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# **Dead Wrong: How Psychiatric Drugs Can Kill Your Child**

By Unknown

Matthew was a very loved child.  
He was an 18-year-old American boy  
like everybody else in this country is.  
Normal boy.  
When he was born he was just the  
cutest little baby with big brown eyes.  
He was a handsome little boy and  
he was very happy all the time.  
He was such a free spirit. He was so happy  
all the time and he had a smile to die for.  
I remember Matt's smile,  
boy, I'll tell ya somethin'.  
He was a charmer, yeah, those eyes of his  
could probably get him in a lot of trouble.  
He was always involved, you know.  
He liked to be involved in sports...  
We used to play basketball, paintball.  
He was always a scrapper.  
That's one thing we liked about him, if  
you picked on him, he'd pick on you back.  
Someone to always talk to, personal  
relationships, someone you could depend on.  
He was a great person, lots of fun.  
I miss him.  
I miss him every day of my life.  
We called him Matthew,  
we called him Matt.  
The kids, the girls a lot called him  
Matty, you know, but he was my Matt.  
And he loved to fool around with  
the kids and wrestle with the boys.  
And he and Annie were very, very close  
because they were the closest in age.  
Those two, they were  
like two peas in a pod.  
But, unfortunately, apparently he was having  
trouble sleeping and he was having bad dreams  
and waking up and starting  
to have like panic attacks.  
That's when I said to him, "You  
know Matt, maybe it would be helpful"  
"if you talked to somebody outside of  
the family. Would you want to do that?"  
So, I made an appointment with him.

So we go in there and she sits down with us and after no more than 15 minutes of talking with Matthew and asking some questions, she gives us samples of Lexapro. So I said, "What about, what about side effects?" I said, "You know, what should we expect from something like this?" And she says, "Well, you know, they're very well tolerated." And she said, "You know, you either could have like headache or nausea" "or maybe some insomnia." So we went home with our sample pack of Lexapro and at that point he stopped wanting to talk. He seemed to be withdrawing more. This was weird behavior for him. Well, a lot was happening at this time, also, and he was graduating from high school. Of course, the big plan, the kids always, they go to Senior Beach Week. He didn't want to go. He wanted to go visit his brother. And off he went. The day that he was supposed to be coming home it was around one o'clock, I hadn't heard from him yet. He was supposed to call me when he finally left. Later on, I guess it was after I got off work, I called and he didn't answer. But a little while later he called me back and he said, he might have said he was almost to North Carolina.

**It was about 11:**

said, "I'm fine, I just passed Roanoke." I woke up at around 2:30, kind of jumped up, looked at the clock and realized he should have been home an hour ago. So I called the cellphone.

It went straight to voicemail.  
I kept calling and calling. I'm like,  
"Matthew, answer the friggin' phone!"  
I was like so upset. I fell asleep, woke up  
again, it was about six o'clock in the morning.  
I started getting ready  
for work, went to work.  
I could hardly function. I went  
and told my boss I have to go home.  
Get in the door, phone's ringing...  
...and there's this man on  
the other end and he said,  
"I'm looking for the  
family of Matthew Steubing."  
I said, "This is his  
mother, who's this?"  
And he said, "I'm calling  
about the jumping."  
Our world blew apart.  
We couldn't imagine  
that this had happened.  
We couldn't understand, 'cause this,  
this just wasn't Matthew.  
None of this was Matthew,  
I mean, it was like,  
made no sense, it made no sense.  
That was the beginning of my story.  
As a mother, I needed to make sense  
of what had happened to my child.  
There were so many  
questions. What had we missed?  
The first answer came six  
months after Matthew's death  
when my husband found a magazine article  
that linked psychiatric drugs to suicide.  
I was horrified.  
And yet, I knew we had found the  
answer to the biggest question of all,  
"How could this have happened?"  
The article answered some questions  
but made me think of so many more.  
I had to find out for  
myself. I had to do something.  
This is for you, Matthew.

Before, all I had ever heard about psychiatric drugs from the media, at schools, in the doctor's office, was how safe and effective they were. You know, you feel sad and that means you have a chemical imbalance in the brain. Just take a pill and that will help even you out, no problem. But this certainly didn't happen in Matthew's case. Something was wrong with that story and I needed to find out what. But were there any professionals who could tell me what's really going on? Dr. David Stein, a psychologist who has written many books and articles against the use of psychiatric drugs on children, agreed to talk with me. So I made the three-hour drive to see him. Hi, how are you doing? Good to see you.

- I'm Celeste.

- I'm Dave Stein. Good to see you. Hi folks. Tell me, what brought you to drive all the way down here?

- Well, we went to a doctor, a psychologist... - Okay. ...and my son was diagnosed with depression and we were told that it was being caused by a chemical imbalance. Is there such a thing as a chemical imbalance in the brain that can cause psychological problems? No, actually that's one of the misstatements of disinformation or misinformation that's coming out, and unfortunately I think your psychologist believes there's a chemical imbalance and a lot of people do, the psychologists, educators. The psychiatrists certainly accept it and now pediatricians are accepting it.

It is not caused by a chemical imbalance and what makes me angry is so many of the doctors are just buying into that.

It's just not true.

And there is no test or anything that could have been done to determine that. Am I right?

They claim that they've found this chemical imbalance or that anatomical problem or anomaly with the

brain or nervous system

and yet if you were to send your child

to a lab to have the chemical tests done

on his blood or urine, they would look at you like you're insane because it can't be done.

So what they claim is an imbalance

cannot be measured by any laboratory

or urine tests or PE scans or CAT scans.

None of it can be replicated

at the clinical level

and there are about a thousand

claims that come out every year

where they think they've found the cause

of depression or ADD or bipolar disorder.

None of it is true.

- Does that answer your question, Celeste?

- Yes. I think so.

I feel that if I had known better, if I'd had the information in front of me to make a decision,

he would never have been on that drug, to be

honest, he never would have been on that drug

and I believe we would

have worked it through,

so I feel, I feel to blame.

- You feel guilty.

- I do. I think I'll always feel that way.

You did not let your son down.

You were an honest parent,

honestly seeking help for your

son who was having some trouble.

And if you went to the bookstore,

the books would say the same thing.

The same garbage would be inundated

through all the bookshelves,

so you'd pull one book after

another book, after another book,  
and all you would get is "chemical imbalance"  
or "neurological disorder" and all this.  
And "They need the drugs and the drugs and  
therapy, the combination is the way to go."  
You would have gotten it from  
everywhere you would have looked.  
Except the very few scholars around the  
nation and the world that are fighting this.  
And we're a rare breed. We  
read deep into literature.  
You're not at fault, Celeste.  
I think your attitude  
will change. But right now  
the prevailing and pervasive  
attitude is what you walked into.  
It makes me angry.  
I feel anger at hearing your story.  
Doctor Stein, thank you so much.  
- God bless you and I'll help  
you any way I can. - Appreciate it.  
What Dr. Stein said shocked me.  
Why hadn't I heard this before?  
Why hadn't anyone told me this?  
Was the mental health  
industry knowingly lying to me?  
And if they had lied to me, surely  
I wasn't the only one they lied to.  
I found out I was not alone,  
there were a lot of other mothers  
who had been through similar  
experiences and were speaking out.  
Meeting these women was an opportunity to  
hear about what had happened to their children  
and come to terms with what  
had happened to Matthew.  
Thank you all very much  
for being here today.  
I think this is... really important  
things we have to talk about.  
And I've met so many wonderful  
people through this ordeal,  
for all the wrong reasons and  
one heartbreak after another.

