

**THE PLAN TO DRUG AMERICAN SCHOOL CHILDREN:
The President's New Freedom Commission
On Mental Health**

By

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Originally written for Presentation at
The Council for Human Rights of Children
Brasenose College, Oxford England
August 1-6, 2005

REVISED FOR INTERNET POSTING MAY 10, 2006

MEDICALIZATION: Convincing Healthy People They Are Sick

This paper outlines the deliberate marketing of harmful drugs to children as a direct result of the drug industry take over of the American mental health system. My point of departure is Ivan Illich's broader assertion that "The medical system has become a major threat to health." (1976) Time has proven Illich to be a prophet: medicine is now the leading cause of death in America. (Null 2005) What is wrong in American medicine is also wrong in psychiatry. Pharma marketeers claim psychiatric drug treatment is a scientific miracle. However, the outcome evidence on psychiatric treatment shows otherwise: the recovery rate for treated schizophrenia has fallen from 70% in the mid-nineteenth century to 11% today, while the death rate for the "new" atypical antipsychotic drugs is double that of the older typical class. These outcomes contrast with 49-51% recovery Third World countries, like India and Nigeria, where these drugs are not used consistently. (Whitaker 2004) The suicide rate for treated schizophrenia in the UK has increased 20 fold since the introduction of antipsychotic drugs in 1954. (Healy et al 2006) Five times as many people are being defined as permanently mentally ill (disabled) today than before the introduction of drug treatment. (Whitaker 2005) Yet, in spite of these ominous facts, millions of American children are routinely being given these dangerous drugs in the name of "psychiatric treatment."

How did this happen?

The drugging of American children is not accidental. It is a part of the larger problem of the premeditated medicalization of modern life discussed by Illich (1976), McKnight (1999) and others. However, the issue goes beyond the use of drugs: it is about *freedom*. The massive pharmaceutical corporations, which barely existed before World War II, are the most profitable legal businesses in human history. They have the money, the plan and the ruthless determination to medicalize our lives to sell us as many drugs as possible. They are a major threat to the basic human rights, as well as the health, of every person on the planet.

By "medicalization" I mean Pharma is deliberately and systematically promoting ideas about illness and disease to explain everyday life. (Summerfield 2002) By blurring the boundaries between sickness and health, Pharma convinces healthy people they are sick (Moynihan & Cassels 2005), and that "lifestyle" drugs, like Viagra, are necessary to happiness as well as health. (Abramson 2004)

Medicalization is an iatrogenic disaster of unbelievable proportions: it is inflicting harm on the lives of tens of millions of people. As our culture becomes a biomedical folktale we are being robbed of our

traditional ways of managing illness and meeting death. And, in addition, the high cost of drugs threatens to bankrupt the American health care system, if not the entire American economy.

Pharma has used its economic power to create an effective lobby, which controls U.S. public health policy as well as watchdog agencies like the Food and Drug Administration (FDA).

More frightening still, as I will show, the President's New Freedom Commission on Mental Health (NFC) is a creation of pharmaceutical interests. Two of its central policy recommendations are bald-faced drug marketing schemes. The first targets 52 million American school children for mental health screening by a program known as "TeenScreen." While the second irrevocably links the mental health treatment psychiatric drugs - - not coincidentally, the most expensive and dangerous psychiatric drugs - - using the pseudo-scientific Texas Medication Algorithmic Program or TMAP.

Let's begin with a look at the money trail of legal drugs and some Pharma history.

"The US government contributes more money to the development of new drugs in the form of tax breaks and subsidies than any other government. Of the 20 largest pharmaceutical corporations, nine are based in the United States. Yet drugs are more expensive in the United States than in any other part of the world, and the global drug companies make the bulk of their profits in the United States.

"The pharmaceutical and health products industry has spent more than \$800 million in federal lobbying and campaign donations at the federal and state levels in the past seven years...No other industry has spent more money to sway public policy in that period...its combined political outlays and lobbying and campaign contributions is topped only by the insurance industry." (Ismail 2005)

Pharma's huge profit margin has allowed it to buy control of FDA.

"Most of the industry's political spending paid for federal lobbying. Medicine makers hired about 3,000 lobbyists, more than a third of them former federal officials, to advance their interests before the House, the Senate, the FDA, the Department of Health and Human Services, and other executive branch offices." Yet, "The drug industry's huge investments in Washington [are] meager compared to the profits they make [from]...a series of favorable laws on Capitol Hill and tens of billions of dollars in additional profits...They have also fended off measures aimed at containing prices, like allowing importation of medicines from countries that cap prescription drug prices, which would have dented their profit margins...In 2003 alone, the industry spent \$116 million lobbying the government...Congress passed, and President George W. Bush signed, the Medicare Modernization Act of 2003, which created a taxpayer-funded prescription drug benefit for senior citizens...[in] Medicare, the government program that provides health insurance to some 41 million people, the [drug] industry found a reliable purchaser for its products. Thanks to a provision in the law for which the industry lobbied, government programs like Medicare are barred from negotiating with companies for lower prices¹...Critics charge that the prescription drug benefit will transfer wealth from taxpayers, who provide the funding for Medicare, to pharmaceutical companies." (Ismail 2005)

Pharma's influence saturates every aspect of our lives and culture with harm like DDT once saturated our physical environment. Here's how it began.

