CREATING RACISM

Psychiatry’s Betrayal

Report and recommendations on psychiatry causing racial conflict and genocide

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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 DISORDER.”** 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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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 Creation of Racism

INTRODUCTION

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—some more potent than cocaine—to “treat” this “mental disorder.” And yet, with early reading instruction, the number of students so classified 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, racism persists. But why? Rather than struggle unsuccessfully with the answer to this question, there is a better question to ask. Who?

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.”

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.”

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 is well established historically and continues today.

Since 1969, 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 ideologies 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 it must be, if man is to live in true harmony.

Sincerely,

Jan Eastgate
President, Citizens Commission on Human Rights International
IMPORTANT FACTS

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

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.

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.”

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

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.

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.”

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], kidnap-
ning, assault, murder, rape and sex-immorality.”

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 “dis-
ease” was used as a rea-
son for segregation, so
that Whites would not be “infected.”

Author Robert
Whitaker tells us,
“During the 19th centu-
ry, the perceived men-
tal 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 pub-
licly exhibited a desire
to be free, were at par-
ticular risk of being
seen as insane.”

According to the
1840 U.S. census, insanity
was 11 times more com-
mon 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.”

In 1851, Samuel A. Cartwright, a promi-
nent, white, Louisiana
eugenics physician,
claimed to have dis-
covered two mental dis-
cases peculiar to blacks
which justified their
enslavement. One was
the already mentioned
drapetomania, and the
other he called dys-
aesthesia aethiopis
(impaired sensation).
Dr. Thomas Szasz,
professor of psychiatry
emeritus and CCHR’s
country, 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 ‘treat-
ment’ for this ‘illness’
was ‘whipping the devil
out of them.’”

Dysaesthesia aethiopis supposedly af-
ected both mind and body
of Blacks. The symp-
toms included disobedience, answering disrespect-
fully and refusing to work. Dr. Russell Adams,
professor emeritus of Afro-American Studies at
Harvard University, claimed the cure was “frequent
whippings.” Cartwright claimed, “The compulsory
Charles Darwin and Wilhelm Wundt's False racial theories that equated man with animals, promoted in the 19th century by the likes of psychologist Wilhelm Wundt and British psychologist 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).

False racial theories that equated man with animals, promoted in the 19th century by the likes of psychologist Wilhelm Wundt and British psychologist 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).
In 1918, American eugenics advocate Paul Popenoe claimed that the IQ of Blacks was 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 knowledge 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 an 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. Francis Pal Prucha wrote in The Great Father, “Indian children were taken from homes judged unsuitable or...
Intelligence testing in the hands of psychiatrists and psychologists became another means to forward racist views of man.

Eugenicist Paul Popenoe and psychologist Lewis Terman used biased IQ tests 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.”

Lewis Terman

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.”

Charles Murray and Richard Herrnstein’s book, The Bell Curve, arrogantly claims that African-Americans and Hispanics that do worse than Whites in intelligence tests, are “genetically disabled” and therefore cannot cope with the demands of modern society.

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.

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 racism, but also provided the reason for outright genocide.
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).

IMPORTANT FACTS

1. In 1895, Swiss-German eugenicist 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.
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,” eugenicist Alfred Ploetz, together with 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.”

In 1920, eugenicist 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.”

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.”

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

Rüdin was the primary supporter of Germany’s Sterilization Act of 1933, which included the sterilization of all Jews and “colored” children. 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.

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.”

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

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], unintelligent, 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.”

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.”

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 decisively 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
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.

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.

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 of 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 conditions 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 1997,

**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.
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.”

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. The camps were reformed.

In 1997, CCHR presented testimony to the South African Truth and Reconciliation Commission about the apartheid crimes of psychiatrists and psychologists. The Psychological Society of South Africa finally admitted that psychological studies had been deliberately aimed at discrediting Blacks as intellectually inferior.

