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Fred A. Baughman Jr., MD has been an adult & child neurologist, in private practice, for 35 years. Making "disease" (real diseases--epilepsy, brain tumor, multiple sclerosis, etc.) or "no disease" (emotional, psychological, psychiatric) diagnoses daily, he has discovered and described real, bona fide diseases.

It is this particular medical and scientific background that has led him to view the "epidemic" of one particular "disease"--Attention Deficit Hyperactivity Disorder (ADHD)--with increasing alarm. Dr. Baughman describes this himself. Referring to psychiatry, he says:

"They made a list of the most common symptoms of emotional discomfiture of children; those which bother teachers and parents most, and in a stroke that could not be more devoid of science or Hippocratic motive--termed them a 'disease.' Twenty five years of research, not deserving of the term 'research.,' has failed to validate ADD/ADHD as a disease. Tragically--the "epidemic" having grown from 500 thousand in 1985 to between 5 and 7 million today--this remains the state of the 'science' of ADHD."

In addition to scientific articles that have appeared in leading national and international medical journals, Dr. Baughman has testified for victimized parents and children in ADHD/Ritalin legal cases, writes for the print media and appears on talk radio shows, always making the point that ADHD is fraudulent--a creation of the psychiatric-pharmaceutical cartel, without which they would have nothing to prescribe their dangerous, addictive, Schedule II, stimulants for--namely, Ritalin (methylphenindate), Dexedrine (dextro-amphetamine), Adderall (mixed dextro- and levo-amphetamine) and, Gradumet, and Desoxyn (both of which are methamphetamine, 'speed,' 'ice').

The entire country, including all 5-7 million with the ADHD diagnosis today, have been deceived and victimized; deprived of their informed consent rights and drugged--for profit! It must be stopped. Now!

San Bernardino, California
March 13, 2004
Town Hall Forum with Congressman Joe Baca
"Children Protective Services Reform"
Remarks by:
Fred A. Baughman, Jr., M.D.

In 1992, Pat Schroeder, chaired a Congressional hearing entitled: "How Inpatient Psychiatric Treatment Bilks the System and Betrays our Trust."

Schroeder commenced: "... thousands of adolescents, children and adults have been hospitalized for psychiatric care that they really didn't need...Hospitals hired bounty hunters to almost kidnap patients...(they) would go into schools and initiate kickbacks to counselors who could find students that had mental health insurance."

Psychiatrist, Walter Afield, testified: "... everyone in this room will fit into two or three of the diagnoses in the DSM-III. In DSM-II, homosexuality was a disease. In III, it's not. In IV, every new disease...gets a new hospital program, new admissions, a new system, and a way to bilk it..."

Schroeder concluded: "Nothing is more shameful than allowing our children to believe something is wrong with them by fraudulently institutionalizing them...what's been described here has been the conscious misdiagnosis for the purpose of making people eligible for insurance payments and consciously taking people into a treatment system for which there was no objective basis..."

Remember that, ladies and gentlemen, psychiatry is a treatment system for which there is no objective basis.

Today, we speak of the same perpetrators--psychiatry and the pharmaceutical industry--in a different venue: Child Protective Services and foster care.

In 1999, Diane Booth was a well-paid, legal secretary when Sunnyvale educators took it upon themselves to diagnose ADHD in her 6-year-old son, Vincent, and insist that he needed Ritalin. When Diane, a single mother, objected, Vincent was made a ward of the court by Judge Leonard P. Edwards of San Jose, and, was hospitalized, and drugged. She fled with him to Canada, seeking refugee status there, but the FBI apprehended them and returned Vincent to the San Jose, Eastfield Ming Quong facility. In January, 2003, Diane returned to the US, was jailed and charged with kidnapping-child endangerment. Today, Diane is back in Canada, not having seen her son in 5 years, unable to learn whether he is dead or alive.

Recently I was invited to speak at the "Foster Youth Conference of Los Angeles County." The invitation read: " Our agency works with children who reside in group homes. There are more than 50,000 youth in dependency care just in Los Angeles County. More than 75% of these youth take one or more psychotropic drugs daily... since all children in dependency care have MediCal support, tax dollars are being abused to provide these drugs..."

Since the early 80's the number of foster children in California has gone up 500%. Foster children in LA county are seven times more likely to be physically abused and three times more likely to be killed than children in the general population.

The headline read: "GOVERNMENT, CPS, JUDGES, BUYING AND SELLING OUR CHILDREN"! Is this merely the opinion of Richard Wexler, of the National Coalition for Child Protection Reform, or is it fact?

State and federal laws create financial incentives for taking children from their parents because county governments receive $30,000 to $150,000 annually in state and federal funds for each child placed in foster care.

The number of children court-ordered into the system due to parental refusal to accept psychiatric "diagnosis" and "treatment," not even the Congress has been able to learn.

2-4 million children, aged 9-17 years, are said to have a serious mental or emotional disorder. In 1999, 23% of parents of children with behavioral disorders *were told (by psychiatrists) that they needed to relinquish custody to obtain intensive mental health services for their children;* 20% actually gave up custody. In other words, in 1999, in the United States of America, between 420,000 and 820,000 *were told they needed to relinquish custody and relinquished custody.*

However, in 2001, the General Accounting Office could find only 12,700 instances of custody relinquishment, but confessed: "This understates the extent of the problem, since officials of 32 states did not provide the GAO with data."

Pediatrician, William Carey, estimates that 17 percent of US schoolchildren, that is, 8.5 million, are on psychiatric drugs. ADHD is thought to account for 6 million. And yet, it isn't an actual disease.

At the 1998, Consensus Conference, Carey concluded: "What is described as ADHD in the United States appears to be a set of normal behavioral variations." The Conference Panel was forced to confess there is no evidence of "brain malfunction"--no evidence that ADHD is an actual disease--meaning, of course--that the 4.4 million children diagnosed, to that point in time, could only have been NORMAL!

On November 3, 2001, I testified to the Medical Board of California: "In the November, 2001, Family Circle magazine, the psycho-pharmaceutical cartel has a 7-page "special advertising supplement" in which its leaders proclaim that they diagnose and treat actual "diseases"—brain diseases. Children and adults all over the country are told they have "brain diseases" or "chemical imbalances" of the brain, when they are entirely normal. Thus deceived and labeled, they are drugged, shocked, and institutionalized, against their will. Parents who resist are deemed "unfit" and have their children taken from them and put up for adoption."

Here was clear evidence of psychiatry and the pharmaceutical industry lying to the public, and a clear failure of the California Medical Board and Attorney General to take action.

On May 28, 2002, I wrote to Bernard Alpert, MD, President of the Medical Board of California (MBC): "Every time parents or a patient is lead to believe that their child's emotional/behavioral problem is a "disease," they have been lied to, their informed consent rights wholly violated..."

On June 14, 2002, Dr. Alpert, responded: " there is tremendous professional support for categorizing emotional and psychological conditions as diseases of the brain...you will find that support from chairs of psychiatry departments, the American Psychiatric Association and professors of major medical schools. It is clear that the psychiatric community has set their standard, and while one might disagree with it, that standard becomes the legal standard upon which the Board must base its actions."

Unbelievably, what the Medical Board of California is saying here, is that whatever the majority of practitioners do--even lie, violating the informed consent rights of their patients--that that becomes the unassailable, legal "standard of practice. "

I testified, January 13, 2004, to the Health Care Committee of the California Assembly: "Should you pass any law, in any way, "assuring," or sanctioning the "diagnosis" and "treatment" of psychiatric "diseases" or "chemical imbalances," in NORMAL children (as is now done, California- and US-wide), or, should you fail to expunge such laws, already on the books—<u>you will have been a party to a fraud."</u>

The same must be said, today, to every legislator and every legislative body, the President, House and, Senate included.

VITA (1/11/02)

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Private Practice of Neurology,
Grand Rapids, MI 1964-75.
Assistant Clinical Professor of Neurology, Michigan State U.
College of Human Medicine, 1971-1975.
Private Practice of Neurology and Pediatric Neurology,
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Education:

B.S. New York University, 1955.
M.D. New York University, 1960.
Residency-Mt. Sinai Hospital, New York, N.Y., 1961-62.
Residency-VA Hospital, Boston, MA, 1962-64.

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Certification: American Board of Psychiatry and Neurology-Neurology, 1968.
Child Neurology, 1969.

Professional Positions:

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Medical Advisor, National Right to Read Foundation, P.O. Box 490, The Plains, VA 20198.
Member, Academic Review Panel, Research in English Acquisition and
Development (READ) Institute, P.O. Box 2428 Amherst, MA 01004-0034
Director and Grant Recipient, National Foundation-Birth Defects Clinic, Blodgett Memorial Hospital, Grand Rapids, MI, 1966-75.
Testified in Jesson v. Derry, NH Board of Education (Judge rule NH school can't order Ritalin use—Boston Globe, 8/8/91) US District Court, Concord, NH.
Addtionally, I have testified, on psychiatry's claims that it diagnoses and treats actual brain diseases, before the US Congress (9/29/00), state legislatures and/or boards of education of Colorado, Texas, Minnesota, Arkansas, Wisconsin, and the Parliamentary Committee of the Council of Europe (11/23/01). California State Assembly and Senate, March 12-13, April 22, May 8 2002 (this Wednesday, all dealing with the fraud of ADHD). 2/28/02, The Professor Steve Baldwin Memorial Conference on ADHD—"Questions of Behavior," University of Teesside, U.K. Roundtable participant , Child Medication and Safety Act and other Special Education Issues, National Foundation for Women Legislators, Las Vegas, NV, August 30, 2003.
Author: "ADHD: Total, 100% Fraud" (video).
Author: The ADHD Fraud (with Craig Hovey, a book, being published by Prima Publishing, due out in 2003)
I have discovered and authored descriptions of new, bona fide, diagnosable, diseases, and I have provided, confirming, extending, descriptions of others. I have authored over 100 articles in the lay press having to do with the health care crisis and with the fraud of present-day "biological" psychiatry, whereby, it claims that subjectively diagnosed emotional and behavioral problems are actual diseases of the brain.

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Table of Contents of Supporting Documents

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CHANDS: The Curly Hair-Ankyloblepharon-Nail Dysplasia Syndrome*

FRED A. BAUGHMAN, JR., M.D.

Reported here is an inbred family of Dutch extraction in which there appears to be both a "new" autosomal dominant trait (the combination of curly hair, ankyloblepharon and nail dysplasia) and an autosomal recessive trait (an ataxia). The ataxia, seemingly an extrapyramidal disorder, was encountered in three of nine sibs and will be the subject of a separate report.

Introduction

The curly hair-ankyloblepharon-nail dysplasia syndrome (CHANDS) coexists in two of the three sibs (Fig. 1) (*IV-7* and *8*) and affects an otherwise normal brother (*IV-3*), the mother (*III-2*), two maternal aunts (*III-3* and *4*), a maternal uncle (*III-8*) and an unknown number in prior generations. All members of sibship *IV* and their father and mother (*III-1* and *2*) have been examined.

J.V., the proband (*IV-7*), was referred for neurologic examination at 23 mo of age because of poor motor development. In addition to the neurologic problem it was noticed that the patient and the mother had dysplastic nails. The parents are first cousins and the maternal grandparents were said to be second cousins. At birth, the eyelids were fused by adhesions. Only a small segment near the inner canthus of each eye was not fused. "The adhesions were crushed with a fine mosquito hemostat, and, as the hemostat was released, the adhesions broke apart. This was carried out a few millimeters at a time and when completed, the eyes and eyelids had an entirely normal appearance" (Dr. William Vandenberg, Grand Rapids, Michigan).

At 3 yrs, 7 mo of age, she is 34 in tall and weighs 27 lb. The head circumference is 19¼ in and the arm span is 33 in. The hair is blond and quite curly (Fig. 2), and the finger- and toenails are dysplastic, ie hypoplastic, (Fig. 3). She is hypermetropic and has an alternating esotropia. The eyes and eyelids are otherwise normal. Her speech consists of well-articulated sentences and intelligence seems normal. In walking, the head will limply extend, circumduct or loll into a position of flexion on the chest. There is a slight forward lean of the trunk and the arms hang semiflexed and immobile, just in front of the body. The gait is not broad-based. Whether standing or walking, she seems constantly off balance forward, about to fall or careen headlong into a wall or furniture. Surprisingly, she averts most imminent collisions and falls less frequently now than at age 23 mo. The tendon reflexes are 1+ and equal and there are no pathologic reflexes. There is no intention tremor and the knee jerks are not pendular. There is no discernible muscle wasting or weakness and there are no sensory defects.

Brother W.V. (*IV-8*), 2 yrs, 4 mo of age, was the product of an uncomplicated, full-term delivery and his birthweight was 6 lb, 3 oz. The lids of both eyes were fused by adhesions. On the right, a small segment of the palpebral fissure at the inner canthus was not fused and on the left a central 5 mm segment was patent. The lids were surgically opened (as in proband *IV-7*) and the eyes were found to be otherwise normal. He did not walk until 16 mo and at approximately 20 mo of age it was suspected by family members that his coordination was defective in the same manner, though not as markedly, as in his sister (*IV-7*). He is 32 in tall and weighs 30 lb. The head circumference is 19¼ in and the arm span is 32¼ in. His hair is blond and quite curly and the finger- and toenails

* Supported by a Grant from The National Foundation-March of Dimes.
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BIOGRAPHIC DATA

Dr. Fred A. Baughman graduated from the New York University School of Medicine in 1960, trained in neurology at Mt. Sinai Hospital in New York and the Boston V.A. Hospital. He is certified by The American Board of Psychiatry and Neurology in neurology and in child neurology and now devotes his time to private practice and to his duties as Director of the March of Dimes-Pediatric Neuro-Muscular Disease Clinic, Blodgett Memorial Hospital, Grand Rapids, Michigan. His main research interests are cytogenetics and the genetics of neurologic diseases.

BRIEF RECORDINGS

The Glioma-Polyposis Syndrome*

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FAMILIAL polyposis of the colon may be associated with osteomas, fibromas and sebaceous cysts in the Gardner syndrome,[1] with endocrine adenomatosis[2] and with brain tumors.[3] The association with brain tumors was reported by Turcot et al.[3] in 1959. To our knowledge the family reported herein (Fig. 1) is the second example of this syndrome.

