

CHILD DRUGGING

Psychiatry Destroying Lives

Report and recommendations on
fraudulent psychiatric diagnosis and
the enforced drugging of youth

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IMPORTANT NOTICE For the Reader

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

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

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

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

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

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

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

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



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PSYCHIATRY DESTROYING LIVES

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CHILD DRUGGING
Psychiatry Destroying Lives



INTRODUCTION

Betraying Our Children

Newspaper articles often trumpet the “wonders” of modern day psycho-pharmaceutical research for the treatment of childhood learning and emotional “problems” and “disabilities.”

They sound reasonable. They sound convincing—science again conquers our material universe for the benefit of mankind. Who could possibly argue with making a *normal* life possible for those in trouble?

Daniel’s parents would. And so would Cory’s. They would argue vehemently and passionately. And with an estimated 17 million school children worldwide said to have a mental disorder that requires them to be chemically restrained by powerful mind-altering psychiatric drugs, they are far from alone.

Who are Daniel and Cory and why do their parents disagree? They are children who are not only unable to lead normal lives because of so-called “miracle” drugs; they are tragically no longer with us at all, because of those drugs.

I invite you to analyze the above illustration more closely from the point of view of children,

because the reality and the labels may not reflect the same thing when it comes to psychiatry’s “drugs of the moment.”

Reflect on several of the words and how they are used. Take “normal,” for example. You probably have your own idea of what a normal sort of life is. Does it involve the consumption of addictive, mind-altering and potentially dangerous psychiatric drugs? Does it involve a

total reliance on such drugs to remain normal?

What about the word “medications?” Does it ease your mind by conjuring up images of some benign cough syrup prescribed by a kindly family doctor? Nothing could be further from the truth. A psychiatric medication is a very powerful addictive drug.

Then there is the term “scientific,” often used by psychiatry to add legitimacy to its pronouncements. According to the *World Book Dictionary*, the word implies “systematic; accurate; exact.” Those characteristics have nothing to do with psychiatry or, for that matter, its cousin, psychology.

Examples of other words which suffer at their hands are “values,” “right,” “wrong,” “safe,” even “education.”

“Contrary to psychiatric opinion, children are not ‘experimental animals,’ they are human beings who have every right to protection, care, love and the chance to reach their full potential in life. They will only be denied this by psychiatry’s verbal and chemical straitjackets.”

— Jan Eastgate

This is the subtle propaganda of the psychiatrist and psychologist at work—the redefinition of words. Somehow in their hands, things just seem to get all twisted about and eventually fall apart.

The trouble is that their worldwide propaganda on the subject of children and education has thoroughly duped well-meaning parents, teachers and politicians alike, that “normal”—there’s that word again—childhood behavior is no longer normal; that it is a mental *illness*. And further, that only by continuous, heavy drugging from a very early age, can the “afflicted” child possibly make it through life’s worst.

Who would have thought 40 years ago that we could have come to this? Nevertheless we *are* here, and the harsh reality is that because of it, precious young lives all over the world are at serious risk, permanently damaged, even lost to us.

Contrary to psychiatric opinion, children are not “experimental animals,” they are human beings who have every right to expect protection, care, love and the chance to reach their full potential in life. They will only be denied this from within the verbal and chemical straitjackets that are psychiatry’s labels and drugs.

We are publishing this report, *Child Drugging—Psychiatry Destroying Lives*, to expose the lies and propaganda at work, to provide a perspective and information not made readily available to parents and others concerned, and most importantly to help bring sanity and control back to the care and nurturing of our children.



Children are our future.
There is nothing less at stake here than our very future itself.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Eastgate". The signature is stylized and cursive.

Jan Eastgate
President
Citizens Commission on
Human Rights International

IMPORTANT FACTS

1 In 1879, German psychologist Wilhelm Wundt declared Man to be an animal, with no soul. With this, he laid the foundation for modern psychology and psychiatry.

2 In the U.S. and elsewhere, strong and effective scholastic-based systems were compromised. Psychologist Edward Lee Thorndike said phonics, multiplication tables and formal writing were “wasteful.”

3 In the 1940s psychiatrists G. Brock Chisholm (Canada) and John Rawlings Rees (Britain), co-founders of the World Federation for Mental Health, said, psychiatrists had carried out a “useful attack” on the “teaching profession” and that the goal of “effective” therapy was the elimination of the concept of “right and wrong.”

4 By the 1960s (and ever since), psychological programs were introduced into schools. Psychiatrists claimed that three sources of stress had to be eliminated from schools:
1) school failure, 2) a curriculum centered around academics, and 3) disciplinary procedures.

5 Psychologists and psychiatrists have insinuated themselves into positions of authority in the educational field and completed an almost total overthrow of the subject, turning schools from places of learning into “mental health clinics.”





CHAPTER ONE

Dismantling Workable Education

Teen suicides have tripled since 1960 in the United States. Today, suicide is the second leading cause of death (after car accidents) for 15- to 24-year-olds. Since the early 1990s, millions of children around the world have taken prescribed antidepressants that U.K. and U.S. authorities have now branded as suicidal agents. In September 2004, a U.S. Congressional hearing into these drugs found that not only do studies show the drugs are ineffective in children, they can drive them to suicidal behavior and hostility.¹

Walk into an average British, Australian, Canadian or U. S. school or even some Mexican schools today, and you could be forgiven for thinking that you had walked into a mental health clinic, as kids line up for their daily stimulant drug dosage. Look closer and you will find a black market drug trade run by schoolchildren, dealing in the very same drugs being prescribed for supposed learning difficulties.

After edging upwards for more than a century, U.S. national Student Aptitude Test (SAT) scores have plummeted since 1963, when psychological programs and psychiatric drugs entered the classroom. In South Africa, since the introduction of psychological curricula, school examination results for 1997 showed a national pass rate of only 47%, which was down from 1994's rate of 58%.

To appreciate the current influence of psychiatric and psychological thinking and practice over the schools and families of the world, it is essential to understand how their doctrines have achieved such an iron grip on the field of education. The story begins more than a century ago.

In 1879, German psychologist Wilhelm Wundt founded "experimental psychology." He declared Man to be an animal, with no soul, that *thought* was merely the result of *brain* activity and that "consciousness is of no avail until these are derived from *chemical* and *physical* processes."² [Emphasis added]

Key players who subsequently implemented Wundt's theories into education were: Edward Lee Thorndike, John Dewey, James Earl Russell, James Cattell and William James.

Thorndike performed some of the earliest experiments in "animal psychology." Maintaining

Wundt's "man is an animal" view, he investigated the mechanisms of learning by studying not humans, but chickens, rats and cats. In his 1929 book, *Elementary Principles of Education*, Thorndike stated: "Artificial exercises, like drills on phonetics, multiplication tables, and formal writing movements, are used to a wasteful degree. Subjects such as arithmetic, language, and history include content that is intrinsically of little value. Nearly every subject is enlarged unwisely to satisfy the academic ideal of thoroughness."⁴

"[W]e have made a useful attack upon a number of professions. The two easiest of them naturally are the teaching profession and the Church."

— John R. Rees, Co-Founder World Federation for Mental Health

At the turn of the 20th century, Sigmund Freud, with his emphasis on promiscuity and immorality, bolstered the “man is an animal” view. Despite the appalling lack of scientific foundation, his theories—many made under the influence of cocaine and now largely discredited—had an enormous impact in many countries. Educator and author Beverly Eakman points out, “Freudian psychology...runs through the *Mental Hygiene* and *New Education* movements.”⁵

Later, influential figures like Thorndike made their intentions clear: “It will, of course, be understood that directly or indirectly, soon or late, every advance in the sciences of human nature will contribute to our success in controlling human nature. ...”⁶

One of these “advances” was called “Whole Word,” a “reading” program developed by James Cattell, who had been Wundt’s assistant for three years and became the president of the American Psychological Association. Phonics were ignored, and children were forced to memorize nearly every word without understanding the logical sequence of letters or sounds.

