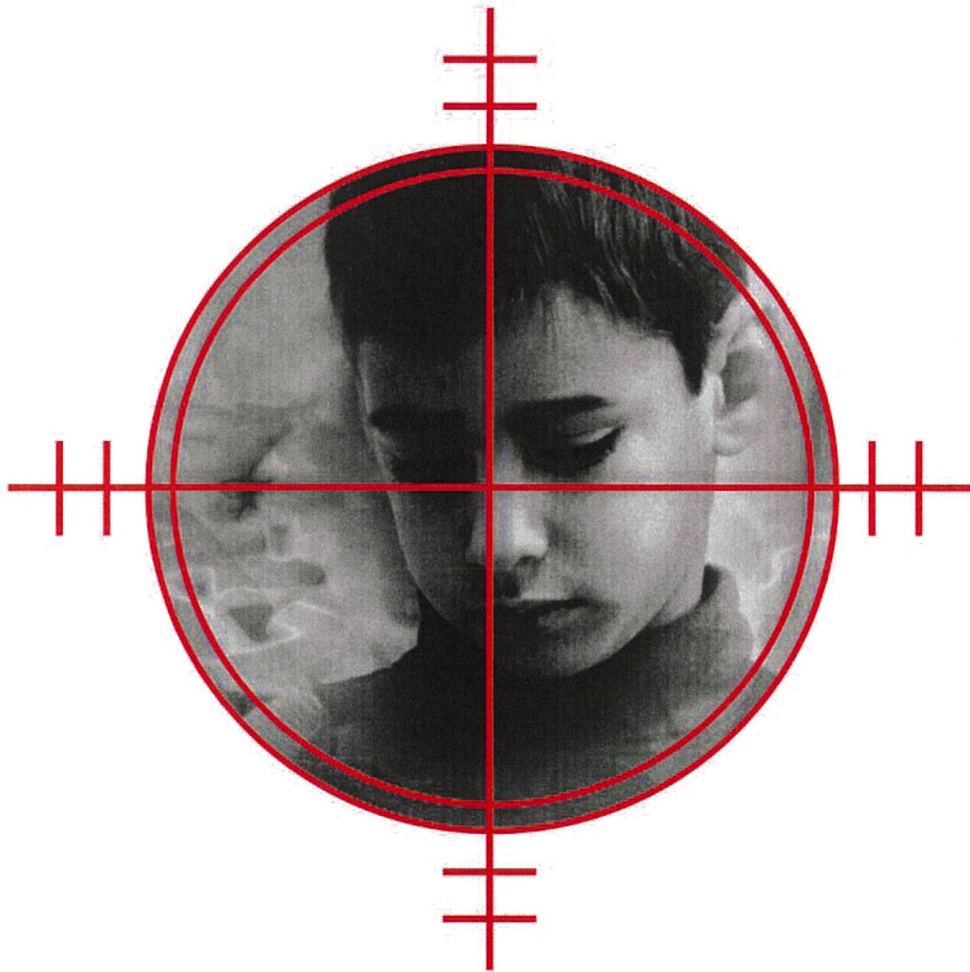


# THE SILENT DEATH OF AMERICA'S CHILDREN



**PRESENTED TO THE PRESIDENT'S NEW FREEDOM COMMISSION  
ON MENTAL HEALTH, LOS ANGELES, 13 NOVEMBER, 2002**

Citizens Commission on Human Rights International

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## A MATTER OF LIFE OR DEATH

*"Shaina looked into my eyes as her life ended and I could do nothing to save her. It's been two years and I relive those last few minutes every day. Believe me, it is a nightmare no parent should ever have to live with."*

**Mrs. Vicky Dunkle, whose daughter, Shaina, died of toxic levels of a prescribed psychotropic drug**

**T**he Citizens Commission on Human Rights (CCHR) acknowledges the problems and needs of young individuals and their need for excellent care. These things are self-evident.

However, it seems that many in our mental health system are unaware that parents looking for help do not expect their children to be harmed during the course of psychiatric "treatment," let alone killed.

Today, the mental health treatment of our young is a life or death gamble and, given the growing number of fatalities, a roll of the dice not to be taken lightly. No longer is it a question of whether children die from psychiatric treatments, but rather whose child will be next. It's a question of whether parents are willing to bet their child's life on subjective psychiatric diagnoses and dangerous mind-altering drugs and treatments.

The horror stories of parents who unwittingly gambled by trusting the mental health system with the lives of their children are tragic—and parents are devastated by the fact that they never even knew the level of risks involved.

