

An Ounce of Prevention is a Pound of Cure—Maybe:
Observations on How We Care For Our Children
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“An ounce of prevention is a pound of cure.” Like all great aphorisms, this one, often associated with Ben Franklin, holds wisdom and is partly true, based on assumption. In this case, one must assume the role of victim of unnecessary malady that necessitates a cure...or that there is a felt connection or empathic relatedness to the one who suffers malady. Where these assumptions are not met, the aphorism is false. To wit, for the giant corporation of Halliburton and its government and military operations group, or for the mercenary army of Blackwater, going to war is worth a great deal more than diplomacy.

Focusing on the more obvious issues of health and disease, how does this old aphorism apply to our modern day United States? If you are Eli Lilly corporation, disease as in diabetes, or alleged disease as in “schizophrenia,” is worth a great deal—a cursory look at the profit points related to the drugs for diabetes, or Zyprexa for schizophrenia, show that the treatment is extremely profitable to the corporation. For Eli Lilly, wellness is a wash. In today’s corporate world, two prime values reign—maximum profit and minimum liability.

Disability and Disease: Measures of Failed Development

Disability rates in the United States are incredible. Investigative journalist Robert Whitaker (2005) analyzed data on adult psychiatric disability in the United States. A century ago, one out of 500 people was considered “disabled” by mental illness and in need of hospitalization. By 1955, at the advent of the first mainline psychiatric drug, Thorazine, for serious “mental illness,” that number had jumped to closer to one in 300. Incredibly, in the next 50 years, a period when psychiatric drugs have been the primary treatment, the disability rate climbed steadily. It is astounding that one in 50 adults in this country receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) money from the government for psychiatric disability. Clearly, prevention is not happening. Psychiatric disability is epidemic; we are a failing society in light of adult well-being as defined by ability.

The data on schoolchildren with various “disabilities” rendering them eligible for special education makes the one in 50 statistic pale by comparison. As I describe in my book, *The Wildest Colts Make the Best Horses* (2003), there has been an amazing increase in the number of children labeled as learning disabled (LD) or diagnosed with “disruptive behavior disorders” (DBD). These children are generally placed in special education. Federal legislation in the early 1960s created a big push for the growth of special education, spending reaching \$1 billion in 1977; by 1994 this was a \$30 billion industry. The 1991 expansion of the Individuals with Disabilities Education Act (IDEA) to include so-called Attention Deficit Disorder (ADD) as a qualifying disability was a huge spark in this growth. In any event, it is not unusual for a school district to have one-fourth of its students in special education one way or another—that would be one in four.

Then there is disease. Very serious illnesses like cancer and diabetes are increasingly prevalent. It is true there is great noise about finding cures—witness Lance Armstrong’s recent initiative on

taxpayer funding of cancer research in Texas. But how serious are we as a society in applying Franklin's aphorism? Granted there is a good deal of movement and activity regarding wellness—exercise, fitness programs, gyms, diets, nutritionals, etc. This is very good. Our selected 2008 presidential candidates may talk about minor changes in our largely failing “health care” system—how to provide more “cures.” For those willing to see, however, it is exceedingly clear that the noise about cures does not in many ways extend to prevention. How much have you heard about reining in corporate environmental toxicity, or developing attitudes and policies to seriously diminish pollutants from our profligate fossil fuel consumption, or the accumulation and dissemination of deadly radioactive substances from our nuclear program? How seriously does our leadership consider that cancer rates are related to these environmental poisons that are exceedingly preventable?

It seems there is massive resistance to facing certain simple truths about prevention of real disease. Most readers are likely aware that the United States has very high rates of childhood obesity and diabetes—both exceedingly preventable. How serious a campaign have you seen to rein in some the more obvious forces contributing to this epidemic? How much pressure and disapproval, much less legislative controls, are being expressed toward the corporate entities that mass manufacture and mass advertise unhealthy, obesity and diabetes-promoting candies and cookies and junk foods and soda pop?

According to the Environmental Protection Agency in 2003, children are getting asthma at more than double the rate two decades ago, and one of every dozen women of childbearing age has blood mercury levels that could hinder brain development in a fetus. Have you noticed elder government leaders in responsible positions making decisions to enhance wellness in our children by confronting the forces perpetrating the poisons that cause asthma and poison the brains of unborn babies?

