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Health

TeenScreen—another gross distortion

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August 6, 2005—Here's another gross distortion of the truth by TeenScreen. On its website, in response to the question is TeenScreen related to TMAP, the Texas Medication Algorithm Project? It says: "No. . . . Some Web postings inappropriately and inaccurately claim that TeenScreen is a bridge to medication and hence the TMAP program. This is entirely false."

"There is absolutely no relationship between TeenScreen and TMAP. . . . TeenScreen does not endorse any particularly mental health treatment or medication."

"TMAP . . . is a medication formulary for seriously mentally ill adults in Texas. The adults served by this program are cared for in public programs. TeenScreen and TMAP have nothing to do with one another."

That's what TeenScreen says. Now lets look at the truth.

Simply put, a TMAP (a.k.a. algorithm) is a list of drugs that doctors are required to use in treating persons with specific illnesses who receive medication funded by the government with tax dollars.

Contrary to what TeenScreen claims, this list is not limited to mentally ill adults in Texas. In fact, Texas has a children's version that apes the adult version and is used for kids in hospitals, foster care institutions, prisons, juvenile programs and every other public program that is funded with tax dollars in Texas.

It all started in the mid-90s while George W. Bush was governor. TMAP was developed by what's referred to as an "expert consensus" made up of a group of "experts" already known to have favorable opinions of certain drugs, chosen by drug company sponsors, Janssen Pharmaceutica, Johnson & Johnson, Eli Lilly, Astrazeneca, Pfizer, Novartis, Janssen-Ortho-McNeil, GlaxoSmithKline, Abbott, Bristol-Myers-Squibb, Wyeth-Ayerst and Forrest Laboratories.

In 1997–98, with pharma funding, a panel was assembled to determine which drugs would be used in treating children and decided that the same drugs used on adults could be used on kids. There were no studies conducted to test the safety of giving the TMAP drugs to kids and most had never been FDA approved for use by children.

Experts are speaking out against these lists. According Dr Grace Jackson, author of the new book, *Rethinking Psychiatric Drugs: A Guide for Informed Consent*, "Outside of emergency and trauma medicine, where algorithms can and do save lives, the use of medical flowcharts and guidelines must be evaluated carefully and critically. This is because the algorithms have arisen from 'Evidence Based Medicine'—a statistically based approach to studying treatment effects in populations, rather than a reality based approach to discerning treatment effectiveness in each unique individual."

The TMAP is still being used to push drugs on kids in Texas, according to an article by the Associated Press on February 09, 2005, "As lawmakers work to revamp Texas' foster care system, they also are reviewing the use of mind-altering drugs by foster children."

In October 2004, the Texas inspector general for the Health and Human Services Commission said his office interviewed staff at three state licensed wilderness camps, which provide care for foster children, and found that the average child who arrives is on four or five psychotropic drugs.

After investigating the issue of drug use with foster kids, in an April 2004 report, Texas Comptroller Carole Keeton Strayhorn, blasted the agency for giving children drugs so ``doctors and drug companies can make a buck."

An update on Texas comes from noted author Dr John Breeding who reports, "We are fighting off a swarm of efforts to codify New Freedom language into Texas law. Driven by Big Pharma and psychiatry, Texas is a focal point as the Texas Medication Algorithm Project started it all, the same folks were behind the New Freedom Commission, and the end result is more and more folks on drugs. "

TeenScreen's underlying motive is to recruit customers to funnel money to pharma by drugging kids and a TMAP model, under whatever name it goes by in each state, is the list of the drugs that the new customers will be given. In fact to push the overall scheme along, the Bush appointed New Freedom Commission (NFC) has recommended that TMAP be used in all 50 states.

And it is spreading to other states. In Ohio, the list is called "OMAP" and includes all the high-priced psychotropics such as Paxil, Zyprexa, Adderall, Zoloft, Risperdal, Seroqual, Depakote, Prozac, Wellbutron, Zyban, Remeron, Serzone, and Effexor.

But first things first, they have to get TeenScreen in schools and this is where the NFC comes in. Its recommendations include, "Early detection of mental health problems in children and adults—through routine and comprehensive testing and screening—will be an expected and typical occurrence. Both children and adults will be screened for mental illnesses during their routine physical exams."

Citing recommendations by the NFC, TeenScreen Executive Director Laurie Flynn reports the Bush plan is "to launch a nationwide mental illness screening program in government institutions, including the public school system, for all students from kindergarten up to the 12th grade."

