



Seth Farber, Ph.D: The Psychiatric Metanarrative, Targeted Individuals, and the Deep State: A Response to The New York Times

by [Ramola D](#)

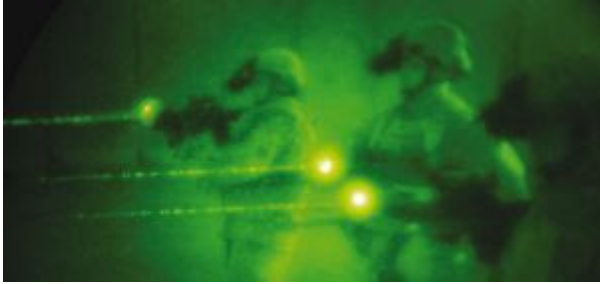


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Not long ago, in June 2016, *The New York Times* published a piece by Mike McPhate, titled "[United States of Paranoia: They See Gangs of Stalkers](#)," purporting to offer an unbiased journalistic exploration of the subject of "Targeted Individuals." This piece garnered quite some attention and consternation from among the ranks of those actually being targeted, surveiled, and assaulted today with EMF/sonic/scalar weapons--as well as those educated, informed Americans who are well-aware that such high-tech surveillance, targeting, and assault [is indeed occurring](#)--and was covered [here earlier. in response.](#) as well as [here. in reportage](#) of a key interviewee, Dr. Robert Duncan's response.

Now Dr. Seth Farber, a deeply insightful psychologist, psychotherapist, scholar, and author steps forward to address the glaring omissions, elisions, deceptions, and inadequacies of Mr. McPhate's article, pointing up the hollowness of its claim to objectivity, and offering a comprehensive discursive response that considers the diverse aspects of contemporary psychiatry, contemporary surveillance, historic non-consensual human experimentation, historic covert Intelligence operations, whistleblower testimony, classified military research, neuroweaponry, and the increasingly-evident hand of the "Deep State" which bear on this issue. I am pleased to publish this tremendous tour de force by Dr. Farber, honored that my words are included in it, and highly recommend that every single psychiatrist, psychologist, medical professional, and journalist in the USA and worldwide read it, closely and completely, to fully understand the extreme nature of Targeting in our midst today, as well as the unethical, colluding role played by psychiatrists and co-opted Media, in protecting it.



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The psychiatric profession is a major player in the targeting ecosystem. As previously discussed, the authorities use psychiatry to define the symptoms of mental illness, while harassing targeted individuals into reporting those symptoms.¹

The December 2010 survey results indicate nearly 40% of targeted individuals have had some sort of encounter with the psychiatric profession as a result of being targeted. The remaining 60% have been smeared by association.

I've posted a new survey, so we can learn more about the role of psychiatry in targeting. In Dr. Farber's words: "*The development of a totalitarian regime—nominally a constitutional republic—in which human rights and the constitutional right to liberty are routinely trampled upon is today an ominous prospect in America.*" "*The prevention of such a development,*" he emphasizes, "*is now dependent upon the willingness of small minorities of individuals who are inspired by transcendental ethical ideals to mobilize larger groups to oppose the human rights abuses that are committed by the Deep State and by the mental health system...*" I hope with all my heart that this article will be the harbinger of such profoundly-needed change. -- **Ramola D, December 2016**

Dr. Seth Farber, Ph.D, is an author, psychotherapist, and an editor of *The Journal of Mind and Behavior* --he completed his doctorate in psychology at California Institute of Integral Studies in 1984. His work has been influenced by such renowned dissident psychiatrists as the late Thomas Szasz, M.D. who wrote the Foreword to Farber's first book, *Madness, Heresy and the Rumor of Angels: The Revolt against the Mental Health System* (1993). See his books and email address at <http://www.sethHfarber.com>.

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Introduction

As a dissident psychologist-therapist and critic of the mental health system, I hope the Mike McPhate article in *The New York Times* will open the eyes of targeted individuals (“TIs”) and other supporters of constitutional rights, to the fraudulent nature of the mental health professions (“[United States of Paranoia: They See Gangs of Stalkers](#),” June 11, 2016). Most TIs already know that if they are mentioned at all by the mainstream (i.e., corporate) press, it is to be ridiculed as “conspiracy theorists,” or dismissed as plain psychotics. The term “TI” refers to an individual who is a victim of organized group stalking and non-consensual harassment or experimentation with the use of advanced neuro-biological weaponry—these activities are believed to be initiated by Intelligence organizations. Ramola D (Dharmaraj), an award winning fiction-writer and poet, former English professor and social activist who became a TI in 2013, now an independent journalist, writes that the source of the targeting is “joint Military/Intel/Justice/Academic institutions.” (*The Everyday Concerned Citizen, Human Rights*, Accessed July 2016, at <https://everydayconcerned.net>.) Mental health professionals with rare exceptions believe TIs are paranoid psychotics who are not “targeted” by anyone.

The Corporate Media and Psychiatry: Veiling the Human Rights Violations of the Deep State

McPhate’s article exemplifies the collusion of the mainstream (corporate) media with Psychiatry, thus veiling (unwittingly, at this locus near the bottom of the hierarchy of power) the operations of the deep state. I use “Psychiatry” as a synecdoche to denote the mental health system with its panoply of psychologists, social workers and various mental health professionals and workers. I use it also to denote the entire psychiatric-pharmaceutical industrial complex since the mental health system is oriented toward pushing toxic drugs (‘prescribing medications’)—and is financed largely by the multi-billion dollar pharmaceutical industry.

McPhate’s article in *The New York Times* is a chilling example of journalists’ willingness to abdicate their power of critical thought and leave the determination of what is “reality” in the hands of the secular priesthood which reigns today in the name of psychiatry --- although it is almost certain that had McPhate seriously discussed the Deep State, his article, as mentioned, would not have been printed. In McPhate’s article the pretense of journalistic “balance” is virtually abandoned. Instead we hear only one authoritative voice — that of the psychiatrist, the mental health professional. (A month later *The New York Times* published another article that also deferred to the psychiatric metanarrative, "[The Baton Rouge Gunman and ‘Targeted Individuals’](#),” July 19, 2016, accessed October, 2016.) Although journalists defer habitually (i.e., without deliberation) to the “expertise” of psychiatrists, the editorial board and publishers of the corporate newspapers like *The New York Times* have

obviously *deliberately* decided not to print articles that discuss the operations or even the existence of targeting by “the Deep State.” Thus it is not surprising that McPhate wrote an article that would not have threatened any of the vested interests discussed below.

Peter Dale Scott, Professor Emeritus at the University of California, is most often associated with the esoteric and little known but increasingly publicized concept of the Deep State. It is the explicit or implicit root metaphor that is at the basis of the TI metanarrative, as well as the metanarrative of “9/11 Truthers,” critics of the official government account of the attacks on 9/11. The TI metanarrative is complex and has given rise to too many variations among its users. Hopefully the discussion here will provide enough background to give readers a rudimentary sense of the TI metanarrative and its understanding of the growing encroachment of the Deep State into the lives of ordinary Americans.

Scott describes the Deep State as

“a parallel secret government, organized by the intelligence and security apparatus, financed by drugs [and other sources], and engaging in illicit violence, to protect the status and interests of the military against threats from intellectuals, religious groups, and occasionally the constitutional government.” ([Voltaire Network interview with Scott](#), April 6, 2011, accessed 2016.)

I would add that it protects not just military interests but corporate and law enforcement interests as well, and that it is largely unaffected by public opinion or elections and operates autonomously *beyond the reach of the law*, behind the structure of the legislative, judicial, and executive branches of government, influencing the operations of these branches and maintaining social control in societies that are nominally democratic. Ironically, although targeting maintains social control by creating an atmosphere of fear, it also, presumably inadvertently, transforms many of those targeted individuals who are not political activists (the majority of TIs) into political activists and critics of the Deep State and its anti-democratic functions.

Ramola D, an eloquent spokesperson for the TI narrative, tersely and succinctly conveys in a few words the extent of targeting today:

“All over the US today, and indeed the world, people are being nonconsensually rolled into covert programs of 24/7 physical assault, torture, and slow-kill assassination by EMR microwave/radio/sonic neuroweapons, also called Directed Energy Weapons or Non Lethal Weapons; 24/7 remote access, manipulation, and assault of their brains and central nervous systems; and 24/7 “full spectrum surveillance” involving overt community surveillance, concealed electronic monitoring, and public/community stalking, accompanied by discrediting and social ostracism by defamation and slander campaigns, and in-community harassment and PsyOps projects (more on all this below & in succeeding posts).” ([The Everyday Concerned Citizen, 2015: "Targeted Individuals" are Non-Consensual Subjects in Criminal, Clandestine, Classified "Top Secret" MKULTRA-Extended Mind & Behavior Control/Torture Experimentation by Joint Military/Intel/Justice/Academic Institutions, as well as Targets of COINTELPRO and Electronic Warfare.](#))

But despite its prevalence, targeting amazingly remains largely “in the dark” to those who are not participants or victims. Wikispooks notes,

“In contrast to overtly authoritarian rule, deep states must operate more or less secretly, like terrorist groups, so preserving secrecy is a high priority. Control of the commercially-controlled media is essential to the effective preservation of secrecy needed for the deep state to work effectively.” (Accessed 2016 at [Wikispooks/Deep State](#))

Psychiatry also plays a critical role in maintaining secrecy -- in veiling the operations of the Deep State -- although I will argue here that it does this even though the majority of mental health professionals are completely unaware of the existence of the Deep State. It is able to play this function unwittingly because the profoundly conformist nature of Psychiatry leads it to define any deviation from the norm as pathology -- including any belief in the existence of a shadow government or Deep State (such a belief is disparaged as “conspiracy theory”), let alone being a victim of this entity (which is deemed “delusional”).

This is not to deny that a small but influential group of leading figures and institutions in Psychiatry have, from the establishment of the CIA to date, consciously (and secretly) collaborated with non-consensual and thus illegal experiments carried out by the CIA and other intelligence agencies, and psychologists with the sanction of the American Psychological Association: APA psychologists recently played a role in designing torture of Guantanamo detainees. (In fact leaders of both APAs have long had a close relationship with the CIA.)

This led to a backlash by membership of the American Psychological Association—organized by a few principled psychologists—which voted in 2008 to prohibit psychologists from working in national security settings, against the opposition of the APA leadership (Roy Eidelson, 2013, “[APA Fiddles While Psychology Burns](#),” in *Psychology Today*, August 5, 2013, accessed November, 2016).

(The activities of the infamous psychiatrist Ewan Cameron who reduced hundreds of patients to a vegetable-like state through intensive electroshock, funded by the CIA and the Canadian government, set a precedent followed by other mental health professionals who collaborated with the Deep State in designing and implementing programs of torture, used for various purposes. (See Colin Ross, 2006, *The CIA Doctors*, Richardson, Texas: Manitou).

But the attitude of mental health professionals to “mental patients” has been losing its soft edge of seemingly benign paternalism, and becoming increasingly punitive, although still wrapped in terminology of medical care. Psychiatry has undergone radical changes since the early 1960s when the state mental hospitals began to be emptied and the project of “deinstitutionalization” was announced. The state hospital population shrunk nationwide from over half a million in the late 1950s to 40,000 today. The ideal, if not the reality, was progressive--to reintegrate the “mentally ill” into the community. What took place was “transinstitutionalization” (see Thomas Szasz, 1998, *Cruel Compassion*, NY: Syracuse University Press): Patients were placed into small scale group homes and (originally) cheap hotels where they were given stupefying “anti-psychotic medication” and isolated from the community. Yet there

were legal safeguards that were designed to protect arbitrary confinement and forced drugging of patients.

But the merger of psychiatry with the pharmaceutical industry created a new imperative -- to confine ever more patients, to induct ever more persons into the mental health system, and to force psychiatric drugs on an ever increasing number of the "mentally ill." Furthermore, as society has morphed into a national security state, so the mental health system has become more repressive and the legal safeguards of patients' right to liberty have been razed. In the 1990s, states enacted involuntary outpatient commitment laws -- the main purpose of these laws was to force "non-compliant" former mental patients to take neuro-toxic "anti-psychotic" drugs on an outpatient basis (see below). (The drugs in a "depot" form were injected into the patient's body where it would be released gradually over the month.) In the psychiatric metanarrative, non-compliance is treated both as pathology and as misbehavior, as a sign that the patient is both mad and bad.

Recently, although the Murphy Bill (HR 2646, which passed the House in 2015) met resistance in the Senate, some of its worst provisions were incorporated into HR 34, the 21st Century Cures Act -- a boondoggle for the pharmaceutical industry which lowers FDA safety standards (see Dr. Mercola, July 13, 2016, [21st-Century Cures or Corruption?](#)) -- which passed overwhelmingly in the Senate on December 7, 2016. This revised bill incorporates many of the worst provisions of the Murphy bill, including the one at the top of Psychiatry's wish-list: The ability to force psychiatric treatment (psychiatric drugs) on anyone psychiatrists deem too mentally ill to realize drugs are "good" for them. In other words, a history of violence is no longer a criterion for forcing toxic drugs on "non-compliant" patients. Psychiatry will no doubt continue to push for those provisions not included in the new bill.

Patients' rights activist Lauren Tenney, Ph.D. stated about the bill,

"It is urgent that people realize that no child will grow up without psychiatric evaluation. All people will become, in a generation or two, acclimated to being psychiatrized; psychiatry and its arms of drugs and institutions will become even more standard [than it is now] in our society." (*Mad in America*, Nov 29, 2016, "Warning: A Psychiatric tsunami is Upon U.S."/[From Katherine Hine--Warning, the US govt is trying to legalize forced psych drugging!](#))

Today in states across the country new hospitals "are being built in droves," as Janet Phelan puts it. (See "[Still Crazy After All These Years: Psychiatric Lockdown Returns to the US](#)" in *Activist Post*, Oct 5, 2016, accessed November, 2016.) Sharon Cretsinger, social worker and director of Kent Empowerment Center, noted, about the Murphy Bill, that "the most frightening parts of [the Murphy Bill] are the severe limitations placed on PAIMI advocates (Protection and Advocacy for Individuals with Mental Illness) who are specifically prohibited from discussing with "individuals who lack insight into their condition" their right to refuse medication or act "against the wishes of their caregivers." (Ibid)

PAIMI, an agency "which was specifically set up to address the needs and questions of individuals in treatment," is prevented from advocating for patients, except in cases of "abuse and neglect." The limits placed on advocates, Cretsinger says, "shows clearly

that Murphy's bill does not (want) anyone refusing treatment ['medication'], or even talking about refusing treatment." The Bill increases funding for involuntary out-patient commitment and for Assertive Community Treatment. Phelan describes ACT, "This enables teams of mental health workers to troll the streets, looking for homeless or other individuals to 'treat' in situ." Of course typically ACT leads to involuntary treatment.

The bill also authorizes grants for "programs for infants and children at significant risk of developing, showing early signs of, or having been diagnosed with mental illness including serious emotional disturbance." Those eligible for these services are defined as "a child from birth to not more than 5 years of age."

This is an obvious effort to "funnel" babies into treatment with powerful psychotropic drugs--and create life-long (albeit a shortened life) customers for the pharmaceutical industry. Already there are 8 million children on psychotropic drugs. But, heavily lobbied by the drug industry, our representatives have decided to get more children hooked on drugs--decided to sacrifice babies on the altar of Mammon.

This is the stream of history into which TIs have entered, one which has seen a political battle against psychiatric coercion by patients themselves, beginning in the 1970s with the formation of the first "mental patients' liberation" organizations. (For a history from 1960 to 2012, see Farber, 2012, *The Spiritual Gift of Madness: The Failure of Psychiatry and the Rise of the Mad Pride Movement*, Rochester, Vermont: Inner Traditions.) By 2016, the website *Mad in America* was booming—with tens of thousands of readers every week, including many psychiatric survivors—readers participate in discussions beneath the articles. But as dissent has flourished on the Internet, the movement against psychiatric coercion has shriveled in the "real" world. Patients were making progress but the tide began to reverse in the 1990s, and thereafter. The Murphy Bill, a product of post-9/11 America, represents a new, more pernicious, more repressive phase in the social control of mental patients. It mirrors the militarization of the police. (See Randy Balko, author of *The Rise of the Warrior Cop*, quoted at [US Police Have Killed Over 5000 Civilians Since 9/11](#), *MintPress News*, accessed October, 2016.)

To what degree it will lead to deliberate collaboration of psychiatry with the military, law enforcement, and/or various agencies of the Deep State is unpredictable, although going full speed ahead on such a course risks the danger of polarization among mental health professionals who for the most part see themselves as "medical specialists" on a par with cardiologists and do not like to think of themselves as dirty cops. The backlash of APA membership's against its leadership's participation in scarcely veiled torture is indicative. (See James Risén, 2015, *The New York Times*, August 7, 2015, "[Psychologists Approve Ban on Role in National Security Interrogations](#)".) At the top of the hierarchy of professionals we can infer that status-conscious professionals will be pleased, as always, to collaborate secretly with high status officials in Deep State agencies. The promulgation of the new psychiatric metanarrative will enable the majority of mental health professionals to tacitly cooperate with the Deep State with more extensive and more punitive modes of social control--while preserving their identity as medical helpers by defining TIs as just another category of "non-compliant psychotics"--and with more punitive measures as

a necessary response to the growing epidemic of mental illness and the emergence of more “troubling” (to use McPhate’s word), more “treatment-resistant” (a common professional term) manifestations of “psychosis.”

Advancing the Psychiatric Metanarrative, Neutralizing Deep State Critics

In fact McPhate’s article -- strategically placed in *The New York Times*, the renowned bastion of (corporate) liberal journalism -- helps to craft and popularize the emerging psychiatric metanarrative about TIs, which we will analyze below. (A metanarrative is a grand narrative, or theory that tries to give a coherent totalizing account to a variety of historical events and a multitude of human experiences.) As opposed to the psychiatric metanarrative, a TI metanarrative is also emerging and being used as a tool by TIs. While the narrative has a number of variations depending on the perspective of the individual theorist (whether a TI or not), it has a basic skeletal structure which has been shaped by the experiences and theories of many TIs and by the experiences and political theories of an increasing number of technical experts and whistle-blowers -- former employees of the CIA, NSA, and other Intelligence or military organizations.

These former employees are almost always highly educated and among the most intelligent strata of society, and include computer experts, highly sophisticated scientists (from electrical engineers to physicists) and spies. Intelligence agencies recruit the best and the brightest -- and increasing numbers of these persons are possessed by a keen conscience. Thus they find themselves morally unable to perform the tasks they are assigned or to sanction what they know is being done in the name of protecting national security.

If they are asked why they left the CIA or NSA, they invariably give the same answer. From William Binney who worked for the NSA for over 30 years before he resigned in 2001 to Edward Snowden, these persons will tell you with patriotic fervor that they took an oath, not to uphold the government or the NSA but to uphold the US Constitution. In other words these whistle-blowers argue that our actual government today as influenced by the agencies of the Deep State is in conflict with constitutional democracy as conceived by our founding fathers. Edward Snowden has given words and a face to today’s political dissident/whistle-blower in the US, persecuted or in exile ostensibly for giving information to the enemy, but in reality for exposing operations of the State to American citizens. (Chelsea or Bradley Manning did not receive equivalent public exposure -- primarily because she was imprisoned and silenced before she could speak to the Press.)