Is the explanation to such denial really so simple as the idea that any challenge to radical free market capitalism is anti-American? I think it is more simply the case that these corporate entities have achieved a degree of control over the government and the media that tends to defuse or negate meaningful challenge.

Are corporate profits the best answer to the question of how to enhance our children's well-being? If so, we should be doing better than ever. We are not.

So there is disease, such as cancer and diabetes and asthma. We are clearly failing in prevention of these very real illnesses, including with our children. This failure pales, however, in comparison to psychiatric disease, or so-called mental illness. Childhood mental illness is now virtually pandemic in the United States as an estimated 1 of 7 school age children is on at least one psychotropic drug, and many are on several. My analysis of the statistics showed an estimated 4,000% increase in the number of children on psychiatric drugs between 1970 and 2000. This is, of course, immensely profitable, billions of dollars in sales for various specific drugs used to “treat” these children's “mental illnesses.”

The big question posed by Kali Wendorf and *Kindred* remains—“Is it good for the kids?”

Pseudoscience and the Creation of Imagined Disease

This drugging of our nation's children is tragic because of the very dangerous, toxic nature of these substances. It would be tragic even if the so-called psychiatric diseases of childhood were real diseases like diabetes or asthma. It is beyond tragic, however, when one confronts the fact that these "illnesses"—ADHD, Bipolar Disorder, Depression, etc.—are only alleged or imagined diseases. Real disease is discovered by medical scientists, confirmed as an objective, identifiable physical or chemical abnormality such as a cancer tumor or a blood sugar imbalance. Alleged disease is proclaimed by fiat. Mostly these consist of so-called mental illnesses. Most common in our nation's children would be "Attention Deficit Hyperactivity Disorder" (ADHD), followed by others like the current rage named Bipolar Disorder, and Depression. These "diseases are not discovered, and there is no verifiable physical or chemical abnormality. Rather, a group of "experts" from the American Psychiatric Association *decides* that certain behaviors (called symptoms) are abnormal and *votes* these sets of behavior into existence as diseases. For example, ADD was voted into existence in 1980, and ADHD in 1987. Today, literally millions of children are given powerful, addictive stimulant drugs, allegedly to treat their unfortunate mental illness! (Breeding, 2000)

The enormous expansion of special education described above in the section on disability reflects a perversion of the original intention of federal efforts to meet the needs of physically handicapped children with objective disabilities, like hearing and visual problems. This benevolent mandate has been systematically broadened to include ever more subjective diagnoses, such as non-specific learning disabilities and ADHD. It is absolutely astounding that today about 60% of children qualifying under IDEA have no verifiable physical disability. These children are selected solely on the basis of subjective criteria, given labels such as LD, ADD or ED (emotionally disturbed). Could it be that these diagnoses are a modern way of "blaming the victim?" It seems to me that labels like LD and ADD serve to justify our school and community failures to meet our children's real educational needs, and absolve us adults from responsibility to figure out and make the necessary changes to meet those needs.

Child psychiatry is not a legitimate medical science. An act of faith asserts that created entities such as the ubiquitous ADHD are biologically or genetically based. By such faith-based declarations, the real act of giving a child a drug to control or alter his or her mood and behavior (likely considered criminal) is magically transformed to an imagined—and hence morally justified—as an act of medical treatment, giving "medicine to an unfortunate sick (mentally) child.

How do You Prevent Imaginary Disease?

Regarding prevention, things get very thorny here. As I suggested above, it is difficult enough, apparently almost insurmountable for our society, to meaningfully confront the conditions necessary to promote well-being amongst our nation's children—to prevent unnecessary physical diseases. When one truly understands that these childhood "mental illnesses" are not even real diseases—that they are imagined, created, *not* physical or chemical pathologies, *not* disease—then how in the world can they be prevented? Or treated for that matter. Can you treat something

that does not exist? Can you prevent it? Well, just as you can detain and torture a man you think is a terrorist, so you can select, label and drug a child you deem mentally ill. The difference, of course, is that some terrorists do exist, but no child identified as ADHD has been so labeled because they met a medical standard that confirms the existence of a specific pathology connoting disease. Can't happen because no such standard exists. As hard as it may be to accept, the words of retired neurologist, Fred Baughman, Jr., are nonetheless absolutely true: "ADHD is a total, complete 100% fraud."