So I know there are so many stories just right here in this room and I want people to know what this can do to families and to children. So thank you for being here today and helping me.

- Thank you.

- Thank you.

You know, they let you think that one doesn't matter.

You know, they expect that a certain percentage are going to suffer these side effects and that's okay with them.

- One child's dying is too many.

- But it's not okay for me, it's not okay.

- No, no.

- And there's one and there's one and there's one and then there's a hundred and then there's a thousand and then there's ten thousand.

And it's not just one.

And one is too many but it just goes on and on.

When I took Matthew to the doctor, he was diagnosed with a clinical depression.

And they said it was because of a chemical imbalance.

What happened to you when you took Candace?

We took Candace because she was exhibiting anxiety at school.

She had started blocking on tests.

And I had a couple of teachers say,

"You know, Candace needs to study for these tests,"

when I would know that she had 'cause I used to study with her and she'd always make note cards and everything.

But she would get to the test and she would freeze or else her writing was so horrific that she might have had the right answer but the teacher couldn't read it, so she'd get it wrong anyway.



And I took Candace to a highly recommended child psychiatrist and he talked to her for about 15 minutes and said, "Well, she has a generalized anxiety disorder."

The only way that this anxiety was manifesting itself was in tests. There were no other areas of anxiety. They're not telling you that it's entirely psychologically based and subjective. They're just saying, "Oh, well, based on these symptoms you have a chemical imbalance." And then with a chemical imbalance it's like, where did they come up with that? What chemicals? I love that. Like, where's the test? Don't we get a test? Where are the tests and... You can draw somebody's blood and see if they have cancer. You can... those are real medical diagnoses.

If somebody tells you that your child has ADHD, ask them to draw their blood and show you the chemical imbalance causing this. And they can't do it because they haven't proven the chemical imbalance that's causing this. It's completely arbitrary and subjective and it is their opinion that that's what's going on with your child who you are actually the expert on. They always hide behind that... I say "they," the psychiatrists and the psychologists. They always hide behind "We're doing this in the best interests of your child," and that's really hard to get around as a mom. You're out there and you're like, I want to do what's in the best interest of my kid. - Of course, they're playing on the guilt again. - Yeah! "If you loved your child you'd drug them for their own well-being." And you want to do what is right for

your child so you bow to the pressure  
because you think that they know  
because they have an educational history.  
They've gone to college,  
they're more powerful, they know.  
You know your child better  
than anybody. Tune 'em out.  
You do what your heart tells  
you. You don't listen to 'em.  
These women were strong, knowledgeable  
and determined to spread the word  
that what had happened to their  
children could happen to anyone's.  
Because when it comes to diagnosing  
kids with psychiatric disorders,  
no one really knows what they're doing,  
as a group of high  
school students found out  
when they interviewed psychiatrists  
at a recent psychiatric convention.  
Matthew's doctor never informed me about  
the unscientific nature of her diagnosis  
or the serious possible consequences of  
taking the psychiatric drugs to treat it.  
So I went to see the well-known  
physician and author Dr. Doris Rapp  
to find out what I  
should have been told.  
My son was put on the drug Lexapro  
and we were told that the side effects were

**very benign:**

What serious side effects  
should I have been warned of?  
Well, drugs such as that  
can cause depression,  
it can cause dizziness, and  
there are many isolated reports  
of almost any area of the  
body being affected by those.  
These are the ones that cause the  
depression, the suicidal thoughts,  
the heart disease,  
the metabolic defects.

And I think that obviously lung function and cardiac function need to be monitored on children if they are finding enlarged hearts and the children are having heart attacks and strokes and increased blood pressure and irregular heartbeats. And it was found that many times when you stop these drugs the symptoms don't disappear. You think the shaking is gonna go away. It may not go away. And there's nothing more devastating to a young child than to twitch and have these jerks in their body that they can't control. You should have been told to watch for any change in how your son feels or acts or behaves, any change in his appetite.

- Is he dizzy, does he have problems with his coordination? - Right.

- Did they tell you to contact them if there was any change? - No.

- Did they, they didn't give you a sheet with side effects? - No. There was no sheet. You should have received a sheet that said these are the things you might look for and if you notice any of these, but I think most people would be scared silly because it might be a whole page of side effects and you might not even know the terms. But you get out a dictionary...

- Or it's in print that's so small you can't even... - That's right. You get a magnifying glass. And I say that you shouldn't have to be the doctor but in today's day and age with so much going on ...that shouldn't be happening...

- I've learned that the hard way. ...I'd say parents, go check on what your children are taking.

Don't assume that it's normal to have a reaction. If you're seeing one, call your doctor up and complain. Get a second opinion. But you've got to, you've got to cover yourself in every way that you can possibly cover yourself. I think you can't drug healthy bodies and make them unhealthy in so many ways and expect those individuals to grow up to be functional, creative persons in the society. They simply won't be able to reach their full potential because the drugs change them.

- It wasn't worth the risk.
- I think that what is going on is a sin. God must be standing up there saying, "What are you doing down there?" "What are you doing?"
- I agree. Thank you so much.
- You're gonna make me cry.

Thank you very much. These are, these are dangerous drugs that don't cure anything and the diagnosis of ADHD is, it's just epidemic right now. It's so easy to do, to label a child that way and then that label follows your child all the way through life. Well, Shaina was diagnosed as early as first grade. So the school psychologist sent us a letter and stated that Shaina had all the characteristics of ADHD and needed to go to a doctor. So I took the letter from the school psychologist to the psychiatrist with me, 45 minutes later walked out with a definite diagnosis of

ADHD and a prescription in hand.  
They judged her whole entire  
life on that subjective checklist  
and put her on drugs right away.  
Progressively she would revert back  
to where she'd fidget in her seat  
and the school would call and say,  
"Shaina's not paying attention  
again, she's out of her seat."  
- Up the dose.  
- Up the dose, up the dose.  
February 26th 2001, I  
received a phone call  
from the school nurse  
at exactly ten o'clock  
and said Shaina had taken  
a fall in the library  
and immediately went  
to school to get her.  
Took her to the doctor. I was  
only a few feet away from her,  
signed her name on a  
clipboard. I turned back  
and she's having a grand mal seizure.  
I picked her up in my arms and I screamed  
for the doctor and the doctor said,  
"Vicky, lay her on the floor."  
I immediately laid her on the floor  
but I kept her head right here and  
I kept massaging her head and said,  
"Mommy's right here, Sissie,"  
"I'm not gonna leave you."  
And I looked into her deep brown eyes  
and the last vision I  
see was my daughter dying  
and there was nothing that  
I could do to help her.  
And I didn't know at the time,  
does she know I didn't know?  
Did she know that I couldn't help her?  
What was going through her mind  
while I'm watching her die?  
And I have no idea, the  
answers will never be there.