THORAZINE: The First Pill to Create Its Own Ill

David Healy (2002), the British psychiatrist and drug researcher, believes that the marketing of Thorazine in the US in 1954 created the modern drug era and ultimately gave us everything from Valium to Viagra. Smith-Kline-French (SKF, now Glaxo-Smith-Kline GSK) was a small, \$50 million dollar

pharmaceutical house, when it obtained the rights to market Thorazine. The drug was originally used as an anesthetic; however, it was introduced in the U.S. as an anti-nausea drug, which then made \$75 million dollars (in 1954 dollars) as an antipsychotic in its first year on the market. Within five years it had elevated SKF to a \$350 million dollar a year house. Thorazine taught the pharmaceutical industry how to market and ill for every new pill it discovers.

I should add that Doctor Healy also sounded the alarm on the danger that Selective Serotonin Reuptake Inhibitor antidepressants (SSRI) posed for children. Read as, “Pharma is so powerful in the U.S. it prevented FDA action on SSRI’s, so warnings had to come from the outside.”

GADSDEN’S GANG: Double Your Pleasure, Double Your Fun...

Thirty years ago, when the late Henry Gadsden was CEO of Merck pharmaceuticals, he candidly told *Fortune* magazine how unhappy he was that his company’s potential markets were limited to *sick* people. He wanted Merck to be like “Wrigley’s, chewing gum,” so that “Merck would be able to ‘sell to *everyone*.’” (Moynihan & Cassels 2005) Gadsden’s dream did not die with him: although Americans make up only 5 percent of world population, they consume 50 percent of world pharmaceutical production. This kind of consumption isn’t a social accident. The gang Gadsden left behind made this happen through careful planning, hard work and the infusion of obscene amounts of cash. One must admire Pharma’s achievements, even while condemning the consequences they have brought down on us.

Pharma marketing has not only convinced Americans their drugs are necessary, but that Americans have the best health care system available. But according to John Abramson, while we have the most expensive health care system it is far from the best. Although we spend twice as much on health per person than any other nation, our healthy life expectancy ranks twenty-second out of twenty-three industrialized countries, better only than the Czech Republic. Two-thirds of American medicine is beneficial. However, one-third is ineffective, unnecessary and even deadly, as well as expensive. This one-third of medicine adds \$500 billion dollars annually to the cost of our health care, while shortening our lives and even killing us outright. And, shamefully, America is the only industrialized nation that does not offer universal health coverage to all its citizens. 43 million Americans do not have health insurance benefits. This leads Abramson to conclude, “Putting the pharmaceutical industry in charge of our health is like putting the fast food industry in charge of our diet.” (2004)

MEDICINE AS MIRACLE: Modern Alchemy

A recent Glaxo-Smith-Kline (GSK) TV drug ad proudly claimed, “Today’s medicines finance tomorrow’s miracles.” This five-word marketing slogan is a revealing self-portrait of the industry. In fact, drug sales finance three main activities: 1) drug research and medical research, 2) drug marketing and public relations, and 3) drug lobbying. These are Orwellian processes, not miracles, and they are larger, more complex and better coordinated than the invasion of Normandy. Allen Jones, who exposed the illegal influence that drug companies exerted on the state of Pennsylvania (and was fired for it), puts the matter this way:

This isn't a David versus Goliath battle. There is no stone big enough to whack the pharmaceutical industry in the forehead and knock it over. These guys are operating in the shadows. They are operating in the dark. They are operating by buying off decision-makers in an illegal manner. There needs to be exposure of that. It's like fighting vampires, not fighting giants...It's an industry that is very organized and an industry that is ruthless. It is an industry with a long-term view and a long-term plan. (Whitehead 2005)

Similarly, Moynihan and Cassels say:

The extent of the pharmaceutical industry's influence over the health system is simply Orwellian. The doctors, the drug reps, the medical education, the ads, the patient groups, the guidelines, the celebrities, the conferences, the public awareness campaigns, the thought-leaders, and even the regulatory advisors - - at every level there is money from drug companies lubricating what many believe is an unhealthy flow of influence. Industry does not crudely buy influence with individuals and organizations - - rather its largesse is handed out to those considered to be most commercially helpful. The industry's sponsorship is strategic, systematic, and systemic. It is designed primarily to engender the most favorable view of the latest and most expensive products. But it is also used to maximize the size of the markets for those products, by portraying conditions like [Irritable Bowel Syndrome] IBS as widespread, severe, and above all, treatable with drugs. And, who is supposed to be fearlessly regulating this mess? The public agencies who themselves rely on the very same industry for much of their funding. (2005:171-172)

