

DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.



1601 N. Tucson Blvd. Suite 9
Tucson, AZ 85716-3450
Phone: (800) 635-1196
Hotline: (800) 419-4777

Association of American Physicians and Surgeons, Inc.
A Voice for Private Physicians Since 1943
Omnia pro deo

Volume 57, No. 1 January 2001

DRUG ABUSE

If pills are being sold on the street, to be ground up and injected or snorted, the usual response is to ratchet up the War on Drugs. Physicians can be delicensed or even jailed for prescribing such pills to the wrong patient, say a drug addict or an undercover agent who is lying about his migraines. Patients can be deprived of needed medications, suffering unnecessary pain and side effects from inferior substitutes. Children can be expelled from school under a "Zero Tolerance" policy.

If the drug is Ritalin, however, and the diagnosis attention deficit hyperactivity disorder (ADHD), patients may be forced to take the drug and physicians punished for *not* prescribing it.

One difference between the two classes of drugs is the person who is evaluating the condition. No one except the patient—not even Bill Clinton—can feel the patient's pain. And sometimes nobody except a government school official can judge whether Tom Sawyer manifests ADHD.

ADHD is a relatively new and controversial diagnosis. According to *Sapira's Art and Science of Bedside Diagnosis*, ed. 2, the term was first used in 1980 to describe a syndrome of behavior that was called "minimal brain dysfunction or damage" in the 1960s. In the 1940s and 1950s, similar behaviors were attributed to brain damage associated with encephalitis.

In 1994, 90% of the 8.5 tonnes of Ritalin produced worldwide was prescribed for American children, adolescents, and adults. As of 1995, more than 2 million persons, mostly boys, had this diagnosis, and 10 to 12% of American boys between the ages of 6 and 14 were using Ritalin. In 2000, 3 to 4 million schoolchildren are taking the drug.

The diagnosis is often suggested by schoolteachers or school psychologists. Diagnostic criteria, delineated in the DSM-IV, are purely subjective. Quantitative tests (the Continuous Performance Test and the Matching Familiar Figures Tests) have shown sensitivity and specificity not much better than 75%, although increased motor activity ("fidgeting") can be quantitatively demonstrated. ADHD symptoms are normally distributed in the population, with an arbitrary level being designated as pathological.

The fact that money may flow into schools and school-based clinics on the basis of numbers of children with this diagnosis has contributed to the development of a medical, social, and educational subculture of ADHD. Diagnoses may be made, nearly exclusively, to meet payors' requirements, or at least an element of bias is introduced.

Even if the diagnosis of ADHD is accepted (and a long list of other conditions including deafness,

ASSEMBLY EDUCATION

DATE: 4/7/03 ROOM: 3143 EXHIBIT I

SUBMITTED BY: JANINE HANSEN

posttraumatic enceph- alopathy, and lead poisoning are ruled out), etiology and treatment remain controversial.

One of the most contentious hypotheses is that childhood vaccines could trigger ADHD (see, for example, testimony of Bernard Rimland, Ph.D., a psychologist who founded and directs the Autism Research Institute, before the House Government Reform Committee on April 6, 2000.) There is no scientifically valid evidence of a causal relationship, only an ecological association with an increase in mandatory vaccines. However, no appropriately designed studies have been done.

Some physicians believe that dietary deficiencies or excesses-such as the ingestion of excitotoxins like aspartame - can cause ADHD symptoms. Such a hypothesis is in the tradition of Hippocrates, who enjoined physicians to study "what man is in relation to the articles of food and drink, and to his other occupations, and what are the effects of each of them to every one" (Hippocrates, *On Ancient Medicine*, 20).

Because of treating patients on this basis, Robert Sinaiko, M.D., a board-certified allergist, came under the California licensure board's microscope. Dr. Sinaiko treated a boy whose mother thought he was not responding well to Ritalin. On a regimen of allergy shots, off-label use of oral amphotericin B, a special diet, and no Ritalin, the boy's symptoms resolved. Dr. Sinaiko had his license revoked by an administrative law judge and was ordered to pay \$99,000 for the costs of his own prosecution. Though his license was restored, his practice was severely restricted, forcing him to close his office (www.treatmentchoice.com/mercury.html).

Children may be forced to take psychotropic drugs as a condition of attending school, or child protective services may investigate parents for neglect if they refuse treatment (see 9/29/00 testimony by Patti Johnson and Peter Breggin, M.D., Subcommittee on Oversight and Investigations, Committee on Education and the Workforce, edworkforce.house.gov).

Hillary Clinton used parental concerns about Ritalin in her Senate campaign. Citing the threefold increase in the number of preschoolers on psychotropic drugs-11 in 1,000 are on Ritalin (*JAMA* 2000;283:1025-1030)-she proposed more clinical trials on toddlers. She also said that "we are not here to bash the use of these medications." And she did not retract her commitment to "identify and get help to children who need it, *whether or not they want it or are willing to accept it.*"

Hillary Clinton and Tipper Gore were said to have "taken the lead on forced psychotropics" at a June, 1999, White House Conference on Mental Health (*Insight* 6/12/00). Sally Zinman, director of the California Network of Mental Health Clients, called the highly publicized conference an "infomercial for drugs...[with] absolutely no mention of potential risks."

Some activists have called for stringent regulations that would make it virtually impossible for physicians to prescribe psychotherapeutic drugs to children-as in legislation successfully opposed by the Arizona chapter of AAPS.

The proper answer is to restore the right and duty of the physician to prescribe regimen for the good of his *patient* (not the school or society) on the basis of his own best judgment.

The Mental Health Partnership

Public funding to the public-private partnership involved in mental health would be augmented in legislation proposed by Senators Pete Domenici (R-NM), Ted Kennedy (D-MA), and Paul Wellstone (D-MN): S2639, the Mental Health Early Intervention, Treatment, and Prevention Act.

