



CITIZENS COMMISSION ON HUMAN RIGHTS

The International Mental Health Watchdog





IMPORTANT NOTICE

For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and “diseases” of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC “DISORDERS” ARE NOT MEDICAL

DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental “diseases” have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL “DISORDERS,” NOT PROVEN DISEASES.

While mainstream physical medicine treats diseases, psychiatry can only deal with “disorders.” In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome*. Harvard Medical School’s Joseph Glenmullen, M.D., says that in psychiatry, “all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.” As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, “There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases.”

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY “MENTAL DISORDERS.” Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not

know the causes or cures for any mental disorder or what their “treatments” specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness.”

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A “CHEMICAL IMBALANCE” IN THE BRAIN IS UNPROVEN OPINION, NOT FACT.

One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE’S PROBLEMS.

People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable “brain diseases” that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

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INTRODUCTION

Watchdog for Mental Health

In 1969, the Citizens Commission on Human Rights (CCHR) was established to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. For well over a century, psychiatric theory had held that because neither spiritual matters nor the mind could be measured with physical instruments, they did not exist and had no place in mental health treatment.

Typical psychiatric practice meant that patients were treated like animals—they were stripped of their legal rights and possessions, brutalized and warehoused in degrading conditions. Inmates were terrorized with electric shock treatment, often as punishment and without consent. Psychiatric lobotomies and other psychosurgical procedures destroyed minds and lives. Powerful neuroleptic (nerve seizing) drugs caused irreversible brain and nervous system damage making patients sluggish, apathetic and less alert.¹ Furthermore, patients were assaulted and sexually abused—all under the guise of “therapy.” Any claim of a scientific basis was a hoax.

Consider the story of Hollywood actress Frances Farmer, who over a six-year period in the 1940s appeared in 18 films, three Broadway plays and 30 major radio shows, all before the age of 27. Then,

suffering from a series of failed relationships and addicted to amphetamines for weight control, Farmer was admitted to a Washington State psychiatric hospital. Raped by orderlies, prostituted by hospital staff to soldiers from a nearby military base, locked in a cage, subjected to electro- and insulin shock treatments, given ice-cold “shock” baths, powerful, debilitating drugs and psychosurgery—

Frances Farmer’s personality and career were destroyed.

Unlike many, Farmer survived and was able to tell of her experiences: “Never console yourself into believing that the terror has passed, for it looms as large and as evil today as it did in the despicable era of Bedlam. But I must relate the horrors as I recall them, in the hope that some force for mankind might be

“... I must relate the horrors as I recall them, in the hope that some force for mankind might be moved to relieve forever the unfortunate creatures who are still imprisoned in the back wards of decaying institutions.”

— Frances Farmer, actress,
1940s psychiatric abuse victim

moved to relieve forever the unfortunate creatures who are still imprisoned in the back wards of decaying institutions.”

The Citizens Commission on Human Rights *is* that force.

Inspired by visionary humanitarian L. Ron Hubbard—who identified the abuse inherent in psychiatry’s acts when he said, “There must not be any influential group dedicated to man’s degradation,”—CCHR today is the preeminent international psychiatric watchdog.

Established by the Church of Scientology as an independent social reform group and co-founded by Dr. Thomas Szasz, professor emeritus of psychiatry, CCHR is responsible for many hundreds of international reforms gained through testimony before legislative hearings, its own public inquiries into psychiatric abuse, and its work with media, law enforcement and public officials.

This publication details some of the investigations, major changes and reforms CCHR has helped to bring about. Through CCHR's diligence, thousands of victims of abuse have been rescued; patients have regained their legal and civil rights; mental health acts around the world have prohibited the arbitrary use of electroshock treatment, psychosurgery and banned deep sleep (narcosis) treatment and insulin shock. Legislation now exists to ensure psychiatric rape of patients is dealt with through the criminal courts, and many hundreds damaged by psychiatric "treatment" have been compensated.

Today, psychiatrists' power to coerce parents into putting their children on very dangerous psychotropic drugs condemns us to a deepening drug culture and the subversion of the family unit. Seventeen million children worldwide are prescribed antidepressants that cause violent and suicidal behavior. This includes children younger than one year old who are now being prescribed mind-altering drugs. Millions more of our young are prescribed a stimulant that is more potent than cocaine. Therefore, CCHR's job remains formidable and its watchdog role of preventing human rights abuses all the more vital.

For many psychiatric victims, CCHR is their only hope, the one group willing to listen that will *not* attribute their very serious complaints to the "delu-



sions" of "mental illness." Through CCHR's work, countless lives have been saved or salvaged from the personal degradation that follows in the wake of psychiatric treatment.

Today, CCHR proudly continues its watchdog role with over 130 chapters in more than 30 countries—numbers that keep growing year after year—in what is nothing less than a global fight for the dignity and decency of man. More vital than ever, CCHR's work will only be complete when psychiatry's fraudulent practices are eliminated and it is held accountable for its harmful treatments and human rights violations.

A handwritten signature in black ink, appearing to read "Jan Eastgate".

Jan Eastgate
President, Citizens Commission
on Human Rights International



Since CCHR's earliest days, it has sought to bring the full weight of the law—and public pressure through the media—to bear on psychiatry's unrelenting violations of civil rights, and to expose and decry the abuses it precipitates.



CHAPTER ONE

The Fight for Basic Rights

By depicting those they label mentally ill as a danger to themselves or others, psychiatrists have convinced governments and courts that depriving such individuals of their liberty, is mandatory for the safety of all concerned. Wherever psychiatry has succeeded in this campaign, extreme abuses of human rights have resulted. One particularly odious attempt to give psychiatrists control over the American populace was made in 1956.

In January of that year, the U.S. Congress quietly and unanimously passed an Alaskan Mental Health Act, drawn up and lobbied for by the top of U.S. psychiatry, which earmarked one million acres of land in Alaska to be fenced off and set aside for a psychiatric facility where any person in the country could be committed involuntarily by a psychiatrist.

L. Ron Hubbard, the founder of the Scientology religion, likened this nefarious psychiatric plan to a Siberia-type camp for anyone to be committed against their will and dubbed it "Siberia USA!" He spearheaded a coalition of members of the Church of Scientology and civil rights groups who launched an intense campaign against this plan to legalize a wholesale violation

of human rights, resulting in the bill's defeat in the Senate. For years afterward, however, psychiatrists still referred to the language of the "Siberia" bill as their preferred model legislation for involuntary commitment.

In 1966, the International Covenant on Civil and Political Rights was adopted by the United Nations General Assembly. Article 9 states: "Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedures as are established by law."

In 1969, Hungarian refugee Victor Gyory was involuntarily committed, stripped naked, held in isolation against his will, and then forced to undergo electroshock. CCHR stepped in, obtaining his release by establishing that Gyory had been diagnosed as "schizophrenic with paranoid tendencies" simply because he did not speak English.

It was shortly after that, CCHR was founded and on these very principles. It has, thus, been one of its most important missions to protect individuals from psychiatry's "easy seizure" laws.

In 1969, Hungarian refugee Victor Gyory was involuntarily committed to a Pennsylvania institution, stripped naked, held in isolation against his will, and then forced to undergo electroshock. He was refused the right to an attorney. Alerted to the case, CCHR obtained the aid of Hungarian-born Dr. Thomas Szasz, who discovered that Gyory had been diagnosed as "schizophrenic with paranoid tendencies" for one simple



EXPOSING HUMAN RIGHTS VIOLATORS:

CCHR knows no boundaries in bringing criminal psychiatrists to justice, as it did when its investigators exposed forced incarceration, restraint and drugging of patients by Japanese psychiatrists. Above right: CCHR Japan director Koji Minami testifies on behalf of the victims. Several psychiatric facilities were closed down, their top psychiatrists found guilty of malpractice, fined and jailed (bottom). One hospital chain was fraudulently billing for 400 non-existent patients and was fined billions of yen.



reason— his inability to speak English. As CCHR prepared legal action, the hospital director capitulated and released Gyory.²

Without CCHR assistance, Gyory’s commitment would have become a life sentence.

Restraint Deaths in Psychiatric Facilities

In psychiatric institutions, countless patients of all ages die as a result of savage restraint procedures passed off as therapy.

CCHR works with prosecutors and legislators to expose this criminality and to ensure safeguards are implemented to protect patients from what has become a “normal” practice of assaulting patients.

Legal Rights Achieved

As a result of CCHR’s efforts, numerous legal safeguards and protections against arbitrary psychiatric incarceration and the use of violent restraint procedures have been secured.

