

# EDUCATION REPORTER

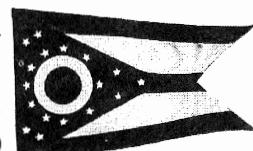
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THE NEWSPAPER OF EDUCATION RIGHTS

JUNE 2002

## Buckeye State Parents Can't Buck Big Brother

COLUMBUS, OH — The Ohio Education Department is setting up a database to collect 43 bits of information on each of the state's 1.8 million public school students, including their social security numbers, mothers' maiden names, race, eye color, places of birth, immunization dates, and much more. The Statewide Student Identifier System (SSIS) will assign each student a personal identification number so that test scores and other academic information can be stored in the database.



The consulting firm PricewaterhouseCoopers is being paid \$1.5 million to build and maintain the database. The firm will assign each student an identification number linking each student with his or her personal and academic data. State officials will have access to students' personal data linked to their I.D. numbers, but not their names.

A spokesman for the Ohio Education Department told the Akron *Beacon Journal* (4-19-02): "Ultimately, this will allow us to see what students need help and what programs are effective, while at the same time keeping student names private." He added that the database would help the state track student mobility and offer school districts more accurate data.

Not everyone in Ohio is happy about

the new system, including many parents and school district officials. The *Beacon Journal* reported that Akron school officials called the database "troubling" and admitted they "are suspicious of the state's motives." School superintendent Sylvester Small observed that parents and the general public "would be outraged if they knew the type of information the state was requiring on their kids."

Other Ohio school officials also expressed concern. Some wonder whether law enforcement officers will be able to access the data for criminal investigations and whether parents will have any control over the release of sensitive personal information on their children, such as behavioral or disciplinary problem details.

The new education law (H.R. 1) mandates that students be given notice and allowed to opt out before a third party can access their personal data, but experts note that this provision does not protect individuals from dangers such as data theft. Chris Hoofnagle, legislative counsel for the Electronic Privacy Information Center, told CNS news that "Where entities collect excessive information, they expose people to risk."

(See *Buckeye State*, page 2)

## A Parent's Nightmare: Losing a Child to Drug-Induced Psychosis

As awareness of the potential dangers of mind-altering drugs increases, state boards of education and state legislatures are making efforts to curb their use. Recent studies show that Ritalin and other psychotropic drugs can cause permanent changes in children's developing brains. Ritalin has been compared to cocaine for its addictive properties by the federal Drug Enforcement Agency (DEA), and the Brookhaven National Laboratory found it to be "more potent than cocaine on the dopamine system," an area of the brain many doctors believe is most affected by these drugs.



Joy Johnston with son Paul

The Boards of Education of Texas and Colorado have adopted resolutions warning parents about the potential negative effects of these drugs, and the Connecticut legislature passed a law in 2001 "prohibiting any school personnel from recommending the use of psychotropic drugs for any child." A similar bill passed in Minnesota, and legislation is pending in

Colorado, Michigan and Virginia. In Florida, lawmakers have attempted to curb the widespread use of psychotropic drugs on children in that state's foster care system. Last month, Rep. Sandra Murman (R-Tampa) introduced a bill to require all Florida school boards to forbid educators to recommend "psychotropic drugs."

Despite concerns, parents complain that some school districts bar children diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) from attending school unless they are taking Ritalin or other psychotropic drugs. In a high-profile case in 2000, the parents of a seven-year-old Albany, NY boy were ordered by a Family Court Judge to give their son Ritalin, even though it was causing sleeplessness and other personality changes. (See *Education Reporter*, Oct. 2000.)

In a particularly bizarre case, Joy and Kenny Johnston of Page, West Virginia

## NAEP 2001 History Test Scores Unsettling



WASHINGTON, DC — The National Assessment of Education Progress (NAEP) results for the 2001 United States history exam are in, and less than half of high school seniors (43%) demonstrated even a basic grasp of history. Only one in 10 seniors (10%) scored at the proficient level, where all students should be according to the U.S. Education Department, and a meager 1% scored at the advanced level. Just 15% of 8<sup>th</sup> graders and 16% of 4<sup>th</sup> graders scored at the proficient level, with only 2% of both grades scoring at the advanced level. Across the board, 12<sup>th</sup>-grade scores did not improve compared to 1994, the last year the test was given, but 4<sup>th</sup> and 8<sup>th</sup>-grade scores rose slightly.