THE FINGER PRINTS OF PHARMA MARKETING STRATEGIES

Pharma's marketing strategies leave unmistakable fingerprints.² For a more complete discussion of these fingerprints see Moynihan and Cassels 2005. The Pharma "miracle" is an alchemy predicated on expanding the definition disease itself, while narrowing the treatment of any given disease to a specific drug or class of drugs. By using these simple strategies, Pharma can redefine a risk factor, like osteoporosis (the natural reduction in bone density that occurs with age) as a dreaded disease that affects millions of women. The transformation of a disease usually takes place under the cover of an "expert consensus process." Pharma convenes a panel of "experts" under the banner of a prestigious university or organization. (Whitehead 2005) The experts reach a "consensus" about a particular disease or drug that favors the drug companies. The consensus then becomes the "standard of treatment" for the disease or drug in question. Moynihan & Cassels outline this process with osteoporosis. (2005) To put a favorable marketing spin on osteoporosis, Merck donated money to the World Health Organization (WHO) to "study" the "disease." In return, WHO allowed Merck to hand-pick a panel of friendly experts, who then created the definition of osteoporosis Merck wanted. That is, the panel concluded that the bone density of a healthy 30-year-old woman should be the diagnostic standard. This means any woman with a bone density

less than that of a healthy 30-year-old can be said to be have osteoporosis. By raising the diagnostic standard, Merck was able to *increase* the number of women who could be “diagnosed” with the treatable “disease” of osteoporosis. The panel’s consensus was written into the medical lore as a research project sponsored WHO and is now the standard of practice for treating osteoporosis. Merck’s guiding hand is invisible to the casual observer. (Moynihan & Cassels 2005)

But Merck did not stop there. In Western medicine there can be no treatment without diagnosis: a drug cannot be sold without a diagnosis to justify its use. In addition to expanding the definition of a disease, Merck also insured that the means to diagnose the millions of allegedly afflicted persons would also be available. Merck stacked the deck by promoting diagnostic procedures, which would lead to a dramatic increase in the number people *actually diagnosed* with a problem. For osteoporosis, x-rays are the means to determine bone density levels for individual diagnoses. Therefore, Merck subsidized the purchase of x-ray machines to conduct screening exams. Radiologists, who would benefit from a boom in business, were natural allies in promoting screening exams. (Moynihan & Cassels 2005, chapter 8)

Two distinctive fingerprints of Pharma marketing are: 1) The ability to redefine of a “disease” and 2) the ability develop the means for “diagnosis” of the newly expanded disease. These provide the rationale for “treatment,” in this case, with a drug like Fosamax. Presto! With this alchemy Pharma can spin *any* disease/drug combination into a winner that insures billions of dollars in bottom line profits - - before the drug is even approved for sale!

The problem is, of course, that to achieve this goal everyday human unhappiness must be deliberately and wrongly transformed into a medical problem, and unnecessary, ineffective and even harmful drugs must be promoted to treat the new problem.

Seasonal Affective Disorder (SAD) is another example. SAD was a rare problem prior to its treatment by drug marketers, who spun it into a major disease affecting millions of people and treatable by SSRI’s. (Abramson 2004)

As I will show in a moment, these drug marketing strategies have been put to use in creating the NFC itself and in shaping its recommendations for universal mental health screening and making drug algorithms the standard for psychiatric treatment. However, before going on I want to review the Vioxx disaster. Most Americans know very little about this tragedy - - *or how close it came to involving American children.*

TARGETING CHILDREN: Anyone’s Child Will Do

Following Gadsden’s logic of selling drugs to “everyone” ultimately means selling unnecessary or dangerous drugs and it means selling them for children as well as adults. The marketing of the painkiller Vioxx by Merck offers a recent example of this ruthlessness pursuit of profit. It also illustrates how ineffective FDA has become in protecting us from harm as it is mandated to do.

Nobody knows the exactly how many people were killed and injured as a direct result of taking Vioxx as prescribed. However, the scale of human damage emerged in August 2004 through the research of FDA drug safety officer Dr. David Graham. Graham estimated that Vioxx tripled the incidence of heart attack

and stroke in high doses; and that it killed somewhere between 39,000 and 61,000 Americans. The lives of as many as 80,000 others were “forever changed” by nonfatal heart attacks and strokes. If Graham’s high estimates are correct it, more American’s died from Vioxx than from combat in Vietnam. (Sherer 2005) Not surprisingly, Graham’s work was dismissed by his boss at FDA, Dr. Steven K. Galson. In fact Galson told him to shut up and tried to discredit his work as junk science.³ Then, only two weeks *after* Graham made his report, *the FDA approved Vioxx for use with children!!!!* Let there be no mistake about this: American children were spared harm *only* because Merck “voluntarily” removed the drug from the market in September 2004, when its own research showed the drug doubled heart attack and stroke risk - - even in low doses. However, as I will show later, atypical antipsychotic drugs have doubled the death rate of typical antipsychotics and have not be removed from the market - - in fact, they are widely used with children.

