (DMT) is a psychedelic drug. It has been noted to cause hallucinations, a feeling of euphoria, visual distortions, and an awareness of being in contact with aliens. Psychedelic drugs effects have been recognized since the 1960s due to the publicity surrounding LSD. These drugs have also been known as “*psychotomimetic*” because their use can mimic, or imitate a psychotic reaction in an otherwise normal person. While the reaction is

somewhat dependent on the drug type, and the size of the dose, it is also dependent on the individual's inner state as well as their internal external environment at the time they take the drug. This means that an individual may have a "bad trip" if they are upset, or depressed, as well as if they are in a negative environment.

22. In the late 1960s and early 1970s many individuals including Professor Timothy Leary of Harvard, and Ken Kesey, in writing about "*The Electric Kool Aid Acid Test*", presented these chemicals as a panacea for individual's problems and society's stresses. Research was even done on whether individuals with psychiatric and substance abuse problems could benefit from using LSD. Unfortunately, as numerous articles in the literature have documented these substances were not helpful in curing emotional issues, and many individuals became psychotic from these drugs and never recovered.

23. It is also important to note that, because of the risks involved with ingesting even a small amount, these psychedelic drugs are also no longer used for any type of medical treatment.

24. To briefly summarize, the two components of ayahuasca have potent effects and very dangerous side effects. They would not be prescribed together, even if they were legal, by any prudent physician. Concerns about the side effects as well as the food and drug interactions are the reason that MAO Inhibitors are rarely prescribed, if at all. The short term potential for depersonalization, bizarre, destructive behavior, and acute psychosis as well as the long term consequences of chronic psychosis, and permanent personality change are dangers of psychedelic drugs including DMT.

V. The Church's Screening Policies are Inadequate and Often Disregarded by Plaintiffs.

25. Each church member that was deposed explained that CHLQ is not for everyone (see, e.g., Deposition of Jonathan Goldman at 59:14), and described an interview process governed by

exclusionary criteria to disqualify for membership individuals for various reasons, including background medical conditions. CHLQ adopted an Intake Screening Form to identify individuals possessing some of the disqualifying criteria. The Screening Form solicits information about the following conditions:

- a. Present or past history of major depression;
- b. Previous psychiatric hospitalizations;
- c. Present or past history of significant mental and/or emotional issues, including relationship issues, for which counseling was sought;
- d. Present or past history of substance abuse including marijuana and alcohol;
- e. History of past or present use of psychotropic drugs such as antidepressants, antipsychotics, or tranquilizers; and
- f. Present or past history of major medical problems.

26. Certain of plaintiffs' witnesses admitted that the screening form has not consistently been used, for many years was not used at all, and was adopted for use as a protection from legal liability. See Seligman, 122:20-123:12 ("Q: Has there ever been a person who has come to a work who has not filled out one of these forms? A: Oh, yes. Q: How many times has that happened? A: I don't know. But [for] approximately a year of interviewing without any forms because we didn't keep records at that time. Q: Do you know when that was? A. Probably 2005, I would say. Q: Why? A: 2004 I did some [without forms], also. We didn't keep forms because we didn't have a form, and because we didn't want to keep any records because we were concerned with the liability that it created for us. Q: That you were concerned that there would be liability by having the form? A: A liability with the government because we had been arrested. . . .")

27. The exclusionary criteria employed by the church, as documented in the blank medical screening form, might be a reasonable first step to protect against the potential risks involved in taking ayahuasca. However, these criteria could only reasonably protect against the potential risks if the individuals who marked "yes" to the exclusionary criteria were actually excluded from participation in CHLQ works, at which ayahuasca is consumed. Unfortunately, CHLQ's screeners admitted at deposition that they have permitted many individuals to attend CHLQ works and consume ayahuasca despite knowing that those individuals had some of the very background medical conditions which the exclusionary criteria are intended to screen out. See examples in Paragraph 30.

