

# **FOSTER KIDS ON MIND- ALTERING DRUGS?**

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[http://www.woai.com/troubleshooters/story.aspx?content\\_id=168321B6-DF50-4A2F-83D1-1789D8F2A18A](http://www.woai.com/troubleshooters/story.aspx?content_id=168321B6-DF50-4A2F-83D1-1789D8F2A18A)

*Note from Pastor Kevin Lea: We have recently posted other articles about the drugging of America with mind control drugs. Now we see that 70% of the foster children in Texas are medicated in some cases with Radiologists giving mind drugs to three year olds. We are clearly living at a time where simply taking your child to the doctor can be a threat to their health and safety.*

Why would a child as young as three years old ever be on mind-altering drugs? For the past eight months, the News 4 WOAI Trouble Shooters have poured through reams of state documents and discovered thousands of foster kids appear to be on powerful psychotropic drugs. Many of these children are barely in kindergarten. Some are mere toddlers. "We didn't even know he was in the hospital until he called us from Laurel Ridge himself," a woman we'll refer to as "Magdalana" tells us. We're disguising her name in order to protect the identity of her six year old grandson she's referring to.

She says he was confined to a psychiatric hospital following a temper tantrum when he called his grandmother for help. "I mean he was like," Magdalana describes, "maybe you could say he looked more like a zombie."

News 4 WOAI Trouble Shooter Tanji Patton asks, "How could you tell by looking at him that he was on medication?" Magdalana answers, "His attitude, his eyes, his way of speech. All that." Magdalana says a nurse confirmed her fears. Her grandchild was on 2 different psychotropic or mind-altering drugs, plus benadryl to help him sleep. As it turns out, Magdalana's grandchild isn't alone.

A sampling of state records released by the State Comptroller's office shows two out of three foster kids in Texas appear to be on psychotropic meds. The Medicaid prescription records are from November of last year and show that many kids are taking two or more of these drugs.

At the risk of losing her job, a Child Protective Services worker spoke to the Trouble Shooters following a hearing by State Rep. Carlos Uresti last month. She talked about one child on seventeen different medications. That's right. Seventeen! "I think he had three to four psychotropic medications in addition to the Depakote, in addition to Zoloft, in addition to Trazadone to

help him sleep." Some of these drugs the FDA states are not even safe for kids. "He did need medications," she continues, "But I had concerns about how could this child require seventeen different medications."

What's perhaps even more alarming, child advocates say, are the ages of the kids. The Trouble Shooters obtained a never before released study that tracks the ages of the foster kids on these drugs during a one month period of time. At least 300 of these children are under the age of seven.

Tanji Patton recently asked the President and CEO of the Children's Shelter in San Antonio, Jack Downey, "How big a problem do you think this is?" Downey says, "I think it's far larger than you or I or anyone else suspects." This longtime advocate for children says his heart aches when he talks about the cases. He shared the story of one family he remembers in particular. "We had a wonderful family of 5 boys," Downey recalls, "If they walked in right now you'd love them to death." The oldest was ten. The youngest was 3. "We were directed by the state to take the boys to a psychiatrist," Downey says. "We did and they all came back on three meds...those boys no more needed meds than I did."

Patton asks, "Every child?" Downey replies, "Every child." So, why would a three year old need to be on psychotropic medications? "I have no idea. He was just the jolliest little kid," Downey tells us.

Who is prescribing these meds? You would think psychiatrists, right? Well, after poring through thousands of documents, the News 4 WOAI Trouble Shooters found that's not always the case. Many are family practitioners. State records show one of the biggest prescribers in San Antonio is a radiologist. Sure it's legal, but what does a radiologist know about a child's mental health? The Trouble Shooters also found some of these doctors have documented drug problems of their own. One case is Dr. Charles Sargent, a San Antonio psychiatrist. He's listed as one of the state's top prescribers of antidepressants to kids on Medicaid. The records we obtained show he also prescribes stimulants and powerful antipsychotics.

The Texas State Board of Medical Examiners put Dr. Sargent on probation in recent months because state records show he was busted for prescribing narcotics to himself, his girlfriend and her son. As part of his probation, he must submit to random drug testing. He declined our request for an on-camera interview, but told me by phone the anti-depressant he prescribes is one that does have FDA approval for kids. He did not return our call questioning his suspension with the state medical board.