If McPhate even read any of the accounts by critics of the Deep State (he demonstrates no familiarity with their disclosures), he must have disregarded them, because the psychiatric metanarrative is presented in his article as *the truth* and the TI metanarrative is viewed through the prism of the psychiatric metanarrative as nothing more than a delusional symptom of the paranoid schizophrenic’s diseased mind. When McPhate describes TIs as unequivocally psychotic, he is ignoring or discounting the accounts of some of the smartest former employees of Intelligence, including those who designed the technology used for surveillance and control, and including those experts he interviewed. Robert Duncan, a whistle-blower and former CIA employee who helped to develop the cybernetic weapons that to his dismay are being used on

innocent Americans, was interviewed and then virtually ignored (see below) by McPhate.

McPhate's article is based uncritically on the psychiatric metanarrative that journalists for the corporate press are trying to make the official metanarrative: All TIs are mentally ill persons—they are not individuals who are victims of group-stalking and various forms of non-consensual experimentation with neuro-weaponry. (McPhate implies that *not all* TIs are mentally ill but seems to consider that fact irrelevant to his discussion.) They are psychotics who come together with other psychotics and reinforce each other's delusions -- thus they phobically avoid consulting mental health professionals to get the professional help they need.

The psychiatrist is the socially sanctioned arbiter of what is real (for most persons in secular society), and the TI's metanarrative with its references to historical events and accounts by contemporary whistle-blowers and its claims about the power of the (secretive) Deep State is not even recounted except very briefly and elliptically by the journalist -- ostensibly because the psychiatric authority has determined it provides no cues to reality and it will only mislead readers. Psychiatry's business is the construction and reproduction of "reality" -- psychiatry provides the stamp of authority for the official reality and works with journalists to propagate the new metanarrative about TIs. By failing to interrogate power, journalists are betraying their vocation as the 4th estate, which historically held private and government institutions accountable to democratic ideals and exposed potential totalitarian and plutocratic threats to democracy. (Today such journalism can be found in books and in Internet magazines, but only rarely in the mainstream Press.)

Most persons including TIs assume that the psychiatric diagnostic system is legitimate. This is why TIs often claim they were "misdiagnosed." They assume that there are correct diagnoses, free of bias, just as in other fields of medicine. Many TIs think if they find an honest psychiatrist they will be cleared, legitimized, given a "correct" diagnosis, not realizing that the psychodiagnostic system itself is a fantasy, a delusion! They don't understand that every mental health diagnosis is a misdiagnosis, that the system of psychodiagnosis is nothing but a collective fantasy — in psychiatric terms, it is a consensually validated (financially remunerative) delusional system.

For example, TIs who have gone to the mental health system have typically been diagnosed as "schizophrenic," "paranoid," and with "delusional disorder." All of these diagnoses imply the TI is hearing voices that do not exist, or imagining people are stalking her or manipulating her brain with neuro-weaponry/or attacking her body with remote-influencing technologies. In the psychiatric metanarrative on TIs', the TI is so overwhelmed by a paranoid distrust of people in general that she fantasizes the government or the CIA or other malevolent forces are persecuting her.

Yet many TIs optimistically and/or naively think they can change their psychiatrist's mind by presenting documentary evidence of the existence of these Deep State operations. What they do not understand is psychiatrists and other mental health professionals are indoctrinated to regard any behavior or allegations that deviate from the social norm as pathological. This is not surprising considering the historical function of Psychiatry was the control of deviants, of poor people, of mad people, the preservation of the status quo. (Since the 1980s, its function has also been to market

drugs for its pharmaceutical partners.) The purpose of institutional “mental health” was *not* to rehabilitate people, to help them heal from their wounds or to promote progressive social change. (Some people were helped in unusual instances by mental health professionals — this happened far more frequently in the private sector.) But the allegation that the government — the CIA, the Military -- is secretly using bizarre neuro-weaponry (or directed-energy weaponry) against Americans and subjecting them to gang stalking is not something the mental health professional wants to even consider. It is no surprise that in the emerging Psychiatric metanarrative, allegations of Deep State covert operations are construed as symptoms of paranoid delusions.

The Psychiatric Fantasy System and the Battle Against Non-Conformity

This is nothing new. Psychiatrists typically react to proponents of radical change by seeking to pathologize them. Braginsky and Braginsky did a series of studies in the early 1970s published in their book *Mainstream Psychology: A Critique* (see discussion in Sarbin, T. And Mancuso, J., *Medical Diagnosis or Moral Verdict*, 1980, NY; Pergamon Press). Psychiatrists watched an interview between a doctor and a pseudo-patient. In the first segment, the patients reported irritability, poor sleep, etc. In the second and third segment segments, they expressed either middle of the road or New Left views. In the fourth segment, both groups criticized mental health professionals.

Sarbin and Mancuso summarize: “As the New Left radical’s complaints shift from statement about self to statements about society, the patient is regarded as increasingly psychologically disturbed.” The moderate patient’s degree of psychopathology remains stable as he or she expresses anti-New Left sentiments. The judgments of the severity of the pathology of both groups “dramatically increase when *they criticize mental health professionals*” (Sarbin and Mancuso, 1980, pp.94-5). Even the politically moderate patient who was perceived as only moderately disturbed (despite being presented as a hospitalized mental patient) is diagnosed as very “psychotic” after his attack on the mental health profession.

The experiment was repeated with a different group of psychiatrists with one change: In the 4th segment, both groups make flattering statements about the mental health professionals, e.g. “helpful,” kind,” and “very special” people. The result for Segments 1-3 were the same but after watching Segment 4, the psychiatrists decided the patients were cured (p.95). This is an extreme reaction and one that likely reflected the fact that the psychiatrists did not know the patients' diagnosis upon admission – the patient unlike in the study below did not feign psychotic symptoms -- and (the fact) that the study was conducted during a more tolerant phase of the mental health system in the early 1970s as compared to today.

One would expect that today the patients upon praising mental health professionals would be deemed to be psychotics in remission, as was the case with Rosenhan’s experiment — conducted during the same period but with patients identified as “schizophrenic.” Although Rosenhan’s experiment was conducted at the same time, and the patients were cooperative, they did not go so far as to flatter the doctors. Furthermore psychiatrists in the Braginsky and Braginnsky experiment were not told the pseudo-patients' original diagnosis was “schizophrenia”---since they did not complain of voices or delusions, they could as easily have been hospitalized for

depression. Today psychiatry is more aggressive than in the early 1970s and even “normal” patients are regarded as mentally ill.

Surprisingly few people, even mental health professionals, know about the classic Rosenhan experiment; it created an explosion of controversy within the mental health field at the time, it appeared, although it never entered the public imagination. Rosenhan, a psychologist, and 7 mentally healthy associates—all went to emergency rooms of local hospitals and feigned they were having auditory hallucinations. The pseudo-patients included a psychology graduate student in his twenties, three psychologists, a pediatrician, a psychiatrist, a painter, and a housewife. Once admitted they acted completely normally—but none of the staff suspected they were sane. Significantly, quite a few patients made comments to the pseudo-patients like, “You’re not really crazy.”

They were interviewed by psychiatrists or psychologists who wrote evaluations of the patients and interpreted all their present behavior as evidence of their schizophrenia, and claimed to discover the roots of their alleged schizophrenia in their early childhood experiences. (At the time of this experiment Psychiatry was still based on the psychoanalytic dogma that pathology was caused by incidents in early childhood). Rosenhan noted, “Once a person is designated abnormal all his other behaviors and characteristics are colored by that label. Indeed that label is so powerful that many of the pseudo-patients’ normal behaviors were overlooked entirely or profoundly misinterpreted.” (Accessed 2016 at isites.harvard.edu: [On Being Sane in Insane Places. by David L. Rosenhan](#) (pdf))

It took most of the pseudo-patients weeks to obtain release—in order to do so, all had to agree to take psychiatric drugs (which they later flushed down the toilet—no longer possible) and agree with the psychiatrists that they were mentally ill. All were finally released in times ranging from 7 to 52 days with the diagnosis of “schizophrenia in remission.” Rosenhan noted in an interview many years later, “I told friends, I told my family: ‘I can get out when I can get out. That’s all. I’ll be there for a couple of days and I’ll get out.’ Nobody knew I’d be there for two months ... The only way out was to point out that they’re [the psychiatrists] correct. They had said I was insane, [I told them] ‘I am insane; but I am getting better.’ That was an affirmation of their view of me.” (Accessed 2016 at Wikipedia/Rosenhan Experiment.) In other words, to get the psychiatrist’s approval, the patient must affirm the psychiatrist’s view of the patient. For the TI today, this would mean feigning acknowledgment of the truth of the psychiatric metanarrative about Tis—that they were delusional.

The reason professionals could not tell the clients had not really had “psychotic” breaks (were not “insane”) is because “mental illness” is a projection of the psychiatrist—the projection is triggered by a few cues that do not necessarily include the symptoms of “schizophrenia.” Knowing the patient has the diagnosis itself is enough to trigger the projection -- which is a major reason (in addition to the debilitating effects of the “meds”) -- why “schizophrenia” (an emotional crisis) becomes chronic once the patient becomes inducted into the mental health system: She is regarded as incurably ill and these expectations become a self-fulfilling prophecy. As holistic physician Gary Kohls put it, “The truth is that people diagnosed as ‘mentally ill’ for life are often simply those unfortunates who have found themselves in acute or chronic states of potentially reversible crises or temporary ‘overwhelm’ due

to any number of preventable, treatable, and even curable situations.” ([“Kris Kristofferson’s Dramatic Cure of his “Incurable” Alzheimer’s Disease/Another Iatrogenic Illness Unveiled”](#) by Dr. Gary G. Kohls, on GlobalResearch.ca, accessed September, 2016.)

Since psychiatry is an agency of surveillance and control, it views with apprehension any patient who resists, or critiques its power. In the Braginsky and Braginsky experiment, a radical critique of society was viewed as a sign of pathology. Mental health professionals regard *anyone* who comes for help as mentally ill to some degree. If the patients imply that there is something wrong with the world then the psychiatrist qua social control agent is likely to regard them as paranoid -- in the psychiatrists’ world view, society is “natural,” normative, even if it needs a little patching up, and “maladjustment” is a symptom of “pathology.”

Radical psychiatrist R. D. Laing saw it very differently: This reification of an insane world was itself a symptom of insanity, and “schizophrenics” were invalidated because they were beginning to wake up from the social fantasy. Laing had reversed the premise of the psychiatric metanarrative by defining adjustment as pathological, “Social adjustment to a dysfunctional society may be very dangerous. The perfectly adjusted bomber pilot may be a greater threat to species survival than the hospitalized schizophrenic deluded that the Bomb is inside him.” (R. D. Laing, 1967, *The Politics of Experience*, New York: Pantheon Books, p120). This was written during the height of the nuclear weapons race -- and Laing saw in the “delusions” of the mad, a metaphorical critique of society and a sign of a resistance to a conformity that threatened the survival of the species. In accord with Laing’s critique, but before Laing had developed it, Martin Luther King Jr. stated, “The world will be saved by the creatively maladjusted.” Today many of the creatively maladjusted come from the ranks of those most directly attacked by the Deep State. And they too, like the mad, are perceived as a threat to the psychiatric guardians of the status quo.

But this kind of threat is easily deflected by redefining it as a medical problem, as pathology. TIs are hardly the first to be pathologized. The medicalization of dissidence and deviance is the real specialization of the psychiatric profession, as the late Thomas Szasz, dissident psychiatrist, argued in book after book. Mental illness is a “myth,” as Szasz said, a misleading trope---the entire system is based on a spurious metanarrative that has deceived the American public for well over a century. Mental health professions are comprised of pretend doctors treating non-existent illnesses. There are of course therapists who help people but they are the minority -- almost all in the private sector -- and for the most part inaccessible to those without money. Subsuming anyone’s life under a pseudo- medical “diagnosis” obscures their abilities, simplifies their life story, and leads the professional to prescribe a “medical” solution (e.g., stupefying psychiatric drugs) for a non-medical problem, for what Szasz aptly called “problems in living.”

Each person’s unique life story can only be understood when she is grasped in her full individuality including both her strengths and her weaknesses, her virtues and her bad habits. Only a psychotherapist who understands this can be helpful. A therapist who fails to see a client’s strengths will underestimate her ability to recover from trauma. The therapist who seeks to promote conformity will not be able to help the troubled oddball become a creatively maladjusted social change agent. But this hardly matters if

the goal of the mental health system is *not* to help people but to maintain social control.

It is revealing that before 1973 homosexuality was viewed as a mental disorder but as a result of agitation and lobbying by homosexual psychiatrists the APA decided by a close vote that homosexuality was no longer a disorder. Taking into account the conformist orientation of the mental health system -- as illustrated in the last few paragraphs -- we realize that the diagnoses are based upon values that can always be contested. They are not based on biological facts like real medical diagnoses. In the first place "mental illness" is *not* an objective biological fact--there are no biological referents to which the construct corresponds. *This is why psychiatrists, in order to maintain their facade of legitimacy substitute reliability for validity.*

"Reliability" is a scientific term that refers to agreement -- in the above case, the agreement among mental health professionals, almost always with financial ties to the pharmaceutical industry -- who invent the psychiatric diagnoses, whereas validity refers to a correspondence to reality. (Postmodernists may quibble, but for now I will leave such ontological qualifications for another time.) This is a blatant epistemological error. Because a hundred psychiatrists agree someone is "seriously ill," and delusional does not mean that person is delusional. The witch prickers would usually agree which suspects were witches -- but women do not make pacts or have sexual relations with the Devil (the definition of a witch), so in actuality there were no witches. These highly educated clergymen, the intellectual elite of their era, were wrong. The term "witch" was reliable but invalid, it did not correspond to any social reality other than the shared fantasy of the witch-prickers. Today the term "psychotic" tells us little about the person so described and a lot -- as we see -- about the shared fantasies of psychiatrists..

Cardiologists do not determine diseases by voting. Mental health professionals, as seen, have a tendency to rate those persons who resist or reject or criticize their own authority as mentally ill. They are also wary of those who make trenchant criticisms of society. It is therefore not surprising that psychiatrists regard TIs as delusional, as psychotic, just as in the 1960s, they tended to view New Leftists as mentally ill. Without even examining the Deep State literature, psychiatrists have promulgated a metanarrative that views them all as delusional, as schizophrenics -- as non-compliant psychotics who refuse to take their 'meds' or accept that they are mentally ill. Mental health professionals have been in conflict with "non-compliant" patients since psychotropic drugs were first used in the mid-1950s. This conflict took on a political dimension when the "mental patients' liberation movement" (now the psychiatric survivors' movement) originated in the early 1970s.

But what evidence do they present that TIs are all delusional? In McPhate's article he extensively quotes from psychologist Lorraine Sheridan. She conducted an experiment with psychiatrist David James and coauthored an article titled "Complaints of group stalking ('gang stalking'): an exploratory study of their nature and impact on complainants" published in *The Journal of Forensic Psychiatry and Psychology* Vol 26, No 5, 2015. The journal is read "throughout the world" by "psychiatrists, psychologists, criminologists, lawyers, sociologists, nurses, social workers and other legal and medical professionals" who use this journal as "their major forum for penetrating, informed global debate on the latest developments and disputes affecting

the practice of forensic psychiatry.” Sheridan and James write, “*All cases of reported group-stalking were found likely to be delusional, compared with 3.9% of individually stalked cases.*” But they found no such thing. By their own definition, a delusion is “a false belief based on incorrect inference about external reality.” In order to know the belief is likely to be delusional, they have to know about the external reality.

100% of the 128 allegedly group-stalked individuals were determined to be deluded. How? Two clinicians read extensive questionnaires filled out by the subjects and both agreed all of the time that each subject was deluded. But reliability is not validity. It cannot tell us about the external world. Mental health professionals have no “expertise” in determining what is real, although credulous people -- like *New York Times* journalists -- think their credentials give them the ability to know if a patient is delusional. But, to know that, one has to know what is real. The claim of Sheridan and James that group stalking does not take place is an un-validated theory about the nature of (social) “reality.” They have made no effort to confirm its validity by examining the reality. .

Sheridan and James claim that all 128 self-identified TIs had 1 or more of three kinds of delusions. The first was of group stalking. They write these are “cases where the resources or elaborate organization required to carry them out made the alleged activities highly improbable.” But probability is not a scientific or quantifiable concept as they use it. Upon what do they base this determination? Upon nothing—it has no force beyond a decree. The subject’s claims that they were subjected to neuro-weaponry, such as “voice to skull” fell, according to the authors, into the category of a delusion based on “impossibility” or “bizarre impossibility.” What about quantum physics, about “spooky action at a distance” (Einstein), entanglement, Bell’s theorem? All impossible according to the scientific paradigm that had reigned for centuries, just like the technology that Sheridan and James dismiss as impossible. These “scientists” are ignoramuses who have learned nothing from the history of science. (Below is evidence that this impossible technology exists.)

If 2 million clinicians instead of 2 agreed that 128 subjects were delusional, it would still prove only that clinicians tend to agree about TIs and about reality. All of the professionals who examined Rosenhan and his compatriots agreed they were insane. But they were not. Their diagnoses were all invalid. The witch-prickers agreed which suspects were witches, but we know now there were no witches -- women do not have sex with the Devil. Their diagnoses were wrong. If Sheridan and James really wanted to determine if TIs were delusional, not just write propaganda, they could have hired a private investigator -- short of this they could have at least familiarized themselves with the TI metanarrative about group stalking. They could have examined the historical literature on Stasi in former East Germany and the ACLU book (cited below), *The Surveillance Industrial Complex*.

I do not think the Sheridan and James article is a work of deliberate deception. Rather it is “bullshit.” As Bruce Levine notes, the liar, unlike the bullshitter, knows what the truth is and endeavors to conceal it. “The vast majority of psychiatrists are bullshitters, uncommitted to either facts or fiction...It is not in the bullshitters’ interest to know what is true and what is false, as that knowledge of what is a fact and what is fiction hinders the capacity to use any and all powerful persuasion” -- that is, to persuade people their psychiatric theories reflect reality. (See Levine, “[Psychiatry’s Current](#)

[Greatest Controversy: Fraud, Bullsh*t or What?](#) at Mad in America, accessed September, 2016.) That is why these psychiatrists undertake no investigation---not even reading the literature on the Deep State by scholars and whistle-blowers, let alone by TIs. It's not that they know that TIs are telling the truth, and endeavor to conceal it. As Levine puts it (about a different psychiatric myth), " Most simply don't know the truth because they have put little effort in discerning it." The fact is they don't really *want* to know if TIs' allegations are correct.

Their purpose is to not to discover the truth -- but to serve the mental health system. To quote Levine again, "The goal of bullshitters is not necessarily to lie about the truth but to persuade their audience of a specific impression so as to advance their agenda." In this case the agenda -- fostering the growth of the mental health system and maintaining social control -- is advanced in two ways. First, by pathologizing TIs, mental health professionals are able to induct more clients into the mental health system, and thus to contribute to the growth of the psychiatric-pharmaceutical industrial complex. Second, by defining dissident or subversive ideas as "delusions," as symptoms of "mental disorders," they are able to neutralize or invalidate these ideas, suppress their expression and thus maintain social control -- enforce the dominant social norms,

These redefinitions serve social control in a very specific way. They allow professionals to define exploitative practices as legitimate medical treatments -- from drugging babies to silencing victims of no- touch torture -- while maintaining their self-image as doctors, or medical helpers. Thus professionals can bullshit their way through life -- by diagnosing babies and TIs as covert psychotics. Psychiatrists have no need to investigate whether TIs' claims are valid because Sheridan and James and *The New York Times* have told them that all TIs are delusional. The substitution of reliability for validity, of bullshit for investigation-findings, is a sleight of hand performed in the most prestigious academic journals and newspapers, and propagated in the psychiatric metanarrative.