This bill would allow the Secretary of HHS to award grants to private nonprofit organizations to conduct outreach screening programs to identify children, adolescents, and adults with a mental illness (§586). It would also provide grants to "train teachers and other relevant school personnel to recognize [diagnose?] symptoms of childhood and adolescent mental disorders and appropriately respond" (§582). It would establish, through NIMH, a research program to "design innovative ways to enhance compliance" with outpatient treatment programs. It would create a grant program to provide integrated child welfare and mental health services. And it would appropriate \$75 million to fund an "anti-stigma" campaign (§581).

"Many argue [that this campaign] is a promotion for the the pharmaceutical industry and should not be funded with taxpayer dollars," writes Kelly Patricia O'Meara (*Insight* 10/16/00). "In question also is why taxpayers should be burdened with funding an anti-stigma campaign which many believe was created by the mental-health community when it first began labeling individuals as defective."

If Tipper Gore is not First Lady, mental health/mass medication programs may lose some momentum, as the Clinton-Gore Administration has had a special relationship with psychopharmaceutical manufacturers (*ibid.*).

Reinvented Government

In 1993, Bill Clinton said: "We intend to redesign, to reinvent, to reinvigorate the entire national government." To accomplish this, the National Performance Review was set up, which stated that power needed to be transferred from Congress to the executive branch and bureaucracy. The core of the new government is public-private partnerships.

The public-private partnership is a business arrangement- which has profit as its goal-between government and business or nongovernmental organizations (such as "nonprofits" or tax-exempts). Joan Veon explains the implications: The public-private partnership transfers ownership of an asset, such as a sewer facility, from government to a new entity. The taxpayers lose an asset and become customers instead of citizens. The objective of the partnership changes from service to profit, and a corporation is empowered to take on "governance" responsibilities-which used to be responsibilities of government, which was responsible to an electorate.

"All across America." Veon writes, "public-private partnerships are being established that solidify the government/corporation as ruler. One of the organizations facilitating this change is the National Council for Public- Private Partnerships in Washington, D.C."

The United Nations is also using this mechanism in establishing global governance. "At Al Gore's first Global Conference on Reinventing Government, over a dozen countries came to testify how they were ... all doing the same thing: public- private partnerships!" (*WorldNetDaily* 9/6/00).

This mechanism represents a fundamental change in our form of government, with the coercive potential manifesting itself in immunization and mental health policy, as well as insurance fraud

AAPS Calendar

Dec. 21. Belden hearing (rescheduled), Milwaukee.

Feb. 9-10. Chaos in Medicine: an International Perspective, Oakland, CA, presented by the Health Care Reform Educational Institute. Speakers include Vincent Cangelo, M.D.; William McArthur, M.D., Fraser Institute, Canada; Stephen Pollard, columnist with the *International Daily Express* of London; and Jane Orient, M.D. Cost: \$245. Contact: Dr. Cangelo, (510) 834-4282, vincanmd@bigplanet.com.

Oct. 24-27. 58th annual meeting, Cincinnati, OH.

Novartis, APA Are Sued Over Ritalin

American parents have engaged the legal talent that brought lawsuits against tobacco, guns, and HMOs to sue the manufacturer of Ritalin and the APA. Billions of dollars in damages are sought. Two lawsuits filed in federal courts in California and New Jersey in September follow on a class-action suit filed in Texas in May (*Br Med J* 9/23/2000). Also named in the lawsuit is Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD).

Plaintiffs allege that "Ciba/Novartis planned, conspired, and colluded to create, develop and promote the diagnosis of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) in a highly successful effort to increase the market for its product Ritalin." Additionally, they allege that "the American Psychiatric Association conspired, colluded and cooperated with the other Defendants while taking financial contributions from Ciba as well as other members of the pharmaceutical industry."

Plaintiffs' attorney Dick Scruggs accused the company of "overdefining or loosely defining the disease such that it would fit every child in America and creating a market for clinical psychologists to treat these kids" (abcnews.com 12/13/2000).

The APA cites a Surgeon General's report concluding that 3 to 5% of American children have ADD. "The diagnosis of attention deficit disorder is supported by a mountain of scientific evidence going back more than 50 years."

The mountain of scientific evidence concerns treatments, not scientifically determined causes of mental illness, states investigative reporter Kelly Patricia O'Meara (*Insight* 10/16/00).

The concept of mental illness as brain disease is the rationale for drug treatment and for organizations such as the National Alliance for the Mentally Ill (NAMI) to push for forced medication according to psychiatrist Leon Moshier, former chief of the Center for Studies of Schizophrenia at the National Institute of Mental Health (NIMH). Dr. Moshier resigned from the APA in 1998, stating: "The major reason for this action is my belief that I am actually resigning from the American Psychopharmacological Association. [I]n my view, psychiatry has been almost completely bought out by the drug companies." (*ibid.*)

NAMI is a nonprofit self-help support and advocacy group, which has been accused of having its "grassroots watered by pharmaceutical millions": \$11 million in four years from 18 drug

serve (such as NAMI, APA, and DSM-IV), and the source of the groups' funding. This illustrates the interlocking directorate structure of the public-private partnership, which resembles that involved in the Advisory Committee on Immunization Practices (ACIP).

The lawsuits have potential far-reaching consequences both for manufacturers and the "mental-health establishment," O'Meara believes. If the courts find the scientific data for ADHD to be inadequate, Novartis could be forced to return millions or even billions of dollars earned from Ritalin sales (and feed enormous sums to the coffers of the plaintiffs' lawyers). Such a judgment would open the doors to additional lawsuits requiring proof of mental illnesses.

"It is interesting that the anti-tobacco lawyers are taking the lead in this," comments Jane Orient, M.D., Executive Director of AAPS. "Both Ritalin and tobacco can be addicting. And both are subsidized by the federal government."

Forced Medication

Educational neglect is a rationale that can be used to force psychotherapeutic drug treatment (as well as immunizations) on unwilling children and parents.

In an Albany case, the parents of 7-year-old Kyle Carroll were hauled into court when they informed the school district that they wanted to discontinue their son's Ritalin to see whether his sleeplessness and anorexia would improve. The case is apparently the first in the nation in which parents were pressured by a judge, if not outright ordered, to administer Ritalin. There was no fact-finding hearing or written opinion and thus nothing to appeal. The Carrolls consented to an adjournment in contemplation of dismissal (ACOD) under at least the theoretical threat of having their son removed from their custody. The ACOD directed the parents to comply with the doctor's treatment, which was a prescription for Ritalin.