Richard Innes

Among 8<sup>th</sup> graders, 64% of students scored at the basic level or above in 2001, up from 61% in 1994. For 4<sup>th</sup> graders, the percentage increased from 64% scoring at basic level or above in 1994 to 67% in 2001. The test results showed the performance gap narrowing between white and black students at the 4<sup>th</sup>-grade level and between white and Hispanic students at grade 12. Private school students scored higher than public school students.

In its May 13 internet "Communique," the Education Intelligence Agency (EIA) pointed out that, while non-public school students performed better than their public school counterparts, as they typically do, the scores for nonpublic schools were subdivided into "Catholic" and "other." The scores of Catholic school students went up in all three grades tested

endured a harrowing 7 1/2 years of drug-induced psychosis with their son, Paul, who was given a long list of powerful mind-altering drugs to control behavior that teachers and school-recommended Medicaid-reimbursed physicians diagnosed as ADHD. (See list, page 4.)

### The Medicaid Connection

The medicalization of the schools began with the federal Omnibus Budget Reconciliation Act of 1989, which opened the door for schools to become Medicaid providers. Chapter 18, Article 2 of the West Virginia education code reads: "The state board [of education] shall become a Medicaid provider and seek out Medicaid eligible students for the purpose of providing Medicaid and related services to students eligible under the Medicaid program . . ."

In many states, schools create partnerships with healthcare providers in their com-

pared to 1994, while the scores for other non-public school students rose just one point in grade eight and declined in grades four and 12 compared to 1994. "Since Catholic schools are more likely to have low-income students than other private schools," observes EIA, "this is a remarkable outcome."

EIA noted that the 2001 NAEP history scores "are the entirely predictable result of a decline in reading comprehension. It would be baffling if history scores rose while reading scores remained flat or fell."

Kentucky research analyst Richard Innes, who has studied the NAEP results for years, is concerned that the 2001 NAEP History Report, as discouraging as it is, doesn't tell the whole story. "This is a national sample only," Innes points out, "and doesn't give us an indication of what's going on in the individual states."

Innes reports that the "accommodations" given to students labeled "learning disabled" were extended for the 2001 NAEP history test to include any child who can't read. (Many LD students are excluded from the tests altogether, but those who participate may be given extra time, have test questions read to them or be provided with "scribes" who write down their answers for them.)

"It appears that students in Kentucky who can't read are now having the test questions read to them," Innes asserts, "and my fear is that other states are becoming 'Kentuckyized,' that is, they are allowing similar accommodations. This is a very serious situation. We are not getting a true picture of how our children are doing on these tests."

The 2001 NAEP history test was given to 29,000 4<sup>th</sup>, 8<sup>th</sup> and 12<sup>th</sup> graders.

munities, and Medicaid pays the bills. It has become, according to many state legislators and observers, a "cash cow" that victimizes children, parents and taxpayers.

### Diagnosing ADD

The Johnstons' nightmare began in the fall of 1993. Just weeks after their normal, exuberant five-year-old son started kindergarten at the local public school, his teacher complained that he was having trouble staying on task and remaining in his seat, and that he needed repeated "time-outs" for excessive talking. She explained to Mrs. Johnston that Paul's unacceptable behavior was due to a brain disorder, that the brains of "these children" are "wired in such a way" that they are unable to calm down or remain focused. She claimed that "nearly 30%" of children — mostly boys — have ADD or

(See *Losing Children*, page 3)

## EDUCATION BRIEFS

**Teacher certification may be a "meaningless credential," a Tennessee study finds.** Researchers at the Education Consumers Consultants Network, a partnership of credentialed educators, examined student achievement scores and concluded that teachers certified by the National Board for Professional Teaching Standards (NBPTS) are "merely average in helping students learn." Although NBPTS certification can mean salary increases of \$7,500 or more, the study found that none of Tennessee's 40 certified teachers would qualify as "exemplary" by state standards. NBPTS standards "essentially reflect the same ideas about teaching that have dominated education for decades," and the organization consists primarily of teachers union representatives whose members benefit financially from certification.

**Seniors at San Fernando Valley High must have plans for college, military service, or trade school in order to participate in graduation ceremonies,** according to the *San Jose Mercury News* (5-8-02). Civil libertarians call the new policy "elitist," but Los Angeles School District officials say it encourages students to "think about the future." Experts who have warned since 1994 about the eventual effect of the federally mandated School-to-Work (STW) program, which has been implemented in all 50 states, are not surprised.

