

Health

Damaging children for the sake of profits

By Evelyn Pringle

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August 26, 2005—TeenScreen is planting the seed of mental illness in the minds of children. School kids are being conned into taking a survey full of loaded questions and the results are being used to convince parents their children are mentally ill and need dangerous brain-damaging drugs.

All children at times feel depressed or different from others, or not smart enough, or not good-looking enough. This is normal adolescent thinking. The TeenScreen survey asks whether the child has ever felt this way and phrases questions to solicit one answer, yes. It takes advantage of impressionable kids when it raises questions about normal feelings.

After taking a survey that suggests they are abnormal, the next thing you know, Susie and Tommie will go running to the teacher saying, "You know, now that you mention it, I do have these thoughts and feelings, I must be mentally ill."

Mission accomplished. Two new customers. All the survey had to do was plant the idea in Susie and Tommie's mind.

The Bush appointed New Freedoms Commission on Mental Health issued a report in July 2003 urging the screening of school children in all 50 states and chose TeenScreen as the model program to ensure that all youth receive a mental health check-up before graduating.

The New Freedom Commission also recommended a drug treatment program based on the Texas Medication Algorithm Project (TMAP), which requires doctors to prescribe specific psychiatric drugs, including atypical anti-psychotics and antidepressants known as the Selective Serotonin Reuptake Inhibitors [SSRIs] that can lead children to commit suicide or other violent acts.

The truth is the New Freedom Commission serves as the hub for a grand profiteering scheme involving the Bush administration, federal and local government officials, and drug companies to broaden the market for the sale of expensive but lethal drugs. If all goes according to plan, it will generate millions of new prescription drug customers.

For example, pharma reaped great rewards in Colorado where over 350 youths were screened at a homeless shelter using the TeenScreen survey. It determined that over 50 percent of the kids were at risk of suicide and 71 percent screened positive for psychiatric disorders.

Common sense would tell a person that kids at a homeless shelter might be suffering due to logical reasons such as not eating or sleeping properly. But you can bet that the TeenScreen squad marched these homeless kids right over to the nearest Medicaid office to line up funding to cover the cost of their newly prescribed drugs. Never mind that they don't have a bed to sleep in or a dinner table to eat at. Put them on magic pills and life will be grand.

TeenScreen is being used to push drugs on a population of kids who, in the eyes of many experts, are already overmedicated. An estimated 10 million children in the US are now taking mind-altering drugs that have documented side-effects of suicidal ideation, mania, psychosis, and future drug dependence.

Carol Boyd, director of the Institute for Research on Women and Gender at the University of Michigan, surveyed 1,017 middle and high school students in a Detroit-area public school district and found that almost half of the children had legitimate prescriptions for Ritalin and other psychiatric medications.

More kids on drugs are showing up for college. The University of Mary Washington reports that a record 24 percent of students using the school's Psychological Services program are taking some sort of psychotropic medication that is capable of influencing a person's mental functioning.

The demand for services for 2004–2005 has risen 150 percent over last year, according to Psychological Services director Barb Wagar. The medications students are usually on are SSRIs, such as Prozac, Paxil, and Zoloft, for depression; Xanax for anxiety, and Ritalin or Adderall for attention disorders, Wagar reports.

According to Bernard Chirico, vice president for student affairs and dean of students, this is also a national trend. "Nationally there has been a 91 percent increase in students at college counseling taking psychotropics between 1998 and 2003," he said.

On January 13, WebMD Medical News reported the findings of a government study that showed more Americans than ever are being treated for substance abuse, depression, and other mental health disorders, but the treatment they are getting is increasingly limited to prescription drugs alone.

The study assessed changing patterns in the treatment of mental illnesses from the mid-1990s to 2001, and determined that mental health drug costs rose 20 percent each year.

According to economist Samuel H Zuvekas, PhD, who conducted the analysis, about 80 percent of the growth in expenditures can be explained by the increase in the use of SSRIs and other antidepressants, and high-priced schizophrenia drugs called "atypical antipsychotics," like Risperdal, Zyprexa, and Geodon.

The atypicals, which are also now being used to treat bipolar and anxiety disorders, cost roughly \$8 a day, about 100 times more than the older antipsychotic drug, Haldol, the study noted.

Front Groups as Funnels

TeenScreen's promotional materials and websites say it's not supported or affiliated with any pharmaceutical companies. What a joke.

