

## **AKATHISIA, VIOLENT CRIME AND PRODUCT LIABILITY.**

Forensic implications:

**Civil  
and  
Criminal.**

**Suicides and homicides and  
Product Liability, and how to  
avoid trouble.**

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Poster from 40th RANZCP CONFERENCE,  
Sydney, May 2005.

Completed Suicide is the measurable tip of an iceberg of disturbing side effects:

**akathisia, agitation, mania,  
psychosis, deliberate self  
harm, suicide, violence and  
HOMICIDE**

they occur mostly on

starting, stopping, changing dose up or down and irregular dosing.

Or if co-prescribed medication is added or removed.

Withdrawal can start four weeks after stopping the drug, and can go on for three months or more.

**Homicide by the mentally disordered (criminologists jargon) is rising in NSW.**

**The number of homicides pleading mental health has rocketed from about 6 a year to 36.**

**The Sentinel Events Committee chaired by the Hon. Professor Emeritus Peter Baume AO,**

**charted the rising mental health suicide numbers since 1993.**

**Dr Bill Barclay AM looked at 9 Homicides by patients**

**under Mental Health Care**

**The report is called Tracking Tragedy**

**Much literature was published in the 1970s and 1980s on suicide and homicide associated with akathisia,**

**induced by traditional neuroleptics,**

**75 suicides in one paper, 6 homicides in another.**

In a 1985 paper, Schulte linked akathisia with psychotic acts of murder and suicide.

He wrote, "The following five case histories of 23-52 yr old males are reported to bring attention to the potential for severe violence, as a result of akathisia, following such administration of a neuroleptic (major tranquilliser) for acute psychiatric symptoms.

Many papers by Theodore van Putten, Jerome Schulte, M. Katherine Shear cited in Mad in America Robert Whittaker Perseus Publishing 2002. Medline Search, akathisia suicide violence

- A series of homicide judgements under a variety of different jurisdictions and conditions have highlighted the link between antidepressant, and in particular SSRI use and violence.

- The first of these cases in 1994 followed Joseph Wesbecker's shooting dead 8 people and injuring 12 others before killing himself at his place of work, a printing press in Louisville Kentucky.

"

- Wesbecker had been taking fluoxetine (Prozac) for 4 weeks. The case put a number of pharmaceutical company documents about drug-induced activation into the public domain.

- The evidence for the existence of a problem, however, in principle applies to other SSRI agents also.

- If the scientific case is persuasive, the legal principles that apply to such cases will need to be mapped.

- From David Healy unpublished

•There are now scores of such reports, and few psychiatrists have not seen this happen

Many hundreds of suits over suicides and homicides have been settled by Pharma

and over 100 homicides have been defended as caused by SSRIs, and many survivors and relatives of the dead have been compensated.

Not committed by psychotic persons,

but by patients treated for

anxiety, eating disorders, OCD and menstrual problems

and overwhelmingly, by children.

Since 1994, SSRI-induced akathisia that has been recognised in the Diagnostic and Statistical Manual (DSM IV TR), where it is coded as a movement disorder, but it fits equally well into drug induced psychotic states or with organic brain syndromes.

A useful concept is "the "akathisia-prone patient" as one who is likely to develop akathisia on tricyclics, lithium, SSRIs, Zyprexa, Risperdal, Solian and Seroquel as well as a variety of other medications.

Akathisia accompanies the taking of the medication but it can also occur if the drug is stopped suddenly rather than slowly. Withdrawal Akathisia is congruent with supersensitivity psychosis, about which there is a substantial literature.

It is rare to see a person who has been on these medicines for some time who is not also taking co-prescribed tranquillisers of one kind or another

The akathisiac is agitated restless and almost manic at times.

Obsessive suicidal and violent and homicidal ideation is experienced as ego alien, “not me, I do not want to die or kill, I cannot understand these impulses and drives.

Improbable people commit homicide. Improbable people obsessively create homicide lists

Multiple homicide is common and violent.

Suicide following homicide is very common

If you ask, they will tell you, even in jails. They have been thinking of suicide and homicide for ages, in two of my cases, for 8 years

Breggin defined a *stimulant continuum* beginning with lesser degrees of insomnia, nervousness, anxiety, hyperactivity and irritability,

which progresses toward more severe agitation, restlessness, aggression and varying degrees of mania.