**Austin, TX-based company, Ignite! Learning, would replace history textbooks with computer sound bites and cartoons.** Critics say the electronic curriculum is light on academic content. Ignite!'s website offers an overview of America's westward expansion that trivializes the magnitude of the undertaking and the heroic efforts of American explorers and pioneers. Conveyed instead is the politically-correct view of U.S. growth as negative. One visual clip states: "The idea of Manifest Destiny became popular in the mid-1800s. People used the term to: say that the U.S. had a God-given right to occupy North America coast-to-coast; justify using force to take land; encourage the government to annex [territories] . . ."

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## Buckeye State (Continued from page 1)

For at least the past five years, many school districts and state education departments have been developing electronic data collection systems for student information. In 2000, the Fairfax, VA public schools completed an \$11 million computer database that reportedly stores 1,200 pieces of information on each of the district's 150,000 students. An article in *Business Week* stated (3-16-00) that these data include parents' salaries, records of behavioral and disciplinary problems, details about learning disabilities, student photos, teachers' report-card comments, and mental-health records.

In 1999, the Massachusetts Department of Education unveiled its Student Information Management System (SIMS) which it had been quietly developing for

three years. (See *Education Reporter*, Oct. 1999.) SIMS creates permanent records on all Massachusetts public school students, and makes information that previously remained under school district jurisdiction available to the state.

According to *Business Week*, the U.S. Education Department has organized a nationwide data-exchange program ("under a 1994 congressional mandate") that makes student information "available to other schools, universities, government agencies and, potentially, to employers." A department spokesman stated: "Nobody is consciously trying to build Big Brother, but as these databases develop and start 'speaking' to each other, a national student database is the logical and desired outcome."

## Desperately Seeking Dirt in Alaska Bill would gut ban on nosy questions

ANCHORAGE, AK — Public school and health officials are pushing legislation to repeal a 1999 state law requiring prior written parental consent for students to participate in surveys requesting personal information. The Anonymous Survey Bill (HB 408) would require schools to give parents two weeks' written notice of an impending survey, allowing them the option of denying permission for their child's participation. If parents fail to contact the school in writing, consent would be considered "implied," and the child would be given the survey. HB 408, which has already passed the Alaska House, also allows students to refuse to participate in a questionnaire or survey.

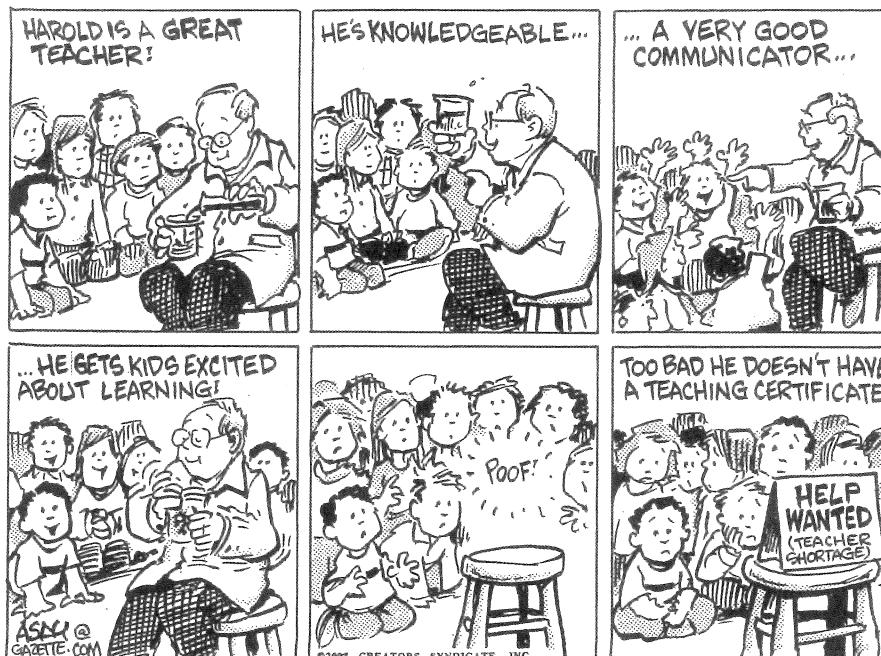
Alaska educators and public health officials want to give public school students as young as 11 the invasive and controversial Youth Risk Behavior Survey (YRBS) to determine how many are using drugs and alcohol, having sex or engaging in other "risky" behaviors. The YRBS has caused an uproar in several states and has provided the basis for implementing the Centers for Disease Control's sexually explicit Programs That Work (PTW), which have been described by parents, educators, state legislators and pro-family activists as "pornographic."