(This also serves psychiatrists' own emotional needs by warding off ideas that threaten to disturb their comfortable mainstream views about the world in which we live -- thus what is strange and frightening is reduced to the banal, the familiar.)

All the instruments of psychiatry are brought to bear to pressure, to persuade, to force the deviant to conform. In this manner, Psychiatry also unwittingly, and in some prominent cases, deliberately, serves to preserve the invisibility of the operations of the Deep State. That is to say, the Deep State is enabled to hide evidence of its crimes because Psychiatry destroys the credibility of its victims/critics by certifying them as insane. Thus relegated to the lowest social caste, they are now civilly dead. Bearing the stigmata of their diagnoses, their friends, family, and associates no longer attend to the meaning of their words. Their words are treated as "semantic exudates," as Szasz once said, of their mental illness. They may speak the truth, but no one is listening.

The Psychiatric Pharmaceutical Industrial Complex

The nature of "mental illness" underwent another change starting in the 1980s. The change was not based on discoveries about the patient's mind or brain. As usual the changes took place in Psychiatry and were projected onto the clients. As a result of

Psychiatry's alliance with the pharmaceutical industry, it redefined mental illness. The psychoanalytic theory that pathology resulted from traumas in early childhood -- prevalent for most of the 20th century in the university and the clinic -- was replaced by the dogma that it was a brain disorder.

Although Psychiatry could find no evidence of a brain disorder, it claimed if it kept searching eventually it would find the evidence.

Dr Peter Breggin, a psychiatrist and former student of Szasz became a spokesperson for the dissident position from the 1980s to the present. Breggin chronicles that Psychiatry began to undergo a financial crisis in the 1980s when due to rising popularity of psychotherapy starting in the 1960s, clients sought out less expensive therapists without medical degrees. To recover their hegemony and financial advantages, the American Psychiatric Association decided in 1980 to renounce a century-old practice banning, soliciting, or even accepting contributions from the pharmaceutical industry. This was a watershed--the medical model in biological form experienced a resurgence and the Psychiatric-Pharmaceutical-Industrial complex was born. As Peter Breggin wrote, "The floodgates were opened and would grow wider each year...Whatever function APA had ever fulfilled as a professional organization was now superseded by its function as a political advocate for the advancement of psychiatric and pharmaceutical interests." (*Toxic Psychiatry*, 1991, New York: St Martin's Press, p 355.)

Once again Psychiatry proved its understanding of problems in living was based on its own subjective fantasies, defined as reality by the authorities. Although Psychiatry claimed they had suddenly become more scientific and realized mental illnesses were really brain disorders, this transformation of the view of pathology, just like the transformation in 1973 of the view of homosexuality, was caused by changes within Psychiatry -- its merger with the pharmaceutical industry -- that led to a change in its collective cultural fantasy which it has the power to present to the public as reality.

Let me be clear, I am not denying that there is a relationship between the mind and the body. I am aware that physical stress contributes to emotional problems, and I am aware that emotional problems are reflected in the individual's body and brain. But none of this justifies importing medical categories, medical "diagnoses" into the realm of human psychology and interpersonal relationships. Physical illnesses are based on biological facts whereas "mental illnesses" are based almost entirely upon psychiatric fantasies about patients. Psychodiagnosis works as social control but not as medicine or therapy. Because psychiatric diagnoses are derogatory evaluations about clients' minds, they undermine clients' self-confidence and thus become self-fulfilling prophecies. .

Even the leading establishment figures in Psychiatry now admit that psychiatric diagnoses are purely subjective, admit there is no evidence of any "chemical imbalance" -- even as they try to hold on to "the medical model" -- what I call medicalism -- even as they continue the centuries' long search for "defects" in the brains of the "mentally ill." Thus Thomas Insel, the Director of the National Institute of Mental Health wrote in 2013 on the eve of the publication of the long-awaited 5th edition of the psychiatric Bible, *The Diagnostic and Statistical Manual of Mental Disorders* (the first edition was published in 1952, the DSM-IV was published in 1994,

and the revised edition of DSM-IV was published in 2000) that the weakness of the manual was “ its lack of validity.” “Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure.” (See "[The NIMH Withdraws Support for DSM-5](#)" *Psychology Today*, May, 2013. Accessed 2016.)

Even the Chairman of the Committee, Allen Frances, which composed the 4th edition of the DSM, had a change of heart and became a critic of the DSM -- he admitted diagnoses were subjective. “There are no objective tests in psychiatry that say definitively that someone does or does not have a mental disorder.” ([Mental Disorders: The Facts Behind the Marketing Campaign/CCHR](#), Accessed 2013.) His book *Saving Normal* argues that the DSM-5 classifies all kinds of normal behaviors as mental illnesses. (As indicated by the title, Frances wanted to restrict the application of the medical model in the helping professions, not to eliminate it.) For example, mourning the death of a parent or spouse or one’s partner for more than 2 weeks is interpreted by the DSM-5 (the DSM-IV required more than 2 months of grieving for the person to be deemed mentally ill) as a symptom of a “clinical depression,” not as a natural response to loss. The change reflects the increased symbiosis of psychiatric and drug companies. Defining mourning as a clinical depression enables the drug companies to significantly increase their markets, “If, for two weeks after losing the love of your life, you have sadness, loss of interest, trouble sleeping and eating and less energy, the DSM-5 now allows a drug salesman to teach the doctor that this is major depressive disorder and requires a pill," Frances said. (Julie Deardorff, "[Defining the Subtleties of Grief](#)," *Chicago Tribune*, March 5, 2014.)

The prototypical act of defiance of the psychiatric-pharmaceutical complex is refusing to take one’s “meds.” I began graduate school in the late 1970s. Since that time the canard has become received wisdom in society: patients who don’t take their “meds” have a resistance to getting well. This canard overlooks the sickening “side effects” of psychiatric drugs. It is a myth that these drugs are designed to cure or correct the “chemical imbalances” of mental disorders. The drugs have a sedating effect on all persons (as well as numerous unpleasant side effects) -- well-suited for managing “mental patients” in a state hospital (where they were all warehoused until “deinstitutionalization” in the 1960s). Those who take these drugs for more than 2 years tend to develop brain damage that often mimics the symptoms of “psychosis” and makes a full recovery from “psychosis” almost impossible.

Author and award-winning medical journalist Robert Whitaker writes, "I think science is telling us that antipsychotics, on the whole, worsen long-term outcomes, even when prescribed for 'clear cut psychiatric disorders,' and thus, if psychiatry wants to develop evidence-based protocols, it needs to figure out how to minimize their long-term use. And that is a belief that directly challenges the conventional wisdom..." (See for example Robert Whitaker’s "evidence based" discussion of his investigation in his reply to psychiatrist Allen Frances at PeteEarley.com, "[Robert Whitaker Explains His Research After Being Pigeonholed as Anti-Medication](#)," see also Whitaker, *Anatomy of an Epidemic*.)

Those who resist Psychiatry's drugs (or ministrations) are "non-compliant" or "treatment resistant" patients -- they arouse the anger and contempt of mental health professionals. The fact that psychiatric treatment is unsuccessful with "schizophrenics" -- and causes severe health problems does not prompt a reevaluation of their treatments because the goal of the public mental health system is maintaining social control, and selling psychiatric drugs. The fusion of mental health with the pharmaceutical industry makes change virtually impossible -- there is too much to lose.

Thomas Szasz believed that pseudo-medical explanations of problems in living had no objective referent, that "mental illness" was a myth, that the medical procedures of Psychiatry were mere ceremonies intended to make psychiatrists look like real doctors -- and there is a plethora of ceremonies and narrative designed to mystify clients and the public. Thus he wrote in *Insanity: The Idea and Its Consequences*, "Explanations [of mental illness] in 20th century have run into the 100s if not thousands. Methods are equally numerous. Seeing through the riddle of mental illness is not so much like seeing the emperor is naked but rather more like realizing that the emperor's wardrobe is rich and dazzling beyond the dreams even of emperors but that there is no emperor." (Szasz, 1997, NY: Syracuse University Press.)

The Deep State on Trial

Let us first imagine we are putting the Deep State on trial, as a thought-experiment. The criminal, the defendant, is the Deep State -- I do this in an effort to establish the validity of the TI metanarrative. If the Deep State exists and commits the crimes alleged by TIs, this does not prove every self-identified TI is a TI. But it proves some are -- and the possibility must be weighed by every mental health professional that people claiming to be undergoing the kinds of experiences and tortures described in the TI meta-narrative may be genuine TIs. If the TI metanarrative is false, than every TI is really "psychotic." The lawyer for the prosecution would want to exclude certain kinds of people from the jury because they could not decide fairly whether the Deep State was guilty -- e.g., people in the employ of the Deep State, very pro-establishment people who think our government can do no wrong. For example, McPhate, following the psychiatric narrative claims, or at least implies, not that some TIs are psychotic but that almost all self- identified TIs are psychotic. (He does not discuss those who are not psychotics--he merely qualifies his assertions.) Someone with an *a priori* commitment to that viewpoint would not be able to objectively judge.

Let us consider first the obstacles faced by the prosecutor of the Deep State. The lawyer for the prosecution would have a number of obstacles to overcome. Several come to mind.

- 1) First, the average person has read nothing in the newspapers about TIs--except perhaps articles claiming they are psychotic. We tend to assume that what we have not heard of does not exist.
- 2) It is hard for most people to believe that the US government would subject its own citizens to torture. It is hard to believe that the government would violate the very Constitution upon which it rests.

3) Few people have heard of the advanced technology which the TI metanarrative claims to be in use. This is not reported in the Press and it sounds like “science fiction.”

4) Most people think only TIs or only psychotics are making these kind of claims. But it is not only TIs -- covert psychotics from the psychiatric perspective -- who make these claims. They are also made by highly accomplished former employees of the Deep State, the CIA, NSA, etc. These expert witnesses make the same kind of claims made by the TIs. In McPhate’s article, they are virtually ignored -- he interviewed some of them but then failed to quote them or misrepresented them. People know Edward Snowden -- no one has accused him of psychosis -- but Snowden discussed only the prevalence of surveillance, not the existence of neuro-surveillance, “mind control,” no-touch torture, non-consensual experimentation on people with directed energy neuro-weaponry.

5) Another element in the TI’s metanarrative is group stalking -- the mental health professionals claim credibly that it is very unlikely that such tremendous resources would be mobilized against one person. To the average person group stalking indeed seems odd and unreasonable. And there is no rationale for such alleged activities. (It is revealing that FOIA documents have shown that CIA assets in the media in the 1960s were instructed to emphasize how improbable a large operation would be, and impossible to keep secret; Alex Constantine, 1997, p 42, *Virtual Government: CIA Operations*, Los Angeles: Feral House).

6) The very formidable obstacle I tried to debunk above -- belief in the validity of the mental health system in general, and in particular in the psychiatric metanarrative about TIs itself, which claims that virtually all TIs are delusional, are psychotics, and thus everything they claim about Deep State operations are just symptoms of their pathology.

Let me briefly touch on each of these points. We do not have to rely on TIs or victims to ascertain that the CIA and the military has subjected Americans to harmful experiments to further the various goals of the CIA and later the NSA, although anyone seriously investigating the issue would take victims’ accounts into consideration. The Church Committee was formed in the late 1970s to investigate CIA covert experiments. During the same period President Ford appointed the Rockefeller Commission. On the Senate floor, Senator Ted Kennedy summarized the results of the Church Committee investigations:

“The Deputy Director of the CIA revealed that over thirty universities and institutions were involved in an ‘extensive testing and experimentation’ program which included covert drug tests on unwitting citizens ‘at all social levels, high and low, native Americans and foreign.’ Several of these tests involved the administration of LSD to ‘unwitting subjects in social situations.’ At least one death [Frank Olson’s], resulted from these activities.” ([WikiSpooks/Project MKUltra](#))

But that was an understatement. The Church and Rockefeller Committees found this program consisted of 149 projects at 80 universities and other institutions involving drug testing and a variety of other studies on unwitting human subjects, including

numerous studies using electromagnetic technologies. (Byron Belitsos, "[The Covert Use of Energy Weapons for Political Control](#)", accessed July, 2016.)

The Church Committee investigation was hampered by the fact that CIA director, Richard Helms destroyed the files on MK-Ultra in 1973 when he feared there would be an investigation. The Committee relied upon participants in the program for evidence — they admitted secretly administering LSD (e.g., slipping it into subjects' drinks at a party) to unwitting subjects. A memo in 1952 indicated the purpose of the program: "Can we get control of an individual to the point where he will do our bidding against his will and even against fundamental laws of nature, such as self-preservation?" (See [WikiSpooks/Project ARTICHOKE](#) accessed July, 2016, cited in Gordon Thomas, G., *Journey into Madness. The Secret Story of Secret CIA Mind Control and Medical Abuse.*) New York: Bantam, 1990). One can think of many military applications of such powers, whether directed against foreigners or Americans.

The US General Accounting Office issued a report in 1994 that summarized the findings of previous commissions, making clear that the program was conducted jointly by the CIA and the Department of Defense and casting doubt on the volunteer status of US soldiers who were among the subjects in these experiments. The report stated "Working with the CIA, the Department of Defense gave hallucinogenic drugs to thousands of 'volunteer' soldiers in the 1950s and 1960s. In addition to LSD, the Army also tested quinuclidinyl benzilate, a hallucinogen code-named BZ. Many of these tests were conducted under the so-called MKULTRA program, established to counter perceived Soviet and Chinese advances in brainwashing techniques." ([WikiSpooks/Project MKUltra](#), accessed July, 2016.) Although there was only one *documented* death (Helms had destroyed the files), one need not have an overly vivid imagination to envision the adverse effects of unknowingly ingesting LSD.

On January 15, 1994, President Bill Clinton formed the Advisory Committee on Human Radiation Experiments (ACHRE), chaired by Ruth Faden, Ph.D., MPH of the Johns Hopkins Berman Institute of Bioethics. ACHRE made clear that since the 1940s the Atomic Energy Commission had been sponsoring tests on the effects of radiation on the human body. American citizens who had checked into hospitals for a variety of ailments were secretly injected with varying amounts of plutonium and other radioactive materials without their knowledge. These experiments included other populations such as orphans given irradiated milk, children injected with radioactive materials, prisoners in Washington and Oregon state prisons. In other words, the Military and Intelligence was carrying out Dr Mengele experiments upon American citizens. Much of the experimentation was carried out in order to determine how the human body metabolizes radioactive materials, information that could be used by the Departments of Energy and Defense in Cold War in war planning. ([Wikipedia/Human Radiation Experiments.](#))

Numerous human radiation experiments have been performed in the United States, many of which were funded by various U.S. government agencies such as the United States Department of Defense and the United States Atomic Energy Commission. Researchers had a pattern of choosing the most vulnerable people, but soldiers were also a group heavily exposed to experimentation.

Experiments included, but were not limited to:

feeding radioactive material to mentally disabled children [4]

exposing U.S. soldiers and prisoners to high levels of radiation [4]

irradiating the testicles of prisoners, which caused severe birth defects [4]

(U.S. House of Representatives, Committee on Energy and Commerce, Subcommittee on Energy Conservation and Power. *American Nuclear Guinea Pigs: Three Decades of Radiation Experiments on US. Citizens*. Washington, D.C.: U.S. Government Printing Office. Cited in [Wikipedia/Human Radiation Experiments](#), accessed July, 2016.)

The Washington Times summarized in 1994 the findings of ACHRE: “At least 500,000 people were used as subjects in Cold War era radiation, biological and chemical experiments sponsored by the federal government, a congressional agency said yesterday...the tests conducted ranged from radiation to biological and chemical agents like mustard gas and LSD.” (See p. 46, Nick Begich, 2006, *Controlling the Human Mind*, Anchorage, Alaska, Earthpulse Press.)

Byron Belitsos notes, “By 1963, 1,200 nuclear weapons tests conducted at the Nevada test site had exposed every person in the U.S. to deadly radioactive fallout, causing millions of fetal deaths, spontaneous abortions, stillbirths, and birth defects. The U.S. government also conducted over 4,000 radiation experiments on individual human test subjects without their informed consent. The delayed effects of decades of radiation exposure from weapons testing are today demonstrated by a U.S. population plagued with epidemic cancer and heart disease, neurological disorders, low fertility, chronic fatigue, obesity (thyroid involvement), immune system dysfunction and learning disabilities.” (Byron Belitsos, “[The Covert Use of Energy Weapons for Political Control](#)”, accessed July, 2016.)

Anyone familiar with these experiments, documented by the U.S. government, should know that neither the military nor the CIA has any compunction about harming American citizens -- thus familiarity with this history removes one of the major obstacles to accepting the TI meta-narrative. Nor can we dismiss these acts as something that happened in the past, and would not happen in our ostensibly more enlightened era. It is true that covert non-consensual experiments were officially banned by US Congress after the Church Committee findings. But no one was held accountable, no one went to prison, no one paid any fines, no one lost a job -- this fact was not lost upon later whistle-blowers post-9/11 who were prosecuted for revealing criminal activities by the Deep State.

In the history of exposure of Deep State malfeasance, only the whistle-blowers themselves are punished. In the light of this lack of accountability, is it feasible to assume experiments on humans ceased? Did Deep State violations of the Constitution of which the public is aware cease after Bush? Obama of course refused to hold anyone accountable, and in office he carried out the same policy as Bush of shielding the state from scrutiny or litigation. It is significant that McPhate wrote, ironically, “The military establishment, the theory goes, never gave up on the ambitions of MK Ultra, the C.I.A.’s infamous program to control the mind in the 1950s and ’60s.” Without any evidence that he has studied the history of the CIA, he makes a patronizing tongue-in-cheek comment about TIs, as if the belief that the military

continued its efforts to gain power over the human mind was such a far-fetched idea. “Hear no evil, see no evil, speak no evil” seems to be McPhate’s guiding principle.

Whistle-blowers since the origins of the CIA have made profound and searing criticisms of their former employers. The most scathing indictment of the Deep State has originally come from former agents, not from its victims (the victims, increasingly including prodigious scholars, are now catching up with former spies, journalists and scholars, in the production of analyses, exposures and histories) -- although any agent who criticizes the Deep State becomes a potential victim. Many former employees have argued that the Deep State is totalitarian, and that America today is no longer a democratic republic -- some have claimed it is guilty of crimes similar to the Nazi regime. (I will not discuss here Operation Paperclip -- under which Nazi scientists were brought to the US to work for the military and US intelligence.) Those who became critics were among the most highly intelligent, patriotic, and morally principled people in the country. Their testimony and experiences vitiate the widespread public belief that the agencies of the Deep State protect the national security and freedom of Americans. It is because of this assumption that many Americans do not object to being placed under surveillance. And because of this they do not believe the TI metanarrative which posits that the protection of American citizens is not one of the primary goals of the Deep State -- although law and order may be, or at least order -- and that agencies of the Deep State have been willing to harm or put at risk the safety of American citizens in pursuit of other goals.

