CHAOS AND TERROR
Manufactured by Psychiatry

Report and recommendations on the role of psychiatry in international terrorism

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Established in 1969
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.
The terrorist attacks on the twin towers of New York’s World Trade Center and the Pentagon in Washington, D.C. on September 11, 2001, will never be forgotten; the airplanes exploding into flame as they hit buildings; people leaping from the burning wreckage to certain death; firemen rushing into the crumbling towers only to become victims themselves; large swaths of lower Manhattan reduced to smoking rubble. A stunned world watched the news footage over and over, trying to come to grips with the criminal mind that could conceive of such a plan, much less execute it.

Unthinkably violent acts like this shock us all. What kind of person could be so cold-hearted and destructive—and be willing to give up his own life in the process? What kind of mindset methodically plans and executes mass murder—with utter disregard for humanity? Yet some “experts” claim that today’s terror merchants are no more irrational than you or I—that we all have “demons” within.

Beware these experts, because their claims are blatant falsehoods. Terrorism is created; it is not human nature. Suicide bombers are made, not born. Ultimately, terrorism is the result of madmen bent on destruction, and these madmen are typically the result of psychiatric or psychological techniques aimed at mind and behavioral control. Suicide bombers are not rational—they are weak and pliant individuals psychologically indoctrinated to murder innocent people without compassion, with no concern for the value of their own lives. They are manufactured assassins.

Part of that process involves the use of mind-altering psychiatric drugs. Consider the roots of the word “assassin.” In the year 1090, Hasan ibn al-Sabbah founded a terrorist group called the Ismaili Order in a mountain fortress south of the Caspian Sea. To train followers as killers, they were first drugged unconscious, then taken to a beautiful garden filled with luxuries and women. They were woken to enjoy the “delights” and then drugged again and returned to the “Grand Master” overseeing their training. He would assure them they had never left his side but had merely experienced a taste of the paradise that...
INTRODUCTION
Manufacturing Murderers

awaited them if they successfully carried out a killing assignment. Because of the heavy use of hashish to accomplish the intoxication, the killers became known as “Hashishiyn” (from Arabic, “user of hashish”), and later “Assassins.”

The Japanese “kamikaze” pilots who launched suicide attacks against allied shipping during World War II used amphetamines to override their natural impulse to survive. Amphetamine side effects include psychosis, euphoria and combativeness.

Beverly Eakman, author and educator says, “Unspeakable acts of terror, torture, and mass murder are not so much the results of individuals who have lost their minds as they are of individuals who have lost their conscience. The heinous suicide attacks on the World Trade Center and the Pentagon are traced to Osama bin Laden and ... bin Laden’s chief mentor is a former psychiatrist ... It would not be the first time psychiatrists had served as the manipulators behind charismatic, but essentially weak and flawed, human beings—systematically feeding their hatreds [and] stroking their egos—until eventually even the most barbaric act may appear plausible and rational in the name of some twisted cause.”

From Hitler’s “Final Solution” in Germany 70 years ago and the unthinkable “ethnic cleansing” and terrorist purges in Bosnia and Kosovo in the 1990s, to today’s suicide bombers, the world has suffered greatly at the hands of programmed assassins and genocidal maniacs.

This publication reveals the hidden key players in the alarming and explosive upsurge in terrorism today—psychiatrists and psychologists. Publicly exposing this destructive source behind terrorism provides insight and solutions to an otherwise incomprehensible and devastating phenomenon.

Sincerely,

Jan Eastgate
President, Citizens Commission on Human Rights International
While 9/11 media concentrated on Osama bin Laden, very few knew the role played by Egyptian psychiatrist Ayman al-Zawahiri, bin Laden’s right-hand man.

The March 11, 2004, train bombings in Madrid were reportedly masterminded by Moroccan psychiatrist Abu Hafiza.

Psychiatric drugs have been used to brainwash young men, in Iraq and elsewhere, into becoming suicide bombers.

Terrorists are also created by psychological methods that destroy individualism, moral judgment and personal responsibility.

Mind controllers combine pain, psychiatric drugs and hypnosis to turn individuals, including children, into remorseless killing machines.

On March 11, 2004, at the height of the morning rush hour, ten simultaneous blasts ripped through trains in three bustling Madrid train stations. This tragic and deadly terrorist attack, like the September 11th and other attacks, had a common thread—the involvement of members of the psychiatric profession linked to the inner circle of al-Qaeda.
CHAPTER ONE
The ‘Doctors’ of Death

While 9/11 media concentrated on Osama bin Laden, his Afghanistan-based terrorist group al-Qaeda and the 19 airline hijackers with links to the network, very few knew the role played by Egyptian psychiatrist Ayman al-Zawahiri.

Vincent Cannistraro, formerly a high-ranking Central Intelligence Agency (CIA) counter-terrorism official, places Zawahiri at the heart of the matter: “Zawahiri is the guy—he’s the operational commander … number one, on the right-hand side of Osama … He believes that violence is purifying … He kills innocent people.”

This deadly terrorist has been called “bin Laden’s brain” by Muntasir al-Zayat, an Egyptian lawyer who spent three years in political prison with al-Zawahiri.

The September 11 attacks were neither the first nor the last time al-Zawahiri and al-Qaeda worked together.

Tragedy in Madrid

At the height of the morning rush hour on Thursday, March 11, 2004, 10 explosions ripped through trains in three bustling stations in Madrid, Spain, leaving in their wake 191 dead and 1,900 injured.

The reported mastermind, Moroccan psychiatrist Abu Hafiza, crafted a plan that employed six or more operatives to plant bombs timed for simultaneous detonation, a tactic aimed at amplifying the violence for greater psychological impact.

The meticulous planning began at least 10 months earlier, when Hafiza gathered a number of al-Qaeda agents from Saudi Arabia and took them to Fallujah, Iraq. Over the next few months, posing as a teacher from a religious school, Hafiza roamed Iraq to gather intelligence—on behalf of Ayman al-Zawahiri.

The Madrid bombings were the latest in a lethal terrorist career extending back to the mid-1990s, when Hafiza entered al-Qaeda’s inner circle.

Creating Brainwashed Terrorists

In March 2004, The Times of London revealed that al-Qaeda used drugs to brainwash young men in Iraq to create suicide bombers. The process involves the use of pain and drugs in combination with hypnosis.