Officials complain that, due to Alaska's

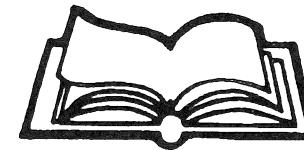
parental consent law, "We haven't been able to conduct the student surveys we need to gather solid community-wide data." They assert that most parents have no objection to the schools quizzing their 11-and 12-year-olds about intimate and self-incriminating matters, and imply that they are just too lazy to bother returning the consent forms. If legislators would only pass HB 408, they insist, the "implied consent" would net them the information they need to provide the right government programs to help students avoid drugs, alcohol, etc.

An "Opinion Piece" in the *Anchorage Times* (5-8-02) refutes this position. By eliciting enough intimate information from students through the YRBS, it contends, state health and education officials "may get hundreds of thousands of federal dollars to bloat their already bloated and inefficient bureaucracy," but that "history shows [the dollars] don't result in effective prevention programs."

Alaska schoolchildren took the YRBS in 1995, the author points out and, evidently, no successful preventive programs resulted. "Why is at-risk behavior higher now than before 1995?" the author asks, then explains, "you don't get reliable data when you ask kids embarrassing and compromising questions."



## Book of the Month



**The Bible as History and Literature** (Curriculum), National Council on Bible Curriculum in Public Schools, *King James Version/New International Version Parallel Bible*, *The Bible Reader*, 2000, \$70

The National Council on Bible Curriculum in Public Schools (NCBCPS) has launched a program to bring a state certified elective Bible course into public schools nationwide. This curriculum focuses on education and its purpose is to convey the content of the Bible as a foundation

document of society, which is both appropriate and constitutional in a comprehensive program of secular education.

The NCBCPS reminds parents that it is their constitutional right for their children to be permitted to study the Bible as literature and history in America's public schools. Even in its 1963 decision (*School Dist. Of Abington Twp. v. Schempp*, 374 U.S. 203) which removed devotional study of the Bible from public schools, the U.S. Supreme Court acknowledged that the Bible may still properly be taught. The court noted: "Nothing we have said here indicates that such study of the Bible or of religion, when presented objectively as part of a secular program of education, may not be effected consistently with the First Amendment."

"There is really no issue as to whether or not the Bible may constitutionally be taught in public schools," states the NCBCPS. "Our curriculum, which does not favor or disfavor a particular denomination or specific religious point of view, and which does not proselytize, meets all current constitutional requirements."

Many people do not realize that the Bible may be taught in public schools, and the NCBCPS is working to correct this common misperception. "Religion plays a significant role in history and society and its study is essential to understanding our nation and our world," NCBCPS materials state. "Study about religion is also important if students are to value religious liberty, the first freedom guaranteed in the Bill of Rights."

"The world is watching to see if we will be motivated to impact our culture, to deal with the moral crises in our society," writes Elizabeth Ridenour, president of NCBCPS. She urges parents to encourage their state school boards and local school districts to adopt the NCBCPS curriculum, which has been voted into school districts in 32 states. "It's coming back," she says, "and it's our constitutional right."

Contact NCBCPS at 336/272-3799 or write P.O. Box 9743, Greensboro, NC 27429.

## Losing Children (Continued from page 1)

ADHD, and that medication was available to control it. She referred the Johnstons to a physician who she said treated children like Paul.

Paul's parents could not understand how something could be "wrong" with a child who behaved normally at home. They knew nothing about ADD or ADHD and balked at the suggestion of medication. They decided to try working with their son and provide additional discipline.

A few weeks later, the principal threatened to suspend Paul. In a meeting with the Johnstons, he and Paul's teacher presented a laundry list of the boy's undesirable behaviors. They insisted he be taken to a doctor and that "something be done" or he would be suspended from school and the Johnstons could face charges of "medical neglect."

When the principal continued to threaten suspension, the Johnstons reluctantly made an appointment with the school-recommended physician. Mrs. Johnston described the initial office visit in her diary of the family's long nightmare, which was published earlier this year by AmErica House in Baltimore under the title *Altered States: Experimental Drugs, Expendable Children*.

"When we arrived at Dr. Habash's office, there was a video playing about children with ADD, explaining what teachers look for and how it is more evident in the school setting than at home," Joy Johnston wrote. During the examination, Dr. Habash commented that Paul was very fidgety and that he could see what his teacher was talking about. "A hyperactive child cannot sit still long enough to learn," he said, "and is very disruptive to the rest of the class."