CASE REPORT

CASE 1. D.F. (B.M.H. 49262), a 12-year-old girl, was hospitalized on August 8, 1965, 2 weeks after a seizure involving the right arm and leg. She also complained of frontal headache and diarrhea. Her father, who was 47, and her mother, who was 41, and sisters 18, 6 and 5 years of age were in "good health." There was no consanguinity. A brother (Case 2) was under treatment for a brain tumor, and another brother (Case 3) had died of a brain tumor in 1955. There was a single café-au-lait spot on the back and a pigmented

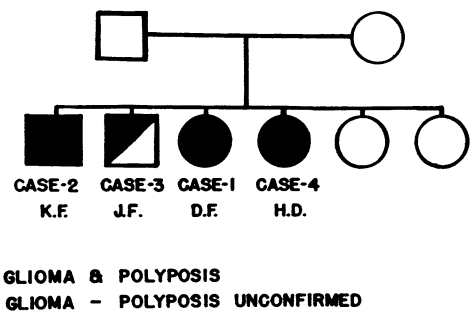

FIGURE 1. *Pedigree of Family F.*

nevus on the right leg. There was bilateral papilledema but no other neurologic abnormalities. An x-ray film of the skull, brain scan and barium-enema study gave normal results. An electroencephalogram was diffusely abnormal. Ventriculography showed only slight dilatation of the lateral and 3d ventricles. On October 7 x-ray examination showed separation of suture lines, and ventriculography delineated left temporo-thalamic and right thalamic mass lesions. Bilateral subtemporal decompression and biopsy was followed by cobalt therapy. Diarrhea persisted. Sigmoidoscopy disclosed 2 polyps in the rectal ampulla and a villus adenoma located 10 cm above the anal ring. She died on October 29, 1967.

At autopsy there were no additional bowel lesions. The larger polyp showed both villus hyperplasia and clusters of atypical cells invading the muscularis mucosa. Brain sections revealed a well circumscribed, infiltrating tumor of the white matter of both hemispheres. The histologic diagnosis was glioblastoma multiforme. There was also an increased population of hyperchromatic glial cells in the medulla and in sections from the dorsal spinal cord. The tumor seemed multicentric.

CASE 2. K.F. (B.M.H. 244891), a 25-year-old man, was admitted to the hospital on September 18, 1965, with seizures and a progressive right hemiparesis. Five years previously he had undergone surgery for carcinoma of the colon. Pigmented nevi were abundant over the back and abdomen. There was a mild right hemiparesis and dysphasia. Serum immunoelectrophoresis and chromosome analysis from leukocyte culture were within normal limits. The brain scan and left carotid arteriogram delineated a tumor of the left temporal lobe. He died on December 24, 1966.

Autopsy showed approximately 2 dozen polyps, 5 to 30 mm in diameter, in the colon and rectum. Two were sampled. One showed polypoid hyperplasia, and the other malignant change, with a formation of signet cells invading the stump. Brain sections disclosed an infiltrating tumor beginning at the level of the head of the caudate nucleus and spreading through the isthmus of the temporal lobe into the white matter of the temporal lobe proper. The histologic diagnosis was glioblastoma multiforme.

CASE 3. J.F. (B.M.H. 55-2531), a 12-year-old boy, was hospitalized on March 7, 1955, for convulsions, headaches with vomiting and diplopia. Four café-au-lait spots were noted. He had bilateral papilledema and a mild right hemiparesis and dysphasia. X-ray study showed separation of suture lines; ventriculography demonstrated a left frontoparietal mass. At craniotomy this was a subcortical, grayish-red cystic tumor. The histologic diagnosis was glioblastoma multiforme. He was discharged on March 26, and his death, at home, was reported 3 months later. An autopsy was not performed, and in life he had undergone no diagnostic examinations of the bowel.

CASE 4. H.D. (B.M.H. 372350), a 21-year-old woman, was hospitalized on September 8, 1968, after 2 generalized seizures. An electroencephalogram showed slow and sharp activity from the left hemisphere, but a brain scan, pneumoencephalography, spinal-fluid analysis, barium-enema study and sigmoidoscopy were negative. She was readmitted to the hospital with bilateral papilledema in January, 1969. A brain scan and left carotid arteriogram indicated a left posterior frontal tumor, which was partially resected. The histologic diagnosis was glioblastoma multiforme.

On July 10, 1969, Dr. M. M. Campos reported the sigmoidoscopic finding of "2 tiny polyps, benign appearing, sessile, that measured approximately 2 mm in diameter, 13 cm from the anal verge."

Something was learned of the medical history of 76 family members of five generations. One additional case of brain tumor was ascertained. This was a posterior-fossa ependymoma in a three-year-old girl, a maternal second cousin of the siblings F. To our knowledge there have been no additional cases of polyposis and no occurrences of neurofibromatosis.

Crail[4] described a patient with synchronous colorectal polyposis, thyroid carcinoma and medulloblastoma.

*From the Blodgett Memorial Hospital, Grand Rapids, Mich. (address reprint requests to Dr. Baughman at 1810 Wealthy St. S.E., Grand Rapids, Mich. 49506).

Sponsored by a grant from the National Foundation–March of Dimes.

†Deceased.

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April 2, 1998

HEALTH CARE FRAUD: ATTENTION DEFICIT DISORDER

The Honorable Janet Reno
Attorney General
U. S. Department of Justice
Main Justice Building, Room 5111
10th and Constitution Avenue
Washington, DC 20530

Dear Attorney General Reno:

I am a career federal law enforcement officer and postal inspector who has spent most of his 26 years investigating white-collar crime, including health care fraud for the past five years. I am currently the lead agent in a $15 million Medicare fraud scheme involving home health care agencies in six states and their relationship to a Florida consulting company through hidden ownership and control. Fifteen defendants have been indicted and are awaiting trial in the District of Montana.

I know you are interested in a variety of issues including health care fraud, drug abuse, and child exploitation. I don't know how familiar you may be with Attention Deficit Disorder (ADD) or more correctly, Attention Deficit/Hyperactivity Disorder (ADHD), which has become the number one childhood psychiatric disorder in America. Enclosed is a copy of a recent article from one of our regional hospital and HMO facilities on this topic. Also enclosed is a copy of my response. I urge you to carefully read both.

I think there may be at least reasonable suspicion, if not yet probable cause, to believe that ADHD is a bogus diagnosis, brought to market by CIBA-Geigy, now Novartis, the third largest pharmaceutical company in the world. Why? To inflate the demand for and increase the sales of Ritalin.

I am also enclosing a copy of CIBA's 1990 "Booklet for the Classroom Teacher" on ADHD. CIBA produced a similar booklet for parents. You'll find numerous references to "the brain" and no less than eight references (in a 15-page booklet) to "neurologically based." On page 6 it states, *"ADHD is caused by neurological differences in the child's brain."* On page 12, it states, *"These medicines do not cure ADHD. Instead, they appear to work by correcting for a lack of certain necessary brain chemicals in the nervous system. Parents should be aware that these medicines do not "drug" or "alter" the brain of the child. They make the child "normal" by correcting for a neurochemical imbalance."* In fact, I'm told there is no scientific evidence to support <u>any</u> of these statements.

These booklets were produced and distributed by CIBA in 1990 and soon produced a handsome return on investment. Over the next several years CIBA also pumped nearly $1 million into CHADD, the "Joe Camel" of the ADHD industry. By 1995, methylphenidate (Ritalin) consumption in the United States had increased six-fold (DEA) and Ritalin sales topped $350 million (*Newsweek*). According to the DEA, 85% of these prescriptions are written for school-age children, now numbering in the millions. Not bad for a product brought to market in 1955 to treat senility in adults.

Unfortunately, what ADHD lacks in science, it more than makes up for in political correctness. At present, it is backed by federal law under the Individuals with Disabilities in Education Act (IDEA). Even your own Office of Juvenile Justice and Delinquency Prevention (OJJDP) may have been duped into funding these pseudoscience experiments on children (see *Federal Register*, Vol. 63, No. 25, 02/06/98, pages 6354-55, "Multisite, Multimodal Treatment of Children with ADHD").

Our children don't need more federal ADHD studies. They need a federal grand jury to investigate, and if warranted, expose what may be the health care crime of the century. So far, only one government agency, the DEA's Office of Diversion Control, has stood up to this psychopharmaceutical cartel.

At first blush, an experienced prosecutor might feel such an investigation would only lead to a battle of the experts, and there are many stakeholder/experts in the ADHD industry. Some of these individuals have built their careers around this "disorder." Because their professional reputations and very livelihoods are on the line, they are not likely to say "oops" anytime soon. However, we may be able to show how some of these same "experts" have told different stories, depending on the audience. I also believe a thorough investigation may disclose, if not outright lies, a reckless disregard for the truth. Actually, there is already quite a lot of material in the public domain. It just needs to be organized and assembled.

I propose a DOJ task force investigation to include agents from the FBI, HHS OIG, DoEd OIG, IRS CID, DEA, and the Postal Inspection Service. There are a variety of issues to examine. You may find enough fraud to go around for everyone, not to mention the potential for official corruption, bribery, kickbacks, and ethics violations. I propose that you focus on the relationship between certain pharmaceutical companies, CHADD (and its influence at the local, state, and national levels), certain government researchers and officials, and other high profile figures and organizations from the ADHD industry. If, following a thorough investigation, there does not appear to be sufficient evidence to support criminal charges, there may well be sufficient evidence to support a civil RICO action involving millions, perhaps hundreds of millions, of dollars.

While there may be those who would exploit defenseless children for financial gain, there are also those who will fight to protect them. I look forward to hearing from you as soon as possible and will lend whatever assistance you deem appropriate.

Sincerely,

Michael F. Parry

Enclosures:

Attorney General--Janet Reno
950 Pennsylvania Ave., NW
Washington, DC 20530

April 15, 1998

Dear Madam Attorney General,

The single, biggest heath care fraud in US history—the representation of *attention deficit hyperactivity disorder* (ADHD) to be an actual disease, and the drugging of millions of entirely normal American children, as "treatment," is spreading like a plague—still. That ADHD is wholly devoid of validity as a disease, a medical syndrome or, anything biologic or organic, is the pivotal element of the fraud.

The public at large and every individual as a health care consumer, has been lead by an expensive, persistent, disinformation campaign, to believe that ADHD is an actual brain "disease," "chemical imbalance," "psychiatric disorder," "neurobiological disorder" and that the children are "abnormal," "diseased," "disabled" and in need of treatment (usually methylphenindate--Ritalin, or amphetamine--Adderal or Dexedrine, pemoline—Cylert, or one or more antidepressants or psychotropic drugs otherwise). This being the case, patients, almost without exception, are deprived of an honest, scientific portrayal of the risk/benefit ratio and of their informed consent rights.

The issues of the fraud are set forth in the three documents I have enclosed, (1) *Attention-deficit hyperactivity disorder(ADHD) and Hyperkinetic Disorder (HKD):There is no Disease—The Children are Normal* (11 pages, with bibliography), (2) *ADHD as Fraud, Malpractice, Assault & Battery* (5 pages), and (3) *The Future of Mental Health: Radical Changes Ahead* (3 pages).

I thank you for your attention to this most urgent matter concerning the well-being of America's children (the US consumes 90% of the world's supply of methylphenindate-Ritalin, giving 90% of it to our children).

I will gladly provide more information, if that is needed. I am prepared to testify to the substance of what I have charged, under oath.

Sincerely yours,

Fred A. Baughman Jr., MD
1303 Hidden Mountain Dr.
El Cajon, CA 92019
phone: (619) 440-8236
fax: (619) 442-1932
e-mail: fred-alden@worldnet.att.net

cc: President Clinton cc: Senator Dale Bumpers cc: Senator Pete Domenici cc: Senator Tom Harkin cc: Senator Bill Frist cc: Senator Jeff Sessions cc: Senator Don Nickles cc: Rep. Duncan Hunter cc: Rep. Marion Berry cc: Rep. Vic Snyder cc: Rep Asa Hutchinson cc: Rep. Jay Dickeycc: Rep. Chris Shay scc: Rep. Randy Cunningham cc: Rep. Bill Goodling cc: Rep. F. James Sensenbrenner, Jr .cc: Rep. William M. Thomas cc: Rep. Peter Hoekstra cc: Rep. Ann Northup/

5

July 25, 1998

Attorney General, Janet Reno
950 Pennsylvania Ave., NW
Washington, DC 20530

Dear Attorney General Reno,

I have written your office on two occasions--4/15/98 and 6/4/98.

I provided irrefutable evidence (including the 'confession' of Dr. F.X. Castellanos of the NIMH of 5/13/98) that the psychiatric 'disease' known as attention deficit hyperactivity disorder (ADHD) is not a disease or anything biologic or organic, but rather, a colossal fraud. Prescriptions of amphetamines (mostly Ritalin) for this 'invention' of psychiatry, in league with the pharmaceutical industry, are now in the range of 12 million per year.

I am aware of another quite credible fraud referral to your office, specifically on the issue of 'ADHD: Is it a disease or isn't it?'

Why have I had no response from your office in all these months? That we give our own children—US children—90% of the world's supply of Ritalin, as 'treatment' for this fraudulent 'disease' is a national disgrace and demands immediate attention, if not from your office, then from some other office or agency of the federal government.

Sincerely yours,

Fred A. Baughman Jr., MD
1303 Hidden Mountain Drive
El Cajon CA 92019

cc Duncan Hunter, MC
133 Cannon Bldg.
Washington, DC 20505-0552

cc Dr. Donna Shalala, Secretary
Department of Health and Human Services
2000 Independence Avenue, SW
Washington, DC 20201

ENGLISH TRANSLATION OF DECISION

RECLAME
CODE
COMMISSIE

Paasheuvelweg 15
1105 BE Amsterdam Z.O.
Telephone: 020-696 00 19
Fax: 020-696 56 59

Dossier 02.0249

Decision of the Advertisement Code Commission (Chamber II)

In the case : Nederlands Comité voor de Rechten van de Mens (CCHR), domiciled in Amsterdam, plaintiff.

: the Brain Foundation Netherlands, domiciled in The Hague, defendant.

1. Procedure

Plaintiff filed a complaint against an advertisement of the defendant, on the 24th of April 2002. Defendant did respond to the complaint in the letter of 21st of May 2002.

Plaintiff filed her reply on the 19th of June 2002. The defendant did the same on the 1st of July 2002.

The Advertisement Code Commission (after this the Commission) held a hearing about the complaint on the 4th of July 2002.

For the plaintiff appeared Mrs. H. Teunisse-Bruinsma and Mr. E. van Ede.

For the defendant appeared Mr. A. Ederveen and his wife and Mrs. Ir. H.A.M. van Nies.

2. The text under discussion

The defendant stated in the attached advertisement, among others, that ADHD is an "inborn (genetic/inherited) brain dysfunction."

3. The complaint

Defendant states that ADHD is an inborn brain dysfunction though the cause of ADHD is not scientifically proven yet. The defendant gives a wrong and misleading representation of the facts, this is in conflict

with the articles 5, 7, and 15 of the Dutch Advertisement Code (NRC).

