



CREATING RACISM

Psychiatry's Betrayal

Report and recommendations
on psychiatry causing racial
conflict and genocide

Published by
Citizens Commission on Human Rights
Established in 1969





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

The Creation of Racism

Is racism alive today?

In the United States, African-American and Hispanic children in predominantly white school districts are classified as “learning disabled” more often than Whites. This leads to millions of minority children being hooked onto prescribed mind-altering drugs to “treat” this “mental disorder.” And yet, with early reading instruction, the number of students so classified as “disabled” could be reduced by up to 70%.¹

African-Americans and Hispanics are also significantly over-represented in U.S. prisons.

In Britain, black men are 10 times more likely than white men to be diagnosed as “schizophrenic,” and more likely to be prescribed and given higher doses of powerful psychotropic

(mind-altering) drugs.² They are also more likely to receive electroshock treatment (over 400 volts of electricity sent searing through the brain to control or alter a person’s behavior) and to be subjected to physical and chemical restraints.³

Around the world, racial minority groups continue to come under assault. The effects are obvious: poverty, broken families, ruined youth, and even genocide (deliberate destruction of a race or culture). No matter how loud the pleadings or sincere the efforts of our religious leaders, our politicians and our teachers, racism just seems to persist.

Yes, we do have racism today. But why? Rather than struggle unsuccessfully with the answer to this question, there is a better question to ask. Who?



A Message from Isaac Hayes

“Psychiatric programs and drugs have ravaged our inner cities, helping to create criminals of our young people, and all because psychiatrists and psychologists were allowed to practice racist behavioral control and experimentation in our schools, instead of leaving teachers just to teach.

“CCHR has a commitment to improving conditions in the mental health field by exposing abuses like this—all well documented—and they are effectively doing something about them. That is why I became a commissioner of their organization and why I ask that you listen to what they have to say.”

—Isaac Hayes, Academy Award-winning composer, musician, actor, and a commissioner with the Citizens Commission on Human Rights International

The truth is we will not fully understand racism until we recognize that two largely unsuspected groups are actively and deceptively fostering racism throughout the world. The legacy of these groups includes such large-scale tragedies as the Nazi Holocaust, South Africa's apartheid and today, the widespread disabling of millions of schoolchildren with harmful, addictive drugs. These groups are psychiatry and psychology.

In 1983, a World Health Organization report stated, " ... in no other medical field in South Africa is the contempt of the person, cultivated by racism, more concisely portrayed than in psychiatry."⁴

In 1999, Professor of Community Psychiatry, Dr. S.P. Sashidharan, stated, "Psychiatry comes closest to the police ... in pursuing practices and procedures that ... discriminate against minority ethnic groups in the United Kingdom."⁵

In 2001, Dr. Karen Wren and Professor Paul Boyle of the University of St. Andrews, Scotland, concluded that the role of scientific racism in psychiatry throughout Europe has not only been well established historically, but that it persists today.⁶

For nearly 40 years, CCHR has worked in the field of human rights and mental health reform, and has investigated the racist influence of the "mental health" professions on the Nazi Holocaust, apartheid, the cultural assault of the Australian Aboriginal people, New Zealand Maoris and Native American Indians, and the current discrimination against Blacks across the world.

Psychiatry and psychology's racist ideolo-



gies continue to light the fires of racism locally and internationally to this day.

This publication is designed to raise awareness among individuals about this harmful influence. Not only can racism be defeated, but this is vital if man is to live in true harmony.

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

Jan Eastgate
President, Citizens Commission
on Human Rights International

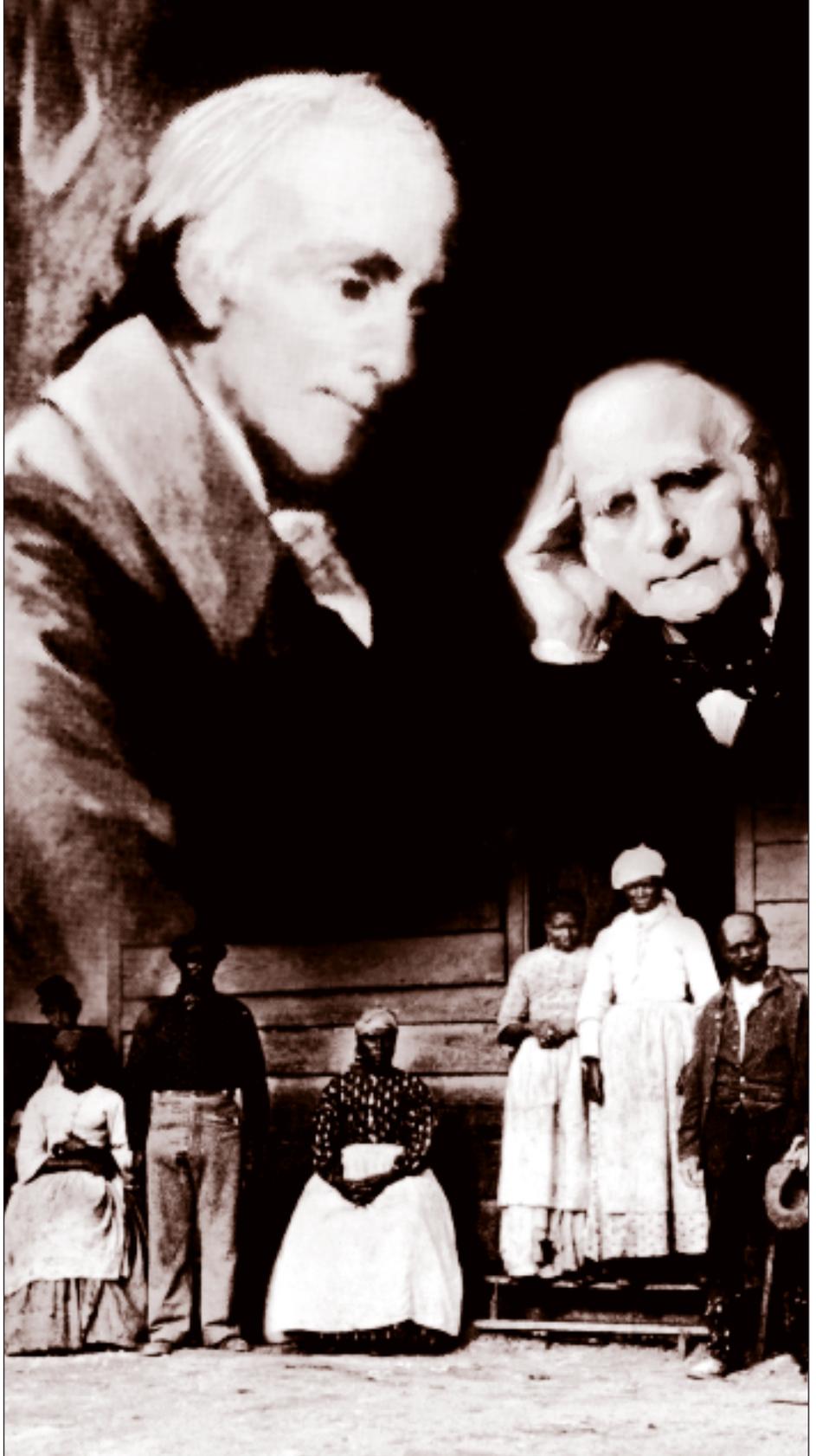
IMPORTANT FACTS

1 For centuries, psychiatry and psychology have provided the “scientific” justification for racism.

2 The emergence of racism was certain to happen considering the basic philosophies that govern the psychiatric and psychological professions. The first is the “survival of the fittest” principle, which underlies the psychiatric eugenics (racial “improvement”) movement; the other is the psychiatric idea that man is merely an animal. Together they form a mentality that breeds anti-social theories and attitudes, including racist ones.

3 In 1883, British psychologist Francis Galton created the term “eugenics,” from the Greek word *eugenes*, meaning “good stock,” and defined certain racial groups as “inferior.”

4 Through their history of invented racial “diseases,” psychiatry and psychology have not only legitimized modern racism, but also provided the justification for outright genocide.



For over 200 years racist theories such as those promoted by psychiatrist Benjamin Rush and psychologist Francis Galton (top right) have been used to justify discrimination.



CHAPTER ONE

The History of 'Scientific' Racism

Whipping the devil out of them," was the recommended "treatment" for a mental "disorder" called drapetomania [from *drapetes*, a runaway slave and *mania*, meaning crazy], which meant a slave had the unnatural urge to run away. It was "discovered" in Louisiana in 1851.

The statements in this chapter are shocking, but they illustrate the development of an outrageous theory that is now taken as "fact."

For centuries, psychiatry and psychology have provided the "scientific" justification for racism and the resultant abuse, assault and genocide of targeted races and groups.

In 1883, Francis Galton, an English psychologist, created the term "eugenics" from the Greek word, *eugenes*, meaning "good stock." He encouraged using "better" human stock from which to breed, and discouraged what he considered "less desirable" stock from having children, evidently considering himself part of the "better" stock and thereby capable of judging the future for all humanity.