Another doctor who shows up as a frequent prescriber on state records is Dr. Benny Fernandez, the medical director at Laurel Ridge Psychiatric Hospital. Dr. Fernandez says his practice is primarily treating foster kids. He says

psychotropics are necessary for a lot of these kids. "I think the way we are moving now is using them as a last resort if we can," Dr. Fernandez tells Tanji Patton. Patton asks, "When you see more than 60% in one month period, that was looked at on medications, do you think it's being used as a last resort?" Dr. Fernandez replies, "Well, those numbers seem a little bit high." When asked if he thought too many kids have been put on these medications, he says, "I wish those numbers would go down and that's what we need to focus our energy and efforts in making sure that the medications, when they are used, are used appropriately and there's a careful diagnostic evaluation."

That's not what many of the former foster kids I spoke to say happened to them. Chris Brown says "I was on a number of different medications." Marie Garcia even recalls some of the pills she took, "Zoloft, Paxil, Wellbutrin, Depakote." Ken Coleman goes as far as to say, "I was on 7 different medications at once."

While Texas is just beginning to deal with this controversy, we headed to a state that began tackling the issue years ago. Child advocates in Florida have been trying to get laws passed to protect children from being over medicated. So far, they haven't been successful. They blame the doctors and pharmaceutical companies who've lobbied against them. "We don't deal with the problems these kids have. We give them a pill," says Dr. Tony Appel, a neuropsychologist or brain specialist who was one of the expert child advocates in Florida we went to for help. We showed her the records we uncovered here in Texas.

Tanji Patton asks, "Does it look like the kids are being treated for behavior control or mental illness? Dr. Tony Appel replies, "I don't think they're treating mental illness. Not in these kids." Tanji says, "Psychiatrists and people on the other side will say 'these are sick kids. I mean these are kids who've been sexually abused..they need medication.'" Dr. Tony Appel explains, "Being sexually abused makes you a victim. It doesn't make you sick."

So, what does she think these drugs are doing to these kids? "We're taking away their future. We're taking away their ability to relate to people; trust, love caring, and ability to put yourself in the other person's shoes and see how they see you. We take all that away from these children. We blunt their emotion."

Most experts we talked to agree that some children absolutely need medication, but all say Child Protective Service, doctors and caregivers need to be more careful when deciding whether to use those medications.

Comptroller Carroll Keeton Strayhorn first brought this issue to the attention

of state authorities this spring. We asked to speak to Governor Perry about the controversy but a spokesman declined, saying the state is investigating CPS as a whole and cannot comment until the investigation is completed. If you'd like to e-mail reporter Tanji Patton about this issue, [troubleshooters@woai.com](mailto:troubleshooters@woai.com).

**Below is a related article from June 23, 2004**

## **BUSH TO IMPOSE PSYCHIATRIC DRUG REGIME**

June 23, 2004

### *Plans to screen whole US population for mental illness*

According to a recent article in the British Medical Journal, US president George Bush is to announce a major "mental health" initiative in this coming month of July. The proposal will extend screening and psychiatric medication to kids and grown-ups all over the US, following a pilot scheme of recommended medication practice developed in Texas and already exported to several other states.

The **Texas Medication Algorithm Project (TMAP)** will serve, according to the President's New Freedom Commission on Mental Health, as a model for the upcoming initiative. The TMAP medication guidelines were established in 1995 as an "expert consensus" **based on the opinions of prescribers, rather than an analysis of scientific studies.** The pharmaceutical companies who funded the scheme include **Janssen Pharmaceutica, Johnson & Johnson, Eli Lilly, Astrazeneca, Pfizer, Novartis, Janssen-Ortho-McNeil, GlaxoSmithKline, Abbott, Bristol Myers Squibb, Wyeth-Ayerst and Forrest Laboratories.** The drugs recommended as "first line treatment", many of them with potentially deadly side effects, are patented expensive drugs produced by the sponsors of the guidelines: **Risperdal, Zyprexa, Seroqual, Geodone, Depakote, Paxil, Zolof, Celexa, Wellbutron, Zyban, Remeron, Serzone, Effexor,**

## **Buspar, Adderall and Prozac.**

TMAP was extended to cover children, again by "expert consensus", and no doubt the Bush program for widespread testing in schools all over the US will find hundreds of thousands if not millions of new "customers" for the dangerous psychiatric drugs the scheme promotes. A recent article in the New York Times about *"the use of juvenile detention facilities to warehouse children with mental disorders"* might give us an idea of how many future patients are already waiting in the sidelines. But more importantly it shows that the problem that fits the TMAP solution is now being promoted by the media - go figure.