The CIA Assassination of its Own Agent—Protecting Whose Security?

We learn about the Deep State both from what whistle-blowers reveal and from what we see the Deep State is willing to do to silence whistle-blowers, to preserve its own secrecy, its own autonomy and lack of accountability to organs of the American people—to the Congress, to the Senate. Of course increasingly the Legislature defaults on its oversight responsibility, increasingly the Executive shields the Deep State from scrutiny—thus shattering the foundation of Constitutional government. The belief that the government would never harm American citizens is shattered, thousands if not hundreds of thousands of its victims have been Americans. The Deep State goes to great lengths to preserve the secrecy of its programs, which is why so few people are aware of them.

Frank Olson might have become the first CIA whistle-blower but he died before he had a chance to reveal any secrets. But Frank Olson’s death was not self-inflicted as his son Eric Olson discovered— and many mainstream journalists and writers agreed. Olson is a psychologist who was determined to unravel the mystery of his father’s death and ultimately to be the voice for his father’s own moral doubts about the CIA. Michael Ignatieff, a friend of Eric Olson, writing in *The New York Times Magazine* reviews the findings of Olson, and it leads almost inexorably to the conclusion that the CIA assassinated his father ("[CIA: What Did the CIA Do To His Father?](#)"). When the Olson family was issued a formal apology by President Ford and CIA Director William Colby in 1975, they were told their father was a military officer who was given LSD unknowingly as a part of MK-Ultra -- this ostensibly led Olson to become deeply depressed and commit suicide. The family was given \$750,000 by an act of Congress, and the matter was finished. But it wasn’t. The story was a cover story -- and Colby and Ford had lied. And the CIA lied to the Press.

His son writes, "In 1952 Frank Olson [a leading biochemist] was acting chief of the Special Operations Division at Detrick; at the time of his death in 1953 he was SOD's director of planning and evaluations. The Special Operations Division at Detrick was the government's most secret biological weapons laboratory." Frank Olson knew -- that despite vehement denials by the American government at the time -- the United States was using biological weapons, including anthrax, in the Korean War. Considering that Olson had decided to resign from the CIA, this fact made Eric suspicious of the CIA account of his father's alleged suicide.

He had his father's body exhumed, and a forensic team, led by James Starrs of George Washington University, discovered "*a blow to Olson's temple which caused a fist-size bleed under the skin.*" They concluded that someone had hit/knocked Olson out with a blow to the head and then *dropped* him out the window. Armed with this evidence, Eric persuaded Manhattan District Attorney Robert Morgenthau in April, 1996, to subpoena a grand jury to examine the evidence for commission of homicide. During the course of this investigation (which found insufficient evidence to go to trial -- perhaps because of the sudden death of a prospective witness, former CIA director Colby), Eric also learned that Olson's death is taught as a case study of "the perfect murder" at the Mossad Training School outside Tel Aviv -- this has been confirmed by two former Mossad agents, Ari Ben-Menashe and Victor Ostrovsky. ([Family Statement on the Murder of Frank Olson.](#))

A letter by the DA was sent to former CIA director William Colby, asking for an interview about Olson. There is evidence that Colby at this point himself felt moral qualms and was ready to spill the beans (Jeffrey Steinberg, "It Did Not Start with Abu Ghraib/[Dick Cheney: Vice President for Torture and War](#)", *Executive Intelligence Review*, November 11, 2005, Accessed July 2016.) But a few days after receiving the letter Colby died in an alleged canoeing accident in the river near his Maryland home. According to newspaper accounts, much of which his wife contested -- she was out of town at the time of Colby's death -- Colby went canoeing at night time (something he had never done before, according to his wife) without wearing his life vest. His computer was on and his dinner half eaten. Colby's death helped kill the investigation.

It was around this time that Eric Olson had an epiphany, "In 1997, after the C.I.A. inadvertently declassified an *assassination manual* dating from late 1953, Eric Olson was able to read the following: 'The most efficient accident, in simple assassination, is a fall of 75 feet or more onto a hard surface. Elevator shafts, stairwells, unscreened windows and bridges will serve. . . .' The manual went on to recommend a blow to the temple to stun the subject first: 'In chase cases it will usually be necessary to stun or drug the subject before *dropping* him.' Reading this passage at the kitchen table in Frederick, Eric realized that "dropped" was the right word." (Ignatieff, *NY Times*, op.cit.)

Norman Cournoyer, one of Frank Olson's oldest friends, called Eric in 2001 after reading the article in the *Times*. Frank Olson began work on interrogations methods for the CIA in the late 1940s. These were designed to extract information from even the most uncooperative subjects with the help of drugs and torture. Olson confided in Cournoyer (who also had top security clearance) that in 1953 he had been witness to more than one murder by interrogation---largely of Soviet spies. For most of the time, Olson remained in the CIA laboratory in the US.

But in 1950 he traveled to Europe and witnessed the CIA interrogations there -- often “terminal”-- of “expendables” including double agents, Soviet spies, and Nazi war criminals. Olson asked his friend: “Norm, did you ever see a man die? I did. People being interrogated died.” He told Cournoyer he was getting out of the CIA. He also told Cournoyer that the US was manufacturing biological weapons and he assumed had used it against the Koreans. By this point Eric concluded his father was murdered because the CIA concluded he was a security risk. Cournoyer agreed. “Was there reason for your Dad being killed by the CIA? I believe so,” he told Olson on German TV. (Jeffrey Steinberg, “It Did Not Start with Abu Ghraib/[Dick Cheney: Vice President for Torture and War](#)”, *Executive Intelligence Review*, November 11, 2005, Accessed July 2016.)

Author Gordon Thomas spoke to Dr William Sargant, the British psychiatrist who worked on CIA mind control experiments and examined Olson at the request of the CIA after he began to have moral qualms about his work. “Sargant told me he believed Frank Olson had witnessed murder being committed with the various drugs he had prepared. The shock of what he witnessed, Sargant believed, was all the harder to cope with given that Frank Olson was a patriotic man who believed that the United States would never sanction such acts....He decided Frank Olson could pose a security risk.” He conveyed this information to Olson’s superiors at the CIA. When he learned of his death “he came to the immediate conclusion that Olson only could have been murdered,” Thomas wrote to Eric. (Jeffrey Steinberg, “It Did Not Start with Abu Ghraib/[Dick Cheney: Vice President for Torture and War](#)”, *Executive Intelligence Review*, November 11, 2005, Accessed July 2016.)

Olson was invited to a meeting at Deep Creek a week before his death. The meeting was attended by future CIA director and head of covert operations, Richard Helms, as well as Sidney Gottlieb (one of the leaders of MK-Ultra). Gottlieb secretly spiked Olson’s cocktail with LSD. The real purpose of the meeting was to determine through using LSD if Olson would reveal the secret he knew upon leaving the CIA. Evidently they determined Olson was a “security risk.” As Steinberg put it, “What is clear and what was also clear to Frank Olson in the final weeks of his life is that he became a target of the very torture/interrogation techniques that he had witnessed in Europe. Returning from the LSD interrogation at Deep Creek Lake, he told his wife ‘I made a terrible mistake.’” (Jeffrey Steinberg, “It Did Not Start with Abu Ghraib/[Dick Cheney: Vice President for Torture and War](#)”, *Executive Intelligence Review*, November 11, 2005, Accessed July 2016.)

Eric finally concluded about his father, “He died because of security concerns regarding disavowed programs of terminal interrogation and the use of biological weapons in Korea.”

Eric has finally decades later given his father a voice from beyond the grave. ([Family Statement on the Murder of Frank Olson](#).)

The question must be asked: Whose security? Certainly not the security of the American people. The US was committing war crimes and violating international law by using biological weapons. These actions were risks to the security of all people. Their disclosure would have embarrassed the US government and would have resulted in the firing and resignation of people in government. It was their own security Olson’s

superiors were worried about. Had Olson become a whistle-blower, international law would have been strengthened and the people of the world would have been protected against the risk of an epidemic caused by biological weapons.

The Frank Olson case reveals the CIA's involvement in the creation and manufacture of illegal and dangerous weapons, its murder of those used as guinea pigs in its testing of interrogation methods, its willingness to assassinate one of its own agents, and its ability to enlist even the US President in a cover-up of the assassination of Frank Olson. Here we see even in its embryonic form the Deep State acting with flagrant disregard for human life, for the Constitution, and for the United Nations and international law. For the Deep State the Enemy is not merely another country -- it's here within. Even the CIA's own agents are murdered if they try to leave the organization, or if they are deemed to present a "security risk."

And, revealingly, Eric told Ignatieff he was regarded as mentally disturbed by many of his critics -- just as TIs are today. Ignatieff wrote, "Eric knows that to charge the most secretive agency of American government with murder is to incur the suspicion that you have become deranged by anger, grief, paranoia, greed or a combination of all four. 'Eric is crazy, Eric is obsessed,' he says, mimicking his accusers." (Ignatieff, "[CIA: What Did the CIA Do To His Father?](#)")

Whistle-Blowers Post-9/11

Thomas Drake knows the power of the National Security Agency all too well. He is a former senior executive of the U.S. National Security Agency (NSA), a decorated United States Air Force and United States Navy veteran, and a whistle-blower. Drake's crime seems to have been telling a reporter about fraud -- specifically about NSA's purchasing an Internet data collection system that cost billions of dollars more than necessary and that collected so much data that it resulted in Constitutional violations of privacy. This was the famous Trailblazer system -- Drake argued like William Binney and several other NSA whistle-blowers that by choosing his tool instead of Thin Thread, the NSA was putting their own influence and power over the public good, over the nation. These men had been attracted to the NSA precisely because of their patriotism and desire to be of service to the nation. When they found there was a conflict they chose loyalty to nation -- at great personal sacrifice.

Drake went to the press only after following prescribed channels of redress for Constitutional wrongs, only after failing to get NSA inspectors or Congress to take remedial action. The Justice Department in 2010 raided his house and charged him under the 1917 Espionage Act with violations that carried a penalty of up to 35 years in prison. But they dropped the charges when no evidence linked him to spying or a foreign power. The judge in the case called the prosecution "unconscionable." Drake is the 2011 recipient of the Ridenhour Prize for Truth-Telling and co-recipient of the Sam Adams Associates for Integrity in Intelligence (SAII) award. The government also took away his security clearance. He now works as a clerk in an Apple computer store...(Vocativ, September 19, 2013, "[Should the NSA Be Dismantled?](#)", accessed July, 2016).

In excerpts from Thomas Drake's SAII award acceptance speech, he clearly formulates the nature of the conflict between the NSA and the republic.

“With all the unitary executive privilege, all the secrecy and exigent conditions used as the excuse to torture, deny due process, and engage in off-the-books electronic surveillance, Jesselyn Raddick [his lawyer, and a whistle-blower herself, when working for Department of Justice] and I followed all the rules as whistle-blowers until it fundamentally conflicted with our oath to uphold the Constitution. Then we both made a fateful choice to exercise our First Amendment rights. We went to the press with patently unclassified information, about which the public had a right to know.

However rather than address its own corruption, ineptitude, and illegality, the government made us targets of federal criminal leak investigations, part of a vicious campaign against whistle-blowers that started under Bush and has now come to full fruition under Obama ... We were transmogrified from public servants trying to improve our government, into traitors and enemies of the state. The government subjected us to severe retaliation that started with forcing us from our jobs as career public servants, rendering us unemployed and unemployable, while swinging a wrecking ball into the conditions of our jobs, in my case a security clearance, and in Jesselyn's case, state bar licensure. We were blacklisted and no longer had a stream of income, while simultaneously incurring attorneys' fees and necessitating second mortgages on our respective homes. But that was nothing compared to the overkill reprisal to come, placement on the no-fly list for Jesselyn and prosecution under the Espionage Act for me.

What we experienced sends unequivocally a chilling message, an unequivocally chilling message about what the government can and will do when one speaks truth to power: a direct form of political repression and censorship. If sharing issues of significant and even grave public concern which do not in any way compromise our national security is now considered a criminal act, we have strayed far from what our founding fathers envisioned. When exercising First Amendment rights is now considered espionage, this is anathema to a free, open, and democratic government....

Before the war on terrorism, our country well recognized the importance of free speech, privacy, legal counsel, and the right to be free from cruel and unusual punishment.. These are the hallmarks of tyranny and despotism, not democracy, and are...alien to the Constitution and our American way of life.

We did not take an oath to see secrecy and subterfuge used as cover for subverting the Constitution and violating the law. Our oath to the Constitution took primacy.

And today we have a frightening lack of responsibility and accountability within the national security complex, and it poses -- I will mince no words here -- it poses a direct threat to all our personal freedoms, as well as a clear and present danger to our constitutional republic.... Our government has profoundly lost its constitutional compass and it's been tainted to its core. And yet it is our enshrined liberties, it is our enshrined liberties that *are* our national security. What country do we want to keep?...

Jesselyn and I took an oath to support and defend the Constitution, not an oath of loyalty to the organization... We blew the whistle because we saw grave injustice

and wrongdoing occurring within our respective organizations.

In my recently successfully concluded case that ended decisively in my favor, the government wanted to put me away in prison for many, many years in fact, at one point they threatened me with 35 years in prison -- for simply telling the truth as a whistle-blower and exposing government wrongdoing and illegalities. The government found out everything they could about...me over many years, before I was even indicted. Having this secret ability...to collect and analyze data with few if any substantial constraints...is seductively powerful, and when ...done in secret, it is the ultimate form of control over another..

Modern governments today increasingly perform mass surveillance of their citizens -- explaining that they believe that it's necessary to protect them from dangerous groups such as terrorists, criminals, or politically subversive dissenters -- in order to track the citizenry and maintain social control. Read the history books. We are fast approaching a genuine surveillance society in the United States, a dark Orwellian future where every move, our every transaction, our every communication, and our every contact is recorded, compiled, and stored away, ready to be examined and used against us by the authorities whenever they want to at any time.

Five centuries ago, Machiavelli explained how to undertake a revolution from above without most people even noticing. On his Discourses on Livy, he wrote that one, quote, "must at least retain the semblance of the old forms; so that it may seem to the people that there has been no change in the institutions, even though in fact they are entirely different from the old ones", unquote. In other words, keep the old government structures; meanwhile, you make profound changes to the actual system, because the appearances are all that most people notice. So, today, instead of seeing the mere corpse of the republic in which we supposedly live, we only see the clothing. We have had a quiet revolution that has not eliminated our elected representatives; it has simply made them largely irrelevant...

Being a student of history, I consider the immediate aftermath of World War II as a real turning point, when the American dream began to go south, at the very moment when the U.S. sat astride the world at the pinnacle of power. And...this is when the American republic began its transformation to a national security state and then exponentially accelerated as a result of 9/11 into a top-secret America...

With such a massively expanded ability by the government to spy on your personal life, we might as well bid adieu to the Fourth Amendment, the foundation of a citizen's integrity as an individual person...as well as your ability to speak and associate freely with others under the Fourth Amendment.

Consider the conviction, as I summarized now for you, held by this country's founding fathers, that a functioning constitutional republic and democracy requires what? An informed citizenry. So what happens in the case of an uninformed citizenry? The experiment in government by the people is doomed to failure and would inevitably transform into what we increasingly see today.

Do we want to continue to have a burgeoning military-industrial-congressional-intelligence-surveillance-cybersecurity-media complex? For whom does it

benefit? Do we want to concede the eroding of basic human rights? Why?..

So I leave you with this as I channel Frederick Douglass. On August 3, 1857, Frederick Douglass delivered a West India Emancipation speech. At Canandaigua, New York, on the 23rd anniversary of the event, he said, quote, “..Those who profess to favor freedom and yet deprecate agitation are men who want crops without plowing up the ground; they want rain without thunder and lightning. They want the ocean without the awful roar of its many waters.” “Power and those in control concede nothing without a demand. They never have and they never will.” Let me translate into today's language. Every one of us, every one of us in this room and beyond this room, each and every one of us must keep demanding, must keep fighting, must keep thundering, must keep plowing, must keep on keeping things struggling, must speak out, and must speak up until justice is served, because where there is no justice there can be no peace.” (*Real News Network*, Nov 4, 2012, "[Whistleblower Threatened with 35 Years of Tyranny. Warns of Impending Tyranny](#)")

Drake was not aware of the torture of TIs. But would he have been shocked by it? Does it conflict with his understanding of what the Deep State is able and willing to do? Obviously not.

William Binney learned the same lesson. He worked for the NSA for 30 years, and resigned in 2001. Binney was a Russia specialist who started work in NSA as an analyst and became successively a Technical Director, and then a geopolitical world Technical Director. In the 1990s, he co-founded a unit on automating signals Intelligence. His career culminated as Technical Leader for Intelligence in 2001. Having expertise in intelligence analysis, traffic analysis, systems analysis, knowledge management, and mathematics (including set theory, number theory, and probability), Binney has been described as one of the best analysts in the NSA's history. Binney complained to the Department of Defense in 2002 that NSA had wasted taxpayer money by buying a data collection system -- Trailblazer -- that collected 20 trillion communication transactions of American citizens. Binney was particularly angry because he believed the surfeit of information prevented them from detecting 9/11.

Binney's outspoken criticism of the agency subjected him to reprisals. On July 2007, after *The New York Times* reported on the government's warrantless wiretapping, the FBI broke into his house with guns drawn and confiscated his computers and business records. Although he was cleared of wrong-doing the NSA revoked his security clearance forcing him to close his business at a cost of \$300,000 a year. (See [Wikipedia/William Binney/U.S. Intelligence Official.](#))

Binney described his arrest:

“The first I knew the FBI was in my house was the guy pointing a gun at me when I was coming out of the shower. That's the first I knew. My son let them in, and they pushed him out of the way at gunpoint, and then they came up into my bedroom and pointed guns at my wife and me, so that's the first I knew they were there. And it surprised me. I said: "Well, what are you doing here? I've been cooperating with you, telling you everything I know about this, everybody involved in this program, so why are you doing this?" Basically they wanted me to

tell them something that would implicate someone in a crime, OK? The point was they were after Diane Roark because they didn't like her, and also Tom Drake...Then they told me they thought I was lying to them,...So then I started to get mad. I said: "OK, you want to know what the crime is? Bush, Cheney, Hayden, and Tenet were the central conspirators to subvert the Constitution and the laws of the United States, and here is how they did it. The raid took about seven hours -- they were there from 9:00 in the morning to the middle of the afternoon, and they took my computer, all the electronic hardware, discs and things that go with that..." ([PBS Frontline/United States of Secrets/William Binney](#).)

On May 31, 2016, Binney told *Loud & Clear* host Brian Becker on *Radio Sputnik*, "They [the NSA] don't care what they do, they feel that they have the right to do anything that they feel necessary, and they will cover up crimes and procedures and violations of regulations that they've done to achieve whatever their ends are." This is a man who worked for NSA for decades, and became increasingly disillusioned with policies *after* he became a whistle-blower. "The president can declare anyone a terrorist threat and have the military take them off the street, anywhere, and incarcerate them indefinitely without any due process. Those are violations of fundamental rights of the Constitution," he explained. "That's exactly what Special Order 48 issued by the Nazis in 1933 did, right after the Reichstag fire. It says almost exactly the same thing." (*Sputnik News*, May 31, 2016, "[NSA Surveillance Takes a Page from Nazi Germany](#)", accessed July, 2016).