Former psychiatrist Ayman al-Zawahiri “is the guy—he’s the operational commander … number one, on the right-hand side of Osama [bin Laden] … He believes that violence is purifying. …”

— Vincent Cannistraro, former counter-terrorism official, U.S. Central Intelligence Agency (CIA)
According to Colonel Karim Sultan, police chief of Karbala, Iraq, “It’s a long process to brainwash them. They seduce them with money, then start to use drugs on them until they are half-conscious.”

Karbala endured attacks from nine suicide bombers in a three-week period in March 2004. The violence would have been worse, had Colonel Sultan’s officers not captured 12 men in outlying villages—a number of them reportedly drugged and “ready to act.”

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Research into terrorist kingpins—the engineers of terror attacks—shows a dominance of psychiatric or psychological practitioners, but more observable are the tools of their trade: drugs and coercive methods integral to the creation of a worldwide terror corps.

MANUFACTURING TERROR. Methods employed by those forming terrorist corps involve the use of drugs and psychological conditioning, together with ideological indoctrination; these methods enable terrorists to perpetrate such atrocities as the suicide bombing of Marine barracks in Beirut (1983), the U.S. embassies in Kenya and Tanzania (1998), and in Iraq’s holy city of Karbala, where suicide bombers killed 112 people on March 2, 2004.

Other psychological “brainwashing” methods employed by terrorist groups include a three-stage process involving “unfreezing,” “changing” and “refreezing.” “Unfreezing” physically removes the person from his routines, sources of information, social relationships and support structures, and then humiliates the individual so that he perceives himself as unworthy, supposedly motivating him to change.

“Changing” directs the person towards learning new attitudes, quite often through coercion. “Refreezing” involves “…the integration of the changed attitudes into the rest of the personality. …”

Also called “sensitivity training,” this process was “developed to study how people could be socially and psychologically manipulated to give up their souls. …” The end result: the destruction of individualism, moral judgment and personal responsibility.
Psychiatrists and psychologists have long boasted that they are able to program individuals into assassins by use of these methods. Long before anyone heard of a “Manchurian Candidate”—a person unwittingly programmed to kill by means of drugs and hypnosis—George Estabrooks, a psychologist and former professor at Colgate University in New York, reported the creation of operational Manchurian Candidates on the Allied side during World War II. “The key to creating an effective spy or assassin,” he said, “rests in splitting a man’s personality, or creating multi-personality, with the aid of hypnosis. This is not science fiction. This has and is being done. I have done it.”12

Numerous studies have verified that psychotropic drugs can “take over the human mind against the will of the individual.”13 “Through the use of drugs,” wrote Walter Bowart in Operation Mind Control, “the skilled mind controller could first induce a hypnotic trance. Then, one of several behavior modification techniques could be employed with amplified success. In themselves, without directed suggestions, drugs affect the mind in random ways. But when drugs are combined with hypnosis, an individual can be molded and manipulated beyond his own recognition.”14

It is estimated that 250,000 children are forced to engage in armed combat at the behest of revolutionaries and terrorists around the world. According to a United Nations report, many of these children are drugged with amphetamines and tranquilizers to enable them to “go on murderous binges for days.”15

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Colin Ross, M.D., author of Bluebird: Deliberate Creation of Multiple Personality by Psychiatrists and an authority on coercive psychiatric methods, revealed that a variety of techniques could be exploited by a skilled psychiatric technician to program an individual to commit violent acts. Hypnosis exerts a more powerful influence when combined with drugs and pain.

Ross suspects the number of suicide bombers who are programmed with drugs is “close to 100 percent.”
Over the last decade an explosion of gratuitous violence has terrorized the world scene. Examination of these destructive phenomena reveals the influence of psychiatric treatment behind virtually all acts of terrorism.

As Gordon Thomas, veteran foreign affairs correspondent and author of *Journey into Madness*, wrote in 1989: "While political terrorism has been capturing widespread attention for some time, almost nothing has been made public of how doctors today use their knowledge and skills in its support. … Nothing I had researched before could have prepared me for the dark reality of doctors who set out to deliberately destroy minds and bodies they were trained to heal."19

A few examples chillingly prove the premise that psychiatric or psychological influences are at the heart of international terrorism:

**Ayman al-Zawahiri:** The second most wanted man in the world, he is Osama bin Laden’s chief advisor and a psychiatrist and surgeon who was convicted of terrorism in Egypt and sentenced to death in absentia.20 Al-Zawahiri studied behavior, psychology and pharmacology as part of his medical degree at Cairo University. According to Islamic lawyer, Muntasir al-Zayat, al-Zawahiri is to bin Laden “what the brain is to the body … able to reshape bin Laden’s thinking and mentality and turn him from merely a supporter of the Afghan Jihad to a believer in, and exporter of, the Jihad’s ideology.”21 Interpol issued an arrest warrant for al-Zawahiri relating to his role in the terrorist attacks on the World Trade Center and Pentagon.22 Cofer Black, a former CIA terrorism expert now with the U.S. State Department, said al-Zawahiri “represents more of a threat” than bin Laden.23

**Abu Hafiza:** Moroccan psychiatrist, senior al-Qaeda leader and reputed mastermind of the March 11, 2004, Madrid train bombings, he reportedly led the operatives who furnished logistical support to 9/11 ring-leader Mohammed Atta and the other terrorists involved in the attacks on the World Trade Center and...
the Pentagon. He was also implicated in the April 11, 2002, suicide bombing that killed 21 people, mainly tourists, on the Tunisian resort island of Djerba. And, he is linked to a series of car bombings and other explosions in Casablanca, Morocco on May 16, 2003, where 43 died, including 12 suicide bombers. More than 100 were injured.

Masamitsu Susaki, President of Aum Supreme Truth, Japan: On March 20, 1995, a lethal nerve gas attack on Tokyo’s subway left 12 dead and more than 5,500 ill. The nerve gas used was Sarin, a chemical developed for the Nazis during WWII. While the attack was ordered by the Aum leader, Shoko Asahara, it was Susaki, Aum’s president and a psychiatrist, who introduced psychotrophic, stimulant and hallucinogenic drugs to the group with the stated purpose of erasing the feeling a person had for the opposite sex. Evidence given in the Aum trials in February, 1996 revealed that Susaki had turned Asahara into an LSD addict who then indulged in “abnormal sex.” Another Aum physician, Ikuo Hayashi, testified that he used the barbiturate, sodium thiopental—a drug known to cause psychosis—and electroshock treatment to “remove [the] memory” of Aum adherents. Dozens of members died from sodium thiopental. More than 2,600 people were given LSD during Aum’s initiation rites.