Laurie Flynn is at the helm of TeenScreen. Prior to her current job, her salary was paid by drug companies for 16 years while she was the top dog of the most prominent industry-backed front group of all time, the National Alliance of Mental Illness (NAMI). A group dedicated solely to promoting and selling as many pills as humanly possible.

The pharmaceutical industry has long funneled money through front groups like NAMI, which, in turn, provide funding for marketing campaigns.

According to Dr Peter Breggin, psychiatrist and founder of the International Center for the Study of Psychiatry and Psychology, "These groups hold national meetings that bring together drug advocates to talk directly to consumers. They also put out newsletters and other information that praise medications. Sometimes they actively suppress viewpoints that are critical of drugs—for example, by discouraging the media from airing opposing viewpoints."

Flynn is also the author of an article, titled "Before Their Time: Preventing Teen Suicide," in which she states: "The TeenScreen Program developed 10 years ago by Columbia University and offered in partnership with the National Alliance for the Mentally Ill helps communities across the nation identify teens with mental illness who might be at risk for suicide."

It's kind of hard to dispute the charge that NAMI is a funnel for drug money since its website lists "Corporate Partners, Grants, and Foundations," as Abbott, AstraZeneca, Bristol-Meyers-Squibb, Eli Lilly, Forest Lab, Glaxo-Smith-Kline, Janssen, McNeil, Pfizer, and Wyeth.

So if TeenScreen is being "offered in partnership," with the NAMI, it stands to reason that drug money is involved.

Laurie McGuire, second in command of the TeenScreen project, gave a speech at the annual NAMI national convention, and explained the need to con kids and their parents into taking the survey. She told the audience that while only around 54 percent of parents would consent to the screening, when children themselves were asked, nearly 98 percent agreed to the idea of being screened.

"Getting the kids to buy in is such an essential thing because for the most part, you're distributing the consent forms to the kids to bring home to their parents and bring them back. So you have to get their buy in, you have to get them interested in it," McGuire said.

TeenScreen also recommends bribing kids with movie passes or gift certificates for pizza parlors.

Passive Consent is another trick TeenScreen uses to get around the law which requires obtaining a valid parental consent. Passive consent requires parents to return a form only if they do not want their child to participate in the screening. In Oregon, one NAMI member complained that consent forms were being returned with a large "NO" scribbled across the paper.

The problem is, even with passive consent, parents still have to agree to seek mental health treatment their children.

At the convention, NAMI members were told of the need to "loop" the kids to a mental health provider. The importance of getting kids to that first appointment was stressed. They were told that sometimes that might entail calling insurance companies to get the information on where to go and what is covered, and sometimes it would mean picking kids up and driving them to the first appointment.

Before the meeting ended, McGuire passed a notebook around the audience to solicit names of NAMI members who would be willing to be respond if there were a parental uprising against TeenScreen in their community. She explained that they might be asked to write a letter to the editor or go to a school board meeting, things like that.

TeenScreen has many supporting front groups listed in its informational material. Another example of a funnel is the Depression and Bipolar Support Alliance which reports pharma financial backing equal to 53 percent of all revenue. According to its 2001 annual report, drug companies which donate between \$150,000 and \$499,999, include Abbot, Bristol-Meyers-Squibb, Eli Lilly, Pfizer, Glaxo-Kline, and Janssen. In addition, nearly all of the other major drug makers donate a lesser amount.

Another favorite mantra by TeenScreen officials is that the program is free and it doesn't get any government money. Well, something went haywire with the "free" mental health check-up business because, according to a July 11 article in the Peoria Illinois Journal Star, in Brimfield Illinois, "organizing the system and employing a part-time counselor specifically for the program is estimated to cost about \$100 per student."

Overall, the "Brimfield High School program alone will cost around \$20,000 for the first semester," the Journal wrote.

Let me repeat that so taxpayers "get it," that is \$20,000 tax dollars per semester to run this marketing scheme for pharma.

In Florida, according to a June 5, 2003, Weekly Planet article, Gwen Luney, assistant superintendent for supportive services for the Hillsborough County Schools, said TeenScreen would cost the school district roughly \$200,000 a year.

Drugging Kids with Lethal Medications

On June 18, 2003, GlaxoSmithKline issued a warning to British physicians against the use of Paxil in children, and acknowledged its failure in clinical trials "to demonstrate efficacy in major depressive disorders and doubling the rate of reported adverse events—including suicidal thoughts and suicide attempts—compared to placebo."

