Statement of:

Fred A. Baughman Jr., MD

[Neurologist/Child Neurologist, Fellow, American Academy of Neurology,Diplomate, American Board of Psychiatry & Neurology, Author: The ADHD Fraud—How Psychiatry Makes "Patients" of Normal Children www.Trafford.com]

To:

The Fourth Meeting of the Legislative Health And Human Services Committee, Las Cruces, New Mexico, September 4, 2013

ADHD (& all "Chemical Imbalances")--Total, 100% Fraud

In 1948 the American Board of Psychiatry & Neurology formalized neurology as that specialty dealing with the diagnosis and treatment of physical abnormalities (gross—e.g., swelling that is visible, palpable; microscopic—cancer cells or infection on Pap smear or biopsy; or chemical—as in phenylketonuria (PKU), gout, diabetes or any of the more than 100 inborn errors of metabolism)—real diseases of the brain/nervous system---and psychiatry as that specialty limited to the classification and treatment of all things emotional and behavioral—none of them physical abnormalities/diseases.

Physicians attend medical school to study the physically normal--anatomy, physiology, and chemistry, the physically abnormal—disease/pathology--and how to tell normal from abnormal.

If no abnormality is found the diagnosis is NED—no evidence of disease.

If the patient is found to be diseased/abnormal we next ask: "Which disease?"

Entering psychiatry--psychiatrists leave the practice of medicine--that dealing with physical abnormality/disease--never to return.

After diagnosis, **before treatment**, all physicians have a duty to obtain the patient's **informed consent**, in which the risks and benefits of treatment are weighed, and consent is given or not given**. It is illegal for a physician to proceed to treat without informed consent.**

In the 40's 50's there was no psychiatry and no psychiatric drugging in US schools—behavioral & emotional problems were appropriately the province of teachers & parents.

In the 50's and 60's chlorpromazine, meprobamate, Ritalin and Librium joined the barbiturates and the age of psychiatric drugs was underway.

In a 1970 Congressional Hearing millions of dollars were appropriated for the diagnosis and treatment of minimal brain damage/dysfunction—MBD, aka hyperkinetic disorder--HKD—spoken of as a brain disease with no proof that that was so. There were and estimated 200,000 cases nation-wide. This, hearing appears to me to have been the kick-off of "biological psychiatry, that school of psychiatry which claims that all things emotional and behavioral are diseases/disorders of the brain—"chemical imbalances".

In 1976 Merck CEO, Henry Gadsden told Fortune magazine of his distress that their potential markets had been limited to sick people—people proved to have a disease. Suggesting he'd rather Merck be more like chewing gum maker Wrigley's, Gadsden said it had long been his dream to make drugs for healthy people. Because then, Merck would be able to "sell to everyone." Today we know, thanks to psychiatry and the DSM, Henry Gadsden's dream has come true—all normal persons with behavioral and emotional problems are being called "disordered"/ "diseased"/ "chemically imbalanced" and are of course being "treated"—as if they were—with drugs, "chemical balancers."

In the 1980 in the DSM III the MBD and HKD labels were changed to ADD.

In 1986 Nasrallah et al found that the CT brain scans in previously treated hyperactive young men showed brain atrophy/shrinkage! Honestly enough, they asked: "Is the brain atrophy due to the hyperactivity (MBD, ADD) or to the drugs?

In the 1987 DSM-III-R ADD was changed to ADHD. With no proof of an abnormality—a disease, the epidemic had climbed to 500,000! By 1990 it had reached 1 million.

In the 1994 DSM IV 6 of 9 behaviors in 3 categories was required for diagnosis—all subjective.

At the 1998, National Institutes of Health, Consensus Conference on ADHD, James Swanson and FX Castellanos reviewed 13 MRI brain scan studies all showing "on-average 10% brain atrophy" (shrinkage) and concluded that this was the proof that ADHD was an actual disease. I took a floor microphone and asked Dr. Swanson why he had not told the

audience that all 13 studies had dealt with patients who had been on long-term stimulant treatment—the only physical variable and the only likely cause of the brain atrophy. Swanson sheepishly acknowledged this and the Consensus Conference Committee could only conclude: **"There is no proof that ADHD a disease and no test by which to diagnose it."**

But they did nothing to publicize that there was no such disease as ADD or ADHD! No epidemic! There was none of the jubilation that greeted the Salk vaccine and the end of polio in 1954. The ADHD labeling did not miss a beat. The Ritalin, the Adder all, the amphetamines continued to flow. In 1998 the ADHD epidemic stood at approximately 3.0 million.