Professor Jeffrey Schaler, a psychologist who teaches at American University, stated that the consent decree constituted an inappropriate use of judicial authority. The judge acted "in parens patriae," he stated. "Invading a child's body or person with a chemical is an invasion of privacy and a deprivation of due process." The appropriate remedy would have been to impose on parents the responsibility to see that their child was not disruptive in school and allowing them to find their own solution (*NY Law Journal* 8/17/00).

Accused Neonatologist Commits Suicide

After rounds on Nov. 8, Naren Jadeja, M.D., of Bradenton, FL, was scheduled to plead guilty to charges of mail fraud, health care fraud, and giving false statements related to health care. He faced at least ten years in prison, fines up to \$250,000 on each count, loss of medical license, and forfeiture of \$1.4 million in assets. Instead, he went to the doctors' lounge at Manatee Memorial Hospital and shot himself.



info@ritalindeath.com

Death From Ritalin

The Truth Behind ADHD

Press Release

March 25, 2003 the Michigan House Education Committee overwhelmingly passed HB 4025

Child Medication Safety Act 2003 H.R. 1170 Would protect children and their parents from being coerced into administering psychotropic medication in order to attend school and for other purposes.

The purpose of this website is to educate parents regarding the unscientific nature of the ADHD diagnosis. Example: In 1998 at the National Institutes of Health Consensus on ADHD, the following statement was issued: "We do not have an independent, valid test for ADHD, and there is no data to indicate that ADHD is due to a brain malfunction"

We wish to expose the health risks, dangers, and deaths that are a direct result of administering psycho-tropic drugs to children. These psycho-tropic drugs given to children labeled with ADHD include Ritalin, Methylphenidate, Concerta, Dexedrine, Dextrostat, and Metadate, just to name a few.

It is time for parents to come together and fight this horrific war against the drugging of our children, America's future.

This crusade requires a united front. If you want to join, contribute, and/or become an active member of this justified crusade please contact us.

I hope our story and information will in some way benefit you and your child and prevent our tragedy from being your families reality and nightmare.

Our fourteen year old son Matthew suddenly died on March 21, 2000. The cause of death was determined to be from the long-term (age 7-14) use of Methylphenidate, a drug commonly known as Ritalin.

According to Dr. Ljuba Dragovic, the Chief Pathologist of Oakland County, Michigan upon autopsy, Matthew's heart showed clear signs of small vessel damage caused from the use of Methylphenidate (Ritalin).

The certificate of death reads: "Death caused from Long Term Use of Methylphenidate (Ritalin)."

I was told by one of the medical examiners that a full-grown man's heart weighs about 350 grams and that Matthew's heart's weight was about 402 grams. Dr. Dragovic said this type of heart damage is smoldering and not easily detected with the standard test done for prescription refills. The standard test usually consists of blood work, listening to the heart, and questions about school behaviors, sleeping and eating habits.

"What is important to note here is that Matthew did not have any pre-existing heart condition or defect.

Matthew's story started in a small town within Berkley, Michigan. While in first grade, Matthew was evaluated by the school, who believed he had ADHD. The school social worker, Monica Fuchs, kept calling us in for meetings. One morning at one of these meetings while waiting for the others to arrive, Monica told us that if we refused to take Matthew to the doctor and get him on Ritalin, child protective services could charge us for neglecting his educational and emotional needs. My wife and I were intimidated and scared. We believed that there was a very real possibility of losing our children if we did not comply with the school's threat.

- Home
- Site Map
- Discussion
- Petition
- Coming Soon
- Contact
- Recommended Pages
- A Few Simple Truths about ADHD and Stimulant Drugs
- Miracle at a Wisconsin High School
- Parents' Crusade
- New: Child Abuse on Prescription?
- In Memory Of All Children
- Recommended Websites
- Parents for Label & Drug Free Education
- Methylphenidate.net
- Fight for Kids.org
- WildestCoits Dr. John Breeding
- Dr. Fred Baughman Articles & essays
- Dr. Peter Breggin
- 50 conditions Mimicking ADHD
- Subscribe to the WildestCoits group

Monica further explained ADHD to us stating that it was a real brain disorder. She also went on to tell us that the Methylphenidate (Ritalin) was a very mild medication and would stimulate the brain stem and help Matthew focus.

We gave into the schools pressure to take our son to a pediatrician that they recommended. His name was Dr. John Dorsey of Birmingham, Michigan. While visiting Dr. Dorsey with the schools recommendation for Methylphenidate (Ritalin) in hand, I noted that he seemed frustrated with the school. He said to remind the school that he was not a pharmacist. I can only conclude from his comment that we were not the first parents sent to him by this school. Dr. Dorsey officially diagnosed Matthew with ADHD. The test used for the diagnosis was a five minute pencil writing test. Immediately after being handed a prescription for Methylphenidate/Ritalin.

It is important to note that the schools insistence and role in our son's drugging was documented in a letter written by Monica to the pediatrician stating: "We would have hoped you would have started Matthew on a trial of medication by now".

At no time were my wife and I ever given significant facts regarding the issue of ADHD and the drugs used to "treat" it. The facts withheld from us inevitably would have changed the road that we were headed down, ultimately altering the decisions we would have made.

We were not told that the Drug Enforcement Administration had classified Methylphenidate (Ritalin) as a Schedule II drug, comparable to Cocaine.

We were not told that Methylphenidate was also one of the top ten abused prescription drugs.

At no time were we informed of the unscientific nature of the disorder.

We were not told that there was widespread controversy among the medical establishment regarding the validity of the disorder.

Furthermore, we were not provided with information involving the dangers of using Methylphenidate (Ritalin) in treating ADHD. One of these dangers includes the fact that Methylphenidate causes constriction of veins and arteries, causing the heart to work overtime and inevitably leading to damage to the organ itself.

We were not made aware of the large number of children's deaths, that have been linked with these types of drugs used as "treatment".

