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Date: 03/20/05

Date: 20 Mar 2005 03:34:40 -0800

Parents have to read these TRUE statements about what may happen to their kids, because, like DCF, the other moronical State employees can bring in federal revenue this way (teachers and school psychologists).

The Rowlandgate scandal was exactly about this- only it was DCF and DMHAS. Kidnapping and kiddrugging, availed the Tomassos the federal millions to build more juvenile courthouses and prisons- that was the "TREA" organization, and it was a "racket," an "enterprise," and was described as such by the US Attorney who is still prosecuting it.

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The Reauthorization of the Individuals with Disabilities Act:
The Reauthorization of the Individuals with Disabilities Act:
Its Impact on the Diagnosis and Treatment of Children with Mental and Emotional Disorders

International Center for the Study of Psychiatry and Psychology IDEA
Task Force

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SUMMARY: Although well intentioned, the Individuals with Disabilities Education Act has resulted in perverse financial and policy incentives for too many children to be labeled with mental and emotional disorders and learning disabilities whose criteria are extremely vague, controversial, and too easily misinterpreted. Besides burdening a child with a label that will stay for the rest of one's academic and employment career, far too many children are placed on powerful medications. These drugs have dangerous side effects with no long-term research to expose potential harm from chronic/acute use when there are many other reasons for that child's difficulties in school. These other

causes include illiteracy, nutritional deficiencies, other medical problems, and social issues. Instead of reducing the number of children placed in special education, more and earlier behavioral screening will only result in more children being labeled and drugged, because the criteria are vague and the process is inaccurate. Before full funding is attained, IDEA needs massive reform that will change these perverse incentives. The needed reforms must prevent a disability or disorder label by prioritizing other interventions. First, literacy of children must be targeted using intensive systematic phonics. Second, parents must not be coerced into placing their children onto medications whose efficacy and safety remain questionable. Third, appropriate attention must be paid in identifying and ameliorating the medical, psychological, and social causes of a child's behavioral and emotional symptoms. Finally, medications must be seen as one of many possible interventions, and their use must be accompanied by fully informed consent. Families must be adequately warned about all of the potential serious side effects of these medications; ultimately, the prescription of these drugs must be chosen by families, and not coerced by school systems.

BACKGROUND: This "special education" legislation was passed in 1975 to allow all children with disabilities access to public education. All children with disabilities are to receive a "free appropriate public education" in the "least restrictive environment." Congress promised to pay forty percent of the expenses to allow that access, but has never paid more than about seventeen percent. This has resulted in a huge un-funded mandate for the states.

IDEA started with payments to schools for children with physical disabilities, such as blindness, cerebral palsy, and orthopedic problems. In 1991, the criteria were changed to include children with mental and emotional disorders. The definition of a child with a disability in the law, particularly regarding mental and emotional problems is terribly vague: "a child with mental retardation... serious emotional disturbance ...autism, traumatic brain injury, other health impairments or specific learning disabilities..."¹

Attention Deficit Hyperactivity "Disorder," the most common mental or behavioral label given to children, is in the "other health impairment" category.

The criteria for emotional disturbance, while trying to maintain the aura of clinical credibility, are appallingly vague. These criteria are completely in the eye of the beholder, and with the states and schools having incentives to identify children; it is rather like a fox guarding the henhouse. These criteria also leave open the possibility that a child could be labeled for political reasons. For example, what standards are to be applied, and who is authorized to determine whether or not a child displays "inappropriate types of behavior or feelings under normal circumstances," a "pervasive mood of unhappiness or depression," or an "inability to build or maintain satisfactory

interpersonal relationships with peers and teachers"?? 2

PROBLEMS WITH IDEA:

1. Skyrocketing diagnosis of children since 1991 – These mental and emotional "disorders" can be "treated" by the schools at very low cost to them. The parents have to purchase the medication while the schools receive the funding and expend few or no other funds to help the child in any other way. Here are some examples of this alarming trend from various reports:

? According to a 2002 report by President Bush's Commission on Special Education entitled A NEW ERA: Revitalizing Special Education for Children and their Families, 90% of students served under IDEA have "high incidence" disabilities such as mental, emotional, specific learning disabilities or "other health impairments."³

? The "other health impairment" category has "increased 319% in the last ten years" (since mental and emotional disorders were added to IDEA in 1991). "Some of the growth in the OHI category is the result of the growth in children identified as having ADHD, where a physician's signature is generally sufficient to trigger the eligibility process."

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? Using just the state of Minnesota as an example, the rate of designation for emotionally and behaviorally disturbed children has increased 36% and OHI, which includes ADHD, has gone up 930% since 1991.⁵

2. Skyrocketing use of psychotropic drugs in children – Here are several disturbing reports:

? Prescription of psychotropic drugs, particularly Ritalin, for 2 to 4 year old children, increased 300% between 1991 and 1995.⁶ Ritalin (methylphenidate), along with amphetamine and methamphetamine are in the stimulant class of psychiatric medications. Ritalin is the drug most commonly used on children labeled ADHD.