“Carlos the Jackal” (Illich Ramirez Sanchez): Originally from Venezuela, Carlos was one of the most renowned “revolutionary terrorists” in the history of modern insurgency movements. A 1969 graduate of Moscow’s Patrice Lumumba University, where he trained in psychological terrorism and “brainwashing,” “The Jackal” reportedly worked for Mohamar Gaddafi of Libya and Saddam Hussein of Iraq. Responsible for numerous hijackings and bombings, he was described as “a ruthless terrorist who operates with cold-blooded, surgical precision.”

Aziz al-Abub (a.k.a: Ibrahim al-Nadhir): The psychiatrist behind the torture and interrogation of hostages kidnapped by terrorists in Beirut, Lebanon, al-Abub studied political persuasion, “brainwashing” and other psychological methods at the Patrice Lumumba campus in Moscow in the 1980s. He familiarized himself with the latest Soviet pharmacological techniques for “keeping a person passive over a lengthy period and reducing the will to resist.” He provided “pep pills” for suicide bombers and implanted them with the idea of the glory of sacrifice and dying. But his greater target is the minds of the people, which he attacks using the tension and fear in the aftermath of acts of terrorism. Today, al-Abub reportedly works in the Iranian prison system, where he is in the perfect position to create scores of criminal suicide bombers using drugs and other psychiatric techniques.

Frantz Fanon: The rhetoric of today’s terrorist can be traced to Fanon, who trained in France to become a psychiatrist. He joined the Algerian War for...
to his arrest, it was revealed that between 1959 and 1962, Kaczynski had been the subject of a disturbing mind control experiment aimed at measuring how people reacted under stress. Harvard psychologists conducted the experiment. The chief researcher was identified as psychiatrist Henry Murray, a lieutenant colonel in World War II, who had worked for the CIA’s predecessor organization, the Office of Strategic Services (OSS). Murray became preoccupied by psychoanalysis in the 1920s and developed a “personality theory,” applying his theories to the selection of OSS agents and also presumably for interrogation. Murray’s mind control experiment at Harvard was under the control of Sidney Gottlieb, a psychiatrist and head of the CIA’s technical services division.  

According to Kaczynski, what he experienced at the hands of Murray was “vehement, sweeping and personally abusive” and attacked his most cherished ideals and beliefs. Afterward, he started to have ideas about the “evils of society” and an “anti-technology ideology of revolution.”

The Unabomber: In the United States, Ted Kaczynski delivered 16 package bombs to scientists, academicians and others over 17 years, killing three people and injuring 23. Subsequent

Independence in 1954. Blaming the West for dehumanizing local cultures, he preached that achieving freedom and mental health required acts of violence. It didn’t matter if the violence was successful, only that the cause was celebrated and publicized. Terrorism involves death, he asserted, but also has positive goals and liberating effects. In his book, *The Wretched of the Earth*, Fanon wrote, “Violence is a purifying force. It frees the native from his inferiority complex and from despair and inaction. It makes him fearless and restores his self-respect.”

— Frantz Fanon, psychiatrist and terrorist, author of *The Wretched of the Earth*
The bombing of the Alfred P. Murrah Federal Building in Oklahoma City was, at the time, the worst act of terrorist violence ever committed in the United States. In his book *Others Unknown*, Stephen Jones, chief defense counsel in *U.S. v. McVeigh* stated, "The real story of the bombing ... stretches weblike, from America’s heartland to the nation’s capital, the Far East, Europe, and the Middle East, and much remains a mystery." According to David Hoffman in *The Oklahoma City Bombing and the Politics of Terror*, Timothy McVeigh had been a sergeant in the army and done courses in Psy-Ops* (psychological operations) at Fort Riley.

Richard Baumhammers:
On April 28, 2000, in Pittsburgh, Pennsylvania, Baumhammers shot six people, killing five and paralyzing the sixth. The victims included two Indians, two Asians, an African American and a Jewish woman who lived next door to his parents. Desiring the same notoriety as Hitler and the Oklahoma City bomber, Baumhammers had frequented white supremacist web sites and tried to form a Free Market political party opposing non-white, non-European immigration. He then chose his victims accordingly. Prior to the killing spree, he had been under treatment by 12 different psychologists and psychiatrists and had taken up to 17 different psychiatric drugs.

*Psychological Operations (Psy-Ops) is the study of psychology for military purposes with the primary purpose "to induce or reinforce foreign attitudes and behavior favorable to the originator’s objectives." Psy-Ops can be used to “influence the emotions, motives, objective reasoning or behavior of a targeted public.”

Responsible for 168 deaths, Timothy McVeigh (above) had earlier received training in "Psychological Operations" in the army, which involved mind-bending techniques that many have been adversely affected by.
In 1955, a Soviet manual entitled *Brainwashing: A Synthesis of the Russian Textbook on Psychopolitics* was translated and distributed as a public warning by a New York professor.* The manual was based on the methods of Ivan Pavlov, a Russian psychiatrist who developed “conditioned response” theories through experiments on dogs in the early 1900s.

Pavlov’s work laid the groundwork for a fundamental psychiatric misconception that remains to this day: that, like dogs, men are basically programmable animals, influenced only by fear and reward. Pavlov’s experiments established the foundation for much of the inhuman brainwashing techniques used by the Soviet Union and China in the mid-twentieth century.

The manual revealed, “The early Russian psychiatrists, pioneering this science of psychiatry, understood thoroughly that hypnosis is induced by acute fear. They discovered it could also be induced by shock of an emotional nature, and also by extreme privation, as well as by blows and drugs.”

*Psychopolitics was described by the Soviets as the “art and science of asserting and maintaining dominion over the thoughts and loyalties of individuals, officers, bureaus, and masses, and the effecting of the conquest of enemy nations through ‘mental healing.’”

“By perverting the institutions of a nation,” it continued, “and bringing about a general degradation to the degree that privation and depression come about, only minor shocks will be necessary to produce, on the populace as a whole, an obedient reaction or hysteria.” The manual instructed that the mere threat of war or bombings can create this hysteria.