28. Although each plaintiff and witness for the plaintiffs described an interview process for prospective participants in Church works intended to screen out individuals with background health conditions posing the greatest potential risks for ayahuasca use, plaintiffs' screeners described a lax application of this policy. See Goldman Deposition at 46:19-47:2 (Q: If somebody is taking a drug that's on that list, is that in and of itself in all occasions disqualifying? A: No. There are some that would be in that category of automatically disqualifying, but not necessarily. If somebody is taking medication or physical condition, may or may not. There have been instances where that particular one I don't feel comfortable with them taking. Rare.")

29. As the screeners admit, in the vast majority of cases, the screeners do not communicate about prospective participants, and agree little as to the criteria for inclusion or exclusion of individuals meeting certain of the exclusionary criteria described above. See examples in Paragraph 30. Rather, in the vast majority of cases, each screener makes an individual determination about who may participate in CHLQ works and consume ayahuasca there. Although all screeners and other plaintiffs emphasized in deposition that the church is not for

everyone, and speak to the fact that individuals who have had emotional problems including depression, taken psychotropic drugs such as antidepressants, or been hospitalized for psychiatric or medical problems, or are present or past substance abusers should be excluded, these individuals are often not excluded but, in fact, permitted to participate, which many come to do quite regularly. See Goldman Deposition, 34:15-20 (“Q: Could you estimate what percentage of people you allow to participate? A: Of people that would come and present themselves as wanting to? What percentage? Q: Yes. A: Ninety percent would be able to.”)

30. The lack of strict adherence to the exclusionary criteria is further confirmed upon review of the screening forms produced by plaintiffs. The forms include questions inquiring into past mental health counseling or psychiatric treatment, past psychiatric hospitalization, past history of substance abuse, significant relationship issues, and major depression. However, many of the responders marked “yes” to one or more of these questions, and yet were allowed to participate in CHLQ works and consume ayahuasca there. When asked about the forms of certain individuals meeting the exclusionary criteria who were subsequently permitted to participate in CHLQ works, screeners indicated a wide variety of responses including, for example:

a. “Q: Can you remember any incidents when somebody was using one of these drugs, but they ultimately were allowed to participate in the ceremony and drink the Daime? A: Sure.” Goldman Deposition, 47:7-10.

b. “Q. So they have several yes answers on the back of the first page and one being about medication, the Benicar, and then the Wellbutrin, but she didn't document an elaboration on those answers. A. Uh-huh. Q. But you did permit this person to participate? A. Right . . .” Deposition of Dr. [REDACTED] 169:8-14.

c. "This person indicated on the back of the first page under medication, that they take the asthma inhaler Albuterol. Now, do you remember discussing that with her? A. Yes, I do. Q. And did you consult with [REDACTED] about this case? A. I can't remember if I consulted with [REDACTED]." Seligman Deposition, 117:5-6.

31. Almost all the plaintiffs who were asked said that newcomers who had significant medical problems, took a number of different medications, or required ongoing care by a physician should be excluded from taking ayahuasca, or that their medical condition should first be clarified with their own physician. See Seligman Deposition, 62:25-63:5. Despite repeated statements by plaintiffs that this was an established policy before an individual was allowed to participate in CHLQ works, when asked about individual prospective participants, the screeners admitted to many instances in which the policy was not followed. See Paragraph 30. They admitted that they allowed individuals who were weak or sick to participate, and even described instances in which an individual had to be removed from a work due to weakness, or even fainted in the work. See Goldman Deposition 54:53-55:7.

32. Two CHLQ members who are licensed physicians were mentioned as people who were available to be called on for approval when questions were raised by a prospective participant's background medical conditions. Goldman Deposition, 43:14-22, Deposition of Mary Row, 70-71. However, the physician-screeners admitted that in reality this almost never happens, even when the prospective participant's medical issues were apparent. These physician-screeners also admitted that they had never talked to a potential participant's personal physician to clarify if the potential participant was healthy enough to consume ayahuasca, or whether consuming ayahuasca might interfere with medications the person is taking. They also admitted that they did not always recommend and never required that a potential participant discuss with his or her

personal physician that they were about to consume ayahuasca. Row Deposition, 70:11-14 (“Q. Have the, any of you three physicians ever consulted with an applicant’s existing physician? A: I can only speak to myself. And the answer is No.”)