Galton considered Africans inferior. After spending two years in Africa, he wrote a book entitled *Tropical South Africa*. Of the people he met he wrote: "These savages court [ask for] slavery. ...

They have no independence about them, generally speaking, but follow a master as a spaniel would." He left no doubt about his beliefs when he said, "The average intellectual standard of the Negro is some two grades below our own."⁷

Humans, Galton determined, were decidedly unequal. Ideas that men were of "equal value," he said, were simply "undeniably wrong and cannot last." Any charity to the poor and ill, he wrote, should be conditional upon their agreeing to abstain from producing offspring.⁸

Galton's well-known half-cousin Charles Darwin, also a psychologist, promoted this too: "No one who has attended the breeding of domestic animals will doubt that this must be highly injurious to the race of man ... hardly anyone is so ignorant as to allow his worst animals to breed."⁹

Benjamin Rush, the "father of American psychiatry" declared that the color of Blacks was caused by a rare, inherited disease called "Negritude," which derived from leprosy. He said the only evidence of a "cure" was when the skin color turned white.

Nazi psychiatrists and America's mental health movement would later adopt these ideas just as readily, but they were initially used to justify slavery and then to control immigration. In accordance with eugenics theory, "Immigrants from Italy, Greece, Hungary, and other southeastern countries" were seen as not making the grade, because they carried a germ that made them "more given to crimes of larceny [theft], kidnapping, assault, murder, rape and sex-immorality."¹⁰

But such “scientific” rationale had long been used to justify the degradation of Blacks in the United States. In 1797, psychiatrist Benjamin Rush, the “father of American psychiatry,” declared that the color of Blacks was caused by a rare, inherited disease called “Negritude,” which derived from leprosy. Rush said that the only evidence of a “cure” was when the skin color turned white. This “disease” was used as a reason for segregation, so that Whites would not be “infected.”¹¹

Author Robert Whitaker tells us, “During the 19th century, the perceived mental health of African-Americans was closely tied to their legal status as free men or slaves. Those who lived in free states, or those who were slaves and publicly exhibited a desire to be free, were at particular risk of being seen as insane.”¹²

According to the 1840 U.S. census, insanity was 11 times more common among Negroes living in the North than those in the South. The result was quickly shown to

be absurd, but not before Southern politicians had seized upon it as evidence that “bondage (slavery) was good for Negroes,” reported Whitaker.

“Here is proof of the necessity of slavery,” reasoned Senator John Calhoun. “The African is

incapable of self-care and sinks into lunacy under the burden of freedom. It is a mercy to give him guardianship and protection from mental death.”¹³

In 1851, Samuel A. Cartwright, a prominent, white, Louisiana eugenics physician, claimed to

have discovered two mental diseases peculiar to blacks which justified their enslavement. One was the already mentioned drapetomania, and the other he called *dysaesthesia aethiopsis*. Dr. Thomas Szasz, professor of psychiatry emeritus and CCHR’s co-founder, wrote, “Cartwright claimed that this ‘disease’ [drapetomania] caused Blacks to have an uncontrollable urge to run away from their ‘masters.’ As covered earlier, Cartwright’s recommended ‘treatment’ for this ‘illness’ was ‘whipping the devil out of them.’”¹⁴

Dysaesthesia aethiopsis [impaired sensation] supposedly affected both mind and body of Blacks. The symptoms included disobedience, answering disrespectfully and refusing to work.

The “cure” was hard labor.¹⁵ Cartwright claimed, “The *compulsory power of the white man*, by making the slothful [idle] Negro take active exercise, puts into active play the lungs, through [which] vitalized blood is sent



In 1851, Samuel A. Cartwright “discovered” a mental disease peculiar to Black slaves that he called “Drapetomania” — the urge for slaves to run away from their “masters.” The “treatment” prescribed was “whipping the devil out of them.”

to the brain to give *liberty* to the mind.”¹⁶ [Emphasis added]

In 1879, German psychologist Wilhelm Wundt of Leipzig University provided the ultimate scientific “proof” for eugenics and racism, by arrogantly declaring that as man’s soul could not be measured with scientific instruments, it did not exist. By this pronouncement, man suddenly became merely another animal. In other words, stripped of his soul by Wundt, man could be manipulated as easily as a dog could be trained to salivate at the sound of a bell.

In 1895, Alfred Ploetz, a Swiss-German psychiatrist, published his race inferiority theories in the book *The Fitness of Our Race and the Protection of the Weak*. Calling his philosophy *Rassenhygiene* [racial hygiene], Ploetz openly discouraged medical care for “the weak.”¹⁷ In later years, Hitler and his Nazi regime would use this to decide exactly who the “weak” were and what to do about them. Ploetz and his colleagues would be credited with

providing the foundations of the Nazi racial state.¹⁸ (See Chapter 2.)

But Ploetz helped create much more than the Nazi regime and the Holocaust. His work laid the foundation for eugenics and racial suppression in countries around the world, including Australia, Canada, England, South Africa and the United States. The following is a small sample of the disastrous effects of his work—psychological and psychiatric statements from the late 1800s to early 1900s:

■ “From the eugenic standpoint, such intermarriages [between White and Black] are not to be commended. ... The colored race has not the energy nor the persistence of the white.”¹⁹

■ “The Negro child is intellectually precocious [developing too early] up to puberty when a radical change takes place: his development stops suddenly or even slightly retrogresses ... education does not reach the deepest layer of his soul.”²⁰

■ In 1918, American eugenics advocate Paul Popenoe claimed that the IQ of Blacks was

Bad Science Creates a Prejudiced Society

False racial theories that equated man with animals, promoted in the 19th century by the likes of psychologist Wilhelm Wundt and British biologist Charles Darwin, laid the foundation for the false science of eugenics and the suppression of minorities for generations to come — including Blacks freed following the Civil War and subsequently relegated to slums as second-class citizens (right).



Wilhelm Wundt



Charles Darwin

determined by the amount of “white blood” in them: the lighter skinned the Black the higher their IQ, and the blacker he was, the lower the IQ.²¹

■ J.T. Dunston, a British psychiatrist and South Africa’s Commissioner of Mental Hygiene, in 1923, claimed, “There are, however ... grounds which suggest that the native, even of the best tribes, possibly belongs to a race which is mentally inferior to ours.” His proof? Natives are “oriented in time in the vaguest way, and generally have little idea of how old they are, or of the passage of time. Even their dancing, of which they are very fond, presents no delicate motions—an important psychological point which should be carefully studied.”²²

In Australia, “genocide” was practiced a little differently. Mixed race children (usually of an aboriginal mother and a white father) were taken from their mothers, placed on government reserves in the care of Whites, and denied education about their ancestry and culture.

The 1921 Report of the Aborigines State Board stated, “The continuation of this policy must eventually solve the Aboriginal problem.”²³ It was racial genocide, an attempt to “breed out” the Aboriginal race.

The segregation and abuse of the Aborigine people was “justified” because they were “as yet incapable of self-control, innocent of the know-

ledge of good and evil,” therefore requiring “protection.”²⁴ Just as runaway slaves were “cured” in America, Aborigines were treated like “naughty children,” by whipping them.

In a later Australian inquiry into the effects of this program, one victim testified: “We were told

that our mother was an alcoholic and that she was a prostitute and she didn’t care about us. They used to warn us that when we got older we’d have to watch it because we’d turn into sluts and alcoholics, so we had to be very careful. If you were white you didn’t have that dirtiness in you ... It was in our breed, in us to be like that.”²⁵

Native peoples in America and Canada, the New Zealand Maori, and other non-white populations were treated as similarly inferior as the Jews and Gypsies in Germany. As author Francis Pal Prucha wrote in *The Great Father*, “Indian children were taken from homes judged unsuitable or harmful to them by the Bureau

of Indian Affairs or state social workers and placed in foster or adoptive homes, usually non-Indian ... eventually [it] was perceived more accurately as a force destructive of Indian families and Indian children.”

In 2002, Native American Indian Sandy White Hawk spoke of her ordeal after being taken from



Margaret Sanger

Supposedly to protect Americans’ blood from being “tainted” with “racial inferiority,” eugenicist Margaret Sanger, founder of Planned Parenthood, wanted to exterminate the Negro population through sterilization.

SCIENCE OF BIGOTRY

Racist Testing and Other Lies

her birth parents 30 years previously: "I was told that what I came from was horrible, savage, pagan, and that I was so lucky to be taken away from all of that. When I became a teenager and went through normal teenage difficulties, my mother told me, 'Don't grow up to be a good-for-nothing Indian.'"²⁶

Intelligence tests were another means to promote and preserve racist theories.