These are the methods that terrorist psychiatrists
like Aziz al-Abub learned from KGB (Soviet secret service) psychiatrists at the Patrice Lumumba campus in the USSR. During the Soviet era, Patrice Lumumba and the Lenin Institute trained students in social psychology, unarmed combat and guerrilla warfare. Between 1968 and 1975, an estimated 2,500 terrorists and guerillas were trained there.39

“The curriculum at Patrice Lumumba covered all aspects of the techniques of persuasion,” including the means to “manipulate and, when needs be, coerce without resorting to physical force,” wrote Gordon Thomas, author of Journey into Madness, Medical Torture and the Mind Controllers.40 Soviet psychiatrists, who saw themselves “as not so much acting on orders from the KGB as performing the normal functions of a doctor,” advised terrorists on how to gain cooperation from a captive with the use of drugs.41 Such drugs could reduce a person to “near imbecility, or caused joints to become inflamed or shrink from the bones, created temporary blindness, impaired speech, produced incontinence, resulted in loss of hair and led to frightening rises in body temperatures,” stated Thomas.42

Thomas noted that seminars were also devoted to “the deliberate and active steps required to strip an individual of his selfhood, and how to build up something new from the bare psychic foundation which remained. In this assault upon identity, a key factor was to create a state of infantile dependency, so that a person became disoriented, until finally ... he ‘dies to the world.’ Only at that stage, lectured the KGB psychiatrists, was the victim ready to receive the ‘salvation’ of those who now controlled his every action.”

Other “psychopolitics” centers include Tavistock Institute in Britain and The Frankfurt School in Germany.

Techniques were developed to “crush the human psyche to the point that it would admit anything,” stated CIA mind-control psychiatrist Sidney Gottlieb. British psychiatrist William Sargant, Gottlieb’s peer, advised the use of drugs on “resistant sources,” noting that the drugs’ “function is to cause capitulation, to aid in the shift from resistance to cooperation.”

THE MEETING OF THE MIND CONTROLLERS

These forefathers of modern-day terror—and counter-terror—orchestrated infamous Cold War mind-control projects.

- Sidney Gottlieb, the U.S. intelligence community’s “Black Sorcerer,” developed “techniques” that would “crush the human psyche to the point that it would admit anything.”

- Colgate University professor and psychologist George Estabrooks gleefully described hypnotizing and programming Allied soldiers, during World War II, to execute tasks without their knowledge or consent. According to Estabrooks, creating assassins depended upon “splitting” the subject’s personality or making a “multiple personality” through hypnosis.

- William Sargant was a founder and director of the department of psychological medicine at St. Thomas’s Hospital in London, where he set up shop for mind-control experiments in the basement. Translations of excerpts of Sargant’s Battle for the Mind have reportedly been found in al-Qaeda training camps in Afghanistan.43

MIND CONTROL, THEN AND NOW?
The classic Search for the Manchurian Candidate novel and film tell of a major, who, growing suspicious about his experiences in the Korean War, unravels how he and others were kidnapped and “brainwashed.” A principle character was “Sergeant Shaw,” shown above strangling a comrade at the hypnotic command of his kidnappers.
In 1942, British Prime Minister Winston Churchill declared psychologists and psychiatrists “capable of doing an immense amount of harm” and that they should be restricted from involvement with armed forces.

Some psychiatrists glorify and justify the vicious, criminal acts of terrorists on the basis of the terrorist’s mental, biological or cultural circumstances.

In 2002, Adel Sadeq, Chairman of the Arab Psychiatrists’ Association called suicide bombers martyrs and their acts committed as self-sacrifice and honor.

Psychiatric personnel provided violence-inducing antidepressants to the military servicemen and women who staffed the Iraqi prison where prisoners were tortured and abused.

Military sources state that pilots are put on a regimen that includes psychiatric stimulants to fight fatigue. Side effects of these drugs include depression and feelings of aggression and paranoia.

Investigations of the terrorist phenomenon have found the influence of psychiatrists, psychologists and their methods in terrorist groups to be strong and pervasive. Chairman of the Arab Psychiatrists’ Association and head of the psychiatry department at Cairo’s Ain Shams University, Adel Sadeq (inset), goaded TV viewers to become suicide bombers, calling the moment of self-detonation one of “bliss.”
President George Bush described the kamikaze operations on the World Trade Center as “acts of madmen.” And most everyone agreed. However, the mental health “experts” who advise the world’s intelligence communities on the terrorist state of mind argue that the madmen were perfectly sane.

Adel Sadeq, Chairman of the Arab Psychiatrists’ Association, and head of the Department of Psychiatry at Cairo’s Ain Shams University, explains it this way: “When the martyr [counts down and] reaches ‘one,’ and then ‘boom,’ he explodes, and senses himself flying, because he knows for certain that he is not dead ... it is a transition to another, more beautiful, world. None in the [Western] world sacrifices his life for his homeland.”

He stated further: “…The psychological structure [of the perpetrator of a suicide attack] is that of an individual who loves life. This may seem strange to people [who] are incapable of understanding [the suicide attack] because their cultural structure has no concepts such as self-sacrifice and honor.”

In the 24 months following Sadeq’s statements, the death toll in the Middle East due to suicide bombings more than doubled over the previous 24 months, rising from 201 to 499.

Jerrold M. Post, a psychiatrist, a political psychology “expert” and former CIA analyst, who teaches at George Washington University, also says that terrorists are not psychopaths “but use psychological strategy for political change.”

Post testified on behalf of Khalfan Khamis Mohamed, the terrorist responsible for the deaths of 10 innocent people and the injuring of 74 others in the 1998 bombing of the American Embassy in Tanzania. Post met with Mohamed four times and found him to be a “remarkably unquestioning person.”

Regarding Aziz al-Abub, the psychiatrist who tortured and drugged hostages in Beirut, Lebanon in the 1980s, Post spuriously claims he may have possessed a “genetic predisposition to become both a terrorist and a medical torturer through what they describe as an abnormal amount of genes favoring spite.” [Emphasis added]

According to Post, Saddam Hussein is not “irrational,” “impulsive” or suffering from a psychotic disorder. Yet this is the man who waged a savage war on Iran between 1980 and...
1988, imprisoned and then executed 8,000 members of the Kurdish resistance and used chemical weapons against Kurdish villages in his own country that killed 5,000 and left 45,000 injured. Post claims that Hussein merely has a “paranoid outlook” and that his troubles “can really be traced back to the womb.”