But I keep looking back and thinking,  
I did what was best,  
what I thought was best at the time,  
even though it turned out to be deadly.  
And I buried my child. I'm not to blame.  
A week before Shaina died  
I took her with agitation, low  
urinary output and weight gain,  
which were three red signs.  
And I took them to the psychiatrist  
and I said, "This is what's happening."  
And he told me that I was an  
overprotective, paranoid mother  
and what I was seeing  
were not side effects.  
And I look back now and that whole  
week she was dying and we didn't know.  
And they told us that even if they  
would have done something different  
we still couldn't have saved her.  
She had too much in her system  
and she was dying little by little.  
So when, when I say even if  
you would have noticed anything,  
they wouldn't have paid attention.  
They chose just to ignore me.  
The psychiatrist, the  
pharmaceutical industry,  
they're the people that I need to blame  
and hold accountable for what happened.  
And I look at it now and I just wish  
I could turn back the hands of time  
and never put her on the medication,  
never believed in the professionals,  
did everything in my life differently.  
But I can't do that.  
All I can do is go forth  
now and talk to people,  
express the concern,  
reach my hand out and touch every  
life and hope it makes a difference.  
I had no idea that psychiatric drugs  
could create so many horrible  
side effects in so many people.

An estimated 42,000 deaths every year,  
whether by homicide, suicide or  
overdose, are linked to psychiatric drugs.  
There was one thing I just  
didn't understand, though.  
How could a drug, especially  
one that was supposed to help,  
cause a person to take the extreme step  
of deciding to kill himself or others?  
Matthew would never  
have taken his own life.  
It must have been the drug. But how?  
I asked this of Pamela Seefeld,  
a pharmacist and an expert  
on the adverse effects of  
psychiatric drugs on the human body.  
It's very nice to meet you. Thank you for  
having, taking the time to speak with me.  
My son was only on the one but he started  
off at one dose and did not do well.  
And it was after that that his  
demeanor really started to change.  
He became very anxious, very withdrawn,  
more withdrawn than he had been,  
because at least before that  
he was still talking to us.  
And within nine weeks of starting  
the medication Matthew was, was gone.  
The symptoms that you're describing,  
the description of these symptoms,  
it's very classic of drug-induced  
psychosis because he couldn't metabolize.  
You have to understand it wasn't  
his depression that got him;  
it was the medicine at a toxic level  
in his brain that made him psychotic  
and that's what it comes down to.  
I'm telling you the drug metabolism  
issues are killing a lot of people.  
If they're only offering you  
medicines and the medicines have this  
possibility of causing psychosis,  
that's what's really happening.  
The person's drug level

gets toxic in the brain.  
These medicines like Lexapro, Paxil,  
Zoloft, they have to work in the brain.  
That's what they do, they  
pass through the brain  
and they work on those  
receptors in the brain.  
If you think about it,  
if you have a normal dose of a drug  
and people don't do really well with it,  
if the increase in the  
concentration is five times,  
think about what that  
does to the person.  
Five times the normal  
amount of drug in the brain.  
People always become psychotic on it  
and they call it  
drug-induced psychosis.  
Well, I feel very strongly  
that's what happened to my son.  
I'm sure of it.  
When your son was given those medicines  
- he can't metabolize those,  
he had a toxic level in the bloodstream  
and in his brain and as a  
result of that he took his life.  
And what has happened is that  
they're not looking at the real facts.  
- The drugs are very dangerous.  
- And, and they know.  
- Oh, yes.  
- They know that this is happening.  
And nothing's being done, let me  
tell you that. Nothing's being done.  
And so if I can bring you a science  
reason, it's not obscure like  
"drugs are bad," "medicines  
are bad." It's not that.  
I'm telling you there's science  
behind what we're discussing here  
and I'm just really glad I could be  
the pharmacist to tell you  
what's really happening.



I want to share this  
with a lot of people.

- Well, and I appreciate it so much.

- Thank you so much.

Thank you.

It doesn't take much looking to  
find some pretty horrible examples  
of children who became extremely violent  
after being put on psychiatric drugs.

Kip Kinkel, for example, shot his  
parents, then went to his high school  
and killed 2 and wounded 23 more  
while withdrawing from Prozac.

Christopher Pittman was taking Zoloft  
when he shot both his grandparents  
and burned down their house.

And Eric Harris, who killed 13 people at  
Columbine then committed suicide, was on Luvox.

Nine of the last 13 school shooters  
were either on or withdrawing  
from psychiatric drugs  
and the medical records of the others are  
sealed, so we may never find out the truth.

But instead of warning us,  
psychiatrists and drug companies  
are playing down the most serious  
side effects and ignoring the rest.

Matthew loved his  
family, loved us so much  
that before... when he jumped from  
the bridge he was wearing a life vest.

The reason, and he wrote it on  
a note that he left in his truck,  
and it said that he was wearing a  
life vest so that he could be found  
so that his parents  
wouldn't have to worry  
about where he was.

Now is this a child who  
wants to hurt his family?

He wouldn't hurt us for the world.

Sorry Annie. But this is what happened.

This is what this drug did to my son.

It made him someone he wasn't.

Mathy, she knows also because she had a sweet little girl who was only 12 years old. You know, you know what I'm saying. I do know what you're saying and I still think back to being in that doctor's office and saying, "I don't want her on this," and his casualness, his, "What are you worried about?" and not knowing any different. We've all talked about the fact we just didn't know but the guilt that comes from watching people give your child medication or giving it to them yourself, making sure they take it 'cause they tell you, "Don't let him miss a day." And it ends up killing them. I think about the warning signs that we had, that we didn't know were warning signs. I remember sitting there watching Candace go like this and I said, "Candace, what's wrong?" And she said, "I don't know, I'm just itchy," and not realizing it that it was that feeling of needles, of burning under her skin and she was trying to get rid of it but she was 12 years old and she couldn't tell me. And I'm thinking... Matthew was shaking, showing me how his hands were shaking. - Yeah, and I... same thing... - Telling me that his heart was beating fast. ...Candace was shaking and I remember thinking I really should take her to a neurologist because her hand is shaky and sometimes it would be hard to hold something. But not knowing that that was a sign that the severity of the amount of medication in her system, I just assumed it was dry skin. And I think about her curled up in her father's arms laughing.

And that's my last time  
I saw my child alive.  
Who would ever assume that this happy  
child that is embraced in her father's love,  
with her sister right there,  
would walk up to her room and hang  
herself from the valance of her bed?  
And nobody knew it. They were there.  
Nobody knew it because we had no signs.  
I think about days when I  
thought I was gonna die myself  
because my pain was so intense  
that nobody, nobody could live through  
the breaking heart that I was suffering.  
I remember being in a fetal position on  
my laundry room floor, thinking I was dying  
and calling my therapist to  
say, "I don't think I can live."  
"I can't catch my breath. I can't live."  
And what did keep me living was the  
fact that I had a surviving child  
who needed me and I needed...  
I needed to be there for her  
because I don't know  
if I could have done it.  
And I remember, Candace had  
drawn a little heart on her hand  
and in the heart she had written "911."  
And then she had covered  
it with a bumblebee sticker.  
She didn't know she was gonna die.  
She thought she was gonna be saved.  
She didn't know she was doing this.  
Twelve years old.  
There's Matt. Matthew's sick, but  
he went to basketball practice.  
Matthew had 22 points the  
other night, he was awesome.  
Matthew's personality was infectious.  
His love of life was infectious.  
Everybody wanted a part of it.  
He was just a breath of  
fresh air, like sunshine.  
And people loved being around him.