For the years 1990-2000, there were 186 Ritalin/methylphenidate deaths reported to the FDA—Med Watch program—one to ten percent of the total, meaning there could have been as many as 18,600 deaths for this ten-year period. (What is meant here is that voluntary reporting programs such as Med Watch which make it optional/voluntary for families or physicians to report adverse drug reactions are estimated to ascertain no more than 1.0 to 10.0 percent of all occurrences. Such programs aid and abet the hiding of damages and deaths giving the false impression that there is a "watchdog" on duty.

In October, 2002, in the Journal of the American Medical Association, F.X. Castellanos once again fraudulently claimed that the brain atrophy seen with MRI scans was due to the non-disease, ADHD, not the amphetamines, the real cause.

In 2003 Leo and Cohen reviewed the 14 then-available MRI brain scan studies and concluded (1) that there was no proof that ADHD exists, and (2) that there was proof, 14 times over, that stimulant- amphetamine- exposure caused the brain shrinkage, brain atrophy—something psychiatry has never yet acknowledged.

In 2005, FDA-Med Watch reports of stroke and sudden cardiac death (1.0 to 10.0 percent of actual rates of adverse drug reactions) in children led Health Canada to ban Adder all. However, in 2006, pressured by none other than US officials at the FDA, Health Canada returned still-deadly Adder all, a mix of amphetamine salts, to the market.

In 2008 I helped Canadian father, Brian Verbeek draft a letter to Health Canada. On November 10, 2008: Supriya Sharma, Director General of Health Canada (like our FDA) wrote "For mental/psychiatric disorders in general, including depression, anxiety, schizophrenia and ADHD, there are no confirmatory gross, microscopic or chemical abnormalities that have been validated for objective physical diagnosis…"

Next, I wrote such an inquiry to the US Food and Drug Administration. On March 12, 2009, Donald Dobbs of the FDA confessed, "I consulted with the FDA new drug review division and they concurred with the response you enclosed from Health Canada." In other words, there are no diseases in psychiatry.

Their responses mean nothing less than that all of psychiatry's claims that the diagnose and "treat" actual disorders/diseases/"chemical imbalances"—with most such claims within their peer-reviewed literature—were never anything other than lies—a total fraud, setting normal

persons (adults and children alike) up for drug “treatment”, actually poisoning.

In the seventies, Big Parma and psychiatry first targeted little boys in elementary school. Next they proclaim that ADHD lasts through middle school and high school, next that it also affects preschoolers, girls as well as boys, and adults as well. Next came childhood bipolar disorder, MDD, GAD, SAD, ODD, and CD. And now, with PTSD, they poison and kill young soldiers—not doubt about it. But there is never a disease—never! Not until the drugging starts--the intoxicating, the poisoning.

Fifty to seventy-five percent in foster care are on psychiatric drugs as if their sad station in life was a disease.

The May 28, 2008 Charleston Gazette announced: Four Charleston, West Virginia Soldiers Mysteriously Die in Their Sleep—Each With Post-Traumatic Stress Disorder--PTSD, Each Treated with Seroquel, Paxil, and Klonopin. As is true of sudden cardiac deaths, none were anticipated—especially not in 20 year-old soldiers. As of September, 2010, Stan White and I had ‘Goggled’ over 160 soldiers ‘found dead in bed,’ probable sudden cardiac deaths. Neither the United States, House or Senate Armed Services or Veterans Affairs Committees have responded to our queries but continue their deadly policy of psychotropic drug polypharmacy, calling these probable antipsychotic-antidepressant, sudden cardiac deaths “suicides.” Today our list stands at 351 probable SCDs. [see ABC11.com, “Soldiers Dying in their Sleep.”]

Seventy percent of antipsychotics are government-purchased by Medicaid and Medicare and are forced, without informed consent, on the powerless, the poor and the elderly. These—antipsychotics--are unfit for human consumption.

In 2009 Ray et al reported that antipsychotics double the rate of sudden cardiac death. Uy-Evanado more recently (2013) found the rate of SCD to be 3-4 time that in normal controls.

In 2009 Gould et al reported that amphetamines, such as Ritalin and Adderall cause a 7.4-fold increase in sudden cardiac deaths, while Whang et al reported that antidepressants—SSRIs & TCAs cause a four to five-fold increase in sudden cardiac deaths. Combine any of the above types of drugs and the chances of sudden cardiac death--as appears to be happening in the US military--is compounded--who knows how many times?