While Matthew was taking Methylphenidate (Ritalin), at no time, were we informed of any test, EKG, echocardiogram, these types of tests could have detected the damage done to his heart. These test are not considered standard in monitoring "treatment" of ADHD they are usually never administered to children. Sad to say, his death is inevitable without the possibility of detection.

I want to ask every parent out there these important questions:

How different would your decision be if information was withheld from you? How different would your decision be if you receive only distorted data?

I myself, know that our families and Matthews outcome would have been quite different had we received all information. If I had known the main facts I would have acted differently and my son would be alive today. This I am sure.

Informed Consent, which states: "A person's agreement to allow something to happen (such as surgery) that is based on a full disclosure of the facts needed to make the decision intelligently, the knowledge of risks involved, alternatives etc. and the probable risks against the probable benefits"

The violation of parent's rights is when they are not told of the unscientific nature of

so-called disorders such as ADHD or the risks of the treatments involving (drugs) and they certainly are not told of alternatives to their child's behavior such as undiagnosed allergies or food sensitivities, which could manifest with the symptoms of what psychiatry calls ADHD.

Here are some facts that are being withheld from parents that could possibly affect their life decisions and outcomes.

Did you know that schools receive additional money from state and federal government for every child labeled and drugged? This clearly demonstrates a possible "financial incentive" for schools to label and drug children. It also backs up the alarming rise/increase in the labeling and drugging that has taken place in the last decade within our schools.

Did you know that parents receiving welfare money from the government can get additional funds for every child that they have labeled and drugged? In this way, many lower socio-economic parents (many times single mothers) are reeled into the drugging by these financial incentives waved in front of them in hard times, making lifestyle changes possible.

Did you know that by labeling your child with ADHD, you are actually labeling them with a mental illness listed in the DSM-IV, the unscientific billing bible of psychiatry?

Did you know that a child taking a psycho-tropic, psycho-stimulant drug after the age of 12 is ineligible for military service?

Did you know that the subjective checklists that are being used as criteria for diagnosis are very similar to the checklists used to determine Gifted and Talented Children? These two checklists are almost identical.

The Drug Enforcement Administration clearly states in their report on Methylphenidate: "However, contrary to popular belief, stimulants like methylphenidate will affect normal children and adults in the same manner that they affect ADHD children. Behavioral and attentional improvements with methylphenidate treatment therefore is not diagnostic of ADHD." (p. 11) This statement thoroughly contradicts what is being told to many parents by the many "professionals" that have a vested stake in the diagnosis itself.

The DEA further states that "of particular concern is that most of the ADHD literature prepared for public consumption by CHADD and other groups and available to parents does not address the abuse potential or actual abuse of methylphenidate. Instead, methylphenidate (usually referred to as Ritalin by these groups) is routinely portrayed as a benign, mild substance that is not associated with abuse or serious side effects. In reality, however, there is an abundance of scientific literature which indicates that methylphenidate shares the same abuse potential as other Schedule II stimulants." (p. 4)

Did you know that groups like CHADD and others available to parents are being supported financially by pharmaceutical companies? This is a red flag and demonstrates a conflict of interest in the role that these groups have regarding our children's health and well-being.

Did you know that there are studies such as the Berkeley Study that contend that Ritalin and other stimulants further raise the risk of drug abuse? From the Wall Street Journal, Monday, May 17, 1999 by Marilyn Chase, Nadine Lambert, a professor of education followed almost 500 children for 26 years. She argues that exposure to Ritalin makes the brain more susceptible to the addictive power of cocaine and doubles the risk of abuse. This study seems to never make it into the hands of parents because it doesn't support the theories of those using the diagnosis to profit off of our children. What does seem to make it into many parents' hands is research indicating that if children go "untreated", which corresponds with "unmedicated" they will "self-medicate" or end up as juvenile delinquents. Sadly many of these parents are not aware that many of this biased and unproven research (one such as the Beiderman study) infiltrating our schools are actually being distributed by pharmaceutical companies, such as Novartis. This in itself is another red flag and conflict of interest.

surrounding our children's health.

I leave you with this question: How many more 11 year old Stephanie Hall's, 14 year old Matthew Smith's and 10 year old Shaina Dunkle's need to die before we realize what is happening and speak out and act to put an end to it? One toy might be recalled if 1 or 2 children die from it. How many children have to die from these drugs before we realize and put an end to this horror. Why should hundreds or thousands have to die before we are outraged and act? Is the profit of so many, worth more than our children's safety and lives? Sadly the deaths of these children have remained unexposed and suppressed for so long because there is a tremendous amount of money and profit at stake for so many. My son's voice will not be one of those suppressed and quieted. His voice in death will be heard by all.

Lawrence T. Smith

[<<Return Home or Table of Contents >>](#)

Web Hosting, Web Marketing, and E-Commerce by Outflow Technologies

[Back to June Ed Reporter](#)

EDUCATION REPORTER

THE NEWS PAPER OF EDUCATION RIGHTS

JUNE 2001

A Parent's Nightmare: Losing a Child to Drug-Induced Psychosis

As awareness of the potential dangers of mind-altering drugs increases, state boards of education and state legislatures are making efforts to curb their use. Recent studies show that Ritalin and other psychotropic drugs can cause permanent changes in children's developing brains. Ritalin has been compared to cocaine for its addictive properties by the federal Drug Enforcement Agency (DEA), and the Brookhaven National Laboratory found it to be "more potent than cocaine on the dopamine system," an area of the brain many doctors believe is most affected by these drugs.

The Boards of Education of Texas and Colorado have adopted resolutions warning parents about the potential negative effects of these drugs, and the Connecticut legislature passed a law in 2001 "prohibiting any school personnel from recommending the use of psychotropic drugs for any child." A similar bill passed in Minnesota, and legislation is pending in Colorado, Michigan and Virginia. In Florida, lawmakers have attempted to curb the widespread use of psychotropic drugs on children in that state's foster care system. Last month, Rep. Sandra Murman (R-Tampa) introduced a bill to require all Florida school boards to forbid educators to recommend "psychotropic drugs."