VI. Objectivity and Condition of the Physician-Screeners and Guardians

33. The depositions I reviewed include those of two licensed physicians, who were presented as the screeners for CHLQ. These individuals are also members of CHLQ, participate in CHLQ works, and consume ayahuasca there. That these physicians are members of CHLQ and regularly consume ayahuasca suggests they are not fully objective in assessing who should consume ayahuasca, or how harmful ayahuasca’s short- and long-term effects might be. Rather, it suggests they may have a significant bias in favor of permitting others to consume ayahuasca, or may minimize the adverse effects of ayahuasca when counseling others seeking to consume it.

34. Plaintiffs described the presence of “Guardians” at CHLQ works. See attached Appendix E. Guardians are CHLQ members who are tasked with monitoring the space where the work is taking place and the participants in the work to make sure there are no significant problems requiring their attention. While new Guardians undergo some training by experienced Guardians, they receive no special medical training. Seligman Deposition, 140:3-5 (“Q: Now, do the guardians receive any type of medical training or instruction? A: No, not that I’m aware of.”)

35. Moreover, the fact that the Guardian, who is to monitor, observe, supervise, assist, and protect others – including newcomers who may be undergoing a drug experience for the first time – are themselves consuming ayahuasca while serving as Guardians shows a certain lack of concern about the possibility of psychiatric or medical emergencies occurring. Seligman Deposition, 139:19-140-2 (“Q: Now, you mentioned that the guardians are taking the Daime? A:

Yes. Q: Are they restricted in the amount they take when serving as a guardian? A: They are not restricted, but they usually take less. Q: But that's their own choice? A: That's their own choice.") While it is likely helpful for newcomers to be assisted by experienced Guardians, the fact that the Guardians also are "under the influence" likely would only exacerbate problems if a real crisis or emergency occurred.

36. Plaintiffs stated in depositions that the amount of ayahuasca given to a person at a particular work is selected by whoever is serving on that occasion. Goldman Deposition, 115:25-116:13. Plaintiffs described that some individuals provide higher doses to newcomers, some provide lower doses to newcomers, and that there is wide variability on the size of each dose that is given, depending on the leader of the work's own assessment (along with the person's own assessment) of what the individual would benefit from or tolerate, and the strength of that batch of ayahuasca. Seligman, 77-78. It is highly problematic that the dosing of ayahuasca – a tea with significant adverse physiological and psychological effects – is done by non-medical professionals who employ a subjective, unscientific method for determining what would be an optimal dose for up to 130 different individual participants, which has the potential for causing significant harm to the participants. Rather, the dosing should be done in a measured, documented, and registered manner, which can be checked later should problems arise.

VII. The Potential Church Members Are Highly Vulnerable Individuals.

37. In the more than 30 years I have practiced as a psychiatrist, I have seen and treated hundreds of individuals, and have learned through experience to identify signs common to individuals who are psychiatrically vulnerable. As far back as 1971 and 1973, I documented the acute and chronic deleterious effects of psychedelic drugs, which often include psychosis. See

Glass, George S., 1973, *The Differential Diagnosis of Psychosis Associated Psychotomimetic Drug Use*, The Journal of Nervous and Mental Disease; Glass, George S. and Bowers, Malcolm B., 1970, *Chronic Psychosis Associated with Long-Term Psychotomimetic Drug Use*, Archives of General Psychiatry, Vol 23. Specifically, I commented on how fragile, vulnerable, and borderline functioning individuals may develop acute psychosis as well as a gradual personality change, such that they become increasingly paranoid, passive, and unable to function with others or in the world.

38. Many of the individuals who filled out the screening forms present themselves as very vulnerable, fragile, lost, and unhappy individuals.