As the following shocking summary reveals, far too many parents have

unwittingly taken the bet and suffered the ultimate loss. Too late they learned that when children are subjected to psychiatric drugs and "treatments," it's literally a game of Russian Roulette. At stake was the life of their child.

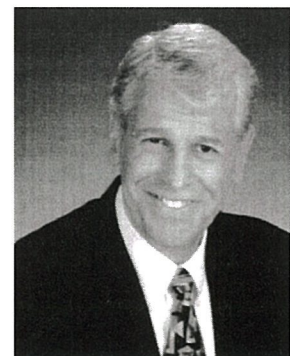
It is absolutely vital that any assessment of the effectiveness of our mental health system or its funding, consider the atrocious record of abuse, fraud and death that now characterizes the expanding mental treatment of our children, and others.

Sincerely,

**Jan Eastgate**  
President CCHR  
International



**Bruce Wiseman**  
National U.S.  
President, CCHR





## IN MEMORY OF...

*"I cannot go back and change things for us at this point. However, I hope to God my story and information will reach the hearts and minds of many families, so they can make an educated decision."*

Mr. Lawrence Smith, whose son died from heart failure caused by a prescribed stimulant

### Child Death By Drugs

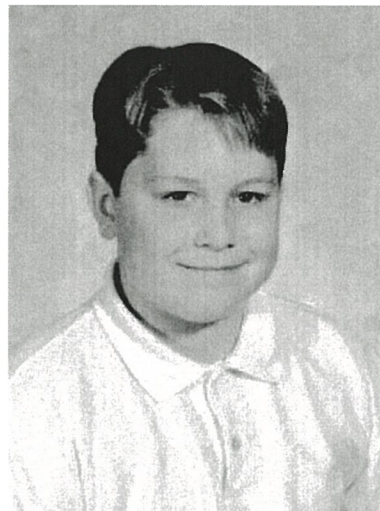
**M**illions of school-age children are diagnosed with alleged mental disorders such as Attention Deficit Hyperactivity Disorder (ADHD). By talking out of turn, being distracted, not following directions and fidgeting, a child can be labeled and subsequently drugged. The same subjective "criteria" are used to diagnose toddlers who are then put on powerful mind-altering drugs—often before they are able to form a complete sentence.

While the term "medication" is euphemistically used in the mental health system, the truth is that millions of children are simply being heavily drugged. One of the most common drugs used to treat "ADHD" is listed as a Schedule II controlled substance—in the same category as opium, morphine, heroin and cocaine.

Parents are typically told that the drugs prescribed to treat their children are modern, safe and effective, contradicting numerous studies and reports documenting their known dangers and side effects. Such side effects include stunted growth, weight loss, manic behavior, future drug dependence, heart palpitations, cardiac arrhythmia, anxiety, agitation, insomnia, bizarre dreams, suicidal thoughts, violent behavior, and even death.

Long after the utmost tragedy has struck, more and more parents are left desperately grasping for answers. And the one question that continues to haunt them is "Why wasn't I warned?"

#### MATTHEW SMITH, 1986 - 2000



Matthew Smith liked riding his bike, playing softball, and had a particular passion for building forts. According to his father, Mr. Lawrence Smith, "The trouble all started for

Matthew in the first grade, when the school social worker kept calling us in for meetings, complaining that Matthew was 'fidgeting' and 'easily distracted.'" They were told Matthew had ADHD. "She told my wife and I that if we wouldn't consider drugging our son, we could be charged for neglecting his educational and emotional needs." After also being told that the stimulant was safe and effective and that it could help, the Smiths acceded to the

pressure. On March 21, 2000, while skateboarding, Matthew died suddenly from a heart attack. He was 14 years old. The coroner determined that Matthew's heart showed clear signs of the small blood vessel damage caused by stimulant drugs like amphetamines, and concluded that he had died from the long-term use of the prescribed stimulant. "If we hadn't been pressured by the school system, Matthew would still be alive today," says Mr. Smith. "I cannot go back and change things for us at this point. However, I hope to God my story and information will reach the hearts and minds of many families, so they can make an educated decision."