Mania or manic-like symptoms include disinhibition, grandiosity; sleep disturbances and out-of-control aggressive behaviour.

They cycle into depression and suicidality.

They can produce a combined state of *stimulation and depression*, an *agitated depression*, with a high risk of suicide and violence.

Ann Blake Tracy, Ph.D., author of Prozac: Panacea or Pandora?,

She has been studying the violent, dark side of SSRI drugs for ten years.

She has researched 32 murder/suicides that involved women and their children.

By interviewing their families and studying autopsy reports, news accounts and medical histories, she has determined that in 24 of these 32 cases, the women were taking Prozac or another SSRI.

Robert Whittaker wrote about “the madman of our nightmares” who was not a schizophrenic but an akathisiac, having just taken, or taken himself off, prescribed medication.

Akathisia suicide and depressive suicide are as different as chalk and cheese.

**Akathisia homicide is also different from any other, and can and should be differentiated.**

**It attracts an absolute defence of involuntary intoxication leading to dissociation and non-insane automatism.**

Whittaker Robert: Mad In America. Perseus Publishing.2002.

Professor Perminder Sachdev has proposed a classification of one of these, **akathisia**.

Other than in rare neurological disorders or in the aftermath of epidemics of encephalitis lethargica, akathisia is drug induced akathisia, (DIA) and always iatrogenic.

Acute akathisia (AA) may emerge after only two or three doses of an SSRI.

It is called tardive akathisia (TA) when it develops late in treatment.

Chronic akathisia (CA)

Withdrawal akathisia (WA) is clinically identical and may develop up to three months after stopping the medication.

It may be associated with a manic shift as well as rebound depression.

It does not get better unless akathisia inducing medications are ceased, and even then, it might take time to recede.

**Sachdev, P: Akathisia and Restless Legs. Cambridge University Press 1996**

## Who is at risk for akathisia?

Some people (6-20% of some populations) cannot deal with SSRIs at all and react catastrophically to only one or two doses.

Many medicines are metabolised by the P450 cytochrome system, 1000 enzymes, and are determined by 50 different genes.

Not every person has all the genes and all the enzymes.

Genetics of the metabolism, of transporter and neuro-receptor systems, may hold the answer to the mystery of why different people respond differently to the same substances.

Akathisia is both idiosyncratic and dose related.

Children are 6 times as vulnerable as adults. Immaturity of cytochromes systems

Enzymes that metabolise medicines can be carefully "induced" by slowly increasing doses, but they are inhibited by cannabis and some medicines.

One can predict that a problem will occur with combined use, but not whether it will be suicide, violence, sedation or psychosis.

If too much is given, or is given too quickly, a "traffic jam" occurs, and an oversupply of psychoactive metabolites recirculates and acts, unpredictably, on brain receptors.

**Tanaka E, and Hisawa S: (1999). Clinically significant pharmacokinetic drug interactions with psychoactive drugs: antidepressants and antipsychotics and the cytochrome P450 system. Journal of Clinical Pharmacy & Therapeutics, 24(1), 7-16.**

Other vulnerability factors are smoking cannabis use, speed psychosis, liver problems alcohol use and brain damage or injury or developmental delay.

If they had a bad reaction before to a drug requiring P450.

If two medicines need P450, do not use them together. MIMS says Caution. Warn and get permission.

Embarrassed, and guilt ridden, they do not confess their homicidal impulses.

Eliciting them needs careful questioning.

These experiences can go on for hours or years, or can be acted on very quickly, in a matter of minutes.

•Schulte reported five case of akathisia homicide in 1985..

•**17th February 2005.** Below are some of the 100 cases of homicides and attempted homicides that have occurred on SSRIs.