Merck’s marketing slogan is, “Merck, where patients come first.” The fact that the company “voluntarily” removed of the drug seems to support its commitment to the slogan. However, in 2005, wrongful death litigation uncovered evidence that Merck researchers and executives knew as early as 1997 - - two years before Vioxx went on the market - - that the drug increased the risk of heart attack and stroke. They *actively* hid the facts from the medical community *and* the American public. (Berenson 2005) For example, in the famous Vigor trial of Vioxx published in the New England Journal of Medicine in 2000, Merck deleted data about three heart attacks among trial participants. (Pierson 2005)

Merck removed Vioxx to protect itself from liability, not to protect the American public from heart attack and stroke, and then *only* after its strenuous efforts to suppress harmful data failed. Meanwhile, FDA was protecting Merck’s marketing interests, not American consumers and their children. FDA officials demonstrated their willingness to put American children on the Vioxx chopping block, even after FDA officials knew how dangerous Vioxx was. Merck’s CEO for 11 years, Gilmartin, resigned in May 2005 as a result of this scandal.

This kind of corporate and regulatory misconduct is criminal and demands prosecution, not just resignation. The Vioxx tragedy does not end with it being taken off the market in 2004. Unfortunately, it is a gift that keeps on giving: a clear pattern in the recent deaths of former Vioxx users shows the drug produces lingering and potentially fatal damage to the heart and circulatory system for at least one year after taking it. (KSKA 2006) Meanwhile, other dangerous drugs, such as the entire spectrum of psychiatric drugs, remain on the market. And new drugs are being developed. Will these be safe? How will we know if they are safe? The one thing we can be sure of is that all of us, *including our children*, remain the drug marketers cross hairs.

THE NEW FREEDOM COMMISSION: Sacrificing American Children

Rather than influencing an existing prestigious organization, like WHO, Pharma simply got the President of the United States to create a new, unimpeachable organization to its exact specifications- - the President’s New Freedom Commission on Mental Health (NFC). Pharma fingerprints are all over the development of the NFC in the familiar strategies of 1) an expert panel 2) broadens the scope of disease,

while 3) narrowing treatment to a few drugs and 4) subsidizing screening/diagnosis to identify potential customers. Mr. Bush created named NFC and named the panel of experts that sit on it.⁴ This means that Pharma has captured control of U S public mental health policy. This scam is one of the biggest hijacking of public tax dollars in history. Since individuals citizens are unable and insurance companies are unwilling to pay for high priced psychiatric drugs, Pharma arranged that Uncle Sam foot the bill with public money.

The NFC recommendations I want to call your attention to are: 1) the mandatory mental health screening for all Americans, beginning with 52 million American school children, and 2) the use of the Texas Medication Algorithmic Program (TMAP) as the standard of treatment for mental illness.

The school mental health screening is based on a program called “TeenScreen,” a computerized, self-administered psychological test. Once identified as mentally ill by the mental health screening, the children would be treated according to the algorithms of TMAP. TMAP is a pseudo-scientific list of the most expensive psychiatric drugs; its purpose is to insure that only the newest, most expensive drugs are used. Once TMAP is adopted by a state it becomes the standard of practice for treating mentally illness in that state. Physicians *must* comply with that standard, which means they must prescribe the most expensive drugs on the market - - these drugs also happen to be the most dangerous and least effective on the market as well, as I will show in a moment.

What a sweetheart deal for Pharma: using TeenScreen insures massive screening to create new customers, while TMAP locks in the most expensive drugs as the standard of “treatment.” What ever happened to the “Free Market” here?

I will show that these NFC recommendations are being made despite the fact that there is no scientific evidence to support them. On the contrary, the evidence is against them: there is no known valid and reliable mental health screening test available at this time, psychiatric drugs are ineffective and harmful. Only the power and prestige of the US Presidency sustains them.

I find it is disturbing (but not surprising) that this corrupt process is taking place in full public view, and is being presented as a scientifically based, cutting edge US Public Mental Health Policy. Furthermore, it is even more disturbing that *both* TMAP and the NFC were created under the stewardship of George W. Bush. He signed off on TMAP as governor of Texas, and on the NFC as President of the United States. He has been taken in by drug interests, which means he is stupid, or he is a knowing participant in this corrupt process. (Whitehead 2005) In either case, he is culpable; the system that created him must be examined and revised.

Since Michael Moore’s film *Fahrenheit 911*⁵ and the publication of Kevin Phillips *Dynasty*, many American’s are aware of the strong ties between the Saudi Royal family and the Bush family around oil. However, not as many know that there are also strong ties between the Pharmaceutical industry and the Bush family as well. George H.W. Bush sat on Lilly’s board of directors. Lilly gave \$1.6 million dollars in campaign contributions during the 2000 election. 82 percent of this money went to Republicans and George W. Bush. And, Mr. Bush, or his advisor and brain Karl Rove,⁶ appointed one active and one

former Lilly employee to important public positions. Sidney Taurel, Lilly's CEO, was appointed to the Homeland Security Council (HSC), while Robert N. Postlewait was appointed to the NFC. (Whitehead 2005)

TMAP

Here's how the TMAP scheme works: administrative changes in Texas government made the University of Texas Medical Center (UTMC) a key mental health player in the state. UTMC was placed in charge of all public mental health, including the mental health of all state prisoners. The drug companies recognized this change and began to court the University, as well as mental health and correction personnel. They donated money to create TMAP and "educate" state providers about its benefits. There are also two or three drug lobbyists for every legislator in the state of Texas. So, in addition to influencing the university, mental health and corrections systems, the drug companies influenced the Texas legislature. When TMAP was officially adopted, Texas Medicaid, which insures public mental health patients, picked up the bill. It was nearly driven into bankruptcy by the expensive TMAP drugs.

