

A bad mix: Government, psychotropic drugs, kids

Sen. Karen Johnson, R-Mesa, chairs the Senate Committee on K-12 Education and the Appropriations Subcommittee on Health and Welfare.

East Valley Tribune – January 22, 2008

I'm happy to see that a Tribune editorial writer is concerned about "the heavy hand of government" ("More Than a Number," Our View, Jan. 10.). I agree that government power should always be monitored and constrained. That's why it's important to watch the state's behavior in its interactions with children.

The imbalance of power between a state agency and a child is so great as to make children extremely vulnerable to being mistreated. Numerous examples exist of children being exploited by government in drug experiments in all parts of the world, from the communist countries to Canada and even the United States.

In the infamous Willowbrook experiment, mentally ill children in New York were intentionally infected with hepatitis in order to test the success of inoculation. In another case, AIDS-infected foster children in a group home in New York City — some of whom were only months old — were given highly toxic, untested AIDS medications in a drug experiment that enriched the medical establishment and did apparently nothing to help the sick children, but increased their misery and exposed them to severe side effects, such as liver damage, cancerous tumors, anemia, rashes, and muscle wasting.

Foster children are particularly vulnerable because there is no parent to provide informed consent or even to comfort the children while they are retching, vomiting, and otherwise reacting to the side effects of the experimental drugs.

The overuse of psychotropic drugs with children on Medicaid is a growing concern. For example, in Florida, between 2000 and 2005, there was an increase of more than 500 percent in the drugging of children on Medicaid. During this time period, the number of children who were prescribed psychotropic drugs soared from 9,500 to more than 59,600. More than 1,700 of these children were under three years of age and were prescribed "off-label" drugs — that is, drugs that were neither tested nor approved for use with children.

A growing number of physicians and psychotherapists are speaking out about the increasing evidence that drugs are often used to "neutralize" children and make them easier to manage, rather than working with the children to train them and teach them appropriate behavior.

Use of these drugs as a shortcut to teaching children would be reprehensible enough but, in addition, the drugs have horrible side effects, including cardiac arrhythmias, stunted growth, permanent tics, decreased ability to learn, depression, insomnia, and many more.

I do not want to second-guess or pre-judge government agencies that are responsible for children and under whose care drugs are prescribed. But I hardly think it "heavy-handed" to simply track the data on prescriptions.

The only way to know what the government is doing is to gather information and statistics. It may be true that statistics can be manipulated, but statistics also provide useful information.

Before anyone gets defensive, it should be remembered that requiring an agency to document its actions and provide an annual report is commonplace and is more about making government transparent than it is about heavyhandedness.

Having statistical information allows the Legislature to get a glimpse into the actions of various state agencies. It can send an alarm or it can reassure.

In any case, there is certainly nothing ominous about asking an agency to open its books to public view. Particularly when children are involved, it's important to have all the information possible to make sure that the children's safety and well-being are protected.