### SHAINA DUNKLE, 1991 - 2001



Shaina Dunkle from Pennsylvania was a little girl whose life was filled with dance classes, girl scouts, piano lessons and softball games. However, in 1999, when Shaina was in second

grade, teachers believed she was "too active" and "talked out of turn." Her mother, Mrs. Vicky Dunkle, was pressured by the school psychologist to have Shaina evaluated for ADHD. The psychologist referred Shaina to a psychiatrist who, after a 30-minute evaluation—with no tests or physical exams—diagnosed her with ADHD and prescribed a psychiatric drug, then later two more. On February 26, 2001,

the school nurse phoned Mrs. Dunkle to report that Shaina had suffered a slight seizure and had fallen out of her seat. Mrs. Dunkle took her to the doctor but while there, Shaina began convulsing. Her mother rushed to hold her in her arms, where, minutes later, she died. Shaina was 10 years old. "As I held her in my arms, she looked into my eyes as her life ended and I could do nothing to save her....If I had followed my heart instead of the advice of 'professionals' who thought they knew my daughter better than I did, my precious Shaina would be alive now."

### STEPHANIE HALL, 1984 - 1996



When Stephanie Hall was in first grade in Ohio, she was a quiet, shy girl, who had a great love of books and school. However, her teacher said that Stephanie had a hard time "staying

on task" and suggested the girl be tested for Attention Deficit Disorder (ADD). A doctor subsequently diagnosed this and prescribed her a stimulant. Over the next five years, she increasingly complained of stomachaches and nausea, and displayed mood swings and bizarre behavior. On January 5, 1996, at age 11, Stephanie died in her sleep from cardiac arrhythmia. The coroner ruled the death to be of natural causes, but her parents disagree, blaming the drug. Mrs. Hall remembers the last



words exchanged with her daughter before she went to bed: "I said, 'It's 9 o'clock Steph, get to bed,' and she replied 'OK Mom, I love you.'" The next morning when her dad went to wake her for school, she didn't respond. "We called paramedics and the police," her mother recalls. "Stephanie was so cold. I kept saying to them, 'She is supposed to bury me, not me bury her'....No other family should know the agony of burying their child."

### **SAMUEL GROSSMAN, 1973 - 1986**



Riding bicycles and horses was one of Sammy Grossman's favorite hobbies. He was also fast at jigsaw puzzles and had an uncanny sense of direction. Sammy was

never wrong with his directions. For the first eight years of his life, he was one of the healthiest members of his family of six, rarely suffering any of the usual childhood illnesses. But then he was put on a stimulant. He became forgetful about dressing himself, was constantly thirsty and lost weight, becoming pathetically thin, recalls his mother, Georgia Grossman. He began experiencing a racing and irregular heart beat and collapsed in the school playground. The doctor told Mrs. Grossman, "Don't worry about this, this is

only the [stimulant]." Shortly afterwards, Sammy collapsed again, falling off his bike along a roadside in Austin, Texas—and died, at age 13. The autopsy revealed an enlarged heart—a consequence of the long-term use of the stimulant—had contributed to the heart attack.

"Giving this drug to a child is like playing Russian Roulette. No one knows which child will get the brain damage and/or those who will die. I played the game and I lost," said Mrs. Grossman. "If the cause of Sammy's death is made public...and it can save other children, then maybe Sammy will not have died in vain."

### **CECIL REED, 1984 - 2000**

"Daddy, I don't want to take medicine anymore. They are just using me as a guinea pig."

On April 7, 2000, 16-year-old Cecil Reed suffered a massive, fatal heart attack while swimming in a pool at the state-run Bronx Children's Psychiatric Center in New York. A cocktail of four prescribed psychiatric drugs triggered the attack. Cecil's father had repeatedly tried to get the hospital to stop drugging his son, but experts said Cecil had schizoaffective disorder and post-traumatic stress disorder. His father, however, believed his son was just a strong-willed kid who, like any youngster, would lash out after being separated from family and friends. The autopsy report noted that Cecil's body contained "potentially toxic" levels of pindolol, a heart medication used to treat high blood pressure, which was also combined with Selective Serotonin Reuptake Inhibitor antidepressants. Pindolol had not been tested in or recommended for children.

## CHILD SUICIDES

*"What did the psychological and psychiatric profession do for this boy? They killed him! When the money trail ran out on this boy, they turned their back on him and wouldn't even return a phone call. They absolutely killed him."*

Mr. Fred Ehrlich whose son Daniel hanged himself after being on psychiatric drugs known to cause suicide

**A**ccording to psychiatrists themselves, "suicide is the major complication" of withdrawal from the stimulant used to treat Attention Deficit Hyperactivity Disorder and similar amphetamine-like drugs. The U.S. Drug Enforcement Administration's 1995 Report on Methylphenidate states, "The high percentage of attempted suicide is consistent with the high frequency of depression associated with stimulant abuse."

Suicidal ideation has also been associated with antidepressant use: Between 1988 and 1992, the Food and Drug Administration (FDA) Drug Adverse Reaction (ADR) reporting system showed 90 children and adolescents who had suffered suicidal or violent self-destructive behavior while on one newer Selective Serotonin Reuptake Inhibitor antidepressant.