**Some were suicides/attempted suicides, some homicides, many multiple and violent homicides, followed by suicide or suicide attempt.**

**The pharmaceutical industry has settled, often out of court then those cases are not available as gag orders are usually a part of the terms of the settlement.**

•Christopher Bernaiche, 26, (Prozac) of South Rockwood in 2002. Two days after Prozac dosage doubled, fired wildly around killing 2 men, and wounded 3 others after pool game argument. (Defense pleaded mentally ill and Prozac induced rage, jury verdict 1st degree murder. Judge has recently ordered a retrial as prosecution withheld info sent to them relating to evidence linking Prozac and violence. Retrial Pending)

Young man in Amarillo, TX (Prozac, Ritalin and another antidepressant) burned down a church and pastor's home. Sergi Babarin (Luvox withdrawal) The Salt Lake Family History Library shooting leaving three dead. Dr. Debra Green (Prozac) Kansas City, MO, set her home on fire, killing her children.

•Eric Harris aged 17 (Zoloft then Luvox) and Dylan Klebold aged 18 in Columbine school shooting in Littleton, Colorado, killed 12 students and 1 teacher, and injured 23 others, before killing themselves.

•David John Hawkins aged 76, Australia (Zoloft) strangled his much loved wife with no warning. (Judge found: "I am satisfied that but for the Zoloft he had taken, he would not have strangled his wife").

Christopher Pittman, aged 12, (Paxil then Zoloft). Known amongst family as 'pop-pops shadow', he had always been very close to his grandfather. Shortly after being prescribed Zoloft he shot both his grandparents dead and burned the house down. Imprisoned, he waited 3 years for trial, and was then tried as an adult - a practice acceptable in the USA. (Defense pleaded involuntary intoxication. Preparing for the expected homicidality-zoloft link, Pfizer lawyers involved themselves early into the case with prosecution. Jury opted for murder verdict)

- Another boy in Pocatello, ID (Zoloft) had a stand off at the school.

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

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

- Christopher Vasquez (Zoloft) killed Michael McMorrow in Central Park

Boy in Pocatello, ID (Zoloft) in 1998 who in seizure activity from Zoloft had a stand off at the school.

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

Mrs. Phil Hartman (Zoloft, but also taking Cocaine) , killed her husband and then herself. (Wrongful death court case was filed but settled by the Zoloft manufacturer).

- Marilyn Lemak (Zoloft) of Naperville, IL killed her three children.

- Larry Gene Ashbrook (Prozac) killed seven people and himself in church in Fort Worth Texas.

Kristine Marie Cushing, age 39 (Prozac) shot and killed her two children, then shot herself in failed suicide attempt.

Christina Fetters aged 14 (Prozac) in Iowa who killed her favourite aunt.

Williams Evans (Zoloft) shot one co-worker at the Ohio Bureau of Employment Services before shooting himself in Columbus, OH.

Kenneth Seguin (Prozac) drugged his two children, cut their wrists and dumped their bodies in a nearby pond before driving home and killing his wife with an axe while she slept.

David Rothman (Prozac) killed two co-workers and himself at the Dept. of Agriculture in Inglewood, CA.

Luke Woodham aged 16 (Prozac) Anu Singh, well described in Helen Garner's book, Joe Cinque's Consolation, Prozac homicide by a diagnosed borderline.

- Cory Baadesgaard (Paxil then 300 mgs Effexor) in Matawa, WA school shooting. This was not long after being taken off Paxil cold turkey and changed over to Effexor.

- Young man in Amarillo, TX (Prozac, Ritalin and another antidepressant) burned down a church and pastor's home.

- Sergi Babarin (Luvox withdrawal) The Salt Lake Family History Library shooting leaving three dead. Dr. Debra Green (Prozac) Kansas City, MO, set her home on fire, killing her children.

- Daryl Dempsay, 35, (Zoloft) stabbed his wife and two children at their home in Burlington, Kan., then shot and killed himself. Mark Barton, Atlanta day trader, (Prozac) killed his family and others in a shooting spree before taking his own life

- Gloria B. (Prozac) in Pleasant Grove, UT killed her 17 year old son with a sledge hammer while he slept before she attempted suicide by drinking drain cleaner.

- Larry Butzz, (Prozac) a superintendent of schools in Ames, IA shot his wife, son and daughter before shooting himself.

- Michael McDermott (Prozac) - Software tester who walked into work and shot seven co-workers.

- Joseph T Wesbecker, Kentucky (Prozac) went into work with an AK-47 and a couple of pistols, killed 7 co-workers injured 12.