In the 1950s, psychologist Lewis Terman, an "expert" in IQ testing, claimed that poor children could never be educated, and that Mexicans, Indians and Blacks should never be allowed to have children. Such tests were used to stop Italians, Poles, Mexicans and others from moving to the United States and "tainting" American blood.²⁷

Margaret Sanger, the founder of Planned Parenthood of America and a eugenicist, contributed an equally repulsive plan. Her "cure" for racial inferiority was sterilization. Sanger planned to "exterminate the Negro population" by inducing several black ministers with "engaging personalities," to preach that sterilization was a solution to poverty. She stated that reaching Blacks "through a religious appeal," would be the "most successful educational approach."²⁸

As recently as 1994, Charles Murray and Richard Herrnstein's book *The Bell Curve* arrogantly and audaciously claimed that African-Americans and Hispanics do worse than Whites in intelligence tests, are "genetically disabled" and therefore cannot cope with the demands of modern society.²⁹

In an argument similar to those made by early advocates of "racial purity," Herrnstein, a psychologist, claimed that Americans were becoming more stupid with each generation, and advocated selective breeding to prevent human "residue" from coming into existence.³⁰

Through their history of invented racial "diseases," arbitrary judgments on "better stock" and bogus scientific claims like "lower IQ" and "racial inferiority," psychiatry and psychology have not only legitimized 19th, 20th and 21st century racism, but also provided the reason for outright genocide.

Intelligence testing in the hands of psychiatrists and psychologists became another means to forward racist views of man.

■ Biased IQ testing was used extensively during the first half of the 20th century by eugenicist Paul Popenoe and psychologist Lewis Terman to belittle non-white races. Popenoe claimed, "The IQ of Blacks is determined by the amount of 'white' blood in them" and Terman asserted non-whites "could never be educated."

■ In Australia, removing children from Aborigine mothers and other abuses were "justified" because Aborigine people were "incapable of self-control, innocent of the knowledge of good and evil."



Paul Popenoe



Lewis Terman



IMPORTANT FACTS

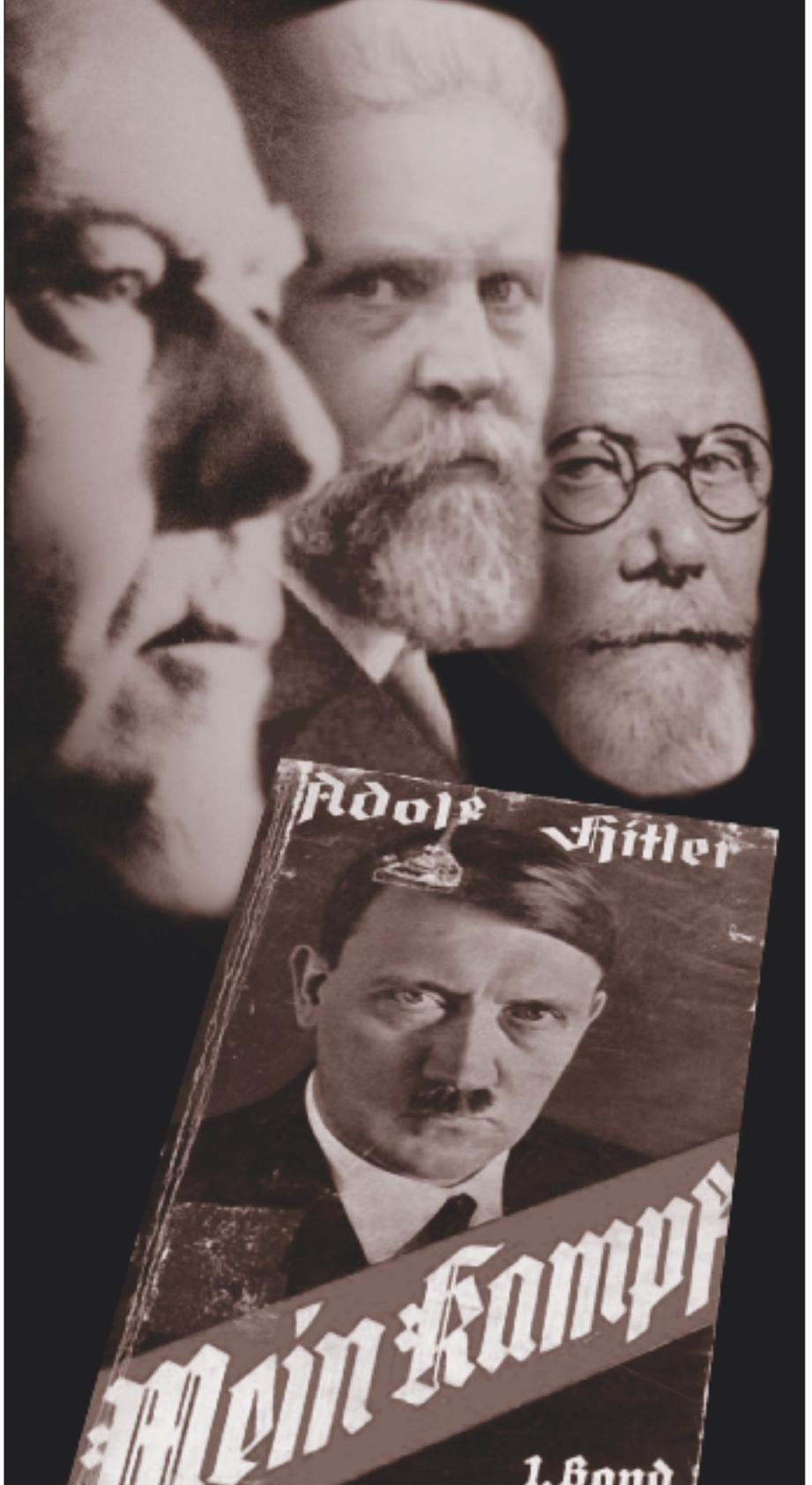
1 In 1895, Swiss-German psychiatrist Alfred Ploetz published his theories about eugenics and race inferiority, coining the word *Rassenhygiene* (racial hygiene) and providing the “biological foundations” for the Holocaust.

2 In 1920, German psychiatrist Alfred Hoche published a book, *Permission to Destroy Life Unworthy of Life*, wherein he demanded euthanasia be conducted on “mental defectives.”

3 The eugenics movement fueled the Ku Klux Klan’s resurrection in the early 1900s in the U.S.

4 South African psychiatrists and psychologists offered the government a “scientific” means by which to deny black South Africans employment and education and to tear apart their families.

5 Tens of thousands of black South Africans were incarcerated in psychiatric camps during the apartheid era, used for slave labor and allowed to die from untreated medical conditions.



Theories of psychiatrists Ernst Rüdin, Alfred Ploetz and Alfred Hoche inspired Adolf Hitler, who based his racist plans on their teachings — as detailed in his autobiography *Mein Kampf* (My Struggle).



CHAPTER TWO

The Roots of Modern Genocide

Long before World War II, German psychiatrists had devised the “scientific” justification for euthanasia (“mercy killing”) based on “racial inferiority.”

Following the 1895 publication of his theories on eugenics, which he preferred to call “racial hygiene,” psychiatrist Alfred Ploetz, together with his fellow psychiatrist Ernst Rüdin, founded the German Society for Racial Hygiene in 1905. They promoted the idea that destroying the “unworthy” was “purely a healing treatment.”

In 1911–22 years before the Nazi party came to power—Rüdin had already preached that “All nations have to haul around with them an extraordinarily large number of inferiors, weaklings, sickly and cripples. ... Through a wise legislation [sterilization] along this line ...

we would also be able to pursue rationally the best avenues for breeding.”³¹

In 1920, psychiatrist Alfred Hoche and Karl Binding, a lawyer who became Chief Justice of the Nazi Reich, published the book, *Permission to Destroy Life Unworthy of Life*, in which they demanded euthanasia be conducted on “mental defectives” and stated, “Their death will not be missed in the least except maybe in the hearts of their mother or guardian.” Hoche also claimed killing a dying

individual with a medical drug was not “murder” but a “pure act of healing.”³²

German psychiatrist Eugen Fischer, co-author of *The Principles of Human Heredity and Racial Hygiene* (1921), also urged the annihilation of “Negro” children, theorizing that Blacks were devoid of value and useless for employment other than for “manual crafts.”

Fischer wrote, “He [the Negro] is not particularly intelligent in the proper sense of the term, and above all he is devoid of the power of mental creation, is poor in imagination, so that he has not developed any original art and has no elaborate folk sagas or folk myths. He is, however, clever with his hands ... so that he can easily be trained in the manual crafts.”³³

In 1939, Fischer lectured students saying, “... I do not characterize every Jew as inferior, as Negroes are.”³⁴

Rüdin was the primary supporter of Germany’s Sterilization Act of 1933, which included the sterilization of all Jews and “colored” children.³⁵ The law led to more than 350,000 “unfit” Germans being sterilized.

The first psychiatric “killing test” (gassing experiment) was conducted at Brandenburg institution in 1940—18 patients were murdered while psychiatrists and staff watched. Following the experiment’s “success,” the euthanasia program began.

“Only through the Führer did our dream of over thirty years, that of applying racial hygiene to society, become a reality.”