He was outgoing and always smiling  
and funny and, you know, playful.  
Matthew was a friend to everybody.  
He'd play with anybody:  
young or old or this or that.  
My first memory of Matt was in the  
third grade, we had the same teacher.  
We really became friends in third  
grade when we had a class together.  
The first time I had ever met him actually  
was at a high school football game.  
And we hit it off instantly. One of the first  
things I remember about Matt and the Steubings,  
I remember coming home and telling my  
Dad that they're all a bunch of angels.  
He was so much fun. He  
taught me how to skip school.  
He was always supportive like, if there was  
anything wrong he knew how to pick you up.  
We were on a basketball team together.  
We played basketball together  
all the time growing up.  
We spent hours next to each  
other, ribbing each other  
and by the end I was just  
proud as I could be to finally,  
at least in one of the games I beat him.  
I mean it was very easy to stand on the  
side and just, you know, just grin ear-to-ear  
because the kid was absolutely cool  
and in my life he is still cool.  
The more I learned just how much our kids  
are being drugged, the more outraged I became.  
But I was truly horrified at the  
extent of psychiatric drugging  
that is forced on children who don't  
even have a parent to protect them.  
No one knows this better than foster  
child counselor Sonya Muhammad,  
who works with the  
county of Los Angeles,  
dealing every day with children diagnosed  
and forced to take psychiatric drugs.  
My personal experience has been that

these drugs are very, very dangerous.  
We don't see any evidence of them  
doing or accomplishing the things  
that the parents are being told  
that they're supposed to accomplish.  
And unfortunately, there are many stories  
like yours, which is so unfortunate.  
My heart is with you and your family  
that you had to experience this,  
because no one is really listening to  
any type of alternative  
conversation regarding this.  
It seems that foster children are  
much more likely to be medicated  
than, say, other children. Why is that?

**Several reasons:**

is, "We don't have time to deal with you."  
That's my take on it. "So, what we'll do  
is shut you up and we'll shut you down."  
That's basically it.  
Most of the kids that are placed by the  
Department of Children and Family Services,  
they're there because they were removed  
from their homes because of abuse,  
whether it be emotional abuse, physical  
abuse, sexual abuse, a combination thereof.  
It doesn't seem to occur to the  
system that this kid is scared.  
This kid, if they are a victim  
already of abuse of some form,  
that they already are traumatized.  
And so, many of the kids  
are immediately in some cases  
referred to the local psychologist  
and diagnosed with something  
and then as a consequence  
then the drugs are recommended.  
What I have mentioned  
to some people before  
is that I have been in homes where I saw  
the kids' files piled up in a worker's arms,  
the files taken to the local psychiatrist,  
the psychiatrist write a diagnosis,

write prescriptions and they've never even seen the child. Based on what they've read in the file. Based on absolutely nothing, because there was nothing but the manager's or whomever case worker's word that this kid is acting out. So we don't even really sometimes have anything in writing other than, "They are not cooperating with the program. They are crying too much at night." "They refuse to go to school in the morning," and that sort of thing, just verbal information, not even any notes that the psychiatrist can actually follow. What type of diagnosis are they giving? Are they calling them ADHD? Well, always ADHD. Everybody is ADHD, that's the beginning one. And then bipolar. And then manic-depressive. For foster kids, it's disastrous because many of them, they're bouncing from home to home, school to school, and they're not learning. And so, of course, they're learning-disordered. And all of them are emotionally disturbed. And all of them are ADHD. And I would probably say in Los Angeles County alone, we have probably about 50,000 kids in the system.

- And I would be willing to say...
- In the foster care system?

Yes, in Los Angeles County alone. We're not talking Orange County, any of the counties up north... What percentage of those do you think are on drugs? I would be willing to say from experience, well over, somewhere between 50 percent and 75 percent.

That's astounding.

Thank you so much for everything.

Our children came from loving homes. And we've still experienced these problems, but as far as foster care children go, they've all had issues and reasons that they've been taken from their homes.

And I understand that they are automatically put on drugs.

Certainly they have to go through psychiatric evaluations.

So, I know you have experience with that.

Right, yeah, actually, I remember seeing a study that children in foster care are three times more likely to be on a psychiatric medication than other children who were on Medicaid.

The foster parents don't know. They don't know.

When you go into the foster classes, they're told that medication is the answer.

"When your child is having these issues, get him in."

"Get him in," those are the exact words,

"Get him in fast, so that you can get their medication adjusted."

And then the issues continue or the child just kind of goes numb.

- Or the children die.

- Or the children die.

When I got my little boy, he was on eight 50-milligram pills a day of Seroquel, the antipsychotic, which for a child under 50 pounds is really incredible.

That was on top of his ADHD medication.

He was so drugged and so violent,

I was actually afraid of him

and we would hide our knives

at night, our kitchen knives,

when we'd go to bed as a

family, because we were afraid

that he would get up in

the night and harm someone.  
He became so bad that he actually  
in one of his foster homes  
slaughtered their family  
pets with a kitchen knife.  
The foster mother came  
home and she sees this  
and she thought a burglar  
had gotten into the house.  
She was just distraught, "Oh my  
gosh, who could have done this?"  
It never even crossed her mind  
that the preschooler did it.  
And she figured it out that it was him.  
He had gotten so violent on these medications  
that he had killed her little family pets.  
It was decided that he should  
go to the state hospital.  
And I left there and I  
decided that I would try.  
They said I had two  
weeks to turn him around.  
And then the state hospital was  
still there if I couldn't do anything.  
And so, I brought him into my home and the  
first thing we did is tons of nutrition,  
food in its most natural form, tons  
of raw food, tons of whole grains.  
That's what we did,  
lots of real nutrition  
and then we started taking  
him off of his medications.  
And he turned around so much  
that I became known in the case  
worker's office as the miracle worker.  
He just made such a turnaround  
and today, he's just incredible.  
He skipped a grade and he still  
tops out, you know, nationally,  
he tests out so high, even  
the grade that he's in.  
He plays a couple instruments.  
He's fabulous at school.  
This is an exceptional child and...



And he's not showing violence toward his sister or your family pets or?  
Oh, no, oh, no. He's very sweet with all of our pets.  
We have five dogs, three cats, and he's wonderful.  
And it's just incredible to me how many children out there are in his exact shoes and will never...  
And there aren't enough people like you to, to care.  
- No, well... - And the doctor can just blame it on trauma.  
And, or you know, if a child commits suicide, so often it's just, "We didn't get to them soon enough."  
That's, that's what it is.  
"We didn't get to them soon enough."  
Because that, that takes the blame off of them completely.  
Or like my son's psychiatrist said when her patient shot himself, "Where'd he get a gun?"  
No, looking introspectively, "Where'd he get the will?"  
So, it's just "somebody else's fault," it's never "the medications that I prescribed."  
Or, like "it was an everyday occurrence" and I was just sitting there flabbergasted and thinking to myself when she said, when she was finally... had said that he was okay to come off all his medications, and with his Seroquel, she said, "Wow, I am just so glad to see that he can still imagine and play" "because so many children who are on this medication for any length of time" "lose that ability to play anymore."  
And I was just shocked and thought, "How do you sleep at night?"  
I can't imagine taking somebody's creative ability from them.  
What could possibly be worse than making somebody into somebody that

- they're permanently scarred.
- Like a zombie.
- Yes, yes, they're a permanent zombie.

What could be worse than that?

Tell me a disease that you would rather have than that.

The situation with foster care is truly horrible.

As I soon found out, not only are thousands of children drugged every year, but sometimes, the results are fatal.

I flew to Florida to meet with Michael Freedland, an attorney who represents foster kids damaged by psychiatric drugs, including 16-year-old Emilio Villamar.

Good morning, Celeste. It's very nice to meet you. I'm glad you were able to make it.