You cannot prevent ADHD because it is not real. You can prevent children being stigmatized with the label, and you can certainly prevent drugging them with addictive stimulants, commonly called speed.

Further into the Abyss: The Creation of Real Disease

As Benedict Carey reported in the New York Times (9-3-07), an analysis of national outpatient medical records by Dr. Mark Olfson of Columbia University documented a 40-fold increase in the "diagnosis" of bipolar disorder in youth (0 to 19 years old) within a 10-year period (1994-2003). The researchers calculated the number of visits in which doctors recorded a diagnosis of bipolar disorder, and found that the numbers went up from roughly 20,000 such diagnoses in 1994 to about 800,000 in 2003. The primary treatment of so-called bipolar disorder, of course, is psychotropic drugs, specifically so-called mood stabilizers like Depakote, and antipsychotics like Abilify or Zyprexa. Olfson's other study finding: "nearly one in five psychiatric visits for young people included a prescription for antipsychotics." Antipsychotics are very serious, very toxic, even more dangerous than stimulant speed. They are known to have caused probably the largest epidemic of neurological disease in history—Tardive Dyskinesia—in millions of adults around the world. As Robert Farley reported in the St. Petersburg Times (7-29-07), "skyrocketing numbers" of children are being given these powerful neuroleptic drugs. Farley reports a 250% increase in Florida in the last 7 years. This is a nationwide trend.

Consider this even deeper twist on the theme of prevention. So-called bipolar disorder is a prime example of fictitious medical disease, now used to justify selling poisoning drugs like Zyprexa and giving them to our precious children, resulting again in tremendous profits to companies like Eli Lilly, the maker of Zyprexa. Not only that, but a little closer look shows that a very large percentage of children diagnosed Bipolar started off with an ADHD label. Typically, these so-called bipolar kids were taking stimulants for years before they were subsequently diagnosed bipolar. Once one has the information that psychosis, agitation, anxiety, mania and cognitive and mood deterioration are all listed effects of stimulant drugs, it is easy to see that long-term use can lead to symptoms that psychiatry, more and more frequently labels and treats as severe mental illness. Thus, treating an imagined illness called ADHD leads to more intense and severe drug-induced debilitation, misinterpreted as severe mental disease, leading to more damaging, and more expensive further "treatment." The end result is a tragic and pathetic example of iatrogenic (caused by medicine or medical doctors) disease. Children are stigmatized, less functional, more disturbed, typically on several drugs, and physiologically damaged by the "cure."

In the same sense as ADHD, you cannot prevent bipolar disorder, since it is also an imagined illness. However, as the above analysis reveals, there is one way to prevent even many of the

troubled behaviors that psychiatry uses to justify its creation of the budding epidemic of “bipolar disorder”—simply do not put young children on toxic stimulant drugs.

I cannot imagine it getting much sadder than turning healthy children into chronic, lifelong, neurologically damaged mental patients. Incredibly, though, the perversions of prevention do get even more bizarre. I will provide one example from the 1990s and one from this decade to show what I mean.

Racist violence initiative

As described above, the notion that problems in living are due to biologically or genetically based mental illnesses is the claim to virtue that justifies the runaway train wreck, which is the massive drugging of our nation’s children with powerful, addictive toxic psychotropic drugs. This is the same kind of thinking that leads the American government to pursue programs such as the so-called federal violence initiative that seeks to screen inner-city youth for a genetic predisposition to violence. As Peter and Ginger Breggin report in their 1998 book, *The War Against Children of Color*, the National Research Council wants to look for “biological and behavioral characteristics of infants that increase their risk of growing up to commit violent crimes.”