Using Schools to Create a Mental Health State

Clifford Beers, a former psychiatric patient, formed the National Committee on Mental Hygiene in the United Kingdom in 1909. The Committee’s “Program for the Prevention of Delinquency” helped create “child guidance clinics” (psychiatric counseling) around the globe; it was the driving force behind the entry of mental hygiene concepts into schools. “If we are going to prevent dependency, delinquency, insanity, and general inadequacy,” wrote Ralph Truitt, the head of the Committee’s Division of Child

Guidance Clinics in 1927, “[T]he school should be the focus of our attack.”⁷

And attacked it was.

Sixty years later, in a report to the U.S. Secretary of Education, the National Commission on Excellence in Education stated, “If an unfriendly power had attempted to impose on America the mediocre educational performance that exists today, we might well have viewed it as an act of war.”

What the Commission did not realize was that an attack on the school system had been launched and was still in operation. Proclaiming the strategic objectives of global psychiatry before Britain’s National Council of Mental Hygiene in 1940, psychiatrist John R. Rees, who would soon after co-found the World

Federation for Mental Health (WFMH), left no doubt that he and his peers had their sights set on education: “[W]e have made a useful attack upon a number of professions. The two easiest of them naturally are the *teaching profession* and the *Church*; the two most difficult are *law* and *medicine*.”⁸ [Emphasis added]

Another WFMH co-

founder, psychiatrist G. Brock Chisholm, furthered the attack by using schools to eliminate morals: “The training of children is making a thousand neurotics for every one that psychiatry can hope to help with psychotherapy,” he said in 1945. “We have swallowed all manner of poisonous certainties fed us by our parents, our Sunday and day school teachers.... If the race is to be freed from its crippling burden of good and evil it must be psychiatrists who take the original responsibility.”⁹

At a WFMH inaugural conference, psychiatrists identified the family unit, long the primary stabilizing influence of society, as a target for direct assault: “The family is now one of the major obstacles to improved mental health, and hence should be

“Most people today suspect that education is not really about literacy, ‘basics,’ or proficiency at anything. What is less well understood is that there exists... throughout the industrialized world, what can best be described as an ‘illiteracy cartel’ — ostensibly aimed at furthering ‘mental health.’”
— Beverly Eakman, author, educator

weakened, if possible, so as to free individuals and especially children from the coercion of family life."¹⁰

In the 1960s and '70s, psychological programs known collectively as Outcome Based Education (OBE) were introduced into schools. Psychiatrists and psychologists, who directed the philosophy of OBE, claimed that three sources of stress had to be eliminated from schools: 1) school failure 2) a curriculum centered around academics and 3) disciplinary procedures. School failure was the chief villain, they said, leading to "feelings of inferiority," behavior problems like truancy and an unsocial attitude.¹¹

Arm in arm, psychology and psychiatry set the stage for the collapse of education at a profit to them. In 1962, they received nearly a billion dollars in the United States alone for their role in education.

By 2002, funds channeled to them through "special education" for psychiatrist-defined "learning disabilities" had reached \$28 billion. However, the U.S. Department of Education found that 40% of the children being spuriously labeled with these "disorders" had simply never been taught to read.

Preaching their false and disturbing creed, the new "behaviorists" have successfully insinuated themselves into positions of authority in schools and completed an almost total overthrow of education. As a result, our once strong and effective scholastic-based systems have been seriously compromised, and with them, the impressive results of better years.

Author and educator Beverly Eakman states, "Most people today suspect that education is not really about literacy, 'basics,' or proficiency at anything. What is less well understood is that there exists in this country, and indeed throughout the industrialized world, what can best be described as an 'Illiteracy Cartel'—ostensibly aimed at furthering 'mental health.' This cartel derives its power from those who stand to benefit financially and politically from ignorance and educational malpractice; from the frustration, the crime, the joblessness and social chaos that mis-education produces."¹²

A History of Betrayal: Subversion of Education

Psychiatrists and psychologists in the last century opened the door to chaos in the classroom by undermining morality and self-respect, relegating schools to testing grounds for perverse theories and treating children as animals to be trained and conditioned.

EDWARD LEE THORNDIKE, animal psychologist, experimented on monkeys, rats, cats, mice, chickens and other animals, then applied his techniques to children. He stated, "It will of course, be understood that directly or indirectly, soon or late, every advance in the sciences of human nature will contribute to our success in controlling human nature."

PAUL SCHRODER, professor of psychiatry, addressed the first conference of the German Society for Child Psychiatry and Therapeutic Education in 1940, attended by the elite of Nazi psychiatry, and proclaimed: "Child psychiatry has to ... help to integrate (hereditarily) damaged or inadequate children for their own and the public's good into the community and the general economic process" and recognize the early existence of a disorder and potential harm to society.¹³

J.R. REES, co-founder of the World Federation for Mental Health (WFMH), spoke of psychiatry permeating every education activity and boasted that it had made a "useful attack" upon the "teaching profession" for the purpose of promoting "our particular point of view."

G. BROCK CHISHOLM, co-founder of the WFMH, said, "If the race is to be freed from its crippling burden of good and evil it must be psychiatrists who take the original responsibility."

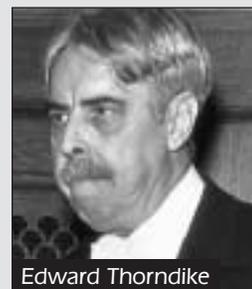
JOHN DEWEY, psychologist and promoter of the "man is an animal" theory, labeled the urge to teach children to read early in life a "perversion," and advocated that schools should take on the role of social, rather than academic, institutions.

G. STANLEY HALL, first president of the American Psychological Association, explained education for the masses was not necessary. "We must overcome the fetishism of the alphabet, of the multiplication tables, of grammar," he said. "It would be no serious loss if a child never learned to read."

JAMES CATTELL, a later American Psychological Association president, theorized that "little is gained by teaching a child sounds and letters as the first step to being able to read." His "whole word" reading method proved to be disastrous, crashing literacy rates everywhere it was used.

MANFRED MÜLLER-KÜPPERS, of the German Society for Child and Adolescent Psychiatry, asserted in the 1970s that there should be "no provisions for school attendance without child psychiatric examinations."¹⁴

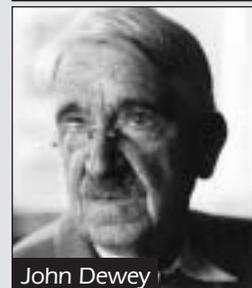
The influence is still prevalent. In 2003, psychiatrists and psychologists advised a U.S. New Freedom Commission on Mental Health to recommend, "[T]he early detection of mental health problems in [school] children ... through routine and comprehensive testing and screening."



