READING, WRITING, 'RITHMETIC, AND RITALIN

by Phyllis Schlajly *April 4, 1996*

Can it be a disease if no X-ray, CT scan, blood test, laboratory analysis, **MRI,** or any other medical test can confirm its existence? Can it be a disease if diagnosis can be made by a non-physician checking any 8 of 14 items on a behavior checklist such as inattention, impulsivity, hyperactivity, or short attention span?

Yet, an estimated two million children (three times as many boys as girls) have been labeled with this disease and are taking a powerful drug to treat it. That's four times as many as in 1990.

The disease is Attention Deficit Disorder (ADD) or Attention Deficit Hyperac tivity Disorder (ADHD), and the most widely used drug to treat it is methylphenidate, known as Ritalin. A powerful stimulant, it juices up the central nervous system, takes effect in 30 minutes, and peters out in three to four hours. Ritalin is classified as a Schedule II controlled substance in the same category as cocaine, methadone and methamphetamine.

It may be coincidence, but in 1991 the U.S. Department of Education formally recognized ADHD as a handicap under the Individuals with Disabilities Education Act and Section 504 of the 1973 Rehabilitation Act. After the Department directed all state education officers to ensure that local school districts establish procedures to screen and identify ADHD children and give them special educational and psychologi cal services, generous funding suddenly began to flow.

Public schools have learned how to tap into free-flowing federal funds from Medicaid. Letters sent home to parents brag that the schools "will use this new rev enue to add more services for children who require specialized health care, social services, mental health care, speech therapy, counseling, and psychological services."

The Capital Research Center has exposed how Goals 2000 is used as a cover to authorize programs in health care and create a system in which children selected by teachers are regularly tested for emotional, social, mental, and physical disorders (such as ADD and ADHD) in clinics inside the public schools. Once children are diagnosed and labeled with one of these conditions, school health officials have the authority to treat them by prescribing and administering such medications as Ritalin, Valium, Lorazepam and Prozac.

Schools are starting to administer medical treatment to children under new, looser prescription-writing standards developed under Robert Wood Johnson Founda tion initiatives. These new rules allow nurse practitioners and physician assistants to prescribe drugs.

Goals 2000 proposals receive funding from the Department of Education, Medicaid, Maternal and Child Health (Title X) block grants, state programs, and

private foundations. Private foundations and government agencies have teamed up to develop, coordinate and support a variety of public school systems to govern the health and behavior of children, sometimes under the name Children's Initiative.

A Pittsburgh-based foundation that will not allow its name to be disclosed provided grants for two projects named "Pharmacological and Psychosocial Treatment of ADHD" and "Community-Based Treatment for ADHD: Summer Treatment Pro grams and School-Wide Interventions" to be operated by the University of Pittsburgh and the Gateway School District in Pennsylvania. The grant funds were matched by taxpayers' money from the federal National Institutes of Mental Health.

One portion of this project, called the "Pittsburgh School Wide Intervention Model," uses a procedure called sociometrics, in which children are asked to answer a lot of nosy questions about the other kids in their class, such as who they do not want to be friends with. The children are instructed not to discuss the questions and an swers with anyone else.

In 1994, the U.S. Department of Education, Office of Special Education Pro grams, under contract HS92017001, gave the Chesapeake Institute of Washington, D.C. the funding to produce two slick videos: "Facing the Challenges of ADD" fea turing actress Rita Moreno, and "One Child in Every Classroom" with Frank Sesno as moderator. Parts of the videos sound like an infomercial for Ritalin.

In a **PBS** documentary following eight months of investigation, a Department of Education spokesman was asked if he was aware that the parents who spoke so en thusiastically about Ritalin on the videos were board members of Children and Adults with Attention Deficit Disorder (CHADD), and if he knew that CHADD has received cash grants of $900,000 plus in-kind services from Ciba-Geigy, the manufacturer of Ritalin. Obviously embarrassed, the bureaucrat denied such knowledge.

It's clear that the Department of Education does not adhere to professional standards of disclosure. When anything is published in the Journal of the American Medical Association, for example, the author must sign a statement in which he re veals "any affiliations with or financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the manuscript."

John Merrow, executive producer of the PBS documentary, reported that Ritalin is so plentiful that a black market has developed on the school playground. Ritalin can be crushed and snorted for a cheap and modest buzz, and it has become a "gateway drug" in junior high school, the first drug a child experiments with.

Parents of a child who is diagnosed, labeled, or treated by school-paid person nel would be well-advised to seek an independent, unbiased medical opinion.