The doctor prescribed 5 mg. of Ritalin twice daily. "I was unsure about this," Mrs. Johnston wrote, "but the doctor seemed to know exactly what the teacher was complaining about and that Ritalin would help. So I agreed to give it a try. I did not know if the school would make good on the threats of child neglect or not, but I did not want to find out."

### The Drugging Begins

Soon after starting the Ritalin, Paul lost his appetite and grew moody and withdrawn. He continued to have trouble at school and gradually became more aggressive. Dr. Habash "seemed unconcerned about it," noted Mrs. Johnston, and increased Paul's dosage of Ritalin from 10 to 15 mgs. per day.

The school recommended that Paul repeat kindergarten and his teacher referred the Johnstons to a new physician who she claimed "was considered the best in ADD." Dr. Frangoul prescribed five mgs. of Dexedrine along with the Ritalin. He said Paul "would get much better control over his hyperactivity" with the additional medication.

The school said Paul had a reading disability and recommended "homebound instruction" until his new medication could take effect. A teacher instructed him at home for the remainder of the school year, at which time he was promoted to first grade. During that summer, Paul's doctor took him off Ritalin

and put him on a drug called Cylert along with the Dexedrine. When that didn't "work," he tried the then-experimental drug Adderall and stopped the Dexedrine.

Paul was classified as learning disabled and transferred to a school in another town with "a better Special Education class" and a teacher who "was used to dealing with ADHD children and knew how to handle them." An Individualized Education Program (IEP) was created for him for first grade.

### Bad to Worse

By the beginning of 4<sup>th</sup> grade, Paul was very thin and more hyperactive than ever. He complained of headaches and pain in his back and joints. "It did me no good to ask questions about Paul's medication," Mrs. Johnston wrote in her diary, "they never got answered. I was treated like an over-emotional parent who would not accept that her son had a problem."

The Johnstons took Paul to a physician in another town, who ordered a series of tests. "[This] doctor could not answer any of my questions about why Paul was so sick," Mrs. Johnston wrote. "He sent all of Paul's lab work to doctors out of state with the hope that they could help. To him, this was a child in need of help, but knowing what to do was another thing. But at least he did not view my son as being crazy."

Another new clinic doctor prescribed 100 mgs. of the drug Tofranil for Paul. His school work suffered, and he began fighting with other children. The Johnstons became pariahs in their neighborhood. Paul's two sisters, one older and another much younger, were traumatized by their brother's behavior. After one violent episode that resulted in a call to police, child protective services threatened to remove the girls from the home.

On several occasions, the Johnstons took Paul to local hospitals in an effort to get help. Typically, Paul's clinic doctors would not be available for consultation and he was sent home without treatment. The child pilfered knives and other household "weapons" with which he planned to kill himself. His parents took turns keeping night vigils at his bedside to prevent him from harming himself or his sisters. By now, he was having hallucinations, seeing strange lights and hearing voices.

Yet another clinic doctor arranged for Paul to be admitted to the children's psychiatric ward at a hospital in the town of Huntington. Dr. Raissi told Mrs. Johnston that she hoped this would take care of Paul's problems, but was not sure. During a 10-day hospital stay, Paul was diag-

nosed with Major Effective Disorder with psychotic features, and Oppositional Defiant Disorder. He was taken off Tofranil and put on Nortriptyline and Risperdal. He was discharged and referred to a psychiatrist named Dr. Shah.

Dr. Shah "never answered any of my questions," Mrs. Johnston wrote in her diary, "and he never said much of anything, except to threaten to put Paul back in the hospital if he 'acted out' again."

During Paul's first year of junior high in the fall of 1998, yet another new doctor took over his case. Dr. Faheem took Paul off Risperdal and put him on Zyprexa, which he said was better for controlling mood swings and hallucinations.

"All Dr. Faheem wanted me to do was admit that there were several people in my family who had some form of mental illness," Mrs. Johnston recalled. "One day I gave in and just made up a list for this man. It seemed to please him, and he became more willing to help Paul."

Paul was soon in trouble again in school and, although Mrs. Johnston found that not all that happened was her son's fault, she thought better of making waves because her husband Kenny was now working for the school district. "It is well known that you don't offend the school board," she wrote. "If you do, you won't work and your child will pay for it."