- Gail Ann Ransom. (Prozac) Became increasingly violent after beginning Prozac treatment culminating in the strangulation of her mother.

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

- Victor Brancaccio (Zoloft) aged 16, Florida, Learning disability. 2 months into Zoloft & with increasing hostility and anger, killed a woman who said something which upset him while he was taking a walk to try to calm down. (Judge refused to instruct the jury re involuntarily intoxication, Victor was convicted of 1st degree murder, life sentence)

- 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.

- Andrea Yates (Remeron-Effexor) of Houston, TX, drowned her five children in the bathtub. The drugs had been prescribed at one and a half times the maximum dose.
- Elderly man (Paxil) in Dallas, TX strangled his wife before shooting himself twice in the chest.
- Lynwood Drake III, (Prozac and Valium) of California, shot and killed six people before shooting himself.

•Larry Ashbrook (Prozac) killed seven people and himself in a Fort Worth, Texas, church. Hank Adams: (Prozac) Former San Diego Deputy Sheriff shot his wife and himself to death in front of his seventeen-year-old daughter

•Reginald Payne (Prozac) UK teacher aged 63, eleven days into Prozac suffocated his wife and then committed suicide by jumping off a cliff.

•Duncan Murchison, (Prozac) threatened to murder his girlfriend while on a rampage

Larramie Huntzinger (Zoloft) ran his car into three young girls killing two in Salt Lake City, UT.

•Mary Hinkelman (Prozac), a nurse in Baroda, MI shot her two small daughters and her sister before shooting herself.

•Lisa Fox (Prozac) shot her small son and her dog before shooting herself in Brighton, MI.

•Debi Louselle (Zoloft) shot her daughter and then herself in Salt Lake City, UT.

•Andrew Myers, 28 (Zoloft) Within two weeks of starting on Zoloft he hit a long-time friend in the head with a spiked, pronged brass knuckle-type weapon known as a "ninja key ring" during an argument. Attempted murder charges. (Acquitted - Zoloft induced).

•Leslie Demeniuk, Florida, (Zoloft then Paxil) killed her four-year-old twin sons in 2001. (Trial is on hold while prosecutors appeal a judge's ruling that two defense experts could testify that Demeniuk was "involuntarily intoxicated" and "psychotic" as a result of taking Zoloft and then Paxil.).

- Donald Schell, (Paxil). 48 hours after starting Paxil, he killed his wife, daughter, granddaughter and himself. (Jury found Paxil at cause and ordered GlaxoSmithKline to pay \$6.4 million to surviving family members.).

- Merrilee Bentley Australia, (Paxil then Effexor) attempted murder (with suicide) of her young daughters. (Judge ruled that Effexor had "gravely impaired" Merrilee Bentley's capacity for rational thought and action. He imposed a two-year suspended jail sentence and told her she was free to go home.)

- Elizabeth Bush aged 13 (Paxil) was responsible for a school shooting in Pennsylvania.

- Nick Mansies (Paxil) who was convicted of killing a little boy selling cookies door to door. Sue Gray, Orange County, CA (Paxil) who co-workers described as a very caring nurse, killed several elderly people. Officer Stephen Christian (Prozac) who ran into a police substation shooting at fellow officers and was killed;

- Williams Evans (Zoloft) shot one co-worker at the Ohio Bureau of Employment Services before shooting himself in Columbus, OH.

- Christina Fetters aged 14 (Prozac) in Iowa who killed her favourite aunt.

- Anyone wanting the full list can email me at [lucire@ozemail.com.au](mailto:lucire@ozemail.com.au).

- In the pipeline are Zypban and Zyprexa homicides and suicides. Any drug that produces akathisiis acan cause homicide.

- Many are followed by medical negligence cases, and these are often successful.

- They can be diverted onto the PhaRMA if it can be demonstrated (and it can now) that they PhaRMA knew and did not warn.

## **SCHOOL SHOOTERS: PRESCRIBED MEDICATIONS INVOLVED.**

•Here are the last major school shooters and the link under each name is a reputable news source that connects them all with SSRI's (selective serotonin reuptake inhibitors) like Prozac, Ritalin, Zoloft, Luvox, Paxil, and others:

•1) May 20 1999: T.J. Solomon, a 15-year-old wounds six at Heritage High School in Conyers, Ga..  
<http://add.about.com/health/add/library/weekly/aa052599.htm> CNN Reports That T.J. Solomon was on Ritalin.