? Data on "'drug mentions' that occur during a hospital or office visit when a doctor provides or prescribes a medication, or orders it refilled" was analyzed by the National Center for Health Statistics for a Sacramento Bee story. According to that data, stimulants such as Ritalin were mentioned 5.3 million times in the year 2000, which was nearly twice as often as they were mentioned in 1995–1996.⁷

3. No concrete tests or reproducible criteria for diagnosis – As ICSP IDEA task force member, Bob Jacobs, Psy.D., has stated in his Australia-based report on ADHD for the Queensland Youth Affairs Network entitled Queensland's Children at Risk, "The undisputed clinical reality in July of 2002 is this: Physicians are identifying a "disease"

based SOLELY on reports and observations of behavior. The only "tests" are questionnaires about the child's behavior, usually completed by the parents or teachers whose frustration with the child prompted the doctor visit in the first place. There is no confirmatory physical examination, EEG, CT-scan, X-ray, PET scan or any other diagnostic instrument because there is nothing to look for. By all standards of medicine these are healthy children whom we are arbitrarily declaring "sick" because people are not happy with their behavior." Here are several other reports and statements from around the world to confirm that clinical reality:

? The New Era report says that children with these "high incidence" 'disorders' "cannot be identified on the basis of acuity, physical or neurological findings."8

? The 2001 World Health Report by the World Health Organization states, "Childhood and adolescence being developmental phases, it is difficult to draw clear boundaries between phenomena that are part of normal development and others that are abnormal."

? The 1999 Surgeon General's Report on Mental Health says, "The diagnosis of mental disorders is often believed to be more difficult than diagnosis of somatic or general medical disorders since there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness"

? "Finally, why must the APA (American Psychiatric Association) pretend to know more than it does? DSM IV (the fourth edition of the Diagnostic and Statistical Manual) is the fabrication upon which psychiatry seeks acceptance by medicine in general. Insiders know it is more of a political than scientific document."9

4. Harmful side effects of psychotropic drugs used in children without long term safety studies – The stimulant class of medication, which includes Ritalin, can cause a whole host of extremely serious side effects.

? According to research highlighted by psychiatrist, Dr. Peter Breggin in his book Talking Back to Ritalin,10 these medications actually cause the same symptoms they are supposed to treat – hyperactivity, impulsivity and inattention, which can lead to a vicious cycle of incorrect and dangerous dosage increases.

? These drugs work by altering brain function, causing a short-term change in behavior that may actually interfere with learning. They produce rote compliance in structured environments at the cost of spontaneity, creativity and social interaction. The stimulant drugs also impair flexible problem-solving and divergent thinking. James Swanson, a researcher for the U.S. Department of Education and leading Ritalin advocate, stated in a 1992 review of the medical literature that this type of "cognitive toxicity may occur at

commonly prescribed clinical doses of stimulants," and in up to 40% of patients.¹¹

? There has never been a single long-term study showing academic or social benefit of the stimulant medications. The 1999 Surgeon General's report said, "However, psychostimulants do not appear to achieve long-term changes in outcomes such as peer relationships, social or academic skills, or school achievement," and that is just one of many similar quotes. Obviously Ritalin and other members of its class are making learning more difficult, which is not what is wanted for special needs children served under IDEA.

? Other very worrisome side effects include sleeplessness, weight loss, growth retardation including decreased brain growth, heart damage including cardiac arrest, atrophy (shrinkage) of the brain, psychosis, and violence.¹² Particularly concerning is a 1986 study that showed cortical atrophy in 50% of a group of 24 young adults who had been on Ritalin for several years in their childhood.¹³ Neither the Food and Drug Administration nor the pharmaceutical manufacturers have ever followed up this study. Dr. Breggin reiterates this concern by saying, "Brain structural abnormalities found in children diagnosed with ADHD and treated with stimulants – to the extent that they are valid findings – are almost certainly due to the stimulants and other psychiatric medication to which they have been exposed. These studies add to the accumulating evidence that psychostimulants cause irreversible brain damage."¹⁴

? Psychosis is one manifestation of the kind of brain damage that can occur from use of the stimulants. The risk of psychosis is listed in the package insert, but receives little attention from physicians and is rarely discussed with parents. Psychosis may happen as a toxic reaction to the stimulant medications or as they are withdrawn after long-term use. Previously thought to occur in 1% of patients on the stimulants, a 1999 study from the Canadian Journal of Psychiatry showed that the incidence of drug-induced psychosis is closer to 9% and that is probably an underestimate.¹⁵ A 1993 study by Koek and Colpaert states that Ritalin "induces a psychopathology that seems to mimic schizophrenic psychosis more closely than amphetamines and cocaine."¹⁶ These schizophrenic-like and manic-like reactions to stimulants are thought to lead to violence as well as depression and suicide.¹⁷ All four of the perpetrators of the major school shootings were taking psychiatric drugs, some including Ritalin, at the time of their crimes.¹⁸