■ 1970s–1980s: Investigations leading to government inquiries into numerous state psychiatric facilities in California, Illinois, Hawaii, Michigan and Missouri—resulting in hospital administrators and psychiatrists being dismissed, criminal and grand jury investigations being held, closure of major psychiatric units and reforms to protect patients’ rights.

■ In Australia in the 1980s, legislation mandated that people in any future commitment proceeding be provided legal representation at state cost with the right to appeal and to call witnesses in their support. Furthermore, people could no longer be committed for their religious, cultural or political beliefs and practices.

■ In 1980, a federal court in California ruled that involuntarily committed persons had the right to refuse treatment.³

■ In 1993, Texas added criminal penalties for wrongful commitment with offending psychiatrists facing up to two years in jail.

■ In 1999, CCHR helped uncover and expose the grisly truth that up to 150 restraint deaths occur each year in the United States alone, nearly 10% of them children, some as young as six.⁴

Национальный Институт Прессы



Federal regulations were passed that year that prohibited the use of physical and chemical (powerful mind-altering drugs) restraints to coerce or discipline patients. The regulations also ordered a “national reporting system” to be implemented and for government funding to be cut to any facility that did not comply.⁵

■ In Denmark, CCHR helped secure the release of individuals wrongly and forcibly incarcerated, including some who had been held in bed restraints.⁶

■ After the discovery that private psychiatric hospitals in Japan were forcibly incarcerating and illegally restraining elderly patients, regulations were passed in 2000 prohibiting the use of physical restraints on the elderly.⁷

■ In 2000, the U.S. state of North Carolina passed a law regulating the use of restraints and isolation and implemented a mandatory reporting system, which imposed fines for noncompliance with the regulations.

■ In 2003, CCHR worked with other organizations to prevent passage of an involuntary commitment law in Russia that would have allowed psychiatrists to arbitrarily commit citizens, including adolescents, to a psychiatric facility without a legal proceeding.

PROTECTING HUMAN RIGHTS IN RUSSIA:

According to Russian historian-archivist Anatoli Prokopenko (below), “political repression using psychiatric means still occurs in Russia today.” CCHR has brought this continuing outrage to light by exposing involuntary commitment in that country.



As a result of CCHR’s efforts, numerous legal safeguards and protections against arbitrary psychiatric incarceration and the use of violent restraint procedures have been secured in many countries.





Internationally, CCHR's information campaigns and assistance have helped parents to protect their children from psychiatry's false diagnoses and harmful drugs. Inset: In Pennsylvania, a panel of experts chaired by CCHR U.S. President Bruce Wiseman (center) present a report of findings on psychiatric child abuse.



CHAPTER TWO

Protecting Children's Rights

An important function of CCHR has been to protect the rights of parents and children from psychiatric coercion and harm. CCHR testifies before congressional and government investigation panels around the world on psychiatry's epidemic labeling, drugging and experimental treatment of children.

Because of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, common childhood behavior—fidgeting, squirming, speaking out of turn, losing toys or pencils, not completing homework, running about excessively—is arbitrarily labeled as symptoms of a mental disorder, such as Attention Deficit Hyperactivity Disorder (ADHD). Despite the complete absence of scientific

proof, psychiatry has declared that "learning disorders" such as ADHD actually exist as the result of a "chemical imbalance" or some other problem with a child's brain.

Dr. Sydney Walker III, psychiatrist, neurologist and author of *The Hoax of Hyperactivity* reported, "Hyperactivity is not a disease. It's a hoax perpetrated by doctors who have no idea what's really wrong with these children."⁸

Based on this diagnosis and other false

childhood psychiatric diagnoses, millions of schoolchildren around the world now take a daily dose of prescription psychiatric drugs, some in the same class as narcotics, others so powerful they can drive young people to commit violent acts and suicide. As a result, schools in many countries are more like mental health clinics than institutions of learning.

Internationally, CCHR's information and assistance has helped parents to protect their children from psychiatry's false diagnoses and harmful drugs.

CCHR is "a distinguished organization, dedicated to the most worthy cause... the protection of our children from psychiatric drugs."

— Dr. Samuel Blumenfeld
Educator and author

Parents Speak Out

School psychologists and psychiatrists coerced New York mother Patricia Weathers into drugging her 10-year-old son, Michael, after he was diagnosed with "ADHD." Within six months he was withdrawn, stopped socializ-

ing with other children, lost his appetite and couldn't sleep properly. When she took him off the drugs, Child Protective Services charged her with medical neglect. She maintained custody by obtaining an independent medical report showing her son's problems were drug-related and that he needed educational solutions. CCHR assisted Mrs. Weathers to gain media coverage of this horrific situation. She subsequently established her own successful parents' rights group.



CCHR comes to the aid of parents wrongly denied child custody or forced to drug their children, such as Feliz Erfurt (above) from Germany, Angela Castillo (top right) and Fred Ehrlich.

"I would like to thank CCHR. Without your continued support I would not have been able to get my story out in the open," said Mrs. Weathers.

In Germany in 2000, CCHR assisted "Mrs. S." with her son's problem with psychiatry. She wrote: "...I want to send a warm thanks to CCHR for its help, which came just in time. [My son and I] would certainly not have been capable of solving the problems which arose in our life on our own. Your specialist knowledge and competence about psychiatric drugs and psychiatry, as well as your advice for handling our situation, helped us to bring light into the darkness. We are glad that the Commission stands so ready to help."

Also in Germany, a government agency removed Feliz and Mikail Erfurt's two children, aged 10 and 14, from their home in 2000, claiming that Mrs. Erfurt had been making them ill because she suffered from an alleged psychiatric disorder called "Münchhausen-syndrome by proxy." However, medical records showed that since birth both children had been treated at the university hospital for epilepsy and a rare metabolic disease. Psychiatrists ignored this evidence and committed both children to a psychiatric facility, tearing the loving family apart for over two years. CCHR and a concerned doctor assisted the family in its legal battle and in 2002 a court ordered the children's

CCHR's campaigns against abusive psychiatric drugging of children have resulted in numerous protective reforms.

release. The older boy stated, "The reunion was an awesome feeling. We were all in tears." For the first time in 30 months, the children felt the happiness of being able to hug and kiss their parents again.⁹ As for the psychiatric diagnosis, it has since been discredited.

A New Zealand mother read CCHR's booklet, *Psychiatry: Betraying and Drugging Children*. She wrote, "I read this publication... over two years ago; it had a major effect on our lives. At the time my son had been diagnosed as having ADHD and was on the drug, Ritalin, during the day and a night medication to help him sleep. ... After reading your publication I was horrified: What was I doing to my son? I then rang my son's specialist to find out what he thought. He was patronizing, derogatory and arrogant. Our conversation ended unpleasantly and I subsequently removed my son from all medications ... With alternative methods ... my son is [now] receiving principal awards for increased work output and attitude. ... Thank you so much for your life-changing publication."

Safeguarding Children's Futures

CCHR's campaigns against abusive psychiatric drugging of children have resulted in numerous protective reforms, a small sample of which follows:

■ In 1999, CCHR exposed how psychiatric drugs and psychological "death education" programs drove teens Eric Harris and Dylan Klebold to kill 12 fellow students, a teacher and themselves at Columbine High School, Colorado. Working with Patricia Johnson, member of the Colorado State Board of Education, a precedent-setting resolution was subsequently passed that called on teachers to use academic rather than drug solutions for behavior, attention and learning difficulties in the classroom.¹⁰ This sparked similar measures in other states and countries.

■ Between the years 2000–2003, seven states in the United States—Colorado, Connecticut, Illinois, Minnesota, Oregon, Texas and Virginia—passed laws prohibiting schools from coercing parents or expelling a student if parents refused to put the student on a psychiatric drug. Texas, Arizona and Utah also passed laws that said that a parent could not be

charged with medical neglect or abuse for refusing to put a child on a psychiatric drug. A total of 10 laws in 9 states now protect children from enforced psychiatric drugging.

■ Several laws also prohibit Child Protective Service agencies from removing a child from the custody of parents or criminally charging them because they refuse to submit their child to psychiatric drugs.

■ As part of CCHR's public information campaign about the increasing numbers of children being falsely diagnosed with "learning disorders" and drugged in Europe, it provided evidence to the Parliamentary Assembly of the Council of Europe, which instigated an inquiry into the issue. In 2002, the Parliamentary Assembly's report recommended that "stricter control" be "exercised over the diagnosis and treatment of these disorders." It also recommended that more research be conducted into alternative forms of treatment such as diet.¹¹

■ In the U.K. in 2003, the country's medicine regulatory body warned doctors not to prescribe certain antidepressants to anyone under 18, citing drug-induced suicidal tendencies. Subsequently, Australian, Canadian and European drug approval agencies also warned against use of the drugs for children.