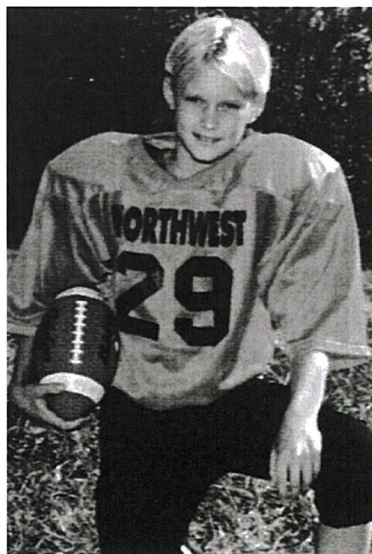
### **MATTHEW MILLER, 1984 - 1997**

According to his father, Matt Miller had "a warm sense of humor, a love of friendship and a heart of solid gold that friends who knew him well loved in him." But at age 13, all that changed. Mr. Miller said the family "began a brief, but tragic journey with Matt into a world we didn't understand—the world of professional psychiatry and legalized mind-altering medications. An unfamiliar world with its

own rules. Its own accepted procedures. And its own arrogance."

After moving to a new neighborhood, Matt was trying to make new friends and, while his parents noticed he was a bit sullen, they felt this was not unusual for a teenager. However, his teachers thought that his withdrawn demeanor might have a more deep-seated cause, and recommended that Matt get "professional help." A psychiatrist gave him a free sample of an antidepressant. There was no printed information. His parents were told that he might experience a bellyache or have trouble sleeping. Seven days later, Matt's mother went to collect the laundry from her son's room and found him

hanging inside his closet. "Our son didn't want to die," said Mr. Miller. "I can't believe our son wanted to die. I never will. For a bright, healthy and loved young man, Matt had every reason to live. Yet

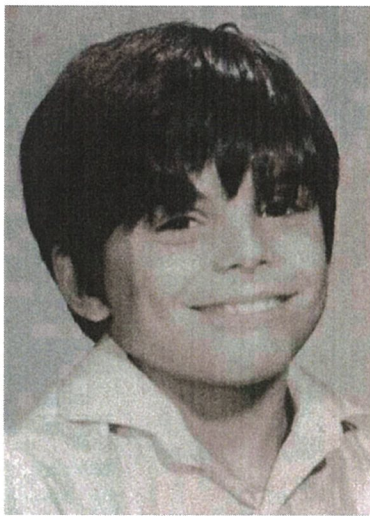




under the power of this debilitating drug, he found a way to die. We know it was not our Matt who took his own life. This was a Matt 'high' on a legalized pill."

### **RAYMOND PERRONE, 1975 - 1985**

Ten-year-old Raymond was "a bright, intelligent child, who loved life and lived each moment to the fullest," according to his mother, Mrs. Linda Perrone. "It took quite some cleverness to keep up with him, let alone keep ahead of him," she said.



Being intellectual, able to quickly grasp things, then having to wait for the rest of the class to catch up, he felt bored with school. This led to poor performance in class and, in approximately February 1985, Raymond was diagnosed as "hyperactive" and prescribed stimulant drugs. Four months later on June 9, during a house warming party, Mrs. Perrone was sitting at the picnic table with a friend. "My sister-in-law suddenly ran screaming into the back yard for someone to call an ambulance. I stood up in complete shock. She started screaming, 'Ray, Ray has hung himself.' I remember running towards the garage to see what had happened, but everyone was surrounding my son. They wouldn't let me go near him. When I finally saw him laying on the ground, I saw his face all purple, a sight that will remain in my memory forever." Raymond had been two days into withdrawal from the stimulant

prescribed by a psychiatrist. His mother was never warned about the withdrawal effects of the drug.



### **DANIEL EHRLICH, 1970 - 1984**

Ten-year-old Daniel Ehrlich from Pennsylvania liked to "monkey around and climb trees," according to his father, Mr. Fred Ehrlich. In 1979, a school nurse diagnosed Daniel as "hyperactive." His father thought his son was just acting like a regular kid, but the consensus of school personnel was that there was a "serious problem" with him. He was placed on a stimulant and a major tranquilizer. When his parents' health insurance ran out, the only "help" they could get from the psychiatrist was a repeat prescription. Four years later, Mr. Ehrlich read that behavioral problems could be caused by sugar and the wrong diet and saw the chance for Daniel to live drug-free and be returned to a normal life. He eliminated sugar from Daniel's diet. Within two weeks Mr. Ehrlich saw a remarkable change, so he stopped getting the drug prescriptions and withdrew Daniel suddenly from the drugs. Two months later, Daniel, who was then 14 years old, hanged himself. Mr. Ehrlich wasn't warned that suicide was a major complication of withdrawal from amphetamine-like drugs.