? The package insert for Ritalin confirms that there are no long-term studies on the effects of these medications on young children's growing brains. It says in the "WARNING" section, "Sufficient data on safety and efficacy of long-term use of Ritalin in children are not yet available," and Ritalin should not be used in children under six years, since safety and efficacy for this age group have not been established." Yet, both of these warnings are routinely

ignored as described by the Zito study in Problem 2 above.

5. Invalid screening process for behavioral and emotional disorders with resulting labels having profound, long–lasting negative effects on a child – Early intervention programs within the field of mental health engender serious dilemmas. The contemporary example of pre–psychotic treatment programs was analyzed by ICSPP IDEA Task Force member Grace Jackson, M.D. and may be used to illustrate a variety of methodological flaws associated with premature screening and preventive pharmacology for attention deficit disorder, which in some studies has been used as a marker for schizophrenic psychosis:19

? Specificity: Problems with specificity arise from the use of screening instruments that incorrectly identify healthy individuals as abnormal. In many investigations, the use of ambiguous features to identify patients (or pre–patients) has led to inappropriate labeling and treatment.

? Validity: Due to the complex or vague nature of symptoms used to define categories of mental disease, it is frequently impossible for health professionals to agree upon the presence of pathology, the onset or resolution of illness, or the advisability or effectiveness of particular interventions, such as treatment with psychostimulant medication.

? Amplification: The emerging and expanding use of "subthreshold" or "pre–syndromal" symptoms to identify individuals at risk for specific disorders appears to amplify the prognostic implications of irrelevant or even normal mental states, by identifying them as precursors of severe disease.

? Kindling: By suggesting that unmedicated symptoms inevitably progress to serious and specific disease, researchers ignore the fact that many individuals fail to develop the conditions that the kindling model predicts. Furthermore, there is little evidence to substantiate the claim that the best method of disease prevention lies in the early administration of treatments that would otherwise be reserved for the true disease. [The fallacious reasoning here would recommend that bone fractures be prevented by early casting; breast cancer, by preventive mastectomy; and diabetes, by preventive use of insulin.]

? Results of Labeling: Regardless of the benevolent intentions that inspire them, all interventions with diagnostic labels give rise to potentially adverse consequences:

- o Self–fulfilling prophecy (the Pygmalion effect) – suggests that individuals fulfill others' conscious and unconscious expectations, be they positive or negative.

- o Special attention (the Hawthorne effect) – suggests that individuals are strongly influenced by the mere process of being

observed. It reminds us that the true potential of an individual might have far less to do with innate capacities than with the social forces and relationships to which he or she is exposed.

o Stigma – When it is associated with the pronouncement of a specific disorder, stigma can be devastating, due to ensuing restrictions in education and employment opportunities; disruption in critical relationships; the ability to obtain and afford medical insurance and most importantly, destruction of self–confidence and self–esteem. To do this to a young child at the beginning of the academic career would be especially damaging. Additionally, because federal education mandates are causing academic achievement to be closely linked to psychological parameters such as attitudes, values, and beliefs, screening will allow political issues to factor into the realm of already less than valid psychiatric diagnosis and coercive treatment.

6. Coercion of parents to drug their children – ICSPP IDEA task force member, Doretta Hegg, M.A., founder of C.H.I.L.D., sees repetitive intimidation and suggestive coercion employed by schools that panic parents into putting their child on a psychotropic medication. Here are a few examples from around the country:

? In New York, Patricia Weathers²⁰ and the Carroll²¹ families were threatened or charged with child abuse for wanting to take their sons off of stimulant medications following adverse reactions. The Carroll family was ordered by a judge to continue the medication despite the drug's severe adverse effects on Kyle's sleep and appetite. According to New York Post reporter Douglas Montero, "Assemblyman Felix Ortiz, the Brooklyn Democrat trying to create a law banning educators from verbally prescribing Ritalin, said that since last week, his office has received 63 phone complaints from parents."²²

? Neil Bush, brother of President George W. Bush, stated that he endured pressure from a private school in Houston to medicate his son Pierce with Ritalin for ADHD incorrectly diagnosed by the school. "There is a systemic problem in this country, where schools are often forcing parents to turn to Ritalin," said Bush, 47, who spent years researching the issue. "It's obvious to me that we have a crisis in this country." Neil Bush also said, "The problem is, it isn't the kids that are broken. It's the system that is failing to engage children in the classroom," and "My heart goes out to any parents who are being led to believe their kids have a disorder or are disabled." ²³