Earlier this year, speaking of DSM-V, due out in 2013, editor--Psychiatrist Michael First states, "Anything you put in that book, any little change you make, has huge implications not only for psychiatry but for pharmaceutical marketing, research, for the legal system, for who's considered to be normal or not, for those considered disabled… the more disorders you put in, the more people get labels."

Did you hear that—with pencil-paper tests they decide who's "normal" and who's not and that information goes to your school, employer, bank, health care insurer, to law enforcement and government. While you may one day stop taking one or all of their medications--really poisons because there are no disease--their 'labels' never erase and are ever so convenient for the use of any and all who may want to neuter or control you

Meanwhile, we know quite well that that their diagnoses—their "labels" are little more than a ruse to drug us—one and all. In a survey of the practices of child-adolescent

psychiatrists, Stubbe et al (2002) found 91percent got a prescription psychotropic drug at the first office visit.

What are we doing to our children? Emotions are our inner barometer. When we tell a lie, put off doing our homework or a job given us by our parents, our emotions—our inner feelings--let us know. We drug them out of our consciousness at our own peril and at the peril of the family and community of which we are a treasured, interdependent member.

It is responsibility of parents to know, from day to day how their child feels and why, and to respond to their needs. It is the responsibility of parents to protect their child, physically and mentally, keeping them free of demeaning, belittling, psychological/psychiatric labels and drugs. Each label and each drug says to that child and this world: "I am not normal, I am a 'mental'".

It is the responsibility of the teacher to know how the child feels when he or she is in class, why, and to respond caringly to that child, not ignore them, not to make a medical referral, a sure step on the path to drugging—to poisoning. Their are no diseases, there are no drug treatments for how they feel and how they struggle, are frustrated, or pained..

It is the teacher's responsibility to control each child, each class and to render each child literate, educable and to educate them. To leave normal children illiterate is among the greatest crimes of humankind—given that all of us—yes, all of us, have this capability

Given a child who has walked and talked on time and who has an age- and grade-appropriate useful vocabulary there is no brain disease that renders them unable to learn and

achieve self control—not ADHD, conduct disorder, oppositional defiant disorder, dyslexia—none.

In seeking to impose 'brain disease' labels and drugs on normals of all ages, including our elders, psychiatry betrays us and is no longer a patient advocate. Instead they have become pharmaceutical industry and government advocates and the greatest health care fraud in history.

I salute the citizens of Mexico that I have come to know in several visits there. The have not surrendered their collective "maternal instincts." They question and doubt psychiatry and its fraudulent labels and drugs. To them it feels wrong and they are showing the courage of their convictions—not surrendering their most precious possessions—their children.

To those in psychiatry and psychology who seek to return their professions to their honest and humane roots, I welcome you and salute you. To those of you in education who question—who really want to know the truth. I welcome you too. I encourage you. It is not easy to resist dogma from above but for the children's sake and for the good of all human kind--it is essential that we question and that we insist upon the truth and accountability. This, of course, will include no drugs.

Every step of the way the FDA, the NIMH and every federal health and education department and agency have been co-conspirators/perpetrators in the ADHD, "biological" psychiatry fraud.

In a letter to the New York Times of June 15, 2013, James Spears, Executive VP and General Counsel, Pharmaceutical Research and Manufacturers of America wrote: "Clearly, physicians are capable of weighing medical evidence,

considering its source and strength and making treatment decisions that best serve individual patients. Unlike the "curated" government-sponsored programs like academic detailing, communication materials of biopharmaceutical companies are supervised by the Food and Drug Administration." In other words the FDA oversees and passes off on all drug information including that in ads, inserts and CME materiel. What of all the claims and inferences that psychological/psychiatric "disorders"/ "chemical imbalances" are actual diseases/physical abnormalities when none of them are, not even ADHD.

In "Brain Test To Diagnose ADHD Is Approved—FDA Says Device Improves Accuracy" (Times, July 16, 2013) we are told: "The test uses an electroencephalogram, or EEG, with sensors attached to a child's head and hooked to wires to a computer to measure brain waves." Is another test for ADHD needed? What of the most fundamental fact of all--that (1) No proof exists in the medical-scientific literature of the world that ADHD is a proven disease/physical abnormality (validated microscopically or chemically), meaning, (2) that no test exists, or can exist, with which to diagnose/demonstrate the physical abnormality said to constitute the disease. Nor can such a claim be made of any test based on electroencephalography—so non-specific are its deviations from normal—generalized, focal and paroxysmal-- abnormalities so general that they never allow for the diagnosis/confirmation of any one disease.