— Ernst Rüdin, professor of psychiatry, commissioner, German Society for Racial Hygiene, 1943.

Some 300,000 “mental defective” persons—94% of all Germany’s “mentally ill”—met their deaths at the hands of psychiatrists. What followed was the Holocaust. Rüdin stated, “Only through the Führer did our dream of over thirty years, that of applying racial hygiene to society, become a reality.”³⁶

Even though Rüdin was the architect of the plan that made legalized mass murder a reality, incredibly in 1990, the U.S. National Alliance for Research on Schizophrenia and Depression (NARSAD) glorified Rüdin as the founder of “psychiatric genetics.”³⁷

Only a few Nazi psychiatrists were prosecuted during the Nuremberg Trials; most escaped justice and returned to psychiatric practice after the war.

Apartheid: Psychiatric and Psychological Influence in South Africa

The link between psychiatry, psychology and apartheid is long-standing. South African Prime Minister Hendrik Verwoerd, a psychologist, had studied in German universities during the height of the Nazi psychiatrists’ racial hygiene planning.

German psychiatric eugenics of the day labeled Blacks, according to Richard Lerner in *Final Solutions: Biology, Prejudice and Genocide* as “[lazy], unintelli-



German psychiatrist Eugen Fischer, co-author of *The Principles of Human Heredity and Racial Hygiene* in 1921, urged the destruction of “Negro” children, theorizing that Blacks were devoid of value and useless for employment other than for “manual crafts.”

gent, though ... physically capable people, who live in crime, poverty, and generally socially deteriorated conditions, and do so because of their genetically based limited mental capabilities.”³⁸

German influence on Verwoerd’s thinking is clear. In 1928, Verwoerd, with the help of psychologists from America’s Carnegie Foundation, helped instigate an inquiry that blamed white poverty on black competition in South Africa’s job market, stating that “... long-continued contact with inferior colored races has in some respects had deleterious social effects on the European.” Verwoerd stated, “There is no place for [the Native] in the European community above the level of certain forms of labor ... for that reason it is of no avail for him to receive training.”³⁹

His Nazi thinking was also obvious by the

fact that South Africa’s segregation law was very similar to the Nazi psychiatrists’ Racial Purity Law banning Aryans and non-Aryans from living together or marrying. South African psychiatrists and psychologists offered the government a “scientific” means by which to deny black South Africans employment and education and to tear apart their families.

Verwoerd stated in September, 1943: “This segregation policy, which also means protection and care for the Native in the land of the Afrikaner, but deci-

sively rejects any attempts at equality, gives the Native an opportunity to develop what is his own, so that he can have pride and self-respect as a Native, instead of being continually humiliated as a failed and imitation white." He stated that South Africa would be doomed if its policies allowed the African to "improve his skill, draw better wages and provide a better market within 'white' South Africa."

As a result, proper education was also denied Blacks. To reinforce this, psychologist M.L. Fick invented an intelligence test to "prove" the inferiority of "color castes" and how their educational abilities were limited.⁴⁰

With millions of people facing substandard education, unemployment and poverty and, consequently, low morale, it is no wonder that psychiatric institutions were established or that the justifiable and normal reactions to the resultant oppression

were falsely labeled as "mental disorders."

For more than 30 years, these "special" psychiatric institutions were run by secret agreement between the government and the private Smith, Mitchell & Co. (now called Lifecare), to keep and "treat" black patients. The apartheid government guaranteed a 90% occupancy rate. Tens of thousands of Blacks were incarcerated against their will, drugged and subjected to electroshock without anesthetic, because anesthetics were "too expensive" to use on Blacks. They were hired out to companies to perform unpaid labor, making coat hangers, brushes, sheets and other items under the guise of "industrial therapy."

Members of the Church of Scientology and the Citizens Commission on Human Rights exposed all this in 1974, resulting in psychiatrists convincing the apartheid government to revise the Mental Health Act to make it a *criminal* offense to report on condi-

Psychiatric Slave Camps

Racist psychologist Hendrik Verwoerd, who became Prime Minister of South Africa in 1958, issued that country's first segregation policy in the 1930s, laying the groundwork for apartheid and with it, secret psychiatric slave labor camps where tens of thousands of Blacks were imprisoned and forced to work in appalling conditions.



Hendrik Verwoerd



tions in any psychiatric hospital or to take any photographs of them. So CCHR went outside of South Africa, reporting its evidence to the World Health Organization (WHO).

In 1977, the WHO responded with an investigation of the psychiatric camps. In 1983, a report on its findings 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."⁴¹

It also referenced another inquiry which had substantiated CCHR's allegations of unexplained patient deaths:

"The most shocking finding of our investigation was the high number of needless deaths among black patients in Smith Mitchell facilities. At none of the facilities did we find evidence of adequate medical care during the patients' final illnesses ... we saw charts of black patients in their 40s and 50s who were apparently allowed to die."

When apartheid ended in 1994, CCHR helped initiate a Health Ministry inquiry into malpractice and racism in psychiatric hospitals. The inquiry found gross patient abuse, falsified death certificates and general mistreatment of patients.⁴² The camps were reformed.

In 1997, CCHR presented testimony to the South African Truth and Reconciliation Commission about the apartheid crimes of psychiatrists



Psychiatrist Frederick Goodwin, director of the U.S. National Institute of Mental Health in the early 1990s, compared black youth living in inner cities to "hyperaggressive" and "hypersexual" monkeys in a jungle to justify putting them on psychiatric drugs.

and psychologists. The Psychological Society of South Africa finally admitted that psychological studies had been deliberately aimed at discrediting Blacks as intellectually inferior.⁴³

Still, the effects of apartheid will take a long time to rectify, especially because of the obstruction by the psychiatric industry. In 1999, CCHR Commissioner Lawrence Anthony addressed the World Psychiatric Association on behalf of the South African government, reporting that the Society of Psychiatrists of South Africa had "failed to admit any guilt or responsibility" for its role in apartheid atrocities. Instead, psychiatrists used the post-apartheid era to garner more busi-

ness, diagnosing the response of Blacks to apartheid oppression as a "persecution complex."⁴⁴

Psychiatry's Destructive Experiments in the U.S.

Psychiatric "treatment" of minorities has also included some of the most barbaric experiments ever carried out in the name of "scientific" research.

In the 1950s in New Orleans, black prisoners had experimental electrodes implanted into their brains by psychiatrists Robert Heath from Tulane University and Harry Bailey from Australia. Bailey later boasted in a lecture to nurses that they had chosen the test subjects on the basis that it was "cheaper to use Niggers than cats because they were everywhere and cheap experimental animals."⁴⁵

Heath also conducted secret tests funded by the Central Intelligence Agency (CIA), using LSD and a drug called bulbocapnine, which in certain doses produces severe stupor. He experimented on prisoners at the Louisiana State Penitentiary to see if the drug would cause “loss of speech, loss of sensitivity to pain, loss of memory, [and] loss of will power...”⁴⁶

At the U.S. National Institute of Mental Health (NIMH) Addiction Research Center in Kentucky in the mid-1950s, drug-addicted African-Americans

were given LSD, which kept many hallucinating for 77 consecutive days. At this same center in the 1960s, healthy African-American men were used as test subjects for the experimental chemical warfare drug, BZ, which was 100 times more powerful than LSD.

In the 1970s, the NIMH supported one of the most covert and evil experiments ever aimed at Blacks and Hispanics. Following the 1960s riots in Watts (an African-American section of Los Angeles), Louis Jolyon West of UCLA’s



The resurrection of the Ku Klux Klan in 1915 coincided with the rise of eugenics-based racism in America.

HARMFUL PHILOSOPHY

Psychiatry’s Racist Impact in the U.S.

The resurrection of the Ku Klux Klan in the early 1900s occurred at a time when psychiatry’s racial hygiene policy was broadly promoted. Thomas Dixon, Jr., who glorified the exploits of the KKK in 1905, had studied the works of British psychologist and sociologist Herbert Spencer, who coined the phrase, “the survival of the fittest.” Spencer believed that many people were unfit and should meet a quick death, while selective breeding of the “fittest” could bring

about a superior race. Dixon subsequently authored three racist books. The first, *The Leopard’s Spots*, concluded that peace could only be achieved through the separation of the races. He claimed that, “The beginning of Negro equality is the beginning of the end of this nation’s life.” The eugenics movement helped to fuel the KKK’s purpose, with Hiram Wesley Evans, Grand Wizard of the KKK in 1923, referencing eugenics leaders in his speech given on “Klan Day.”



Harry Bailey



Robert Heath

In the 1950s in New Orleans, black prisoners were used for psychosurgery experiments. Robert Heath from Tulane University and an Australian psychiatrist Harry Bailey conducted the experiments. Bailey boasted that they had used Blacks as it was “cheaper to use Niggers than cats because they were everywhere and cheap experimental animals.”