4. The defense

First the defendant states that this text is not an advertisement as meant in the Dutch Advertisement Code. Defendant is a charitable organization which stimulates scientific research and gives information. It has no commercial activities, the people who support the Brain Foundation get nothing in return. In respected international and national medical professional literature the view on the cause of ADHD of the scientific world is discussed. Defendant presents five articles. She states that there is no conflict with the Dutch Advertisement Code.

5. The hearing

Both parties kept to their statements and explained them further.

6. The Judgment of the Commission

As the defendant tries to raise funds with this advertisement, there are favors asked and thereby it is an advertisement as mentioned in Article 1 of the Dutch Advertisement Code.

The defendant states in her statement that ADHD is an inborn brain dysfunction and can rely on the results of scientific research and scientific articles about the cause of ADHD. The information that the defendant presented does not provide sufficient grounds for the definite statement that ADHD is an inborn brain dysfunction. While searching for the cause of ADHD, the different research projects give different possibilities.

There is no unequivocal opinion on the cause of ADHD in the papers that the defendant presented.

Under these circumstances the defendant has not been careful enough and the text in the advertisement is misleading.

7. The Decision

Grounded on the above, the Commission finds the advertisement in conflict with Article 7 of the Dutch Advertisement Code and recommends the defendant stop advertising in this way.

Parties have, when they have been found wrong, the possibility to file an appeal in this case with the College of Appeal, they have to

pay the amount of money needed for this appeal at the same time. The appeal must be filed within 14 days after the date on this paper, and must be in the possession of the College of Appeal, the secretary is domiciled in Amsterdam, by then.

The P.O Box number is: 12352, 1100 AJ Amsterdam.

The president
Mr. D.H. Beukenhorst

The secretary
Mr. A.E. de Gelder

Ruled by Mr. D.H. Beukenhorst, President, B. Barends, Mr. F.W. Obertrop, Mr. J.T. Peters en R.J. Steetskamp, members

Amsterdam, 6 August 2002

7

Fred A. Baughman, Jr., MD
Adult and Child Neurology
Fellow American Academy of Neurology
1303 Hidden Mountain Drive
El Cajon, CA 92019
fredbaughmanmd@cox.net

Federal Trade Commission-FTC
Consumer Response Center
600 Pennsylvania Ave., NW Room H130
Washington, DC 20580

July 2, 2003

Attention: Louise, Don in Consumer Response Center (to whom I gave phone complaint)

Regarding: Deception/Fraud in the sales of drugs for so-called ADHD against Novartis (complaint #31256612) Shire (#3125742), GlaxoSmithKline ((#3125799) McNeil (#3125814) and Lilly (#3125825)

Ladies and Gentlemen,

I rendered my oral/telephone testimony regarding these five complaints earlier this afternoon. In doing so I failed to emphasize the incomparable role of Children and Adults with Attention Deficit Disorders-CHADD, in deceiving the US public regarding the true nature of so-called ADHD

In the June 18, 2003, press release from Children and Adults with Attention Deficit Disorders (CHADD), they call ADHD a "neurobiological disorder," by which, make no mistake, they mean an abnormality of the biology of the brain—a disease. This has been the essence of their message to the US public, patients, and parents, from the time of their founding, by Ciba/Novartis, for Ciba/Novartis, and now, and since their founding in 1987, for all pharmaceutical companies (Shire, GlaxoSmithKline, McNeil and Lilly) that market drugs for so-called ADHD. This claim is an outright lie, by which to sell drugs, not science at all. CHADD is to be considered a marketing arm of each, for the marketing of their respective drugs for ADHD. All of them contribute heavily and consistently to the support and operation of CHADD. This is why, the FTC must, at long last, intervene, for the well-being of the consumer public of the US

The definition of minimal brain damage/dysfunction (MBD—a forerunner of ADD/ADHD)/attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD), has been regularly changed since the 1960s when it was known as "hyperactive child syndrome." It was made ADD for the 1980 DSM-III; ADHD for the 1987, DSM-III-R, and another variant of ADHD for the 1994, DSM-IV. All are called brain diseases throughout the psychiatry/mental health industry without a shred of scientific proof or a test by which to demonstrate an objective abnormality, person-by-person, for any single diagnosis. Using the lie—the representation of ADHD to be a disease--normal children diseased--the manufactured epidemic (of a manufactured disease) has reached an astounding, despicable, 6 million.

At the November 16-18, 1998, ADHD Consensus Conference, William B. Carey, MD, of the University of Pennsylvania, reporting on "Is ADHD a Valid Disorder?" and concluded:

> "What is...described as ADHD in the United States appears to be a set of normal behavioral variations..."

My invited testimony to the Consensus Conference, 11/17/98 was:

> Without an iota of proof or credible science, the National Institute of Mental Health (NIMH) has proclaimed the behaviors of ADHD a "disease," and the children "brain-diseased," "abnormal." CHADD (Children and Adults with Attention Deficit Disorders), 35,000-strong, funded by Ciba-Geigy, manufacturer of Ritalin, has spread the "neuro-biological" lie. The US Department of Education, absolving itself of controlling the children and rendering them literate, coerces the labeling and drugging...ADHD is a total, 100% fraud."

No evidence having been presented to support a claim of abnormality/disease, the final statement of Consensus Conference Panel [17], November 18, 1998, was:

> "...we do not have an independent, valid test for ADHD, and there are no data to indicate that ADHD is due to a brain malfunction."

There may be believers in ADHD (and other psychiatric "diseases"/ "chemical imbalances"), even in the Congress and the Senate, but beliefs are no substitute for medical science. It is never permissible to tell parents that their normal children are abnormal/diseased without having demonstrated, objectively, an abnormality/disease. To knowingly do so is to violate their right to informed consent, which itself, is medical malpractice. To then, knowingly drug or otherwise, medically "treat" the normal child/patient is assault and battery—poisoning.

Recently, Kelly Patrick O'Meara, interviewed CHADD, CEO, E. Clarke Ross [Insight Magazine, May 13-26, 2003, p 38), and wrote:

> "Despite the fact that documents provided on CHADD's Website declare that ADHD not only is a "neurobiological" disorder but also a "neurological" disorder; the bottom line apparently has little to do with science. As Ross (E. Clarke Ross, CEO, CHADD) states, it" is a matter of belief." And that is precisely what opponents of the alleged disorder have been saying for years--that psychiatric diagnoses are subjective opinions unallied by science."

Here, with 6 million (at least) "diagnosed" and "treated," the CEO of the leading ADHD advocacy (and "sales") group in the world, telling us ADHD "is a matter of belief." CHADD assumed for itself the duty to articulate the truth and science regarding ADHD, but this is exactly what they have not done. Instead CHADD has lied to the parents, patients and the public throughout it's existence, since the late 1980's, and has lied, as well, to the Congress and to every state legislature, and the judiciary, stating, in effect, that ADHD is a disorder/disease when, all along, all at CHADD (including all on their professional advisory board, "scientists" from the NIMH included) knew there was never any such proof—that the children labeled and drugged were NORMAL—normal, that is, until the drugging began.

There is no evidence today that ADHD is an abnormality/disease, much less a diagnosable one. It is time that the FTC and other agents and agencies of the US federal government that have "gone along" with this massive deception and victimization of US youth, and of the public as a whole, required proof, or called a halt to all such representations of ADHD and all psychiatric conditions as diseases/chemical imbalances.

There are clear financial reasons why CHADD's ADHD-as-a-disease lie is supported by *unrestricted grants* from Eli Lilly and Company, L.P., McNeil Consumer & Specialty Pharmaceuticals, and Novartis Pharmaceutical Corp. These are clear reasons why CHADD's ADHD-as-a-disease lie has been *joined by the American Association of School Administrators, American Psychiatric Association, Child & Adolescent Bipolar Foundation, Council for Children with Behavioral Disorders, Learning Disabilities Association of America, National Alliance for the Mentally Ill, National Association of School Psychologists, National Association of Social Workers, National Center for Learning Disabilities, National Mental Health Association, National Recreation and Park Association, School Social Work Association of America, and the Tourette Syndrome Association, Inc.* ,and others, to numerous to mention here.

To a number, their members make their livings "diagnosing" and "treating" the millions of children labeled ADHD who were normal when diagnosed, and who's first and only abnormality was the first, mandatory drugs, usually an addictive dangerous, sometimes deadly Schedule II stimulant, with which each was inititated into a life-in-perpetuity as a psychiatric patient.

Finally, please consider the following, a decision on the lack of scientific validity of ADHD from the Netherlands Advertisement Code Commission, August 11, 2002:

> DUTCH COMMISSION FINDS PSYCHIATRIC CLAIM IS FALSE -- ADHD IS NOT A BRAIN DISORDER - The Netherlands Advertisement Code Commission (Reclame Code Commissie) has ruled that the country's Brain Foundation cannot claim that the controversial psychiatric condition Attention Deficit Hyperactivity Disorder (ADHD) is a neurobiological disease or brain dysfunction. The Commission ordered the Foundation to cease such false claims in their advertising...In its decision handed down on August 6th, the Advertisement Code Commission found that the Brain Foundation had falsely advertised and solicited funding by publishing ads in newspapers, magazines, flyers and on TV that stated ADHD is an "inherent brain dysfunction." The Advertisement Code Commission decision stated, "The information that the defendant presented gives no grounds for the definitive statement that ADHD is an inherent brain dysfunction.. Under the circumstances, the defendant has not been careful enough and the advertisement is misleading."

And, make no mistake, it is not science, and it is not medicine, in any legitimate sense of the word—it is advertising. The ADHD fraud, and with it the drugging of millions of entirely normal American children, must be acknowledged, and brought to an end.

Sincerely yours,

Fred A. Baughman Jr., MD

CC

1. Attorney General John Ashcroft
2. Director FDA
3. Director DEA
4. President INCB
5. President, American Academy of Neurology
6. President, American Psychiatric Association
7. President American Academy of Child & Adolescent Psychiatry
8. President, American Academy of Pediatrics
9. President, Child Neurology Society
10. Congressman Max Burns
11. Congressman Patrick Kennedy
12. Congressman Dan Burton
13. Congressman Duncan Hunter

Enclosures.

1. Letter to Attorney General, Janet Reno, 4/15/98
2. Letter to E. Clarke Ross, CEO, CHADD, 5/27/03
3. Testimony to Committee on Education and the Workforce, hearing entitled "Behavioral Drugs in Schools: Questions and Concerns," September 29, 2000

U.S. Department of Justice

Drug Enforcement Administration

Washington, D.C. 20537

OCT 25 1995

Fred A. Baughman, Jr., MD
1303 Hidden Mountain Drive
El Cajon, California 92019

Dear Dr. Baughman:

This is in response to your correspondence dated August 8, 1995, to the Administrator of the Drug Enforcement Administration (DEA), Thomas A. Constantine, regarding the Schedule II drug, methylphenidate. In your letter, you asked for the views of the DEA on whether Attention Deficit Hyperactivity Disorder (ADHD) is a disease or a syndrome in the medical dictionary sense of the words. You also mentioned that the production quotas established by the DEA have risen "strikingly."

This agency has not made a determination of whether ADHD is a disease or syndrome. Some material provided by advocacy groups refer to ADHD as a neurobiological disorder. The American Psychiatric Association classifies ADHD as a behavioral disorder. We are also unaware that ADHD has been validated as a biologic/organic syndrome or disease. It is a fact that the Food and Drug Administration of the Department of Health and Human Services has approved methylphenidate for the treatment of narcolepsy and ADHD and has approved labeling of the drug for these indications.

Drugs in Schedule II of the Controlled Substances Act which are approved for medical use in treatment are subject to quotas established by the DEA. Therefore, aggregate production quotas are set each calendar year for each substance in Schedule II. The quotas for methylphenidate have risen strikingly, particularly since 1990. In that year, the aggregate production quota was 1,768 kg and has risen to 10,410 kg in 1995. This is almost a sixfold increase in five years. Most of this increase is due to increased prescribing for the treatment of ADHD. According to statistics published by the United Nations International Narcotics Control Board, the United States consumes 80 percent of the world production of methylphenidate or more than five times the rest of the world combined.

I hope this adequately responds to the issues raised in your letter. If DEA may be of further assistance to you, please feel free to contact DEA's Office of Diversion Control.

Sincerely,

Gene R. Haislip
Deputy Assistant Administrator
Office of Diversion Control

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

Fred A. Baughman, Jr., M.D.
1303 Hidden Mountain Drive
El Cajon, California 90219

DEC 22 1994

Dear Dr. Baughman:

This is in response to your letter of November 17, 1994 to Dr. David Kessler, Commissioner of the Food and Drug Administration. In this correspondence you called into question the validity of attention deficit/hyperactivity disorder (ADHD) as a disease entity, based on the absence of a clear pathophysiology for the disorder. As you point out, this has implications for the marketing of stimulant drug products such as Ritalin (methylphenidate) in the treatment of ADHD.

We acknowledge that the condition currently known as ADHD has been historically controversial, and that as yet no distinct pathophysiology for the disorder has been delineated. As you are aware, this is an area of active research, particularly with respect to such issues as genetic influences and characterization of cerebral metabolism in individuals with this condition. Despite the controversy, there is a consensus among experts in pediatric psychopharmacology that ADHD is a recognizable disorder that responds to pharmacological treatment.

Furthermore, we believe that the current prescribing information for Ritalin is fully informative regarding diagnostic issues as well as the benefits, risks, and limitations of pharmacological therapy, as evidenced by the following: "Specific etiology of this syndrome is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational and social resources...The diagnosis must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these characteristics. Drug treatment is not indicated for all children with this syndrome. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis."

We thank you for your inquiry.

Sincerely yours,

Paul Leber, M.D.
Director
Division of Neuropharmacological
Drug Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

May 13, 1998

Fred A. Baughman, Jr. M.D.
Fellow, American Academy of Neurology
1303 Hidden Mountain Drive
El Cajón, CA 92019

Dear Dr. Baughman:

Dr. Peter Jensen passed on a copy of your letter to him dated 4/26/98. I am attaching copies of the current informed consent documents for the protocols that Dr. Giedd and I have used during the past 7 years that he and I have worked at the Child Psychiatry Branch, NIMH.

Separately from responding to this specific request, I want to mention that I have noted your critiques of the diagnostic validity of ADHD. I agree that we have not yet met the burden of demonstrating the specific pathophysiology that we believe underlies this condition. However, my colleagues and I are certainly motivated by the belief that it will be possible in the near future to do so. In that spirit of a work in progress, I wrote the enclosed reviews. Your critiques and comments would be welcome.