From glorifying the blatantly criminal acts of suicide bombers to reducing the hideous acts of a maniacal murderer to psychological or biological bad luck, psychiatrists on both sides of the terrorist conflict share the same twisted perspective on the criminal mind. This perspective protects and denies the dangerousness of the criminal at the expense of honest citizens.

"calm them down."

Terrorism and the war in Iraq have been a cash cow for psychiatrists in the United States.

In January 2003, members of the U.S. media reported that two U.S. pilots were taking amphetamines at the time they accidentally dropped a bomb in southern Afghanistan, killing four Canadians. According to military sources, the use of such drugs (commonly Dexedrine, a stimulant psychiatric drug) is part of a regimen that includes amphetamines to fight fatigue and then drains off excess energy. "It's not so much a calming down as it is a de-energizing," said one military source. "It's a strategy to keep them calm without making them sleepy."

In a conflict where its enemies are poised to strike at any time and from any location, it is inconceivable that military personnel are given mind-numbing psychiatric drugs to "calm them down."
sedatives to induce sleep between missions. Pilots call them “go pills” and “no-go pills.” Possible side effects of amphetamines include euphoria, depression, hypertension and addiction. There’s also the possibility of “idiosyncratic reactions” (amphetamines can be associated with feelings of aggression and paranoia) as well as the risk of becoming addicted to the “cyclic use of a stimulant/sedative combination.”

In March 2003, The New York Times reported: “Military psychiatrists, psychologists, social workers and other mental health workers are present [in Iraq] to offer treatment on the forward lines.” People magazine also reported this in March 2004, adding that some soldiers are given classes in psychological “anger management.” While “anger management” is claimed to teach individuals to control their aggression and anger, there is little evidence that it works and may even worsen behavior. In one class in the United States, a boy beat up another boy so badly that six days later the victim was still hospitalized.

Soldiers have been handed antidepressants, the same drugs that were the subject of a 2004 Food and Drug Administration (FDA) investigation into their violence- and suicide-inducing properties. They can also cause anxiety, agitation, insomnia, bizarre dreams, confusion, and akathisia (an inability to keep still) that can lead to violent behavior. Physical dependence is also a problem.

On April 30, 2004, television stations around the world broadcast graphic pictures of Iraqi prisoners being tortured and abused by U.S. soldiers in the Abu Ghraib prison outside of Baghdad, Iraq. However, what wasn’t known then was that psychiatrists had been dispensing psychoactive drugs to servicemen and women in the prison. Specialist David Bischel reported that “Combat Stress Management was handing out Prozac and Paxil like crazy” to those who staffed the prison, “trying to get a handle on the frustration and depression.”

Time magazine reported in the wake of 9/11 that no one should be “wandering off into [an antidepressant]-induced forgetfulness.” Passing out known, violence-inducing antidepressants to soldiers who are responsible for keeping the peace is, at best, ill-advised; at worst, criminal abuse.

“I am sure it would be sensible to restrict as much as possible the work of these gentlemen [psychologists and psychiatrists], who are capable of doing an immense amount of harm with what may very easily degenerate into charlatanry. The tightest hand should be kept over them, and they should not be allowed to quarter themselves in large numbers among the Fighting Services at the public expense.”

— Winston Churchill, British Prime Minister, 1942

Jerrold Post, a psychiatrist and “political psychology expert” who teaches at George Washington University, has stated widely that in his professional opinion as a former CIA analyst, terrorists who kill are not psychopaths, “but use psychological strategy for political change.”
The prior influence of psychiatry is apparent in the racist views and radical religious fundamentalism of most terrorist groups.

As early as 1916, German psychiatrists waged a campaign to “purify the race” by the sterilization and castration of “unfit stock.” Eventually, those “selected” were gassed in concentration camps.

The “ethnic cleansing” of Bosnia-Herzegovina and Kosovo was based on the same psychiatric theories of “racial hygiene” and racial superiority/inferiority that led to the Nazi Holocaust.

Psychiatrists and psychologists developed the eugenics ideology of racial purity used by Hitler and German psychiatry, led by Ernst Rüdin (above left). Eugenics paved the way for the Nazi euthanasia program, the Holocaust and later, lead directly to other atrocities, such as ethnic cleansing in the Balkans during the 1990s.
Most terrorist groups today embrace extremist political views and hold racist positions that range from “white supremacy” and anti-Semitism to radical religious fundamentalism and anti-Westernism.

History consistently shows that these characteristics are proof of the early influence of psychiatry upon the group or its principals before the terrorist group was formed.

**Psychiatrists Create Nazism**

In 1895, almost 40 years before the Nazi party came to power, Swiss-German psychiatrist Alfred Ploetz, a proponent of the eugenics movement, published a host of materialistic theories about racial inferiority in *The Fitness of Our Race and the Protection of the Weak*. He propagated the concept of destroying unworthy life as “purely a healing treatment,” and coined the word *Rassenhygiene* (racial hygiene).

In 1905, Ploetz co-founded the Society for Racial Hygiene. The Nazi regime later credited Ploetz and his cohorts with having helped provide the “biological foundations” for the Nazi racial state.

Another co-founder, psychiatrist Ernst Rüdin, was the primary author of the 1933 Sterilization Laws of Nazi Germany. He urged that psychiatry take a major role in purifying the race, which, he said, involved ensuring that genetically “defective” persons “shall not be able to propagate.”

Blinded by a poisonous gas attack in World War I, Hitler was admitted in 1918 to a military hospital where psychiatrist Edmund Forster hypnotized him. After putting Hitler in a trance, Forster implanted him to believe that Germany needed him to recover his sight in order to serve the cause of national resurrection.

Psychiatrist Alfred Hoche’s 1920 book, *The Sanctioning of the Destruction of Lives Unworthy to be Lived*, demanded that euthanasia be conducted on “mental defectives.” By 1932, psychiatry’s racial hygiene ideas had become scientific orthodoxy. It was taught in 26 separate courses in the medical faculties of most German universities—all before Hitler came to power in 1933.

The first step in psychiatry’s eugenics master plan was the sterilization and castration of those deemed “biologically unsound,” such as the mentally ill, intellectually handicapped, homosexuals and “colored” people. Between 1934 and 1945, up...
to 350,000 people were sterilized. By 1940, “killing” centers using gas to exterminate mental patients were operating in German asylums. A year later, this euthanasia program was expanded into the concentration camps. “The killing in the concentration camps went along the same lines and with the same registration forms as in the insane asylums,” noted one proud German psychiatrist.