(University of California Los Angeles) Neuropsychiatric Institute created the theory that the events were tied to genetic and racial factors and those prone to such violence were mostly young black urban males. He proposed a “Violence Initiative” that would see to it that offenders be treated with psychosurgery and chemical castration. West’s idea was to test his treatment plan in two high schools—one Black, the other Hispanic. (Protests led by CCHR and others concerned caused the government’s funds for this “research” project to be cut.)

Ernst Rodin, head of the neurology department of the Lafayette Clinic in Detroit, Michigan, claimed that children of limited intelligence often turned to violence if treated as “equals.” Rodin

called for “dumb young males who riot” to be castrated in much the same way as oxen.⁴⁷

Negative typecasting and comparisons between Blacks and animals continued at the NIMH. In 1992, psychiatrist Frederick Goodwin, director of the NIMH, compared black youth living in inner cities to “hyperaggressive” and “hypersexual” monkeys in a jungle.⁴⁸

The NIMH’s second “Violence Initiative” targeted children as young as five. Their scientific justification was to conduct research to see if African-Americans and Hispanics had a violent gene that could be controlled by psychiatric drugs. Drugs known to cause violent behavior were to be given to the children.

Dr. Seth Farber, director of the Network

Against Coercive Psychiatry, stated at the time, "Just like the Nazis ... what [psychiatrists] want to do is scapegoat black youth, put them on drugs and take away the rights of their parents. It is an outrageous, racist and oppressive plan."

Today, in the United States, psychiatrists and psychologists boldly demand more research funds because African-Americans, Native American Indians and Hispanics are over-represented in the ranks of the "mentally ill." "Whipping the devil out of them" has been replaced with psychosurgery, electroshock and psychiatric drugs. The results are obvious, especially in the inner cities. Racial minorities have been introduced to a whole new level of mind-

altering, legally permissible drugs. This has ushered in a new wave of drug addiction, followed by escalating crime, illiteracy and unemployment. Today, single-parent families are common. Too many Black and Hispanic men are imprisoned compared to the rest of the population. Evidence of "racial profiling" abounds, yet the NIMH pours millions and millions into researching "at risk" minority populations and their "aggressive behavior."

Former clinical psychologist and CCHR Commissioner William Tutman warns, "To oppress a race, and then label its reaction as a 'mental illness,' is not only morally wrong, it is criminal and fraudulent."

ABUSE REPORT

Racism in the United Kingdom

On October 30, 1998, David "Rocky" Bennett, a 38-year-old African-Caribbean living in England, had an argument with a white patient over the use of a phone in a psychiatric facility. Staff picked Bennett to be segregated from the rest of the patients. He became more upset. The staff then pinned him face down on the floor for 25 minutes. He screamed, "Get off me, get off me, I can't breathe. Get off my throat. ... They are going to kill me." His screams were ignored. Then they stopped—David was dead.

A May 2001 coroner's inquest determined "Accidental Death Aggravated by Neglect."

David Bennett's family requested and obtained a government inquiry into his death. This resulted in a February 2004 report that painted a bleak picture of "institutional racism" in the country's mental health system. Sir John Blofeld, a retired High Court judge, stated: "Black and minority ethnic communities have a fear of the NHS [National Health Service]: that if they engage with the mental health services they will be locked up for a very long time, if not for life, and treated with medication which may eventually kill them."

■ Desmond McLean was raped at the age of 14. He would not speak about his ordeal, which worried his family. After an argument at home, he was admitted to an adult psychiatric ward in England: "Whenever I showed any resentment to what was happening to me, four or five adults would jump me and pull my trousers down and put a needle in my buttocks.



"Whenever black people show any signs of psychiatric problems they are labeled paranoid schizophrenic or psychotic."

— Desmond McLean

Having that needle gives them a lot of control over your emotions. Whenever black people show any signs of psychiatric problems they are labeled paranoid schizophrenic or psychotic. It's because they don't understand where black people are coming from and how we express our frustrations."

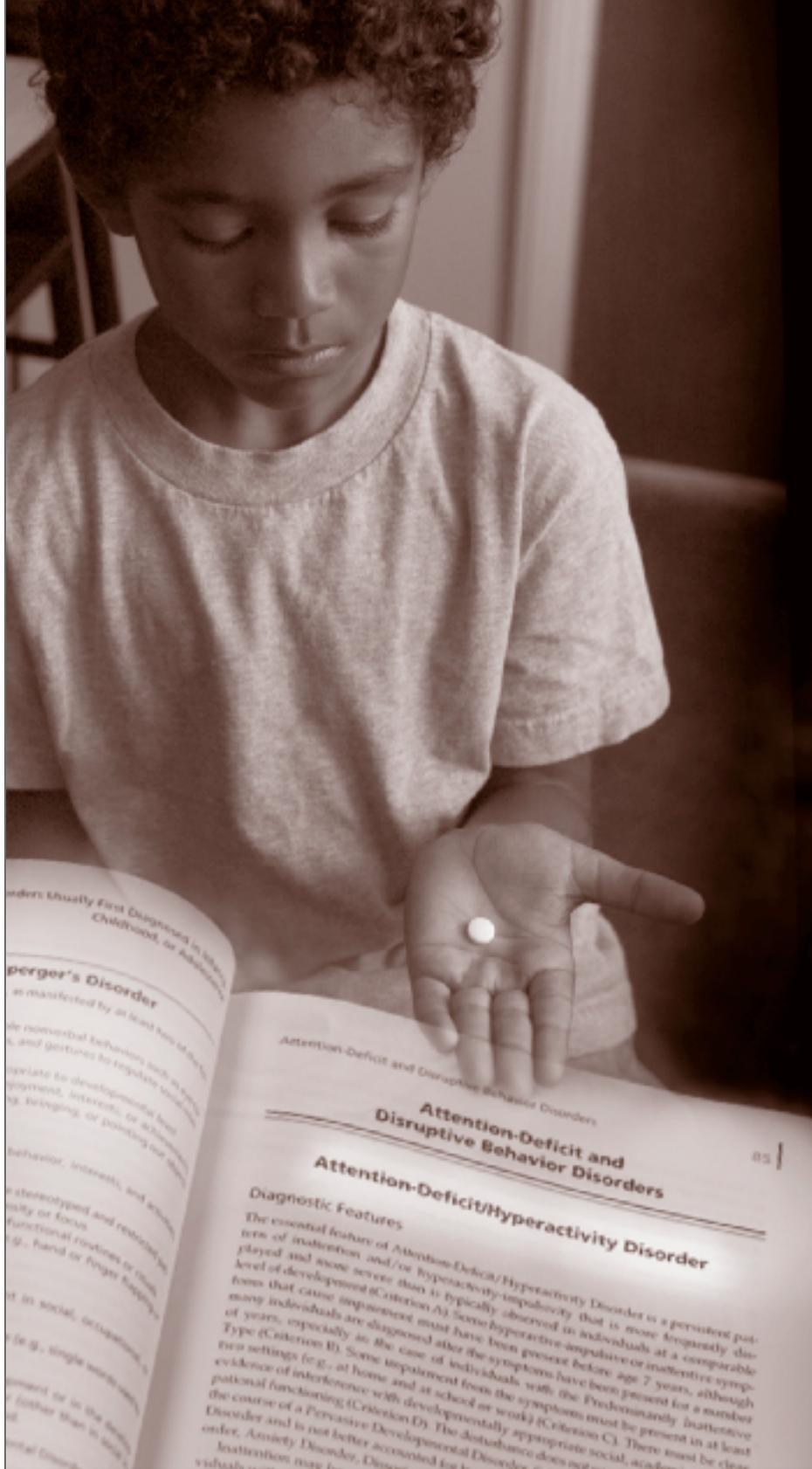
IMPORTANT FACTS

1 The U.S. President's Commission on Excellence in Education reveals that 40% of children in Special Education were falsely labeled with learning disorders simply because they weren't taught to read.

2 For minorities, Special Education is covert psychiatric racism; a means of getting millions of children hooked on mind-altering psychiatric drugs.

3 Children who take amphetamine-type or other prescribed psychotropic drugs do not perform better academically.

4 Teenagers who have been prescribed psychiatric drugs have been responsible for many school shootings. The drugs' side effects include violent behavior, mania and suicidal behavior.



More and more children are being diagnosed with ADHD, a "disease" that has never been clinically proven to exist, but a profitable one for the mental health industry.



CHAPTER THREE

Enslaving Children with Drugs

In March 2003 in the United States, the Goldwater Institute's Policy Report on "Race and Disability: Racial Bias in Arizona Special Education" reported that, "Of both low-income and African-American fourth graders tested, 60% scored 'below basic' on the latest National Assessment of Educational Progress Examination."⁴⁹

According to the Goldwater Institute, "The sheer number of students mislabeled is staggering. Even worse, in predominantly white school districts, minority students are classified as learning disabled at significantly higher rates."⁵⁰

Black students are three times more likely than white students to be labeled mentally retarded. While black students account for only 16% of the U.S.

student population, they represent nearly 32% of all students in programs for mild mental retardation.

A 1993 *U.S. News and World Report* revealed that African-Americans were over-represented in special education programs in 39 states.