■ In March 2004, the U.S. Food and Drug Administration (FDA) issued a public warning that Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants could cause hostility and suicidal behavior in children and adults.

■ In September 2004, the (U.S.) House of Representatives Energy and Commerce Subcommittee on Oversight held the first of several hearings focusing on the use of these antidepressants on children and adolescents. It also investigated the FDA's decision not to disclose study results showing that the drugs can cause children to become acutely suicidal. An FDA advisory panel hearing followed, at which dozens of parents testified about the drugs causing their children to kill themselves. The FDA subsequently ordered (in October 2004), that an unmistakable "black box" warning be prominently placed on the SSRI bottles stating that the drugs can cause suicide.

CCHR continues to raise awareness about this issue as the warning will not alter fact that because of these and other psychiatric drugs, the children are dying, killing others or being turned into addicts. Their future will only be safeguarded when spurious "mental disorders" are no longer diagnosed and dangerous psychotropic drugs are prohibited.



Ricardo Rocha (center) tours a CCHR exhibition on psychiatry in Los Angeles.

"We are deeply grateful to CCHR..."

**Ricardo Rocha,
Investigative Journalist, Mexico:**

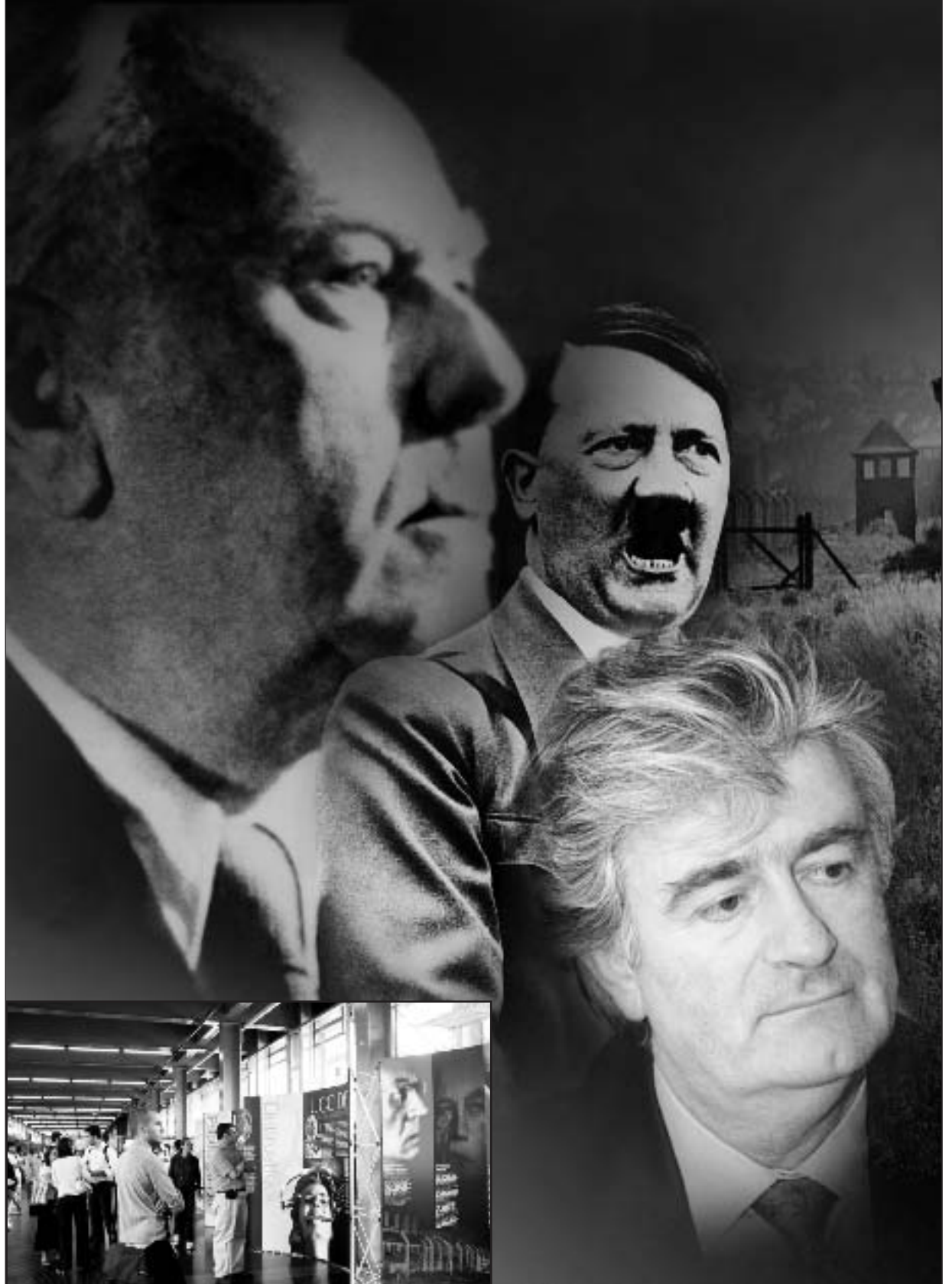
"CCHR helped me to understand the problem of the consumption of drugs by children. I knew that there was a big problem in the U.S., and I confess, in the beginning, I didn't think that the problem was great in Mexico. We began to investigate it, and I found an increasing problem in Mexico. ... There are very great laboratories, and a big business for drugs—the legal drugs—all over the world. I am absolutely convinced that we have in front of us, one of the greatest challenges for the future generations of our children."

**Bob Simonds, Th. D.,
President, U.S. National
Association of Christian Educators:**

"We are deeply grateful to CCHR for not only leading the fight to stop the criminal psychiatric abuse of our public school children, but for serving as a catalyst to all religious, parental and medical groups to fight this abuse. Without CCHR's compelling research and credibility, these groups could not be as effective."

**The Hon. Raymond N. Haynes,
California State Assembly:**

"CCHR is renowned for its long-standing work aimed at preventing the inappropriate labeling and drugging of children. ... The contributions that the Citizens Commission on Human Rights International has made to the local, national and international areas on behalf of mental health issues are invaluable and reflect an organization devoted to the highest ideals of mental health services."



CCHR's public education campaigns expose psychiatry's racial purity ideology, used both by Hitler in the Nazi euthanasia program, and later, to justify ethnic cleansing policies in the Balkans. Inset left: CCHR's public exhibition on psychiatry in Torino, Italy.



CHAPTER THREE

Uncovering and Exposing Genocide

On November 20, 1945, American prosecutor Robert Jackson told the International Military Tribunal conducting the trial of Nazi medical doctors, “The wrongs which we seek to condemn and punish have been so calculated, so malignant, and so devastating that civilization cannot tolerate their being ignored because it cannot survive their being repeated.”¹²

While psychiatry tried to hide any connection between itself and the racial genocide of the Nazi Holocaust, the fact remains that psychiatry spawned “eugenics” almost three decades before the Nazis took power in 1933. The historical evidence shows that it was psychiatry that turned the Nazis into mass murderers. And its ideology has continued to cause catastrophic social and political upheaval around the world, underlying South Africa’s apartheid, Russia’s political gulags, the Bosnia and Kosovo conflicts, Italy’s concentration camp asylums—and it now plays a decisive role in the rise of global terrorism.

However, through CCHR’s research and publications, the world at large is now able to know and recognize the trail of repugnant psychiatric ideologies precipitating these horrors and to prevent their recurrence.

Germany—Psychiatry’s Dark Past

CCHR’s national chapter in Germany conducted comprehensive research that established conclusively that Germany’s leading psychiatrists provided both the “scientific” justification and impetus for Hitler and the Nazi government to destroy “life unworthy of living.”

They laid the foundation for the Holocaust by being primary drafters of and contributors to the 1933 Sterilization Act and the 1935 Racial Purity Law, which later became a death sentence for Jews and “inferior” peoples in the concentration camps.

German psychiatrists created the so-called “T-4” Unit to eradicate “life devoid of value,” and in 1940 began killing groups of mental patients to test efficient methods of mass murder and disposal

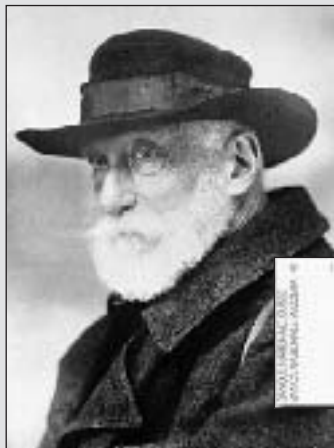
Through CCHR’s research and publications, the world at large is now able to know and recognize the trail of repugnant psychiatric ideologies precipitating these horrors and to prevent their recurrence.

using shower-room gas chambers and ovens—a full two years before the Final Solution conference determined to launch the Holocaust. While German psychiatric institutions held 320,000 inmates in 1939, only 40,000, a mere 12.5%, were still alive in 1945. Psychiatrists had no qualms about boasting that the eradication of “impure” Jews and others so labeled, was their plan all along and that Hitler was merely their execution arm. Ernst Rüdin, the psychiatrist who helped spearhead the extermination effort and co-wrote

Tracking Down Nazi Psychiatrists



HEINRICH GROSS:
In 1978, after CCHR discovered this Nazi psychiatrist still working in one of Austria's largest psychiatric institutions, and exposed his war crimes (the murder of institutional children), he resigned.