This biopsychiatric view on aggression was seen in the face of the so-called Federal Violence Initiative. This incredible program, more aptly known as the "Racist Violence Initiative," was put forth several years ago by Frederick Goodwin, top-ranking psychiatrist in the Bush administration and director of the National Institute of Mental Health (NIMH). The initiative included ongoing "research" into the supposed biological basis of inner-city violence and includes proposals for biomedical social control. The U.S. government was asking "Are Black People Genetically Violent?" and planning a psychiatric screening program that would, like screening for ADHD leads to Ritalin use, lead to mass drugging of innocent inner-city children, the vast majority of whom are young people of color. The National Science Foundation, the Centers for Disease Control, and the Justice Department were all involved. Elaborate pseudoscientific language, and much of the federal government's effort, goes into obfuscating and/or directly denying this initiative's plain racist intent. Thanks to the leadership of Peter and Ginger Breggin, and the work of many, this initiative was partly derailed. Nevertheless, “research” actually began in Chicago, and the push for this modern version of eugenics goes on.

The Federal Violence Initiative is a clearly racist practice, one legacy of a distorted biopsychiatric theory frighteningly analogous to the practices of Nazi Germany. As Dottie Curry, social activist and international leader in the Re-evaluation Counseling Community put it, "The 'violence gene theory' is now added to the 'stupid gene theory' to further convince society that the African will not fit in the USA, and is dangerous to the world."

The words of Goodwin demonstrate that the proponents of biopsychiatry represent the same awful lineage as the Nazi eugenicists. The following excerpt is from a speech he delivered on February 11, 1992, to the National Health Advisory Council, on the unveiling of the Federal Violence Initiative. Goodwin's quote is not an abusive anomaly; it is a faith-full expression of the thoroughly flawed, morally bereft, and dangerous biopsychiatric worldview underlying

psychiatric oppression. It graphically reveals the same distorted view of social Darwinism that guided the Nazis:

If you look, for example, at male monkeys, especially in the wild, roughly half of them survive to adulthood. The other half die by violence. That is the natural way of it for males, to knock each other off and, in fact, there are some interesting evolutionary implications of that because the same hyperaggressive monkeys who kill each other are also hypersexual, so they copulate more and therefore they reproduce more to offset the fact that half of them are dying.

Now, one could say that if some of the loss of social structure in this society, and particularly within the high impact inner cities have removed some of the civilizing evolutionary things that we have built up and that maybe it isn't just the careless use of the word when people call certain areas of certain cities jungles, that we may have gone back to what might be more natural, without all of the social controls that we have imposed upon ourselves as a civilization over thousands of years in our own evolution.

So experts like the preeminent psychiatric leader, Frederick Goodwin, believe this: prevention of the manifestation of the genetically based mental illness that is the root cause of violence may be handled by screening inner city youth. Given the predisposing belief—its falsity is irrelevant—it is a sure bet that those identified as having such an incipient mental illness would be treated accordingly. That means drugs.

Nothing to do with, for example, declining educational standards, poverty, scarcity of well-paying jobs. How about institutionalized racism? Did you know that 2/3 of all people imprisoned for drug offenses are black; add in Latinos and the number is about 80%? Only 22% of all monthly drug users are black or Latino.

Schizophrenia prevention

Consider this statement from an article called, "Can Schizophrenia Be prevented," by Peter Dkosh (2000), in *Neuropsychiatry Reviews*:

The danger of the "wait-and-see" approach is illustrated by a groundbreaking randomized trial led by Patrick D. McGorry, MBBS, PhD, MRCP (UK), Professor of Psychiatry and Director of the Centre for Young People's Mental Health at the University of Melbourne, Australia. The study, the only schizophrenia prevention trial completed thus far, involved 59 persons with prodromal symptoms who received either "supportive following" or a multimodal treatment regimen consisting of low-dose risperidone, cognitive behavioral therapy, and (if necessary) antianxiety or antidepressant medications. After six months in the study, schizophrenia was diagnosed in 10 of the 28 control participants (36%) but in only four of the 31 of treated subjects (13%).

Do you see the danger? McGorry sees as danger the possibility that we will miss opportunity to prevent citizens with untreated prodromal (early warning signs) symptoms of schizophrenia from manifesting their incipient disease. In actual fact, such preemptive drugging practices guarantee

pathology, beginning at the moment the unfortunate citizen subject begins taking a brain damaging substance like risperidone.