# DEADLY RESTRAINT

*"He was held down. Someone just held him down until he stopped breathing....How could people be so cruel to harm an 11-year-old....You've got to love kids, not kill them."*

**Mother of 11-year-old Andrew McClain, killed during physical restraint**

**I**n 1998 and 1999, working with legislators and the media, CCHR exposed the grisly truth that up to 150 restraint deaths occur each year in the United States. Thirteen of the deaths over a two-year period were of teenagers and children who had been placed under psychiatric "care."

Horror stories emerged of children dying strapped to beds and chairs, others pinned to floors by hospital staff, crying out that they couldn't breathe. One six-year-old boy died alone, of asphyxiation, while strapped to a wheelchair. Family members were frequently not told the circumstances under which their children died, and incredibly some were told that "natural causes," or "accidents" were the cause of death.

While federal regulations were subsequently passed in 1999, since then at least nine more children and teens have died from suffocation or cardiac arrest during violent restraint procedures. The youngest was nine years old.

On October 14, 2002, 17-year-old Charles Chase Moody suffocated during a restraint procedure at a Mason County, Texas, behavioral treatment facility—the fifth death in this chain of facilities since 1988.

The fact is that in spite of legislative safeguards, child restraint deaths continue today.



Since federal regulations were passed in 1999 to curb abusive restraint procedures, nine more youths have died, the youngest was nine.





## A CONTINUING LITANY OF DEATH

The death of a child is devastating by any measure. But when a child is killed under the guise of "help," by uncaring mental health professionals and an impassive system, it is unspeakably tragic.

The following list is a damning indictment of what amounts to legalized child abuse dressed up as mental health treatment.

**Jeffrey Bogrett, 9**

Died December 1, 1995 while being violently restrained at the New England Center for Autism.

**Chris Campbell, 13**

Died November 2, 1997 from intense, repeated restraints at the Iowa Juvenile Home.

**Edith Campos, 15**

Died February 2, 1998 while being restrained for not giving staff her family photo at the Desert Hills Center, Arizona.

**Paul Choy, 16**

Died February 4, 1992 from suffocation while being restrained at Rite of Passage in Nevada.

**Casey Collier, 17**

Died December 21, 1993 of asphyxiation after being forcibly restrained at the Cleo Wallace Center in Colorado.

**Sabrina E. Day, 15**

Died February 10, 2000 after being restrained at the North Carolina Group Home.

**Sakena Dorsey, 18**

Died June 10, 1997 from suffocation during a face down

restraint, with a staff member laying across her back at Foundations Behavioral Health in Pennsylvania. She had a medical history of asthma and swollen tonsils that hindered her breathing.

**Mark Draheim, 14**

Died December 1998 of asphyxiation while being forcibly restrained by three staff members at Kids Peace in Pennsylvania.

**Kara Fuller-Otter, 12**

Died June 7, 2001, killing herself while suffering withdrawal from an antidepressant.

**Anthony Green, 15**

Died May 12, 1991 while being restrained face down on the floor for 15 minutes at the Brookhaven Youth Ranch in Texas.

**Jamar Griffiths, 15**

Died October 18, 1994 of heart and lung failure while being restrained at the Allen Residential Center in New York.

**Diane Harris, 17**

Died April 11, 1990 after being violently restrained at the Seguin Community Living Center in Texas.

**Tony Haynes, 14**

Died July 1, 2001 after being restrained at America's Buffalo Soldiers in Arizona.

**Charlotte Holliman, 14**

Died July 31, 1992 from hanging herself while on an antidepressant at Truckee Meadows Hospital, Nevada.

**Demetrius Jeffries, 17**

Died August 26, 1997 from strangulation while in a restraint hold at the Crockett State School in Texas.

**Jimmy Kanda, 6**

Died September 20, 1997 from strangulation while in a restraint hold at Crow's Next Family Care Home in California.

**William "Eddie" Lee, 15**

Died September 18, 2000 after being restrained at Obsidian Trails Wilderness Camp in Oregon.

**John McCloskey, 18**

Died February 24, 1996 from a ruptured liver and a torn colon and small intestine after being sodomized with a broom-like handle while at Western State Hospital in Virginia.

**Shinaul McGraw, 12**

Died June 5, 1994 of extremely high body temperature after being wrapped in a bed sheet with gauze over her mouth and being restrained to a bed at New Directions, Second Chance in Washington.