In early October, 2016, William Binney and Kurt Wiebe, another whistle-blower who used to be an analyst for the NSA, in an interview with Ella Felder, told her and the several hundred TIs who were listening in on a mass telephone conference call that they had made a commitment to expose the plight of TIs. Wiebe explained that he did not know about TIs when he was at the NSA:

"We understand the predicament you are in, we have been in similar situations but don't give up the faith -- just because we haven't seen it at NSA or CIA doesn't mean a doggone thing...NSA and CIA work in compartmented areas, or on a Need to Know basis. We do know government has a history of experimentation against people, and the DOD has authorization to conduct experiments on people, sometimes with consent, some without consent. We know government has the power to deliver all kinds of aggressive measures against people." (*The Everyday Concerned Citizen*, October 16, 2016, "[NSA Whistleblower Powerhouses Stand Up to Support "Targeted Individuals" Worldwide](#)")

Binney said they were planning on doing research and compiling reports from TIs,

"And then finally, we'll try to put together recommendations on how people should proceed, to try and prove what is happening with them specifically with compiled evidence -- in such a way that you can bring the evidence into a court of law. We're trying to use the discipline that we use for our data analysis, that would be demonstrable in a court of law."

Binney, Drake and others escaped the most punitive arm of the Deep State. The two most famous whistle-blowers were not so fortunate. Bradley/Chelsea Manning was the

most unfortunate of the whistleblowers. For his service to humanity in exposing US war crimes, this young man/now woman received a formal sentence of 35 years. Political dissidents from Noam Chomsky to Daniel Ellsberg hailed him as a national hero, while politicians called him a traitor. Edward Snowden, who exposed the surveillance Panopticon, is more fortunate than Manning—he is forced to live in exile in Russia.

TIs and No-Touch Torture

TIs are plagued by basically two categories of what they experience as torture or harassment: 1) group stalking and 2) subjugation to experimentation with neuro-weaponry, and directed energy weapons. The first class of experiences is deemed highly improbable by Sheridan and James, and thus those who experience them are “delusional.” The second class is supposedly impossible.

Sheridan and James write concerning allegations of group stalking: “the resources or elaborate organization required to carry them out made the alleged activities highly improbable.” They give several examples: “hostile operatives being inserted in victim’s workplace and their children’s schools; 24-hour electronic surveillance involving teams of men in black vans; surveillance by cameras placed throughout the city; staff of shops and libraries being amongst the group stalkers; everyone in the street being ‘plants’ acting out roles towards the victim; ‘more than a thousand’ people being involved; traffic lights being manipulated always to go red on approach... collaboration between diverse agencies, such as the Automobile Association, a building society, a website, and neighbors.”

Below is a description of an example of group-stalking by Ramola D. She describes two changes in her life; first, the relocation of her family to a suburban neighborhood in Massachusetts, and then the transition that occurs when she becomes a TI. The rich prose and the very thick detailed descriptions give the account a sense of realism that one would not typically find in descriptions by “psychotics.”

“Over the last couple years, after we moved up to the Boston area from Washington DC in the summer of 2011, I have been working mostly from home on various writing projects, editing a literary journal, and running creativity workshops and summer camps in art, science, and writing for children, as well as working at local academic institutions nearby. I’ve had a real taste this way of the quiet, lazy feel of the South Shore; I’ve enjoyed the ambience of living in a “settled” hundred-year old neighborhood in Quincy filled with stately, long-lasting oaks and maples, gentle and genteel neighbors, mostly older, with the occasional friendly young family with kids...the usual scurry of backyard bird life woken by the occasional inland-straying seagull, and above all, daytime quiet. Quiet, sleepy, placid, slow, laid-back, relaxed, easygoing are words I might have used to describe both the South Shore and its residents back then...

“This unfortunately is no longer the case. Over the past year, things have changed dramatically in Quincy.

“Now police sirens scream night and day down the once-quiet streets, including the main streets Newport Avenue and Hancock and, in my neighborhood, the

close-by Harvard Street—and I mean, quite frequently, as if a thousand criminals were driving hellfire down the South Shore with trusty Quincy cops in high pursuit—and fire engines also shriek fairly often as they clang and roll by, often on quiet walks down winding sidestreets where no hint of burning houses can be seen, to add to which EMS trucks and vans also clog sidestreets and main streets, using sirens and trundling urgently by, as if the number of accidents or emergency medical calls had somehow increased overnight. Daytime quiet therefore no longer exists—there has been a dramatic escalation in the use of sirens, and it continues. This absurdity—especially absurd in its contrast to previously-peaceful Quincy—is clearly contrived. The local police have been incentivized to act like crazed patrollers of a criminal town. To add, if anyone’s noticed—all across the country, police cars and sirens have changed—they are outfitted with dozens of lines of blue lights now, their siren whoops and hollers now, rather than emitting a single round call, and the whole vehicle buzzes and shakes and whoops and dazzles as it flies by—bizarre? You bet.

“Traffic also has changed. The roads of Quincy are now clogged with gigantic SUVs, Hummers, large pick-up trucks, and military-style pick-ups with menacing metal frames over the truckbed, large trucks of every kind, and frequent clogging of roads with roadwork trucks, even when there is no roadwork in sight. Starting in Fall 2013, traffic lights suddenly increased in duration. This has not abated. Traffic lights are noticeably longer, which means the long lines of cars with engines chugging, releasing masses of dirty exhaust into the atmosphere at lights are longer, and drivers—the usual Bostonian highway bellicosity notwithstanding—are markedly more belligerent, frequently tailgating, cutting off directly in front of cars, and crowding like swarming bees on highways.” (*The Everyday Concerned Citizen*, [Why I Started This Blog](#))

It sounds crazy but the author seems sane! The author is an accomplished professional, a former professor, with a husband and child, with no history of “psychiatric” problems. The writing style itself reflects the mind of a writer fully in control of her craft, and of herself. If Ramola D appeared before a jury, undoubtedly the jurors would find her a credible witness---not dismiss her as delusional. To back up her story, there would be other targets with similar stories. The second change had taken place after Ramola had begun writing to her representatives asking about the chemtrails she saw in the sky. She also complained in her child’s school about the ethics of a childcare operation. At a trial against the American Deep State, historians would be called as expert witnesses to demonstrate that very similar tactics were used by Stasi -- the secret police -- in East Germany, or by Russian Intelligence. This establishes a pattern of such activities by Deep States.

It is impossible to fully explain in rational terms these programs since they are based on institutionalized paranoia, on collective insanity. The psychologists who say that such operations are highly unlikely fail to understand the mindset of those who designed these programs. Ramola D credibly argues that the purpose of such programs is to get the target labeled insane, so that the Deep State’s victimization of American citizens will remain invisible. But such a goal in itself makes no sense, is insane; it also indicates that the Deep State does not regard mental health professionals as very canny. She writes that these tactics seem “a desperate attempt to get the individual diagnosed

professionally (by either an unsuspecting or complicit psychiatrist) as a “paranoid schizophrenic”, the moment he or she begins talking about covert harassment...being stalked by helicopters, being covertly implanted, being “gangstalked” on the roadways, or being surrounded by people wearing his favorite colors or talking about him or saying things in his presence straight out of his [own] head.” ([The Everyday Concerned Citizen, 2015: “Targeted Individuals” are Non-Consensual Subjects in Criminal, Clandestine, Classified “Top Secret” MKULTRA-Extended Mind & Behavior Control/Torture Experimentation by Joint Military/Intel/Justice/Academic Institutions, as well as Targets of COINTELPRO and Electronic Warfare](#))

According to the Department of Defense in 2002, operations such as these are designed to be used against citizens of the enemy country (not against or upon citizens of its own host country) -- the goal is to break the political will of the enemy. (Rich, 2011, *New World War*, Morrisville, NJ: Lulu Enterprises, p. 295.)

The evidence for the existence of group stalking is not just TIs’ and historians’ testimony but government documents (the books on Stasi are based on archives that became available with the demise of the Soviet Union) revealing similar programs in totalitarian societies and in the US in other periods. (Of course the programs have become more sophisticated over the years.)

For example, COINTELPRO was a program implemented by the FBI in the 1960s and 1970s designed to disrupt anti-war organizations and groups that were thought to be communist or socialist. J. Edgar Hoover announced the directives “to expose, disrupt, misdirect, discredit or otherwise neutralize” persons in these groups. (Mark Rich, 2011, *New World War*, p.87.) The Church Committee stated that under COINTELPRO, “the arsenal of techniques used against foreign espionage agents is transferred to domestic enemies.” (Ibid.) COINTELPRO included using undercover agents posing as activists in order to carry out surveillance or to act as provocateurs (in many cases that meant becoming the intimate partner of the activist---a heinous kind of subterfuge), and fomenting hostility between different factions of the left. Human Rights Watch notes, “The CIA then began monitoring student activists and infiltrating anti-war organizations by working with local police departments to pull-off burglaries, illegal entries (black bag jobs), interrogations and electronic surveillance. After President Nixon came to office in 1969, all of these domestic surveillance activities were consolidated into Operation CHAOS.” (Project Freedom, Echelon, [“The NSA’s Global Spying Network,”](#) accessed July, 2016.)

In 2002, we learned from the mainstream media that the Bush Administration planned to recruit millions of United States citizens as domestic informants in a program “likely to alarm civil liberties groups.” The Terrorism Information and Prevention System, or TIPS, meant the US would have a higher percentage of citizen informants than the former East Germany did. The program would use a minimum of 4 per cent of Americans to report “suspicious activity.” The scope of the surveillance network was broad: TIPS volunteers would be recruited primarily from among those whose work provides access to homes, businesses or transport systems. Letter carriers, utility employees, truck drivers and train conductors are among those named as targeted recruits. (*The Sunday Morning Herald*, July 15, 2002, [“US Planning to Recruit 1/24 Americans as Spies”](#))

The program would involve a joint effort by local police, DOJ, state and local businesses. Even though the program was rejected by Congress, that does not mean it was not implemented—it merely went “dark” as the CIA calls it. That makes it all the more effective with Congress unaware of its existence and the media convinced it therefore did not exist. Mark Rich reports, “the American Civil Liberty Union contends that it and similar programs are being used aggressively across the nation.” (Rich, *The Hidden Evil*, 2008, Morrisville, NC: Lulu Enterprises, pp.100-6, [Informants, The Hidden Evil](#) (online), accessed July 2016). According to Nick Turse, Bush had initiated similar programs under the auspices of Citizen Corps coordinated by the Department of Homeland Security. (See Turse, 2009, *The Complex: How the Military Invades our Everyday Lives*, NY; Metropolitan Books, excerpt at [Google Books](#), accessed November, 2016.)

Rich describes a typical pattern of group stalking reported by TIs:

“City vehicles, postal vehicles, fire trucks, school buses, and taxis are reportedly stalking people. Construction projects encircle a targeted person's home and also spring up at frequently visited places. Utility companies interrupt service. Local businesses provide poor service, appear incompetent or clumsy and work with civilian informants to harass targeted people in their stores.” (Ibid).

Note how this matches the report above of Ramola D, as well as activities reported by the “delusional” subjects of Sheridan and James. There is no evidence that those who constructed the psychiatric metanarrative read about TIPs, read the ACLU report (“[The Surveillance Industrial Complex](#),” 2004, Jay Stanley, New York ACLU), or read about remarkably similar practices engaged in by secret police in East Germany, and elsewhere.

Only two websites and no books on this topic are mentioned in the bibliography of the article by James and Sheridan. And although these websites are excellent, it is obvious that James and Sheridan dismissed the reports on these websites without reading the material let alone grappling with the challenge it posed to their arrogant claim that all 120 of the TIs whose accounts they read were delusional!

In East Germany, the citizen-informants included doctors, lawyers, journalists, sports-figures, writers, actors, high officials in religious organizations, pastors, waiters, hotel personnel, and other workers. "Schools, universities, and hospitals were infiltrated from top to bottom," wrote John Koehler, author of *Stasi: The Untold Story of the East German Secret Police*. Markus Wolf, a former Stasi officer, said that, in Germany, TIs were gangstalked by citizen agents who “literally encircled their everyday movements.” (See Rich, 2008, op.cit.) The homes of these persons were “put under siege.” (Rich, p.105.) TIs (the term was not used in East Germany) were typically stalked wherever they went. A report authored by Ray Cline, former Associate Director of the CIA, said that Stasi’s network of informers reached into “every crevice of society.” Although the goal here and in the Soviet Union was ostensibly “national security,” Cline noted that the surveillance system was really used to terrorize the population and inhibit them from “speaking out.”

It appears that no one has admitted to being citizen-spies in these programs, Rich wrote in 2008. According to a former Soviet citizen-informant, they were told “secrecy” was

essential and they had to sign a contract to not reveal their work for the Deep State. They were told the public often did not realize “the danger these people represent to our society.” (Cited in Rich, 2008, op. cit., online edition.) In the US, one can only guess the citizen informers are told that the TIs they are stalking are threats to national security. “The behavior exhibited by these [ordinary] citizens indicates that they are absolutely convinced that this policy is legitimate and necessary.”

In almost all cases, the families of TIs believe they are mentally ill, and many of them end up (at least briefly) in a psychiatric hospital -- most trust the doctors and unwisely confide in them -- where the label they are given (“paranoid schizophrenic” is typical) discredits them permanently, particularly among their families. Even those who have spouses who are critics of the national security state find their spouses seem to have a need to deny such covert harassment including the use of neuro-weaponry is happening so close to home. Many TIs think therapists must be consciously collaborating but, as I argued above, most professionals are deeply conformist political centrists (usually social liberals) and unaware of the existence of Deep State operations. This is a distinctive kind of totalitarian system that relies in general on a precarious balance of stealth/invisibility and complicitous cooperation.

Thus occurrences such as those reported by Ramola D and others are deemed “highly unlikely” by Sheridan and James, and thus neophytes who might take TIs’ allegations seriously are set straight by those professionals familiar with the psychiatric metanarrative. Besides group stalking, the other most common disturbance reported by TIs is voices in their head, what is known as Voice to Skull technology. Sheridan and James say that such technology is impossible. They don’t merely claim that there is no evidence such technology exists, they claim it is impossible for it to exist! This is laughable. This is the era of quantum physics---of quantum effects, and paradoxes that by all previous standards were impossible, and that has thus taught genuine scientists to be more humble. I never cease to be amazed by the hubris and idiocy of mental health professionals -- nor do I think these authors are deliberately propagating disinformation.

Dr. Robert Duncan’s testimony has been ignored by the mainstream media although he has multiple graduate degrees from Harvard and Dartmouth. He has worked for the Department of Defense and the CIA on AI (Artificial Intelligence) and neuroscience projects which seek to stimulate and rewire the human brain (see below). He has testified that he worked on the development of this technology used to make a variety of neuro-weapons. In his book, *Project Soul Catcher: Secrets of Cyber and Cybernetic Warfare Revealed* (2010, Boise, Idaho: Higher Order Thinkers Publishing), he discusses weaponry that can cause virtually all of the effects reported by TIs -- from “synthetic telepathy” to “Voice to Skull” voices. He became a whistle-blower when he discovered this technology was being used in non-consensual experiments on American citizens (or to punish persons who had angered the wrong people), just as LSD had been used in non-consensual experiments by the CIA in a previous era in MK Ultra, as documented by the US Congress’ Church Committee. He writes “I apologize to the human race for any contribution to these 4th generation weapons that I may have worked on that are more horrific than the nuclear bomb and whose cover-up is more pervasive than the Manhattan Project” (See www.drrobertduncan.com -- not Duncan’s own website).

Dr. Barrie Trower is a former Royal Navy Microwave Weapons Expert and former Cold-War captured spy debriefer for the UK Intelligence Services with advanced degrees in physics. He states:

“During the 1950s and 1960s during the Cold War, it was realized...that microwaves could be used as stealth weapons. The Russians beamed the American embassy during the Cold War and it gave everybody working in the embassy cancer, breast cancers, leukemias, whatever, and it was realized then that low level microwaves were the perfect stealth weapon to be used on dissident groups around the world, because you could make dissident groups sick, give them cancer, change their mental outlook on life without them even knowing they were being radiated, and one of my particular tasks...I spent eleven years questioning captured spies...one of my particular tasks was to learn the particular frequencies of microwaves that they used on which particular victims, if I may use that word, and what the outcome was, and I built up a dossier...I'm probably the only person in the world with the complete list...I built up a dossier of what pulse frequencies of microwaves will cause what psychological or physiological damage to a person.” (See [Institute for Geopathology/Barrie Trower.](#))

Trower's testimony makes clear that -- contrary to psychiatric claims -- that not only are Voice to Skull weapons possible but the military already possesses them:

“So the military can now put voices into people's heads to do whatever deed they wish it to achieve, and the super stores have also realized that rather than say ‘put that down, you're going to steal it’, if you're indecisive and you're shopping, they can say ‘you really do want to buy this’, and after nine months, and I got the figure from one of your calls, somebody took one of your super stores to court for beaming them. And they made a phenomenal profit in just nine months, phenomenal profit. But because your Federal Communications Committee says that microwaves were safe, the case fell. (Barrie Trower, [The Cooking of Humanity.](#))

Gloria Naylor tells of her own victimization by neuro-weaponry in her “novel,” *1996*. In the Appendix she describes the experience of herself and others:

“Sleep deprivation is common and dreams are manipulated. Victims say, “They [whoever is targeting them] can see through my eyes, what I see.” Sometimes victims describe seeing the images of projected holograms. Thoughts can be read. Most victims describe a phenomenon they call “street theater.”

For example, people around the victim have repeated verbatim, the victim's immediate thoughts, or harassing and personalized statements are repeated by strangers wherever the victim may go.

Emotions can be manipulated. Microwave hearing, known to be an unclassified military capability of creating voices in the head, is regularly reported. Implanted thoughts and visions are common, with repetitive themes that can include pedophilia, homophobia, and degradation. Victims say it is like having a radio or TV in your head. Less frequently, remote and abusive sexual manipulation is reported. Almost all victims say repetitive behavior control techniques are used and include negative, stimulus-response, or feedback loops. (Cited in Cheryl Welsh, 2008, “[In](#)

[Contravention of Conventional Wisdom: CIA No touch torture makes sense of mind control allegations](#)”, accessed November 2016.)

I have now been told of experiences just like these by several dozen TIs -- all have the same pattern -- the voices that respond maliciously to their own thoughts, the manipulation of dreams, (some describe unwanted sexual feelings or orgasms -- “electronic rape”), many say the torturers can see through their eyes, etc -- these experiences often reported by people in the age range 40 through 60s with no history of “psychosis.” (The experience of psychosis usually happens in early adulthood.)

Welsh finds that these mind control techniques are similar to the new kind of “no touch” torture used by the CIA in Guantanamo and elsewhere, which is discussed in the article. She writes, “The mind control techniques seem to be psychological techniques to disorient the victim and cause him to feel completely controlled, dependent, and at the mercy of his torturers.” The victim is estranged from his everyday world -- like the “psychotic” -- and trapped in a theater of the mind. Unlike the psychotic’s experience, this mind theater is engineered by the torturers. The goal is to break down the personality of the subject to gain complete control over him/her. I want to mention that although the new type of torture is based on a paradigm developed by the CIA and military, it is useless for extracting accurate information from subjects. In fact, when used upon TIs, it does not even have the intended results, because TIs increasingly resist isolation by joining -- often over the Internet and by phone -- other groups of TIs -- and they usually become social activists against the Deep State.