On December 18, 2003, Eli Lilly issued letters to British healthcare professionals, indicating that Prozac is not recommended for children—for any use.

The results of a recent study conducted at the Ottawa Health Research Institute were published in the February 2005 British Medical Journal. The study reviewed over 700 clinical trials involving 87,650 patients, and provided an all-inclusive look at the suicide risk with SSRIs, because it counted suicide attempts by subjects treated for a variety of conditions in addition to depression, including panic disorder, bulimia, and sexual dysfunction.

The study determined that patients taking SSRIs are more than twice as likely to attempt suicide as patients given placebos. The fact that there is an increased risk of suicide attempts for patients who were not depressed and were being treated for other kinds of disorders is highly significant.

Most of the drugs being pushed on kids are not approved for kids, but even if they were, it wouldn't mean much. What most people don't realize is that to gain FDA approval, a company is not required to prove that a new drug is safer or more effective than an older drug. All it has to do is show that a drug provided better results than a placebo in short-term trials of often only 6 to 8 weeks, with a statistically significant group of patients, according to Bob Whitaker, investigative journalist and author of *Mad In America*.

We know these drugs are very dangerous. Nevertheless, there has been a very large increase in the numbers of children placed on SSRIs in the United States. Not only that, the fastest growing segment of users are age 0–5, reported Dr John Breeding, PhD, Director of Texans For Safer Education, and author of, *The Necessity of Unproductivity and Madness*, and *The Wildest Colts Make The Best Horses*, during testimony to the Texas House Select Committee, on October 4, 2004.

He called for a ban on the use of SSRIs for children and warned, "SSRIs are extremely harmful and addictive; and can cause or exacerbate suicidal or homicidal tendencies; withdrawal is painful and dangerous."

Psychiatrist Peter Breggin, a court-qualified medical expert, and author of books, *Talking Back to Prozac* and *The Anti-Depressant Fact Book*, *The Ritalin Fact Book*, warns about the life-long damage a label of mentally illness can cause.

"There is nothing worse that you can do to a human being in America today than give them a mental illness kind of label and tell them they need drugs and these children are 3, 4, 5, 6, 7, 8, 9 years-old being treated in this manner," Breggin reports.

Besides causing suicide, enough evidence now exists to prove that legally prescribed drugs have played a major role in the senseless acts of violence by school-age children all around the country in recent years. Little attention has been given to the FDA's additional warning that certain behaviors are "known to be associated with these drugs," including "anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania, and mania," according to Breggin.

For more than a decade, he said, "I have documented in books and scientific reports how this stimulation or activation profile can lead to out-of-control behavior, including violence."

"From agitation and hostility to impulsivity and mania, the FDA's litany of antidepressant-induced behaviors is identical to that of PCP, methamphetamine and cocaine—drugs known to cause aggression and violence," he warns.

"One clinical trial showed a rate of 6 percent manic reactions for depressed children on Prozac," he reported, "None developed mania on a sugar pill."

Bob Whitaker explained what's happening to people who use these powerful psychiatric drugs, during an interview in the August 2005 edition of *Street Spirit*. "All these drugs may curb a target symptom slightly more effectively than a placebo does for a short period of time, say six weeks," he said. However, "what you find with every class of these psychiatric drugs is a worsening of the target symptom of depression or psychosis or anxiety over the long term."

And he added, "You see a fairly significant percentage of patients where new and more severe psychiatric symptoms are triggered by the drug itself."

So then, "instead of just dealing with depression, they're dealing with mania or psychotic symptoms," he said.

"They're now said to be bipolar and they're given an antipsychotic to go along with the antidepressant; and, at that point, they're moving down the path to chronic disability," Bob told *Street Spirit*.

It's brilliant from the capitalist point of view, Whitaker pointed out, "you take a kid, and you turn them into a customer, and hopefully a lifelong customer."

"Unfortunately, the cost is dishonesty in our scientific literature, the corruption of the FDA, and the absolute harm done to children in this country drawn into this system, and an increase of 150,000 newly disabled people every year in the United States for the last 17 years, he said, "That's an incredible record of harm done."

In July 2004, the *Journal of the American Medical Association* reported that during treatment with SSRIs, there was a "significantly higher risk of suicide and suicidal thoughts" during the first nine days of treatment and that children who were first starting treatment were four times more likely to think about suicide, and 38 times more likely to commit suicide. It also noted that children as young as five have committed suicide while taking these drugs.