Cordially,

F. Xavier Castellanos, M.D.
Child Psychiatry Branch, NIMH

Building 10, Room 3N-202
10 Center Drive
Bethesda MD 20892-1600

Encl.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Institute of Mental Health
6001 Executive Blvd.
Bethesda, Maryland 20892

SEP 2 8 2000

Fred A. Baughman, Jr., M.D.
1303 Hidden Mountain Drive
El Cajon, CA 92109

Dear Dr. Baughman:

Thank you for your letter of September 19 in which you asked for evidence about the validity of the diagnosis of attention deficit hyperactivity disorder (ADHD) and "proof of the confirmatory physical or chemical abnormality."

The issue of the validity of the diagnosis has been the subject of a National Institutes of Health (NIH) Consensus Development Conference that was held on November 16-18, 1998. The consensus statement of this conference is enclosed and also can be found on the Web site http://odp.od.nih.gov/consensus/cons/110/110_intro.htm; it includes a section entitled "What is the Scientific Evidence To Support ADHD as a Disorder?" After reviewing the existing scientific evidence (please see references listed in the enclosed statement), it was concluded that "there is validity in the diagnosis of ADHD as a disorder with broadly accepted symptoms and behavioral characteristics that define the disorder." Extended follow-up studies[1,2] have documented that children with ADHD are at increased risk for a variety of long-term adverse effects on academic performance, vocational success, and social-emotional development that have a profound impact on the life of these individuals and their families. Of course, the fact that a careful assessment conducted by clinicians experienced in this disorder leads to a valid diagnosis does not mean that every child currently labeled as suffering from ADHD is valid. There are indeed suggestions from research studies that many children currently labeled as ADHD may not meet the criteria for this disorder, even though they still may suffer from other behavioral or emotional problems.[3]

The second question in your letter is whether there are biological markers of ADHD. Scientific studies have shown that there are identifiable differences in the brains of children with ADHD as compared to normals.[4,5] However, there are currently no biological markers that can be used for diagnostic purposes. So, the short answer to your question is "no"; a physical parameter cannot be used to identify children with ADHD. A valid diagnosis of ADHD is based on a careful clinical assessment conducted by experienced clinicians. This situation is not different from that of schizophrenia, manic-depressive disorder, or major depression, all "valid" diagnoses that are based on careful evaluation of the clinical symptoms and signs but for which there are, at this time, no biological markers.

For your information, I also am enclosing a copy of the February 28 letter to you from Dr. Wayne Fenton on the same subject. I hope this information addresses your inquiry.

Sincerely yours,

Steven E. Hyman, M.D.
Director

NIMH
National Institute of Mental Health

Enclosures

8/3/98

William B. Carey, MD
Children's Hospital of Philadelphia
General Pediatrics
34th and Civic Blvd
Philadelphia, PA 19104

fax215 590 2180

Dear Dr. Carey,

Please refer me to the one or few articles in the medical literature that constitute proof that ADD/ADHD (by whatever name, names, type, subtypes) is a disease, OR a syndrome (in a medical sense) having a confirmatory physical (including chemical) abnormality or marker.

Neither the February Lancet article or the more recent statement of the Council of Scientific Affairs of the AMA, reference such proof.

Sincerely yours,
Fred A. Baughman, Jr. MD

Fred A. Baughman, Jr. MD
1303 Hidden Mountain Dr.
El Cajon, CA 92019
fax 619 442 1932

8/5/98

Dear Dr. Baughman.
There are no such articles. ADHD is a diagnostic mess. I shall be saying so at a NIMH consensus conference in November.
There are many articles raising doubts but none that establish the proof you and I seek.
Best wishes WB Carey MD

International Journal of Risk & Safety in Medicine 13 (2000) 87–90
IOS Press

13

Guest editorial

Psychiatric drugs for infants and toddlers: Treatment or crime?

> "I taught little children six hours a day and got $1 a week and my board." "Oh, my yes! I whipped lots of them." "As I got older I abolished whipping. If I could not manage a child, I thought it my ignorance or my lack of ability as a teacher."
>
> From "Teachers" by Susan B. Anthony, a pioneer leader of the women's suffrage movement in the US, 1820–1906.

In a report entitled "Trends in the Prescribing of Psychotropic Medications to Preschoolers", Zito et al. [1] confirm that in the United States "psychotropic medications prescribed for preschoolers increased dramatically between 1991 and 1995". They conclude, "The predominance of medications with off-label indications calls for prospective community-based, multidimensional, outcome studies". What Zito et al. [1] and most physicians, fail to explain to parents is that "off-label" means that no scientific study of the drug has been conducted and whether or not it is safe or beneficial (as treatment for a given disease) is simply not known. The other point they fail to consider is that virtually all persons, regardless of age, who are put on psychiatric drugs have no actual disease, but are physically normal. It comes as a shock to most parents to learn that physicians can and do prescribe drugs that have never been clinically tested, i.e., proven to be safe or beneficial (therapeutic). The vast majority of psychiatric drugs given to children, are prescribed "off label", which means they are "unknowns". For the "patients" studied by Zito et al. [1], infants, toddlers and preschoolers said to have psychiatric disorders, not a single one of the psychiatric drugs being given to them with such abandon, are known to be either beneficial (therapeutic) or safe; i.e., other than poisonous. In Congressional Hearings, September 29, 1970, on "Federal Involvement in the Use of Behavior Modification Drugs on Grammar School Children...", John D. Griffith [2], an assistant professor of psychiatry at Vanderbilt University School of Medicine, stated, "I would like to point out that every drug, however innocuous, has some degree of toxicity. A drug, therefore, is a type of poison and its poisonous qualities must be carefully weighed against its therapeutic usefulness". Regarding amphetamines (Ritalin included) prescribed, today, for millions of school-aged children in the US, and now, for growing numbers of infants, toddlers and preschoolers as well, Griffith [2] continued, "A problem, now being considered in most of the capitols of the free world, is whether the benefits derived from amphetamines outweigh their toxicity. It is the consensus of the world scientific literature that the amphetamines are of very little benefit to mankind. They are, however, quite toxic". Imagine what these drugs are doing to the wondrous, infinitely complex, developing, brains of infants, toddlers, preschoolers, and even to those of the estimated 7–8 million schoolchildren, now on psychiatric drugs in US government schools. This is an astounding 15 percent of all students between kindergarten and the 12th grade! An estimated five to six million are on Ritalin and other stimulants,

known to be addictive, dangerous, and sometime deadly, as "treatment" for the invented, fraudulent, "disease" ADHD. Market research firm, IMS Health, said 13.9 million prescriptions of Ritalin, Adderall, Cylert and Dexedrine were dispensed during the 1997–98 school year, an 81.2% increase from the 7.7 million recorded five years earlier [3]. Another 1–2 million, with other psychiatric labels, get other drugs from the burgeoning psychopharmacologic armamentarium; specific serotonin reuptake inhibitors (SSRIs), those of the Prozac/Luvox/Zoloft family, which themselves cause mania in 4% [4]; the older, tricyclic antidepressants; Elavil/Tofralil/Norpramin, bearing special dangers for the heart [5], and special deadliness for those seeking to commit suicide; Cylert, banned in Canada [6], but not in the US, due to its propensity to cause liver deaths; the anti-high blood pressure pill, Clonidine known, especially when used with Ritalin, for it's prominent role in cardiac emergencies and deaths [7,8], and anti-epileptic and antipsychotic drugs as well. It is unconscionable to give neuroleptic/antipsychotic medication to such children. Taken long enough, all drugs of this class cause conspicuous, undeniable, neurological damage – tardive dyskinesias among the most common and grotesque of side effects. What is going on here? In the parlance of the marketplace, in the parlance of "provider-induced-need", every prescription written, like every diagnostic label appended, translates to "patient capture". That is what is going on here. All patients and all parents have a right to "informed consent"; a right to know all that is "material" about the "condition" or "disease" to be treated, as well as about the treatment or treatments proposed. In this instance, the "benefit" side of the "risk" vs. "benefit" equation, contains drugs or "treatments" about which little or nothing is known. On the "risk" side we have only normal, if misbehaving, children with no actual diseases whatsoever. I say this because a series of psychiatry's so-called "disorders", which are so stridently represented as being "diseases" due to chemical imbalances in the brain, are not diseases at all, but are inventions, contrivances and illusions of diseases, made expressly for the purpose of labelling, drugging, and billing. That series includes conditions with such abbreviations as ADHD (attention deficit hyperactivity disorder), CD (conduct disorder), ODD ("oppositional" defiant disorder), ED (emotional disability), SED (severe emotional disability) and LD (all of the learning disabilities). It is that simple. It is that heinous. Lawrence Diller [9], author of the book *Running on Ritalin*, puts his finger on the one-and-only cause of the America's psychiatric/educational, labelling/drugging frenzy – something which is to be found nowhere else in the world. As he puts it: "Both the professionals and public have come to believe most serious childhood emotional problems have a biological basis and therefore should be addressed with a medication". But the US hasn't just "come" to believe this, they have been "led" to believe in a new reality in which there is no longer any such thing as "normal childhood", or a "normal child". This is the lie of "biological" psychiatry; the lynch-pin of the psychopharmaceutical propaganda campaign. Every psychiatric "disorder" a "disease", without a shred of evidence of a physical or chemical abnormality within the brain or body of the individual – the definition of the word "disease". At a Consensus Conference on ADHD, held on November 16–18, 1998 by the National Institutes of Health, William Carey [10] was invited to present a paper on the topic: "Is ADHD a Valid Disorder?" He concluded that "What is now most often described as ADHD in the United States appears to be a set of normal behavioural variations... This discrepancy leaves the validity of the construct in doubt ..." Thereafter, Carey observes: "The ADHD behaviours are assumed to be largely or entirely due to abnormal brain function. The DSM-IV[1] does not say so but the textbooks and journals do". There can be

[1]The DSM-IV, Introduction, xxi, "Definition of Mental Disorder", reads: "the term mental disorder unfortunately implies a distinction between "mental" disorders and "physical" disorders that is a reductionistic anachronism of mind/body dualism. A compelling literature documents that there is much "physical" in "mental" disorders and much "mental" in "physical" disorders". In stating this, the authors of DSM-IV, i.e. the American Psychiatric Association, essentially serve notice that they intend to erase the perfectly clear, scientifically-based mind/soma, psychiatry/neurology, psychiatry/medicine, dualism. Nowhere in

no doubt that it is academic psychiatry that has "led" one and all to believe in psychiatric "disorders" as brain "diseases". Without such "diseases" they would have nothing to "treat"; no justification to prescribe drugs. In 1999, Baughman [11] observed: that "...once children are labeled with ADHD, they are no longer treated as normal. Once methylphenidate hydrochloride or any psychotropic drug courses through their brain and body, they are, for the first time, physically, neurologically, and biologically abnormal". As is often the case, the latest word on the validity of ADHD is not to be found anywhere in their peer-reviewed literature but in a magazine article; "Making Sense of Ritalin" by John Pekkanen appeared in the January 2000 issue of Reader's Digest [12]. Certainly, suspicions should arise when, in an interview with F.X. Castellanos, a researcher of the National Institute of Mental Health, it is acknowledged that the central controversy – still – is whether indisputable evidence can be found to prove that ADHD is a true biological disorder. What about "damages", damages of the sort that malpractice attorneys are always looking for? Is one not deceiving children? All those involved in the life of the child – parents, teachers and peers – to say nothing of the children themselves, have come to believe that Johnny, Tom, Sue or Stephanie, has a chemical imbalance of the brain – in other words a brain disease. This can only be psychologically damaging to every one of them. What is more, prescribing such drugs causes physical and chemical alterations of the brain – brain damage may be a better term – in every one of them, whether it can be detected or not. Such is the invisible, but terrible, damage from drugs of addiction. This is the case with with Ritalin and with all of the amphetamines. This is not mere speculation. Brain scanning research over the past 15 years, reviewed at the 1998 Consensus Conference by Swanson and Castellanos [13], has proved, not that ADHD exists, but that the brain atrophy – up to 10% – which may be observed in ADHD subjects is not a manifestation of any underlying disorder but is caused by the treatment itself, employing Ritalin or other stimulants. This is yet another fact not shared with the public or with the parents of children that psychiatry prepares to "treat". In psychiatry, there is no such thing as true "informed consent" – not in the practice of "biological" psychiatry, and not in its research. How could there be? All of their research subjects, like all of their patients, have been led to believe that they have a "disease" due to a chemical imbalance in the brain; that belief creates an invariable, fatal, bias in the group to be treated with a drug; that bias invalidates whatever consent to treatment may be given.

Zito et al. [1], writing of the growth in the diagnostic labeling and drugging of infants, toddlers and preschoolers, have called for "prospective community-based, multidimensional, outcome studies". The only appropriate recommendation today must be, in their words, for "an immediate condemnation and ban of all such practice (and research) – none of it legitimate medical practice at all".

Fred A. Baughman Jr., MD

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[1] Zito et al., Trends in the prescribing of psychotropic medications to preschoolers, *Journal of the American Medical Association* (February 23, 2000).

[2] Testimony of John D. Griffith, *Hearing Before a Subcommittee of the Committee on Government Operations*, House of Representatives, Ninety-First Congress, September 29, 1970, p. 48.

[3] Plymouth Meeting, PA, Surge in ADD drugs seen as school year reopens, September 10, 1998 (Reuters).

[4] G.J. Emslie, A.J. Rush, W.A. Weinberg et al., A double-blind, randomized, placebo-controlled trial of fluoxetine in children and adolescents with depression, *Archives of General Psychiatry* **54** (1997), 1031–1037.

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[8] Swanson et al., Negative rebuttal, *Journal of the American Academy of Child and Adolescent Psychiatry* **38** (1999), 620–622.
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[10] W.B. Carey, Is ADHD a valid disorder, in: *NIH Consensus Development Conference*, NIH, Bethesda, MD, November 16–18, 1998.
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ATTORNEY, DISTRICT, LA

ATTORNEY, DISTRICT, ORANGE
Tony Rackaukas, District Attorney (Attention: Vickie Hix) May 29, 2001
Orange County
401 Civic Center Dr.
Santa Ana, CA 92701
714-834-3600

Dear Mr. Rackaukas; Ms. Hix

A November 17, 2000 article in the journal SCIENCE [1] announced the National Institute of Mental Health (NIMH) Preschool ADHD Treatment Study (PATS), to commence, in December, 2000, AT 6 academic centers--UCLA and UC-Irvine, among them--to determine whether or not Ritalin is safe and effective in preschool children (3 to 6 years of age) with attention-deficit hyperactivity disorder (ADHD).