Incredibly, only four out of dozens of guilty Nazi psychiatrists were prosecuted at the 1946 Nuremberg trials. Most escaped justice, and many returned to psychiatric practice after the war. Some even occupied government positions again.

Not until 1999 did German psychiatrists fully admit publicly that psychiatry had spawned “eugenics” and the racial “inferiority/superiority” ideology that had been poisoning the minds of the German people for almost three decades before the Nazis took power.

**Ethnic Cleansing: The Balkans**

Racial hygiene and eugenics still have the potential to wreak havoc: the 10-year Bosnia and Kosovo conflicts in the 1990s, which left tens of thousands dead, had the same psychiatric theories at their roots.

Serbian psychiatrist, Jovan Raskovic, in 1986, co-authored the infamous *Memorandum of the Serbian Academy of Sciences*, which advocated the creation of a “Greater Serbia,” claiming the Serbs needed to rise above the Croat and Muslim minorities because of psychological superiority. He also founded the Serbian Democratic Party (SDS), through which he promoted his ideas of Serbian domination of all Yugoslav people. Not unlike Adolf Hitler, who had accused the Jews of depriving Germans of their livelihood, Raskovic stirred up prejudice and hatred against Croats and the Bosnian Muslims by blaming them for Serbia’s economic problems.

During the 1980s, Raskovic repeatedly denigrated the Bosnian Muslims—with Freudian terminology—calling them “anal phase” personalities and labeling the Croats “lower-level castra-
tion” types. Because of these traits, he concluded, Serbs—who manifested an “Oedipal personality”—understood authority and leadership and should reign over the peoples of Yugoslavia. [Oedipal: a disgraced Freudian notion in which the male child fantasizes about assuming leadership over the family by killing his father, etc.]

Radovan Karadzic, a psychiatrist, student and loyal friend of Raskovic, was chosen to head the SDS party. He, too, became a main instigator, and then leader, of Serbia’s war against the Croats and Bosnians. In July 1995, he was charged with genocide and crimes against humanity by the U.N. War Crimes Tribunal. He went into hiding and to this day is on the Wanted List to be tried for his crimes.

Slobodan Milosevic, Serbia’s strongman president during the Balkan war, was a 25-year patient of Karadzic. After Raskovic died and Karadzic went underground, he kept the conflict against ethnic minorities going until Serbia had to give up. He was arrested and put on trial by the War Crimes Tribunal for his role in the genocidal wars in Bosnia and Kosovo.

Together, these men orchestrated a war that resulted in more than 100,000 dead and 1.5 million being driven from their homes. But the victims were not only the dead and displaced civilians. In 1992, the world learned of “rape camps” in Bosnia where Serbs were systematically raping captured females. When victims became pregnant, they were held so they could not have an abortion. The Bosnian government reported that those raped numbered 50,000, and German observers of the conflict noted that “these rapes are a tactic of war rather than simple amusement for the soldiers; when Karadzic’s troops take a village, full-scale rape begins, and continues in subsequent prisoner camps.” These reports and many others of similar atrocities have been confirmed by victims who have appeared before the U.N. Tribunal and testified against their former tormentors.

Racial hygiene and eugenics still have the potential to wreak havoc: The 10-year Bosnia and Kosovo conflicts in the 1990s, which left tens of thousands dead, had the same Nazi psychiatrist theories at their roots.
An alarming report that 71% of Americans suffered from depression following the 9/11 attack was based on a psychiatric survey of only 1,200 people within several days of the attack. In this way, a predictable human reaction to a horrendous tragedy was immediately turned into a “mental disorder.”

Opportunist psychiatrists predicted “post-traumatic stress disorder” (PTSD) in a large percentage of New Yorkers following the attacks, requesting $3 billion to “treat” it.

Three psychiatrists first invented the term “PTSD” to describe difficulties suffered by Vietnam War veterans. While the effects of war are devastating, psychiatrists use people’s logical reactions to it to make money at the expense of their vulnerability.

Experts hold that the “psychological trauma counseling” often provided to victims of terrorism or tragedies “at best is useless. . . .”; recipients have done “worse than those who received nothing at all.”

Much data exists validating man’s resilience following tragedy and the value of talking to an understanding friend, family member or member of the clergy at such times.

CASHING IN ON TRAUMA:
The psychiatric industry launched into frenzied action following 9/11, seizing the opportunity to declare the aftermath of the tragedy a “mental health crisis,” a ploy that resulted in millions of dollars being poured into psychiatric coffers and skyrocketing drug sales.
CHAPTER FOUR

Targeting the Victims

We’ve been led to assume, by the psychiatric ‘crisis teams’ sent almost immediately to any disaster scene, that people suffer severe psychic wounds from experiencing such traumas—or even from being in the general vicinity when they occur,” says Dr. Sydney Walker III, neurologist and author of A Dose of Sanity. “DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Edition IV) categorizes the symptoms most survivors experience following a disaster as ‘acute stress disorder,’” he continues, “suggesting that they are pathological and require treatment. But are these people really suffering from a ‘disorder’ requiring psychotherapy and the use of potentially addictive medications? Are they really at great risk of suffering long-term consequences from their trauma? The answers, surprisingly, are ‘No,’ and ‘No.’”

In September 2001, a U.S. Senate hearing on “Psychological Trauma and Terrorism” was told, “Seventy-one percent of Americans said that they have felt depressed by the [9/11] attacks.” An alarming statistic, until one realizes that the survey was conducted during the six days immediately following the 9/11 terrorist attack, when Americans were still in a state of shock and suffering predictable reactions to the horrific occurrences. The survey sampled 1,200 people, which, by some quantum semantic leap, concluded that an alarming 71% of Americans had been harmed.

Within days of the 9/11 attacks, psychiatrists were predicting that as many as 30% of people affected by the recent attacks would develop post-traumatic stress disorder (PTSD). Three billion dollars were desperately needed, they claimed, for treating the mental health problems in New York alone.

In 2002, however, The New York Times reported that only 120,000 (out of eight million) residents of New York City—that is 1.5 percent—actually sought assistance in the eight months following 9/11. A 2003 study published in The American Journal of Psychiatry also found the use of mental health services in New York and Washington, the cities most directly affected by the attacks, did not increase. The researchers said the study “provides the first information to suggest that the events of Sept. 11, at least in the first six months, had little impact on actual use of mental health services.
The ‘post-traumatic stress disorder’ (PTSD) was invented in response to the aftermath of the Vietnam War, when returning veterans experienced difficulties readjusting to life at home, following the brutal events they had participated in. The designation has mushroomed into one of psychiatry’s most successful and lucrative scams.