At the start of 2000, a school psychiatrist diagnosed Paul as "bipolar," explaining that children with this disorder are often misdiagnosed with ADHD. She promised relief with the drugs Lithobid and Paxil, but Paul's mood swings and problems at school continued.

Since Paul had been labeled mentally ill, his teachers seemed to write him off as unable to learn. One teacher even hit him several times in the head with a tennis ball while he slept during class, raising an egg-sized lump. Mrs. Johnston demanded an IEP meeting and brought along her tape recorder. During the session, at least one educator, who did not realize the meeting was being taped, disparaged and mimicked her son.

Following the IEP session, school administrators tried to influence Paul's father not to make waves by giving him more work at the school. "They told him that everything that goes on within the school stays within the school, which caused trouble between Kenny and me," Joy Johnston wrote. "They were trying to divide us against Paul, and there was nothing I could do."

The family began receiving threatening phone calls. An unidentified voice observed "how good my oldest daughter was doing in school," Joy stated, "and said it would be awful if something happened to stop this . . . Sometimes," the voice continued, "a child who has problems like Paul's is removed from the home because his parents cannot take care of him and the family abuses him."

### Commitment to Barboursville

During the summer of 2000, Paul was given more prescription changes, and violent outbursts and hospitalizations followed. The Johnstons found themselves considering long-term state care. "All of my time and energy has been spent seeking help for my son," Joy despaired. "I have neglected my husband, my daughters and myself because my son has so many problems we cannot solve."

The Johnstons were referred to the Barboursville School, a state mental facility for children. A spokesman told them that children are normally committed for three to six months and that the school has "a wonderful program for teens, which teaches them self-control and personal care." Paul's clinic doctor and the school counselor agreed that Barboursville might provide the care the boy needed, and the Johnstons scheduled a hearing before a state "mental hygiene commissioner" to commit their son.

After the hearing, Mrs. Johnston discovered that the court papers called for a commitment of two years. "I felt my heart sink," she wrote in her diary. "Paul was only supposed to stay for three months; six if necessary . . . I felt scared and confused, but maybe someone at the school could explain." His caseworker reiterated that the average stay for most children was three to six months depending on how they responded to treatment.

The Johnstons soon realized that Barboursville was not what they expected. After their first few visits, Paul began exhibiting fear and excessive hunger. Later, they found marks on his body, including a burn, as though he were being abused. When questioned, the child was evasive.

### Breakthrough at Last

Friends of Joy Johnston put her in touch with longtime Eagle Forum member Ellen Beamon of Virginia. Joy's friends had heard about the harm psychiatric drugs could do to children and thought Mrs. Beamon might be able to help. At Ellen's suggestion, Mrs. Johnston began researching Ritalin and ADHD using her friend's laptop computer. The information she found filled her with shock and dismay. She began to realize that her now 13-year-old son was not mentally ill at all; that he had been diagnosed at the age of five with an unprovable disease, and that the medications he had been taking were the probable cause of his problems.

Mrs. Johnston's research led her to Dr. Peter Breggin of Maryland, head of the Center for the Study of Psychiatry and Psychology and author of *Talking Back to Ritalin*. She wrote Dr. Breggin about her son's condition. Within a week, he contacted her to discuss Paul's case. He advised her to get the boy released from the mental institution as soon as possible, that they needed to wean Paul off the "very dangerous medications" he was taking, none of which "were FDA approved for children under the age of 18." Dr. Breggin felt sure that Paul was not mentally ill, but suffering from drug-induced psychoses.

### Battle for Release

The Barboursville School would not release Paul. Dr. Clark, who was in charge (See *Losing Children*, page 4)



## Losing Children

(Continued from page 3)

of his case, said there had been no improvement in his condition and that he was not stable enough to be released. The judge who committed Paul agreed that the commitment order would stand unless his doctor released him. The Barboursville staff began monitoring the Johnstons' visits.

Ellen Beamon sent faxes to her contacts describing Paul's situation and how his parents could not arrange his release from Barboursville despite evidence of maltreatment.

Joy Johnston was near despair. She had lost her firstborn son to death, now she felt she had lost her second son to "the system." With renewed determination, she began phoning attorneys from a list Ellen Beamon had provided. A week later, she called the last one, Richard Beckner of nearby Oak Hill. No other attorney was willing to take on the system, but Beckner was a young father who understood what psychotropic drugs could do to children. When the Johnstons described the drug dosages Paul was taking, he shook his head in disbelief.