The article acknowledged "ethical concerns about using young subjects in clinical trials," also that "science seems a bit thin when it comes to giving drugs to young children." Harvard psychiatrist Joseph Coyle worried, "psychoactive drugs might affect the development of visual processing, language, motor skills, and memory of young children."

Marshall treated other critics dismissively, writing: "These doubters range from the die-hard variety, like...psychiatrist Peter Breggin, to moderate skeptics like pediatrician William Carey of the Philadelphia Children's Hospital." Carey has written that the "assumption that ADHD symptoms arise from cerebral malfunction has not been supported, even after extensive investigations." "Breggin," Marshall observed, "has signed up as an expert witness for parents of ADHD children who this year filed lawsuits against the manufacturer of Ritalin and psychiatric organizations in several states, alleging that they conspired to promote the drug. Breggin and California neurologist Fred Baughman Jr. blasted the use of Ritalin in congressional testimony on 29 September. Baughman called the ADHD diagnosis "a total fraud." Enrolling young children in a trial of MPH, he adds, is "outrageous" and "immoral."

Writing in SCIENCE, Marshall avoided addressing the science, preferring, instead, to attack the "critics." The main question about AD/HD, today and throughout it's 21 year history, is whether it is an actual disease at all (abnormality = disease. No abnormality = no disease = normal) . The controversy is not over the fact that the children to be studied are so young, but whether or not they have an actual disease--whether or not, they are normal?

Marshall, the editors or SCIENCE, and the leaders of psychiatric research, left it for me, in a letter to the editor, January 26, 2001 [2], to address the scientific "bottom line." I wrote (copy, complete with bibliography enclosed):

> "Regarding the Preschool Treatment Study that Marshall describes in his article--there is no disease. No proof exists that ADHD is a disease with a validating abnormality. Yet the public is told it is a "disease" (1), that it is neurobiologic" (2) or "neurobehavioral" (3). W.B. Carey, a professor of pediatrics at the University of Pennsylvania, School of Medicine, testified at the National Institutes of Health (NIH) Consensus Conference on ADHD in 1998 that "ADHD...appears to be a set of normal behavioral variations" (4). The Consensus Conference Panel concluded: "we do not have an independent, valid test for ADHD...no data...indicate that ADHD is due to a brain malfunction" (5). Every physician has the responsibility to distinguish disease from absence of disease and to communicate this to their patients and the public. In that children who would be the research subjects in the Preschool ADHD Treatment Study (PATS) have no demonstrable disease, there is no justification for giving them Schedule II, stimulant medications."

James M. Swanson is Director of the Child Study Center at the University of California, Irvine, and director of the PATS there. Speaking at the American Society of Adolescent Psychiatry, May 7, 1998, Swanson briefly deserted the psychiatric/pharmaceutical propaganda line that insists that all psychiatric "disorders" are "diseases" due to "chemical imbalances" of the brain. His having stumbled onto the scientific truth of the matter, went as follows(from the tape recording of the session):

> "I would like to have an objective diagnosis for the disorder (ADHD). Right now psychiatric diagnosis is completely subjective...We would like to have biological tests—a dream of psychiatry for many years... I think we *will* validate it."

Nor has any single psychiatric "disorder"/ "disease" been validated, as such, between then and now. Completely subjective and without an objective abnormality by which to diagnose/confirm their presence—there is no such thing as a bona fide psychiatric disease. There is no abnormality to treat, medically or surgically, to make more nearly normal, or normal. This being the case there is no difference between children given Ritalin and other amphetamines within the confines of the school, legally, and those give the same drugs outside of school—illegally. The only thing that separates them is the illusory, fraudulent "disease" labels appended within the schools and throughout the psychiatric, psychological, mental health community.

In Los Angeles County, in the year 2000, 3891, 2 year-olds, and 5,311, 3 year-olds were legally prescribed Ritalin and other Schedule II amphetamines. At the same time, in Orange County, 2,311, 2 year-olds and 2,873, 3 year-olds were legally prescribed drugs of the same category.

From *Drug Laws, 1998--California Edition (including the California Uniform Controlled Substances Act)* we read (11190.):

> "The prescriber's record shall show the pathology and purpose for which the prescription is issued, or the controlled substance administered, prescribed or dispensed."

The word "pathology" means disease or abnormality, of which there are none in ADHD, or in any psychiatric disorder/diagnosis in Diagnostic and Statistical Manual—IV, of the American Psychiatric Association.

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It is time for a thorough, un-biased, analysis of all child-adolescent psychiatric practice where the prescribing of Schedule II, controlled substances is concerned. This analysis should begin with the Preschool ADHD Treatment Study (PATS) just launched in the Departments of Psychiatry at UCLA and UC-Irvine. It must include and thorough investigation of the scientific status of ADHD itself, and of all diagnoses for which Schedule II substances are being prescribed.

Sincerely,

Fred A. Baughman Jr., MD--Neurology/Child Neurology
1303 Hidden Mountain Dr.
El Cajon, CA 92019
619 440 8236

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1. Marshall, Eliot. *Planned Ritalin Trial for Tots Heads Into Uncharted Waters*. SCIENCE, November 17, 2000; 1280-1282

2. Baughman, FA. Questioning the Treatment for ADHD. SCIENCE. 2001;291:595

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213-974- 3611

May 29, 2001

Re: Ritalin, other amphetamine use in psychiatric research

Dear Ladies and Gentlemen,

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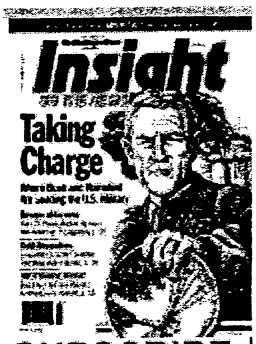

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Daily Insight

Picture Profile
Baughman Dispels The Myth of ADHD

Posted Jan. 28, 2002
By Kelly Patricia O'Meara

Photograph by Fred Greaves

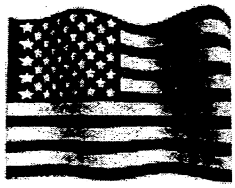
Retired California neurologist Fred A. Baughman Jr. fired off a letter in January 2000 to U.S. Surgeon General David Satcher in response to Satcher's Report on Mental Illness. "Having gone to medical school," Baughman wrote, "and studied pathology — disease, then diagnosis — you and I and all physicians know that the presence of any bona fide disease, like diabetes, cancer or epilepsy, is confirmed by an objective finding — a physical or chemical abnormality. No demonstrable physical or chemical abnormality: no disease!

"You also know, I am sure," Baughman continued, "that there is no physical or chemical abnormality to be found in life, or at autopsy, in 'depression, bipolar disorder and other mental illnesses.' Why then are you telling the American people that 'mental illnesses' are 'physical' and that they are due to 'chemical disorders?'"

Baughman concluded his six-page letter to Satcher by saying that "your role in this deception and victimization is clear. Whether you are a physician so unscientific that you cannot read their [the American Psychiatric Association's] contrived, 'neurobiologic' literature and see the fraud, or whether you see it and choose to be an accomplice — you should resign."

It is this direct, no-nonsense style that has made Baughman a pariah among the psychiatric and mental-health communities and a hero to families of children across America who believe they have been "victimized" by the attention-deficit/hyperactivity disorder (ADHD) label. The "disease," Baughman tells **Insight,** "is a total 100 percent fraud," and he has made it his personal "crusade" to bring an end to the ADHD diagnosis.

Insight: You've spent 35 years in private practice as an adult and



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- 2
- 5
- 7
- 9
- Too many
- Not enough

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child neurologist, diagnosing real diseases. What spurred your interest in the ADHD diagnosis?

Fred A. Baughman Jr.: Through the 1970s and 1980s the ADHD "epidemic" began to impact all of us, and the numbers of children being referred to me were increasing dramatically. I'd examine these kids to determine whether they did or did not have real diseases. After giving them thorough examinations, doing such tests as I deemed were necessary, I couldn't find anything wrong with them.

I was becoming more and more aware that something was afoot from the tone with which the diagnoses were being made in schools and by psychiatrists who were part of the school team. And never mind that I could find no scientific basis for the diagnosis. But here were pediatricians and school psychiatrists practicing mental health in ways that did not make sense. Principals and teachers would threaten that if I didn't diagnose ADHD they'd find someone who would. As a neurologist, I'm in the business of diagnosing real diseases, so this attitude on the part of people who should know better was very disturbing.

Insight: You are among a small number of physicians publicly to challenge the psychiatric community about this diagnosis. Why do you think so many doctors are diagnosing ADHD when they, too, must know there is no scientific data to support it?

FAB: Most physicians, like the public, have bought into the whole psychiatric line. The populace at large has been so brainwashed by this "tyranny of the experts" that they cannot bring themselves to believe things are other than what the psychiatric industry and the pharmaceutical companies tell them. The population has been told again and again that these "diseases" exist, despite the fact that there is no scientific proof to back up their claims.

People have been lied to so often that they can't disabuse themselves of the notion that these so-called diseases are chemical abnormalities of the brain. Psychiatry never has proved that ADHD, let alone

Personal Bio

Fred A. Baughman Jr.: The outspoken neurologist began his private practice in San Diego in 1975.

Currently: Leading critic of chemistry-set psychiatry.

Personal: Born Nov. 14, 1932, El Centro, Calif. Married with three children; three grandchildren.

Education: B.S., New York University, 1955; M.D., adult and child neurology, New York University, 1960.

Career accomplishments:

depression, anxiety or obsessive-compulsive disorder [OCD], even exists. Yet this hasn't stopped doctors from diagnosing them. It simply was decided during the early days of psychopharmacology — of psychiatric drugs — that these were nice theories and they were fed to the public as fact.

Insight: With the diagnosis comes the "fix," the prescription pills that reportedly help control these diseases.

FAB: Yes, that's right, and like the unscientific diagnosis no one really knows how these drugs work on the brain. It's all just theory at this point.

But then this same psychiatric community says even depression is a disease resulting from a chemical imbalance. They also say that OCD is a disease with a known chemical abnormality of the brain. In neither case is there proof to support either claim. Through the years, though, they've gotten to fudging their line a bit, saying instead: "Well, it's a psychiatric disorder."

American Board of Psychiatry and Neurology, 1968; fellow, American Academy of Neurology; medical adviser, National Right to Read Foundation; member, Academic Review Panel, Research in English Acquisition and Development (READ) Institute.

Publications: "The Glioma-Polyosis Syndrome," *New England Journal of Medicine,* 1969; "Re-evaluation of CHANDS," *Journal of Medical Genetics,* 1979; "Treatment of Attention Deficit Hyperactivity Disorder," *Journal of the American Medical Association,* 1995.

Insight: You've testified before Congress on this issue, and several of your papers on these matters have been published in medical journals. Recently you traveled to France to address a committee of the Parliamentary Assembly of the Council of France as a counterweight to ADHD advocates. What kind of response did you get?

FAB: I was charged with presenting the argument against the diagnosis and treatment of ADHD. I never expected it to go so well.

Three European psychiatrists presented the case for the ADHD diagnosis using the same old slide-show presentation, presumably showing brain atrophy in the patients diagnosed with ADHD.

I pointed out to them, as I've done numerous times here in the states, that all the patients in the slides whose brains showed atrophy also had been on stimulant therapy, so there was no way to know that the atrophy was not, in fact, caused by the drugs rather than the alleged brain disorder ADHD. A member of the council committee summarized what had transpired during the day and basically said they didn't believe what the psychiatrists had

presented about ADHD — that they were skeptical about the appropriateness of the drugs recommended for the diagnosis.

One of the psychiatrists was so intimidated by my argument that he threatened to leave the meeting. It was just amazing to see this guy get so frazzled. The council was terrific, and I couldn't have imagined so favorable a response. It was so unlike a typical U.S. response. I think the Europeans are trying to resist this whole ADHD business.

Insight: You set up a Website, www.adhdfraud.org, to help get information out to parents who have been impacted by the ADHD diagnosis. What kind of response are you getting from parents?

FAB: I hear from many families who have been victimized by this diagnosis. By the time they find me their eyes usually have been opened and they realize the fraud of the diagnosis. But they also realize how serious the diagnosis is for the child and the problems it can create for families.

On the other side of the coin, of course, are the perpetrators at the National Institute of Mental Health [NIMH] and the academic psychiatrists who put out the ADHD propaganda. These people also know who I am and try not to respond to the letters and papers I write. They don't want to see me at medical conferences and seminars because they know that I have the facts, take no prisoners and am willing to show that they are perpetrating a fraud. If they can keep the public in the dark about the facts of this alleged "disease" then science is beside the point.

I'd love to debate the surgeon general or anyone in the hierarchy of academic psychiatry, but I don't think any would agree. The surgeon general wouldn't even respond to the letter I wrote to him about his Report on Mental Illness, so I don't see him stepping up to the plate anytime soon.

Insight: You've testified in court for nearly two dozen families who were fighting the ADHD diagnosis. What should parents do when their child has been diagnosed?

FAB: People are being told in no uncertain terms that this "disease" exists and should be treated with drugs, so it's extremely difficult to get the truth out. The essential first step of the perpetrators is to label the child with ADHD. I've seen how these things turn out for those who try to go up against the system, and it is very sad. Before parents find themselves in a legal adversarial relationship with the school system and county officials, they should get their child out of that school and either homeschool them or put them into a parochial or private school. I tell parents with children caught up in this fraud that, for now, going against the system is a no-win situation.

Insight: What will it take to turn the establishment crowd on this issue?

FAB: I'm trying to expose the medical fraud and to get just and appropriate medical treatment for children when it is needed and, where it isn't required, I'm trying to get appropriate education, parenting, disciplining and training so these children can achieve self-control. They all certainly are capable of it.

We've got to do something because we're talking about 6 million to 8 million children who have been diagnosed with ADHD. This just can't wait.

Kelly Patricia O'Meara is an investigative reporter for ***Insight.***

email the author

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March 11, 2004

James T. Bale, Jr., MD, President
Child Neurology Society
3900 Northwoods Drive
Suite 175
St. Paul, MN 55112
Fax: 651 486 9436

Dear Dr. Bale,

CNS has been a signatory to the American Academy of Pediatrics, Guidelines for the diagnosis and treatment of ADHD. In those guidelines, ADHD is characterized as a "neurobehavioral disorder" with the "neuro" implying that there is a neurological abnormality making it a disease. Further, I presume that you know as well as I that it is standard practice, whether by psychiatrists, or non-psychiatric physicians as they practice "mental health" to convey, explicitly or implicitly, that ADHD is a disease, a brain disease.