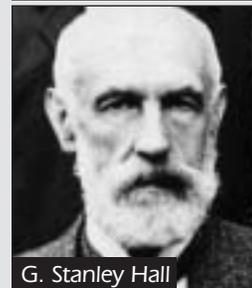
Edward Thorndike



G. Brock Chisholm



John Dewey



G. Stanley Hall

IMPORTANT FACTS

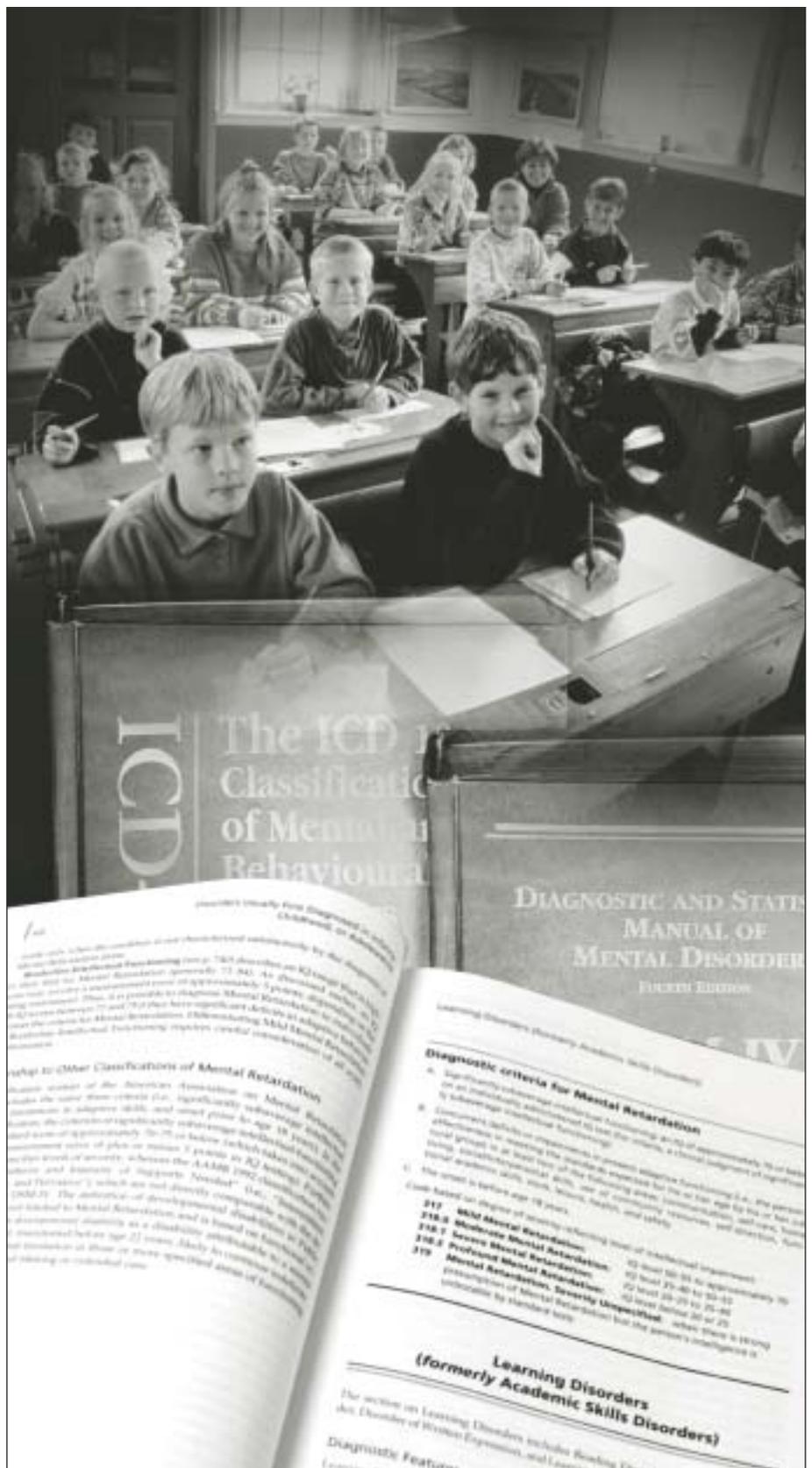
1 In 1865, Zurich psychiatrist Wilhelm Griesinger falsely claimed that all mental problems must be diseases of the brain. Undeterred by the absence of proof to this day, psychiatry built a multi-billion dollar empire on this false science.

2 In the late 1800s, German psychiatrist Emil Kraepelin was first to label and codify human behavior as “disorders” while acknowledging that psychiatry had no effective treatments or cures.

3 In 1952, the American Psychiatric Association’s (APA) *Diagnostic & Statistical Manual of Mental Disorders (DSM)* contained only three “disorders” for infants or children. By 1980, there was a nearly ten-fold increase in the number of child disorders.

4 In 1987, “Attention Deficit Hyperactivity Disorder” (ADHD) was literally *voted* into existence by APA committee members and enshrined in the *DSM*. Within a year, 500,000 children in America alone were diagnosed with it.

5 17 million schoolchildren worldwide have now been diagnosed with so-called mental disorders and prescribed cocaine-like stimulants and powerful anti-depressants as treatment.



The creation of bogus learning disorders as listed in psychiatry's Diagnostic and Statistical Manual of Mental Disorders (DSM) enables psychiatrists to label and drug millions of children at great profit.



CHAPTER TWO

Inventing Psychiatric 'Diagnoses'

Until the 1800s, the notion of the “lunatic” being sick was a foreign one. He was strange in his behavior, perhaps destructive, but explanations as to *why* did not necessarily center on a physical malfunction.

In 1865, however, Zurich psychiatrist Wilhelm Griesinger claimed that since most of the nerve coverage was in the brain, all mental problems must be diseases of the brain. Undeterred by the absence of proof to this day, psychiatry has since industriously built a multi-billion dollar empire with no more than an empty deck of cards.

Smoke and Mirrors

Successfully masquerading as a science requires that certain appearances be maintained. It was

German psychiatrist Emil Kraepelin, a Wundt student, who first devised a system of codification of human behavior, while simultaneously acknowledging that psychiatry had *no effective treatments or cures for most psychiatric disorders*.¹⁵ [Emphasis added]

Over a century later, things haven't changed. In 1995, Rex Cowdry, then-director of the U.S.

National Institute of Mental Health (NIMH) admitted, “*We do not know the causes [of any mental illness]. We don't have methods of 'curing' these illnesses yet.*”¹⁶ [Emphasis added]

Since Kraepelin, the number of psychiatric condemnations of human behavior has steadily expanded. Today, they are codified in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*, mental disorders section. First published in 1952 with a list of 112 maladies, the 1994 issue of *DSM-IV* specifies more than 370 disorders.¹⁷

In 1987, “Attention Deficit Hyperactivity Disorder” (ADHD) was literally *voted* into existence by a show of hands of APA committee members and enshrined in *DSM-III-R*.

Within one year, 500,000 children in the United States alone were diagnosed with this.¹⁸ Today, the number of American children being labeled as having “ADHD” has risen alarmingly to 6 million.

Internationally, the number of children diagnosed with ADHD, also called hyperkinetic disorder in Europe, or deficits in attention,

“The empire of child psychiatry was erected on a moral fault line, namely, the assumption that ‘juvenile delinquency’ is a disease that the child psychiatrist is especially qualified to diagnose and treat. But delinquency is not a disease, like diabetes.... It is simply an invidious, incapacitating status ascribed to a misbehaving minor.”
— Thomas Szasz,
Professor of Psychiatry Emeritus



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

motor control and perception (DAMP) has been skyrocketing since the 1990s. Between 1989 and 1996, France experienced a 600% increase in the number of children labeled “hyperactive.”

Symptoms of ADHD include: fails to give close attention to details or may make careless mistakes in schoolwork or other tasks; work is often messy or careless; has difficulty sustaining attention in tasks or play activities; fails to complete schoolwork, chores or other duties; often fidgets with hands or feet or squirms in seat; often runs about, climbs or talks excessively and interrupts or intrudes on others (e.g., butts into conversations or games). In 1999, the U.S. Surgeon General’s

“ADHD is not like diabetes and Ritalin is not like insulin. Diabetes is a real medical condition that can be objectively diagnosed. ADHD is an invented label with no objective, valid means of identification.”

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

report on mental health said that the “exact etiology (cause) of ADHD” is still “unknown.”

Dr. Louria Shulamit, a family practitioner in Israel, says, “ADHD is a syndrome, not a disease (by definition). As such, it is diagnosed by symptoms. The symptoms of this syndrome are so common that we can conclude that all children—especially boys—fit this diagnosis.”¹⁹

In 2002, Assistant Professor Eva Karfve, a Swedish sociologist and author, disputed any validity to this disorder: “The claim that ADHD is biologically caused or stems from a metabolic disturbance in the brain is not scientifically founded in any way.”

Dr. Fred A. Baughman, Jr., a pediatric neurologist, says that “the frequency with which



“‘Biological psychiatry’ has yet to validate a single psychiatric condition/diagnosis as in abnormality/disease or as anything ‘neurological,’ ‘biological,’ ‘chemically imbalanced’ or ‘genetic.’”

— Dr. Fred A. Baughman, Jr., Pediatric Neurologist, 2002

‘learning disorders’ and ‘ADHD’ are diagnosed in schools is proportional to the presence and influence within the schools of mind/brain behavioral diagnosticians, testers and therapists.”

Today, American schools spend at least \$1 billion a year on psychologists who work full-time to diagnose students.²⁰ Annually, \$15 billion has been spent on the diagnosis, treatment and study of these so-called “disorders.” The sales of stimulants alone to control the symptoms of ADHD have now reached \$1.3 billion annually.