AUGUST FOREL:
Eight months after CCHR brought the world's attention to the face of psychiatrist August Forel (a Nazi forerunner) on Swiss currency, it was removed.



HEINRICH HARRER:
CCHR exposed the SS membership of high-ranking "World Conference on Psychiatry" executive, Heinrich Harrer, forcing his resignation in 1980.

the Sterilization Act, proudly proclaimed in 1944: "Only through the Führer did our dream of over 30 years, that of applying racial hygiene to society, become a reality."

Despite their active role in the killings, psychiatrists managed to evade public attention and justice. Only four psychiatrists were convicted as a result of the Nuremberg War Crimes Tribunal. The others quietly slipped away, to resume positions in German psychiatric institutions, the World Federation for Mental Health or in the public health field. When CCHR and others brought this injustice to public attention in the 1990s, the president of Germany's Society of Psychiatrists, Johann Meyer-Lindenberg acknowledged that it was true that the victims often "had to encounter the very people who once inflicted their tortures."

In 1978, Nazi psychiatrist Heinrich Gross was found working in the largest psychiatric facility in Austria and acting as a "psychiatric court expert." Gross was forced to resign his position when CCHR exposed his involvement in the killing of children during WWII. In April 2000, he was criminally charged with the child murders, but psychiatric peer testimony claimed Gross suffered from "dementia," and was unfit to be tried or held accountable.

In 1980, CCHR and allied individuals forced the resignation of a former SS member, Heinrich Harrer, from the "organizing committee" of a "World Conference on Psychiatry." During the war, Harrer had injected pig brain fluid into the brains of human beings; his bizarre justification was that it might "improve their intelligence."

In 1997, CCHR Switzerland exposed how the face of the 1,000 Swiss franc bill was adorned by one of the founders of the racist ideology that spawned Nazism—Swiss-German psychiatrist August Forel. Eight months later Forel's face was removed from the currency.

Twenty years of in-depth research and documentation by CCHR resulted in the publication of the acclaimed book *Psychiatrists: The Men Behind*



Hendrik Verwoerd



the 1920s, when psychiatrists there were perfecting their racial purity ideas. Indeed, Verwoerd was so fond of Germany that a court accused him of being helpful to the German propaganda machine during WWII. Given this background, it is not surprising that his apartheid ideas read like the Nazis' master race plan.

Members of the Church of Scientology and CCHR discovered that tens of thousands of Blacks were incarcerated against their will, in disused mining compounds converted to psychiatric camps, and were excessively drugged and subjected to painful electroshock without anesthetics. They were hired out to companies to perform unpaid labor—making coat hangers, brushes, mats, sheets and other items under the guise of “industrial therapy.” Shocked by this first exposé of their hidden slave camps, the guilty psychiatrists convinced the apartheid government to revise the Mental Health Act to make it a criminal offense to report on conditions in

First apartheid Prime Minister, psychologist Hendrik Verwoerd (above left), studied eugenics in German universities in the 1920s, paving the way for apartheid. This later set the scene for the exploitation of tens of thousands of black South Africans in psychiatric slave labor camps (above). CCHR presented documentation of this and other apartheid-era abuses by psychiatry to the South African Truth and Reconciliation Commission in 1997 (far left).

Hitler, which prompted the president of the German Society of Psychiatrists to ask the government to silence CCHR—of course, to no avail.

South Africa

CCHR's main chapter in South Africa, while investigating mental “health” labor camps in the 1970s, uncovered that eugenics, the same psychiatric ideology that formed the foundation of the Holocaust, had also spawned the detestable apartheid policy. Hendrik Verwoerd, who taught what he called applied psychology, was the chief architect of apartheid during the time he was Minister for Education and Native Affairs and, between 1958–64, as Prime Minister of the country. Verwoerd had studied in German universities in



Jovan Raskovic



Radovan Karadzic



Slobodan Milosevic

What it discovered was that the old psychiatric ideas of racial hygiene and eugenics still have the potential to wreak havoc: The 10-year conflict, which left tens of thousands dead and over a million homeless, had the same psychiatric theories at their roots. The instigators of the wars were

known to the world as politicians. However, what was not generally known was that both Jovan Raskovic, the founder of the ultra-nationalist Social Democratic Party (SDP) party, and Radovan Karadzic, the wartime leader, were also psychiatrists. Also unknown was that Slobodan Milosevic, Serbia's strongman president during the wars, was a 25-year patient of Karadzic. After Raskovic died and Karadzic went underground (he is wanted by the U.N. to be tried for crimes against humanity), Milosevic kept the conflict against ethnic minorities going. He was finally arrested and put on trial by The Hague's War Crimes Tribunal for his role in the genocidal wars in Bosnia and Kosovo.

In September 1999, members of the Council of Europe signed a Resolution which recognized psychiatrists as the architects of the ethnic cleansing campaign. The Resolution encouraged and invited the Council members to "study the material that has been put together and researched by the French chapter of the Citizens Commission on Human Rights."¹³

Italy's Contemporary Concentration Camps

Along with officials and members of the Italian parliament, CCHR's Italian chapter investigated concentration-camp-like conditions in the country's psychiatric asylums, leading to their closure by edict.

In April 1991, CCHR, accompanied by these officials and media representatives, appeared unannounced at one such asylum. Hundreds of people were found living like animals, housed naked in locked rooms with peeling walls and old stained tables and chairs. Beds were covered with human feces and urine. Staff had been pocketing government funds instead of spending it on patient care.

any psychiatric hospital or to take photographs of them. Unwilling to have a dictatorial ban inhibit its free speech rights, CCHR went outside of South Africa, reporting its evidence to the World Health Organization (WHO). WHO responded with an investigation of the psychiatric camps and in 1983, published a report: It confirmed CCHR's reports and findings and condemned the use of patients for unpaid labor, stating, "This situation has no parallel in the history and present state of psychiatric care; it certainly does have a parallel in the ownership and trading of slaves."

In 1997, CCHR presented oral and written testimony to South Africa's post-apartheid Truth and Reconciliation Commission about crimes committed by both psychiatrists and psychologists during the country's dark days of racial segregation. Confronted with indisputable evidence, the Psychological Society of South Africa finally had to admit that psychological studies had aimed at discrediting Blacks as intellectually inferior. Subsequently, in 1998, legislation was called for to scrap all racist psychological tests.

In 2001, the new South African government repealed the apartheid-era ban on photographing or reporting abuses in psychiatric facilities. Psychiatry can no longer be shielded from the external scrutiny it requires.

The Balkans

The French CCHR office also conducted extensive research into ethnic cleansing in Bosnia and Kosovo, because racial conflict is commonly caused by a third party not recognized by the warring opponents. CCHR reported its findings with complete evidence to the U.N. War Crimes Tribunal in The Hague and the Council of Europe.

After reviewing CCHR's material on the Balkan issue, members of the Council of Europe signed a resolution recognizing psychiatrists Karadzic and Raskovic as the architects of ethnic cleansing in Bosnia, and recommending that EU Council members study CCHR's information about the issue. President Milosevic—a Karadzic patient—then perpetrated and financed ethnic cleansing in Kosovo.



Senator Edo Ronchi stated, "The asylums that I saw are concentration camps ... we cannot separate the tree from the fruit it produces and we have to judge the system by its fruits. What I have seen of psychiatry cannot bring me to any other conclusion." Over the next three years, more than 20 "visits" were paid to Italy's forgotten asylums, locating tens of thousands of people incarcerated in similarly squalid conditions. Once aware of the evidence, CCHR worked tenaciously to get these psychiatric facilities shut down.

Its efforts were rewarded in 1996, when the Italian government issued a Resolution ordering 97 psychiatric asylums closed and sold.¹⁴ In this way, the previously abused and neglected people had their dignity restored: many were taught how to read and write and now can work and care for themselves for the first time in their lives. CCHR was presented with a mayoral medal for its humanitarian efforts.¹⁵



CCHR co-founder Dr. Thomas Szasz (above left) with CCHR representatives, bringing evidence of human rights violations and recommendations for reform to the Council of Europe and other European bodies.