Again we see a Pharma pattern: relatively modest investments pay high returns: Pfizer contributed \$232,000 to TMAP start up and, in return, Texas paid Pfizer \$233 million in tax dollars for drugs like Zoloft.⁷ Johnson & Johnson (Janssen Pharmaceuticals) contributed \$224,000 and collected \$272 million for Risperdal. Eli Lilly had the biggest jackpot; it gave only \$109,000 and collected \$328 million for Zyprexa. As the Governor of Texas, George W. Bush had oversight on this process. (Pringle 2005)

The drugs on the TMAP list are hundreds of times more expensive than the older typical antipsychotics and antidepressants, which are now "generic" drugs because their patents have expired. For example, the typical antipsychotic Haldol, which is off patent, costs around 8 cents per pill, or about \$2.40 per month, while the atypical Zyprexa, which is still under patent to Eli Lilly, costs \$8 per pill or about \$240 per month. (Whitehead 2005)

Texas Medicaid picked up the huge tab for TMAP drugs in that state because the expert consensus process presented itself as "scientific." But it was pseudo-science. In fact, the CATIE studies recently completed by NIMH show that the older drugs are as effective, cheaper, and safer than the new drugs on TMAP. It is interesting to note that every drug on TMAP now bears a "black box" warning label mandated by the FDA.

Hey ho, nobody home! With Governor Bush supporting the TMAP, and with key experts and the legislature in its pocket, there was virtually no oversight for the project. (Whitehead 2005) The scheme worked so well that drug companies began exporting it to other states and even other countries.

PENNMAT

Charles Currie's name is not a household word, but it should be. He was in charge of the Pennsylvania mental health system at the time TMAP was brought into that state from Texas. He gave final approval for adoption of TMAP in Pennsylvania, where it is known as PennMap; and he supervised the people who set up illegal "off book" accounts for the drug industry bribes to Pennsylvania officials that lubricated the process. Soon thereafter, President Bush (or Karl Rove) appointed Currie head of Substance Abuse and

Mental Health Services Administration (SAMHSA) - - perhaps as a reward for his good work on PennMap. Once at SAMHSA, Currie began vigorously promoting TMAP, TeenScreen, and other NFC recommendations. (Whitehead 2005) For example, in July 2005, a SAMHSA press release announced its sponsorship of the Federal Mental Health Action Agenda (FMHAA). FMHAA is a coalition of six cabinet level departments, including Health and Human Services, Justice, Housing and Urban Development, and represents a major effort to fast track implementation of NFC recommendations, including TeenScreen and TMAP. FMHAA adds the authority and prestige of SAMHSA and six cabinet level departments to the already prestigious NFC. This unprecedented cabinet level coalition was launched in the face of growing evidence that the screening and medicating recommendations are neither safe nor effective.

The creators of TMAP claim they used scientific evidence to establish the safety and effectiveness of the drugs on their list. However, Allen Jones a former investigator for the Pennsylvania Office of the Investigator General (OIG) disputes this claim, "It has been revealed that TMAP personnel may have tampered with the research results through a process known as 'Retrospective Analysis.' Patients who had previously been treated with the new medications were researched, and files showing positive results were select [out] and reported on. Unsurprisingly, TMAP research 'confirmed' that the new drugs were safer and more effective than the older treatments. Ignoring contrary findings, TMAP employees referred to their algorithm as being 'Evidence Based Best Practices.' [But] Dr. Peter J. Weiden, a member of the project's expert consensus, stated that the guidelines promoted by the program are based on 'opinions, not data' and that 'most of the guideline's authors have received [financial] support from the pharmaceutical industry.'" (Whitehead 2005) TMAP drugs were selected by an "expert consensus process;" a process that, as we have already seen, can easily be rigged to promoted special interests. "A project management team tied to the [drug] industry selected other doctors whose opinions were then analyzed or accessed by TMAP. They determined from that process that these drugs were safer and more effective, and that became their mantra. But they used pseudo-science. And of the 55 doctors pooled for the first schizophrenia consensus, 27 had [financial] ties to the pharmaceutical industry." (Whitehead 2005) NFC later named TMAP a "model program" despite its lack of scientific rigor. Let's examine the safety and efficacy of the TMAP drugs in more detail.