Fred Shaw, Jr., a former Los Angeles deputy sheriff who now runs several California group homes for boys (alternatives to prison), tells this story: “A boy was brought to the home, diagnosed as ADD [Attention Deficit Disorder] by a psychologist. I asked the young man some questions: ‘What’s the longest you’ve ever talked with a girl on the phone?’ Three to five hours. ‘Do you remember what she said?’ Yes, quite well. ‘How long can you play a video

game?’ Eight hours straight. ‘What about reading books?’ From the beginning to end—the ones he *liked*. He also played full games of basketball. So it appeared to me that he could pay attention to anything that he was *interested* in.”²¹

Tana Dineen, a Canadian psychologist and author of *Manufacturing Victims*, says psychology is neither a science nor a profession, but an industry that turns healthy people into victims to give itself a constant source of income.²² In the 2001 revision of her book, she added, “The Psychology Industry is not concerned about, and would prefer to overlook, the damage it wreaks not only on users but also on society as a whole.”²³

Having infiltrated and secured positions of trust and authority within the education system, and set the scene for a patterned onslaught of psychiatric diagnosis, psychiatry unleashed its next, most dangerous and most lucrative weapons on our youth—addictive, psychotropic drugs posing as medication.

“The Psychology Industry is not concerned about, and would prefer to overlook, the damage it wreaks not only on users but also on society as a whole.”

— Tana Dineen, psychologist and author, *Manufacturing Victims*, 2001



IMPORTANT FACTS

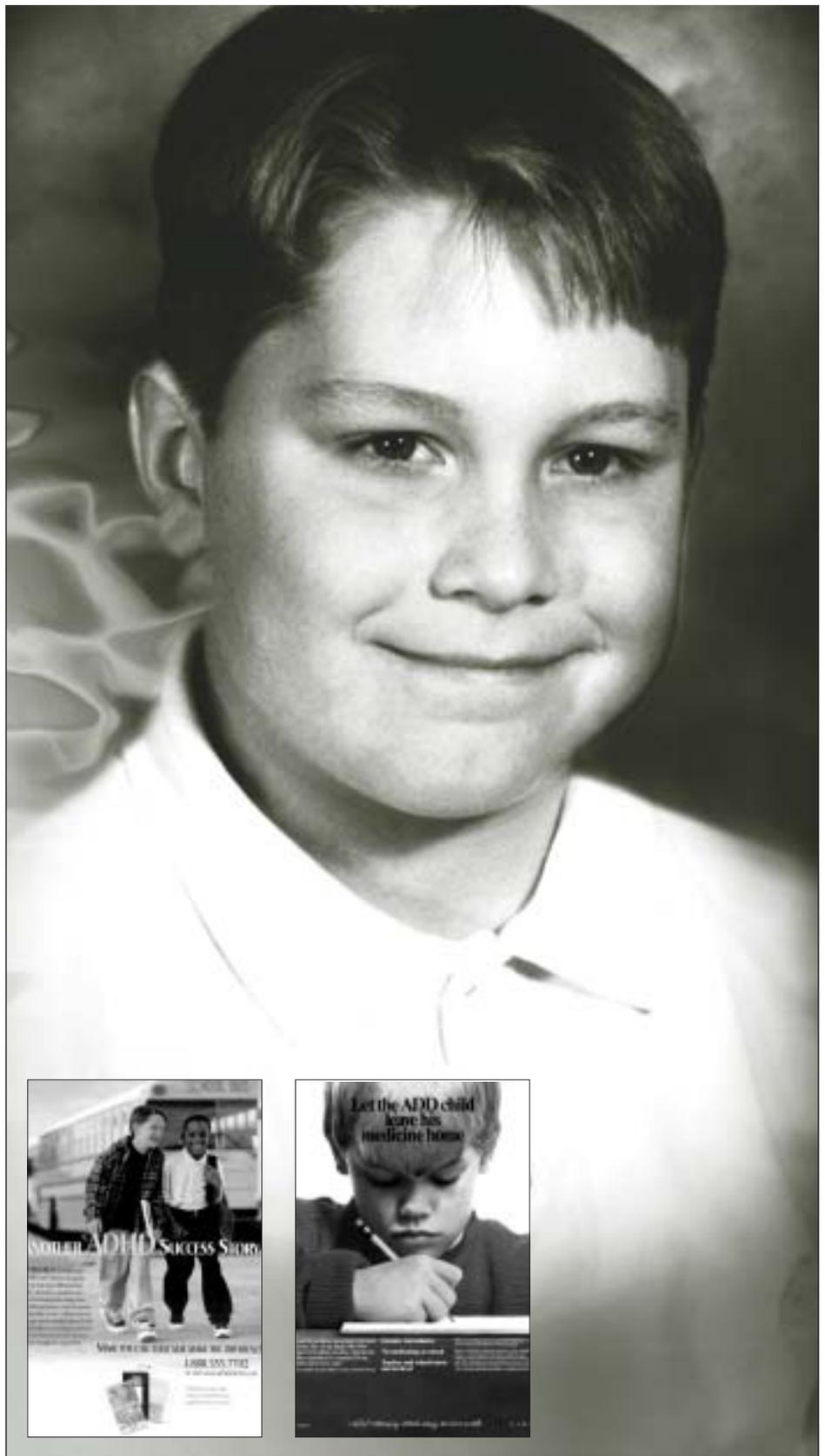
1 Psychiatrists *theorize* that mental problems stem from a “chemical imbalance” in the brain or are the result of a “neurobiological disorder” to justify the administration of powerful mind-altering drugs.

2 Children have been diagnosed with “chemical imbalances” despite the fact that no test exists to support such a claim and there is no real conception of what a correct chemical balance looks like.

3 With millions of children fraudulently labeled with “ADHD,” psychiatrists are creating a generation of drug addicts. The manufacturer of one stimulant prescribed for “ADHD” admits *it is a drug of dependency.*

4 Millions of children and adolescents are also taking antidepressants that British, Australian, European and U.S. drug regulatory agencies have warned can cause suicide.

5 The rise in gratuitous and murderous violence amongst youth is linked to the introduction of and increases in violence-inducing drugs being prescribed to them.



Matthew Smith was forced by his school to take a psychiatric stimulant to help him “focus” better. However, in 2000, at age 14, he died of a heart attack that a coroner attributed to the prescribed stimulant. More and more children are being diagnosed with ADHD, a “disease” that has never been clinically proven to exist. Widespread marketing has been partly responsible for the increase.



CHAPTER THREE

Child Drug Pushing

When James was first diagnosed with attention deficit disorder, his mother refused to put him on psychiatric drugs and transferred him to another school. James' records followed him, however, and counselors at the new school urged a psychological evaluation be done. Diagnosis: ADD. Treatment: psychiatric drugs.

Matters soon deteriorated. "At school, my boy was labeled, drugged and almost died," his mother said. Three days after being put on the drug she received an urgent call from the school that her son was having severe chest pains and had to be rushed to the hospital. The doctors told her it was a reaction to the drug. When she stopped giving her son pills, the danger passed.²⁴

James was lucky. Millions of children around the world just like him are not.

Dr. Baughman reports: "The following children are no longer hyperactive or inattentive—they are dead. Between 1994 and 2001, I was consulted, medically or legally, formally or informally, in the following death cases: Stephanie, 11, prescribed a stimulant and died of cardiac arrhythmia;

Matthew, 13, prescribed a stimulant and died of cardiomyopathy [disease of heart muscle]; Macauley, 7, prescribed a stimulant and three other psychiatric drugs, suffered a cardiac arrest; Travis, 13, prescribed a stimulant and suffered cardiomyopathy; Randy, 9, given a stimulant and several other drugs and died from cardiac arrest; Cameron, 12, prescribed a stimulant and died from hyper-eosinophilic syndrome [abnormal increase in white blood cells]. This is a high price to pay for the 'treatment' of a 'disease' that does not exist."

"With no abnormality in the 'ADHD child,' the pseudo-medical label is nothing but stigmatizing, and the unwarranted drug treatment that invariably follows, a physical assault. The 'medication' typically prescribed for ADHD and 'learning disorders' is a hazardous and addictive amphetamine-like drug."