•2) April 16 1999: Shawn Cooper, a 15-year-old sophomore wounds one at Notus Junior-Senior High School in Notus, Idaho.  
[http://www.boiseweekly.com/archive/v7i42/cope/cope\\_col.html](http://www.boiseweekly.com/archive/v7i42/cope/cope_col.html) Reports that Cooper was abused and medicated.

•3) April 20 1999: Eric Harris and Dylan Klebold kill thirteen and wound twenty three at Columbine High School. <http://www.washingtonpost.com/wp-srv/national/daily/april99/antisocial04299.htm> Eric Harris, The apparent leader of the attack had been on Zoloft and Luvox.

•4) May 21, 1998: Kip Kinkel, a 15-year-old kills four and wounds twenty three at Thurston High School in Springfield, Ore..  
<http://www.drugawareness.org/washtimes.html> Kinkle Had been taking Prozac.

•5) March 24, 1998: Mitchell Johnson, 13, and Andrew Golden, 11, opened fire on their classmates and killed five and wounded eleven at Westside Middle School in Jonesboro, Ark.. Arkansas  
Online <http://www.ardemgaz.com/prev/jonesboro/brygolden24.html> Andrew Golden's Medical Records released to Courts but not open to the public From Jon Rappaport of the Truthseeker foundation:  
<http://www.nfgcc.org/schoolviolence.htm> A Doctor from Georgetown University commented on Network television that one of the boys had previously been treated for violent behavior. (Treated with what?)

•Little Timmy. 10 year old (Prozac) in southern Florida.

•7) Ben Garris, a 16-year-old in Baltimore who stabbed his counsellor to death. <http://www.ariannaonline.com/columns/files/070998.html>

•8) Kristina Fetters, a 14-year-old from Des Moines, Iowa, who stabbed her favorite great aunt in a rage that landed her a life sentence. <http://www.ariannaonline.com/columns/files/070998.html>

•9) Pfizer, The Manufacturer of Zoloft is being sued by a Kansas family for the Suicide of their 14 year old son on Zoloft. <http://www.ariannaonline.com/columns/files/061099.html>

•10) The estate of Brynn Hartman, Wife of the Saturday Night Live Comedian, Phil Hartman, is also suing Pfizer, since Mrs. Hartman had been on Zoloft when she killed her husband and herself! <http://www.ariannaonline.com/columns/files/061099.html>

## Psychiatric Drug Facts

Peter R. Breggin, M.D.

### Paxil Withdrawal Suit Resolved

- A California lawsuit against Glaxo SmithKline (GSK) charged the drug company with failing to warn the public about the dangers of Paxil withdrawal. Glaxo SmithKline (GSK), the manufacturer of the antidepressant Paxil, resolved the suit in January 2002. The results of the resolution, including any settlement by defendant Glaxo SmithKline, were not announced. The outcome was described as a resolution rather than a settlement.
- Psychiatrist Peter Breggin, M.D. was the plaintiff's medical expert and worked closely with the attorneys in formulating the suit..

•True. Pfizer's Zoloft Litigation Manual (an exhibit at 12 year old Christopher Pittman's murder trial)

•“INTRODUCTION

•A. Purpose

•This manual is prepared in anticipation of litigation to assist Pfizer's lawyers, and lawyers in prosecutors' offices with common interests, in responding to a civil claim or criminal defense in which someone alleges that his wrongful, violent conduct should be excused because, when he committed the violent act, he was taking the antidepressant medicine that is marketed under the brand name Zoloft (generic name: sertraline or sertraline HCl).

This manual describes how Zoloft works, its indications (that is, when it should be prescribed), and its side effects, and offers guidance on how attorneys can rebut scientifically unsubstantiated claims that Zoloft can induce violent behavior.

The manual also describes the themes that Pfizer's lawyers or similarly-situated attorneys are likely to encounter and how those themes can be rebutted.