- Nice to meet you, Michael.
- Thank you.
- Thank you for having me here.
- My pleasure.

How common is the use of psychiatric drugs in the foster care system?

The drugging of children in foster care I understand is way too common occurrence because it's a simple fix.

Foster mom or foster dad or social worker says we have a child who won't sleep through the night or a child who's waking up with night terrors or a child who's misbehaving or redirecting their frustration on another child or using their hands to hurt not help.

And instead of sitting down and working with that child, taking the time to say, "What's causing them to act out?"

"No. We're not going to worry about that, we have a fix. Give them this pill."

They're using these poor children who are coming from incredibly difficult environments as guinea pigs.

With no one to protect them.  
With absolutely no one to protect them.  
And that's why they prey on them  
because there's not a mom  
or dad there that can say,  
"Hey no, no, no, no, no. I'm not going to let you  
test this untested, unproven drug on my child."  
So let's test it on children that  
don't have someone to be their voice.  
Oh my goodness.

You represent the mother of Emilio Villamar.  
Can you tell us something about his story?

Just like your son, Emilio  
was a vibrant 16-year-old boy,  
he played water polo, excelled  
at school, had lots of friends,  
came from a great family,  
everything was wonderful in his life.

And he had a bad  
situation at school one day  
and Mom got worried because he  
wasn't acting like himself and  
Mom, being a very concerned  
mom, took him to see a doctor.  
And the doctor, without really any kind  
of diligence or any kind of thought,  
put him a on varying combination of different  
incredibly powerful antipsychotic drugs  
over the next 12 months leading to a  
cardiac event that led to his death.

My goodness. How many drugs was he on?

Over the 12 months that  
this physician treated him  
he was on 17 different  
drugs at different times  
and different dosages and  
in different combinations.

Oh my goodness.

- And those drugs killed him.

- Right.

I believe that. I believe  
that's what happened to Matthew.

Not knowing all the  
facts of Matthew's story

there's no question in my mind  
that the drugs played a role.  
I mean these drugs are dangerous,  
they're dangerous for  
adults, let alone children,  
and they're being prescribed recklessly,  
they're being administered recklessly,  
they're being promoted even more recklessly.

Michael, thank you so  
much for what you're doing  
and for letting me come in  
here and speak with you today.  
It's my pleasure. Again, sorry  
for what you had to go through.  
I can only hope that what you're doing  
saves other families from having  
to go through that same tragedy.

I hope so.

Matthew's got you now.

- Hey, hey, look.

- Helloooo. Say hi.

When he started taking that medication  
it was like something dark came over him.  
There was definitely a difference within a month  
there of kind of just, just a huge wall went up.

He wasn't really talking a  
lot, kind of tight-lipped.

Just becoming more detached. He became  
more isolated, wasn't at school a whole lot.

He was skipping school a lot more.

He was losing a lot of weight.

He spent way too much time downstairs  
in the basement, you know, watching TV.

Doesn't want to do anything.

We had come up to the door and asked

him if he wanted to go to a movie

or go out to lunch or do

something to get out of the house

and he was very, just very short

and didn't want to do anything.

He told me to get out of his room and close

his door and he'd never said that to me before.

But it's like, he wasn't

comfortable in his own skin.

It was like he had 50 cups of coffee and he was starting to get spooked about "Who's here?" and "Am I safe?" and all of these things that were almost like playing mind games on him, if you will. He just didn't feel like he was in his right mind anymore. He didn't understand what was happening, he thought this medication was supposed to be helping him. And I remember seeing, recognizing the look on his face as, it's hard to describe, that nothing is okay, you know, there is no future. Just complete despair and sadness in his eyes. In the last few weeks, I've had to face the fact that all this drugging of children isn't happening by accident. The drug advertising is everywhere and it's obvious. But the real surprise was to see how heavily psychiatric treatment is being pushed in our schools, right under parents' noses. This wasn't the case for Matthew obviously, but I do know that they are starting to screen children in school for mental problems or things that they perceive to be mental problems anyway. Sheila, you have experience with that, don't you? My son was seven and he was in school and I was getting a lot of phone calls from the school about his behavior. So they did this checklist on him and I didn't know anything about this checklist but I, I took it home and I had to fill it out and it was all on his behavior. "Does your son get sad? Does your son?" just simple little questions

that any child would  
do, any child would do.  
So based on that checklist that I  
filled out on my son and they filled out,  
they diagnosed him off of a  
checklist that he had ADHD.  
And I was devastated, I was like  
"Oh my god, my, what does this mean?"  
"My son's mentally  
ill? He's only seven."  
You had no experience with  
that beforehand, right?  
No, no. My son was very talkative,  
he started talking at ten months  
and he was all personality.  
And I could remember sending him  
off for his first day of school.  
I have the pictures. He was  
so excited to go to school.  
but then all of a sudden, when they  
got him on this behavioral chart,  
he hated going to school.  
And he came home and he was upset and  
he just didn't like school, he hated it.  
And at seven years old, to hate  
school, that's a crime actually.  
And then they said, "You really  
need to try him on ADHD medication."  
And I was like, "I don't want  
to do that, I'm not doing it."  
You know, the bottom line is, I had no  
idea how subjective that checklist was.  
If I had known, if somebody had said,  
"This is just our opinion, it's  
not really a medical diagnosis,"  
I never, I never would have filled  
it out on my own son at seven.  
Do the parents know that this  
is being done in the school?  
Are they given, do they  
have to give permission  
for their child to be screened or  
are they automatically being screened?  
The way they do it where I live

is really pretty backhanded.  
What they do is they come in  
and talk to kids in high school.  
"So, are you feeling kind of anxious?"  
"Have you broken up with a  
boyfriend and it's made you sad?"  
"Why don't you take this screening and  
we'll see what the underlying problem..."  
They're teenagers. So the  
kids have to bring a form home.  
It does have to be signed by  
the parents. But the parents say,  
"Okay honey, if it would make you  
feel better go ahead and have it done."  
I had a friend whose  
daughter went through this.  
This screening gave her a diagnosis.  
Now, this is from a computer "check the box"  
screening, gave her a diagnosis of depression.  
So then she took home a paper,  
"Look, Mom and Dad, I'm depressed."  
And they said, "No,  
you're not depressed."  
So then they took her to another doctor who  
then "thoroughly" evaluated her and said,  
"Oh, she's not depressed, she has ADHD,"  
and they put her on medication for ADHD.  
And the mom said to me, "But I'm  
so glad she had the screening"  
"because now we know  
she's not depressed."  
- They treated it the same way.  
- They did treat it the same way, they did.  
What they do in my son's school  
is they do "pretzel breaks."  
They come in... the school  
psychologist comes into the classroom  
and "We're gonna talk  
about how you feel."  
And it could be in Science,  
it could be in Math,  
it could be in any class, so  
you have a captive audience.  
Your child is just there

and has no ability to say  
"I wanna opt out of this," you know.  
And then they give out pretzels  
to the class and it was like,  
"How are you doing? How's  
things going at home?"  
"Have you ever felt like  
killing yourself? Have you ever?"  
And all of a sudden they're in  
the classrooms in Math and Science.  
And that's what I have  
found in my school.  
And, you know, the bottom line is  
it's like they're taking a big net  
and they're just gathering up the  
children with these "questionnaires."  
And then when they get the  
kids in there, they drug them.  
And that's not the kind of  
society we want to build.  
I couldn't believe this was  
happening, and in our own schools.  
From a single ten-minute,  
multiple-choice computer test,  
they can judge you "at risk" for  
suicide and send you to a psychiatrist.  
And one well-known study said that 91 percent  
of all children going to a child psychiatrist  
leave with a prescription.  
The only problem is, the psychiatrist  
who wrote the questionnaire  
for the largest children's mental  
health screening program in the country,  
has admitted that 84 percent  
of the time, the test is wrong.  
But by then, the damage is done, as  
I learned from educator Cathy Brown.