The "Chemical Imbalance" theory as a cause for ADHD, oppositional-defiant disorder--ODD and every other psychiatriic diagnose/disorder/disease has never been validated. Instead, it has been a 40-50 year lie—the biggest of big lies.

From www.anxietycentre.com we read: “The “chemical imbalance” theory presumes that serotonin, dopamine or some other brain chemical was below normal levels, causing ADHD, ODD, OCD, anxiety or depressive disorders. The May 1, 2009, Lexapro (an SSRI, SRI) website states: “Whatever the circumstances, depression is caused by an imbalance of certain chemicals in the brain. Normally, these “chemical messengers” help nerve cells communicate with one another by sending and receiving messages. They may also influence a person’s mood. In the case of depression, the available supply of the chemical messengers is low, so nerve cells can’t communicate effectively. Paxil’s website (another SSRI antidepressant) claims it too is able to balance a chemical imbalance) claiming: “Scientific evidence suggests that depression and certain anxiety disorders may be caused by a chemical imbalance in the brain. Paxil CR helps balance your brain’s chemistry. Just as a cake recipe requires you to use flour, sugar, and baking powder in the right amounts, your brain needs a fine chemical balance in order to perform at its best….However, if serotonin levels become unbalanced, communication may become disrupted and lead to depression, anxiety, and premenstrual dysphoric disorder--PMDD. [From paxilcr.com’s website, May 1, 2009]
And Zoloft’s website (another SSRI antidepressant) which also claims to be able to restore a chemical imbalance) claims: Scientists believe people with depression could have an imbalance of serotonin in their brain….Zoloft helps fix this. Zoloft helps the nerve cells send messages to each other the way they normally should.” (zoloft.com’s website, May 1, 2009]. Effexor’s website (another antidepressant) claims: “Effexor XR is believed to treat depression and anxiety symptoms by affecting the levels of two naturally occurring chemicals in the brain — serotonin and norepinephrine. Because Effexor XR affects these two chemicals, it is known as an SNRI, or serotonin-norepinephrine reuptake

inhibitor."[effexorxr.com's website, May 1, 2009]. As this practice gained acceptance, **doctors, mental health professionals, and the general public** widely accepted the chemical imbalance theory and its link to **all psychiatric diagnoses/disorders/diseases.** Heavy marketing to medical and mental health professionals, and to the general public reinforced the theory, and therefore **popularized treatment using medications specifically targeted at restoring this chemical imbalance.** Over time, this theory gained momentum and **became accepted fact.** Today, a great many medical and mental health professionals believe in the chemical imbalance theory as being the cause of all psychiatric disorders/diseases and therefore, treatment of these conditions **almost always includes the use of medications, as opposed to counseling/talk therapy, that is of chemical balancers for chemical imbalances of the brain.**

In a 2007 survey 90.5 percent of respondents said their mental health professional sought to prescribe medication for their psychological symptoms.

71.5 percent were told their symptoms were caused by a "chemical imbalance." How much of a chemical imbalance "sell" is needed when it—chemical imbalances as the cause of mental illness had already become accepted fact. Can there be any doubt that everyone's right to informed consent had already been irreversibly abrogated. Now they were involuntary "patients" expecting nothing but "chemical balancers" for the "chemical imbalances" of their, their children's brains. How much might it take to dissuade them? To convince them otherwise?

In a 2002 survey of child/adolescent psychiatry, Stubbe, et al found that 91% were given a prescription drug on the first

visit—18% an antipsychotic! And that was more than ten years ago!

How has this come to be? Pharmaceutical research and so-called "independent studies" support the notion of a "chemical imbalance," and that all psychiatric medications work to balance the chemical imbalance—leaving no role for parents teachers, clergy, community, love, caring, nurturing, making literate when they are still illiterate, unable to rise and read aloud. The results of these absolutely phony, contrived "studies" were published in respected health journals. Health professionals who read these journals formed their opinions based on what they thought was solid research. Pharmaceutical companies marketed directly to doctors and mental health care. Professionals using these studies to substantiate their claims. Pharmaceutical companies also aggressively marketed the "chemical imbalance" notion to the general public, in magazines, papers, on TV, radio and everywhere we turn—the big lie—the biggest of big lies meant to make patients of all children—of all of us.