While testifying before the committee on March 2, 2004, Flynn praised the NFC for recommending TeenScreen. "I am especially pleased to report that the commission named the . . . TeenScreen Program a model program for early intervention."

Flynn's testimony discussed TeenScreen's goal of finding students to "link them with treatment:"

"In 2003, we were able to screen approximately 14,200 teens at these sites; among those students, we were able to identify approximately 3,500 youth with mental health problems and link them with treatment. This year, we believe we will be able to identify close to 10,000 teens in need, a 300 percent increase over last year."

Make no mistake, the lists are being used to drug children and any new recruits will end up on drugs.

For instance, according to a report in the April 25 Columbus Dispatch, as of July 2004, nearly 40,000 Ohio children on Medicaid were already on psychiatric drugs. After concerns were raised nationally about the number of kids being medicated, a reporter for the Dispatch investigated prescriptions records paid for by the Ohio Medicaid program and discovered that 31 percent of children ages 6 to 18 in foster and group homes were on mental health drugs. And 22 percent of kids in detention were on psychiatric drugs as of January 2005, with many on five or more.

These drugs have never been approved for kids and they have been found to cause suicide and violence. Nearly all the children involved in violent rampages in recent years have been on the antidepressants known as SSRIs.

Christopher Pittman, the 12-year-old who shot and killed his grandparents while they slept, and then burned down the house, was on Zoloft. In describing the event, Christopher said it was like he was watching a show on television and that he could see everything happening but there was no way to stop it.

One of the country's leading experts on SSRIs, Dr Ann Tracey, explains that people on these drugs, like Christopher, will appear as if they are wide awake, when in fact they are half asleep walking around in a dream-like state.

Despite the testimony of two highly qualified psychiatrists that Christopher was "involuntarily intoxicated" on Zoloft that night, the jury found him guilty, and barring a miracle, this poor child will sit in prison for the next 30 years because a negligent doctor placed him on a lethal medication.

Dr Grace Jackson is against giving kids drugs. "It would be difficult to engage in a form of medical experimentation more potentially hazardous than child psychopharmacology. With increasing frequency, researchers have demonstrated how and why the psychiatric drugs are powerful neuroendocrine disruptors which exert negative effects upon cognition, growth, metabolism, and reproductive functioning," she explained.

According to Jackson, "The question should not be whether or not American children are being 'overdrugged'—rather, the question should be: what evidence justifies the drugging of even one child?"

State Officials Compromised by TMAP

Allan Jones was an Investigator in the Pennsylvania Office of Inspector General, when the PennMap scheme was set up in Pennsylvania. According to Jones, "TMAP and the NFC represent the deceptive marketing of fraudulent science through the corruption of our governmental safeguards at all levels."

When charged with examining the receipt of drug company funds by state employees, Jones said, "I began to look at the overall issue of Pharma marketing and immediately became alarmed that the tactics used in marketing to the private sector were being replicated with public employees. Trips, perks, travel, honorariums, consultant fees etc."

"The most shady aspects of the program emerged quickly," he said, "the recommended drugs were exclusively new, patented and expensive and were selected by persons with financial ties to Pharma; and the claims of increased efficacy and safety made by the drug companies and state employees, were contradicted by the available science," Jones discovered.

"The pharmaceutical industry purchased the 'opinions' of a few key doctors and the endorsement of a few key state administrators, and in exchange they illicitly opened the market for billions of tax dollars spent on dubious and dangerous drugs," Jones said.

Pharma giant, Janssen, took the lead in exerting influence over state officials by creating "advisory boards" made up of state mental health directors who were regularly treated to all expense paid trips and conferences. By influencing 50 key officials, the company knew that it would have a good shot at getting a TMAP list adopted in every state.

For example, Ohio Mental Health Director Michael Hogan, and California Director Stephen Mayberg, are New Freedom Commission members who control mental health services in their respective states, and both are members of a Janssen advisory board.

Hogan has proven to be so useful that Eli Lilly has given him a "Lifetime Achievement Award." In granting the award it was noted that Hogan had given over 75 presentations at conferences since he accepted the position on Bush's New Freedom Commission.

According to my ace records researcher, Sue Weibert, every conference that she was able to track down that featured Hogan was sponsored by drug companies, and the group that organized the conference solicited money from pharma to pay the key note speaker.

Hogan is also on TeenScreen's Advisory Board.

In Florida, Flynn has Jim McDonough, the director of the Florida Office of Drug Control, in her back pocket.