- Hi Cathy
- Hi Celeste.
- Thank you so much for having me here today.
- Oh, you're very welcome. - Appreciate it.

I don't understand how these young children,  
especially that are being put on for ADHD  
and bipolar and whatever else



they're being labeled with,  
how do these children learn?  
How can they function in school?  
My observation is that  
they just don't. They can't.  
Basically, what I see is they can't  
concentrate and they, as you said, fall asleep.  
They have stomach upsets, they have,  
you know, out of the maybe 300  
side effects on one of those drugs,  
they'll have 4 or 5.  
It makes it difficult to study. It makes  
it difficult to study if you can't sleep.  
It just frightens me and makes me wonder  
what's going to happen to the next generation.  
What's happening to these children  
that are all being drugged right now?  
Where's our society going with this?  
That is an excellent  
observation, because the children  
who are active, curious,  
interested children  
are the ones who are most  
likely to act out in school.  
The very brightest get bored.  
They finish and everybody else  
is still working on something  
and now they have nothing to do.  
So, hmm. They look around, "What  
can I do? Who can I talk to?"  
Albert Einstein, if he were a child now,  
he was extremely bright,  
as everybody knows Einstein.  
He had difficulties with learning  
the way that teachers taught.  
His mother took him out of  
school and home-schooled him.  
Didn't they actually think he  
was retarded for a while or?  
They did. That's exactly right. If he  
were in school now, he would be drugged.  
We are taking our brightest  
children and drugging them.  
I mean, that to me is just, it's

appalling and it's frightening.

- It is.

- When's it, where's it going to stop?

I don't see it stopping unless we do something about the drugging of these kids.

If somebody had come in from some other country and said,

"I'd like to have all of your brightest children please."

"I'd like to put them all on drugs."

"And we'll make it more difficult for them to learn and we'll make it so that"

"they're not so interested in things"

"and we'll make it so that they have difficulty sleeping." What would we have said?

No, we would have

said, "Get out of here."

But instead, we're doing it ourselves. And it's very, very sad.

Well, it's frightening to think what we have to look forward to right now.

It is. So we just need to do something about it.

What Cathy told me about Albert Einstein made me curious. She was right. Einstein was very quiet, didn't do well in school and didn't even speak his own language fluently until he was nine.

His parents thought there might be something mentally wrong, but they didn't do anything to him.

And look how he turned out.

Now we're told that famous people like Winston Churchill, Abraham Lincoln, Sir Isaac Newton, Mozart and Beethoven had mental disorders.

What if they had been drugged like Matthew?

Eight million young people are currently on some type of ADHD medication, which experts say is chemically very similar to cocaine, comes with some pretty scary side

effects, and is very addictive.  
Makes you wonder how many geniuses  
are being destroyed every day.  
This is Matthew's school of  
fitness. He's gonna pump me up.

- Run in place.

- Ready?

You want the illustrated version?

- Okay, do some, throw some jabs in there.

- Yah, yah, yah!

When I heard the news of my brother's  
death, I couldn't be more shocked.

I was at home, I think  
it was a Saturday night.

I was hanging out with a friend.

Friday night is when I found out.

I was on my way back from  
vacation when I found out.

The phone rang at  
about 4 in the morning.

My roommate waking me up at

**5:**

telling me the police were there.

I didn't believe it. I thought  
it was the worst joke ever.

I just didn't believe it. I said,  
"That can't be him. It's a mistake."

I said, "Dad, that's, it's  
a rumor. That's crazy."

It's... it made me speechless.

It was one of the worst days of my life.

I never imagined Matt  
would commit suicide.

He did not want to end his life.

He loved life, he had a good life.

We all knew Matthew  
wasn't capable of this.

A boy doesn't smile like  
that for 17, 1/2 years

and then 6 months later go

and do this without any help.

In just these past few months,

I have found that we are

in the middle of an epidemic  
of the psychiatric  
drugging of our children.

Across the world, there are 20 million  
children on some type of psychiatric drug,  
20 million!

And as shocking as it might seem,  
psychiatrists at a recent conference  
even admitted that they are diagnosing  
children at younger and younger ages.  
It's disgusting that anyone would even  
think of giving a mind-altering drug  
to a young child with  
a developing brain.

But what about the children  
drugged before they are even born?

Another way that we're being  
drugged is through pregnant women.  
If they were to go in and have any  
type of problem with their mood -  
as if any pregnant woman doesn't -  
they're putting them on  
these drugs. And Christian,

...you've had firsthand experience with this  
and a terrible tragedy as well. - Right.

I'd been on antidepressants  
for eight years  
and so I have had two  
pregnancies on antidepressants.

And so when Indi, when we  
wanted to get pregnant with Indi,  
I asked my new physician  
if that is something that  
he recommends is that I'd get back onto  
Zoloft, because I was on, on Effexor.

In fact, I was on 300  
mgs of the XR every day.

And he recommended that I stay on  
it, that there was no testing to show  
that there was any problem, that it doesn't  
get to the baby, that I would be fine.

And so I took that as you know what you're  
talking about and I decided to stay on it.  
And then went into

labor two months early.  
They stopped the labor.  
The doctor came over and said, and  
was shocked that my OB hadn't said  
that Effexor was  
dangerous during pregnancy  
and that he had immediately called down  
to the NICU [Neonatal Intensive Care Unit]  
and said that we have an Effexor baby  
and to be ready. And they were there...  
That must have terrified you.  
It did terrify me because I didn't know  
what we were up against at this point  
but it was too late, you know, that was,  
it was too late, we were, it was happening.  
And so when she was born she  
wasn't breathing and she wasn't...  
she wasn't responding to anything.  
And at that point, when they  
finally did get her to come around  
it was almost like that part of  
the damage that I had done was over,  
that it was okay, "Oh my gosh, she's  
safe, she's okay, she's breathing."  
And no doctor told me that  
through the breast milk  
could she be getting any  
kind of the medication.  
We were in and out of the hospital because  
she had severe problems with jaundice.  
She had severe problems with vomiting,  
she was lethargic and she would  
eat maybe five to ten minutes  
and then fall completely asleep,  
to the point where we would have to  
joggle her over and over and over again  
just to get her to be coherent  
enough to eat again or want to eat.  
She wasn't gaining weight.  
We came up... well, the pediatrician  
wanted to put her on medication.  
And... I told them no  
because she was a baby,  
and the whole time I was giving her