Despite concerns, parents complain that some school districts bar children diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) from attending school unless they are taking Ritalin or other psychotropic drugs. In a high-profile case in 2000, the parents of a seven-year-old Albany, NY boy were ordered by a Family Court Judge to give their son Ritalin, even though it was causing sleeplessness and other personality changes. (See *Education Reporter*, Oct. 2000.)

In a particularly bizarre case, Joy and Kenny Johnston of Page, West Virginia endured a harrowing 7 « years of drug-induced psychosis with their son, Paul, who was given a long list of powerful mind-altering drugs to control behavior that teachers and school-recommended Medicaid-reimbursed physicians diagnosed as ADHD. (See [list](#).)

The Medicaid Connection

The medicalization of the schools began with the federal Omnibus Budget Reconciliation Act of 1989, which opened the door for schools to become Medicaid providers. Chapter 18, Article 2 of the West Virginia education code reads: "The state board [of education] shall become a Medicaid provider and seek out Medicaid eligible students for the purpose of providing Medicaid and related services to students eligible under the Medicaid program . . ."

In many states, schools create partnerships with healthcare providers in their communities, and Medicaid pays the bills. It has become, according to many state legislators and observers, a "cash cow" that victimizes children, parents and taxpayers. Diagnosing ADD

The Johnstons' nightmare began in the fall of 1993. Just weeks after their normal, exuberant five-year-old son started kindergarten at the local public school, his teacher complained that he was

having trouble staying on task and remaining in his seat, and that he needed repeated "time-outs" for excessive talking. She explained to Mrs. Johnston that Paul's unacceptable behavior was due to a brain disorder, that the brains of "these children" are "wired in such a way" that they are unable to calm down or remain focused. She claimed that "nearly 30%" of children - mostly boys - have ADD or ADHD, and that medication was available to control it. She referred the Johnstons to a physician who she said treated children like Paul.

Paul's parents could not understand how something could be "wrong" with a child who behaved normally at home. They knew nothing about ADD or ADHD and balked at the suggestion of medication. They decided to try working with their son and provide additional discipline.

A few weeks later, the principal threatened to suspend Paul. In a meeting with the Johnstons, he and Paul's teacher presented a laundry list of the boy's undesirable behaviors. They insisted he be taken to a doctor and that "something be done" or he would be suspended from school and the Johnstons could face charges of "medical neglect."

When the principal continued to threaten suspension, the Johnstons reluctantly made an appointment with the school-recommended physician. Mrs. Johnston described the initial office visit in her diary of the family's long nightmare, which was published earlier this year by AmErica House in Baltimore under the title *Altered States: Experimental Drugs, Expendable Children*.

"When we arrived at Dr. Habash's office, there was a video playing about children with ADD, explaining what teachers look for and how it is more evident in the school setting than at home," Joy Johnston wrote. During the examination, Dr. Habash commented that Paul was very fidgety and that he could see what his teacher was talking about. "A hyperactive child cannot sit still long enough to learn," he said, "and is very disruptive to the rest of the class."

The doctor prescribed 5 mg. of Ritalin twice daily. "I was unsure about this," Mrs. Johnston wrote, "but the doctor seemed to know exactly what the teacher was complaining about and that Ritalin would help. So I agreed to give it a try. I did not know if the school would make good on the threats of child neglect or not, but I did not want to find out."

The Drugging Begins

Soon after starting the Ritalin, Paul lost his appetite and grew moody and withdrawn. He continued to have trouble at school and gradually became more aggressive. Dr. Habash "seemed unconcerned about it," noted Mrs. Johnston, and increased Paul's dosage of Ritalin from 10 to 15 mgs. per day.

The school recommended that Paul repeat kindergarten and his teacher referred the Johnstons to a new physician who she claimed "was considered the best in ADD." Dr. Frangoul prescribed five mgs. of Dexedrine along with the Ritalin. He said Paul "would get much better control over his hyperactivity" with the additional medication.

The school said Paul had a reading disability and recommended "homebound instruction" until his new medication could take effect. A teacher instructed him at home for the remainder of the school year, at which time he was promoted to first grade. During that summer, Paul's doctor took him off Ritalin and put him on a drug called Cylert along with the Dexedrine. When that didn't "work," he tried the then-experimental drug Adderall and stopped the Dexedrine.

Paul was classified as learning disabled and transferred to a school in another town with "a better Special Education class" and a teacher who "was used to dealing with ADHD children and knew how to handle them." An Individualized Education Program (IEP) was created for him for first grade.

Bad to Worse

By the beginning of 4th grade, Paul was very thin and more hyperactive than ever. He complained of headaches and pain in his back and joints. "It did me no good to ask questions about Paul's medication," Mrs. Johnston wrote in her diary, "they never got answered. I was treated like an over-

emotional parent who would not accept that her son had a problem."

The Johnstons took Paul to a physician in another town, who ordered a series of tests. "[This] doctor could not answer any of my questions about why Paul was so sick," Mrs. Johnston wrote. "He sent all of Paul's lab work to doctors out of state with the hope that they could help. To him, this was a child in need of help, but knowing what to do was another thing. But at least he did not view my son as being crazy."

Another new clinic doctor prescribed 100 mgs. of the drug Tofranil for Paul. His school work suffered, and he began fighting with other children. The Johnstons became pariahs in their neighborhood. Paul's two sisters, one older and another much younger, were traumatized by their brother's behavior. After one violent episode that resulted in a call to police, child protective services threatened to remove the girls from the home.

On several occasions, the Johnstons took Paul to local hospitals in an effort to get help. Typically, Paul's clinic doctors would not be available for consultation and he was sent home without treatment. The child pilfered knives and other household "weapons" with which he planned to kill himself. His parents took turns keeping night vigils at his bedside to prevent him from harming himself or his sisters. By now, he was having hallucinations, seeing strange lights and hearing voices.

Yet another clinic doctor arranged for Paul to be admitted to the children's psychiatric ward at a hospital in the town of Huntington. Dr. Raissi told Mrs. Johnston that she hoped this would take care of Paul's problems, but was not sure. During a 10-day hospital stay, Paul was diagnosed with Major Effective Disorder with psychotic features, and Oppositional Defiant Disorder. He was taken off Tofranil and put on Nortriptyline and Risperdal. He was discharged and referred to a psychiatrist named Dr. Shah.