A decade later, the U.S. President's Commission on Excellence in Education revealed that 40% of children in Special Education were

being labeled with learning disorders simply because they weren't taught to read.

In an Internet article, Gary Orfield wrote: "The disproportionate placement of black males into special education classes has created a 'ghetto within a ghetto.' For a lot of these kids, this is a direct path to jail. This is taking a bad problem and putting it inside another even worse problem. It's just unconscionable."⁵¹

Black students are three times more likely than white students to be labeled mentally retarded. While Black students account for only 16% of the U.S. student population, they represent nearly 32% of all students in programs for mild mental retardation.

According to Asa Hilliard, professor of urban education at Georgia State University, "If you call a kid retarded who is not, or say that he is learning disabled and he is not, and you separate him out for special instruction, which isn't special, that just compounds the problems."⁵²

For minorities, Special Education means continued, yet covert, psychiatric racism. It is

a means for hooking millions of children onto mind-altering psychiatric drugs by labeling them with "learning disabilities" at a cost of \$28 billion a year to the taxpayers of the United States.

Psychiatrists and psychologists use the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* and the mental disorders section of the *International Classification of Diseases* to justify these abuses.



Numerous books show that health and educational problems alone can cause attention and behavioral problems, thereby discrediting the “ADHD” learning disorder monopoly.

The DSM, according to Professor Herb Kutchins, co-author of *Making Us Crazy*, is an “unreliable classification system.” “Defenders of slavery, proponents of racial segregation ... have consistently attempted to justify oppression by inventing new mental illnesses and by reporting higher rates of abnormality among African-Americans or other minorities.”⁵³

Psychiatrists literally “vote” on whether or not a group of symptoms should be considered a “mental disorder” for inclusion in the DSM.

Using the manual, psychiatrists can fraudulently diagnose any child as suffering “Attention Deficit Hyperactivity Disorder” (ADHD). The “symptoms” include “has difficulty playing quietly,” “often talks excessively,” “often loses things,”

“Defenders of slavery, proponents of racial segregation ... have consistently attempted to justify oppression by inventing new mental illnesses and by reporting higher rates of abnormality among African-Americans or other minorities.”

— Professor Herb Kutchins, co-author of *Making Us Crazy*

“fails to complete schoolwork, chores, or other duties...” and “often fidgets with hands or feet or squirms in seat.” In other words, psychiatrists define and label normal childhood behavior as a mental disorder. The prescription is always for

a psychiatric drug with harmful, mind-altering characteristics.

Psychiatrists have dreamt up further unproven theories, such as chemical imbalances in the brain, to justify child drugging. There is no such thing as a chemical imbalance. Dr. Mary Ann Block, author of *No More ADHD*, points out, “The psychiatrist does not do any testing. The psychiatrist listens to the history and then prescribes a drug.”

There are numerous side effects and risks with the drugs prescribed for so-called ADHD.

A short list of these follows:

■ Methylphenidate (Ritalin), the main drug prescribed, is more potent than cocaine and classified by drug oversight agencies as being as harmful and addictive as morphine and opium.⁵⁴

■ The side effects of methylphenidate include blood pressure and pulse changes, angina (heart irregularity), weight loss and toxic (poisonous) psychosis. Suicide is a risk during withdrawal.⁵⁵

■ Children who take amphetamine-type or other prescribed psychotropic drugs do not perform better academically. They fail just as many courses, and drop out of school just as often as children who do not take the drugs.

■ It appears that governments are finally seeing through the fraud. In 2003 and 2004, the United Kingdom government told doctors not to prescribe Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants to under 18-year-olds, citing the drugs' potential to cause suicidal tendencies.⁵⁶

■ In 2004, the U.S. Food and Drug Administration (FDA) issued a similar warning, as did Australian, Canadian and European agencies. The FDA Public Health Advisory stated, "Anxiety, agitation, panic attacks, insomnia, irritability, hostility ... akathisia (severe restlessness) ... and mania, have been reported in adult and [child and adolescent] patients being treated with [SSRI] antidepressants."⁵⁷

■ In October the same year, after parent testimonies of children having killed themselves, the FDA ordered that a "black box" warning of suicide risk be placed on SSRI antidepressant bottles.

■ The warning is insufficient: Teenagers who have been prescribed psychiatric drugs have been

responsible for many school shootings; Columbine was the most notorious one. The drug side effects are now recognized to include violent behavior, mania and homicide.

Fred Shaw, president of the Compton branch of the National Association for the Advancement of Colored People (NAACP), and a former Deputy Los Angeles Sheriff who owns and manages group homes (alternatives to prisons) for boys, says: "I deal with black teenagers who have been labeled as inferior, been given substandard education and told there is something wrong with their brains which requires powerful, mind-altering 'medication.' They have no hope and see no future. It's a recipe for crime and suicide."

Mrs. Sheila Aus tells of her experience: "The school gave me the option of putting [my daughter] on drugs or placing her in a special education class. I finally relented and allowed the school psychiatrists to prescribe drugs. ... She started experiencing hallucinations, became physically aggressive, mean and uncontrollable. I informed the school that I wanted to discontinue [the stimulants]. They called Child Protective Services and reported that I was being medically negligent because I wasn't willing to give her necessary medication. Something has to be done to stop this madness. Psychiatrists are getting richer, while my daughter and countless other children may never recover from the damage caused."⁵⁸

Shaw adds, "The solution is not to further label children, or to give them psychological or psychiatric services, but to provide them with effective literacy programs and empower them with knowledge and the ability to live responsibly."



"The psychiatrist does not do any testing. The psychiatrist listens to the history and then prescribes a drug."

— Dr. Mary Ann Block, author of *No More ADHD*

THE DEADLY RISK

Psychological Programs in Schools

For many years, schools have employed destructive psychological curricula. “Anger management” is claimed to teach individuals to control their aggression and anger; “conflict resolution” is supposed to help a person to resolve a conflict without resorting to violence. Yet in one anger management class, a boy beat up a classmate so badly that six days later the victim was still in the hospital.⁵⁹

Another psychological experiment, “death education,” has been used in many countries since the 1970s. It requires children to discuss death, suicide and to write their own wills and epitaphs.

■ One U.S. “death education” class involved taking students to a deserted river shoreline, to observe a mock crime scene complete with a “dismembered mannequin in the car trunk, a severed arm in a grocery bag and a bloody hacksaw.”⁶⁰

■ In Kyoto, Japan, in a bizarre attempt to educate children about violence, a teacher disguised in a cap and sunglasses, and brandishing a 20-inch metal rod, burst into a class of 11-year-olds sending them stumbling over desks and chairs trying to escape.⁶¹

■ Joey, an 8-year-old African-American, attended a “problem solving” class in his school. He was shown a film that depicted a young boy trying to kill himself by tying a rope around his neck. In the film, the boy talks about not being liked at school, being teased and worrying about growing up. Joey’s mother did not know about the program as the

school curriculum merely stated that it was “social sciences.” Two days after her son watched this video, she walked into his room and found him dead, hanging by a rope from his bunk bed.

■ Columbine High School shooters, Eric Harris and Dylan Klebold are prime examples of the failure of “anger management” and “death education.” Harris was taking an antidepressant that often causes violent mania. Both Klebold and Harris were ordered by the court to undergo psychological counseling, including “anger management.” They also participated in school-based “death education.”

As part of the “death education” class, students were asked to imagine their own death. Harris subsequently had a dream where he and Klebold went on a shooting rampage in a shopping center.

After writing of his dream and handing it in to the teacher, Harris and Klebold acted out the dream by killing a teacher, 12 classmates and then themselves.⁶²

Influenced by psychiatrists and psychologists, in 2003 the [U.S.] President’s New Freedom Commission on Mental Health recommended, “... the early detection of mental health problems in children and adults—through routine and comprehensive testing and screening” in schools.⁶³

Today, students are screened or “profiled” by using questionnaires that inquire about their own and their parents’ attitudes and behaviors. Questions include, “during the last 12 months, how many times have you hit or beat up on someone” or

“Give the mental health industry a leave of absence from our nation’s homes and schools.”

— Beverly Eakman,
Educational Author

“stolen something from a store?” Other questions ask how many times they’ve used cocaine, had sexual intercourse, felt “sad or depressed” and how often their parents tell them they love them.⁶⁴

Psychiatrists are pushing for compulsory “depression screening” of schoolchildren. One “teen screen” program in the United States surveys students with questions such as, “Has there been a time when nothing was fun for you and you just weren’t interested in anything?” “Has there been a time when you felt you couldn’t do anything well or that you weren’t as good-looking or as smart as other people?”⁶⁵

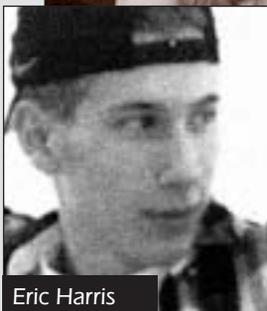
With enough “correct” answers, the next questionnaire, called the “Diagnostic Interview Schedule for Children” (DISC), claims to be able to check for 18 psychiatric disorders.⁶⁶ The child is then referred to a psychologist or psychiatrist and, usually, prescribed drugs.