medication through the breast milk and,  
and okay with that. I just...  
She didn't even have a voice. She  
couldn't tell me that anything was wrong.  
You know, I should have seen,  
I should have seen and I should have  
put it together but I didn't. I didn't.  
That was the role of the professionals.  
The doctors, and there  
were plenty of them around  
to be able to tell you that  
this could affect your baby.  
Well, and you think about it,  
you don't drink, you don't smoke,  
you don't drink caffeine, you watch  
what you, you take good vitamins,  
why would you drug yourself?  
It goes right to the baby.  
And that just didn't...  
They call it a medicine so it seems  
like a good thing you're supposed to,  
it's going to do  
nothing but good for you,  
and that's not what it does.  
It's as bad as all those  
other things or worse.  
Well, that's what I've  
said to my, to some people,  
is what's the difference between going  
to the guy on the corner selling heroin  
and going to my doctor because  
it's gonna do the same thing.  
I did the same thing. I breastfed  
for four months on Zoloft  
and the whole time they told me it was safe and  
the only problem was, "Watch out for sedation."  
But they never said, "Because  
sedation could kill your baby."  
"Your baby might not ever wake up."  
No child should be lost that way  
and especially with breast milk,  
mixing all these drugs in it, is  
just a recipe for death, it really is.  
If you think about it, you

wouldn't go to the store  
and buy a bottle or can of formula that  
says, "With Zoloft. Give this to your baby."  
Yeah, so I think of, and what  
I think of is all those babies  
that have been, you know, claimed  
SIDS [Sudden Infant Death Syndrome],  
how many of those mothers have been on  
medications and just don't know any better.  
I know they're out there.  
Of course they are. Of course they are.  
And there'll be more, there'll be  
a lot more unless they are informed.  
It's hard to think of a  
story sadder than Christian's.  
And what's even more outrageous  
is that pregnant women are increasingly  
being targeted by screening campaigns  
that can get them  
onto psychiatric drugs.  
One in six pregnant women today is  
diagnosed with a depressive disorder  
and most are put on antidepressants, which  
means over half a million babies every year,  
born and unborn, are  
exposed to chemical toxins.  
And now psychiatric researchers  
are trying ultrasound  
to supposedly diagnose bipolar disorder  
in babies still in their mother's womb.  
The problem with drugging pregnant  
mothers with antidepressants like Paxil  
is it dramatically increases  
the risk of pre-term delivery  
and doubles the chance of birth  
defects such as heart malformations.  
If I hadn't seen for myself what was  
going on, I would never have believed it.  
Psychiatric drugs are obviously not the  
answer and yet they are practically everywhere.  
But if drugs aren't  
the solution, what is?  
After all, Matthew was having trouble.  
His problems were very real.

What should I have done for him?  
For this, I flew to Minnesota to  
ask Dr. Gary Kohls, a medical doctor  
and an authority on the  
dangers of psychiatric drugs.  
Doctor Kohls, if I had brought my son  
Matthew to you, what would you have done?  
Well, he surely would never  
have been on a drug, you know.  
I would have spent an hour  
and a half with him at first  
to try to find out what  
the root causes were,  
make sure he didn't have some  
physical problem for sure,  
hypothyroidism for instance, or...  
So you would have done some basic  
blood work and physical exam.  
Sure. Because there's so many things  
as far as nutrition are concerned and  
that can lead to sadness.  
Or social situations, what kind  
of stress was he under, etc?  
What kind of diet he was under.  
If we're well nourished, then being jilted by  
a girlfriend or something might not affect us.  
But if we're malnourished, that might  
make us angry or depressed or aggressive.  
Yeah. So, I would have  
taken an extended history.  
That would have been  
the most important thing.  
And then probably, if he  
hadn't had any laboratory tests,  
I would do some sort of laboratory  
testing to make sure he wasn't anemic,  
make sure he didn't have  
electrolyte abnormalities,  
make sure that he didn't have any  
urinary or kidney problems, etc.,  
make sure he didn't have a brain  
tumor. All those sorts of things.  
So many things that could and should have  
been done before he was put on a drug.



- In my practice in the last ten years,  
I never had to put a person on a drug. - Right.  
Doctor, are there any other underlying  
causes that you can think of,  
that could have been at the  
root of Matthew's problem,  
or other people that go  
in with these symptoms?  
Even though it's most likely some combination  
of the things we've talked about already,  
there are certainly physical illnesses,  
infectious diseases that can contribute.  
Allergies?  
Sure, it could be allergies,  
bacterial infections,  
mercury in the vaccines,  
aluminum in the vaccines.  
Matthew's room was in the  
basement, it's a finished basement.  
Now, there were windows in his room,  
but still it gets musty down there.  
- Okay, mold is, sure.  
- Are there things that could have...  
Toxic fumes, of course. Carpets will  
have all sorts of toxins in them.  
Funguses and things like that, mold and mildew  
are toxic to the body and probably the brain.  
So, there's a list, I'm sure, of  
hundreds of physical bacterial illnesses  
that maybe can contribute to a chronic  
fatigue or sadness, perhaps, or lack of energy.  
So, there's a lot of holistic approaches  
to physical health, mental health,  
spiritual health, everything.  
And drugs just alter the  
brain, they never cure anything.  
And then they make  
you permanent patients,  
which is great for business  
and bad for patients.  
And suicide, completed suicide is just  
one of the thousands of adverse effects  
that the industry  
refuses to acknowledge.

So our brain nutrition is extremely important in mental ill health.

Getting people off the drugs, good nutrition, that's the way to cure. And then you have lost a patient for life.

- But that's what doctors are supposed to do.

- That's what your goal is supposed to be.

We're supposed to cure people and not make them chronically ill and requiring monthly visits for the two-minute prescription.

Thank you so much for sharing everything that you know with us and it was really wonderful to meet you.

- You're welcome.

- What are you doing?

- Say hi to the camera.

- Hi. - Say

hi. - Hi.

I have a million number one things that I miss about Matthew that can't go on a list.

I miss the camaraderie, I miss him at the kitchen table. I miss him at Christmas.

I miss the things that we did together.

Everything. His presence.

I just wish he was still here. I know how much fun he'd be having.

I know he would love to see Ryan's little boy and my niece and be there for his family and us.

Next week when I see my other two brothers, as much as everybody's going to be there we're still going to be one man down.

You know, a part of us all went with him and that part is sorely missed. It is achingly missed.

I don't like that all the people closest to me have got a huge hole and a huge ache that, that doesn't go away.

Their amazing love for each other was just tore all apart for some drug company's bottom line.

My friends get to visit

their brothers at college  
and they have their little  
brothers on speed dial  
and I have to visit mine in the cemetery  
because someone made a decision that this  
information wasn't going to make them money,  
is what it came down to.  
Or it wouldn't get their drug approved.  
So I visit my brother in a cemetery on his  
birthday and on my birthday and on Christmas  
and any random day of  
the week I go there.  
But I won't see him get married  
and I won't see him have kids  
and he won't be there for me when I  
do those things, because he's not here.  
We've talked a lot about  
the devastating side effects  
and... of these psychotropic drugs, what  
they've done to us and to our families,  
how we've had to live  
with the effects of them.  
But there are other alternatives  
to taking those drugs  
and I just wanted to talk a  
little bit about what they are  
and what experience you  
might have with them.  
Sheila, you didn't  
put your son on drugs.  
You elected not to do that.  
What did you do to help him  
to get through his situation?  
I did tutoring. And basically  
I took my son there twice a week  
and they worked on educational  
issues such as sequencing.  
What I found out was that he had  
a real problem with his language.  
So it was like a very positive approach  
to his behavioral issues because there  
were underlying educational issues  
that were not being  
addressed in the classroom.