**— Dr. Fred A. Baughman, Jr.,
Pediatric Neurologist, 2002**

The Hoax of "Chemical Imbalance"

Through massive promotion and marketing campaigns, psychiatric drugs are increasingly prescribed as the panacea for life's inevitable crises and challenges.

Psychiatry's most recent campaign is the theory that all mental problems stem from a "chemical imbalance"

in the brain, or "neurobiological disorder."

Psychiatrist David Kaiser is unequivocal about the lie of neurobiological disorder: "Modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness.... Patients [have] been diagnosed

with 'chemical imbalances' despite the fact that no test exists to support such a claim, and...there is no real conception of what a correct chemical balance would look like."²⁵

In 2001, Ty C. Colbert, Ph.D., author of *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry Has Failed Its Patients*, said, "As with all other mental disorders, there is no biological test or biological marker for ADHD." He cites the U.S. National Institutes of Health Consensus Conference on ADHD that concluded, "As with all other emotional disorders, however, researchers have vigorously attempted to find proof that ADHD is caused by a chemical imbalance, but have come up with nothing."²⁶

When this idea of a "chemical imbalance" is successfully used to secure the cooperation of unwitting parents, it establishes a dangerous precedent. "These children believe they have something wrong with their brains that makes it impossible for them to control themselves without using a pill," says Dr. Baughman.²⁷

By "pill" of course is meant hazardous and addictive amphetamine-like stimulants or antidepressants like Selective Serotonin Reuptake Inhibitors (SSRIs).

With millions of children fraudulently labeled with "ADHD," psychiatrists are creating a generation of drug addicts. The manufacturer of methylphenidate (Ritalin) admits *it is a drug of dependency*.²⁸ And addictive drugs spawn a culture of drug dealing and abuse. Ritalin and other stimulants are now sold illicitly in schools in numerous countries for \$2 to \$10 a pill.²⁹ More

potent than cocaine, children crush the tablets and snort it. "Quite a few have tried it. Most of the lads (boys) 'bomb' it by smoking it, some mix it up with glucose and snort it," Simon, a 14-year-old New Zealand student said.³⁰ In Britain, children as young as six are becoming hooked on a psychoactive stimulant sold illegally by child dealers.³¹

Worldwide production of methylphenidate increased from 2.8 tons in 1990 to 15.3 tons in 1997. In Mexico, sales of this stimulant rose 800% between 1993 and 2001.

Australia reports a stimulant prescription rate for children increasing 34-fold in the past two decades. Some 250,000 prescriptions for dexamphetamine, which outsells Ritalin, were written in 2003.³² In 2002, the Council of Europe Parliamentary Assembly said the highest rates of methylphenidate consumption in Europe were in Switzerland, Iceland, the Netherlands, the United Kingdom, Germany, Belgium and Luxembourg.

In Britain the stimulant prescription rate for children soared 9,200% between 1992 and 2000.³³

A further 1.5 million children and adolescents are taking SSRI antidepressants in the United States.³⁴ In Canada, the number of girls aged 15 to 18 taking antidepressants almost doubled between 1998 and 2002.³⁵ In Britain, the number of prescriptions for antidepressants has also more than doubled in 10 years.³⁶

In today's school in Queensland, Australia, schoolchildren no longer line up for milk, but queue for drugs to control their "behavior problems." Teachers spend their days dispensing

"As with all other emotional disorders, however, researchers have vigorously attempted to find proof that ADHD is caused by a chemical imbalance, but have come up with nothing."

**—Ty C. Colbert, Ph.D.,
author of *Rape of the Soul***

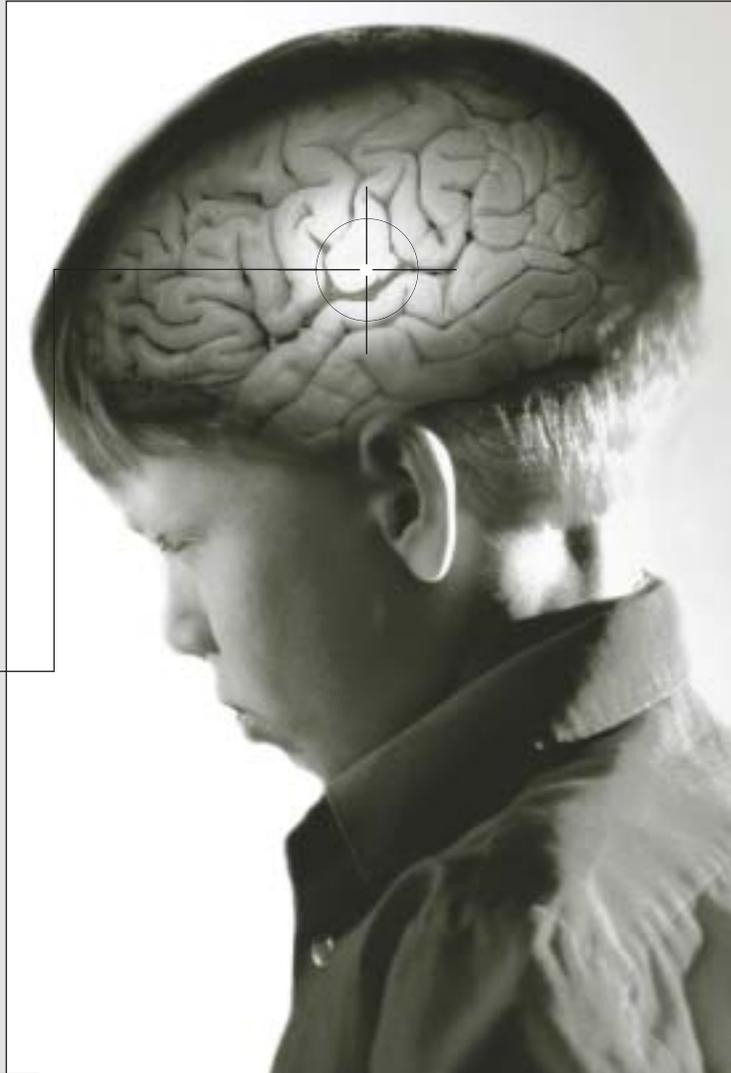
INSIDE LOOK

The Myth of Chemical Imbalance

As presented in countless illustrations in psychiatric and medical journals, the brain has been dissected, its parts labeled and analyzed, while the public has been assaulted with the latest psychiatric theories of how the physical and chemical composition of the brain determines behavior, mental disorders or disabilities. What is missing, in all this, is scientific fact.

“[T]here are no tests available for assessing the chemical status of a living person’s brain.” Also, no “biological, anatomical or functional signs have been found that reliably distinguish the brains of mental patients. ”

— Elliot S. Valenstein,
Ph.D., Biopsychologist



“medication.”³⁷ It is not a job that they enjoy. As one teacher remarked, “As an early childhood teacher it breaks my heart to have to administer [these drugs] to children as young as three and then to see them spend their day in a zombie-like state.”³⁸

The results for children have been catastrophic.

Thomas Moore, author of *Prescriptions for*

Disaster, said that the current use of drugs like Ritalin is taking “appalling risks” with a generation of kids. The drug is given, he said, for “short-term control of behavior—not to reduce any identifiable hazard to [children’s] health. Such large-scale chemical control of human behavior has not been previously undertaken in our society outside of nursing homes and mental institutions.”³⁹