Quoting from Alfred McCoy’s book, *A Question of Torture, CIA Interrogation, from the Cold War to the War on Terror*, Welsh states, “Thus, much of the pain from all forms of torture is psychological, not physical, based upon denying victims any power over their lives. In sum, the torturer strives ‘through insult and disqualification, by means of threats...to break all the victim’s possible existential platforms.”

Welsh insightfully writes,

“Although TIs go to extremes in trying to escape the physical targeting, they are unsuccessful. The psychological trauma is inflicted by the sense of causing one’s own pain. [In Guantanamo, causing one’s own pain was achieved by making prisoners stand for hours.] Many TIs report that the targeting causes TIs to become isolated from friends, families, and in many cases TIs are unable to work. This common reaction to targeting seems to be a type of self-inflicted psychological pain.”

What Welsh does not mention is that the rise of weekly or twice-weekly TI telephone conference calls sometimes with hundreds of TIs participating, has greatly diminished the psychological impact upon the victim -- not that it ceases to be torture, but it does overcome largely the harrowing sense of isolation, and makes life tolerable for many. This is one reason the psychiatric metanarrative, which seeks to force TIs back into isolation and dependency on an expert who regards her as insane, is so harmful -- and TIs would be well advised to avoid (and certainly not to argue with) all professionals who accept this metanarrative.

Welsh's article makes the use of neuroweaponry less mysterious -- although one cannot help but be puzzled by the sensibility of those who designed these tortures, which I repeat are not effective means of obtaining information. Drawing upon the work of students of CIA torture, Welsh highlights the psychological theory and distinctive goals of CIA torture -- to break down the personality, not through direct psychical torture and injury but through the creation of physical distress and acute psychological trauma. In Guantanamo and elsewhere, the effect is achieved through a combination of making prisoners adopt stress positions (e.g., standing for hours), and subjecting them to isolation and control of the environment through sensory deprivation, constant noise, and discordant music. Welsh notes, "It seems logical to surmise that the successful techniques of no touch torture would cross over to more technically based remote, advanced mind control programs."

Medical doctor John Hall writes in *Guinea Pigs, Technologies of Control*: "Fast forward to today, we have over 300,000 people in the United States voicing complaints of electronic harassment.... We have known for some time that several technologies exist that are capable of putting voices in one's head to subliminally harass or control them." (*Guinea Pigs, Technologies of Control*, 2014, Houston: Strategic Book Publishing). Why are so few people aware of this technology?

As Ramola D succinctly puts it, "Neuroscientists in particular know that we stand today on the lip of a massive revolution in human affairs with the new knowledge of remote influencing technologies [remote from the target, often by satellite] capable of manipulating the human body and human brain. So do the Military and Intelligence agencies." (*Washington's Blog*, [The American Public Informs President Obama's Commission for the Study of Bioethical Issues About Ongoing Non-Consensual Human Experimentation in the USA Today](#), accessed July 2016.) By dismissing or ridiculing the complaints of the victims of these new technologies, psychiatrists, psychologists, and others in the helping professions, as well as journalists who unquestioningly propagate the psychiatric metanarrative, betray their own vocational mandates.

Neuroweaponry and Classified Military Research

In McPhate's article, he implies that the tortures carried out on unwitting prisoners in the CIA's /Deep State's quest to gain absolute power over the human mind was an aberration that came to an end in the 1960s. "The military establishment, the theory goes, never gave up on the ambitions of MK Ultra, the C.I.A.'s infamous program to control the mind in the 1950s and '60s," he states.

He apparently has not read the numerous books documenting that the Deep State including CIA, NSA, and the military never gave up its research on influencing or controlling the mind. This has always been the purpose on their unclassified research. "The major areas of *unclassified* neuroscience research, molecular biology, cognitive neuroscience and brain imaging research, which had their beginnings in the 1950s, remain the dominant areas of research in neuroscience today," writes Cheryl Welsh, a lawyer, TI and founder of *Mind Justice*. (*Mind Justice*, [Research Possibilities, Reliable Newspaper and Magazine Sources. Document Proof of Mind Control Technology](#).) Bioelectrical experiments on the brain were off limits to those who did not agree to put their talent to the service of the Deep State.

One might add that this arrangement -- whereby the most potent tools for influencing the brain remained classified -- was also in the interests of the pharmaceutical industry, a multi-billion dollar industry that would be financially threatened and diminished by the discoveries of bioelectric research. The psychiatric-pharmaceutical complex mushroomed in the 1980s and 1990s -- psychiatrists invented bogus explanations for life problems that required chemical fixes, e.g. the theory of “biochemical imbalances,” now discredited. But, as Welsh notes, there is evidence that research on the bioelectricity of the brain, the basis of the neuro-weaponry and mind control instruments used on TIs -- has remained classified in CIA mind control programs that began in the 1950s and in DARPA programs to develop technologies for remote access to the brain. ”In the 1960s and 1970s, the electromagnetic aspect of neuroscience research was well funded and classified by the US government.” (Cheryl Welsh, [Misled and betrayed: How US cover stories are keeping a Cold War weapon and illegal human testing secret](#), accessed July 2016.)

At the same time a cover story was propagated in the press that neuroweapons are “science fiction.” “As a result of both secrecy and prevailing scientific thought, however, bioelectromagnetic research has remained underfunded and disregarded by the mainstream scientific community.”(Cheryl Welsh, [Misled and betrayed: How US cover stories are keeping a Cold War weapon and illegal human testing secret](#), accessed July 2016.) In other words the public knows little about mind control weapons because the military and Intelligence made sure the research was kept secret, and those few *unclassified* scientists who showed an interest in bio-electricity and would not submit to government control were steered away from researching the technology that held the most promise for mind control.

But actually there is more evidence for the existence of neuroweaponry despite efforts to keep it secret and despite the press secrecy and ridicule as exemplified in *The New York Times* article. Nick Begich, Ph.D., author and public speaker in his book, *Controlling the Human Mind: The Technologies of Political Control and Tools for Peak Performance* (Begich, 2006, Anchorage, Alaska: Earthpulse Press) unearths information that corroborates Welsh’s claim and that shows even in the unclassified sector there is evidence of the existence of the kind of advanced bio-electrical technology that is now used in non-consensual experiments on Americans. (See also Paul Baird, “Patented Technologies” at [Surveillance Issues/Advanced Surveillance and Harassment Technologies](#), accessed November, 2016.) Actually the motive is not always obvious. Some believe the main purpose is no longer experimentation but primarily the torture of political enemies, or to create an environment of fear that stifles dissent.

Begich agrees the research that was soon classified began in the 1950s or 60s. While the research using LSD was publicized by the Church Committee, the CIA also had other projects. For example, MK-ULTRA Subproject 119 involved a critical view of the literature and scientific “bioelectric signals from the human organism, and activation of human behavior by remote [electronic] means” (Begich, *Controlling the Human Mind: The Technologies of Political Control and Tools for Peak Performance*, p.60). This description was written in 1960, thus corroborating Welsh’s argument.

In 1996, the US Air Force published a document called *The Information Revolution and the Future Airforce* by Colonel John Warden III, that laid out their plans for the future. It is worth quoting at length --it belies the psychiatric claim that the possession of advanced neuroweaponry is “impossible.”

“Prior to the mid-21st century, there will be a virtual explosion of knowledge in the field of neuroscience. We will have achieved a clear understanding of how the human brain works, how it really controls the various functions of the body, and how it can be manipulated (both positively and negatively). One can envision the development of electromagnetic energy sources, the output of which can be pulsed, shaped, and focused, that can couple with the human body in a fashion that will allow one *to prevent voluntary muscular movements, control emotions (and thus actions), produce sleep, transmit suggestions, interfere with both short-term and long-term memory, produce an experience set, and delete an experience set* [emphasis added]. This will open the door for the development of some novel capabilities that can be used in armed conflict, in terrorist/hostage situations, and in training....” (Begich, p.110).

The above descriptions are consistent with exactly the kind of problems that TIs claim they have as a result of what they believe to be targeting by neuro-weaponry! Psychiatrists do not read these documents (unless they work for the CIA), but by their standards the author of this document is delusional—because according to the psychiatric metanarrative, technology with these capacities could not possibly exist!

Furthermore, as early as 1980, John B. Alexander of the U.S. Army said,

"Mind-altering techniques designed to impact opponents are well-advanced. The procedures employed include manipulation of human behavior through the use of psychological weapons affecting sight, sound, smell, temperature, electromagnetic energy or sensory deprivation." (Begich, p.100.)

Colonel Warden’s report goes on specifically to mention the creation of voices, referred to as Voice to Skull by TIs,

“It would also appear to be possible to create high fidelity speech in the human body, raising the possibility of covert suggestion and psychological direction... Thus, it may be possible to 'talk' to selected adversaries in a fashion that would be most disturbing to them.” (Begich, p.110, also at [Earthpulse/Mind Control](#), accessed July 2016.)

Not only is this kind of impossible technology forecast in this report but Begich found that quite a few patents (unclassified) proving this technology -- called Voice to Skull by TIs -- existed.

In the early research, Begich comments it was reported that “clear sound signals” had been sent and received -- this is reported in the non-classified sector. Dr Robert Becker, a physician known for his work on bio-electricity, wrote in 1995 about a current Voice to Skull device, that “such a device has obvious applications in covert operations designed to drive a subject crazy with voices, or to deliver undetectable instructions to a potential assassin.” (Begich, p.124.)

Begich in 2006 notes, about the Air Force report, confirming Welsh's contention made years after the report, that the technology goes back to the 1950s: "The above report was a forecast for the year 2020. However, the reality is that these technologies already exist and there are a number of patents in the open literature which clearly show the possibilities. This research is not new but goes back to the 1950s." (p.112.) The work done in the classified sector was far more advanced than someone without knowledge of this area could discern in 1995. Begich says that "what was known from experience" is that the government withheld patents under the advisement of the military. When inventors' intellectual property is seized, "the inventors are given a choice -- work for the government or you cannot continue your research on or even talk about the invention under a national security order. Those who do not cooperate have their work...shut down." (Ibid, p.125.)

While the research in the 1990s was not new, what was new was the idea of openly using these weapons upon the civilian populations of "the enemy" and also as we will see upon US citizens. In 1995, the EPA wrote, "A new class of weapons, based on electromagnetic fields, has been added to the muscles of the military organism. The C3I [Command, Control, Communications and Intelligence] doctrine is still growing and expanding. It would appear that the military may yet be able to completely control the minds of the civilian population." (p.112.)

The non-covert targeting of civilian populations by the military is a significant departure from its history. Clearly manipulation was used in the past but it was not openly espoused. But with such advanced technology evidently the military did not want to be confined to covert operations. Begich's statement that in the past "the military used persuasion through real information...to win populations over" needs to be emended. The military equally or more often used false information as well as false flag operations (e.g., attacks covertly committed by the military and attributed to Communists or terrorists) on civilians in enemy countries. But what is unprecedented was the ability and intention of the military to use "mind manipulation" -- through directed energy interventions on the brain itself -- to gain support, or perhaps more likely not to garner support but to quell the resistance of civilian populations to US military interventions. (Ibid, also at [Earthpulse/Mind Control](#), accessed July, 2016).

These kinds of weapons -- those discussed above and others, euphemistically termed "non-lethal weapons" -- are to be used not only against citizens of the "enemy" or against stateless terrorists but against Americans -- and not only for the purpose of non-consensual experimentation which we have seen has been standard practice for decades, but also to control *domestic* "adversaries"! As Dr. Nick Begich notes, "On July 21, 1994, Dr. Christopher Lamb, Director of Policy Planning, issued a draft Department of Defense directive which would establish a policy for non-lethal weapons." The policy connected the military's weapons' research to civilian law enforcement agencies. (Begich, p.156, also at [The Everyday Concerned Citizen, Is the US Department of Justice Secretly Permitting Local Law Enforcement and the Military to Assault American Citizens Using Covert Directed-Energy "Non-Lethal" Weapons?](#), accessed July, 2016.)

According to this directive, non-lethal weapons are to be used on the government's domestic "adversaries". The definition of "adversary" now appears to include any American whose activities are disapproved of by the military or by law enforcement.

The directive states (emphasis added): “The term ‘adversary’ is used above in its broadest sense, including those who are not declared enemies but who are engaged in activities we wish to stop. *This policy does not preclude legally authorized domestic use of the nonlethal weapons by United States military forces in support of law enforcement.*” (Ibid, p.157, [The Everyday Concerned Citizen, Is the US Department of Justice Secretly Permitting Local Law Enforcement and the Military to Assault American Citizens Using Covert Directed-Energy "Non-Lethal" Weapons?](#), accessed July, 2016.)

Begich aptly notes, “This allows the use of the military against the citizens of the country that they are supposed to protect...” It belies McPhate’s contention below that the goals of MK-ULTRA were abandoned in the 1970s. This describes a police state in which “non-lethal” weapons may be used upon anyone engaged in “activities” the military or police “wish to stop” -- a police state in which the first Amendment has been completely vitiated, and the military, police, and Intelligence agencies are sovereign rulers invading not just persons’ homes (without warrants) but the sacred sanctuary of their brains, and in which even freedom of thought is monitored, proscribed, punished, manipulated. Or in other words 1984 on steroids! This of course by the standards of Psychiatry is both highly improbable and impossible. Tell that to the Military!

Furthermore, this plan is not merely a daydream of the Department of Defense. In 1995, the Pentagon received from the government \$50 million to be used conjointly with the Department of Justice to develop these weapons -- and significant funding has been available every year since then. (Begich, p.158.) Begich aptly notes, “Not since the Civil War...has the military machine been turned against American citizens.” (Ibid, p.159.) Ramola D notes that “we are being publicly told that the Department of Defense long ago, in 1994, struck a deal with the Department of Justice to permit the military to use non-lethal weapons on American civilians, inside America, in support of law enforcement.” ([The Everyday Concerned Citizen, Is the US Department of Justice Secretly Permitting Local Law Enforcement and the Military to Assault American Citizens Using Covert Directed-Energy "Non-Lethal" Weapons?](#), accessed July, 2016.)

According to military analyst and Washington Post journalist William Arkin, Department of Defense spending on electro-magnetic weapons had reached a billion dollars a year in 2008. (Belitsos, op.cit. “[The Covert Use of Energy Weapons for Political Control](#)”, accessed July, 2016.) Air Force Secretary Michael Wynne stated in 2007 that nonlethal weapons should be tested on U.S. civilians in crowd control situations before being used on the battlefield. Domestic use would make it easier to avoid bad press in the international community: “Because if I hit someone with a non-lethal weapon and they claimed that it injured them, I think I would be vilified in the world press.” (*The Seattle Times*, September 13, 2006, “[Test Non-Lethal Weapons in the US](#)”, See also Associated Press article at “[US to Use Microwave Weapons on American Citizens](#)”, accessed July 2006.) So in order to avoid unfavorable international publicity, it is better to test these experimental weapons on domestic political dissidents!

I have now presented, to the jury of readers, a summary of the case against the Deep State—based on a demonstration that Deep State operations, as described in the TI

metanarrative, do in fact exist. Above I listed the obstacles, **1) to 6)**, to fairly assessing the testimony of the targeted individual. There is lack of familiarity with TIs, **1)**, and with accounts of group stalking, **5)**, and of advanced neuro-weaponry, **3)**, which I have tried to remedy.

I have attempted here to overcome a formidable but egregious mistaken objection to the TI metanarrative which is based on **2)**, people's difficulty believing the US government would subject American citizens to harm. I have shown above that this is not merely a "conspiracy theory" meme but has been corroborated by legislative as well as Presidential commissions and reports by US representatives: Over and over American citizens have been subjected by US intelligence and military to dangerous, harmful, and often lethal experiments -- for the ostensible sake of national security. The use of cybernetic weaponry for political control has been openly advocated by top officials in the military in documents produced by the military. To think that experimentation and this kind of application of weaponry came to an abrupt end in the late 1970s when the Church Committee convinced Congress to make it illegal would be naïve (see Jon Rappoport, Jan 9, 2015, [CIA Mind Control Program: Did it Really End?](#), accessed November 2016), considering the historical record -- as noted -- of the CIA, and considering that no one was ever held accountable for these crimes against humanity -- no one paid a fine, no one went to prison, no one lost his job. Not even Helms who, as mentioned above, had destroyed the MK ULTRA files.

I have attempted to address **4)**, the belief that only TIs are making these kind of "paranoid" claims about Deep State (including the CIA) operations. I have examined testimony by whistle-blowers, former employees of US intelligence -- not only is there no oversight to protect the public but the Deep State is able to manipulate State power to deter whistle-blowers from speaking up.

I have addressed **5)**, the difficulty believing that such resource-intensive activities as group stalking take place, by showing that activities like group stalking have existed before in totalitarian countries -- and that there is evidence, presented in mainstream press and ACLU reports, to suggest that a massive program, using citizen-spies, of surveillance and harassment was implemented post-9/11. Furthermore, it is obvious from cursory research that advanced technology which psychiatrists claim could not exist, **5)**, does in fact exist.

Above all, I tried to show that, contrary to **6)**, public faith in psychiatric "expertise, that psychiatric authority is not based on the access to and application of a legitimate body of knowledge but is based on pretense and the enactment of a variety of ceremonies that create the illusion in the public mind that mental health professionals are scientists, are doctors of medicine (often they are MDs but their medical expertise is irrelevant to what they do as psychiatrists) when in actuality their categories of "mental illnesses" have no more validity than a collectively shared fantasy and their methods of "treating" mental illness are nothing more than methods of social control. Those therapists who are helpful to clients are effective simply because they are compassionate, intelligent, and humane -- the adoption of a "medical model" would undermine the efficacy of any therapist.

The psychiatric metanarrative about TIs is yet another example of the mental health professions' historical subordination of the quest for truth to financial exigencies, and to their own social mandate to control and correct those who deviate from dominant social norms, to domicile, tranquilize, contain and mute troubled or troubling persons, persons who are disturbing to their own families and kinship groups. The casualty has been the truth and the erstwhile losers have been those individuals who are battling to assert and recover those constitutional rights and liberties on which this country was founded -- albeit imperfectly.

Below is a discussion of the article in *The New York Times* about TIs which was based on the psychiatric metanarrative.

Discussion of the New York Times Article About TIs Based on the Psychiatric Metanarrative

United States of Paranoia: They See Gangs of Stalkers

MIKE McPHATE | JUNE 10, 2016 | The New York Times

Nobody believed him. His family told him to get help. But Timothy Trespas, an out-of-work recording engineer in his early 40s, was sure he was being stalked, and not by just one person, but dozens of them.

He would see the operatives, he said, disguised as ordinary people, lurking around his Midtown Manhattan neighborhood. Sometimes they bumped into him and whispered nonsense into his ear, he said.

"Now you see how it works," they would say.

At first, Mr. Trespas wondered if it was all in his head. Then he encountered a large community of like-minded people on the internet who call themselves "targeted individuals," or T.I.s, who described going through precisely the same thing.

The group was organized around the conviction that its members are victims of a sprawling conspiracy to harass thousands of everyday Americans with mind-control weapons and armies of so-called gang stalkers. The goal, as one gang-stalking website put it, is "to destroy every aspect of a targeted individual's life."

McPhate picks a poor example of a TI—or the best example if his goal was to persuade readers TIs are really psychotics.