The number one responsibility of physicians, other than psychiatrists, is to determine whether disease is present or not, and if "yes", which one. There should be no hesitation on the part of any neurological organization to answer the question: "Is ADHD an actual disease having a confirming, characteristic, objective physical abnormality, or, not?" I have written to your predecessors asking this question and, thus far, have not had the courtesy of an answer. For that reason I am asking you.

If I do not hear from you within one month I will assume you, like Dr. Painter before you (2/16/00), have no intention of answering me. I would add that millions of parents led to believe that ADHD is a disease, a brain disease, still seek clarification on this very point.

Sincerely,

Fred A. Baughman Jr., MD

Michael Painter, MD, President
Child Neurology Society
3900 Northwoods Drive
Suite 175
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2/16/00 (sent by mail)

Dear Dr. Painter,

I am a retired member of the CNS and a Fellow of the American Academy of Neurology. Enclosed (attached) is a copy of my recent press release/letter to the Surgeon General. Needless to say I am concerned about the lack of validation of so-called ADHD as a disease with a confirmatory physical or chemical abnormality at a time when 5-6 million US schoolchildren are being treated for it with addictive, dangerous, and sometime deadly stimulants/amphetamines.

The risk/benefit ratio of drug treatment with such drugs, with a non-disease on the risk side of the equation is neither medically nor morally justifiable.

I initiated a practice parameter process regarding ADHD, through the AAN in 1995. I could find no validation of ADHD as a disease or a medical syndrome, then, and I can find none today. I expressed the opinion that the determination of whether ADHD was a bona fide disease or syndrome ought to be the essential first step of the process.

Soon thereafter (I have exact dates and copies of all correspondence) I was displaced, told that the American Academy of Child and Adolescent Psychiatry, CNS, and the American Academy of Pediatrics would be collaborating on the project. I asked to be included, insofar as the CNS and AAN were concerned, and I asked to be kept informed. I lodged these requests with Dr. Roy Elterman of CNS and with Dr. Michael K. Greenberg of the Quality Standards Subcommittee of the AAN. But my requests were for naught. I was removed from the process and never informed of it's progress or fate.

At this time I would like to know whether such a process has been completed or not and I request that I be updated on the process. Further, I ask that any CNS policy statements regarding the management of ADHD or any of the disruptive behavior disorders (DBD's) be sent to me.

In a brochure entitled "What is a neurologist?" published by the American Academy of Neurology in 1999, it says "Protecting and treating the brain and nervous system is the essence of a neurologist's work."

The epidemic, coercive, administration of Ritalin and other amphetamines to 5-6 million entirely normal school children, fraudulently said to have a brain disease, is a physical/chemical assault upon them, against which neurologists should protect them. Not only do neurologists have a duty to determine who is diseased and who is disease-free, they have a duty to protect those who are disease-free from spurious treatment.

Sincerely,

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February 19,

*Sandra F. Olson, MD, President
2004
American Academy of Neurology
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Dear Dr. Olson,

In Methylphenidate (A Background Paper), October, 1995, DEA, page 4, we read:

> "In conjunction with the American Academy of Neurology, CHADD has submitted a petition to reschedule methylphenidate from schedule II to Schedule III under the Controlled Substances Act (CSA). CHADD denies that the financial contributions received from Ciba Geigy have any relationship to their action. The basis for this petition is that methylphenidate has a lower abuse potential than amphetamines and that Schedule II controls are unduly burdensome on manufacturers of methylphenidate, physicians who prescribe it and patients who receive methylphenidate.

Here we have the AAN involving itself in the treatment of ADD/ADHD. This being the case, surely the AAN had made a determination that ADD/ADHD was something in need of such treatment—a disease.

I wish to see AAN records from that point in time bearing on the AAN's determination of whether or not ADD/ADHD was an actual disease, and an objectively diagnosable disease.

Next, I would like to know what money contributions AAN received from Ciba-Geigy and or CHADD, 1985-1995.

Given the frequency, today, of the diagnosis of "adult ADHD" surely it is the province of the AAN, itself, to have made a determination as to whether or not ADHD is a real, diagnosable disease. I hope the Academy of which I am a Fellow will no longer fail to answer such fundamental questions. I have written to the presidents of the AAN and CNS on several occasions asking them whether or not ADD/ADHD is an actual disease/neurological disease as claimed by Novartis (formerly Ciba-Geigy) and CHADD, each time without eliciting an answer...with a failure to answer.

Sincerely

Fred A. Baughman Jr., MD

* sent by fax as well.

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May 22, 2003

Daniel R Weinberger, MD, Chief of the Clinical Brain Disorders Branch
National Institute of Mental Health
10 Center Drive
Room 4S235
MSC 1379
Bethesda, MD
20892

Re: "Imaging for psychiatric disorders is done mainly for research, not clinical purposes"-- Daniel R Weinberger, MD, Chief of the Clinical Brain Disorders Branch , NIMH—Neurology Today, June, 2002.

Dear Dr. Weinberger,

In *Neuroimaging Advances Offer New Data on Stroke Detection and the Genetics of Mental Illness*, in Neurology Today, June, 2002, p 26-28, author, Gail McBride quoted you:

> "At this time, the only clinical reason to do a neuroimaging study in psychiatry is to rule out a neurological disease masquerading as a psychiatric illness."

She went on:

> Dr. Weinberger explained that neuroimaging in the form of MRI, fMRI, and PET has demonstrated that most major psychiatric diseases—depressive disorders and schizophrenia, for example—are associated with "subtle but objectively characterizable changes" in brain structure and function. "These changes do not establish the diagnosis but do demonstrate the involvement of the brain in these disorders," he said.

What you said, in essence, was that the psychiatric conditions/disorders to which you referred were diseases/abnormalities of the brain—neurological diseases. Nowhere in the article by McBride were there citations to proofs in the peer-reviewed literature regarding any specific psychiatric conditions or diagnoses. For that reason I wrote to Neurology Today:

Dr. Weinberger must submit for publication in Neurology Today, references to the proof that "neuroimaging in the form of MRI, fMRI, and PET has demonstrated that most major psychiatric disease—depressive disorders and schizophrenia, for example—are associated with "subtle but objectively characterizable changes" in brain structure and function." If he is unable to present proof of the "subtle but objectively characterizable changes" in these psychiatric conditions, the editors of should say so and print a retraction.

To this date, neither you or they—the editors of Neurology Today (a publication of the American Academy of Neurology) -- have done so. If you cannot; if there is no proof of "subtle but objectively characterizable changes" in these psychiatric conditions making them actual brain/neurological diseases, this must be confessed forthrightly, for the public is routinely told by most in organized medicine, that they are.

I await your reply.

Sincerely,

Fred A. Baughman Jr., MD

PS: As an aside, you are Chief of the Clinical Brain Disorders Branch of the NIMH, I wonder if you have trained in neurology or in any neurological subspecialty, such as neuropathology.

CC

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CC

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THE MILLIONS OF CHILDREN LABELED ADD/ADHD WERE NORMAL ALL ALONG

by Fred A. Baughman Jr., MD, a life-long, independent, neurologist/child neurologist

(my prepared statement delivered to Committee on Education and the Workforce, hearing entitled "Behavioral Drugs in Schools: Questions and Concerns," held September 29, 2000, 9:00 a.m., in Room 2175, Rayburn House Office Building, Washington, DC, 20515-6100)

In April 15, 1998, I [1] wrote Attorney General Reno:

"The biggest health care fraud in US history is the representation of ADHD to be a disease, and the drugging of millions of normal children ..."

Every physician knows, 'disease' equals 'physical abnormality'. Nowhere in the brains or bodies of these children, has psychiatry found an abnormality.

On July 15, 1996, Congressman Christopher Shays [2] observed:

> "In ADHD, we are trying to draw the line between personality and pathology, and we are placing millions of children and adults on either side of the social, medical and legal boundary that divides the healthy from the sick. We should do so only with the greatest care, and with particular reticence to make our children medical patients..."

On October 12, 1970, Congressman, Cornelius Gallagher [3] wrote HEW Secretary, Elliott Richardson:

> "I have received letters highly critical of the focus of the medical side of minimal brain dysfunction (the reigning designation at the time), which is, incidentally, one of at least thirty-eight names attached to this condition...Such a high incidence in the population--as high as thirty percent in ghetto areas...may not be pathological at all..."

In 1948, 'neuropsychiatry' was divided into 'neurology,' dealing with organic diseases of the brain, and 'psychiatry,' dealing with psychological conditions in *normal* human beings [4].

But psychiatric drugs appeared in the fifties, and in the sixties psychiatry and pharmaceutical industry authored a joint market strategy: they would call emotional problems "brain diseases," due to "chemical imbalances" needing "chemical balancers"—pills!

In 1980, they invented ADD [5]; in 1987, ADHD [6]. 8 of 14 behaviors were diagnostic!

In 1994, ADHD [7] was re-conceptualized; now, six of the nine behaviors diagnosed 3 subtypes.

In 1996, Schiller, of the Department of Education, and Jensen and Swanson of the NIMH & CHADD [8], wrote:

> "Once parents and teachers...recognize that children with ADD are not lazy or 'bad', but have a biological disorder, they can stop blaming themselves..."

On October 8, 1996, Diller [9], wrote:

> "The reason you have been unable to obtain any articles presenting clear ... evidence of a physical or chemical abnormality... is.. there are none... the search for a biological marker is doomed from the outset because of the contradictions and ambiguities of the diagnostic construct of ADHD...

In 1993, [10], I testified at the NIH:

> "If, as I am convinced, these entities are not diseases, it would be unethical to initiate research to evaluate biological interventions—unethical and fatally flawed scientifically."_

In December, 1994, Pearlman [11], wrote:

> "I take issue with Pincus' (for the APA) assertion that elimination of the term "organic" in the DSM-IV has served a useful purpose for psychiatry... elimination of the term "organic" conveys the impression that psychiatry wishes to conceal the nonorganic character of many behavioral problems ...

On May, 13, 1998, Castellanos [12] of the NIMH confessed to me:

> "... we have not yet met the burden of demonstrating the specific pathophysiology that we believe underlies this condition."

Opening the November 16-18, 1998, NIH, Consensus Conference on ADHD, Hyman [13], Director of the NIMH, posited:

> "ADHD affects from 0-3% in some school districts up to 40% in others... this cannot be right."

Carey [14], reporting on "Is ADHD a Valid Disorder?" concluded:

> "What is...described as ADHD in the United States appears to be a set of normal behavioral variations..."

Degrandpre [15], commenting on the Report of the Panel, observed:

> "... it appears that you define disease as a maladaptive cluster of characteristics. In the history of science and medicine, this would not be a valid definition of disease."

Failing to prove that ADHD is a disease, they seek to re-define the word 'disease'.

I testified [16]:

> "Without an iota of proof ... the NIMH proclaims the ... children "brain-diseased," "abnormal." CHADD, funded by Ciba-Geigy, ... has spread the "neuro-biological" lie. The US Department of Education, absolving itself of controlling the children and rendering them literate, coerces the labeling and drugging...ADHD is a total, 100% fraud."

The final statement of Panel [17], November 18, 1998, was:

> "...we do not have an independent, valid test for ADHD, and there are no data to indicate that ADHD is due to a brain malfunction."

On April 29, 1999, I [18] challenged the American Medical Association [19], which had concluded "...there is little evidence of widespread overdiagnosis or misdiagnosis of ADHD or of widespread over-prescription of methylphenidate (Ritalin)." My challenge:

> "Once children are labeled with ADHD, they are no longer treated as normal. Once Ritalin or any psychotropic drug courses through their brain and body, they are, for the first time, physically, neurologically and biologically, abnormal."

In November 28, 1999, I wrote Matthew D. Cohen, [20] President of CHADD:

> "You state ADHD is a severe *neurobiological* condition...' ...How does CHADD justify calling so many normal children diseased, abnormal...for purposes of justifying prescriptions for them, of addictive, controlled, Schedule II, psychostimulant medications?"

On December 13, 1999, Surgeon General, David Satcher [21] announced:

> "Mental illness is no different than diabetes, asthma or other *physical* ailments...Mental illnesses are *physical* illnesses...We know the *chemical* disorders we are treating..."

I [22] responded to Satcher:

> "...all physicians, know that the presence of any bona fide disease... is confirmed by an objective finding--a physical or chemical abnormality. You...know... there is no ... abnormality in life, or at autopsy, in

"depression, bipolar disorder and other mental illnesses..." ...Your role in this deception is clear...you should resign."

In January, 2000, twenty years after the start of the ADD/ADHD epidemic, Castellanos [23], observed:

"Incontrovertible evidence is still lacking... I'm confident we'll confirm the case for organic causes."

On May 1, Waters and Kraus [24] of Dallas filed the first of several class action suits charging that the APA, CHADD and Ciba-Giegy/Novartis:

" planned, conspired, and colluded to create, develop, promote and confirm the diagnoses of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder, in a highly successful effort to increase the market for its product Ritalin."

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January 13, 2004

To: The Honorable Dario Frommer, Chair,

& Every Member

Health Committee

California State Assembly

State Capitol - Room 6005,

Sacramento, CA 95814

Subject: AB1424, Mountjoy

Dear Mr. Frommer, Ladies & Gentlemen,

I traveled from San Diego to Sacramento to testify in the January 13, 2004 hearing on AB 1424, and appeared, but was not accorded the opportunity to deliver this testimony. I understand that AB 1424 was defeated and that the FRAUD of school-instigated, psychiatric drugging of California's NORMAL schoolchildren will continue, unabated. The Committee, like patients, and parents, California-wide has been deceived as to the fundamental nature of psychiatric diagnosis.

When you go to a physician or take your child or parent to a physician, that physician's #1 duty to you is to determine whether an objective abnormality/disease, is present or not. In medicine: abnormality = disease; no abnormality = normal = no disease. While all patients have subjective complaints or symptoms, only a third to a half turn out to have an abnormality/disease. The rest are NORMAL!

The worst betrayal in medicine, bar none, is for physicians to label normal children/persons "DISEASED" to "diagnose" and "treat" them--for profit. However, exactly this has become "standard practice" throughout psychiatry and all "mental health."

In 1948, 'neuropsychiatry' was divided into 'neurology,' dealing with physical/organic diseases of the brain, and 'psychiatry,' dealing with the emotional and behavioral problems of normal persons. However, with the advent of psychiatric drugs in the fifties, psychiatry and pharmaceutical industry conspired to call all psychiatric problems "brain diseases," due to "chemical imbalances" needing "chemical balancers"—pills!

In 1970, Minimal Brain Damage-MBD, became the first invented "disease" and Congress, authorizing millions for it's "research," launched, what, today, is the incredible, wholly fraudulent, ADHD epidemic.