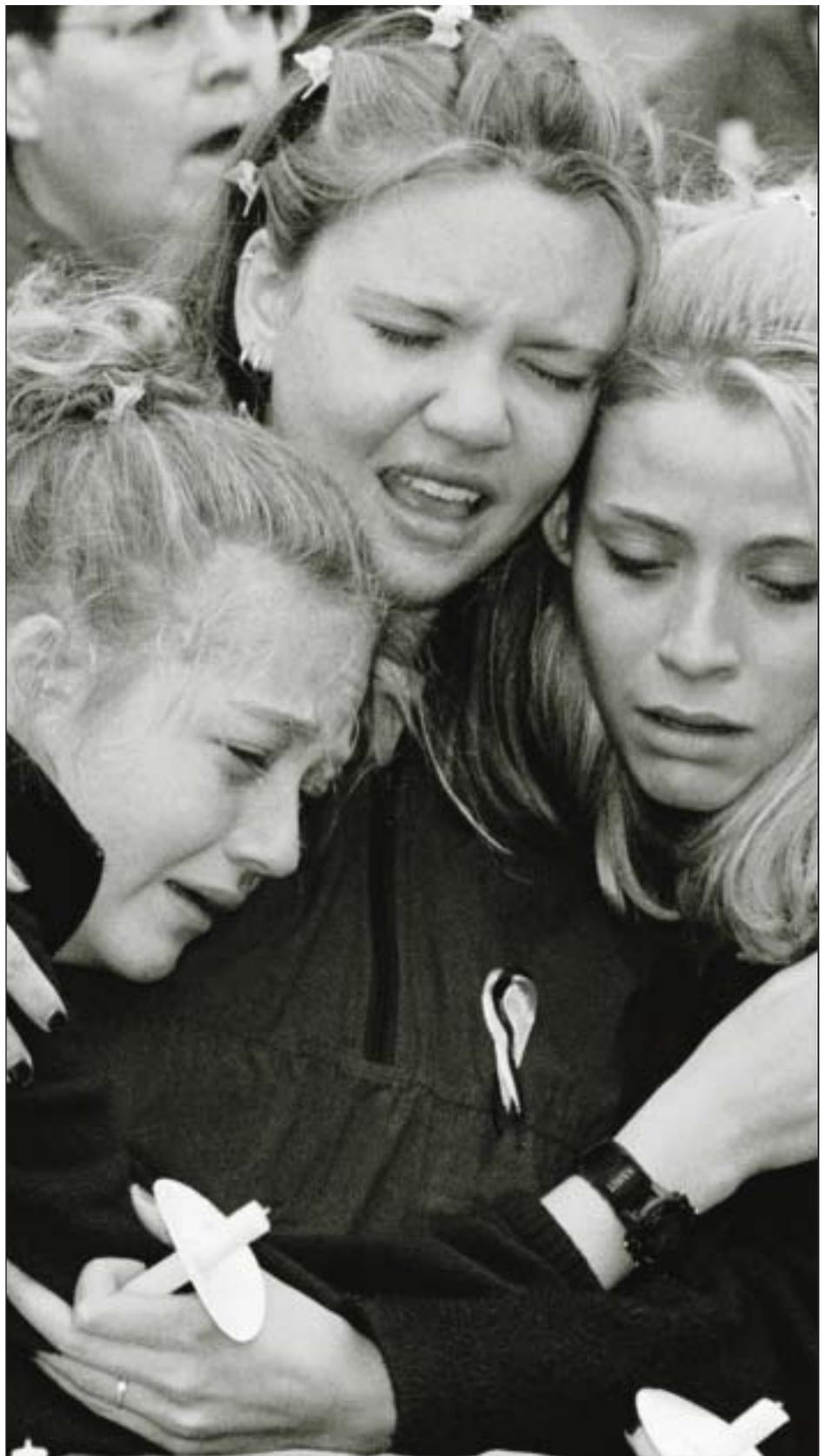
IMPORTANT FACTS

1 The psychological program “values clarification” emerged from Germany and was introduced into U.S. classrooms in the 1960s under various names, including Outcome Based Education (OBE).

2 At least five teens responsible for U.S. school massacres had undergone psychological behavior modification school programs like “death education,” including Columbine High School shooters, Eric Harris and Dylan Klebold.

3 In Japan, the destructive impact of psychological and psychiatric programming in schools was highlighted by the case of a teacher dressing up as a terrorist and bursting into his classroom, terrifying children in an effort to “teach” them about violence.

4 Beverly Eakman, an educator and bestselling author, makes clear that the agenda of psychiatrists and psychologists is to “jettison systematic academic knowledge” in favor of manipulative psychological programs and dangerous psychotropic drugs.



Psychiatric drugs and psychological practices were behind the violence in U.S. high schools such as the shooting in Columbine, Colorado (above) in 1999 and have been implicated in teen violence in other countries.



CHAPTER FOUR

Eradicating Right and Wrong

In March 1998, Andrew Goldon, 11, and cousin Mitchell Johnson, 13, sounded the alarm at Westside Middle School in Arkansas, prompting students and teachers to crowd into the courtyard. Then the two boys opened fire, randomly shooting at their victims, killing four students and one teacher.⁴⁰

In Germany, during final preparations for school examinations in 2002, an expelled student killed 18 people and then himself. In Japan, a 14-year-old beheaded his 11-year-old friend, while another teen stabbed an elderly neighbor to death because he wanted to experience killing someone.⁴¹ A drastic increase in school violence has been reported in Japan, Canada, Israel and France.⁴² In the U.K., there are now special schools for disruptive, sometimes violent youngsters who have been permanently excluded from other schools.⁴³

There are many possible explanations why—violence on television, the accessibility of guns and other weapons among them.

Yes, children can be influenced by violence on TV. Yes, guns are accessible. So are knives. They were also available 40 years ago, and children didn't go out and coolly commit premeditated massacres with them.

To discover the true reason, it is necessary to examine modern schools, especially the programs for teaching moral values. In education in the United States, morals have been heavily and adversely focused upon since 1967, when “values clarification” first appeared in schools.

“Values clarification” initially emerged from Germany and was introduced into United States' classrooms under various names: sensitivity training, encounter groups, self-esteem training, moral

reasoning, conflict resolution and critical thinking, to name a few. None are any more than mental techniques designed to modify behavior—or more bluntly, alter young people's values.⁴⁴

Children and teenagers are manipulated and molded with the purpose of bringing about certain desired psychological “outcomes.” This process involves breaking down and subtly invalidating the child's already

acquired values—in particular, his family's values — and replacing them with the idea that there is no set right or wrong, only personal opinion.

Tom DeWeese of the American Policy Foundation tells the story of a 9-year-old boy who “told his mother that he ranked lumberjacks in the same class as murderers and bigots” after a values clarification class. “These psychologically-based

“The re-interpretation and eventual eradication of the concept of right and wrong ... are the belated objectives of practically all effective psychotherapy.... Psychiatry must now decide what is to be the immediate future of the human race. No one else can.”

— G. Brock Chisholm, psychiatrist and Canada's Deputy Minister of Health and Welfare, 1945

programs are harming children. ... It's mind control from womb to tomb," said DeWeese.⁴⁵

According to William Kilpatrick, author of *Why Johnny Can't Tell Right From Wrong*, "[N]o time is spent providing moral guidance or forming character. The virtues are not explained or discussed, no models of good behavior are provided, no reason is given why a boy or girl should want to be good in the first place."⁴⁶

Educator Beverly Eakman describes the impact of psychiatric and psychological influence on schools: "Their clear and stated agenda has been to jettison systematic, academic, knowledge-based curricula."⁴⁷

At least five teens responsible for school massacres had undergone psychological behavior modification school programs like "death education" or "anger management."

The Arkansas school health and social science curriculum included "conflict resolution" classes emphasizing that students "examine the possible causes of conflict in schools, families and communities" and "demonstrate strategies to prevent and manage conflict in healthy ways." The Westside Arkansas school shooting was triggered by one of the boys breaking up with a girlfriend, which he apparently "solved" by coldly killing his fellow students. And while "anger management" is claimed to teach individuals to control their aggression and anger, in one class, a boy beat up a classmate so badly that six days later the boy was still in hospital.⁴⁸

Death education, a psychological experiment that

has been used in many countries since the 1970s, requires children to discuss suicide, and write their own wills and epitaphs. One U.S. "death education" (euphemistically called "forensic education") class involved taking students to a deserted river shoreline to observe a mock crime scene complete with a "dis-membered mannequin in the car trunk, a severed arm in a grocery bag and a bloody hacksaw."⁴⁹

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.⁵⁰

Concerned parents and educators cite Columbine High School shooters Eric Harris and Dylan Klebold as prime examples of the failure of "anger management" and "death education."

Harris was taking an antidepressant that can cause violent mania. He and Klebold had attended court-ordered psychological counseling, including "anger management." Further, Harris was told

to imagine his own death. He later dreamt that he and Klebold went on a shooting rampage in a shopping center. After turning the story of his dream in to his teacher, Harris and Klebold acted it out by killing a teacher, their classmates and themselves.⁵¹

By combining a value-neutral system or "anger management" together with a heavy emphasis on the "educational" use of violence-inducing, psychiatric drugs, one has created a powder keg waiting for a spark.