Robert Whitaker recently published evidence that, at best, antipsychotic drugs *temporarily* reduce psychiatric symptoms in the short term, but in the long term they shatter the mental and physical health of those persons who take them. Furthermore, he shows that that the death rate of patients on the newer TMAP drugs, the atypical antipsychotics like Eli Lilly's Zyprexa, is double that of patients taking the older, cheaper typical antipsychotics, like Haldol. (Whitaker 2005) The suicide rate for treated schizophrenic persons has increased 20-fold since the introduction of psychiatric drugs. (Healy 2006) Weight gains of 240 pounds or more and a higher incidence of diabetes has been documented with the use of these drugs. (Whitehead 2005) "The uncontrolled movements caused by the older drugs were '*less troubling than the potentially fatal metabolic problems*' associated with some of the newer drugs." (Vedantam 2005; emphasis added) David Healy (2002) describes the danger this way, "The rhetoric of modern drug development is

powerful enough to blind clinicians to preventable deaths and obscure the fact that the life expectancies of their patients are falling rather than rising.” You may remember Healy as the British researcher who blew the whistle on the use of SSRI’s in children when the FDA failed to do so.

Let me summarize the situation: 1) the NFC was created as part of Laurie Flynn Pharma agenda. 2) TMAP, created under George W. Bush’s tenure as governor of Texas, is a list of expensive, ineffective and dangerous drugs. 3) despite its political/pharmaceutical birth, TMAP is presented as “scientific” and a “model” program and that has the support of President Bush’s NFC. 4) TMAP drugs have all been shown to be no more effective than older, cheaper drugs and they are far more dangerous than those older drugs. 5) TeenScreen has no scientific validity (it can give high levels of false positives, for example). 6) TeenScreen has a record of flagrantly bypassing parental consent in screening children. 7) Children shown to be at risk by the TeenScreen program would be referred to a standard of treatment that is highly likely to use the dangerous TMAP drugs.

Is this the best US public mental health policy has to offer?

TeenScreen and TMAP represent naked drug company greed. Even before these NFC recommendations were made there were 15 million Americans on Zyprexa (7.4 million) and Risperdal (7.6 million) alone in 2002. Sales of atypical antipsychotic drugs reached \$6.4 billion, making them the fourth best selling class of drugs in America. “The combined sales of antidepressants and antipsychotics jumped from around \$500 million in 1986 to nearly \$20 billion in 2004 - - a 40-fold increase.” (Whitaker 2004 & 2005) Yet, apparently this isn’t kind of growth is not enough for the Pharma. A public mental health policy to screen children and get more of them on atypical antipsychotics is also required.

Gadsden can only be smiling as he looks down from CEO Heaven.

American psychiatry maintains that “schizophrenia” is a chemical imbalance in the brain, despite the fact that there is *no* scientific evidence to support this theory. It also ignores existing evidence that schizophrenia might have social causes and treatments. For example, WHO research shows that recovery from schizophrenia in industrializing countries, like India and Nigeria, is holding steady at 49-51%, while it is only 11% in industrialized countries, like Denmark and the US. This led WHO researcher Jablensky et al to concluded, “Being in a developed country was a strong predictor of not attaining complete remission.” (Richporte-Haley 1998) Furthermore, recovery rates for schizophrenia in Western countries have been falling most sharply since the introduction of antipsychotic drugs fifty years ago. (Richporte-Haley 1998; Whitaker 2002 & 2005a&b)

Allen Jones contends that the TeenScreen program is “designed to diagnose mental illness in teenagers...[but] has been shown to be coercive and unreliable. It serves the same political/pharmaceutical alliance that generated the Texas project [and that is] behind the New Freedom Commission.” Using TeenScreen, this alliance is “poised to consolidate the TMAP effort into a comprehensive national policy...with expensive, patented medications of questionable benefit and deadly side effects.” (Whitehead 2005)

TeenScreen: Introducing Children to Life-Long Use of Psychiatric Drugs

Just as Pharma subsidized bone density tests in osteoporosis, so it is behind the promotion of TeenScreen as the mental health-screening tool of public mental health policy. TeenScreen is a nonprofit organization, housed at Columbia University - - an interesting arrangement that gives TeenScreen an air of academic respectability it does not deserve. Let's follow the money.

Laurie Flynn is CEO of TeenScreen. Before joining Columbia Laurie Flynn was CEO of the National Alliance for the Mentally Ill (NAMI); for 16 years Pharma paid her salary. NAMI is Pharma's number one grassroots front group and is committed to promoting and selling as many drugs as possible. So, before joining Columbia, "Laurie Flynn was the leading drug pusher in the in the United States." During the three-year period from 1996-1999 NAMI received \$11.72 million from 18 different drug companies. (Pringle 2005a)

Eli Lilly contributed more than other companies (\$2.78 million); most of this money went to NAMI's "Campaign to End Discrimination" against the mentally ill. This is nothing but "a marketing scheme aimed at forcing insurance companies and government health care programs to quit 'discriminating' against [Pharma's] mentally ill customers, and pay for all the pills they want to sell to the steady stream of customers they plan to recruit with mass mental health screening projects like TeenScreen." (Pringle 2005b)

TeenScreen plays on fears of teen suicide, just as Fosamax plays on the fears of broken hip bones; mental health screening is hyped as a prevention program that can reduce teen suicide by identifying and "treating" teens at risk. However, a US Preventive Services Task Force report found no evidence that screening reduces suicide attempts or mortality, and that existing screening tools do not accurately identify suicide risk. In addition, the screenings take place at school, often bypassing parental consent. (Pringle 2005d) The TMAP antidepressant drugs, which have been billed as miraculous treatment for depression, do not live up to their hype. They have been shown to increase suicidal thoughts and behavior in children. Their use with children is banned United Kingdom. However in the US they have only an FDA "blackbox warning label," and are not banned with children. Finally, if these drugs were really effective, one would expect to find a significant reduction in suicide rates following their introduction. This is not the case. (Berenson 2005) Which is to say, the SSRI's listed on TMAP offer no benefit over sugar pills; simple physical exercise is as effective with better long-term results than the drugs. In sum, the SSRI's provide very little benefit for the very high risks associated with their use. (Abramson 2004).