"It is important that psychiatry's crimes are made known..."

Simon Wiesenthal,
Internationally renowned Nazi-hunter:

"I appreciate, from the bottom of my heart, your project to actively and publicly decry the abuses of psychiatry. ... Even in our time, people considered misfits [have been] taken away and buried alive; it is important that psychiatry's crimes are made known and that everything possible is done to stop them."

Dr. Ben Ngubane,
Former Minister for Arts, Culture, Science
and Technology, South Africa:

"I congratulate CCHR for having identified the inhumanity inflicted on the mentally ill and their untiring campaign to bring this to the world's notice. As a country and government, we will work with organizations such as CCHR seeking to protect all citizens from the type of terror and oppression experienced by the majority of the citizens of South Africa during apartheid."



Above: CCHR has exposed and alerted the public and officials to psychiatric abuses within Italian asylums, sometimes conducting surprise media raids.

Right: Award presented to CCHR Italy by the Mayor of Garbagnate for its humanitarian service to the community.





Before CCHR, brutal ECT and psychosurgery could be unleashed arbitrarily on patients without their consent. Now, more than 100 laws protect people from these and other harmful practices.



CHAPTER FOUR

The Right to Informed Consent

Human rights include freedom from brutality and cruel, inhuman or degrading treatment and with “equal protection of the law.” There is no doubt that psychiatry’s major treatments are human rights abuses and minimally require informed consent before being administered.

In medicine, as opposed to psychiatry, the standard for informed consent includes communicating the “nature and purpose of a proposed treatment or procedure and the risks and benefits” of such treatments and the alternatives, “regardless of their cost or the extent to which the treatment options are covered by health insurance.”¹⁶

When CCHR was formed in 1969, patients subjected to psychosurgery, electroshock and psychiatric drugs enjoyed none of the informed consent rights of general medical patients.

While doctors cannot force their patients to undergo an appendectomy, or chemotherapy for cancer, psychiatrists have acquired tremendous power which enables them to not only force citizens to submit to electroshock, psychosurgery and drug treatments, but also to inflict grievous physical and mental damage

upon them in the process—all without any accountability.

A primary objective of CCHR has been to achieve the right of fully informed consent for all patients in the mental health system before they can be subjected to any of psychiatry’s invasive and destructive procedures.

CCHR has been in the vanguard, demanding full disclosure of the side effects of psychiatric treatment.

For example, electroshock treatment (ECT) creates a grand mal convulsion in a body by the application of 180 to 460 volts of electricity across the brain.

Unlike neurological surgery for legitimate physical conditions such as tumors, where the brain is visibly impaired, psychosurgery

attempts to alter behavior by destroying perfectly healthy brain tissue—tearing it with a scalpel, burning it with electrode implants or, now less common, shredding the frontal lobes with a miniature ice pick. The death rate from psychosurgery is up to 10%.

Until the protections were instituted due to CCHR and its co-campaigners—victims groups, human and civil rights advocates—ECT and psychosurgery, incredibly, could be given arbi-

“Nobody understands... precisely how ECT does anything but there is no disputing that ECT causes damage to the brain.”

— Colin Ross, psychiatrist

trarily without patient consent.

Legal Protections Achieved

■ Rights were obtained for 95 former patients of the Lake Alice Child and Adolescent Psychiatric Unit in New Zealand who, in the 1970s had received electroshock

“treatment” to their legs, arms and genitals, often without anesthetics.¹⁷ CCHR obtained a magisterial inquiry, the damaging practice was stopped and the “shock ward” was closed. Since 2001, \$6.5 million [€5.3 million] in compensation has been paid to dozens of these child victims.¹⁸

■ In the 1970s in the United States, a federal regulation was passed that prohibited psychosurgery being conducted in federal institutions on prisoners.

■ In 1976, the first law to protect patients against enforced electroshock and psychosurgery was passed in California, providing informed consent before any ECT or psychosurgery could be given, and banning the use of these barbaric practices on children under the age of 12. The legislation became a model law, adopted in substance by legislatures across the United States and overseas.

■ A government inquiry into psychosurgery in New South Wales, Australia, in 1977 heard evidence from a nurse who had assisted in the brutal

In Italy, the birthplace of ECT, the Parliament of Piedmont region responded to CCHR’s information by unanimously voting in 1999 to ban the use of ECT on children, the elderly and pregnant women.

operations, describing them as “like something out of the [Nazi] horror camps.” The inquiry recommended the most stringent legislative protections against arbitrary use of this procedure, which were implemented across the country.

■ Between 1979 and 1983, 30 more U.S. states had implemented laws allowing a patient the right to refuse ECT and/or psychosurgery. In the same time period, an additional 13 states passed laws that, while not specifically naming psychosurgery or ECT, allowed mental patients the right to refuse surgery or any surgical medical treatment or procedures.

■ In the 1980s, insulin shock was banned in several Australian states due to the lethal effect it had on patients, which CCHR had been exposing.

■ In 1993, the most restrictive law to date against electroshock was passed in Texas, raising the age limit for ECT to 16 years of age, and forcing psychiatrists to warn their patients in writing of the potential for ECT to cause death and/or permanent memory loss. Along with other constraints, psychiatrists must now furnish autopsy reports on any deaths within 14 days of ECT administration. At least 16 psychiatric facilities subsequently stopped using electroshock in Texas.

■ In the 1990s, in Norway, thousands of dollars in government compensation were secured for the country’s 500 surviving lobotomy victims, recompense for the harm they suffered from this debilitating psychiatric procedure.¹⁹

■ In Italy, the birthplace of ECT, the Parliament of Piedmont region responded to CCHR’s information by unanimously voting in 1999 to ban the use of ECT on children, the elderly and pregnant women. In Tuscany in 2002, Regional Law # 39 was passed restricting the use of ECT and psychosurgery.



In 1993, the Texas governor with State legislators, and CCHR Texas President Jerry Boswell (back row right), signed an innovative law prohibiting ECT on children under 16 and implementing mandatory reporting on ECT usage, side effects and deaths.



■ In January 2003, the National Health Board of Denmark also instituted tighter controls over electroshock, ordering mandatory reporting of every ECT treatment rendered to the Board.

■ In November 2003, Italy's Constitutional Court agreed with CCHR's demands and ruled that patients must give "informed consent" before ECT can be administered.

For more than a decade, CCHR spearheaded a campaign for justice for Deep Sleep Treatment (DST) victims. A 1988-90 Australian Royal Commission Government Inquiry resulted in sweeping reforms. DST has now been banned and hundreds of DST victims have been compensated.



In the U.S., where 40% of psychiatrists face malpractice suits and a mental health practitioner is jailed every 48 hours, CCHR helps to unearth and prosecute criminal cases, such as that of Carl Lichtman (above), a New Jersey psychologist. Lichtman defrauded 36 insurance carriers of \$3.5 million (€2.8 million) for therapy sessions that never took place.



CHAPTER FIVE

Exposing Criminal Psychiatric Abuse

Sexual abuse of emotionally fragile patients generates the growing outrage against psychiatrists and psychologists—and, traditionally, they have been subjected to the least accountability because the perpetrators are often protected by their peers. It is a damning commentary on mental health “professionals” that an astounding 10% of them admit to sexually abusing both their adult and child patients. According to one study, the figure could be as high as 25%.

CCHR has exposed such crimes and campaigned to bring the perpetrators to justice, especially mental health practitioners who rape or sexually abuse their patients, but hide behind their roles as therapists to mitigate their crimes.

In the course of its investigations into patient complaints, CCHR also discovered massive mental health care fraud schemes such as:

- Billing insurance companies for sexually abusing a patient and calling it “therapy”;
 - Charging an insurance company for mental health therapy when the patient is in a coma or dead;
 - Providing daily “group therapy” sessions that consisted of giving away free cups of coffee, socializing and listening to music;
 - Some elderly patients were billed for watching television or playing bingo.
- Speaking about mental health fraud by

psychiatrists and psychologists, Paul McDevitt, a Massachusetts counselor, said, “These people have no ethics at all. They’re morally bankrupt. They’re like the grave robbers in old England who provided cadavers for the medical schools.”²⁰

CCHR continuously investigates criminality within the mental health field and assists patients in reporting criminal abuse to the police and other authorities. It supports prosecutors with research

and evidence. CCHR created a website, www.psychcrime.org, that has recorded more than 1,000 convictions of psychiatrists, psychologists and psychotherapists between 1998 and 2004; 43% of the convictions were for

“These people have no ethics at all. They’re morally bankrupt. They’re like the grave robbers in old England who provided cadavers for the medical schools.”