In 1980, in-committee, devoid of science, they replaced MBD with ADD; in 1987, ADD with ADHD. The epidemic burgeoned from 0.5 million in 1985 to 6 million today. The American Psychiatric Association's Diagnostic and Statistical Manual grew from 112 mental disorders in 1952, to 374 in 1994—not one an actual disease.

In 1986, Nasrallah, did brain scans in "treated" ADD males, discovered brain atrophy-shrinkage, and warned it might be due, not to their never-proved "disease," ADD, but to the Ritalin-amphetamine treatment all were on.

In 1996, exemplifying the "disease" lie, Schiller, of the Department of Education, and Jensen and Swanson of the National Institute of Mental Health (NIMH) & Children and Adults with Attention Deficit Disorders (CHADD) wrote: "Once parents and teachers...recognize that children with ADD are not lazy or 'bad', but have a biological disorder, they can stop blaming themselves..."

In 1996, Congressman Chris Shays, R-CN, observed: "In ADHD, we are trying to draw the line between personality and pathology, and we are placing millions of children and adults on either side of the social, medical and legal boundary that divides the healthy from the sick. We should do so only with the greatest care, and with particular reticence to make our children medical patients..."

In 1996, Diller wrote to victimized mother, Sue Parry: "The reason you have been unable to obtain any articles presenting clear ... evidence of a physical or chemical abnormality... is...there are none... the search for a biological marker is doomed from the outset because of the contradictions and ambiguities of the diagnostic construct of ADHD...

In other words, no matter, how long they research, or how sophisticated or expensive the technologies they employ, they will never prove a thing. What they will do is craft illusions of disease.

At the 1998 National Institutes of Health, Consensus Conference Carey reported: "What is...described as ADHD...appears to be a set of normal behavioral variations..."

Next, Swanson and Castellanos, reviewed the MRI brain scanning literature of 1986-1998, found that ADHD subjects showed "on-average 10% brain atrophy" and concluded this was due to ADHD--the proof that ADHD was a brain disease.

But I (also a presenter) challenged Swanson: "Dr. Swanson, why didn't you tell the audience that all of the ADHD research subjects, 1986-1998, had been on long-term Ritalin-amphetamine treatment and that this, not the never-proved "disease" ADHD, was the likely cause of their brain atrophy!"

When Swanson confessed this was true, that they had plans to study drug-free subjects, the Consensus Conference Panel was forced to conclude: " ...we do not have an independent, valid test for ADHD, and there are no data to indicate that ADHD is due to a brain malfunction."

The NIMH has knowingly represented Ritalin-amphetamine-induced brain atrophy to be due to ADHD, citing this as confirmation that ADHD was a brain disease, obfuscating the causal role of the drugs, and refusing for 18 years to do trials with matched controls that would easily have clarified the issue. I know of no comparable criminal act of research malpractice.

Meanwhile, all in psychiatry and all who practice "mental health" persist in calling psychiatric disorders "diseases" to make patients of normals and to prescribe "chemical balancers" for "chemical imbalances."

The pharmaceutical industry has bought and paid for it all. All of psychiatry, all of organized medicine, and all agents and agencies of the government are complicit.

All legislation that assures the diagnosis and treatment of conditions, not real diseases, assures the victimization of NORMAL children.

Diagnosis of such "diseases" by a psychiatrist is no more valid than diagnosis by a teacher, counselor or parent. All of it is a perversion of science and medicine and must be stopped.

On May 28, 2002, I wrote to Bernard Alpert, MD, President of the Medical Board of California (MBC): "Every time parents or a patient is lead to believe that their child's emotional/behavioral problem is a "disease" due to an abnormality within their body or brain, they have been lied to, their informed consent rights wholly violated..."

On June 14, 2002, Dr. Alpert, responded: "As you outline in your letter, there is tremendous professional support for categorizing emotional and psychological conditions as diseases of the brain. In published materials, some quoted in your letter, you will find that support from chairs of psychiatry departments, the American Psychiatric Association and professors of major medical schools. It is clear that the psychiatric community has set their standard, and while one might disagree with it, that standard becomes the legal standard upon which the Board (CMB) must base its actions."

Unbelievably, what Alpert, speaking for the Medical Board of the State of California is saying here, is that whatever the majority do, even lie, knowingly violating the informed consent rights of all patients, that that becomes the unassailable, legal "standard of practice." Consider, if you will that, conversely, to tell patients the truth—specifically, that ADHD and all psychiatric diseases are not diseases at all, or to fail to prescribe "chemical balancers"- drugs for each and every "chemical imbalance of the brain" would be contrary to the "standard of practice" putting the physician who is the purveyor of truth and science, in legal jeopardy.

Should you pass any law, in any way, "assuring," or, sanctioning, the "diagnosis" and "treatment" of psychiatric "diseases"/ "chemical imbalances," in NORMAL children (as is now done, California- and US-wide) or, should you fail to expunge such laws, already on the books—and you will have been a party to a fraud.

Sincerely yours,

Fred A. Baughman, Jr., MD

CC:

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(2) Marcia Kraft Goin, President, American Psychiatric Association (1400 K Street, NW, Washington, DC, 20005);
(3) Attorney General of California, William Lockyer (1300 I Street, Suite 1101, Sacramento, CA, 95814);
(4) Renee Bender, MD, President, California Psychiatric Associaton (1400 K St., Suite 302, Sacramento, CA 95814);
(5) Chairperson & Members, State of California, Senate, Health Committee.
(6) Sandra F. Olson, MD, President, American Academy of Neurology (1080 Montreal Ave., St. Paul, MN, 55116)

~3

Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder

To the Editor.—

The AAP's clinical practice guideline[1] opens: "Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood." "Neurobehavioral" implies an abnormality of the brain—a disease. And yet, no confirmatory, diagnostic abnormality has been found.

With 6 million children said to have it, most of them on addictive, dangerous stimulants, ambiguity as to the scientific status of ADHD is not acceptable.

Goodwin[2] acknowledged the "narrow definition of disease that requires the presence of a biological abnormality."

Carey[3] testified at the 1998 Consensus Conference (CC): "What is now most often described as ADHD in the United States appears to be a set of normal behavioral variations . . . This discrepancy leaves the validity of the construct in doubt . . ."

The CC Panel[4] concluded: "We do not have an independent, valid test for ADHD, and there are no data to indicate that ADHD is due to a brain malfunction."*

More recently, Castellanos[5] confessed: "Incontrovertible evidence is still lacking!"

Where has the notion come from that it is a disease?

Carey[3] observed: "ADHD behaviors are assumed to be largely or entirely due to abnormal brain function. The DSM-IV does not say so, but textbooks and journals do."

If not science, what are textbooks and journals to purvey?

Later in the conference, Carey[3] issued the plea: "We see . . . that the causes of these behaviors called ADHD are entirely speculative. And yet . . . parents and children are being told that these behaviors are due to a brain malfunction. Can you not please strengthen the statement to discourage practitioners from making this statement when there is not adequate proof to support that at this time?"

Pearlman[6] wrote: "I take issue with . . . Pincus' (DSM-IV Task Force) assertion that the elimination of the term 'organic' in DSM-IV has served a useful purpose for psychiatry . . . elimination of the term 'organic' conveys the impression that psychiatry wishes to conceal the nonorganic character of many behavioral problems that were, in previous DSM publications, clearly differentiated from known central nervous system diseases."

It is apparent that virtually all professionals of the extended ADHD "industry" convey to parents, and to the public-at-large, that ADHD is a "disease" and that children said to have it are "diseased" and "abnormal." This is a perversion of the scientific record and a violation of the informed consent rights of all patients and of the public-at-large.

The wording of the AAP guideline should be changed, forthwith, to reflect the scientific and medical facts of the matter.

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*This wording appeared in the version of the final statement of the CC Panel distributed at the press conference, the final part of the CC, November 16, 1998. This wording, which appeared for an indeterminate time on the NIH web site, was subsequently removed and replaced with wording claiming "validity" for ADHD.

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Treatment of Attention-Deficit Hyperactivity Disorder

To the Editor.—Safer and Krager[1] claim that their objective is to "enumerate and evaluate changes in the rate of medication treatment for hyperactive/inattentive students subsequent to negative media publicity about methylphenidate (Ritalin) and related lawsuits threatened or initiated from late 1987 to early 1989." However, their goals appear more ambitious. In fact, they argue several substantive points implicitly; namely, that the media coverage was inaccurate—and, therefore, irresponsible—and that such coverage resulted in unacceptable negative consequences for hyperactive children who, in their view, required medication.

Safer and Krager's subtextual implications regarding the accuracy and consequences of the media coverage are insufficiently supported by their data. For example, the study concludes that 36% of the children taken off medication experienced "school maladjustment" but makes no effort to explain why 64% of the children taken off medication apparently experienced no major problems or whether the 36% claim of problematic outcomes is adequately documented. In another example, Safer and Krager argue that the "media blitz [had] relatively little impact on the parents of HA/I [hyperactive/inattentive] students" already receiving Ritalin. From this they conclude, "Presumably, most of these parents were satisfied with the benefits of the medication." Perceptions of satisfaction, however, were not researched or directly demonstrated and therefore this conclusion represents another questionable implication regarding the prudence of current drug therapy for children diagnosed as hyperactive. While continued usage of medication for hyperactivity may reflect a degree of satisfaction, it may also reflect a number of other factors, such as trust in physicians, fear of less acceptable results without medication, or even a desire to conform to perceived school expectations.

There is substantial controversy regarding both whether attention-deficit hyperactivity disorder is a genuine medical disorder and whether it is prudent to have widespread prescribing of Ritalin, a serious, amphetamine-like cerebral stimulant, in children. Safer and Krager imply answers that are insufficiently documented and inadequately explained while ostensibly reporting the effect of media coverage of a medical controversy.

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1. Safer DJ, Krager JM. Effect of a media blitz and a threatened lawsuit on stimulant treatment. *JAMA.* 1992;268:1004-1007.

To the Editor.—In a school nurse survey of medication use for hyperactive/ inattentive students in Baltimore County, Maryland, public and private schools, Safer and Krager[1] found a 39% decrease from 3.6% in 1987 to 2.2% in 1989 and 1991; they attribute the decline to the "apprehension of parents and involved professionals generated by the methylphenidate media blitz and the threatened lawsuit." Since they allege that scientific proofs, or the lack of them, concerning hyperactive/inattentive and methylphenidate therapy have nothing to do with the 39% drop observed, it is only appropriate to look at the possible reasons for the doubling every 4 to 7 years of the medication rate for hyperactive/inattentive students in Baltimore County that was observed from 1971 through 1987.

Estimates of the frequency of hyperactivity/inattentiveness (hereafter referred to as attention-deficit hyperactivity disorder) range from a low of 1 per 1000[2] to a high of 33% of all boys and 15% of all girls.[3] Is attention-deficit hyperactivity disorder, after all, in the eye of the beholder?

The word *syndrome* is usually defined as a combination of symptoms and signs so commonly occurring together as to constitute a distinct clinical entity. Is attention-deficit hyperactivity disorder a syndrome? Can it be validated in the classroom or in the consultation room?

Unlike definite syndromes, such as Klinefelter's, Brown-Séquard, and Down's, in which there is a constancy of symptoms and signs, the *Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition* allows any combination of eight of 14 behaviors for a diagnosis of attention-deficit hyperactivity disorder. Is this the validation of a syndrome, or does it redefine the term *syndrome*?

McGuiness[4] concludes, "Two decades of research have not provided any support for the validity of attention-deficit disorder or attention-deficit hyperactivity disorder." Levy[5] adds, "There are a number of reasons for these discrepancies, but the main one is that there are as yet no uniformly agreed upon operative criteria for the diagnosis of attention-deficit hyperactivity disorder."

If attention-deficit hyperactivity disorder is not a proven syndrome, how can a cause be inferred? How can therapies be evaluated? Is it any wonder that "decades of longitudinal research show essentially no improvement over time with stimulant medication"?[4] Is it any wonder that Levy[5] cautions: "The issue of prescribing powerful behavior-controlling medications to children, for a condition defined by parents and teachers remains controversial"?

What is the danger of having these children believe they have something wrong with their brains that makes it impossible for them to control themselves without a pill? What is the danger of having the most important adults in their lives, their parents and teachers, believe this as well?

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Journal of the American Medical Assn. 25

residents. Our study demonstrates that the practice of self-prescription, previously demonstrated to be widespread among established physicians, is also widespread among residents. In part because the concern about this practice is unresolved, residency program directors should put the issue of self-prescription out into the open, so that it can be discussed explicitly, rather than merely winked at.

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Treatment of Attention-Deficit/Hyperactivity Disorder

To the Editor: The American Medical Association (AMA) Council on Scientific Affairs has concluded that ". . . there is little evidence of widespread overdiagnosis or misdiagnosis of ADHD [attention-deficit/hyperactivity disorder] or of widespread overprescription of methylphenidate."[1]

Psychiatrists Marzuk and Barchas[2] state, ". . . the most significant conceptual shift (from *DSM-III-R* [*Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition*] to *DSM-IV* [*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*]) was the elimination of the rubric organic mental disorders, which had suggested improperly that most psychiatric disorders . . . had no organic basis." Herein, they assume but do not prove that "most psychiatric disorders" have an organic basis. Goodwin[3] writes, "Physicians are consulted about the problem of alcoholism and therefore alcoholism becomes . . . a disease." Later, he acknowledges "a narrow definition of disease that requires the presence of a biological abnormality."

Ross[4] chides, ". . . dealing with symptoms or syndromes as if they were specific diseases reflects a trend in psychiatry to regard mental illnesses as biological entities." The US Congressional Office of Technology Assessment[5] concludes, "Mental disorders are classified on the basis of symptoms because there are as yet no biological markers or laboratory tests for them."

Regarding ADHD, Ernst,[6] a researcher, laments, "The definition of ADHD has changed over time . . . samples of children with ADHD who were diagnosed according to *DSM-III-R* criteria include children who do not meet *DSM-III* [*Diagnostic and Statistical Manual of Mental Disorders, Third Edition*] criteria." As a neurologist, I have found no abnormality (disease) in children said to have ADHD. I have written to leading ADHD researchers asking, "Is ADHD a disease with a confirmatory, physical abnormality?" In response to my questions, on October 25, 1995, Gene R. Haislip of the Drug Enforcement Administration replied, "We are also unaware that ADHD has been validated as a biologic/organic syndrome or disease." On August 5, 1998, William B. Carey, MD, of the Children's Hospital of Philadelphia, Pa, replied, "There are no such articles [constituting proof that ADHD is a disease]."

Once children are labeled with ADHD, they are no longer treated as normal. Once methylphenidate hydrochloride or any psychotropic drug courses through their brain and body, they are, for the first time, physically, neurologically, and biologically abnormal.