Dr. Joseph Glenmullen, of Harvard Medical School, said the questionnaire of symptoms used to “diagnose” depression “may look scientific,” but “when one examines the questions asked and the scales used, they are utterly subjective measures”⁶⁷

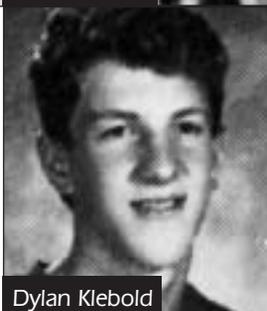
Educational author Beverly Eakman warns, “The term ‘screening’ takes on new meaning as children, and by extension, their families, today are assessed for supposed ‘markers’ of psychological disorders ... with the results of such analyses going into cross-referenced electronic [data] systems. ...”⁶⁸ Her advice? “Give the mental health industry a leave of absence from our nation’s homes and schools.”⁶⁹

CREATED KILLERS:

Columbine High School students Eric Harris and Dylan Klebold killed a teacher, 12 classmates and themselves in a murderous rampage in 1999 that took place after both boys had undergone court-ordered psychological counseling and “anger management.” In addition, they had taken “death education” classes in their school where they were instructed to imagine their own deaths. At the time of the killings, Harris was also taking an antidepressant known to cause aggressive behavior.



Eric Harris



Dylan Klebold



IMPORTANT FACTS

1 All psychiatric and psychological racist influence—in our courts, police departments, prisons, schools and universities—must be eradicated so that it can never again be used to oppress and degrade individuals.

2 A proper, non-psychiatric, medical examination must be conducted to determine if an undiagnosed physical problem is causing any person's unwanted behavior.

3 The psychiatric profession has a profit interest in ensuring that racist ideas continue to influence our society. The way to ensure freedom from their consequences is to continue to identify and limit the influence of the exact source of this social poison—psychiatrists and psychologists.





CHAPTER FOUR

Creating a Better Future

South African President Nelson R. Mandela, in his autobiography *Long Walk to Freedom*, states, “Out of the experience of an extraordinary human disaster that lasted too long, must be born a society of which all humanity will be proud. ... Never, never, and never again shall it be that this beautiful land will again experience the oppression of one by another. ... The sun shall never set on so glorious a human achievement.”

To achieve this desired society, the psychiatric sources of apartheid and similar “extraordinary human disasters” must be clearly identified.

Isaac Hayes says: “Children are the hope of our culture, whether Black, Hispanic, Native American, or any race. Do inner-city youth, antagonized by poverty, substandard inner-city education, unemployment and broken families, need labels and drugs that will turn them violent? This battle is about mental slavery.”

In 2003, in response to this “mental slavery”—psychiatric labels and drugs—the National Association for the Advancement of Colored

People (NAACP) in the United States unanimously passed a resolution supporting federal legislation that would protect children from being forced onto psychiatric drugs in schools. A proper examination must be performed to determine if an undiagnosed physical problem is causing any child’s unwanted behavior.

The numerous factors that fit the “ADHD” criteria, but which can be accurately diagnosed as

allergic reactions or vitamin/nutritional deficiencies, include:

- High levels of lead from the environment, which can place children at risk of both school failure and delinquent behavior. High mercury levels in the body also may cause agitation.

- Insect killing agents which can create nervousness, poor concentration, irritability, memory problems, and depression.

- Too much sugar can make a person “too

active” or “hyper.” Our modern-day fast food, which often lacks nutritional value, can dramatically affect a person’s behavior.

- Bad food or poor nutrition can create anxiety and other behavioral or mental problems.

“Out of the experience of an extraordinary human disaster that lasted too long, must be born a society of which all humanity will be proud Never, never, and never again shall it be that this beautiful land will again experience the oppression of one by another The sun shall never set on so glorious a human achievement.”

— President Nelson Mandela,
Long Walk to Freedom, 1994

Helping, Not Betraying, Children

Michael was 8 years old when he was diagnosed with “ADHD” at school and prescribed psychiatric drugs. His mother didn’t like the idea, but was told by psychologists and psychiatrists that unless Michael took their “medication” he would not be allowed to stay in class. After taking the prescribed drugs, he became disruptive, argued with his parents and ran away from home. His mother, Patricia, realized that his behavior started with his taking the drugs. She sought the help of a medical doctor who doesn’t prescribe psychiatric drugs. She discovered Michael suffered severe allergies, the symptoms of which were identical to those listed by psychiatrists as “ADHD.” The doctor slowly took him off the drugs and made sure he didn’t eat foods to which he reacted badly. He also received tutoring to catch up on the schooling he had missed while influenced by the drugs he had taken. He returned to his “old self.” Today, Michael is an outspoken teenager who can strip and put together a computer faster than his father and wants to become a film director.

Fred Shaw tells this story: “A black youth was

brought to the home, diagnosed as ADD (Attention Deficit Disorder). The treating psychologist said that we wouldn’t want to take him. As he supposedly had ADD, I asked the boy some basic questions: ‘What’s the longest time you’ve ever talked with a girl on the phone?’ ‘Three to five hours,’ he replied. ‘Do you remember what she said?’ He could remember it all. ‘How long can you play a Nintendo [video] game?’ He told me he’d played it eight hours straight. ‘What about books? Can you read?’ He said he read books from the beginning to end—the ones he *liked* reading. He’d also played full games of basketball. So it appeared to me that he could pay attention to anything that he was interested in.”⁷⁰



The psychiatric profession has a financial interest in ensuring that racist ideas continue to plague our future leaders.

The drugging of our children is only one aspect of psychiatry’s assault on minorities or other racial targets, and protecting our children requires great vigilance from all parents. But the psychiatric profession has a financial interest in ensuring that racist ideas continue to influence our society.

The way to ensure freedom from their consequences is to continue to identify and limit the influence of the exact source of this social poison—psychiatrists and psychologists.



RECOMMENDATIONS

Recommendations

1 The destructive influence of psychiatry has caused chaos throughout society, especially in the hospitals, courts, prisons and educational systems. Citizens groups should unite and work together to first expose and then abolish psychiatry's hidden manipulation of society.

2 If you are aware of a psychiatrist or psychologist abusing a friend, family member or neighbor, file a complaint with the police against any offending psychiatrist and his or her hospital, associations and teaching institutions. CCHR can assist you.

3 While CCHR does not provide legal advice, with the help of competent legal counsel, you can prevent psychiatrists and psychologists from taking away your rights and forcing your children or a family member to be placed on powerful psychiatric drugs. CCHR can also assist you with this.

4 If you do have a problem, talk to someone you trust—a parent, brother or sister, teacher, minister or a friend. Get real help, not psychiatric and psychological betrayal.

5 If your child is having problems in school, speak with his or her teacher and ensure that the child fully understands the educational materials, has been taught phonics and is able to use a simple dictionary in class to fully define and understand words. Insist upon a tutor—not drugs—to address educational problems.

6 If anyone you know is exhibiting emotional problems, a competent and caring non-psychiatric physician needs to be found who will conduct a thorough physical exam to determine whether an untreated physical condition is the cause of the problem.



Citizens Commission on Human Rights International

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 130 chapters in over 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

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.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



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.

Dr. Ben Ngubane
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."

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."

Isaac Hayes
Grammy award-winning composer,
musician and actor, international
advocate for literacy:

"African-Americans and black communities all over the world have been the target of psychiatry's racial inferiority theories, which led to substandard education being given to many of them. CCHR is an important group because if we allow psychiatrists to propagate the lie that our people are victims, that they are mentally ill when, in fact, they have been oppressed by psychiatry's own racist ideologies and tests, then it will be our fault. CCHR has a commitment to improving conditions in the mental health field and they are effectively doing something about it."

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CCHR INTERNATIONAL

Board of Commissioners

CCHR's Commissioners act in an official capacity to assist CCHR in its work to reform the field of mental health and to secure rights for the mentally ill.