Certain other facts render the idea of preemptive drugging as prevention even more absurd and tragic. As Robert Whitaker details in his 2002 book, *Mad in America*, there is a natural recovery rate of about 60% for those diagnosed as schizophrenia, both historically and even today in “undeveloped” countries. Whitaker points out the contrasting, almost 0% recovery in the United States; the obvious compelling difference lies in the ubiquitous use of antipsychotic drugs as treatment. Furthermore, there is actually an ample literature on successful non-drug assistance of people in extreme states of mind. For our purpose here, I leave it with a recent study on the subject. Martin Harrow and Thomas Jobe of the department of psychiatry at the University of Illinois in Chicago reported in the May 2007 issue of last month's *Journal of Nervous and Mental Disease*, that over 15 years, schizophrenia patients not on antipsychotics showed more periods of recovery than those taking antipsychotics. These researchers reported that, after 10 years, 79% of patients on antipsychotics were psychotic, whereas 23% of those not on medication were psychotic. After 15 years, 65 per cent of patients on antipsychotics were psychotic, whereas only 28% of those not on medication were psychotic. The study's authors concluded that "not all schizophrenia patients need to use antipsychotic medications continuously throughout their lives."

An even bigger push at this very moment in the United States is the effort of the government psychiatric industry to implement one of the recommendations of President Bush's 2003 New Freedom Commission recommendations for our country's mental health system. There has been a storm of controversy about the commission recommendations for universal mental health screening, and suggestion the 56 million young people in the nation's public schools would be a great place to do it. See the Declaration of Refusal (Breeding, 2003), and related material on my website, www.wildestcolts.com, for a summary of the issue. Ken Kramer's PsychSearch website also has excellent information on the push for mental health screening of our nation's young people (<http://www.psychsearch.net/teenscreen.html>).

In sum, in our society, we drug young people who are labeled mentally ill at an extreme rate. The trend is toward more children, at younger ages, with more and more powerful drugs in various combinations. The federal violence initiative and the push towards the practice of schizophrenia prevention and universal mental health screening take it even further, arguing for psychotropic drug use as prevention. That the “diseases” we are purporting to prevent are strictly imaginary from a medical science perspective starkly reveals the irrational and dangerous reality of this horrific affair.

The Ability to See and Act

Valid answers to the question of prevention can only come from the ability to see what is really going on and to translate the Orwellian language that perverts reality and results in poisoning our children. Here is an example of that translation:

Treating a mentally ill child with medicine for ADHD. This means...
Drugging a child judged as behaving poorly to control or alter their behavior.

Labeling and drugging a child to reduce adult discomfort.
Labeling children to create product points, to sell a product for profit.
Drugging a child to sell a drug.

Closing Thoughts on Prevention: The True Nature of Children

One of my books is called *True Nature and Great Misunderstandings*. The subtitle is *On How We Care For Our Children According To Our Understanding*. This book title is based on the premise, attributed to Anais Nin, that “We see the world not as it is but as we are,” and that we act accordingly. As long as people are so confused and misinformed that they think problems in living, specifically challenges with children, are due to biological or genetic defects in the children, then children will be blamed and hurt. Psychiatric drugs are an extremely powerful control device, a way to subdue children, and avoid adult responsibility for real understanding and real effort to meet children’s real needs.

My view on the true nature of children is that we are born with brilliant intelligence, tremendous energy and zest, and intense relational desire. I also think that we can TRUST in the natural trajectory of human development, and do not need to tame and suppress our children. As my 21st Century Manifesto for Parenting (Breeding, 2002) makes clear, however, I am also strongly and regrettably aware that we live in a highly disturbed society that is not structured to meet well many of the developmental needs of our children. Blaming the kids by labeling them defective and then suppressing them with drugs may provide a temporary false absolution of adult responsibility. The bottom line, however, is that such practice is pathetic, cruel and tragic. Let’s stop it now! The challenge is doing whatever it takes be clear and strong enough as adults to fiercely defend them from unnecessary harm, and simply to enjoy and take delight in our beloved, spirited children.

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