Trepas' confusion is made clear by the end of the article when Trespas himself wonders if TIs really exist. He could have picked Ramola D, winner of Grace Paley award for short stories; or Karen Stewart who worked for NSA for 28 years; or Gloria Naylor, best-selling novelist; or numerous other people I could name who were very accomplished before they became TIs. But then New York Times readers would be less inclined to dismiss TIs as psychotic. Mr Trespas is not representative of the majority of TIs with whom I have spoken.

The author has set up his narrative. Mr Trepas is a troubled person. He sees what he thinks are spies “disguised” as ordinary persons. (A knowledgeable TI would know that “ordinary persons” are recruited into the surveillance program.) At first McPhate tells us Trepas wonders if he is delusional, if “it was all in his head.” But then he encounters a large community of “like-minded people” who were organized around the conviction that there is a “sprawling conspiracy” to harass thousands of Americans.

Trepas begins to view his “delusional thoughts” as a legitimate interpretation of his experience, this is where the problem is defined. McPhate tells readers repeatedly throughout the article that the problem is the psychotic does not recognize he is mentally ill. This is the essential plot of the narrative -- the basis of the conflict that propels the action in the psychiatric metanarrative about TIs. The problem is created or aggrandized when the pseudo-TI, or the covert psychotic, encounters a group of “non-compliant psychotics”-- the psychiatric term for patients who are unwilling to take the medications psychiatrists say they need, and/or deny they are mentally ill. They are the unwitting villains in the psychiatric metanarrative about TIs.

The article continues:

A growing tribe of troubled minds

Mental health professionals say the narrative has taken hold among a group of people experiencing psychotic symptoms that have troubled the human mind since time immemorial. Except now victims are connecting on the internet, organizing and defying medical explanations for what’s happening to them.

From McPhate’s viewpoint and that of many if not most Americans, mental health professionals are the experts on reality. The “medical” experts say that the TIs’ interpretation of their experience should be discounted—and therefore the journalist will discount it. The TI is a psychotic in a new guise and her interpretations should not be taken seriously but viewed only as symptoms of her troubled mind. Psychotics have existed “since time immemorial.”

But now “victims” of “psychosis” are connecting with other covert psychotics on the Internet and “defying” “medical” explanations of their experience. This spells trouble. Only the psychiatric, the medical, explanation is real. In the psychiatric metanarrative, the TI is a non-compliant psychotic, and the behavior and beliefs of non-compliant psychotics are taken out of their social context -- in which they make sense -- and construed as unintelligible symptoms of an illness. The TI is treated by mental professionals as a non-compliant mental patient, and there is nothing she can say to change that diagnosis except by deciding to be a compliant mental patient.

The community, conservatively estimated to exceed 10,000 members, has proliferated since 9/11, cradled by the internet and fed by genuine concerns over government surveillance. A large number appear to have delusional disorder or schizophrenia, psychiatrists say.

Again it is repeated that there is a large and growing number of these troubled minds. Their growth is attributed to 9/11 and the Internet, and they are “fed” by “genuine concerns” over government surveillance. The journalist obviously must acknowledge

the genuineness of this concern because, after all, readers know about Edward Snowden's disclosures -- but he wastes no time in getting back to his topic. A large number of these persons are schizophrenic or afflicted with delusional disorder -- psychiatrists say so. The term "schizophrenic" is introduced, a term that has taken on the most ominous connotations, as opposed to the more mild term "delusional disorder."

In the psychiatric metanarrative, schizophrenics are afflicted with the worst mental illness and thus constitute the lowest caste in the psychiatric status hierarchy of the mentally afflicted. They are the untouchables who for centuries were sequestered in state institutions and are now in our midst but restrained -- often by force of law -- by the fetters of toxic sedating "anti-psychotic" drugs. Thomas Szasz called schizophrenia "the sacred symbol" of psychiatry and argued that its evocation of chaos and unreason gave psychiatry its identity as the epitome and protector of order and reason (even to Freud who wrote contemptuously of schizophrenics), guarding us from these barbarians who had arisen inexplicably from the midst of Western civilization itself.

So "a large number" -- psychiatrists say -- of TIs are schizophrenics or otherwise afflicted. What about those who are not psychotic? Will the journalist give them a voice, allow them to express their concerns, and to comment on the psychiatric narrative? Or will they remain voiceless? In fact by the end of the article they have disappeared altogether, since McPhate does not interview one TI or one whistle-blower -- with the possible exception of Dr John Hall -- whom he presents as credible.

Yet, the phenomenon remains virtually unresearched.

The phenomenon has been defined by McPhate: Psychotic persons who defy psychiatric explanations and thus, do not get the help they need. But research is required on this medical problem.

For the few specialists who have looked closely, these individuals represent an alarming development in the history of mental illness: thousands of sick people, banded together and demanding recognition on the basis of shared paranoid ideas.

Specialists in what? Psychobabble? The journalist defines the "alarming development" in the history of psychiatry: Thousands of sick paranoid people "banded together" -- a "growing tribe of troubled minds."

They are banded together like criminals -- "a tribe of troubled minds" -- and "demanding recognition." The problem is a medical problem -- and thus a social problem because we have now a tribe of psychotics who refuse to accept that they are mentally ill and thus will not get the psychiatric help they need. Psychiatry's narrative, dramatized by the journalist, seems designed to evoke the public's deepest fears about this "alarming development." The words themselves suggest something sinister. These paranoid persons "defy" and "demand" (from society). The journalist thus takes the psychiatric narrative and gives it a journalistic and dramatic form -- he is documenting a serious new medical-social problem. The TI's metanarrative, insofar as it is alluded to -- that the TI is a victim of surveillance, groupstalking, mind manipulation -- is depoliticized, emptied of substantive content, and redefined as psychotic symptomatology. The journalist and the psychiatrist can make the TI's narrative

disappear -- they can banish from the public imagination any genuine concerns the TIs' metanarrative may evoke about surveillance and other pernicious operations of the Deep State.

But of what do they "demand" recognition? The question is elided by the phrasing: "on the basis." The journalist implies they demand not just recognition but acceptance of their collective "paranoias." This is in fact true, however carelessly phrased. TIs do not want to be classified and dismissed as psychotics, as paranoid. They want the TI metanarrative as expressed by their most articulate spokespersons to be taken seriously and reckoned with by other members of civil society -- including mental health professionals whose responsibility is to help the distressed, and journalists whose responsibility is to search for the truth.

The journalist does not investigate what the TI defines as an alarming development: The growth of an apparatus of surveillance, control, and torture which victimizes American citizens, and is outside accountability. All indications suggest he has not even read the books given him by TIs he consulted -- and he has certainly not seriously considered the testimony by scientists and former agents who confirm the TIs' "delusions."

They raise money, hold awareness campaigns, host international conferences and fight for their causes in courts and legislatures.

These psychotics are busy and effective activists for their cause.

Perhaps their biggest victory came last year, when believers in Richmond, Calif., persuaded the City Council to pass a resolution banning space-based weapons that they believe could be used for mind control. A similar lobbying effort is underway in Tucson.

They deceived the people of Richmond, California.

An "echo chamber" of paranoia

Dr. Lorraine Sheridan, who is co-author of perhaps the only study of gang-stalking, said the community poses a danger that sets it apart from other groups promoting troubling ideas, such as anorexia or suicide. On those topics, the internet abounds with medical information and treatment options.

This tribe, this community of psychotics poses a real and distinctive danger to themselves and to the public because of the Internet -- according to the expert on group stalking whose "investigation" "found" group-stalking did not exist. As mentioned above, this study was flawed and showed lack of rudimentary knowledge about experimental methodology.

An internet search for "gang-stalking," however, turns up page after page of results that regard it as fact. "What's scary for me is that there are no counter sites that try and convince targeted individuals that they are delusional," Dr. Sheridan said.

According to the mental health professional, a psychologist and “expert” on gang-stalking, these delusional persons go to the Internet and find copious websites with “information” that confirm the reality of their sense that they are being stalked. The expert finds it frightening that there are no “counter” websites to tell them they are “delusional.” Of course she accepts the psychiatric metanarrative. Not because she is intentionally complicit -- although past history suggests some of the most prominent psychiatrists and psychologists worked for the CIA. But because (see discussion above), like most mental health professionals, she is angered and disturbed by non-compliant patients -- patients who won’t take their “medication,” and who will not accept the psychiatrists’ evaluation of them as “mentally ill.”

“They end up in a closed ideology echo chamber,” she said.

We are told by the expert on reality how the psychotic delusion is anchored in the sick mind. It never occurs to her that *she* may be in a closed ideology echo chamber...

“In instructional tracts online, veterans of the movement explain the ropes to rookies:

- Do not engage with the voices in your head.
- If your relatives tell you you’re imagining things, they could be in on it.
- Do not visit a psychiatrist.”

Here we see the basis of the psychiatrist’s own fear. *These psychotics” are violating the sacred psychiatric injunction: When troubled, consult a mental health professional.*

This violation threatens to undermine psychiatric authority, or more precisely the authority of the mental health system with its hierarchy of professionals, including psychologists, social workers, and other allied disciplines.

TIs should take note. If they randomly consult a psychiatrist or any mental health professional, the odds are they will be treated as non-compliant psychotics. The psychiatric metanarrative denies that the State in America has the ability and the will to subject persons to sophisticated forms of tortures -- and refuses to look seriously at the copious evidence that it has done so in the past and is doing so now.

Note that the journalist uses again the term “tribe,” with its menacing connotations -- earlier the reference was to a tribe of troubled minds. Don’t be fooled, the experts warns: This new breed of psychotics comes from all classes and even includes professionals in higher socio-economic echelons, highly educated people, people the average person would not suspect were really psychotics, even schizophrenics, passing as normal.

In Facebook forums and call-in support groups, they commiserate over the skepticism of their loved ones and share stories of black vans that circle the block or co-workers conscripted into the campaign.

They are unhappy that their loved ones don’t believe them and they share stories the journalist depicts as bizarre. This emerging psychiatric meta-narrative dramatized by

the journalist makes the TIs appear very paranoid, and it seeks to drive a wedge between the TI and her loved ones who will increasingly find the psychiatric metanarrative recounted in the Press -- even in the prestigious *New York Times*.

A T. I. subgenre has blossomed on Amazon. Left, the cover of John Hall's "Guinea Pigs: Technologies of Control," and Robert Duncan's "How to Tame a Demon."

They have self-published dozens of e-books, with titles like "Tortured in America" and "My Life Changed Forever." In hundreds of YouTube videos they offer testimonials and try to document evidence of their stalking, even confronting unsuspecting strangers.

All this evidence the expert warns is part of a planned effort -- a conspiracy comes to mind, although the psychiatric expert would never call it a conspiracy -- to "try to document" evidence that they are not psychotics but victims.

They don't "try to" document evidence--they do document this. And McPhate chose to ignore it, despite McPhate's correspondence with TIs and whistle-blowers -- as TIs have noted. (See *Human Rights Watch3 Blog*, [The Questionable Reporting of The New York times](#), accessed August, 2016.) He also does not mention that some of the people documenting the group stalking and the use of neuroweaponry *are* whistle-blowers or other experts (journalists for alternative blogs) with credentials and backgrounds that help establish their credibility.

Ramola D provides a list of authorities at [The Everyday Concerned Citizen/Robert Duncan](#). Ramola herself is a prolific writer and TI (since late 2013) who won a Washington Writers' Publishing House award in 1998 for her poetry collection *Invisible Season*, and the 2008 AWP Grace Paley Prize in Short Fiction for her collection *Temporary Lives & Other Stories* -- she was for years a professor at George Washington University and is the recipient of a 2005 National Endowment for the Arts Fellowship in Poetry.

Of course, by omitting these credentials, it is easier to convince readers these whistle-blowers are delusional. Dr Robert Duncan, for example has multiple graduate degrees from Harvard and Dartmouth. He has worked for the Department of Defense and the CIA on AI and neuroscience projects which seek to stimulate and rewire the human brain. He became a whistle-blower when he discovered this technology was being used in torturous non-consensual experiments on American citizens, just as LSD had been used in non-consensual experiments by the CIA in a previous era in MK ULTRA, as documented by the US Congress' Church Committee.

Although McPhate corresponded with Duncan, he left all of Duncan's comments out of the article. McPhate's manipulation of his readers is further illustrated by the fact that he selects one of Duncan's relatively unimportant books to mention ("How to Tame a Demon") -- a book with a title (in the context McPhate has established) that makes it appear to the reader that Duncan is a psychotic who is obsessed by (literal) demons.

He could have mentioned Duncan's seminal book, *Project Soul Catcher: Secrets of Cyber and Cybernetic Warfare Revealed* -- but that title would not have been as likely to make Duncan look paranoid. Just mentioning a few of Duncan's accomplishments

would have undermined the psychiatric metanarrative McPhate promulgates. For example, Duncan writes, “My projects have included algorithms for Echelon and CIA natural-language parsing and classification of document content, IRS formula for red-flagging audits, writing the artificial intelligence code to automate tracking of the Soviet Nuclear Submarine Fleet and all water vessels, work integrating HAARP with SIGINT, SIGCOM, and SPAWAR...” -- that is just the beginning of a long list. (See Dr.RobertDuncan.com, not Duncan’s website, accessed 2016.)

Again note that the TIs are presented as a threat: “*Unsuspecting* strangers”(emphasis added) -- that is, strangers who do not realize that TIs are really psychotics -- are alerted they may be “confronted” by these disguised non-compliant psychotics. I have spoken to dozens of TIs. I don’t know any who “confronted” strangers. Many sought to tell their story to mental health professionals -- invariably with adverse effects.

“They wanted to basically destroy me, and they did,” a young mother in Phoenix says in one video, choking back tears. She lost custody of her daughter and was sent to a behavioral health hospital, says the woman, whose name is being withheld to protect her privacy. “But I am going to fight back for the rest of my life.”

She adds, “And guess what, I’m not crazy.”

Here is the leitmotif, formulated in different ways, but always the denial of one’s insanity -- woven throughout the narrative. The journalist is trying to persuade the readers that the psychiatric metanarrative with its trope of the (mad and bad) non-compliant patients -- here in the guise of the TI -- is the truth, beyond doubt. The real problem, he tells us, echoing the psychiatrist, is that the covert psychotic will not admit, or does not realize -- as a victim of the delusions of other TIs -- that she is psychotic.

The journalist shows no sympathy for this bereaved woman who lost custody of her daughter. Or if he has any sympathy it is because she is, in his mind, a non-compliant psychotic who resists getting psychiatric help. He quotes her remark that she’s not crazy, but if there is any doubt that his intent is to convey that she *is* crazy, it is dispelled in the succeeding sentence about Dr. Sheridan’s study which found that all of the people who claimed to be victims of group stalking were delusional!

The woman quoted above lost custody of her daughter -- probably because she went to an authority and volunteered information. The desire for the recognition for one’s identity, one’s sanity as a human being who is a subject, an equal, a person whose experiences and perspective are regarded as meaningful, leads many TIs -- who cannot confide in family and friends -- to seek out psychiatrists or therapists under the illusion that they will be understanding.

McPhate’s discussion with several mental health professionals is indicative: they do not hide their disdain for “patients” who refuse to accept they are ill. Although this is not discussed by McPhate, psychiatrists and other mental health professionals are particularly irked by the unwillingness of many patients to take psychiatric drugs. Ever since “psychotics” were released from state mental hospitals, they have been battling with mental health professionals for the right to liberty -- a major site of contestation is the bodies of mental patients.

Many patients are reluctant to take “anti-psychotics” (above all other “meds”) because of the extremely discomfoting or painful “side effects” typical of the neuro-toxic (see above) brain-damaging “anti-psychotics,” and/or because they are increasingly aware of adverse effects on their health. (See Seth Farber, 2012, *The Spiritual Gift of Madness: The Failure of Psychiatry and the Mad Pride Movement*, Rochester, Vermont: Inner Traditions.) Yet professionals insist that patients’ unwillingness is based on an irrational refusal to get well. (Yet we saw above that in the long run, these drugs actually impede the recovery process, although professionals are “in denial” about this fact.) Subconsciously, the psychiatrist sees the refusal to “accept one’s illness” as a threat to her authority, her legitimacy, her professional identity. (See Rosenhan experiment discussed above.) It is also a challenge to her socio-economic status, since an exodus of patients from the system would result in a loss of jobs and markets. It should be noted studies have shown mental patients were not significantly more violent than “normal” people.

Dr. Sheridan’s study, written with Dr. David James, a forensic psychiatrist, examined 128 cases of reported gang-stalking. It found all the subjects were most likely delusional.

I discussed this study above. This representation of the study is inaccurate. It did not “find” the subjects *were* delusional. It found that 2 mental health professionals, a psychiatrist and a psychologist, independently reached the conclusion that 128 subjects *had to be* delusional because what they reported in their written accounts was either highly unlikely or impossible. But on what basis can one call an event “highly unlikely”? Sheridan and James give examples of such events including hostile operatives being inserted in victim’s workplace and their children’s schools, 24-hour electronic surveillance involving teams of men in black vans, etc.

Scientific studies of the sort published in this journal generally calculate the probability statistically. There is no way for Sheridan and James, or anyone, to measure the likelihood of 24-hour surveillance. The TI reports seem highly unlikely to the professionals because it is an event they have never read about in the newspapers and that seems to lack a rationale. But before they come to convict the TI of being delusional -- the diagnosis has very negative social consequences -- they should examine the TI's evidence.

Sheridan and James are like a jury which heard only the argument of the prosecution, and plugged up their ears when the expert witnesses for the defense -- for the TI -- took the stand.

In the light of this evidence, these allegations are very plausible -- Intelligence agencies have behaved this way in the past here and elsewhere. Sheridan and James and McPhate have such strong prejudices that they refuse to examine the evidence -- any decent lawyer for TIs would have easily gotten them thrown out of the jury pool. To determine conclusively if a TI is delusional one could hire a private investigator to determine if they *are* being stalked. (Of course if the perpetrators are canny they would realize an investigator was on the case, and temporarily stop the stalking.) Or one could examine the kind of documentary evidence for the operations of the Deep State I

present above. Sheridan and James are not investigators -- they are biased mental health professionals. And McPhate is not an investigative journalist -- at least not here.

My own conviction as a psychologist who has not abandoned critical thinking is that most of the TIs I have met are not delusional. (In a few cases I have been unsure and a few I thought were delusional.) Certainly their allegations are very plausible and thus these allegations should not be dismissed as delusional. In most cases I have examined there is a clear difference between the “schizophrenic” and the TI. (I do not accept that “schizophrenia” is an incurable disease -- I regard it as a emotional-spiritual crisis; its seeming chronicity a result of the iatrogenic drugs and standard practices of mental health professionals.)

“One has to think of the T.I. phenomenon in terms of people with paranoid symptoms who have hit upon the gang-stalking idea as an explanation of what is happening to them,” Dr. James said.

A mishmash of conspiracy theories

McPhate uses the pejorative term mishmash as if conflict and diversity is not the norm in virtually every intellectual discipline dealing with complex phenomena. I doubt he would say quantum physics is a mishmash of theories.

Perhaps unsurprisingly, the community is divided over the contours of the conspiracy. Some believe the financial elite is behind it. Others blame aliens, their neighbors, Freemasons or some combination.