Dr. Shah "never answered any of my questions," Mrs. Johnston wrote in her diary, "and he never said much of anything, except to threaten to put Paul back in the hospital if he 'acted out' again."

During Paul's first year of junior high in the fall of 1998, yet another new doctor took over his case. Dr. Faheem took Paul off Risperdal and put him on Zyprexa, which he said was better for controlling mood swings and hallucinations.

"All Dr. Faheem wanted me to do was admit that there were several people in my family who had some form of mental illness," Mrs. Johnston recalled. "One day I gave in and just made up a list for this man. It seemed to please him, and he became more willing to help Paul."

Paul was soon in trouble again in school and, although Mrs. Johnston found that not all that happened was her son's fault, she thought better of making waves because her husband Kenny was now working for the school district. "It is well known that you don't offend the school board," she wrote. "If you do, you won't work and your child will pay for it."

At the start of 2000, a school psychiatrist diagnosed Paul as "bipolar," explaining that children with this disorder are often misdiagnosed with ADHD. She promised relief with the drugs Lithobid and Paxil, but Paul's mood swings and problems at school continued.

Since Paul had been labeled mentally ill, his teachers seemed to write him off as unable to learn. One teacher even hit him several times in the head with a tennis ball while he slept during class, raising an egg-sized lump. Mrs. Johnston demanded an IEP meeting and brought along her tape recorder. During the session, at least one educator, who did not realize the meeting was being taped, disparaged and mimicked her son.

Following the IEP session, school administrators tried to influence Paul's father not to make waves by giving him more work at the school. "They told him that everything that goes on within the school stays within the school, which caused trouble between Kenny and me," Joy Johnston wrote. "They

were trying to divide us against Paul, and there was nothing I could do."

The family began receiving threatening phone calls. An unidentified voice observed "how good my oldest daughter was doing in school," Joy stated, "and said it would be awful if something happened to stop this . . . Sometimes," the voice continued, "a child who has problems like Paul's is removed from the home because his parents cannot take care of him and the family abuses him."

Commitment to Barboursville

During the summer of 2000, Paul was given more prescription changes, and violent outbursts and hospitalizations followed. The Johnstons found themselves considering long-term state care. "All of my time and energy has been spent seeking help for my son," Joy despaired. "I have neglected my husband, my daughters and myself because my son has so many problems we cannot solve."

The Johnstons were referred to the Barboursville School, a state mental facility for children. A spokesman told them that children are normally committed for three to six months and that the school has "a wonderful program for teens, which teaches them self-control and personal care." Paul's clinic doctor and the school counselor agreed that Barboursville might provide the care the boy needed, and the Johnstons scheduled a hearing before a state "mental hygiene commissioner" to commit their son.

After the hearing, Mrs. Johnston discovered that the court papers called for a commitment of two years. "I felt my heart sink," she wrote in her diary. "Paul was only supposed to stay for three months; six if necessary . . . I felt scared and confused, but maybe someone at the school could explain." His caseworker reiterated that the average stay for most children was three to six months depending on how they responded to treatment.

The Johnstons soon realized that Barboursville was not what they expected. After their first few visits, Paul began exhibiting fear and excessive hunger. Later, they found marks on his body, including a burn, as though he were being abused. When questioned, the child was evasive.

Breakthrough at Last

Friends of Joy Johnston put her in touch with longtime Eagle Forum member Ellen Beamon of Virginia. Joy's friends had heard about the harm psychiatric drugs could do to children and thought Mrs. Beamon might be able to help. At Ellen's suggestion, Mrs. Johnston began researching Ritalin and ADHD using her friend's laptop computer. The information she found filled her with shock and dismay. She began to realize that her now 13-year-old son was not mentally ill at all; that he had been diagnosed at the age of five with an unprovable disease, and that the medications he had been taking were the probable cause of his problems.

Mrs. Johnston's research led her to Dr. Peter Breggin of Maryland, head of the Center for the Study of Psychiatry and Psychology and author of *Talking Back to Ritalin*. She wrote Dr. Breggin about her son's condition. Within a week, he contacted her to discuss Paul's case. He advised her to get the boy released from the mental institution as soon as possible, that they needed to wean Paul off the "very dangerous medications" he was taking, none of which "were FDA approved for children under the age of 18." Dr. Breggin felt sure that Paul was not mentally ill, but suffering from drug-induced psychoses.

Battle for Release

The Barboursville School would not release Paul. Dr. Clark, who was in charge of his case, said there had been no improvement in his condition and that he was not stable enough to be released. The judge who committed Paul agreed that the commitment order would stand unless his doctor released him. The Barboursville staff began monitoring the Johnstons' visits.

Ellen Beamon sent faxes to her contacts describing Paul's situation and how his parents could not arrange his release from Barboursville despite evidence of maltreatment.

Joy Johnston was near despair. She had lost her firstborn son to death, now she felt she had lost her second son to "the system." With renewed determination, she began phoning attorneys from a list Ellen Beamon had provided. A week later, she called the last one, Richard Beckner of nearby Oak Hill. No other attorney was willing to take on the system, but Beckner was a young father who understood what psychotropic drugs could do to children. When the Johnstons described the drug dosages Paul was taking, he shook his head in disbelief.

Beckner explained that it would not be easy, but that he would do everything in his power to overturn the court order. Alerted by Ellen Beamon, the Rutherford Institute also got involved and agreed to pay part of the financial cost.

When the Johnstons visited their son, he apologized for his appearance. Most of his clothes had been stolen, he said, and he was not allowed to wash those that remained or even to take a bath. He said the staff told him he would never get out of the hospital and that his parents didn't want him. When the Johnstons protested this treatment, they were escorted off the institution's premises by security guards.

Richard Beckner succeeded in arranging another hearing. Dr. Clark testified that the Johnstons had refused to let her help their son and that Paul was "a danger" to himself and others and should not be released. She stated that Paul "may never be stable" and that he could be institutionalized "for the rest of his life." The Johnstons contradicted Dr. Clark's testimony and submitted information supplied by Dr. Breggin about the side effects of the drugs their son was taking. After a lengthy hearing, the judge ordered the two sides to "come to an agreement."