— Paul McDevitt,
Massachusetts Counselor

fraud, theft and embezzlement; 32% for sex crimes; 7% for patient assault and violent crime; 6% for drug offenses and another 6% for manslaughter and murder.

Patient Protections

In protecting patients from sexual abuse and fraud the following safeguards have been achieved:

- Dozens of criminal statutes have been enacted addressing the increasing number of sex crimes committed by psychiatrists and psychologists in the United States, Australia (Victoria), Germany, Sweden and Israel.
- Sweden’s law, passed in 1994, provides up to



GOVERNMENT RAIDS ON PSYCHIATRY

On August 26, 1993, five government bodies, including the FBI, raided the corporate offices and hospital facilities of a major U.S. private hospital chain, National Medical Enterprises (NME). In 1994, due to the massive psychiatric abuses and fraud discovered, NME paid a record fine of \$740 million (€600 million).



“It is dishonest to pretend that caring coercively for the mentally ill invariably helps him, and that abstaining from such coercion is tantamount to ‘withholding treatment’ from him.... All history teaches us to beware of benefactors who deprive their beneficiaries of liberty.”

— Thomas Szasz, professor of psychiatry emeritus

six years in prison for a therapist convicted of patient sexual assault.

■ CCHR’s investigations into psychiatry’s predatory and profit-driven practices resulted in one U.S. private psychiatric hospital chain coming under investigation by 14 separate federal and state agencies for fraud and patient abuse. Bounty hunters had been hired to hold people against their will and milk their insurance dry. The hospital chain paid out \$740 million (€600 million) in criminal and civil fines.²¹ Numerous mental health care fraud investigations have been conducted in the United States resulting in laws that now prevent the use of “bounty hunters” to locate individuals with good insurance.

The scandal caused a domino effect in the United States with numerous other private for-profit psychiatric hospitals paying millions in refunds, penalties and settlements. In September 1998, Medicare insurance barred 80 Community Mental Health Centers in nine states from servicing the elderly and disabled because of the extensive fraud found.²²

■ In 2000, the U.S. Justice Department investigated another private psychiatric hospital chain, Charter Behavioral Systems, Inc. for fraud and abuse. The company agreed to pay the government \$7 million to settle allegations of overcharging government insurance and other federal programs.²³

■ In 2004, the U.S. Defense Criminal Investigative Service issued a report revealing it had “found an increase in fraud in the delivery of mental health services, including those provided by hospitals, clinics and private practitioners.”²⁴

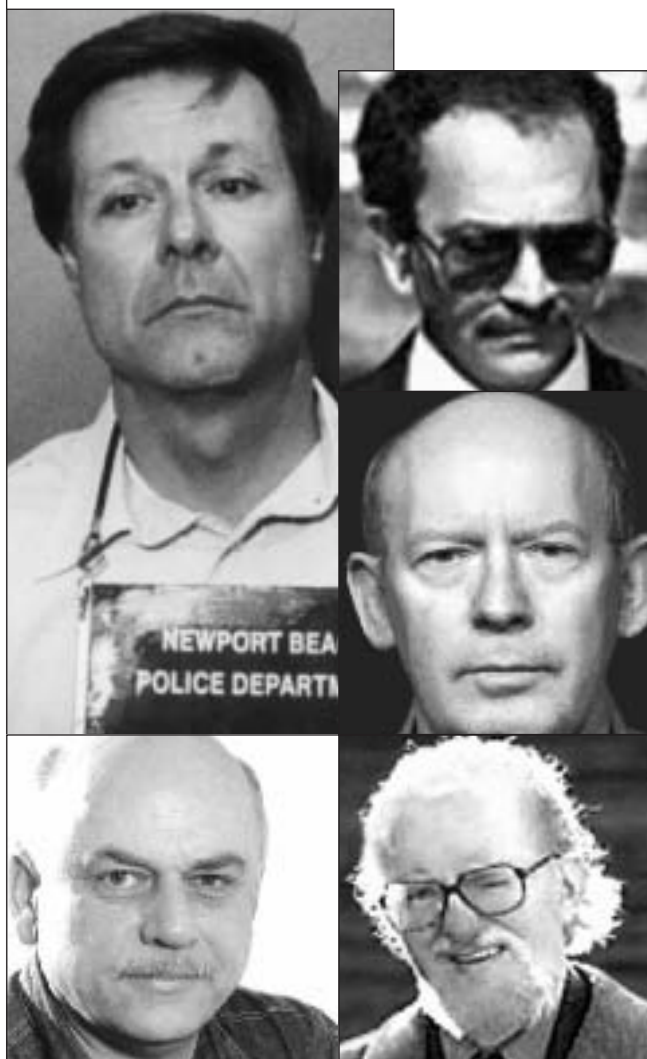
The fraud is not limited to the United States.

■ In Japan, in 1998, the discovery that private psychiatric hospitals were committing widespread fraud and inflating the numbers of doctors and nurses in facilities to obtain more money from the government, led to the conviction and jailing of several psychiatrists.

■ On December 1, 1998, police raided three private psychiatric hospitals in Ticino, Switzerland, arresting a renowned psychiatrist, Dr. Renzo Realini, for fraud and falsifying documents.²⁵ Records showed Realini had been billing patients for “30-hours” per day treatment.

Crimes of extortion, assault, rape and murder are committed daily by psychiatrists in the name of “treatment.” They absorb billions in government appropriations for which they deliver no effective results. In order to clean up the field of mental health, psychiatrists, psychologists, their hospitals and associations must be held accountable for their misuse of funds and harmful practices.

Sex crimes are rife within the mental health industry. The psychiatrists below have been convicted of child molestation, and received a total sentencing of more than 130 years.



Various government bodies have recognized CCHR's three decades of effective action toward securing human rights in the field of mental health.

“CCHR has been responsible for many great reforms...”

**Erica-Irene Daes,
Special Rapporteur to the UN
Human Rights Commission:**

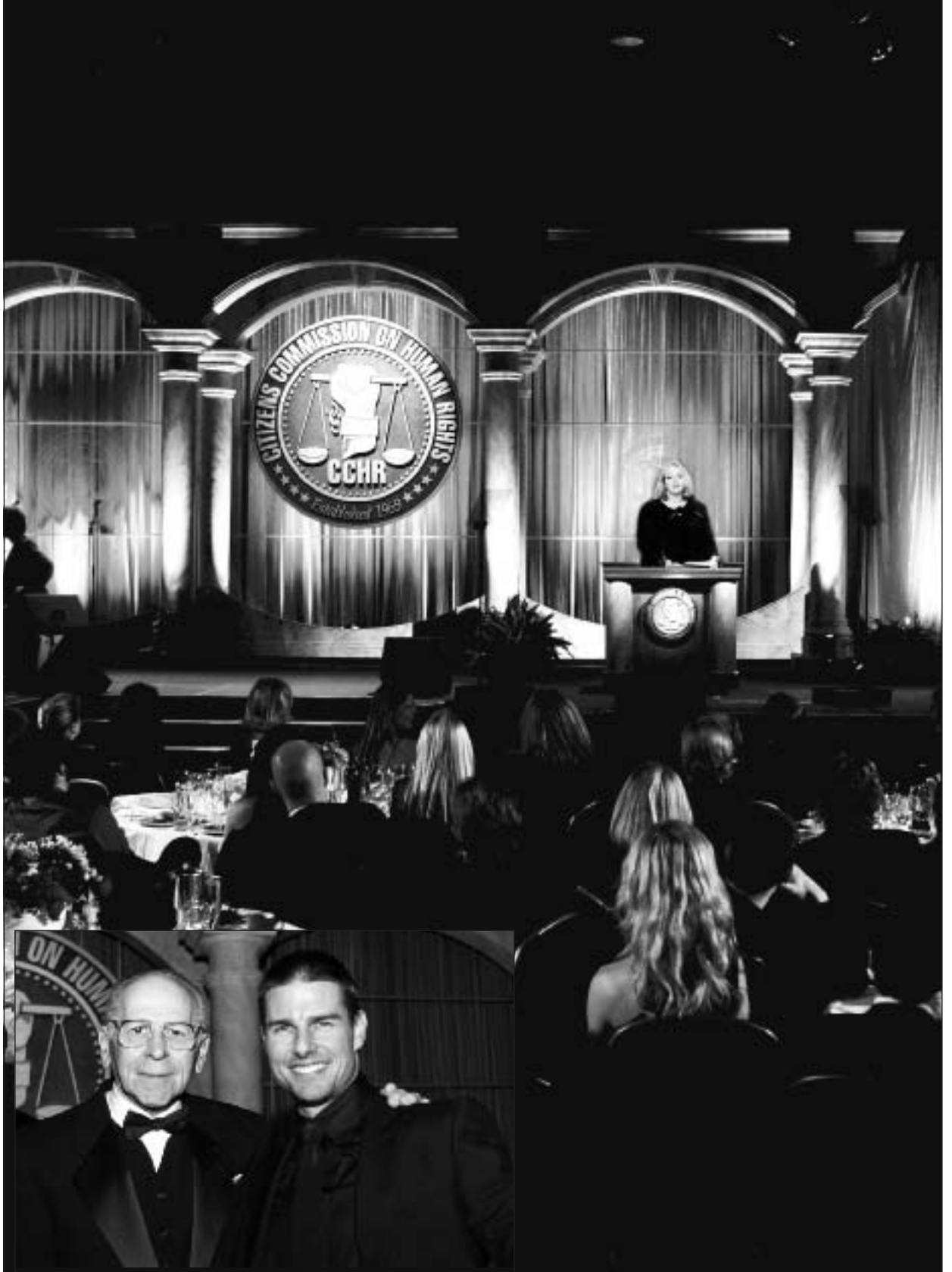
“The main task of CCHR has been to achieve reform in the field of mental health and the preservation of the rights of individuals under the Universal Declaration of Human Rights. CCHR has been responsible for many great reforms. At least 30 bills [now more than 115] throughout the world, which would otherwise have inhibited even more the rights of patients, or would have given psychiatry the power to commit minority groups and individuals against their will, have been defeated by CCHR actions.”