The movement's most prominent voices, however, tend to believe the surveillance is part of a mind-control field test done in preparation for global domination. The military establishment, the theory goes, never gave up on the ambitions of MK Ultra, the C. I. A.' s infamous program to control the mind in the 1950s and ' 60s.

What is implied here is that MK-Ultra was an anomalous program that ended in the 1960s.

A leading proponent of that view is an anesthesiologist from San Antonio named John Hall.

McPhate lets Hall talk but at this point in the article the framework is now established - the psychiatric metanarrative. So the unwary reader assumes these are the words of a mentally-afflicted man and they ring hollow.

John Hall, an anesthesiologist in San Antonio, has been a leading voice of those who feel targeted.

In his 2009 book, “A New Breed: Satellite Terrorism in America,” Dr. Hall gave his own account of being targeted. Agents bleached his water, he wrote, and bombarded him with voices making murderous threats.

The book made a splash because of the messenger: a licensed member of the medical establishment who was telling those who feel targeted

that psychiatrists were misleading them. A janitor knows as much about the human mind, he wrote.

As we saw above, a janitor often does know more about the human psyche than the psychiatrist who cannot even distinguish the sane from the insane. In Rosenhan's study *it was other mental patients who suspected the pseudo-patients* were not insane. None of the professionals guessed. Their training and miseducation prevents them from understanding what goes on in persons' minds.

Dr. Hall, 51, was invited for an interview on "Coast to Coast AM," a conspiracy-minded radio show based in California that is said to reach millions of listeners. After that, he said, "I had probably three or 4,000 emails from people saying: 'It's happening to me in this state.' It's happening to me in Florida.' It's happening to me in California.'"

The similarities of the cases spoke to a wide-ranging campaign, he said. "If the psychiatrists want to say that this is schizophrenia or delusional disorder, that's fine," he said. "But every one of these victims have the same story."

Dr. Hall discusses gang stalking, psychiatry and MK Ultra.

While Dr. Hall has faced scrutiny from the Texas Medical Board over his mental fitness, he retains his license. Over time, however, many others who identify as gang-stalking victims end up out of work. They are mocked by colleagues, tolerated by family. Friends and spouses fall away.

McPhate reports this outcome as if it is a result of TIs' psychosis -- their intractable attitude, their refusal to get psychiatric treatment.

A pretext for violence

The despair that results has led some to lash out in violence.

Many in the community, for example, are convinced that Aaron Alexis, who killed 12 people at the Washington Navy Yard in 2013, was a victim. Mr. Alexis, a former sailor, left behind a document accusing the Navy of attacking his brain with "extremely low frequency" electromagnetic waves. On the side of his shotgun were etched the words "my elf weapon."

It was unclear when Myron May's mental distress began, but by the fall of 2014, it had become too much. He quit his job as a prosecutor in New Mexico and traveled to Florida. There, he videotaped a testimonial about how gang-stalking had ruined his life.

"As you can see right now," he says into the camera, "I am totally not crazy."

Myron May: "I'm what's called a targeted individual."

Laying out his case, he describes an episode at a gas station where he believed somebody in dark glasses was mimicking his movements. “It was really creepy,” he said. “Everything I did, he did.”

Later in the video, he prays for forgiveness for his future sins. “Father,” he says, “right now I ask that you look down on all the targeted individuals across the globe. Help them to cope with this madness.”

“On Nov. 20, 2014, Mr. May walked into a library at Florida State University, where he had graduated in 2005, and shot three people, leaving one paralyzed. He dared the police to kill him, then fired in their direction before being fatally shot, officials said. He was 31.

Officers standing over the body of Myron May on Nov. 20, 2014, after the shooting at Florida State University.

The vast majority of people with psychosis never resort to violence. Still, studies suggest that a small number of those experiencing psychotic episodes -- especially paranoid thoughts, accompanied by voices making commands -- are more likely to act on hostile urges than people without a mental illness.

And what if paranoid thoughts are put in their mind by the CIA? Is the percentage of identified TIs -- who McPhate claims are paranoid psychotics -- or real paranoids more likely to act on hostile urges than the angry non-TI, non-psychotic? McPhate presents no evidence to confirm this.

Furthermore several psychiatrists have demonstrated that the commonly prescribed “anti-depressants” (Selective Serotonin Reuptake Inhibitors or SSRI) actually cause some patients to become violent. Dr Peter Breggin writes, “It’s not the patient’s ‘mental illness’ that causes violence, it’s the drugs...[A]ntidepressants can and do cause violence on every level from people who feel more irritable or less loving toward their families to people who commit domestic violence or carry out mass murders.” (See Peter Breggin, July 25, *Mad in America*, [“Violence Caused by Antidepressants”](#), accessed November, 2016).

Yet the idea that TIs and other “non-compliant psychotics” have a tendency toward violence is an integral part of the psychiatric metanarrative -- a justification for forcing so-called patients, including TIs, to take psychiatric drugs, sometimes the very drugs that cause violence!

Many in the T. I. community, as anyone would, have repudiated the shootings by Mr. Alexis and Mr. May. But some also harbor troubling views about their perceived oppressors. They question how people could be so cruel.

Why is this troubling? Don’t most people take the view that their oppressors are cruel? It is troubling because McPhate accepts the psychiatric metanarrative which posits that the TI, the non-compliant psychotic, has a tendency to retaliate against her enemies -- and thus requires psychiatric restraint -- forced drugging.

Karen Stewart of Tallahassee, Fla., believes large numbers of regular people have been brainwashed by the National Security Agency into thinking that she is a traitor or terrorist. Wherever she goes, she says – to church, to the grocery store, to the doctor’s office – they are there, watching.

McPhate withholds critical information from the readers: Karen Stewart worked for the NSA as an Intelligence analyst from 1982 to 2010 -- for 28 years. For 28 years she was never considered a psychotic. The biographical facts that are omitted buttress the TI metanarrative whereas the false depiction of Ms. Stewart strips her of her credentials, her authority, and reduces her to the status of an ordinary non-compliant lunatic. McPhate’s inaccurate depiction serves one purpose however -- it strengthens the credibility of the psychiatric metanarrative.

Stewart writes elsewhere that she was “railroaded out” of NSA

"just two years before I could retire because I had dared ask the Inspector General to investigate a matter involving work credit and promotion theft. I moved to Florida in 2011 to get away and wait for the lawsuit (appeal to forbidden retaliatory firing) to be adjudicated by the Judge Lawrence Gallagher at the Equal Employment Opportunity Commission (EEOC) in Baltimore.” ([Washington's Blog, NSA Whistleblower Karen Stewart Speaks Candidly About Illegal and Criminal NSA & FBI Programs of Organized Stalking and Electronic Harassment in the USA & Abroad](#))

She states,

“Under former President Bush and now continued under President Obama, what apparently started decades ago as illegal and clandestine programs of experiments on human subjects, such as the CIA’s MK ULTRA, has resulted in the proliferation of Defense Contractors such as Lockheed-Martin, Raytheon, General Dynamics, and others, making secret agreements with Federal agencies such as DOD, DIA, NSA, DHS, etc., to allow them and related laboratories and universities to expand inhumane experimentation programs such as illegal experiments for Directed Energy Weapons on unwitting and non-consenting American citizens.”(See [The Everyday Concerned Citizen/Karen Stewart, NSA Whistleblower: Synopsis of the Silent Holocaust Taking Place in the United States](#).)

It baffles her, she said. But worse, “It makes me angry to see how many people in this country are sociopaths. They are absolute groupthink drones,” she said. “I don’t even consider them human anymore.”

“A need for meaning’

Susan Clancy, a Harvard-trained psychologist who has researched people who believe they’ve been abducted by aliens, said it could be extremely difficult to dissuade patients who have latched onto beliefs that they think explain their delusions.

“I think it’s a need for meaning and a need to understand your life and the problems you’re having,” she said. “You’re not some meaningless nobody. You’re being followed by the C. I. A.”

McPhate brings in yet another professional -- this one from Harvard -- to give weight to the psychiatric metanarrative. Yet he made contact with a number of former whistle-blowers, and quotes only one -- without even mentioning her career at NSA.

Yet many of the people McPhate interviewed were not “meaningless nobodies.” Stewart was an NSA employee for decades. Robert Duncan, the whistle-blower whom he interviewed, is a former CIA employee and a scientific prodigy with multiple degrees from Ivy League schools. John Hall was a physician. Rosanne Schneider, whom he interviewed (but does not mention), is an author and artist. And furthermore there are numerous highly accomplished TIs. But including them would have undermined the psychiatric metanarrative.

In that way, Dr. Clancy said, the behavior shares a trait with religious belief: To abandon it would be life upending.

Paula Trespas, Mr. Trespas’s mother, said she avoided debating with him.

“It wasn’t something that he was making up,” she said. “He really felt the way he felt and experienced what he experienced. I got to the point where I was just finally saying to him: “I’m very, very sad that you have to go through this. I wish that there was something that I could do.’ ”

The big hope is that society will wake up to what’s happening and put a stop to it, those who feel targeted say. In some cases, they do seek psychiatric help. In others, the delusions subside. For the rest, the prognosis isn’t good, psychiatrists say. Many contemplate suicide.

Mr. Trespas, now 49, says he went so far as to prepare a rope.

Sitting at a coffee shop in Brooklyn last month, he says the stalking has thankfully quieted down. But he says his harassers have also been seeding his body with Morgellons, a painful, insectlike infestation of the skin that many doctors say is psychosomatic.

He is gaunt, with weary, sad eyes. It’s been eight years since it all began, he says. He can’t hold a job. His friends have drifted away.

The TI community includes a wide range of persons -- many are accomplished writers or professionals, as McPhate noted above. Yet by choosing one of the loneliest, most confused, and most forlorn TIs, one who is not even sure of the TI metanarrative, he reinforces the credibility of the psychiatric metanarrative. This is a self-identified TI who may or may not be a TI. (Many TIs have reported that they have encountered disinformation agents posing as TIs.)

The online community has been a crucial support, he says. “But we don’t know exactly what’s happening,” he says. “Maybe we’re

believing the wrong thing. I don't know. That's why I try to keep my mind open about who and what and why and how."

Trepas is the only TI I've heard of who thinks "maybe we're believing the wrong thing."

One thing he is certain of though, he says: He's not crazy.

McPhate ends the story on the cautionary motif of the psychiatric metanarrative: TIs are psychotics who refuse to accept that they have an illness -- they are non-compliant psychotics.

It is a sad fact that the mainstream media has followed the lead of the psychiatric "authorities" in dismissing the allegations of TIs and defining them all as non-compliant treatment-resistant psychotics. They thus help to promulgate the psychiatric metanarrative about TIs. Journalists and mental health workers rest their case ultimately on articles like that of Sheridan and James. This article has the appearance of a genuine "investigation," of a scientific study -- but it is all hot air. It substitutes reliability for validity, the agreement or shared fantasy of mental health professionals for correspondence to social reality. In other words the hidden sub-text of pseudo-investigations like Sheridan and James is, "It is so because we the experts say it is so."

It is my hope that in the future *The New York Times* will serve its function as the fourth estate. Instead of dismissing TIs and promulgating the psychiatric metanarrative, McPhate or another journalist will seriously investigate TIs' claims. Instead of interviewing only the most troubled TIs, and thus, wittingly or unwittingly, reinforcing the psychiatric claim that TIs are covert psychotics, this journalist would interview some of the more articulate spokespersons for TIs (some of whom are mentioned above), and seriously consider their allegations.

He or she would not treat psychiatric opinions as revealed truth but would give voice to dissidents who do not subscribe to the psychiatric metanarrative. The journalist would present the testimony of a few of the whistle-blowers who have worked in intelligence -- Robert Duncan is today the most prominent and outspoken of former employees of American intelligence who worked on cybernetic weaponry. While not revealing classified information, Duncan has exposed the advanced technologies used against innocent persons. As a whistle-blower he follows in the tradition of men like Edward Snowden and William Binney whose views as a supporter of TIs could also be solicited.

The torture of American citizens described by TIs is a violation of international proscriptions against torture and against non-consensual experiments on subjects. The policy of both APAs prohibit psychiatrists and psychologists from inflicting harm upon anyone. The Coalition for an Ethical Psychology wrote:

"The APA and other health professional organizations have a duty to support the ethical practice of the profession, which includes protecting their members from complicity in human rights abuses and other violations of international law."(See *Coalition for Ethical Psychology*, [Preserve Do-No-Harm for Military Psychologists: Coalition Responds to Department of Defense Letter to the APA](#), accessed November, 2016).

By labeling TIs as “psychotic”, mental health professionals are wittingly or unwittingly complicitous in the most serious kinds of human rights abuses -- in crimes against humanity.

The CEP and the Power of the Ethically Guided Minority

The Coalition for Ethical Psychology has served an important and exemplary role within the American Psychological Association. They were formed in 2006 in response to psychologists' participation at Guantanamo as mentioned above. Their goal is “to expose and oppose psychologist involvement in any state-supported abuse with a national security rationale.” They state,

“We are alarmed that the APA, the world’s largest mental health organization, has overlooked, and even colluded with, subversion of psychology to state power. The ethical commitment of psychology as a profession is to improve human welfare universally.” (See *Coalition for Ethical Psychology*, [About](#).)

This is a far more subversive goal than the founders may realize, since the entire mental health system is a regime of surveillance and control -- of the “mentally ill” -- and a servant of State power. CEP places APA members between conflicting mandates: On the one hand, is the ancient injunction of the helping professions to “do no harm” and the ethical obligation to serve the universal good, and on the other hand is their perceived obligation to the state to control trouble or troubling individuals. This is a conflict of interests considering the repressive and often punitive nature of the modern state. Another factor compromising their ability to help clients is the professionals’ financial ties to the pharmaceutical industry, which has been enormously lucrative for mental health professionals and leads them to place profits before people. This conflict is most obvious with psychiatrists but it affects everyone working in the “mental health” system.

The mental health system is a social control agency similar to law enforcement and criminal justice, although distinctive in many respects, as shown above. The linchpin of the system is the administration of psychiatric drugs disguised as medicine: Psychiatric patients in the public sector -- state mental hospital or group homes and “out-patient treatment” -- are often subjected to involuntary psychiatric “out-patient” commitment (most heinously, the involuntary injection of psychotropic drugs). Involuntary treatment has recently itself been declared to be a violation of international law and human rights by the UN Committee on the Rights of Persons with Disabilities. (See Tina Minkowitz, *Mad in America*, Oct 13 2013, [“UN Prohibition of Psychiatric Commitment: Review and Analysis”](#).)

Dr. Bonnie Burstow writes,

“Take away the medical veneer and what we have here are substances given for non-existent disorders [problems in living], all of which by their nature create chemical imbalances, all of which disable, a number of which are associated with violence, all of which profoundly damage the brain. . . Is damage as treatment the best we can do? Is a society of rampant iatrogenic damage acceptable?” (Bonnie Burstow, *Psychiatry and the Business of Madness*, 2015, New York, p.200)

An ethical psychology or psychiatry is impossible in an unethical society. As R.D. Laing pointed out, the *well-adjusted* bomber pilot -- dropping bombs on women and children of the “enemy” -- serving the interests of the State and of corporations, would be considered “mentally healthy” by mental health professionals although he is committing war crimes that violates elementary moral norms. That is, in an ethically perverse society, conformity and adjustment is sanctified and murder in service of the state assumes a façade of moral legitimacy.

The organizers of Coalition for an Ethical Psychology (CEP) are therapists in private practice (not in the public sector) and thus relatively free of State coercion. They are often unaware that the public mental health system is *normally* abusive. Abuse is not an aberration. CEP and others dedicated to realizing the ideal of an ethical society seek to expose unethical practices in the helping professions, and pressure professionals to uphold transcendent ethical norms. Every act of exposure and protest -- no matter how selective -- gives witness to values that transcend the mental health system and the State to which it is customarily subordinate.

I hope I have made it clear that many or most self-identified TIs are victims of no-touch torture and/or non-consensual experimentation. The declaration that all TIs are delusional is based upon premises that do not stand up to historical examination. Thus, the promulgation of the psychiatric metanarrative about TIs by professionals who have failed to investigate the allegations of thousands of self-identified TIs is a failure to take its own ethical mandate -- to improve human welfare -- seriously. If not an act of deliberate deception, it is an act of bullshitting, to quote Levine. Sheridan and Young’s pseudo-scientific study (see above) claims to have “found” that all TIs are delusional psychotics and thus enables professionals to silence and “treat” them, while avoiding the inner moral conflict that would ordinarily result from condoning and facilitating (no-touch) torture.

Like psychologists’ participation in the torture regime in Guantanamo, treating TIs as psychotic is a blatant, witting or unwitting, subservience to Deep State actions that are violations of human rights as recognized by international law. It is comparable to the Soviet psychiatry “treatment” of dissidents. The fact that a small minority of persons within the American Psychological Association have succeeded on occasion in pushing the group to take the high road and stand up for universal human welfare against the dictates of the State is testimony to the power of the individual inspired by transcendent moral ideals. Had the individuals who formed CEP not had such a strong commitment to the truth, had they not forced APA membership to confront their leaders’ involvement in designing a torture regime, the APA would still permit its members to participate in torture under the guise of “national security.” As Bruce Levine said, it’s easier to continue to bullshit than to face the truth. CEP provides a lesson in leadership, in creative maladjustment, for all of us.

A logical next step for an organization like CEP which opposes “psychologist involvement in any state-supported abuse” is to investigate the allegations of TIs and expose and oppose the *a priori* “diagnoses” of all TIs as psychotics. This focus may seem arbitrary or misleading since as stated, state-supported abuse is the norm in the mental health professions, but it has its own logic. Robert Whitaker and dissident professionals who have written for *Mad in America* oppose involuntary psychiatric drugging -- another state-assisted abuse -- but they would undoubtedly have no success

in getting any professional body to publicly oppose involuntary drugging. Tina Minkowitz Esq., lawyer and psychiatric survivor, did however succeed in persuading the UN Committee on the Rights of Persons with Disabilities to assert forced treatment as a human rights abuse. (However UN bodies have little effect in the United States.) The CEP agenda must be guided by what is possible, and practical -- and by the orientation of their own organization.

While treatment with brain-damaging drugs is the norm in the mental health system, overt torture is still regarded by most APA members with disdain -- after all, it has no medical rationalization. Therefore it is possible that CEP could persuade members of the APA to oppose the routine labeling of TIs -- without any investigation -- as "psychotic." (As I have shown, this diagnosis is "justified" by invalid studies.) An APA resolution of this kind would be publicized by the mainstream media, and would undermine the psychiatric metanarrative. Short of this, *The New York Times* and the mainstream media will continue to defer to Psychiatry and describe all TIs as non-compliant psychotics. Furthermore, while the corporate Press will continue to propagate the psychiatric metanarrative, it is time for journalists who have opposed US torture at Guantanamo and elsewhere, to expose no-touch torture on TIs and the complicity of mental health professionals in covering up these human rights abuses.

The therapeutic state fueled now by pharmaceutical industry grows without constraints while the Deep State operates without Congressional or public oversight. The development of a totalitarian regime -- nominally a constitutional republic -- in which human rights and the constitutional right to liberty are routinely trampled upon is today an ominous prospect in America. The prevention of such a development is now dependent upon the willingness of small minorities of individuals who are inspired by transcendental ethical ideals to mobilize larger groups to oppose the human rights abuses that are committed by the Deep State and by the mental health system and disguised and justified as "medical" treatments for an ever increasing number of covert "psychotics."