The History of a Bogus ‘Disease’

So-called post-traumatic stress disorder (PTSD) emerged in the aftermath of the Vietnam War, when veterans were having difficulties overcoming the brutal events they had witnessed. Three American psychiatrists coined the term PTSD and lobbied for its inclusion in the 1980 edition of the American Psychiatric Association’s (APA) “billing bible,” the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Professors Herb Kutchins and Stuart A. Kirk, authors of Making Us Crazy, say that most of the soldiers suffered the effects of participating in “atrocities, seeing grotesquely mutilated bodies, or going on particularly dangerous missions.” Those who suffered the mental effects of this were experiencing battle fatigue, or in other words, exhaustion, not “mental illness.”

Dr. Thomas Dorman, a member of the Royal College of Physicians of the United Kingdom and Canada, stated, “In short, the whole business of creating psychiatric categories of ‘disease,’ formalizing them with consensus, and subsequently ascribing diagnostic codes to them, which in turn leads to their use for insurance billing, is nothing but an extended racket furnishing psychiatry a pseudo-scientific aura. The perpetrators are, of course, feeding at the public trough.”

By “formalizing consensus,” Dr. Dorman refers to the process where “disorders” are literally voted into existence by a show of APA committee hands.

Testifying before the U.S. Congress in 1992, psychiatrist Walter Afield said, “Psychiatry is not an exact science. It generates enormous fear on the part of everybody, and the insurance companies are petrified. … You can’t create a broken hip. However, we can create mental illness with selective and careful advertising.”

Today, post traumatic stress disorder has become “stretched and blurred,” says Tana Dineen, Ph.D., author of Manufacturing Victims. There are some 175 combinations of symptoms by which PTSD can be diagnosed. “The application of PTSD has resulted in everything being pathologized until the only way to be is to be ‘abnormal,’” Dr. Dineen said.

Kutchins and Kirk further stated that PTSD “has become the label for identifying the impact of adverse events on ordinary people. This means that normal responses to catastrophic events have often been interpreted as mental disorders.” They further stated, “The APA and its minions will not even acknowledge that they are creating public policy. As they explain it, they are simply making diagnoses (and in the process making many more of us crazy).”

With PTSD “authenticated” through its inclusion in the DSM, psychiatrists paved the way for millions of dollars in funding to train “disaster workers” in psychological counseling.

How effective has it been?
Professor Yvonne McEwan from Scotland, who advised the U.S. government after the Oklahoma bombing, said that psychological trauma counseling at best is useless, and at worst highly destructive to victims seeking help. “By medicalizing what is a non-medical condition and introducing a therapy subject matter that is vastly under-researched, over-used and vastly abused, medicine is propping up a lot of dwindling careers,” she says.

A 1996 psychiatric study conducted on 110 burn victims revealed that those who received psychiatric trauma counseling were three times more likely to suffer long-term problems. Lead researcher, Dr. Jonathan Bisson, said: “... those that received the debriefings fared worse than those who received nothing at all.”

Professor Richard McNally of Harvard University warns: “Informed consent comes in here. You have to tell your employees that you are making a therapy available that, based on the best information in the scientific literature, will likely do nothing to help and might actually make matters worse—do you still want it?”

Resilience in the Face of Disaster

More than two-thirds of trauma victims studied said that they had actually benefited from the trauma in some way, Richard Tedeschi, a clinical psychologist from the University of North Carolina stated.

In a study of Vietnam-era prisoners of war, nearly two-thirds said they were more content, stronger and wiser than they were before their captivity.

Shipwreck survivors reported strong positive changes in their outlook on life, greater self-esteem and most importantly, lower scores on measures of post-traumatic stress.

Dr. Alex Hossach, Consultant Clinical Psychologist with St. Helen’s Trust in the United Kingdom, stated, “Sometimes, a caring family member can help the individual by simply listening to their problems.”

Dr. Sally Satel of New York says: “Are our priests and rabbis not up to the task? Are our families’ instincts to comfort not keen enough?” She warned against “sensationalizing mental health professionals” spreading gloom and doom about the American people’s alleged lack of resilience, stating, “What we need—and thankfully seem to have—is a morally galvanized and focused citizenry, not a population turned inward on its alleged psychological fragility.”

PTSD “has become the label for identifying the impact of adverse events on ordinary people. This means that normal responses to catastrophic events have often been interpreted as mental disorders. … The APA and its minions will not even acknowledge that they are creating public policy.”

— Professors Herb Kutchins and Stuart A. Kirk, authors of Making Us Crazy
Citizens groups and government officials should work together to ensure governments first expose, and then work to abolish, psychiatry’s hidden manipulation of society.

Legal and policy protections are needed to prohibit psychiatry’s disregard for every individual’s right to be treated with humanity and respect, and to be protected from economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment.

Any legitimacy given to psychiatry as a “science” should be removed because that is patently and demonstrably untrue.

Only in the absence of psychiatry and psychology will man’s humanity to man begin to flourish.
CHAPTER FIVE

The Road to Recovery

Psychiatry represents a destructive instrument of social control. Whether through racial ideologies responsible for the Holocaust and ethnic cleansing, or through tactics used to manufacture terroists, methods of psychiatric and psychological mind and behavior control continue to wreak misery on an international scale.

Its pernicious influence is especially evident in the military, the intelligence community, prisons, hospitals and educational systems. Citizens groups and responsible government officials should work together to first expose and then abolish psychiatry’s hidden manipulation of society.

Concerned citizens and groups should advocate for legal and policy protections that prohibit psychiatry’s violations of the individual right to be treated with humanity, respect and dignity. Those protections should include measures to prevent economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment.

It should also be understood that, as bad as society may seem with rising violence, crime, insanity and the inhumanity of war and terror, there is a road out.

It is essentially the reverse of the path that brought us into this madness.

If we care anything at all about the quality of life for ourselves, our children, and the future, we must consider this. This is not a nightmare we will wake from until change takes place.

Let’s be honest.

Psychiatry is at best a spurious philosophy, cloaked in the trappings of “scientific fact.”

Any legitimacy given to it as a “science” should be removed because that is patently and demonstrably untrue.