Something apparently happened between then and now because the AMA recently did an abrupt turn around. On June 21, a MedPage headline read, "AMA Supports Use of SSRIs for Treating Teen Depression."

Experts in the field are outraged. Dr Ann Blake Tracy, executive director of the [International Coalition For Drug Awareness](#), and author of *Prozac: Panacea or Pandora?* reacted strongly, "clearly there is no logical or sane excuse whatsoever for a doctor who professes to care about the well being of his patients to stand behind a group of drugs known to increase suicide by double," she said.

"It took us two decades to get the FDA to even issue what little bit of warning they gave with the black box placement on antidepressants," Dr Tracy explained, "and then because prescribing is down by 10 percent when it should be down by at least 90 percent, they are upset enough to make a move like this?"

"Of course," she reasoned, "this would be a necessary move to help push Bush's TeenScreen Program through the school system, which is the most likely reason for this seemingly insane move by the AMA. That is a program that will really bring in the business for them."

Never-Ending Cycle of Profits

Before we focus screening efforts on the children, I think we should screen all members of the Bush administration, and all officials at the FDA and CDC, to find out what happened to their consciences. Lets figure out how these people could allow pharma to push lethal drugs on kids and inject poisonous vaccines into a generation of children, without exhibiting any sign of guilt or remorse whatsoever.

In February 2005, Canadian regulators ordered the drug Adderall, used to treat attention deficit disorders, off the market after it was linked to 20 sudden deaths and a dozen strokes, 14 of which were children.

The dramatic growth in the number of children labeled as having Attention Deficit Disorders is man-made. Recent studies have shown that exposure to the mercury-based preservative, thimerosal, contained in childhood vaccines until recently, not only causes autism but can also result in a host of other neurological disorders.

And government regulatory officials knew about the harm vaccines were causing from a study they conducted in 1999.

According to a leaked transcript from a secret meeting of a CDC (Centers for Disease Control) advisory committee in June 2000, upon reviewing the study on the link between thimerosal-vaccines and the rise in neurological disorders in children, Bill Weil, a pediatrician, warned the committee, "There are just a host of neurodevelopmental data that would suggest that we've got a serious problem. . . . The number of kids getting help in special education is growing nationally and state by state at a rate we have not seen before."

Committee member Robert Brent, a pediatrician from Thomas Jefferson University, stated: "The medical/legal findings in this study, causal or not, are horrendous . . ."

"If an allegation was made that a child's neurobehavioral findings were caused by thimerosal-containing vaccines, you could readily find a junk scientist who would support the claim with 'a reasonable degree of certainty.'" Brent said, "But you will not find a scientist with any integrity who would say the reverse with the data that is available. . . . So we are in a bad position from the standpoint of defending any lawsuits if they were initiated, and I am concerned."

The CDC knows its in trouble for its part in the cover-up. Excerpt from pages 281–282 of the book, *Evidence of Harm* by David Kirby, describes an October 2003 visit by Dr Mark Geier, David Geier and Vale Krenik to the CDC Vaccine Safety Datalink in Georgia. The VSD monitor probably gave them more information than her superiors intended.

The monitor told the Geiers that she had been running VSD data on thimerosal for quite some time and knew the numbers inside out. She was assigned to look at the most recent data, checking to see what the rates for autism were doing. She was asked to determine if the numbers of diagnoses had begun to decline, especially in the younger children. If so, this would implicate thimerosal, which began to be phased out in 2000.

"The autism numbers are going down," she said. "We're watching them drop."

An independent study conducted by Geiers, using the CDC's VSD data, has determined that the risk of autism increased significantly with each additional 25 micrograms of mercury exposure, and that children who received three mercury-containing DTaP shots had an increased risk of autism nearly 27 times that of kids who got three mercury-free vaccines.

Since they believe vaccines have caused the damage in the first place, many parents resent the fact that the pharmaceutical industry is now raking in enormous profits from the sale of drugs to treat the disorders it created.

As one activist said a while back, "It's Christmas every day for these guys."

Countless damaged children are now being fed profitable drugs such as Ritalin, Adderal, Depakote, Risperdal, Zoloft and Strattera, when in fact, if a child is affected by mercury poisoning, the drugs can at best only mask symptoms.

"Do you think the pharmaceutical industry may attempt to prevent children from getting mercury testing due to fears of losing market share?" asks Nancy Hokkanan, mother of an autistic child.

I say yes, absolutely, if there's a chance it might lead to a decrease in profits.

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