**Caitlin McIntosh, 12**

Died January 5, 2000 in Texas from hanging herself after being on a cocktail of four psychiatric drugs.

**Kristal Mayon-Ceniceros, 16**

Died February 5, 1999 of respiratory arrest after being restrained face down on the floor by four staff members at New Alternatives in Chula Vista, California.



**Thomas Mapes, 17**

Died July 8, 1994 of asphyxiation after being handcuffed and pushed face down on the floor at the Youth Center at Topeka in Kansas.

**Amanda Mead, 18**

Died 1991 from two undiagnosed brain tumors. A California school counselor and psychiatrist had wrongly labeled her as "manic-depressive."

**Travis Neal, 13**

Died November 24, 1997, in Michigan, collapsing from a heart attack after taking a psychiatric stimulant for years.

**Candace Newmaker, 10**

Died April 2000 after being wrapped in a sheet and pushed by adults for 70 minutes in a Colorado therapy session.

**Cameron Pettus, 12**

Died August 2, 1993 in Austin, Texas, from toxic levels of an antidepressant.

**Dustin E. Phelps, 14**

Died March 1, 1998 after being strapped in a blanket and mattress at a Lancaster foster home in Ohio.

**Bobby Jo Randolph, 17**

Died September 26, 1996 from asphyxia due to compression of the neck after being restrained by two aides at the Progressive Youth Center in Texas.

**Kevin Neil Rider, 14**

Died June 3, 2000 in Utah from shooting himself during antidepressant withdrawal.

**Eric Roberts, 16**

Died February 2, 1996 after being wrapped in a plastic and

foam blanket with Velcro for one hour at Odyssey Harbor in Texas.

**Robert Rollins, 12**

Died April 21, 1997 from asphyxiation while being restrained face down with arms crossed over his chest after a dispute over his missing teddy bear at Devereaux School in Massachusetts.

**Joshua Sharpe, 17**

Died December 28, 1999 while being restrained at the Wisconsin Treatment Center.

**Macauley Showalter, 7**

Died September 30, 2000, in Hutchinson, Minnesota, of cardiac arrest while taking a psychiatric stimulant and three other psychiatric drugs.

**Earl Smith, 9**

Died January 1, 1995 from asphyxiation due to chest compression while being restrained face down by a Children's Village staff member in Michigan.

**Mark Soares, 16**

Died April 29, 1998 of cardiac arrest from physical restraint when aides at Wayside Union Academy in Massachusetts thought he was "faking" unconsciousness.

**Randy Steele, 9**

Died February 6, 2000 of a heart attack while being restrained at Laurel Ridge Hospital in San Antonio. He had an enlarged heart and had been on a stimulant and several other psychiatric drugs.

**Jason Tallman, 12**

Died May 12, 1993 from suffocation while being

restrained facedown on a pillow at Kids Peace in Pennsylvania.

**Bobby Sue Thomas, 17**

Died August 16, 1996 from acute cardiac arrhythmia while being restrained face down at Northwood Children's Home in Minnesota.

**Timothy Thomas, 9**

Died March 11, 1999 while being restrained at the Grandfather Home for Children in North Carolina.

**Tanner Wilson, 11**

Died February 9, 2001 from a heart attack while being physically restrained at the Gerard of Iowa facility.

**Michael Wiltsie, 12**

Died February 5, 2000 of asphyxiation while being restrained at Eckherd Youth Alternatives in Florida.

**Willy Wright, 14**

Died March 4, 2000 from suffocation while being restrained by staff at Southwest Mental Health Center in San Antonio, Texas.

**Jaimie Young, 13**

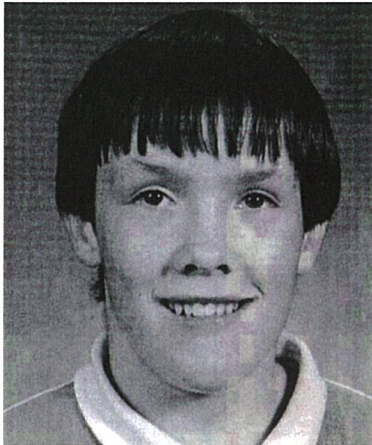
Died June 5, 1993 while on a hike at Ramsey Canyon Hospital & Treatment Center in Arizona. Autopsy found that death was caused by heat stroke with dehydration triggered by 10 times the lethal levels of an antidepressant in her system.

**Kelly Young, 17**

Died March 4, 1998 of asphyxiation while being restrained on the floor at Brisbane Child Treatment Center in New Jersey.