These young felons murdered 22 people between them after being subjected to psychiatric or psychological behavior modification techniques and drugs.

SPECIAL REPORT

What Is Really Happening in Class?



Today, students are often screened or “profiled” by using questionnaires that inquire about their own and their parents’ attitudes and behaviors. This includes such questions as how many times they’ve used cocaine or had sexual intercourse.⁵²

One U.S. “teen screen” program surveys students with questions such as, “Has there been a time when nothing was fun for you and you just weren’t interested in anything?”⁵³ The child can then be referred to a psychologist or psychiatrist and, usually, prescribed drugs. Joseph Glenmullen of Harvard Medical School, said the questionnaires of symptoms used to “diagnose” depression “may look scientific,” but “are utterly subjective measures.”⁵⁴

The drugs prescribed for “depression” are known to cause violent and suicidal behavior. In 2003, the British medicine regulatory agency warned doctors not to prescribe SSRI antidepressants for under 18-year-olds because of the risk of suicide. The following year, the U.S. Food and Drug Administration issued a similar warning, as did Australian, Canadian and European agencies, while in September, an FDA advisory committee recommended a “black box” warning about suicide be prominently placed on SSRI bottles.

The warning came too late for Matt Miller and Cecily Bostock. Matt hanged himself in his bedroom closet after one week of starting to take an SSRI antidepressant. Cecily stabbed herself in the chest with a kitchen knife two weeks

after she began taking an antidepressant.⁵⁵ “To die in this violent, unusual manner without making a sound ... [the drug] must have put her over the edge,” said Cecily’s mother, Sara.

A “black box” warning fails to address the magnitude of the problem as more children die from drugs that are FDA approved for, and then prescribed for, fictitious disorders. Moreover, psychiatric drugs and school programs are also linked to the rise in murderous violence amongst youth. Psychotic episodes and violent behavior are associated with chronic stimulant abuse.⁵⁶ At least 5% of patients taking SSRIs suffer “commonly recognized” side effects, including agitation, anxiety, aggression, hallucinations and depersonalization.⁵⁷

Violence by teens that have been taking psychiatric drugs cannot be ignored. A sampling of such crimes includes: In February 2004, 15-year-old Andreas of Germany shot and killed his foster father after years of psychiatric treatment; he was taking prescribed psychotropic drugs. On May 17, 2004, 19-year-old Ryan Furlough of Maryland was convicted of the 2001 first-degree murder of a friend; Ryan was on a prescribed antidepressant at the time. In Japan, in July 1999, two boys, aged 15 and 16, stabbed a 16-year-old, while taking a sedative (sleeping pill) because it made them “invincible.”

Educator Beverly Eakman’s advice is, “Give the mental health industry a leave of absence from our nation’s homes and schools.”⁵⁸

IMPORTANT FACTS

1 Psychiatrists told governments that they could deliver the world from delinquency and unhappiness—at a huge cost. Psychiatry remains long on promise and short—in fact empty—on delivery.

2 In 1930, 3 million American adults could not read because they had *never* been to school; in 1990, 40 million adults—most with 9 to 12 years of schooling—could not read.

3 In Britain, over two million people are illiterate and in Germany, more than 800,000.

4 Between 1965 and 2001 in the U.S., drug abuse for children and adolescents soared more than 2,900%. In Germany, three quarters of the country's teens have used hash.





CHAPTER FIVE

Children Cast Adrift

Eliminating the basics of education “is one step in improving education,” psychologist Edward Thorndike told us. The “mental hygienists” said that school could be the focal point for “detecting, preventing, and fixing personality disorders.” And neurotic children, psychiatrist Brock Chisholm said, were caused by the “poisonous certainties” fed to them by their parents and the frustrations brought about by the unworkable concepts of good and evil, right and wrong.

In the hope of “improved mental health,” the World Federation for Mental Health told governments that the family should be weakened to “free children from the coercion of family life.”

They boldly asserted that the school has the responsibility “to detect the physical and mental disabilities which have escaped [the] parent.”⁵⁹ Psychologist Wilhelm Wundt called for “freedom from morality.”

In the wake of World War II, psychiatrists testified before the U.S. Congress in support of the need for more psychiatrists. They claimed that future victims of mental illness and their families could be spared suffering and that the world could be delivered from delinquency and

unhappiness. However, true to their long-established pattern in every field of human activity, psychiatry remains long on promise and short—in fact empty—on delivery, as well as simply dangerous.

What is the legacy of psychiatry and psychology’s dangerous drugging and meddling?

Literacy Levels Crash

In 1930, three million American adults could not read because they had *never* been to school; in 1990, 40 million adults—most with 9 to 12 years of schooling—could not read.⁶⁰ Up to 44 million American adults cannot read the poison warnings on a can of pesticide or a letter from a child’s teacher, while 53% of college graduates cannot calculate the amount of

change they should get if they hand the cashier \$3.00 to pay for a \$.60 bowl of soup and a \$1.95 sandwich.

In New Zealand, it is estimated that around 100,000 people have literacy difficulties, and almost 48% of prison inmates had reading ability less than that of a 10-year-old.⁶¹

While in Britain, more than two million people are said to be completely illiterate and in

**“The aim of doctors
should be to do whatever
they can to keep children
off prescribed drugs,
particularly those that
can have an effect
on the mind.”**

— George Lipton, Chief of Western Australia
Mental Health Department

International Explosion in Child Drugging

Number of Children on Stimulants: 1000% increase between 1990 and 2000



Number of Stimulant Pills Prescribed (in millions): 24 million increase between 1995 and 1999



Number of Children on Prescribed Stimulants: An increase of 184,200 between 1992 and 2000



Number of Children Labeled Hyperactive: 600% increase between 1989 and 1996



In 1975, authors Peter Schrag and Diane Divoky warned of a “stimulant generation in the making” in their book, *The Myth of the Hyperactive Child*.

“An entire generation is slowly being conditioned to distrust its own instinct, to regard its deviation from the narrowing standards of approved norms as sickness and to rely on institutions of the state and on technology to define and engineer its ‘health.’ ... The impact of that conditioning is almost incalculable.”

Two decades later, despite numerous early precautions, the 1990s saw an alarming increase in the number of children who were diagnosed with ADHD, and prescribed stimulants and antidepressants.

Germany, up to 800,000 were illiterate in 1989.⁶²

Child Suicide Escalates Alarmingly

Children and psychiatric drugs are literally a deadly combination.

■ A November 1997 medical report found: "The association between benzodiazepine [a minor tranquilizer] use and attempted suicide is especially high for ... the young, and for males. ..."⁶³

■ In the April 1996 *Australian and New Zealand Journal of Psychiatry*, a study found that "the older tricyclic antidepressants are a significant cause of suicide" and accounted for the majority of deaths due to antidepressants between 1986 and 1990.⁶⁴

■ A December 1996 French study entitled, "Suicide and Psychotropic Drugs," established that "suicide attempts are more frequent among patients taking antidepressants compared to patients taking a placebo."⁶⁵

■ In Denmark, around 2,000 young people less than 25 years of age attempt suicide every year.⁶⁶

■ While in Israel, between 1981 and 1994, the estimated suicide rate for Israeli boys aged 15 to 19 years old increased by about 183%.⁶⁷

Violent Crime and Drug Abuse

While psychiatrists claim an expertise in addressing delinquency and criminal behavior, violent crime rates throughout the European Union, Australia and Canada have recently begun to equal and even surpass those in the United States.⁶⁸ Between 1975 and 2000, crime rose:

- 97% in France,
- 145% in England, and

■ 410% in Spain.⁶⁹

■ In the Netherlands, the violent crime rate almost doubled between 1996 and 2001.⁷⁰

■ Between 1965 and 2001 in the United States, drug abuse for children and adolescents soared more than 2,900%.⁷¹

■ In Germany, three quarters of the country's teenagers have used hash.