A similar "patient recruitment" move for psychiatry is the re-definition of environmental illness - a debilitating condition with varying symptoms due to environmental causes such as chemical poisons and electromagnetic pollution - as a purely psychological phenomenon. "It's all in your head, stupid!" seems to be the rationale.

Diana Buckland, the Brisbane representative of the Australian Chemical Trauma Alliance calls for worldwide submissions in a Global Recognition Campaign for sufferers of multiple chemical sensitivity or chemically induced illnesses.

Investigative author Martin Walker in his most recent book **SKEWED**, discusses how the recognition of biological causes of a whole variety of environmentally induced illnesses has been blocked by a small interest group of "experts" linked to the polluters - the multinational agro-petro-chemical industries. Those suffering from the debilitating effects of environmental illnesses are told that **they are just imagining their symptoms and all they need is psychiatric help**, perhaps some forced exercise, called "graded exercise therapy", re-education of "how to deal with" their illness, psychological counselling or maybe just antidepressants - for breakfast, lunch and dinner.

Bush's Texas Medication Algorithm Project has recently run into a problem in Pennsylvania, one of several states it was exported to. Allen Jones, an investigator for the Pennsylvania Office of the Inspector General, found heavy pharmaceutical corruption of State officials and medical experts involved in the original elaboration and the "selling" to Pennsylvania of

the TMAP guidelines.

Instead of receiving a citation and help in his investigation, Jones was told to shut up and look the other way. After he went to the press with his findings, Jones was escorted out of his workplace on 28 April 2004 and told not to come back. On 7 May, Jones filed a whistleblower suit against his superiors charging that the Office of the Inspector General's policy of barring employees from talking with the media is unconstitutional. Jones' report is highly interesting - no wonder he is being told to shut up. I have summarised the document and linked it here following:

**The Allen Jones whistleblower report  
Revised January 20, 2004**

*This important document has been posted by the Law Project for Psychiatric Rights, a non-profit dedicated to fighting the scourge of forced psychiatric drugging.*

Download the original PDF document here.

**What follows is my view of the highlights of the 66 page document, with some personal comments and recommendations added at the end**

Josef Hasslberger

The **Texas Medication Algorithm Project** (TMAP) was developed with 1.7 million \$ of initial financing from pharmaceutical giant Johnson & Johnson, provided indirectly through a connected Foundation, and subsequent direct cash funneled through subsidiary Janssen Pharmaceutica. It was developed and implemented in the Lone Star State's hospitals, prisons, the Juvenile Justice system and the Foster Care system during George W. Bush's watch as governor. Bush used the "extended mental health care" scheme as a point in his 2000 presidential campaign. Before leaving for the White House, he recommended a 67 million \$ spending increase to pay for additional medications for the Texas Prison and Mental Health Systems.

TMAP, the Texas project, was also exported to other states, including Pennsylvania, where an investigation into what is called PENNMAP there, uncovered improper pharmaceutical pressures and financial enticements in connection with the

program. The investigator, Allen Jones, was told by superiors to shut up and look the other way. When Jones refused, he was unceremoniously removed from his job and prohibited to talk to the press. Jones has stood up to the pressure and has filed a civil suit to obtain protection under the "whistleblower" statutes. He continued his investigation as a private citizen and has produced a well documented report, which is available for download as a PDF file.

The TMAP medication guide was developed, starting in 1995, in a rather singular way. Instead of reviewing studies that show the relative efficacy of medications, an "expert opinion consensus" was developed, but both the experts and the survey questions were chosen by the pharmaceutical sponsors of the program which included **Janssen Pharmaceutica, Johnson & Johnson, Eli Lilly, Astrazeneca, Pfizer, Novartis, Janssen-Ortho-McNeil, GlaxoSmithKline, Abbott, Bristol Myers Squibb, Wyeth-Ayerst and Forrest Laboratories.**

The subsequent evaluation of the experts' opinions came to recommend several drugs, including **Risperdal, Zyprexa, Seroqual, Geodone, Depakote, Paxil, Zoloft, Celexa, Wellbutron, Zyban, Remeron, Serzone, Effexor, Buspar, Adderall and Prozac**, manufactured by - who would have thought so - the same companies that sponsored and controlled the development of the Texas guide. As the guide was adopted, doctors working with state health systems **had to prescribe** these drugs or face disciplinary action.