As a result, the chemical imbalance theory became widely accepted and so did the drugs used to "correct" it. Even today, a great number of doctors and mental health care professionals still use these findings in support of their assertion that anxiety and depressive disorders are caused by a chemical imbalance, and that medication is required for treatment. Might it be because they have become drug "pushers" at the behest of big pharma with their income flowing from the prescriptions they right and the "drug checks" not required every few months in these formerly normal children made life-long patients via their DSM label and affirming prescription drugging/ "treatment."

Nor should it be said that the chemical imbalance theory, the notion that psychiatric diagnoses/diseases has been disproved--it was never proved in the first place. Not for a single solitary disorder from within the pages of the DSM-IV, or the new, bigger, more victimizing, DSM-V.

While the President's New Freedom Commission seeks to screen all 52 million public schools student in the US for psychiatry's illusory, fraudulent, "chemical imbalances," they have no national plan in place to screen for and treat the more than 100 real diseases/chemical imbalances, known as **inborn errors of metabolism**. Galactosemia is an inborn defect of body chemistry due to a defective autosomal recessive gene and resulting deficiency of the enzyme galactosyl-1-phosphate uridyl-transferase, resulting in the accumulation of galactose-1-phosphate. **This is a real, legitimate, "chemical imbalance" unlike any of the "chemical imbalances of psychiatry.** It results in nutritional failure, liver and spleen enlargement, cataracts, mental deficiency, and in galactose, amino acids and albumin in the urine. It is treated by removing galactose from the diet. Abnormalities, other than the brain damage and cataracts tend to normalize.

Phenylketonuria—PKU is another inborn error of metabolism (body chemistry) due to an autosomal recessive gene defect. The resulting deficiency of the enzyme phenylalanine 4-mono-oxygenase leads to a deficiency of tyrosine and an elevation of tissue, blood and urine phenylalanine and it's metabolites. These chemicals, in increased concentrations damage the brain causing severe mental deficiency and siezures. This too, unlike any of psychiatry's "chemical imbalances" is a real physical abnormality/disease.

There are between a hundred and two hundred real inborn errors of metabolism, i.e., "chemical imbalances." The majority are due to a defective autosomal recessive gene which results in the deficiency of an enzyme, and the accumulation of the chemical that enzyme was to have degraded, or split into smaller chemical parts.

Unlike psychiatric diagnoses/condition these are real diseases with demonstrable abnormalities to be found on physical and neurological examinations and laboratory and genetic tests.

Here we have an example of biological "research" in psychiatry. From the THE ASSOCIATED PRESS, September 11, 2004, we read: A new Food and Drug Administration ethics panel said the advancement of science outweighed the risks of giving a stimulant to healthy (healthy = normal = disease-free) children as young as 9. A single 10 mg. dose of dextro-amphetamine ("speed") would be given to 78 children (half of them healthy = normal = disease-free and half with ADHD, presumed to be unhealthy = abnormal = diseased) and *functional* MRI scans would be used to reveal brain patterns as the children complete certain tasks.

All children and adults used as subjects as far back as 1970 have, in fact been normal/disease free until "treated"/drugged, which, in the absence of disease is poisoning. This research, like all "treatment" of "mentally ill" children (and adults) has also been perpetrated on normals—those never diseased in the first place. This has not been "treatment" or "research" but a crime against humanity—a crime known to be a crime all along by its perpetrators of "biological" psychiatry not biological at all.

Conclusion: I was heartened when during the discussion that followed my presentation a physician-member of the panel, a New Mexico Legislator, raised the possibility of a

requirement for written informed consent where psychotropic drugs—especially Schedule II psycho-stimulants are the drugs prescribed.

Given the universal abrogation of the public's right to informed consent throughout the history of childhood psychiatric drugging, it seems to me that **nothing less should be enacted.** Written informed consent is required and is the standard of practice in surgery including the surgical sub-specialties—why not in the use of psychotropic drugs in children, especially where the drugs prescribed are Schedule II psycho-stimulants and drugs as dangerous and deadly as the antipsychotics. With absolutely no medical justification the FDA has made the exceedingly dangerous antipsychotics available to more and more physically and mentally normal children and adults putting them at risk with no chance of normalization or betterment, all the time to "balance" their illusory, non-existent "chemical imbalance."

Fred A. Baughman Jr, MD