Imagine this scenario: You are concerned about 2% of your students being drug abusers. You read about an "expert" who says he can handle this problem. You interview him and he tells you that he is an authority and will take care of it for you. No problem. So you bring him into the school system. A year later, 20% of your students have a drug problem.

You call in the expert and ask why you now have a more serious drug problem.

He replies, without blinking, "You're right. It's a real problem. This year I'm going to need twice as much money. The first thing I'm going to do is get another expert to do a study on the problem. Then, depending

on his findings, I'm going to have to hire a couple more experts to help me and, by the end of the year, we'll have the problem licked."

Would you reach for the checkbook or throw him out?

Governments using taxpayers' money have hired just such experts. They are psychiatrists and psychologists. And they claimed to be the experts who would take care of society's drug problem, crime, violence and education problems. They also said they would take care of our mentally ill and cure them. And they have been paid not millions, but hundreds of billions of dollars to perform these functions. And they have failed to deliver.

"Child psychiatrists are one of the most dangerous enemies not only of children but also of adults. ... They must be abolished."
— Dr. Thomas Szasz,
professor of psychiatry
emeritus, 1997

IMPORTANT FACTS

1 A competent, non-psychiatric doctor who can find underlying physical conditions that can cause “psychiatric” symptoms, should conduct thorough physical exams.

2 According to medical experts, “hyperactive” behavior has many sources ranging from, but not limited to, allergies, food additives, environmental toxins, improper sleep and certain medications.

3 If a child is not learning or is behind in school, or can’t seem to concentrate, a competent tutor may be needed.

4 A child may also struggle because he or she is very creative or highly intelligent and is in need of greater stimulation.





CHAPTER SIX

Taking Back Control

So far, this publication has shown you how psychiatrists and psychologists have invaded our once successful education systems and converted them into behavioral laboratories.

However, there are many courageous individuals who have succeeded in the face of this decay. Take the example of the young mother who had to fight to get her preschool son a referral to an ear, nose and throat specialist when she suspected he had a hearing problem. The school nurse referred him instead to a psychologist, who labeled him as having “ADD” and needing a drug. The mother fought for four months to get the referral she wanted; eventually the specialist discovered the boy had a chronic case of fluid buildup and 35-decibel hearing loss as a result. Within a month the boy was in the hospital: a 15-minute surgery prevented what could have been a childhood spent on psychiatric drugs.⁷²

Another mother was called into the school principal’s office where a psychologist explained that her son’s brain had an inability to send signals correctly, which was why he couldn’t concentrate. Tim was put on Ritalin. He began to lose his appetite, have headaches and tire easily, yet it seemed impossible for him to sleep

at night. Tim pleaded that he didn’t want to depend on a pill and said, “I’m smart on my own, Mom.”

On the advice of a friend, the mother took her son to a doctor who practices alternative medicine. The doctor took Tim off the drugs, and began giving him nutrients and vitamins. He found that Tim had food allergies. With this corrected, Tim began to eat again and could fall asleep naturally. It was also discovered that Tim

had been taught using the “Whole Word” method and, as such, didn’t understand what he had been reading in class. His mother purchased a “phonics game” for him, taught him grammar and, within a few months, his reading level increased from second to sixth grade level.⁷³

The parent *can* know best and *can rightfully* take control of the situation, ideas all too easily lost, in what is most often a David and Goliath struggle for parents and families.

These examples show that when we strip away the lies we can restore hope, and that there are inexpensive, non-invasive and productive alternatives to the expensive, enforced and unworkable labeling, drugging and other “solutions” of psychiatry.

It is a fact that undiagnosed, but treatable

“Do not, and I scream,
do not, trust psychologists,
psychiatrists and the current
drug-pushing culture of
modern education.”

— Dr. Julian Whitaker, Whitaker Wellness
Institute and CCHR International Commissioner

medical physical conditions often manifest as a “psychiatric symptom.”

Psychiatrist Dr. Sydney Walker’s book, *The Hyperactivity Hoax*, records a variety of reasons for hyperactive behavior: “Children with early-stage brain tumors can develop symptoms of hyperactivity or poor attention. So can lead- or pesticide-poisoned children. So can children with early-onset diabetes, heart disease, worms, viral or bacterial infections, malnutrition, head injuries, genetic disorders, allergies, mercury or manganese exposure, petit mal seizures, and hundreds—yes *hundreds*—of other minor, major, or even life-threatening medical problems. Yet all these children are labeled hyperactive or ADD.”⁷⁴

And according to a U.K. publication, *Mental Illness Not All in the Mind*, “The combination of any of the following: sub-optimum nutrition, exposure to anti-nutrients, overuse of sugar, stimulants and depressants and food allergies or intolerances—can be a very real contributor to mental and emotional health problems. The correction of these factors often results in substantial improvement.”⁷⁵

Thousands of children put on psychiatric drugs are simply “smart.” “They’re hyper not because their brains don’t work right, but because they spend most of the day waiting for slower students to catch up with them. These students are bored to tears, and people who are bored fidget, wiggle, scratch, stretch, and (especially if they are boys) start looking for ways to get into trouble,” said Dr. Walker.⁷⁶

Studies also show that tutoring leads to improvements in academic outcomes.⁷⁷ If your

child is not learning or is behind in school, or simply doesn’t enjoy his classes or can’t seem to concentrate, find a competent tutor who gets results. And let his teacher know you want him to fully understand his words, using a simple dictionary.

There is a world of difference between the art of identifying symptoms and the science of finding and treating causes. Psychiatrists specialize in cataloguing symptoms, work to convince us that the symptoms are causes, that their treatments work and then persist in treating the symptoms. As a result, many believe their propaganda that parents,

poverty, crime, illiteracy, suicide, mental illness, etc., are some of the “causes” of our current youth problems.

But these are *not* causes, they are just symptoms; and at best, psychiatry’s inept meddling and treatments have brought about a worsening of every one of the “conditions” listed above.

Blind to real causes, they remain blind to the consequences of their actions. And herein lies the most important truth concerning the plague of social problems characterizing our youth and general society today—the real cause of our current malaise is psychiatry itself.

The end goal of any society when addressing education must be to raise the ability, the initiative and the cultural level and, thus, the survival level of the society. This will only be achieved when psychiatry and psychology, their prying tests, their invasive and fraudulent “diagnoses” and their harmful drugs are removed from schools and children’s lives.

Thousands of children put on psychiatric drugs are simply “smart.” “These students are bored to tears, and people who are bored fidget, wiggle, scratch, stretch, and (especially if they are boys) start looking for ways to get into trouble.”
— Dr. Sydney Walker,
author of *The Hyperactivity Hoax*



RECOMMENDATIONS

Recommendations

- 1** You have the right to refuse permission for your child to be subjected to any psychological or psychiatric questionnaire, test or evaluation in school. Ensure you place your child in a school that supports this.
- 2** If your child has been subjected to psychological/psychiatric screening without your consent, or coercively drugged and harmed, consult a lawyer to determine your right to prosecute criminally and civilly, especially against the authors of the questionnaires and, if psychologists or psychiatrists, their colleges and associations.
- 3** Speak out—be your child’s voice. Start or join a parents’ group that can speak out about the wrongful labeling and drugging of our children and provide support for each other.
- 4** Support legislative measures that will protect children from psychiatric and psychological interference and which will remove their destructive influence from our schools.
- 5** Ultimately, psychiatry and psychology must be eliminated from all education systems and their coercive and unworkable methods should not be funded by the State.



Citizens Commission on Human Rights International

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

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

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

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

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

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

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

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



MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

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

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

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

**Patti Johnson, Member, Colorado
State Board of Education:**

"Efforts by organizations like CCHR are vital if we are to succeed in returning

our schools to places of learning. This can only be done by eliminating unworkable psychiatric or psychological curriculums and questionnaires, and by allowing our children, with the use of good academic instruction, to accomplish their grades and goals by using their inherent potential. My thanks again to CCHR."

**Dr. Eleonore Prochazka
German pharmacist and toxicologist:**

"I warn of the dangers of psychiatric treatment, using psychiatric drugs and other methods, which can lead to a destruction of the personality—even cause death. I want to thank CCHR for their remarkable commitment to bring the truth to light on this issue."

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CCHR INTERNATIONAL

Board of Commissioners

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

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