Like the delinquent youth who has abandoned his upbringing and taken up bad company, we must ask ourselves whether we want to keep hanging with a crowd that has no future—with “professionals” who will likely destroy us.

Or have we had enough?

If we are to bring man’s inhumanity to man to an end, it must be realized that the real enemy is psychiatrists and psychologists skilled in and driven by the manufacture of death, destruction and chaos.

Only in the absence of psychiatry and psychology will man’s oppressed humanity to man become fully evident.

This is the road to recovery.

If we are to end man’s inhumanity to man we must realize that the real enemies are psychiatrists and psychologists who are skilled in and driven by the manufacture of death, destruction and chaos.

If we are to end man’s inhumanity to man we must realize that the real enemies are psychiatrists and psychologists who are skilled in and driven by the manufacture of death, destruction and chaos.
Psychiatric abuse is the lethal weapon that has sparked the explosion of international terrorism. Mind and behavior control must be exposed, outlawed and banned in every country in the world.

Individuals who employ pernicious psychiatric methods to manufacture terrorists must be identified and placed at the forefront of the Most Wanted List of International Terrorists. The only way to win the War on Terrorism is to render inoperative the psychiatrists behind the manufacture of murderers.

The United Nations, NGOs, human rights groups and concerned citizens must work together to create a new international human rights covenant that member states sign and ratify to protect the right of all individuals to be safe from mind control and psychiatric abuse and that affirmatively requires governments to uncover and stop all such abuse.

No person should ever be forced to undergo electric shock treatment, psychosurgery, coercive psychiatric treatment, or the enforced administration of mind-altering drugs. Governments should outlaw such abuses.

Legal protections should be put in place to ensure that psychiatrists and psychologists are prohibited from violating the right of every person to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and in other relevant instruments, such as Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment.

Taxpayers’ money must not be used to fund psychiatry’s unworkable methods and “treatment” for “diseases” that cannot be scientifically verified. Post Traumatic Stress Disorder (PTSD) is not a “disease”—it is a normal reaction to a traumatic situation.
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.
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.

Chris Brightmore, 
Former Detective 
Chief Superintendent, 
Metropolitan Police, 
United Kingdom:
“In the aftermath of September 11th, it was CCHR whose painstaking research exposed the involvement of psychiatry in those tragic events and the role of Ayman al-Zawahiri. Al-Zawahiri was reported in the press to be the chief aide to Osama bin Laden but he is now revealed to be the sinister psychiatric mastermind behind the terror campaign. … I am acutely aware of the evil that malicious, or even misguided, psychiatrists are capable of if their activities are not carefully monitored. This is the crucial role that CCHR so heroically performs.”

Bijedic Mustafa, Ambassador 
Permanent Mission of the Republic of Bosnia and Herzegovina to the UN:
“The only weapon we have in this war is truth, and you [CCHR] have helped us a lot by digging up evidence and spreading information on what’s happening in Bosnia and Herzegovina on all possible lines internationally.”

Simon Wiesenthal, Internationally renowned Nazi-hunter:
“I appreciate from the bottom of my heart your project which is actively and publicly decrying 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.”

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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 becoming educated on the truth about psychiatry, and that something effective can and should be done about it.

CCHR’s publications—available in 15 languages—show the harmful impact of psychiatry on racism, education, women, justice, drug rehabilitation, morals, the elderly, religion, and many other areas. A list of these include:

**THE REAL CRISIS—In Mental Health Today**
Report and recommendations on the lack of science and results within the mental health industry

**MASSIVE FRAUD—Psychiatry’s Corrupt Industry**
Report and recommendations on a criminal mental health monopoly

**PSYCHIATRIC HOAX—The Subversion of Medicine**
Report and recommendations on psychiatry’s destructive impact on healthcare

**PSEUDOSCIENCE—Psychiatry’s False Diagnoses**
Report and recommendations on the unscientific fraud perpetrated by psychiatry

**SCHIZOPHRENIA—Psychiatry’s For Profit ‘Disease’**
Report and recommendations on psychiatric lies and false diagnosis

**THE BRUTAL REALITY—Harmful Psychiatric ‘Treatments’**
Report and recommendations on the destructive practices of electroshock and psychosurgery

**PSYCHIATRIC RAPE—Assaulting Women and Children**
Report and recommendations on widespread sex crimes against patients within the mental health system

**DEADLY RESTRAINTS—Psychiatry’s ‘Therapeutic’ Assault**
Report and recommendations on the violent and dangerous use of restraints in mental health facilities

**PSYCHIATRY—Hooking Your World on Drugs**
Report and recommendations on psychiatry creating today’s drug crisis

**REHAB FRAUD—Psychiatry’s Drug Scam**
Report and recommendations on methadone and other disastrous psychiatric drug ‘rehabilitation’ programs

**CHILD DRUGGING—Psychiatry Destroying Lives**
Report and recommendations on fraudulent psychiatric diagnosis and the enforced drugging of youth

**HARMING YOUTH—Psychiatry Destroys Young Minds**
Report and recommendations on harmful mental health assessments, evaluations and programs within our schools

**COMMUNITY RUIN—Psychiatry’s Coercive ‘Care’**
Report and recommendations on the failure of community mental health and other coercive psychiatric programs

**HARMING ARTISTS—Psychiatry Ruins Creativity**
Report and recommendations on psychiatry assaulting the arts

**UNHOLY ASSAULT—Psychiatry versus Religion**
Report and recommendations on psychiatry’s subversion of religious belief and practice

**ERODING JUSTICE—Psychiatry’s Corruption of Law**
Report and recommendations on psychiatry subverting the courts and corrective services

**ELDERLY ABUSE—Cruel Mental Health Programs**
Report and recommendations on psychiatry abusing seniors

**CHAOS & TERROR—Manufactured by Psychiatry**
Report and recommendations on the role of psychiatry in international terrorism

**CREATING RACISM—Psychiatry’s Betrayal**
Report and recommendations on psychiatry causing racial conflict and genocide

**CITIZENS COMMISSION ON HUMAN RIGHTS**
The International Mental Health Watchdog

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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.

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“I am sure it would be sensible to restrict as much as possible the work of these [psychologists and psychiatrists], who are capable of doing an immense amount of harm with what may very easily degenerate into charlatanry. The tightest hand should be kept over them, and they should not be allowed to quarter themselves in large numbers among the Fighting Services at the public expense.”

— Winston Churchill, British Prime Minister, 1942