In a March 22, 2004, email to McDonough she griped about paying the Florida gang \$120,000 a year and not getting enough in return. "We've been working with David Shern and USF for 18 months or so and still haven't got a program going," she said, "At this point I'm inclined to re-think the use of our resources. We're sending about \$120k to USF annually. . . . but ultimately we're not achieving our goals in the community," she wrote.

Flynn went on to tell McDonough that she had to find kids to screen and said, "I'm looking for a horse to ride here!"

At this point, the NFC, TMAP and TeenScreen, working together, have managed to weave together a web of key government officials who control funding for the nation's mental health services in states all across the country.

By using TeenScreen, pharma has hopes of roping in 7–12 million new customers, according to Flynn's March 2002 testimony:

"The need for increased . . . screening is evidenced by the fact that close to 750,000 teens are depressed at any one time, and an estimated 7–12 million youth suffer from mental illness. While treatments are available for these severely disabling disorders, sadly, most children do not receive the treatment they need. Among teens that are depressed, 60–80 percent go untreated."

State Officials Starting To Get Busted

As it turns out, bribing state officials is really not uncommon. In Pennsylvania, Allen Jones discovered that Janssen and Pfizer had both been courting the same guy, Steve Fiorello, the state pharmacist. Each company had paid Fiorello as a consultant, treated him to travel accommodations, and provided him with educational grants to promote PennMap.

Fiorello was in a unique position. He was paid about \$82,000 to oversee pharmacy operations at Pennsylvania's mental health hospitals, and he was also a member of the committee that determined which drugs would be on the PennMap list for doctors to prescribe at those hospitals.

When finally busted, the ethics commission charged that he "played both sides; he participated with Pfizer . . . as to its drug-selling strategies, and he participated on the committee as to selecting drugs for the state formulary."

A 101-page report said Fiorello had earned money from Pfizer while serving on a panel that chose what drugs would be used and that he improperly took money from Janssen and Duquesne University. The commission fined him \$27,000.

An April 2002 company publication showed that Janssen knew exactly what it was paying for. Under Faculty Bio, Janssen described Fiorello as being "responsible for the formulation of policies and procedures for drug use for ten state hospitals and facilities including the development and implementation of the PENNMAP project."

Flynn & Hogan—Expert Consensus

So where does TeenScreen fit in here? After all, it insists on its website that it is absolutely not involved with this list business.

Well lo and behold, that's not quite true. Just look what my talented records researcher, Sue Weibert, discovered in "The Journal of Clinical Psychiatry," Vol 60, 1999 Supplement 11: under Expert Consensus Guideline Series: Treatment of Schizophrenia 1999.

Here we have none other than Laurie Flynn listed as an "expert" who took part in creating the list. She surely must have forgotten about this.

Flynn and her band of pushers from the National Alliance for the Mentally Ill (NAMI) must be geniuses when it comes to picking drugs because 39 members of NAMI got to cast votes in determining which drugs could be on this list. The only group with more votes than NAMI was academic experts with 42 votes.

Another "expert" who took part in this "expert consensus" process was Flynn's good buddy, Mike Hogan.

On its website, TeenScreen claims that it does not endorse any specific drugs. Well the author obviously did not check with its executive director because she sure does.

Surprise, surprise! "Experts" Flynn and Hogan recommended the most expensive drugs on the market for the treatment of schizophrenia: Risperdal, Seroquel, and Zyprexa.

No affiliation with drug companies either, huh? According to the report, "This project was supported by unrestricted educational grants from Eli Lilly and Co; Janssen Pharmaceutica, Inc; Novartis Pharmaceuticals Corporation; Ortho-McNeil Pharmaceutical; Pfizer, Inc; Zeneca Pharmaceuticals."

The truth is NAMI is pharma's main front group and is used to implement every marketing scheme the industry dreams up. As its former executive director, Flynn was its top pusher for 16 years. The group even admits that its goal is to help pharma "grow the market," in an excerpt from the its 2000 Form 990, entitled "Guidelines for the Relationship between NAMI and the Campaign's Founding Sponsors."

Providers, health plans, and pharmaceutical companies want to increase their share of the market. "NAMI will cooperate with these entities to grow the market by making persons aware of the issues involving severe brain disorders, by giving professionals and providers the NAMI perspective, by bringing into treatment persons who are not being served, and by helping persons to adhere to their treatment plans." (2000 990 is available at Guidestar.com).

On March 2, 2004, Flynn testified at a congressional hearing that in the screening process, "youth complete a 10-minute self-administered questionnaire that screens for social phobia, panic disorder, generalized anxiety disorder, major depression, alcohol and substance abuse.