He needed more one-on-one,  
which he wasn't getting.  
So it was probably making  
him feel inferior, or  
this way this has helped to boost his  
confidence and made him do better in school.  
He did much better in school and  
it really helped his self-esteem  
and I saw a big improvement. So I did  
a lot of the educational resources.  
And I was just going to add that some  
students, like in this way the classrooms are,  
they don't necessarily fit in well  
and a lot of parents are  
now doing home schooling  
because their children don't have the  
pressure of what the school system wants.  
And I think that for some people  
that's a really great solution.  
They say exercising is a wonderful  
way to relieve the stress and to...  
There is a study that I found one time  
that was talking about how  
great exercise is for you.  
And when I looked into the study I found out  
that they had had a group with medication,  
and a group with exercise and medication  
and then just an exercise group,  
the exercise groups did the best.  
But it's promoted as  
though they're equal.  
And it's very deceptive  
because they're not equal.  
The exercise worked and the study on the  
medication did not, it made them worse.  
Why not take the kid out onto the  
playground and let them play for 5 minutes?  
This may be a child who is just wired to  
need a little bit more physical activity,  
like your daughter.  
Run around with a ball or  
climb on the monkey bars.  
Let them go do that for 5 minutes and  
then return to the learning activity.

It doesn't have to be a fight  
to make our children learn,  
for our children to  
function in everyday society.  
If that's what that child needs, then  
let's find a way to give it to them,  
let everybody be right so  
that we can all function here.  
There's so much we can do.  
It's nutrition, it's exercise.  
It's stuff that our  
grandparents would have used.  
That is exactly true because  
that's what I did with my son,  
started putting a lot of vitamins,  
all the B vitamins and nothing else,  
no medication, nothing. And he  
healed so fast, unbelievable.  
Well, that's another thing,  
you know, we need to look at  
blood tests, we need to check for,  
like you said, medical reasons first.  
We need to look at what alternatives  
we can use and not go with medication.  
There's so many things we can do.  
We've brought up so many points here,  
none of them involving medication.

- Matthew's got the ball.  
- Go get Annie!

He's gonna take him to the  
hole! He's gonna smoke him!  
Yayyy! And the crowd goes wild!  
And little Steub buries  
his brother! 22-20!  
He was my little brother.  
I remember the day that he became,  
not so much cooler, but just my equal.  
Like, I remember the day where,  
everything flows downhill,  
you start beating up your little  
brother, but I remember the day  
that he actually looked  
at me and said, "No more."  
And we started looking

at each other as equals.

"You want to go on vacation?"

"You want to do this together,  
you want to do that together?"

And just... and he started  
becoming my best friend.

And he shouldn't have been, he  
shouldn't have been so on these pills  
that it just, it... him up.

I mean, like one day he's way happy and then  
the next day he's just way out of his mind, sad.

And I'm just, "What's  
wrong, man? What's going on?"

And he's just, one  
day we're best friends  
and the next day he just doesn't  
even know who he is anymore.

I... I didn't know what to do  
so I'd just leave him alone.

I tell him all the  
time I just, I miss him.

I miss him. I wish he was here. I wish  
we didn't have to do this... for him.

Like this sucks, man.

I don't like it. I don't like it.

I don't like what it's made me.

I don't like what it's made my  
family. It's, it's destroyed us, man.

Like in a, in a sense it's  
grown us tighter as a family,

but in a sense it's  
just... everything up, man.

It's just ruined everything. Oh...

...Oh, hi sweetheart. You doing okay?

Oh, thank you. - Big guy!

- Thank you!

- Thank you.

Every April 25th we get together  
to celebrate Matthew's birthday.  
We make a cake, share fond memories  
and remind ourselves of how  
lucky we are to have known him.  
We love him, we miss him and we  
are so grateful for all of you

who have supported us through this.  
You could say it's our way of healing.  
But the pain never really goes away.  
Of course, we aren't the only ones.  
There are all the brave women I  
had met who continue to speak out  
in spite of the emotional  
hurt it must bring them.  
They were all so moving.  
Sheila, who fought her entire school district  
for the right to leave her child unmedicated.  
Irma, who got her son out  
of a psychiatric hospital,  
where he was involuntarily incarcerated  
after a mix-up of medications  
gave him hallucinations.  
Mathy, whose daughter killed  
herself while on psychiatric drugs  
given to her only because  
she was nervous before tests.  
Vicky, whose poor, sweet  
little girl died in her arms.  
Amy, whose violent drug reaction toward  
her own baby should frighten any new mom.  
Christian, who was assured she could  
take psychiatric drugs while pregnant  
and whose baby, Indiana,  
paid the ultimate price.  
Karen, bringing her foster children back  
from the depths of psychiatric drug toxicity.  
And of course, my daughter Annie,  
Matthew's sister and best friend,  
without whom I couldn't have  
made it through this process.  
These are my friends.  
And if there's one lesson I have  
learned from them, it's that as parents,  
we are the last line of  
defense for our children.  
Because when something goes wrong,  
the mental health professionals  
are never around to pick up the pieces.  
Our children need us and yet, in a strange  
sort of way, we need them even more.

All of us have one thing in common  
and that's that we love our children.  
What's so great about your kids?  
What do you love about them the most?  
I love that they're unconditional.  
They unconditionally love.  
Doesn't matter if I have  
a bad day or a good day,  
they're always there to make  
me, make everything better.  
They're so innocent. They come to  
you. They hug you, they kiss you,  
no matter what's going  
on around the world.  
And as a parent, you know, that's the  
most beautiful thing we can receive,  
a hug from our children.  
I think they're  
trusting. They trust you.  
They're innocent.  
And they, they think you  
hung the moon, I don't know.  
Until some day it turns around and you  
know it's actually they that hung the moon.  
My niece and my nephews are the most fun  
and they, it's like they make you feel  
alive more than you feel on your own,  
more than you feel when  
you're with a bunch of adults.  
They bring out the kid  
in you all over again  
and you can laugh with  
kids and have fun with kids.  
I like how they're never  
worried about anything.  
They're just always  
laughing and playing and...  
Wait till they get a little bit older  
because I don't know how many times I've  
said to Caroline, "Honey, just breathe."  
My kids are my reason for living  
and I thank God every day for Caroline  
because she was the driving  
force to help me move forward



and for teaching me to be strong  
because if I needed Caroline to be strong I  
had to be that example of strength for her.  
That's the way with my sons too. They  
gave me the strength to be a better person,  
be a better parent and to,  
you know, just the smiles...  
I mean I think our children come and  
they have lessons to teach us and I don't,  
I'm so, I'm such a different  
person now than I was before.  
They teach us a lot of good  
values in life, they really do.  
I kept thinking back to my children, and  
what the other mothers had said about theirs,  
their smiles, their imagination and  
creativity, and their boundless energy.  
My name is Tyler  
Milford and I am eleven.  
My age? Is eight.  
I'm seven years old, actually  
just make that seven and a half.  
I'm eight years old and I want to  
be a chef at a five-star restaurant.  
I'm going to be an orthopedic surgeon.  
When I grow up I want to be a geologist.  
I would like to become a  
professional basketball player.  
Professional clothes designer.  
I want to be a musician.  
An actress.  
A director.  
A teacher.  
Dancer and a singer.  
I'd go for speed skating if I  
wanted to, I'm really good.  
I just want to keep practicing and  
practicing until I know I'm perfect at it  
and then do something big.  
Yes, I plan to get an Oscar.  
I was hoping that it would be like the  
funnest thing that I would do in my life.  
Losing a child is the worst thing  
that could ever happen to a parent.

Children are not just another  
market segment for psychiatry.  
They need protection, they  
need guidance, they need love.  
They don't need psychiatric drugs.  
And I'm going to tell that  
to as many people as I can.