•The manual is not intended to provide a complete scientific understanding of depression and its treatment, nor does it seek to explain all of the scientific underpinnings of antidepressant therapy.

•Therefore, it is important for attorneys to consult with an expert knowledgeable about those matters (generally, a psychiatrist or pharmacologist) who can further assist in rebutting allegations the defendant makes regarding Zoloft.

Reputable physicians are in the best position to inform the jury of accepted scientific principles that rebut allegations that Zoloft caused or contributed to violent behavior.

## HUNDREDS of THESE

- **ELI LILLY AND COMPANY,**

- an Indiana Corporation,
- Defendant.

- Case No. 95-00185ACK

- **INDEPENDENT ACTION TO SET ASIDE JUDGMENT FOR FRAUD ON**

- **THE COURT**

- JUDGE: Hon. Alan C. Kay
- Pursuant to Rule 60(b), Federal Rules of Civil Procedure, Plaintiffs Susan K. Forsyth, individually and as Personal Representative of the Estates of June M. Forsyth and William D. Forsyth, and William D. Forsyth, Jr. bring this independent action to set aside the April 7, 1999, Judgment in favor of Eli Lilly and Company and against Plaintiffs in the case entitled Susan K. Forsyth, individually and as Personal Representative of the Estates of June
- M. Forsyth and William D. Forsyth, and William D. Forsyth, Jr. v. Eli Lilly and Company,. The basis of this independent action is that the Judgment was obtained by a fraud on the Court

The good news is that these cases against doctors can now be defended as the responsibility to warn of catastrophic side effects lies with the PhaRMAs.

They have this information and had tried to hide it. New York's Attorney General, Eliot Spitzer, conducted successful litigation against GlaxoSmithKline for non-disclosure of risk,. specifically in the case of Aropax. It has obtained an undertaking by PhaRMAs to place details of clinical trials, even those previously undisclosed, on the internet. These postings on the FDA website have forensic utility to show the extent to which the advertising differs from what was found in clinical trials presented for licensing purposes.

<http://www.fda.gov/cder/approval/index.ht>

Expert evidence is available to show how what doctors were told differs from what PhaRMAs know.

It is suggested that because akathisia is primarily an internal sensation, clinicians must be certain to question patients before ruling out its presence.

Patient histories should be taken prior to the use of neuroleptic agents in emergency rooms in order to elicit a potential for violence.

Professor Sachdev suggests how such problems might be avoided: by informed and ethical practice. I submit that his protocol would be an appropriate standard of care for the HCCC to endorse. I quote:

### Ethical and legal issues

*Because Drug Induced Akathisia (DIA) is an iatrogenic disorder which leads to serious distress, may compromise the psychiatric status of the patient, may lead to impulsive actions (aggression or self harm) and may become chronic and resistant to treatment, it is of much ethical concern and may lead to litigation. The most common allegations against psychiatrists, in reference to medication side-effects, pertain to two areas: negligence and informed consent (Lawson, 1989).*

*A negligence or 'tort' action is successful if the plaintiff can establish by a preponderance of evidence (i.e., more convincingly than the contrary can be established by the defendant) that the psychiatrist violated his or her duty to care for the patient (by an act of omission or commission), leading to physical or emotional injury to the patient. In the case of akathisia, an appropriate standard of care will involve:*

- (i) performing a detailed assessment of the patient to establish the diagnosis that indicates treatment with a neuroleptic or other akathisia-inducing medication;
- (ii) considering suitable alternatives to the prescription of such medication;
- (iii) prescribing the drug in the appropriate dosage, and for the proper duration, as is generally considered by the majority of the profession; (
- (iv) recognizing the side-effect early, alerting the patient to it and taking the appropriate measures, which include reviewing the offending medication and monitoring and treating the akathisia when indicated

(v) recognizing the risk of Tardive Akathisia (TA) and Withdrawal Akathisia (WA), and using generally recommended practices for long-term treatment, while being cognizant of the attendant risks;

(vi) consulting with psychiatrist colleagues and, if necessary, experts in the field, in case of doubt.

This protocol is only courteous common sense in prescribing any medication or treatment as every treatment has an attendant risk.

This shares responsibility and decision making empowering the patient who has a right to decide what treatment she wants, and what risks she will take for what benefits.