### TRISTAN SOVERN, 1982 - 1998



Sixteen-year-old Tristan Sovern of North Carolina died at the Charter Behavioral Health System's hospital in Greensboro, North Carolina during physical

restraint. He was held face-down, with his arms crossed under his body by at least two mental health assistants when he screamed, "You're choking me...I can't breathe." The assistants knew he was having trouble breathing but neither responded. Tristan had been admitted on February 26, 1998, and less than a week later, he died of asphyxiation during restraint, in which staff shoved a large towel over his mouth and then tied a bed sheet around his head.

### ANDREW MCCLAIN, 1987 - 1998

On March 22, 1998, Andrew McClain, 11, a patient at Elmcrest Behavior Network, a psychiatric hospital in Portland, Connecticut, died of traumatic asphyxia and chest compression. Two staff restrained Andrew by lying on top of him in a padded "time out" room. "They thought he was trying to get up, but he was trying to get air," his mother, Lucinda McClain, said. "He was held down. Someone just held him down until he stopped breathing....How could people be so cruel to harm an 11-year-old....You've

got to love kids, not kill them." Andrew had been in the custody of the state Department of Children and Families, and had been a patient at Elmcrest psychiatric hospital for just four days when he died.

### ROSHELLE CLAYBORNE, 1981 - 1997



On August 18, 1997, 16-year-old Roshelle Clayborne died during restraint at the Laurel Ridge Residential Treatment Center, a psychiatric facility in San Antonio, Texas.

Roshelle was slammed facedown on the floor; her arms were yanked across her chest, her wrists gripped from behind by a mental health aide. "I can't breathe," she gasped. Her last words were ignored. A syringe delivered 50 milligrams of Thorazine into her body and with eight staffers watching, Roshelle became suddenly still. Blood trickled from the corner of her mouth as she lost control of her bodily functions. Her limp body was rolled into a blanket and dumped in an 8-by 10-foot room used to seclude dangerous patients. After she was restrained, she lay in her own waste and vomit for five minutes before anyone noticed she hadn't moved. Three staff tried in vain to find a pulse. Two went looking for a ventilation mask and oxygen bag, emergency equipment they never found. By the time a registered nurse arrived and began CPR, it was too late. Roshelle never revived.



## SUMMARY

*"Any child, particularly a boy, in America could be considered to have ADD. The children are normal; they are just not performing."*

**Mrs. Sue Parry, from Honolulu, whose son stopped taking an ADHD stimulant after developing heart problems**

**P**arents and children's rights are compromised when it comes to psychiatric diagnoses, labels and treatments. The idea of full "informed consent," as it applies to mental health, simply doesn't exist.

Unsuspecting parents typically rely on the professionals, trusting them for an accurate medical diagnosis, unaware that there are no medical diagnoses in psychiatry—only subjective criteria. There are no blood tests, brain scans or any scientific means by which to diagnose a mental disorder.

In 1999, the former U.S. Surgeon General, David Satcher, admitted, "...the diagnosis of mental disorders is often believed to be more difficult than diagnosis of general medical disorders since *there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness.*" [Emphasis added]

Today, it is estimated that between six and eight million American children take psychiatric drugs for ADHD and other so-called learning and behavioral disorders. Some 1.5 million children and teenagers are now prescribed antidepressants. The potential side effects of these newer antidepressants include anxiety, agitation, insomnia, bizarre dreams, suicidal thoughts, hostility and violent behavior.

Frequently, children who are started on mind-altering drugs end up incarcerated in

psychiatric institutions, warehoused and brutally abused to the point of permanent damage.

Parents are being coerced and threatened with charges of medical or educational neglect if they reject a questionable psychiatric diagnosis and refuse to put their child on mind-altering drugs. Children have been wrenched from their family's care simply because their parents favored an alternative, drug-free approach to addressing educational and behavioral problems.

The bottom line is that rather than an enlightened and compassionate mental health system attending to the needs of our young, we have a dangerous and coercive system that stands impassive, not only in the face of repeated failures, but, unbelievably, of child deaths due to treatment.

The last thing our nation needs, the last thing our children should be exposed to, is more risk, yet psychiatrists, their associations and affiliated "patient" advocacy groups today lobby for even earlier identification of children with "mental disorders" and for their treatment with newer "medications."

It is the duty and right of parents to protect their children from further harm. It is the duty of the government to support them in this.



*"No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment."*

Article 5, United Nations  
Declaration of Human Rights

## Workable Treatments Psychiatrists Don't Promote

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry on the other hand, would prefer to say there are none and fight to keep it that way.