TeenScreen uses a 52 question computerized self-administered test that takes just 10 minutes to complete. This screening tool allegedly identifies at least six mental disorders, including "social phobia, panic disorder, generalized anxiety disorder, major depression, alcohol and drug abuse and suicidality." Here is a sample question:

In the last year, has there been a time:

- 1) *When nothing was fun for you and you just weren't interested in anything?*
- 2) *When you couldn't think as clearly or as fast as usual?*

- 3) *Have you often felt nervous or uncomfortable when you have been with a group of children or young people - - say, like in the lunchroom at school or a party?*

What normal young person has not felt one or all of these things in a given year? Kids who answer yes to even *some* questions will be referred to a psychiatrist, opened to the diagnosis of mental illness, and “treated” with prescribed drugs. (Pringle 2005b) This process can stigmatize them and change their lives forever. Meanwhile, the message being sent is that anytime you don’t like how you feel, think, or act, all you have to do is take a pill. The questions also appear to be carefully crafted to introduce self-doubt about one’s normalcy; merely taking the screening exam introduces ideas that can erode normal coping ability. How many American children will begin careers as mental patients through this process?

PR AND MARKING ARE HIGHLY EFFECTIVE⁸

In 2002, TeenScreen hired the PR firm Rabin Strategic Partners to make sure that “every teen in the US has access to this free mental health check-up.” This alliance has been frighteningly effective. Rabin provided TeenScreen with a “ten-year strategy including marketing, public policy and funding steps...and hired and managed public relations, lobbying and advertising to implement the plan.” Rabin added proudly, “now *on a daily basis*, we help read the media and political environment revise the plan.” (Pringle 2005b) This kind of work is expensive; who is paying for it?

Rabin’s strategy is paying off; a 2004 progress report stated, “[Screening] programs are now established in 100 communities in 34 states. 19 national groups have endorsed...the screening of youth. There is a waiting list of 250 communities interested in screening programs. There are three relevant bills pending in Congress and six state governments are working on plans to spread screening programs statewide.” (Pringle 2005b) This is astounding progress after only two years public relations work.

SAMHSA BACKS AWAY FROM TEENSCREEN AND TMAP

On October 17, 2005 a meeting took place between Charles Currie, the head of SAMHSA and several advocacy groups, including Alliance for human Research Protection (AHRP) and the International Center for the Study of Psychiatry and Psychology (ICSPP). Charles Currie backed away from both Teen Screen and TMAP saying, “TeenScreen is not a model program nor is it or any other screening program mentioned anywhere in the Federal Mental Health Action Agenda...[and it] does not support medication algorithms.” Currie added, “The New Freedom Commission is not the official position of the Bush Administration.”

On one hand Currie’s statements are evidence that the voices of watchdog organizations critical of TeenScreen and TMAP are being heard; the Bush administration appears to be backing away from its *public* support of the NFC itself. However, SAMHSA funding patterns continue to support NFC the recommendations: “Unless SAMHSA actually stops funding grants that include screening and TMAP style treatment and the Bush administration puts out some sort of statement to the states that it does not recommend either of these, Currie’s statement is merely symbolic. Congress appropriated \$20 million...to implement the NFC recommendations including screening in the current physical year and the US House has passed \$26 millions for the same grants this year, so we will definitely be seeing more state legislation

and more state plans to do screening. [Meanwhile] SAMHSA, HHS, and the Departments of Education and Justice are still currently funding grants that include mental health screening.” (AHRP 2005)

CHOICES

Do we really want to adopt a public mental health policy that exposes anyone, adult or child, to the high risk of harm caused by these drugs for little or no short term health benefits - - and at such a huge cost to American taxpayers? Only the drug companies will benefit from such public policy. Can we really feel safe when our federal and state governments are so strongly influenced by Pharma money?

THE WISDOM OTHER CULTURES: Where profit prevails, ritual fails.

My own work is a synthesis strategic therapy developed by Jay Haley and Cloe Madanes, and symbolic anthropology developed by Victor and Edith Turner. Western cultures specialize in studying things and individuals - - especially the biological interior of individuals. Other cultures specialize in symbolism and social relationships. To paraphrase John McKnight, cultural wisdom is embodied in stories, not studies. We have a lot to learn from these cultures. African cultures offer an especially rich body of knowledge.