In his whistleblower report, Jones not only traces the funding and the influence of the pharmaceutical companies involved in producing and "selling" the Texas Algorithm to other states, but also shows that - according to independent research not financed by the pharma giants - the drugs recommended are *neither more effective nor safer* than the cheaper ones used before. If anything, their side effects are more serious and of course they are patented and rake in an incredible return for the companies involved - according to one estimate US Medicare spends as much as 3.7 billion dollars for the treatment of schizophrenia alone.

**Peter J. Weiden MD**, one of the participants in the "Expert Consensus" process said in an article published in the *Journal of Practice in Psychiatry and Behavioural Health* in January

1999, three years after the experience:

*“The most important weakness of the EC Guidelines is that the recommendations are based on opinions, not data. History shows that experts' opinions about ”best” treatments have frequently been disproved, and there is no assurance that what the experts recommend is actually the best treatment. One danger here is that clinicians or administrators may misinterpret “current consensus” as truth.*

Another limitation involves the development of the survey itself. Treatment options are limited to those items appearing on the questions, and it was not possible to cover all situations. Another problem is potential bias from funding sources. The 1996 Guidelines were funded by Janssen (makers of Risperidone [Risperdal]) and most of the guidelines' authors have received support from the pharmaceutical industry. This potential conflict of interest may create credibility problems, especially concerning any recommendations supporting the use of atypical antipsychotics."

The original TMAP recommendations, made for adults, were extended unchanged to become recommendations for medicating children - with the same drugs - as TCMAP or **Texas Children's Medication Algorithm Project**. No studies, no research - the original TMAP "experts" simply met and agreed that it would be a good idea to treat children with the same drugs as adults.

TCMAP, the childrens' drug program, recommended Effexor, Prozac, Serzone and other drugs with deadly side effects. These drugs have been linked to suicides, violence and mayhem - notably school shootings - in young persons. Serzone was withdrawn in Europe when death from liver failure became widespread in users. The use of Effexor in children was banned in the UK last year.

**By early 2001, TMAP and TCMAP had all but bankrupted the Texas Medicaid program and the budgets of the state's mental health and prison systems.** Nancy San



Martin reported on 9 February 2001 in the Dallas Morning News:

*“Texas now spends more money on medication to treat mental illness for low-income residents than on any other type of prescription drug.”*

*“Prescription drugs are the fastest growing expense within the health care system. And the cost for mental disorder treatments is rising faster than any type of prescription drug.”*

*“The costs of treating schizophrenia, bipolar conditions and depression have surpassed expenditures for medications to treat physical ailments, such as bacterial infections, high blood pressure, respiratory problems and even chronic disorders, notably diabetes.”*

*“According to a report on the state's Medicaid Vendor Drug Program, **mental health drugs** made up the largest category of expenditures among the top 200 drugs in 1999. They accounted for nearly \$148 million. Those costs have more than doubled since 1996.”*

*“This week, health officials asked for at least \$657 million more to help cover Medicaid costs.”*

In April 2002, Bush established the President's New Freedom Commission on Mental Health as part of the "New Freedom Initiative for People with Disabilities ". The mental health commission has largely interlocking membership with the TMAP experts and those involved in bringing the Texas prescription guidelines to other states.

According to the Allen Jones report, **TMAP appears prominently in New Freedom Commission publications as an example of a program that really works.** On July 22, 2003 the New Freedom Commission issued its recommendations for redesigning the mental health network in each of the fifty states. Not surprisingly, **TMAP is recommended as the model program for all states to**

**follow.**

But not all is going smoothly. According to a Wall Street Journal article on 21 May 2002 by Andrew Caffrey, entitled *States Go to Court to Rein in Price of Medicine*, legal action by states against pharmaceutical companies is becoming common. The States of Colorado and Nevada initiated lawsuits accusing seventeen drug companies of defrauding consumers.

The Nevada suit alleges *deceptive practices* that constitute consumer fraud and says, “*The drug makers, through a pattern of behavior, operated a racketeering enterprise*”.

According to Caffrey, Attorney Generals in thirty-five states are looking at pharmaceutical marketing practices and the states of New York, California and Texas have also filed suits alleging improprieties in Medicaid pricing practices.