Beckner explained that it would not be easy, but that he would do everything in his power to overturn the court order. Alerted by Ellen Beamon, the Rutherford Institute also got involved and agreed to pay part of the financial cost.

When the Johnstons visited their son, he apologized for his appearance. Most of his clothes had been stolen, he said, and he was not allowed to wash those that remained or even to take a bath. He said the staff told him he would never get out of the hospital and that his parents didn't want him. When the Johnstons protested this treatment, they were escorted off the institution's premises by security guards.

Richard Beckner succeeded in arranging another hearing. Dr. Clark testified that the Johnstons had refused to let her help their son and that Paul was "a danger" to himself and others and should not be released. She stated that Paul "may never be stable" and that he could be institutionalized "for the rest of his life." The Johnstons contradicted Dr. Clark's testimony and submitted information supplied by Dr. Breggin about the side effects of the drugs their son was taking.

After a lengthy hearing, the judge ordered the two sides to "come to an agreement."

In the end, Dr. Clark and the Barboursville School director were alone in pushing for Paul to remain institutionalized and the court ordered his immediate release.

### The Aftermath

The Johnstons took Paul at once to Dr. Breggin, who examined him and provided a schedule for easing him off the drugs. The visit occurred just before Christmas 2000 and Paul became drug-free in Jan. 2001. But the boy suffers from severe headaches and has developed a disease known as Tardive Dyskinesia (involuntary movements in his hands and legs). The muscle cramps remain, and he has been diagnosed with Tourette Syndrome (a neurological disorder characterized by involuntary, rapid or sudden body movements and rapid or sudden speech variations, such as stuttering). He also suffers from rheumatoid arthritis.

Given the family's ordeal at the hands of the public school system, Mrs. Johnston decided to homeschooled her son. She was told that Paul performed at third-grade level and that he would probably not be able to do any better. But he has since completed 8<sup>th</sup> grade and will begin 9<sup>th</sup> grade in the fall. Paul's older sister, Vickie, is expected to test out of high school next year, and his younger sister, Destiny, will attend private school in the fall. "I feel she will achieve more in that setting," Mrs. Johnston explains, "and the fear of a 'Ritalin Roundup' is not a factor."

Lawsuits are pending against the physicians who treated Paul, and Mrs. Johnston plans to remain vocal about the misdiagnoses of children, in the hope of "stopping the madness for those children who remain lost in the system." "I learned about forced psychiatric drugging the hard way," she admits. "Parents aren't told about the adverse reactions Ritalin and other drugs cause."

"It is very difficult for people to understand about drug-induced psychosis," she continues. "So many of our children are suffering from it, and few in the field of psychiatry will even talk about it. The internet literally saved Paul's life. Parents should remember that research can do wonders because knowledge is power."

### Drugs Prescribed for Paul Johnston & their Side Effects

**Psychostimulants:** Ritalin, Dexedrine, Cylert, Adderall

**Known side effects:** Decreased appetite, insomnia, gastrointestinal pain, irritability, increased heart rate, paradoxical worsening of symptoms

**Anti-Depressants:** Paxil, Wellbutrin, Imipramine (Tofranil), Nortriptyline (Pamelor), Luvox, Remeron

**Known side effects:** Cardiac complications, impulsiveness, psychosis, mania, seizures, high blood pressure, confusion, insomnia, nightmares, rash, tics, tremors, loss of coordination, anxiety, sexual dysfunction, abnormal skin sensitivity to sunlight

**Mood Stabilizers:** Lithium (Lithobid), Depakote\* (Anticonvulsant)

**Known side effects:** Gastrointestinal com-

plications (nausea/vomiting, diarrhea), tremors, decreased white blood cells, malaise

\*Side effects of Depakote also include double vision, drowsiness, loss of coordination, rapid eye movement, skin rashes

**Beta-adrenergic blocking agents:** Propranolol

**Known side effects:** Decreased heart rate, Raynaud's phenomenon, lethargy, impotence

**Neuroleptics:** Risperdal, Zyprexa, Seroquel

**Known side effects:** Acute irregular muscle movements, cardiac arrhythmia, motor restlessness, sedation, cognitive dulling, social withdrawal, Tardive Dyskinesia, liver toxicity, Neuroleptic Malignant Syndrome, sudden death

## The Disappearance of History



Many observers complain that the NAEP and other assessment tests increasingly measure students' feelings and attitudes rather than basic skills and factual knowledge. According to author and education expert Charlotte Iserbyt, "about 60% of the NAEP test questions are attitudinal. American education isn't about academics," she writes, "but about social engineering and job training."