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REFERENCES

References

1. "Report on Race and Disability: Racial Bias in Arizona Special Education," The Goldwater Institute, Mar. 2003.
2. "Black Men 'Failed' by Mental Health System," *BBC News*, 13 Oct. 1999.
3. Mike George, "Bad Medicine," *Guardian Unlimited*, 9 Aug. 2000.
4. "Apartheid and Health," Part II, World Health Organization (Geneva), 1983, p. 230.
5. SP Sashidharan, Professor of Community Psychiatry & Errol Francis, Director, Frantz Fanon Centre for Mental Health, "Racism in Psychiatry Necessitates Reappraisal in General Procedures and Eurocentric Theories," *British Medical Journal*, 24 July 1999
6. Dr. Karen Wren and Professor Paul Boyle, University of St. Andrews, "Migration and Work-Related Health in Europe—A Literature Review," Report No 1:2001, National Institute for Working Life, 2001, pp. 21 & 24.
7. Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* (Perseus Publishing, Massachusetts, 2002), p. 47; Lenny Lapon, *Mass Murderers in White Coats* (Psychiatric Genocide Research Institute, Springfield, Massachusetts, 1986), pp. 75-76.
8. *Op. cit.*, Robert Whitaker, pp. 44-45.
9. Charles Darwin, quoted in Bernhard Schreiber, (Section 5 Books, 1983, San Francisco, California), pp.11-12.
10. *Op. cit.*, Whitaker, p. 47; Lapon, *Mass Murderers in White Coats*, pp.75-76.
11. Thomas Szasz, M.D., *The Manufacture of Madness*, (Harper & Row, New York, 1970), p. 110.
12. *Op. cit.*, Robert Whitaker, p. 171.
13. *Ibid.*
14. Samuel A. Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," *New Orleans Medical & Surgical Journal*, 1851.
15. *Ibid.*
16. Thomas Szasz, *Insanity, The Idea and Its Consequences* (John Wiley and Sons, Inc., New York, 1990), p. 306, 307.
17. Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis* (Harvard University Press, 1988), p. 15.
18. *Ibid.* p. 28
19. H.B. Fantham, "Some Factors in Eugenics," *The South African Journal of Science*, Vol. XXI, Nov. 1924, p. 409.
20. A.L. Cureau, "Savage Man in Africa; A Study of Primitive Races in the French Congo," translated by E. Andrews (Fisher Unwin, London, 1915) pp. 70-83.
21. Paul Popenoe, M.D., "Intelligence and Race—A Review of the Results of Army Intelligence Tests—II. The Negro," *Journal of Heredity*, Vol. XIII, No. 7, July 1922, pp. 295-98.
22. J.T. Dunston, "Retarded and Defective Children: Native Mentality, Mental Testing", Presidential Address, 12 July 1923, p. 154.
23. Peter Read, *The Stolen Generations of Aboriginal Children in NSW, 1883-1869* (Sydney Govt. Printer, 1982).
24. Nigel Parbury, *Survival—A History of Aboriginal Life in NSW*, Ministry of Aboriginal Affairs, 1986.
25. "Bringing Them Home: A Guide to the Findings and Recommendations of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families," Australian Human Rights and Equal Opportunity Commission, 2002, p. 7.
26. Kristen Kreisher, "Coming Home: The Lingering Effects of the Indian Adoption Project," *Children's Voice Article*, Mar. 2002, Child Welfare League of America website, Internet address: <http://www.cwla.org>, accessed: 23 June 2004.
27. Allan Chase, *The Legacy of Malthus* (Chicago: University of Illinois Press, 1980), pp. 233-235.
28. Elasah Drogin, *Margaret Sanger: Founder of Modern Society*, unknown date.
29. Richard Herrnstein and Charles Murray, *The Bell Curve: Intelligence and Class Structure in American Life* (Free Press, New York, 1994).
30. Geoffrey Cowley, "A Confederacy of Dunces" (a review of Herrnstein's article in the *Atlantic Monthly*, Newsweek, 22 May 1989, p. 80.
31. Prof. Max Von Gruber, *Docent Dr. Ernst Rüdin*, Fortpflanzung, Verbubng Rassenhygiene, Munich 1911, p. 163.
32. Robert N. Proctor, *Racial Hygiene, Medicine Under the Nazis* (Harvard University Press, 1988), p. 178
33. *Ibid.*, p. 52.
34. Translated by George R. Fraser in Müller-Hill, *Murderous Science*, p. 12.
35. *Op. cit.* Robert N. Proctor, p. 96.
36. Dr. Thomas Röder, Volker Kubillus, Toby Burwell, *Psychiatrists: The Men Behind Hitler* (Freedom Publishers, CA, 1995), p.94, translated document of Dr. Ernst Rüdin.
37. "The Genetics of Schizophrenia," NARSAD Research Newsletter (Winter, 1990), pp. 3-6.
38. Richard A. Lerner, *Final Solutions: Biology, Prejudice and Genocide* (The Pennsylvania State University Press, University Park, Pennsylvania, 1992).
39. Ken Devey and Mark Mason, "Guidance for Submission: Social Control and Guidance in Schools for Black Pupils in S.A.," *British Journal of Guidance and Counseling*, Vol. 12, No. 1, 1984, pp. 15-24.
40. Shaun R. Whittaker, *Knowledge and Power*, 1991, Section: "A Critical Perspective on Psychology in Azania/South Africa."
41. "Apartheid and Health," *World Health Organization Report*, 1983, p. 230.
42. "Report on Human Rights Violations and Alleged Malpractices in Psychiatric Institutions, National Department of Health," South Africa, Feb. 1996; "Report Paints a Grim Picture of Abuse in SA's Psychiatric Institutions," *Business Day*, 21 Feb. 1996.
43. "Studies Claimed Blacks Were Inferior," *Cape Times* (South Africa) 19 June 1997; Bobby Jordan, "'Apartheid's Racist IQ Tests' to be Scrapped," *Sunday Times* (South Africa), 24 May 1998.
44. Lawrence Anthony, "Psychiatry and Apartheid," Presentation to the XI Congress on Psychiatry, Hamburg, Germany, 11 Aug. 1999, citing John Dommisse, "The State of Psychiatry in South Africa Today," *Social Science and Medicine*, Vol. 24, No. 9 (Pergamon Journals Ltd., 1987), p. 750.
45. "Report of the NSW Royal Commission Into Deep Sleep Treatment," New South Wales, Government Printing Service, Dec. 1990.
46. Alan W. Schefflin and Edward M. Opton Jr., *The Mind Manipulators* (New York & London: Paddington Press Ltd., 1978), pp. 314-315.
47. Gerald Horne, "Race Backwards: Genes, Violence, Race, and Genocide," *Covert Action*, Winter 1992-93, p. 29.
48. Frederick Goodwin address to meeting of the National Mental Health Advisory Council Feb. 11, 1992.
49. *Op. cit.*, The Goldwater Institute.
50. *Ibid.*
51. Joel McNally, "A Ghetto within a Ghetto," *Rethinking Schools*, Vol. 17, No. 3, Spring 2003, Internet address: http://www.rethinkingschools.org/archive/17_03/17_03.shtml.
52. *Ibid.*
53. Herb Kutchins & Stuart A. Kirk, *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders* (The Free Press, New York, 1997), p. 200.
54. Brian Vastig, "Pay Attention: Ritalin Acts Much Like Cocaine," *Journal of the American Medical Association*, 22-29 Aug. 2001, Vol. 286, No. 8, p. 905; "Drug Scheduling," *Drug Enforcement Administration* Online, Internet address: <http://www.dea.gov>, accessed: 31 July 2003.
55. *Physicians' Desk Reference*, 1998, (Medical Economics Company, New Jersey, 1998), pp. 1896-1897; *Diagnostic & Statistical Manual of Mental Disorders III* (American Psychiatric Association, Washington, D.C., 1980), p. 150.
56. "Drugs For Depressed Children Banned," *The Guardian*, 10 Dec. 2003.
57. "Worsening Depression and Suicidality in Patients Being Treated with Antidepressant Medications," US Food and Drug Administration Public Health Advisory, 22 Mar. 2004.
58. Sheila Aus, Letter to CCHR Int, 2004.
59. Tamer Lewin, "Class Time and Not Jail Times for Anger, But Does It Work?" *The New York Times*, 1 July 2001.
60. "The Reincarnation of Death Education," *Education Reporter*, # 194, Mar. 2002.
61. "Seventeen and Deadly, Japan, Violence and School Children," *Keys to Safer Schools.com*, Vol. 33, 1999.
62. Richard Restak, "The 'Inner Child, the 'True Self' and the Wacky Map of Eupyschia," *The Washington Times*, 18 Aug. 2002.
63. The President's New Freedom Commission on Mental Health, report, "Achieving the Promise: Transforming Mental Health Care in America," 22 July 2003, p. 11.
64. "Profiles of Student Life," *Education Reporter*, Number 168, Jan. 2000.
65. The Columbia TeenScreenSM State-One Health Survey 09/11/01.
66. DISC Predictive Scales, www.pathnow.org.
67. Joseph Glenmullen, M.D., *Prozac Backlash* (Simon & Schuster, NY, 2000), p. 206.
68. *Op. cit.* B. Eakman, p. vii.
69. B. Eakman, "Stop Legitimizing Disorders; Cut Mental Health Industry Out of Schools," *The Washington Times*, 10 May 2002.
70. Evidence by Fred Shaw Jr., to CCHR Commission Hearing into Psychiatric Labeling and Drugging of Children, Los Angeles, Nov. 1997.

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

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*“Psychiatric programs
and drugs have ravaged
our inner cities, helping to
create criminals of our young
people, and all because
psychiatrists and psychologists
were allowed to practice
racist behavioral control and
experimentation in our schools,
instead of leaving teachers
to just teach.”*

— Isaac Hayes

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