This is amazing, if Flynn is right, all it takes is 10 minutes and a paper and pencil to unearth any one of 30 deep-seated mental illnesses. I'm surprised they haven't figured out a way to cut out the middleman doctor and set up a drive through for kids to go pick up their pills at Walgreens without a prescription. That's probably in the works.

Experts warn that TeenScreen will do more harm than good. "It is impossible, on cursory examination, or on the basis of the program's brief written screening test, to detect suicidality or 'mental illness,' however we define it. Indeed, the fears evoked by the process of seeking out mental illness can create psychiatric symptoms," according to Nathaniel Lehrman, MD, former Clinical Director, Kingsboro Psychiatric Center, Brooklyn NY; former Assistant Clinical Professor of Psychiatry, Albert Einstein and SUNY Downstate Colleges of Medicine.

"Searching out those 'illnesses,' rather than relying on the troubled to seek help for themselves, violates the privacy of those in whom these 'illnesses' are sought," Lehrman warns. "For those youngsters whose screenings supposedly reveal such 'mental illness,' the major treatment will then be drugs."

"Aren't eight million kids on Ritalin enough?" Dr Lehrman wants to know.

TeenScreen is always bragging that its screening tools are free. Apparently that was also a scam to convince schools to adopt the program. According to a September 27, 2004, email to Jim McDonough, schools will have to pay a fee beginning in 2006:

"The DPS (the 19 minute computer administered screening tool) that TeenScreen offers has been sold to Mental Health Systems . . . Sites can continue using the DPS, but starting Jan. 2006, they will have to pay a few hundred dollars. (The exact prices is yet to be decided) . . . The DPS will still be offered by TeenScreen, it will just not be free anymore."

On December 4, 2002, Flynn spoke to the NFC, and explained the cost of setting up one TeenScreen program: "Implementation in just one school district often requires piecing together over a dozen funding streams from the education and mental health fields."

Think about that for a minute, "piecing together over a dozen funding streams." So how much are local taxpayers going to end up paying for school employees to set up a TeenScreen program in every school?

Something is very wrong here. This is pharma's marketing scheme, yet taxpayers are paying to set it up, paying school employees to administer the survey, paying for clinicians and case managers, and, in 2006, the use of the survey itself will cost money.

On top of all that, mark my word, taxpayers are going end up paying for shrinks for students without insurance, and Medicaid programs will end up funding at least three-fourths of the drugs prescribed.

As I've said before, this has got to be the most brilliant scheme that I have come across in my two years of investigating the pharmaceutical industry. It's all profit—tax dollars funneled through kids directly into pharma coffers. Brilliant.

No Laughing Matter

The pharmaceutical industry is taking over the world right before our very eyes. The harmful effects of the drug makers' take-over is well-documented in Bob Whitaker's book, "Mad In America."

Right now pharma has over a hundred NAMI-type marketing front groups in place all over the globe. It has succeeded in greasing enough palms to compromise the few government officials necessary to control the federal and state funding allocated for prescription drug programs, and it has doctors in every field of medicine writing out prescriptions for expensive psychiatric drugs as if they were the cure-all for everything under the sun.

Its gotten so bad, that Dr Lehrman notes a need for public awareness of the extent to which the American medical profession is being prostituted by the drug companies, "In no other medical specialty has that prostitution reached the depths it has in my specialty, psychiatry," he added.

Pharma has infiltrated the staff responsible for prescribing drugs in the country's health care facilities, to boost profits by overmedicating patients, with most of the funding coming from tax dollars, causing state Medicaid programs to go broke.

In addition, it controls the media with billions of advertising dollars, so that when it does get busted for hiding harmful effects of drugs that kill people or paying doctors to push drugs for ailments they were never approved for, or shooting poisonous vaccines into infants for profit, or any of the other thousand

money-making schemes that it has going on any given day, the story might make front page headlines for a day or two at most.

It took hold of the nation's regulatory agencies by making sure to get the majority of government researchers and scientists on their payrolls, so that they will readily approve new drugs and then allow companies to make a killing off selling new drugs by hiding their adverse effects until people start dropping dead.

But most importantly, Pharma has gained a stranglehold on every branch of government by funneling a steady stream of campaign cash to politicians to make sure that favorable legislation is passed and investigations of industry crimes are shut down.

Last, but certainly not least, it now appears more and more likely every day that pharma is going to have its way with the nation's children via the public school system. God help us.

Records researchers, Sue Weibert and Ken Kramer contributed to this report.

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