**Robert Butcher,
Barrister and Solicitor, Western Australia:**

“I have worked with CCHR for 24 years and I know them to be a dedicated organization working to achieve better legal rights for people with mental illness. CCHR has written submissions to government on mental health law reform, raised public awareness about mental health issues and has encouraged and activated others in their effective efforts to bring about a better, fairer and more workable system.”

**Jonathan Lubell,
New York attorney, former president
of the National Lawyers Guild,
New York City Chapter:**

“I had become familiar with the work of CCHR in the human rights area as it pertains to psychiatric misconduct. ... I found CCHR to be unrelenting in its efforts to expose the wrongdoers and to assure the end of their activities. CCHR’s efforts to defend the victims of this misconduct and abuse have been impressive. Finally, it is clear beyond question that principles based upon concern for human rights motivates CCHR.”



Celebrating Citizens Commission on Human Rights' Annual Human Rights Awards gala (above) are CCHR co-founder Professor Thomas Szasz and Tom Cruise — the world's most vocal critics of psychiatry.



CHAPTER SIX

Achieving Mental Health

The right to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice, to ensure that one's mental condition is not caused by any undetected and untreated physical illness, injury or defect, and the right to seek a second medical opinion of one's choice," is provided for in Article 3 of CCHR's Declaration of Mental Health Rights.

CCHR has long been an advocate for competent, non-psychiatric, medical evaluation of people with alleged mental problems. Undiagnosed and untreated physical conditions can manifest as "psychiatric" symptoms. During 1982, CCHR campaigned for Senate Bill 929 in California, which established a pilot project to provide medical evaluation of people in public psychiatric hospitals.²⁶ CCHR was represented on the advisory committee that was established to oversee the pilot. The findings, officially published in 1989, found that 39% of the more than 500 patients studied had a physical disease that had been undiagnosed by mental health professionals.

Charles B. Inlander, president of The People's Medical Society, wrote in *Medicine on Trial*, "People with real or alleged psychiatric or behavioral disorders are being misdiagnosed—and harmed—to an astonishing degree. ... Many of them do not have

psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return."²⁷

Through the broad dissemination of CCHR's publications (books, newsletters, booklets and pamphlets) and its Internet site, more and more patients, families, professionals, lawmakers and countless other concerned citizens are becoming educated on

the truth about psychiatry, and that something effective can and must be done about it.

CCHR's publications show the destructive impact of psychiatry upon education, the welfare of women and children, racism, justice, morals, the elderly, religion, arts and society as a whole.

Johanna Reeve-

Alexander, a doctor of nutrition at the Tara Health Center in Western Australia states, "I have seen within CCHR a committed, caring, humanitarian team of dedicated professional people who are helping to bring to light the appalling truth behind some psychiatric practices. ... Without CCHR opening the gates and shining a torch on these practices via their literature, awareness campaigns, intervention at government levels and continual research, the public would be quite unaware of the malpractice at this level of medicine."

"The main task of CCHR
has been to achieve reform in the
field of mental health and the preservation
of the rights of individuals under the
Universal Declaration of Human Rights.
CCHR has been responsible for many
great reforms."

— Erica-Irene Daes, special rapporteur in
her report to the United Nations, 1986



PROTECTING FREEDOM

Declaration of Mental Health Rights

The Nuremberg Code and the United Nations Universal Declaration of Human Rights were written in 1947 and 1948 respectively, to help prevent the recurrence of horrific human rights violations, including the medical experiments and genocide perpetrated by Nazi psychiatrists during World War II.

The following provisions of the Universal Declaration of Human Rights underscore the *universal* intention of the authors:

Article 3: Everyone has the right to life, liberty and security of person;

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment;

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

The Nuremberg Code is concerned with the law and ethics of human experimentation. Point 1 of the Code affirms the essential right of patients to be protected from involuntary medical experimentation.

With the passage of time have come a number of psychiatric efforts to erode the protections guaranteed by these two agreements. Today, many psychiatrists violate the fundamental principles of the Declaration of Human Rights and the Nuremberg Code as a matter of routine daily practice.

Through stigmatizing labels, unscientific diagnoses, easy seizure commitment laws and brutal, depersonalizing “treatments,” thousands around the world suffer under psychiatry’s coercive system every day. It is a system that exemplifies human rights abuse. Modern psychiatry still has no scientific veracity and knows and admits it, but keeps up the charade for the sake of profit.

More About CCHR

CCHR investigates, documents and exposes psychiatric abuse. Thousands of individuals each year contact CCHR to report instances of psychiatric harm and crime, including imprisonment, fraud, sexual abuse, assault, as well as inhumane treatment and conditions in psychiatric institutions. CCHR’s investigations have led to the criminal prosecution of hundreds of psychiatrists, psychologists and mental health workers. This has prompted legislators and insurance companies to develop statutes and regulations, respectively, to protect individuals from psychiatric harm.

CCHR also testifies before government investigation panels all over the world about psychiatric abuse, prepares statistics, reports and evi-

dence for government and law enforcement agencies, and provides public service briefings for the media. It works with like-minded groups, as well as investigative, legislative and judicial bodies, health departments and medical boards, to bring about human rights in the mental health field.

CCHR recommends that persons who feel they suffer adverse reactions from psychiatric treatments seek competent medical examination by caring non-psychiatric medical specialists.

Our Commission of citizens and professionals includes doctors and other medical specialists, legal experts and civil and human rights advocates who advise us on the myriad of issues arising from CCHR’s humanitarian programs.

Declaration of Mental Health Rights

In 1969, CCHR wrote its Declaration of Mental Health Rights. The purpose of this document is to define, popularize and defend mental health rights for the mentally disturbed.

“No one shall be subjected to cruel, inhuman or degrading treatment or punishment”

— Article 5, Universal Declaration of Human Rights

A partial list of these rights includes:

■ No person shall be given psychiatric or psychological treatment against his or her will.

■ No person may be denied his or her personal liberty by reason of so-called mental illness, without a fair jury trial by laymen and with proper legal representation.

■ No person shall be admitted to or held in a psychiatric facility because of their religious, political or cultural beliefs and practices.

■ Any patient has the right to be treated with dignity as a human being; to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice; to accept or refuse treatment but in particular, the right to refuse sterilization, electroshock, insulin shock, lobotomy (or any other psychosurgical brain operation), aversion therapy, narcotherapy, deep sleep therapy and psychiatric drugs.

■ A patient must have the right to have copies of his/her psychiatric hospital records and to take legal action with regard to any false information contained therein which may be damaging to one's reputation.

■ A patient must have the right to sue psychiatrists, their associations and colleges, the institution, or staff for unlawful detention, false reports or damaging treatment.

■ A patient has the right to a safe environment without having in the environment, persons placed there for criminal reasons.

■ A patient has the right to education or training so as to better enable one to earn a living when discharged, the right of choice over what kind of education or training is received, and

■ The right to receive visitors and a minister of one's own faith.

"I want to thank CCHR..."

**Dr. Lois Achimovich,
Consultant Psychiatrist:**

"Through education, advocacy and community action, CCHR has made a genuine contribution to the movement towards voluntary and humane engagement with the psychiatrically disturbed.

