

This letter is from Dr. Colodzin, a psychologist who understands what is happening to targeted (tortured) individuals. This letter significantly helped a tortured woman in California. The psychiatrist changed her diagnosis from Schizophrenia to Delusional and she was released from hospital confinement.

ENCOUNTERING CLIENTS CLAIMING EXTERNALLY CONTROLLED “IMPLANTS” ARE AFFECTING THEIR HEALTH: An advisory for healthcare professionals.

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Over the last several years I have consulted with individuals from 5 U.S. states and 4 sovereign nations who have claimed to be “implanted” without their consent with some type of technology that affects their physical, mental, and emotional functioning.

I am a therapist and educator in California. Earlier in my career, like most of my colleagues, I had dismissed claims of these types of harassment as an impossibility, and likely a sign of mental illness. One of the first credible accounts that opened my mind was a paper written by the former Chief Medical Officer of Finland, Rauni-Leena Luukanen-Kilde, M. D., titled MICROCHIP IMPLANTS, MIND CONTROL, AND CYBERNETICS, December 2000. Once I became at least somewhat better informed about the very real possible uses of state of the art remote sensing and influencing technologies, I realized that my earlier reflex to simply assume that people who reported such phenomena were “crazy” was based more upon my ignorance than upon scientific fact.

In the 1980’s I worked with many Vietnam veterans with Post Traumatic Stress Disorder (PTSD) . At that time, PTSD was a newly recognized mental disorder, newly included in the most recent Diagnostic and Statistical Manual of Mental Disorders, 3rd edition. I met many veterans who qualified for the PTSD diagnosis, and many of them had histories of being mis-diagnosed with a wide variety of other mental disorders. Within the established health care bureaucracies, there was a lot of resistance to supplementing their diagnostic evaluative procedures in whatever ways might help them notice if a possible PTSD diagnosis had been overlooked, or if mis-diagnosis had occurred. As people with PTSD increasingly came forward and told their stories, and as our culture increasingly began to listen to them, collectively we got better at noticing when PTSD was present. But before PTSD was officially recognized—and for quite a time after—there was a tremendous amount of mis-diagnosis, and many people were harmed by the failure of health care providers to adequately recognize what was happening for these individuals.

Now in 2014 I see a very similar problem occurring for individuals with advanced implanted technologies non-consensually placed in their bodies. Whereas once we

could only speculate if this was real or fiction, we now have toxicological tests that can confirm the presence of advanced nano materials (extremely small manufactured items that can self-assemble into operational machines) in the body, as well as highly sensitive scanning equipment that can detect frequency signals emanating from and directed to a person's body. This means we can actually now use validated tests to discern if a physical system capable of externally altering a person's functioning is actually present and operating.

Although practically no one yet seems to know about these mostly military-type technologies or their fantastic-sounding abilities, and are unaware of the possibility to test for their presence, nonetheless the sound scientific basis of the testing procedures does exist, and increasingly there are individuals whose tests are showing they are indeed imbedded with advanced nano materials, and they are indeed emitting signals and/or resonating with external signals in ways that are just not natural for a human body. This is a reality in the present that should not be ignored. However, without the knowledge that externally controlled machines within the body can massively affect physical and mental functioning, diagnosticians of all health-related disciplines continue to NOT look for the presence of such possible causative factors. This is the established norm today.

How could these technologies possibly be in widespread use without being widely detected? Dr. Luukanen-Kilde, from the perspective of a Chief Medical Officer of a sovereign nation (Finland), offered this view in December 2000:

One reason this technology has remained a state secret is the widespread prestige of the psychiatric DIAGNOSTIC STATISTICAL MANUAL IV, produced by the U.S. American Psychiatric Association (APA) and printed in 18 languages. Psychiatrists working for U.S. intelligence agencies no doubt participated in writing and revising this manual. This psychiatric "bible" covers up the secret development of MC (mind control) technologies by labeling some of their effects as symptoms of paranoid schizophrenia.

Victims of mind control experimentation are thus routinely diagnosed, knee-jerk fashion, as mentally ill by doctors who learned the DSM "symptom" list in medical school. Physicians have not been schooled that patients may be telling the truth when they report being targeted against their will or being used as guinea pigs for electronic, chemical and bacteriological forms of psychological warfare. [END QUOTE]

However, as in the earlier example I mentioned about PTSD, eventually enough evidence can accrue that previously disregarded information reaches a critical mass, and the possibility that something heretofore undetected is playing a role begins to gain support. That is the point we seem to be at now, regarding scientific evidence that there truly are "targeted individuals" being externally influenced in ways we who are not privy to classified information previously thought impossible.

Now it can be proven that advanced nano machines do exist inside some human bodies,

and it can be proven that the knowledge and technical infrastructure exists to transmit signals remotely that powerfully affect the brain and other human functions in selected or “targeted” individuals. The capability is now being developed to track these external controlling frequency signals back to their sources. With this development we are entering an era where accountability for this totally unregulated human experimentation and manipulation may become possible for these previously invisible activities. In this situation and with these technologies now poised to proliferate, the ethical health provider needs to be informed about this sad state of affairs.

I make this declaration to witness to health care professionals around the world: if you have clients who claim they are being targeted or “chipped” and present the symptoms that are commonly associated with this phenomena (see references below), do not automatically assume they are delusional. They may be, but they may not as well. Or, they may have delusions that are not indicative of organic psychosis, but instead of artificially induced, virtual reality-based, externally transmitted delusions. For which there is no diagnostic category in current psychiatric thinking. With the application of these technologies increasing as their sophistication grows, we are in a whole new diagnostic ball game.

And if such clients come to you with Rahmann spectroscopy tests confirming the presence of advanced nano materials in their body fluids, and sophisticated scanning tests showing unusual frequency emissions emanating from their bodies or other results that are not in the normal range for human beings, it may be time to re-think the possible, to get more informed about the state of the art of brain-altering weapons systems, and to listen to what these people who are calling themselves “targeted individuals” have to say.

Misdiagnosis is the common lot of almost everyone who has become an experimental test subject for these technologies. The lack of recognition of what is actually happening for them causes perhaps as much harm as the aggressive technological attacks they are subjected to. For all health practitioners who find the injunction to DO NO HARM a worthy standard, be prepared to investigate the possibility that “targeted individuals” claims of being externally programmed may be real, prior to reaching other diagnostic conclusions.

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