The Turner’s studied Ndembu ritual in Africa in 1952. (Turner, V. 1967) After Victor’s death in 1980 Edie returned to do a 30-year restudy of the Ndembu. (Turner, E. 1995) In 1996 she told me, “Their rituals have gotten better. They cure more people.” This surprised me and I asked, “How have they managed that?” “In 1952,” she said, “they tried to cure everything with ritual. Now they have learned to send the ‘TB cases’ to the hospital and cure everything else with ritual.” I shook my head and laughed as I replied, “During that same time we began sending *everyone to the hospital for everything.*”

How have the Ndembu managed to emphasize the important distinction between medicine and ritual while we blurred that boundary? Like most Africans, they are poor, so pharmaceutical interests have not medicalized them. In the absence of market pressures the Ndembu developed a balanced approach to healing that recognizes the medical and the social needs of human beings.

Like the Ndembu, we must restore a proper balance between medicine and ritual. The drug companies would like us to believe that “you can’t talk to disease.” I counter that, “you can’t medicate meaning.” As human beings we create meaning only in relationship to one another. Rediscovering ritual means rediscovering our capacity to build, maintain and repair strong relationships. There are no short cuts in this process - - not even through the promised land of medical miracles.

Meanwhile, let me leave you with these thoughts: the pharmaceutical corporations have vast resources, which they will surely use to exploit the findings of the genome project. (Healy 2002; Black 2005) Based on the Pharma behavior outlined above, which can only be characterized as ruthless, what do you think we should expect from Gadsden’s gang as it develops the first generation of *biogenetic* pharmaceuticals?

If we can’t keep ourselves safe and free, how will we insure these rights for our children?

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APPENDIX A

This is a report of a speech given by Laurie Flynn (TeenScreen & NAMI) in 2004:

At the 2004 American Academy of Child and Adolescent Psychiatry's (AACAP) annual meeting, Laurie Flynn made an eye-opening statement while giving a presentation on TeenScreen. She admitted her own covert role in creating the NFC by inserting a few words into Bush's campaign speech prior to his election. Once Bush was "on the record" that he would form a commission, Flynn and others coerced President Bush into keeping that "promise." In the same presentation, she said that Hogan's appointment as the chair of the NFC was "not entirely by accident."

Flynn stated: "...one of the things that we did here was to build on President Bush, not a major promoter of these kinds of initiatives, but to build on actually an opportunity that came to me while I was still at NAMI. I had worked for many years with Senator Pete Domenici and Paul Wellstone around the parity issue. And Senator Domenici hosted Candidate Bush, in New Mexico, where Candidate Bush declared his support for parity. This was as far as we could tell the last time that he has supported parity, - [laughter] - but he supported it that day in Albuquerque in front of the media, and I was one of a couple of people invited to add some remarks to his speech. And I was able, with a colleague, whose idea it was, it wasn't even my idea, in fact, I tried to talk him out of it, I'll confess, I said to him, 'What the heck good is a Commission?' He was, at that time, Commissioner of Mental Health in Virginia and said, 'Listen, they have, ya know, beat me up with Commissions in Virginia, this could be good!'. So, we put into this speech, and it survived the edit process, a line that Candidate Bush spoke, 'And if I'm elected, I will convene a Commission, to look at why our public sector and our mental health system are not able to do the job our citizens deserve,' or some such....anyways, he said 'I'm havin' a Commission'. We had him on the record, once he was elected it took awhile, alot of r-e-m-i-n-d-e-r-s had to come to him that he had said this, we had to keep pushing this message and ultimately Senator Dominici had to r-e-m-i-n-d him that he had promised this. But indeed, a Commission was convened..."

ENDNOTES

¹Michael Tauzin, who created this provision, then left Congress to head Pharmaceutical Research and Manufacturers Association, PhRMA, at an annual salary of \$2 million dollars. He took the position immediately, without waiting the *customary* one year after leaving Congress.

²For a complete discussion of Pharma fingerprints see Moynihan & Cassels 2005 or Jackson 2005.

³Lester Crawford, the Bush-appointed head of FDA resigned under the Vioxx cloud in October 2005; before doing so, he named Dr. Steven K. Galson "permanent" head of FDA drug safety research. Daniel Troy, another Bush appointee, was the chief legal counsel for the FDA. Prior to his appointment at FDA, he represented Brown & Williamson in the suit that prevented the FDA from gaining regulatory control over tobacco. This is putting the fox in charge of the hen house; it illustrates regulation by political capture. Karl Rove undoubtedly approved these appointments; one can only admire his cunning precision.

⁴See Appendix A in which Laurie Flynn takes credit for creating the NFC (Flynn 2004).

⁵Mr. Bush is asked what he does as president. He replies, "Oh, I make appointments to committees you've never heard of." All appointments noted here seem carefully crafted to further the Pharma sales agenda.

⁶Moore & Slater 2004 assert Karl Rove has final approval on every Bush nominee.

⁷ See Abramson 2004 for research on Zolofit's effectiveness conducted by Pfizer itself.

⁸ Michael Arlens (1976) contends there will never be another Michael Angelo. Individual creative genius has given way a composite being: the PR teams who make 30 second TV commercials.