An editorial by journalist Jeff Jacoby in the *Boston Globe* (5-5-02), titled "The Disappearing History Term Paper" bears out the contention of some experts that students are focusing more on their "feelings" about history than on its substance. After criticizing the grand prize-winning essays for 1999 and 2000 in Prentice Hall's nationwide "What History Means To Me" competition, Jacoby noted that high school students are producing "what they are expected to produce, soft little compositions based on feelings and impressions, not research and evidence."

Following is the opening paragraph of the winning history essay chosen by Prentice Hall in 1999: "Mesopotamia. The Renaissance. Christopher Columbus. The Constitution. Civil War. Normandy. Martin Luther King Jr. Sputnik. Vietnam. History is more than a series of events; it's more than just stories and pictures; it's more than just people. History is a unique combination of people, places, events, and circumstances that come together to reveal the character of the peoples, nations, and worlds of the past. Thus, when I look at history, a variety of thoughts and interpretations come to mind. Without the past, there would be no present."

Jacoby opined that there was very little substance in any of this essay's four short paragraphs, which netted its author a \$2,500 scholarship. "I would pronounce it flabby, trite, and somewhat dull," he wrote. "It reflects no real intellectual effort. It incorporates little research."

In contrast, Jacoby described the essays written by high school students which appear in Massachusetts' *Concord Review*. These are "serious essays on historical topics by high school students throughout the English-speaking world," he said. "Unlike Prentice Hall, which asks students to write no more than 750 words on their feelings about history, the *Concord Review* invites essays of 4,000 to 6,000 words, plus endnotes and bibliography. Students who undertake such essays are rewarded with a great sense of

accomplishment, enhanced research and writing skills, and considerable knowledge of the subject they studied."

Here is an excerpt from one such essay: "On March 8, 1862, in the midst of the American Civil War, the CSS Virginia steamed out of Norfolk, VA, and headed for Hampton Roads, an estuary that empties into the Chesapeake Bay. She was

263 feet long, and her decks extended fore and aft of a 172-foot box along

the waterline. Her builders armed her with 10 guns of various sizes and, strangely, a ram. More importantly, they also covered the box with three inches of flattened railroad irons. Though the Virginia must have looked unusual among the other ships of her time, her armor made her almost invincible."

*Concord Review* Editor Will Fitzhugh, who is also president and founder of the National Writing Board, lamented in an *Education Week* commentary (1-16-02) that schools now focus on creative writing, fear of plagiarism and other factors which "have been augmented by a notable absence of concern for term papers in virtually all the work on state standards." This combination, he asserts, "has produced a situation in which far too many high school students never get the chance to do the reading or the writing that a serious history paper requires."

This doesn't surprise some educators, including Mrs. Iserbyt, who have warned about the dismantling of traditional instruction for years. Not only has American history been dumbed down, Iserbyt points out, it has also been globalized under its modern title of "social studies."

This shift was apparent as long ago as April 30, 1972, when a front-page article in the *New York Times* described a history teacher who began his career 10 years earlier "just about as teachers had for generations. He drilled students on names and dates. He talked a lot about kings and presidents. And he worked from a standard text whose patriotic theme held that the United States was 'founded on the highest principles that men of good will and common sense have been able to put into practice.'"

The *Times* conceded that, by 1972, this teacher had "abandoned the traditional text and set his students to analyzing all revolutions, not just the American, and from all points of view, including the British one that George Washington was both a traitor and an inept general."

### § Know Your State Law, Parent Advises §

Although West Virginia's education code mandates the pre-enrollment screening of young children for hearing, vision and speech and language, it does not mandate developmental screenings, which include "psycho-social" or behavior screenings. County boards of education are required to provide these screenings only upon request by parents.

However, at least one West Virginia county's pre-enrollment form fails to indicate that these behavior screenings are voluntary. The pre-enrollment form for Fayette County, where Paul

Johnston attended school, provides space for "Behavior" screening results along with "Hearing," "Vision," "Speech/Language" and "Dental," as though all were mandatory.

"There is nothing on the form to indicate to an unsuspecting parent that her child is not required by law to have a behavior screening in order to enroll in kindergarten," notes one mother, "yet these screenings can set the wheels in motion for Medicaid-funded 'treatment' before a child ever sets foot in the classroom. Parents should acquaint themselves with their state laws."