Studies show the frequency with which physical illnesses are misdiagnosed as "mental illness"—in one study, 83% of people referred by clinics and social workers for psychiatric treatment had undiagnosed physical illnesses; 42% of those diagnosed with "psychoses" were later found to be suffering from a medical illness; 48% of those diagnosed by psychiatrists for mental treatment had an undiagnosed physical condition.

Dr. Mary Ann Block, author of *No More ADHD*, does allergy testing and develops dietary solutions to "behavioral" problems. She cites a *Journal of Pediatrics* (1995) study showing that sucrose may cause a 10-times increase in adrenaline in children resulting in "difficulty concentrating, irritability, and anxiety."

Professor Stephen J. Schoenthaler, Ph.D., a California State University criminologist, conducted a study at 12 juvenile correctional institutions and 803 public schools, in which the researchers increased fruits and vegetables and whole grains and decreased fats and sugars in children's diets. The juvenile institutions exhibited 47% less "antisocial behavior" in 8,076 confined juvenile delinquents. In the schools, the academic performance of 1.1

million children rose 16% and learning disabilities fell 40%.

Prescribing psychotropic drugs for a disease that doesn't exist, psychiatrist Dr. Sydney Walker noted, is a tragedy because "masking children's symptoms merely allows their underlying disorders to continue and, in many cases, to become worse."

## What Parents Can Do

Log onto CCHR's website, <http://www.fightforkids.com> for more information.

Educate themselves. Ensure that they are getting all—not carefully selected—information in order to make an informed choice about their child's educational and medical needs.

Get a thorough medical examination for a child from a non-psychiatric physician. A child could have allergies, lead toxicity, eyesight or hearing problems, be simply in need of tutoring, or something even more basic than that—phonics. The list of possible causes is very long and well documented.

Speak out—be your child's voice. Start or join a parents' group that can speak out about the wrongful labeling and drugging of our children and provide support for each other.

If a child has been targeted or abused in the mental health system, report this to CCHR by calling 1-800-869-2247, or fill out the abuse case form on <http://www.fightforkids.com>



## RECOMMENDATIONS

*"Clearly, this business of treating minds—particularly this big business of treating young minds—has not policed itself, and has no incentive to put a stop to the kinds of fraudulent and unethical practices that are going on."*

U.S. Representative Patricia Schroeder, Chair, House Select Committee on Children, Youth and Families, 1992

CCHR recommends that legal safeguards be enacted nationally for parents which:

1. Makes it illegal for parents or guardians to be coerced into placing their child on psychotropic drugs as a requisite for his or her remaining in school;
2. Protects parents or guardians against their child being removed from their custody if they refuse to administer a psychotropic drug to their child;
3. Provides parents the right to "informed consent" in relation to solutions to resolve behavior, attention, and learning difficulties which includes all information about alternatives to behavioral programs and psychotropic drugs, including tutoring, vision testing, phonics, nutritional guidance, medical examinations, allergy testing, standard disciplinary procedures, and other remedies known to be effective and harmless;
4. Ensures the "informed consent" procedure includes informing parents that there is diverse medical opinion about the scientific validity of ADHD and other "learning disorders";
5. Ensures that health insurance coverage for mental health services are not made mandatory so that parents are not forced to place their child in such services;
6. Makes the use of restraint procedures on adolescents and children under the age of 16 illegal;
7. Imposes criminal penalties against anyone in the mental health system that violates such laws and protections.

### What is CCHR?

The Citizens Commission on Human Rights (CCHR) was co-founded in 1969 by the Church of Scientology and Professor Emeritus of Psychiatry, Thomas Szasz, to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.

Today, it has more than 130 chapters in 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and orchestrated many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.

### For Further Information:

Citizens Commission on  
Human Rights International

6616 Sunset Blvd.  
Los Angeles, CA 90028

(323) 467-4242 or (800) 869-2247

<http://www.cchr.org>  
and

<http://www.fightforkids.com>

THE BOTTOM LINE IS THAT RATHER THAN AN  
ENLIGHTENED AND COMPASSIONATE MENTAL  
HEALTH SYSTEM ATTENDING TO THE NEEDS OF  
OUR YOUNG, WE HAVE A DANGEROUS AND  
COERCIVE SYSTEM THAT STANDS IMPASSIVE,  
NOT ONLY IN THE FACE OF REPEATED  
FAILURES, BUT, UNBELIEVABLY, OF CHILD  
DEATHS DUE TO TREATMENT.

*Jan Eastgate*

International President  
Citizens Commission on Human Rights