- a. While the plaintiffs said that they do not recruit, proselytize, or promise anything to prospective participants, the recantation of their own positive experiences with the CHLQ to prospective participants may suggest to prospective participants that consumption of ayahuasca and involvement with the church can dramatically turn an individual's life around.
- b. Reading bits of the life stories of many of the plaintiffs, as described in their witness statements and their depositions, also points to the fact that many of the plaintiffs themselves are individuals who seem to have been unhappy if not unsettled for much of their life, have negotiated around the fringe of what is recognized as mainstream medicine, religion, and healing, and have finally settled on a mixture of drugs and religion to attempt to turn their own lives around.
- c. They in turn have a following of people who try to participate in the church and use ayahuasca, and who have a history of having been discontent in their own lives. The screening forms show a mixture of individuals who have been past and present

psychiatric patients, including those who have been hospitalized for psychiatric problems; people with extensive histories of substance abuse, including some who are still using drugs at the time of their application to CHLQ; people with significant relationship issues; and people with long histories of general unhappiness in their life.

d. In over 35 years of psychiatric practice I have seen people at times of crisis look for short cuts, or quick answers to what had been longstanding life issues for them.

Unfortunately, the solutions they choose are almost always worse than the problems they started with.

e. People such as this are particularly vulnerable to, and a set up for anybody who would offer them some type of hope and a way to improve their own situation, particularly with an easy and almost magical solution. Goldman Deposition, 75:4-12 (“Even then we get people who come who are very sensitive. We get the kind of people who sometimes have a very hard time being in the world. They are sometimes not very adept at navigating the third-dimensional world. We take very good care of them. The guardians know them. They receive very little amounts of Daimé. We talk to them a lot. We follow up. We wouldn’t automatically disqualify somebody like that, but we pay really close attention to them.”)

39. As a psychiatrist, I have observed that spiritual hope and perceptions of magical happenings are often associated with religious belief. The fact that it is mixed with drugs, and particularly the dangerous and illicit hallucinogenic drugs in ayahuasca, helps to explain why so many of CHLQ’s applicants have been drug users.

a. In my clinical experience with literally thousands of individuals whose lives had been damaged by drug use, it is sad to see these individuals make an attempt to resolve

their life issues by turning to the same maladaptive solution that got them into difficulty: drug use. These individuals appear to be looking for a magical solution, and CHLQ offers a quick fix, that may take advantage of vulnerable people.

b. Prospective participants are screened by, and meet during their first work, individuals who may have found a way out of their own life dilemmas by being involved in a religious ceremony where they will be given drugs on multiple occasions during each four to twelve hour ceremony, at least three times per month. Sadly, this is little different from the promises of those such as Professor Timothy Leary in the 1960s, Ken Kesey's Magic Prankster's in the "Electric Kool Aid Acid Test," and Carlos Castaneda in the "Teachings of Don Juan," although none of those historical individuals prescribed multiple doses of a psychedelic drug over a four to twelve hour period, let alone in combination with an MAO inhibitor.

VIII. Concluding Medical Opinion

40. In my medical opinion, the use of the Daime, an ayahuasca tea preparation combining an MAO inhibitor, and the hallucinogenic drug DMT, in a religious ceremony is a dangerous procedure.

a. It appears to be done by a number of sad, somewhat lost, perhaps well-meaning individuals who are trying to find a way to connect to themselves and others, and are using the drug as part of a ritual to do that.

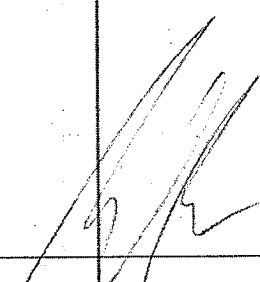
b. It is noteworthy that many of the people who buy into this process are in fact people who have had drug problems in the past, as demonstrated by the fact that 6 of the 11 intake forms I reviewed admitted to Substance Abuse Problems, 6 had been in psychiatric treatment, and one had been in a psychiatric hospital.

c. While the forms I reviewed were not a complete set of all forms collected by CHLQ, the high proportion of CHLQ members who have present or past histories of psychiatric illness and/or substance abuse is consistent with the data presented by Dr. John Halpern in his 2008 study. See Amended Expert Witness Statement of Dr. John Halpern at 5 (reporting that out of thirty-two study participants, nineteen met lifetime criteria for a psychiatric disorder and twenty-four had drug or alcohol abuse or dependence histories.)

41. The foregoing assessment and opinions are based on a reasonable degree of medical probability. These are my opinions based on the information that I have been able to review at this time.

42. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

DATED: December 8, 2008



Dr. George S. Glass, M.D., P.A.