In the end, Dr. Clark and the Barbours-ville School director were alone in pushing for Paul to remain institutionalized and the court ordered his immediate release.

The Aftermath

The Johnstons took Paul at once to Dr. Breggin, who examined him and provided a schedule for easing him off the drugs. The visit occurred just before Christmas 2000 and Paul became drug-free in Jan. 2001. But the boy suffers from severe headaches and has developed a disease known as Tardive Kyskinesia (involuntary movements in his hands and legs). The muscle cramps remain, and he has been diagnosed with Tourette Syndrome (a neurological disorder characterized by involuntary, rapid or sudden body movements and rapid or sudden speech variations, such as stuttering). He also suffers from rheumatoid arthritis.

Given the family's ordeal at the hands of the public school system, Mrs. Johnston decided to homeschool her son. She was told that Paul performed at third-grade level and that he would probably not be able to do any better. But he has since completed 8th grade and will begin 9th grade in the fall. Paul's older sister, Vickie, is expected to test out of high school next year, and his younger sister, Destiny, will attend private school in the fall. "I feel she will achieve more in that setting," Mrs. Johnston explains, "and the fear of a 'Ritalin Roundup' is not a factor."

Lawsuits are pending against the physicians who treated Paul, and Mrs. Johnston plans to remain vocal about the misdiagnoses of children, in the hope of "stopping the madness for those children who remain lost in the system." "I learned about forced psychiatric drugging the hard way," she admits. "Parents aren't told about the adverse reactions Ritalin and other drugs cause."

"It is very difficult for people to understand about drug-induced psychosis," she continues. "So many of our children are suffering from it, and few in the field of psychiatry will even talk about it. The internet literally saved Paul's life. Parents should remember that research can do wonders because knowledge is power."

[Back to September Ed Reporter](#)

EDUCATION REPORTER

THE NEWS OF EDUCATION RIGHTS

Ritalin Roundup Continues

NEW YORK, NY Bronx resident Michele Lawson is among many New York City parents fighting school-recommended drug intervention for their children. The prescription of Ritalin has become so scandalous in the Big Apple that the New York Department of Education just sent a letter to all district superintendents stating, "Recent press accounts have reported that some school district personnel have allegedly made the admission of some students to school contingent upon parental agreement to administer Ritalin or other psychotropic medications. Please be advised that school district personnel have no authority to impose such a requirement."

According to the *New York Post* (8-8-02), Lawson was told that her six-year-old first-grade son, Dominick, needed medication because he was "disorganized, forgetful and had a problem staying in his seat." By 2nd grade, Lawson was forced to pay for a psychiatrist, who contradicted the school's contention that the child had Attention Deficit Hyperactivity Disorder (ADHD).

But school officials continued to insist that Dominick needed medication and referred Lawson to New York Psychiatric Hospital, where a doctor prescribed Ritalin after reading a school report and interviewing the boy for 45 minutes. While acknowledging that her son has "issues," Lawson rejected the medication.

At a February hearing, school officials accused Lawson of neglect and threatened her with loss of parental rights. That's when she pulled Dominick out of public school and is now paying to send him to a private school.

Even the well-known and the well-to-do face opposition in the nationwide push to medicate school children with powerful drugs for questionable disorders. Neil Bush, brother of President George W. Bush, told the *New York Post* (8-14-02) that he endured his own Ritalin hell seven years ago when educators in a Houston private school diagnosed his son, Pierce, now 16, with Attention Deficit Disorder (ADD) and pushed medication.

Bush spent years researching the issue and found that "the educators were wrong" about his son. "There is a systemic problem in this country, where schools are often forcing parents to administer Ritalin," he said. "It's obvious to me that we have a crisis."

The *Post* pointed out that the forced drugging issue "isn't just an inner-city problem." Statistics show that children from the affluent suburbs "are more likely to be pressured by schools to medicate their kids than those in poor urban areas."

Lawsuit Filed in NY

New Jersey attorney Alan Milstein was expected to file a lawsuit by the end of August against school officials in Millbrook, NY on behalf of 12-year-old Michael Mozer, whose Ritalin woes began in 1997 when he was in first grade. Michael's mother, Patricia Weathers, said the school claimed her son "couldn't learn" unless he was medicated.

Weathers told the *New York Times* last year (6-19-01) that by 4th grade, her son was showing

signs of severe anxiety," including chewing on paper and on his clothes. By then, he had been diagnosed by school officials as "bipolar" and was taking "a cocktail" of Dextrostat (a form of Ritalin) and the anti-depressant drug Paxil. Weathers said the drug combination caused Michael to become "psychotic" and "out of control."

The *New York Post* reported (8-7-02) that Weathers took her son off the drugs in December 1999 after he begged her to "make it stop - there's a person inside my head telling me to do bad things." School officials barred the child from attending school, then filed a complaint against Weathers with the New York Department of Children and Family Services. An investigation cleared her of wrongdoing. (She testified before a U.S. House Committee in 1999 about her son's ordeal.)

Michael now suffers from a heart murmur, which his mother believes is a result of the drugs.

Neil Bush thinks many parents fall for the ADD and ADHD diagnoses and subsequent drugging of their children because it explains why they aren't doing well in school. He now believes "it's the system that is failing to engage children in the classroom. My heart goes out to any parents who are being led to believe their kids have a disorder or are disabled."

Eagle Forum Information

Eagle Forum, P.O. Box 618 • Alton, IL 62002

phone: 618-462-5415 • fax: 618-462-8909

e-mail: eagle@eagleforum.org



Recommend to a Friend

EDUCATION REPORTER

Judge Rules for Ritalin

ALBANY, NY—When seven-year-old Kyle Carrolls of Fame, New York, was diagnosed with psychodosis having ADHD, a prescription for Ritalin was not far behind. The child soon exhibited two of the drug's common side effects: sleeplessness and appetite loss. His parents advised school officials that they wanted to temporarily discontinue the medication. The result was a call from Albany County Child Protective Services, a petition to appear in court, and ultimately, what amounted to an order from family court Judge Gerard J. Mahony to resume using Ritalin.