Still, the effects of apartheid will take a long time to rectify, especially because of the obstruction by the psychiatric industry. 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 has “failed to admit any guilt or responsibility” for its role in apartheid atrocities. Instead, psychiatrists are using the post-apartheid era to garner more business, diagnosing the response of Blacks to apartheid oppression as a “persecution complex.”

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.”

Heath also conducted secret tests funded by the Central Intelligence Agency (CIA), using LSD
HARMFUL PHILOSOPHY

Psychiatry’s Racist Impact in the U.S.

Professor Barry Mehler, Ph.D. of Ferris State University tells us: “There is a clear and long and intimate connection between the eugenics movement and the Ku Klux Klan.” Harry Laughlin, who was the Carnegie Institution’s Director of Eugenics, wrote a glowing review of the KKK book, White America. Thomas Dixon, who glorified the exploits of the KKK, had studied the works of British psychologist Herbert Spencer who coined the phrase, “the survival of the fittest.” 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, “[T]he 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.”

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 (University of California Los Angeles) Neuropsychiatric Institute created the theory that the events were tied to genetic and racial
In the 1950s in New Orleans, black prisoners were used for psychosurgery experiments. Robert Heath from Tulane University and 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.”

In the 1990s, psychiatrist Frederick Goodwin, director of the NIMH, compared black youth living in inner cities to “hyperaggressive” and “hypersexual” monkeys in a jungle. 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, “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

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. 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.”

“Whenever black people show any signs of psychiatric problems they are labeled paranoid schizophrenic or psychotic.”
—Desmond McLean
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.
In March 2003 the United States 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.”

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.”

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.

Gary Orfield, co-director of Harvard University’s Civil Rights Project, 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.”

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.”

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 $30 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.”

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

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,” “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 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:

- 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 Food and Drug Administration (FDA) issued warnings that stimulants like Ritalin and Adderall cause suppression of growth, psychosis, hallucinations, aggression, and sudden death from heart attacks and strokes.

- Children who take stimulants 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.

- Millions of children are prescribed antidepressants called Selective Serotonin Reuptake Inhibitors (SSRIs). These now carry a warning of suicide risk to under 18-year-olds. The drugs also cause anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania (abnormal excitement), and mania and are addictive.

- Further, stimulants are abused more often than cocaine, with 2.3 million children and adolescents in the United States illicitly taking them. Internationally the drugs are sold illegally for $2 to $5 a pill. Ritalin is chemically similar to cocaine and can predispose a child taking it to later cocaine abuse.

- Antipsychotic drugs prescribed for “behavioral” problems are responsible for more than 40 deaths and cause life-threatening convulsions and low white blood cell count.

- Teenagers who have been prescribed psychotropic 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
For many years, schools have employed destructive psychological programs. “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, 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

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 "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. The TeenScreen™ program in the United States uses 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?" The psychiatrist who invented the test admits there is an 84% error rate in identifying at-risk children.

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. The child is then referred to a psychologist or psychiatrist and, usually, prescribed drugs.

Dr. Joseph Glenmullen, of Harvard Medical School, says 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 ...." 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. ..." Her advice? "Give the mental health industry a leave of absence from our nation's homes and schools."
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.
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 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.”
- Bad food or poor nutrition can create anxiety and other behavioral or mental problems.

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

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 plague our future leaders.

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.
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.

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.

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.

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.

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.

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.
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 250 chapters in over 34 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.

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’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

5. SP Sashidharan, Professor of Community Psychiatry & Errol Francis, Director, Franz Fanon Centre for Mental Health, “Racism in Psychiatry: Necessitates Reappraisal in General Procedures and Eurocentric Theories,” British Medical Journal, 24 July 1999.
13. Ibid.
16. Ibid.
18. Ibid. p. 29.
31. Prof. Max Von Graeben, Docent Dr. Ernst Rüdin, Fortpflanzung, Vererbung und Rassenhygiene, Munich 1911, p. 163.
33. Ibid., p. 52.
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 includes:

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

HARMING YOUTH—Screening and Drugs Ruin 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

BEHIND TERRORISM—Psychiatry Manipulating Minds
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

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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“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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