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To the Editor: By promoting the diagnosis of ADHD and the use of methylphenidate as a treatment, the AMA Council on Scientific Affairs' report[1] does a disservice. The council report fails to cite any of the dozens of critical publications spanning decades.[2-6] It exaggerates the benefits of methylphenidate, claiming that short-term use improves academic performance. Reviews instead conclude that methylphenidate has no positive effect on learning but can impair it.[3] While admitting there are no proven long-term benefits, the AMA report supports the long-term use of the drug. The report ignores methylphenidate's many adverse effects.[3]

The council report calls ADHD a "neuropsychiatric disorder," but it is a diagnosis of exclusion made only in the absence of any known medical or neurological cause. All the "symptoms" are drawn from normal childhood behaviors, such as squirming in a chair, acting bored, talking out of turn, and being forgetful and inattentive. When these behaviors increase in number or intensity, it really signals that the child requires more individualized attention to unmet basic needs, such as a more engaging and individualized educational environment, more rational or consistent discipline in the home or school, unconditional love, or security and safety. An increase in ADHD-like behaviors almost always indicates that we, as adults, are not giving the child much-needed attention.

The council report specifically denies that methylphenidate is used for behavioral control but the diagnostic items are entirely limited to behaviors. The drug is almost always given to suppress behaviors that signal unmet needs in the child or conflicts between the child and adults.

The council report minimizes how widely methylphenidate is being used and abused. By contrast, the International Nar-

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Science's

LETTERS

Questioning the Treatment for ADHD

REGARDING THE PRESCHOOL ADHD TREATment Study (PATS) that Marshall describes in his article—there is no disease. No proof exists that ADHD is a disease with a validating abnormality. Yet the public is told it is a "disease" (*1*), that it is "neurobiologic" (*2*) or "neurobehavioral" (*3*). At the National Institutes of Health (NIH) Consensus Conference on ADHD in 1998, W. B. Carey, a professor of pediatrics at the University of Pennsylvania School of Medicine, testified that "ADHD...appears to be a set of normal behavioral variations" (*4*). The Consensus Conference Panel concluded, "we do not have an independent, valid test for ADHD...no data...indicate that ADHD is due to a brain malfunction" (*5*). In that children who would be the research subjects in the PATS study have no demonstrable disease, there is no justification for giving them Schedule II stimulant medications.

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References and Notes

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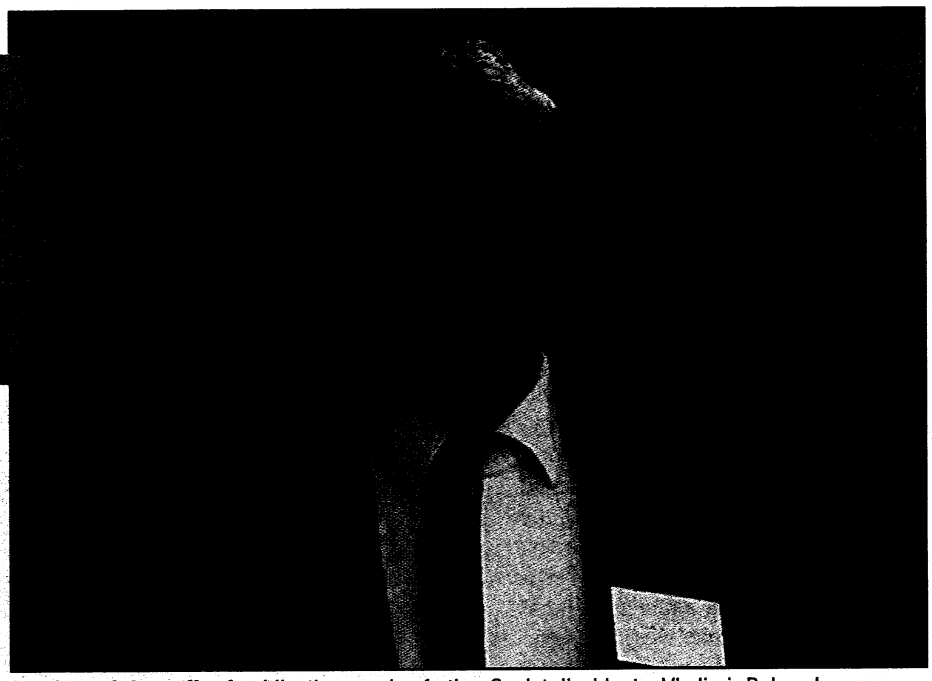


The New American

Survivor of the *psihuska*: Like thousands of other Soviet dissidents, Vladimir Bukovsky was diagnosed as "mentally ill" and consigned to the psychiatric gulag. Among the tactics used therein supposedly to cure dissidents of their "anti-social" attitudes was the forcible administration of mind-altering drugs — a method becoming increasingly common in U.S. schools.

According to *DSMV-IV*, a person must display at least six of nine symptoms of "inattention," or six of nine symptoms of "hyperactivity-impulsivity," to meet the criteria for ADHD. The 18 symptoms listed in both categories begin with the vague, undefined term "often," as in "often has difficulty sustaining attention in tasks or play activities," "often does not seem to listen when spoken to directly," "often fidgets with hands or feet or squirms in seat," or "often has difficulty playing or engaging in leisure activities quietly...." This symptomology seems calibrated to define childhood itself as a form of mental illness requiring medical intervention. That is *exactly* what is going on here, according to neurologist Dr. Fred Baughman, the coauthor (with Craig Hovey) of *The Myth of ADHD*.

ADHD is "not like actual, organic diseases of the neural system," Dr. Baughman explained to THE NEW AMERICAN. "It's not the product of a definable abnormality, as is the case with Multiple Sclerosis, Lou Gehrig's disease, or other disorders. There has never been a medical basis for diagnosing anybody with ADHD. In all of medicine, this is the only 'disease' that isn't based on a documentable medical disorder. It's a construct of the psycho-pharmacology industry."

In congressional hearings in 1970, the nation was introduced to something called the "Hyperactive Child Syndrome" (HCS), "which we were told was an actual disease based on chemical imbalances," recalled Dr. Baughman. "Those imbalances, we were told, could be corrected through the use of various psycho-active drugs to 'balance' the brain chemistry. But once again, there never has been any medical evidence to support that model."

In 1970, 150,000 schoolchildren nationwide were diagnosed with HCS and put on Ritalin or amphetamines. Ten years later, the "malady" was relabeled Attention Deficit Disorder" (ADD). In 1987 it was renamed Attention Deficit Hyperactivity Disorder. And at no time, insisted Dr. Baughman, "was this condition, however it is named, a confirmed disease."

Despite that fact, the number of children estimated to suffer from HCS/ADD/ADHD has steadily increased — from 150,000 in 1970, to one million in 1990, to 4.4 million in 1998, to as many as 7 million today. This is the most peculiar epidemic in history — a so-called disease that isn't traceable to any medical malfunction, can't be cured, and can only be controlled by administering costly, medically invasive drug treatment for which school systems receive lucrative subsidies.

"Just about anyone, child or adult, can be diagnosed with ADHD, and because it's not based on any physical abnormality, those people can't be cured," Dr. Baughman noted to THE NEW AMERICAN. "So now we have this nationwide medical emergency, based on an unproven disease, that is used to justify court-ordered medical intervention — and even the threat of terminating parental rights where parents refuse to drug their kids.... Once a school diagnostic team targets a child, and he's labeled ADHD, they will call parents at work and at home to pressure them to drug that child. And where they meet resistance they'll call in the CPS [Child Protective Service]."

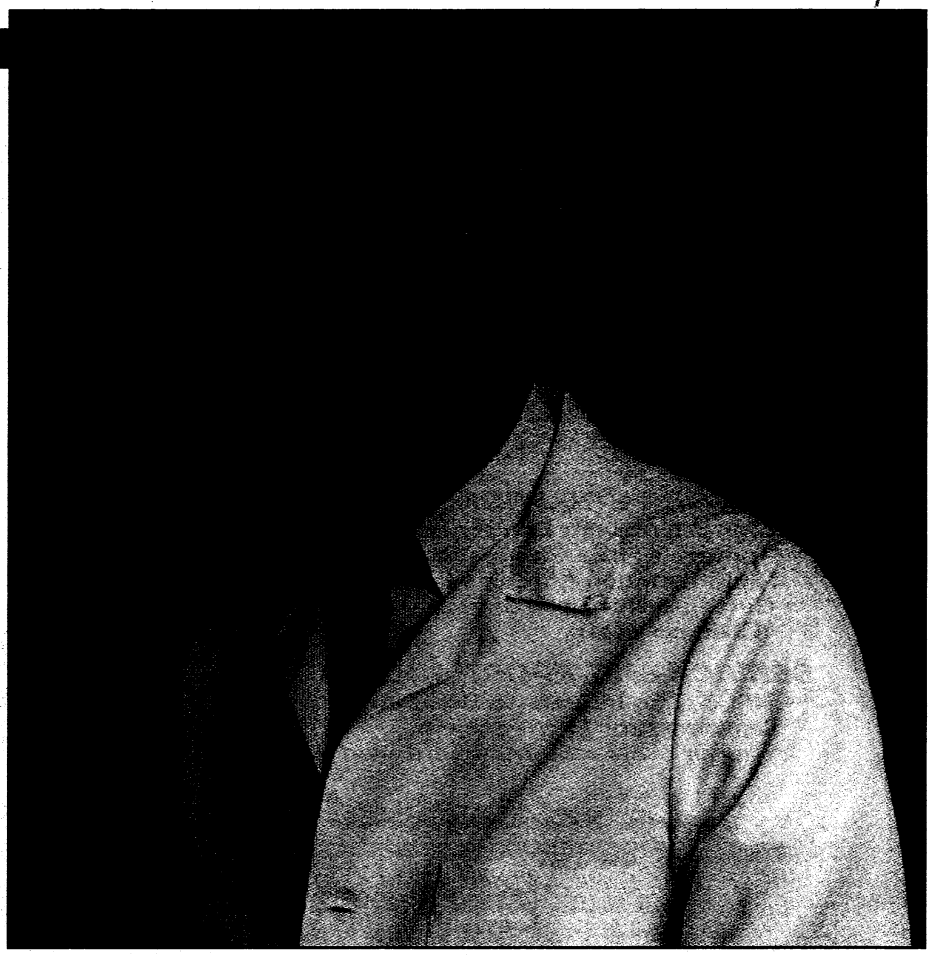
"Orchestrated from Above"

"This entire thing has been orchestrated from above," continued Dr. Baughman, pointing out that the federally funded National Institutes of Mental Health has lent material support and prestige to the anti-ADHD crusade. In addition, "The Office of Special Education in the U.S. Education Department collaborates with CHADD [Children and Adults with Attention Deficit Disorder], the major pro-drugging lobby." He also pointed out that "school districts actually get grants for every child they designate a 'special needs' child. So there are financial incentives at work here — both for the psycho-pharmacology industry, and for the school systems."

Undergirding this corrupt system is the totalitarian concept of *parens patriae* (the parenthood of the state), under which children belong to the government, and parental rights can be terminated any time the state sees fit. These evil assumptions are prominently featured in *Relinquishing Custody: The Tragic Result of Failure to Meet Children's Mental Health Needs*,

published by the New York-based Bazelon Center for Mental Health Law in 2000. The logic of that report — such as it is — dictates that parents who resist the drugging of their ADHD-diagnosed children have effectively relinquished the right to raise their own children.

"Parents should never be asked to choose between getting mental health treatment for their child and retaining legal custody of their child," begins the report. "Yet for at least 20 years they have been asked to do just that. Today, in half of the states almost one in four families seeking mental health care for a child faces such an inhumane choice." But as Dr. Baughman observed, "The term 'relinquishment' implies a voluntary decision, not the product of deception or coercion, rather the product of informed consent." But with children diagnosed with ADHD, "it all starts and ends with the lie that the child is abnormal or diseased." Once they are on the drug regimen, these normal children become permanent patients — "patients who were normal when targeted, but become distinctly abnormal or intoxicated once drugged.... This is like an evil combination of the nightmare scenarios from *1984* and *Brave New World*." ■



Confronting the psycho-pharmaceutical cartel: Noted neurologist Dr. Fred Baughman describes the coercive drugging of American schoolchildren as "an evil combination of nightmare scenarios from *1984* and *Brave New World*."

Ending the Nightmare

by William Norman Grigg

How can the nightmare described by Dr. Baughman be ended? The most obvious remedy is to deprive schools of the ability to force parents to drug their children. In recent years, the states of Connecticut, Minnesota, Virginia, Illinois, Colorado, and Oregon have passed laws prohibiting the forced drugging of schoolchildren. (A similar measure in Utah, passed by a solid majority of state legislators, was vetoed by Republican Governor Michael Leavitt.) Legislatures in 13 other states have introduced similar legislation. On May 21st, the U.S. House of Representatives passed (by a vote of 425-1) H.R. 1170, the Child Medication and Safety Act, which would enact a national ban on forced drugging of schoolchildren. Senator John Ensign (R-Nev.) introduced a companion bill in the Senate on July 10th.

Attractive as that federal legislation may be, there is a serious catch. As neurologist Dr. Fred Baughman observed, the ADHD/Ritalin nightmare was "orchestrated from above" with federal assistance; it has grown as federal control over the school system expands. Enhancing federal power to fight a federally abetted problem is not a promising approach. Although it's certainly understandable that parents who have suffered at the hands of what Dr. Baughman calls the "psycho-pharmacology cartel" would support immediate federal action to defang that cartel, Americans must remember that the feds created that cartel. To paraphrase the most reliable Source of wisdom, one can't cast out Beelzebub by the power of Beelzebub.

How can the nightmare described by Dr. Baughman be ended? The most obvious remedy is to deprive schools of the ability to force parents to drug their children.

The near-unanimous passage of H.R. 1170 illustrates that there is a formidable constituency for ending the drugging of schoolchildren. That nationwide constituency should continue to educate parents across the country and direct its efforts at state legislatures to pass laws protecting children and parents from the kid-drugging cartel. Parents seeking to protect their own children *now* should also consider the wisdom of getting them off the schoolyard pushers' turf by taking their children out of the government school system altogether. ■

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June 4, 2003

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Dear Dr. Baughman:

In response to your letter concerning evidence of changes seen with neuroimaging techniques in the brains of patients with psychiatric disorders, I would refer you to a number of recent textbooks, which summarize this. In particular, you might refer to The Neurobiology of Mental Illness, University Press by Charney, Nestler and Bunny or the latest edition of Schizophrenia, published by Blackwell Science and edited by Hirsch and Weinberger. In response to your other question, I am a board certified neurologist.

Sincerely,

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