Kyle was covered under the Individuals with Disabilities Act (IDEA), which requires that a child labeled ADHD have an Individualized Educational Plan (IEP) devised by the school to meet the child's needs, plus any prescribed by a medical doctor, to become part of the plan.

According to the *New York Law Journal* (6/21/07), the school district accused the Carrolls of educational neglect, and Albany Family Court Guardian, Pamela Jern, supported the school's position. She stated that "A medical doctor prescribed Ritalin based on the recommendations of [a] psychologist. The prescription for a period of time, his behavior improved, and the parents unilaterally decided, in use of their own beliefs, that they were not going to give him Ritalin. His behavioral problems resumed and interfered with his school performance."

Under what was described as "at least the threat of having their child removed from their custody," the Carrolls agreed to "an admission in contemplation of dismissal (ACOD). The compromise requires Kyle's parents to comply with the doctor's recommended treatment (Ritalin). Although the Carrolls may get a second opinion, they are not allowed to overrule the problem."

Abuse of Judicial Authority

Some experts called the consent decree "an inappropriate use of judicial authority," expressed Jeffrey Schell, a psychologist and law professor at American University in Washington. He accused the judge of engaging in parents' parents, "invading a child's body or person with chemicals and violation of privacy and also a violation of due process," he told the *New York Journal*. It deprives the parents of the liberty of raising their child as they see fit.

In an August 16 column, writer and scholar, Thomas Howell alluded to other similar abuse in the courts. He referred to a story in *USA Today* in which parents have been threatened with charges of child neglect or abuse and with having their children taken away by authorities if they fail to administer Ritalin. There are, he wrote, "in gods in the schools who are busy putting this label [ADHD] on children who are bored and restless at the uninteresting and unchallenging material presented to them." Schell wrote.

Class Action Suit Filed

In May 2000, the Dallas law firm Waters and Kraus filed a class action suit alleging fraud and "conspiracy" against Novartis, the manufacturer of Ritalin, the private organization Children

and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), and the American Psychiatric Association. The suit charges that the defendants committed fraud in conspiring to over-promote the diagnosis of ADHD and its treatment with the stimulant drug methylphenidate (Ritalin).

Although not a party to the suit, Dr. Peter R. Breggin, director of the International Center for the Study of Psychiatry and Psychology (ICSP) and its medical consultant, Dr. Breggin has long warned about the potential toxic effects of Ritalin and other psychotropic drugs on children. (See *Education Reporter*.)

White House Concern

When the White House publicly expressed concern last March about the psychiatric drugging of young children with stimulants such as Ritalin and antidepressants including Prozac, Dr. Breggin called it "political damage control." He described the announcement as a reaction to the overwhelming negative public response to revelations in the *Journal of the American Medical Association* about the increased drugging of two-to-four-year-olds. "In reality," he said, "Mrs. Clinton and Tipper Gore gave a lot of help in the psychiatric medicating of children at the White House Conference on Mental Health in June 1999."

The underlying theme of the White House announcement was the need for "more research," Dr. Breggin counters. "What's needed is an open forum on the psychiatric medicating of children, undertaken by, and a reconsideration of the dangers for older children as well."

Information

Eagle Forum, P.O. Box 678, Alton, IL 62002

Phone: 618-462-5544 Fax: 618-462-8909

E-mail: info@eagleforum.org



Recommend to a Friend

EDUCATION REPORTER

THE NEWSPAPER OF EDUCATION RIGHTS

JULY 2001

Connecticut Curbs Promotion of Ritalin

HARTFORD, CT - The Connecticut General Assembly has approved a bill prohibiting educators from recommending psychotropic drugs such as Ritalin for use on school children. (See text below.) The House of Representatives on May 22 approved **H.B. 5701** by a vote of 141-0. The bill has also passed the Senate and is awaiting the Governor's signature.



Lenny Winkler

State Rep. Lenny Winkler (R-Groton) introduced the legislation, citing "the dramatic increase in the amount of psychotropic drugs, such as Ritalin and Prozac, being prescribed for children in recent years." In announcing the bill's passage, she stated that "these drugs are too often prescribed without a thorough medical and psychological evaluation. This bill will go a long way toward preventing unnecessary use of psychotropic drugs in Connecticut."

An emergency room nurse herself, Winkler expressed horror at the list of mind-altering drugs that are taken by some of the children admitted to the hospital. She pointed out that strong "anecdotal evidence" indicates that recommendations of these drugs to parents by school personnel have contributed to the increase in prescriptions. "Because teachers are held in such high esteem," Winkler noted, "their opinions regarding a student's health are taken seriously."

H.B. 5701 also prohibits a parent's refusal to place a child on psychotropic drugs from becoming grounds for the Connecticut Department of Children and Families to take the child into custody.

The law *does* allow schools to recommend that a student undergo a thorough medical examination. With the parents' permission, school officials may still consult with doctors about a child's case. "The school system will always play a vital role in a child's well being," Rep. Winkler affirmed. "But it's extremely important that the diagnosis of any medical condition be performed by a medical professional."

Partial Text of **H.B. 5701**

An Act Concerning Recommendations For
 And Refusals Of The Use Of
 Psychotropic Drugs By Children. . . .

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Each local and regional board of education shall adopt and implement policies prohibiting any school personnel from recommending the use of psychotropic drugs for any child. The provisions of this section shall not prohibit school medical staff from recommending that a child be evaluated by an appropriate medical practitioner, or prohibit school personnel from consulting with such practitioner with the consent of the parents or guardian of such child.

Section 2. The refusal of a parent or other person having control of a child to administer or consent to the administration of any psychotropic drug to such child shall not, in and of itself, constitute grounds for the Department of Children and Families to take such child into custody or for any court of competent jurisdiction to order that such child be taken into custody by the department, unless such refusal causes such child to be neglected or abused, as defined in section 46b-120 of the general statutes.

Eagle Forum Information

Eagle Forum * PO Box 618 * Alton, IL 62002

phone: 618-462-5415 fax: 618-462-8909

e-mail: eagle@eagleforum.org



Recommend to a Friend