"In all my dealings with CCHR, which started in the mid-eighties, I have found the staff to be professional and focused with regard to the information they have offered in regard to [patients'] legal rights."



LeAnna Washington

**Rosa Anna Costa, Piedmont, Italy,
Regional Councillor—Commission for Health:**

"We must go on speaking for those who cannot. ... We must take the responsibility, as institutions, to lead the campaign, and I positively acknowledge CCHR for what it is doing in this field. ... I consider that [CCHR's work] should be expanded so that more people can learn what kind of abuses are being practiced by 'not-so-ethical' medical doctors. ... I want to thank the CCHR for what it does."

**The Hon. LeAnna Washington,
Commonwealth of Pennsylvania:**

"Whereas, [CCHR] works to preserve the rights of individuals as defined by the Universal Declaration of Human Rights and to protect individuals from 'cruel, inhuman or degrading treatment' ... the House of Representatives of Pennsylvania congratulates [CCHR International]. ... Its noble humanitarian endeavors will long be remembered and deeply appreciated."

ACHIEVING ITS MISSION

CCHR in Action



1



2



3

Celebrities Fight for Children's Rights

Many celebrities support CCHR's campaign to protect children from psychiatric abuse: 1) Singer and composer Lisa Marie Presley testifies before the federal U.S. Government Reform Committee on psychiatric child drugging; 2) Multi-Grammy Award-winning singer David Pomeranz performs at a charity concert. 3) Actresses Kirstie Alley and Kelly Preston lead CCHR's march for children's rights.

Exhibitions

CCHR's international headquarters in Los Angeles houses a permanent exhibition with documentaries on various aspects of psychiatry. 4) Its 12 traveling exhibitions have been displayed internationally, including at the site of the Dachau concentration camp memorial in Germany.



4



5 Moxon



6



7



8



9



MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

Investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

CCHR Commissioners

CCHR's commissioners include doctors, attorneys, human rights advocates and celebrities who speak out on the various humanitarian activities of CCHR: 5) Attorney Kendrick Moxon chairs public hearings on psychiatric abuse; 6) CCHR Italy's President, Dr. Robert Cestari speaks to the media after inspecting a psychiatric institution; 7) Dr. Giorgio Antonucci of Italy, works with CCHR to show that non-invasive and medical—not psychiatric—treatment can help the mentally disturbed; 8) Singer, composer and actor Isaac Hayes and 9) Award-winning environmentalist Lawrence Anthony both speak out against psychiatry's atrocities.

CITIZENS COMMISSION ON HUMAN RIGHTS

Human Rights Awards

CCHR has the tremendous good fortune to work with like-minded individuals in its efforts to clean up the field of mental health. These are people of courage who, by virtue of their integrity and willingness to take a stand, have withstood personal attacks and held their ground for what they knew was right. Each year, CCHR International presents human rights awards to such individuals. These have included legislators, educators, doctors, journalists, attorneys and authors. The statements of a few of them follow.



Beverly Eakman

Beverly Eakman,
Co-founder, U.S.
National Education
Consortium and author:

"In my experience, CCHR is the only organization that is playing hardball against psychiatric fraud and abuse. It was the first to seriously spearhead a movement against it. It has steadfastly insisted on the individual's constitutional right to freedom of conscience. It has worked tirelessly to protect the right of all parents to direct the education and upbringing of their children. I salute CCHR for its incredible persistence."



Mary Ann Block

Elvira Manthey,
Sole survivor of Nazi Germany's
Brandenburg-Havel psychiatric institution:

"Throughout my journey to seek justice and to restore the human dignity deprived myself and my sister Lisa [killed in the gas chambers], I have met many honest and helpful people. CCHR members count among them. If people who strive for good and for freedom would unite and be watchful and get others to be alert, then this horror can never happen again. Never again can so much pain, destruction and evil be brought upon a social group. I appreciate your support; it gives me the power and courage to continue until the day when German psychiatrists finally take full responsibility for their predecessors' crimes."



Elvira Manthey

Janice Hill,
Founder of "Overload Network," a Scottish group that educates parents about psychiatric stigmatization and drugging of children:

"CCHR is a sane prescription for what ails our children, our schools and our communities. It's a no nonsense, say-it-the-way-that-it-is, type of group. I hope that every parent and teacher will continue to have access to CCHR's outstanding up-to-date factual data. I also hope that every parent and teacher takes CCHR's superb advice to heart. Do not allow

harmful psychiatric diagnoses, treatments and drugs to ruin another child's life, another child's future."

Dr. Mary Ann Block,
Author, *No More ADHD*:

"I am so proud and privileged to be associated with this remarkable organization. The level of commitment and sincerity that emanates from everyone is truly extraordinary.

"I feel fortunate to have found you, but there is no doubt in my mind that it was meant to be. I realized that I was not alone in my fight [for children's rights] and that I could work with CCHR to accomplish the same goals. Much good work has been done through the efforts of CCHR and all the people associated with this organization. Sadly, there is still so much more work left to do."

Dr. John Breeding, Ph.D.,
Author, *The Wildest Colts Make the Best Horses*:

"I am honored to be part of the ongoing effort of the Citizens Commission on Human Rights to defend us all against the false beliefs and damaging practices of psychiatry. I have done a great deal of my work in alliance with CCHR and I deeply appreciate all the staff there. There is immense untold damage caused to all of us by psychiatry today. The good news is that more and more people are becoming aware and more and more of us are taking action."

*"Throughout my journey
to seek justice and to restore the
human dignity deprived myself and my
sister Lisa [killed in the gas chambers],
I have met many honest and helpful
people. CCHR members
count among them."
— Elvira Manthey
Survivor of Nazi Euthanasia*



RECOMMENDATIONS

Recommendations

- 1** Concerned citizens and groups should relentlessly advocate legal and policy protections that force psychiatry to honor every individual's right to be treated with humanity and respect and to recognize the inherent dignity of the person. These include protections from economic, sexual and other forms of exploitation.
- 2** Legal protections should be put in place to ensure that psychiatrists and psychologists are prohibited from violating the right of any person to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, and in other relevant instruments, such as the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment.
- 3** No person should ever be forced to undergo electric shock treatment, psychosurgery, coercive psychiatric treatment, or the enforced administration of mind-altering drugs. Parents cannot be forced or manipulated into permitting the drugging of their children by psychiatrists, other practitioners or school personnel. Governments should outlaw such abuses.
- 4** The responsible officials of regulatory agencies or their advisors must be held accountable and criminally charged for harm caused by psychiatric drugs and other psychiatric "treatment" if it is established that they knew, or should have known, of such harm either through clinical trial results, adverse reaction reports or broadly available public information.
- 5** Every individual who has been subject to such abuse should be helped to file a complaint to police and professional licensing bodies and have this abuse investigated and prosecuted. The individual should be helped also to obtain competent legal advice about filing a civil suit for damages against any offending psychiatrist and his or her hospital, associations and teaching institutions.
- 6** The United Nations, NGOs, human rights groups and concerned citizens should work together to create a new international human rights covenant that states sign and ratify to protect the right of all individuals from mind control and psychiatric abuse.

For further information:

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CITIZENS COMMISSION ON HUMAN RIGHTS
Recommendations

IMPORTANT FACTS

About Psychiatry

The psychiatric profession purports to be the sole arbiter on the subject of mental health and “diseases” of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC “DISORDERS” ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental “diseases” have ever been medically proven to exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL “DISORDERS,” NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with “disorders.” In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome*. Harvard Medical School’s Joseph Glenmullen, M.D., says that in psychiatry, “all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.” As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, “There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases.”

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY “MENTAL DISORDERS.” Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not

know the causes or cures for any mental disorder or what their “treatments” specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness.”

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A “CHEMICAL IMBALANCE” IN THE BRAIN IS UNPROVEN OPINION, NOT FACT.

One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE’S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable “brain diseases” that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

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Education is a vital part of any initiative to reverse social decline. CCHR takes this responsibility very seriously. Through the broad dissemination of CCHR's Internet site, books, newsletters and other publications, more and more patients, families, professionals, lawmakers and countless others are

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WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent, non-psychiatric, medical doctor.



This publication was made possible by a grant from the United States International Association of Scientologists Members' Trust.

Published as a public service by the
Citizens Commission on Human Rights

CCHR in the United States is a non-profit, tax-exempt 501(c)(3) public benefit corporation recognized by the Internal Revenue Service.

PHOTO CREDITS: Page 13: Peter Turnley/Corbis; page 24: Bettman/Corbis.

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the organization that for
the first time in human history
has organized a politically,
socially, internationally significant
voice to combat psychiatry.
This has never happened in
human history before.”*

*— Thomas Szasz M.D.
Professor of Psychiatry Emeritus*