I have argued in a recent article (so far only available in Italian) that **we have two distinct health systems:**

One of these, let's call it the **petrochemical model**, is based on the use of *chemical pharmaceutical remedies that treat symptoms* and it is almost entirely supported by governments, spending our taxes. The major features of this system are toxins in the environment such as pesticides, herbicides and pollution from fossil fuels, genetically modified organisms, fluoride in the water supply, lead, uranium and mercury in widespread use, neurotoxic sweeteners such as aspartame in our food chain, antibiotics, hormones, vaccines, and pharmaceutical drugs that have, according to published studies, become the number one killer in the US today.

The other health system - let's call it the **biological model** - is based on natural means to achieve and maintain good health and it includes proper (organically grown) food, nutritional and herbal supplementation, traditional remedies that have sustained the health of populations for millennia, coming from India, China, as well as other cultures, not to forget homeopathy, chiropractic and other alternatives in medicine, recent breakthroughs in biological and orthomolecular medicine, as well as energetic and spiritual approaches to health. The overriding emphasis in this second health system which, in contrast to the petrochemical model is *highly pluralistic*, is on **disease prevention**, with healing

interventions targeted, where necessary, at removing the causes of disease, rather than suppressing its symptoms.

*Note from Pastor Kevin: By making this a handout and web posting I don't want to leave the impression that as a Christian Church we are endorsing the paragraph above. There are some forms of eastern medicine that are occultic in their roots and should not be embraced by Christians. In addition, the overuse of certain herbs and holistic remedies are also being shown to be poisonous to the body.*

*But the author is correct in stating our current health care system is based on profits made in covering over symptoms rather than dealing with the prevention of disease.*

*For example, what should a doctor prescribe for a patient who comes in with a severe overweight condition due to horrible diet practices and lack of exercise? The Christian doctor answer should be, "Dear patient, God created natural foods for the betterment of our bodies to be eaten in moderation for the benefit of the body which is the temple of the Holy Spirit for all those who believe. He has also, since the fall of Adam and Eve, cursed us with work that is demanding of the body and provides exercise. If you continue to rebel against the Lord in what you eat and in the lack of exercise, then your body will start shutting down, you may become diabetic, your joints will hurt and the other poisons you are pouring into your body will do things that we can't even understand, affecting every aspect of your being."*

*I wonder if any doctor actually gives the above advice. It is possible they would be sued for doing so and the drug companies would probably offer to pay the attorney fees since this answer produces no monetary gain for the drug companies, and yet it is the answer that addresses the true problem.*

*As we come closer and closer to the last days, it is becoming increasingly obvious that people don't want to hear the truth. We have become a lazy people, always looking for the easy way out of the*

*consequence of sin. We want a pill, and if the drug companies want to give it to us, so be it. I pray that the Lord Jesus will convict the hearts of His people to resist this deception before they pour more poisons into the body He gave them.*

The petrochemical model is in a *de facto* monopoly position, maintained through AMA and similar licensing schemes, persecution of alternatives by so-called quackbusters, and now this monopoly is being reinforced through restrictive legislation designed to relegate the biological sector to a marginal existence. **The increased cost in terms of injury and loss of life as well as the financial expenditure is born by consumers all over the world**, because governments elect to spend our taxes on one and only one of the two health systems. The petrochemical health model is a commercial cartel, a monopoly that has become so pervasive as to compromise both our health and our financial ability to pay for it. According to the State of Nevada's attorneys it uses what amounts to **racketeering practices** in securing its profits.

*Vigorous action against this Great Medical Monopoly on all levels is probably the only way left to protect our health.*

In closing, let me give you here the postscript of the Allen Jones whistleblower report, a document which I highly recommend for study. Jones appeals to all of us when he says:

*"The pharmaceutical industry has methodically compromised our political system at all levels and has systematically infiltrated the mental health service delivery system of this nation. They are poised to consolidate their grip via the New Freedom Commission and the Texas Medication Algorithm Project. The pervasive manipulation of clinical trials, the nonreporting of negative trials and the cover-up of debilitating and deadly side effects render meaningful informed consent impossible by persons being treated with these drugs. Doctors and patients alike have been betrayed by the governmental entities and officials who are supposed to protect them. To*

*the millions of doctors, parents and patients who are affected: **PLEASE: suspend disbelief and realize you are on your own.** Educate yourselves. The Internet has many sites that will help you. The Alliance for Human Research Protection, [www.ahrp.org](http://www.ahrp.org) would be a good place to start.*

The above report tells what I fear to be only a small part of a much larger story. But it is a beginning. The fuller story will require the efforts of persons with investigative resources, political authority, legal standing - and the will to use them."

Allen Jones