? Paul Johnston of West Virginia began kindergarten as an exuberant and very normal five year old until the teacher began pressuring his parents to have him evaluated for ADHD. The parents were coerced into starting him on Ritalin, and he was eventually "treated" with a total of sixteen different psychotropic medications and experienced seven hellish years of drug–induced psychosis. He was finally released from an institution after a court battle and was

carefully withdrawn from the medication by Dr. Breggin.²⁴

7. Ignorance or neglect of the numerous other reasons children might have behavior or emotional problems before medications are recommended – Here are some examples in the main categories:

? Medical

o Other undiagnosed illnesses²⁵

o Reactions to medications for almost any illness²⁶

o Nutritional/Metabolic²⁷

? Artificial colors in food

? Hypoglycemia

? Food allergies and intolerances

? Vitamin and mineral deficiencies

? Hormonal imbalances – esp. thyroid

? Amino acid imbalances

? Essential fatty acid deficiencies

? Inherited metabolic disorders

o Environmental allergies and toxicity²⁸

? Pesticides and chemicals used in homes and schools

? Pollution

? Radon

? Hormones and antibiotics in meat

o Heavy metal toxicity

? Lead

? Mercury – from vaccines and dental fillings²⁹

? Cadmium

o Vaccine Reactions³⁰

o Overuse of antibiotics / yeast³¹

? Educational

o ILLITERACY – "up to 90 percent of children identified as SLD have reading as their primary area of difficulty"³²

o Increase in per pupil funding for schools (IDEA and Elementary and Secondary Education Act) – Schools may exempt IDEA children from the federally mandated assessments that determine the majority of federal funding states and school districts receive based on "adequate yearly progress" under the ESEA³³. This is done frequently for minority students, which is one reason so many minority students are labeled as emotionally disturbed or mentally retarded.³⁴ The per pupil funding in IDEA was changed in the 1997 reauthorization to prevent over-labeling, but that did not go into effect until 2000, so it is unclear that it has helped.

o Outcome based education via federal mandates (Goals 2000, School to Work, and ESEA) – These mandates the teaching of a psychosocially based curriculum³⁵ that creates cognitive dissonance in children when taught by the schools to believe things other than those on which they have been raised.³⁶ This curriculum also deprives poor children of the academic basics that they desperately need to obtain a better life. The boredom and frustration can lead to behavior problems and even violence.³⁷

o Attempt to gain correct thought and action based on federal curriculum – Much personal and psychological data is collected on students via surveys and assessments.³⁸ One example from the Cornell Review and Fox News, which documented in January, 2002 is a stunning example of grading based on attitudes, which could easily lead to labeling for special education: "School officials in Ithaca, N.Y., are requiring that first- and second-graders there be graded on their tolerance, reports the Cornell Review. The kids will get grades based on how well they 'respect others of varying cultures, genders, experiences, and abilities.' The grade will appear on report cards under the heading 'Lifelong Learning Skills.' It appears well before social studies, science, reading, or writing." Lifelong Learning is part of the School to Work program, which also passed in 1994. STW tracks children into jobs chosen by big business and the government. Success in this system depends not on what one knows, but rather what one thinks and believes.³⁹

o Effort to gain academic advantage (e.g. untimed tests)

o Boring, ineffective, and unsafe classrooms

? Societal

o Behavior control tool for parents and teachers

o Societal changes and pressures

? Divorce

? Daycare

? Teen parenthood

? "Hurried" child

o Temptation for people to want to receive Social Security disability income

o Feminism – The War Against Boys⁴⁰

o Drug company profits

8.

RECOMMENDATIONS:

1. Change the financial and policy incentives for schools to label children with mental and emotional disorders or learning disabilities that have vague criteria – Data need to be collected and evaluated to make sure that the 1997 changes to IDEA are working to prevent schools labeling children to receive more funding. Amendments to the Elementary and Secondary Education Act (ESEA) are needed that will prevent a special education label just so schools can exclude special education children in assessment scores to increase federal funding. Both of these will help IDEA funds to go to the children who truly need them, those with more verifiable, less controversial disorders.

2. Limit acceptable emotional disorders under IDEA to those with demonstrable organic etiology – To prevent the harm of an emotional, behavioral, or psychiatric label and the potential for treatment with powerful, dangerous psychiatric drugs, the disorder must be verifiable.

3. Investigate dangers of psychiatric medications, such as cortical atrophy, psychosis, violence, suicide, and cardiac arrest – Congress needs to exercise its legitimate oversight authority of the Food and Drug Administration and call for thorough investigations into the role of these drugs in the problems listed.

4. Prohibit and penalize coercion of parents to drug their children – Withholding federal IDEA funds or making schools financially responsible for the costs of withdrawing children from psychotropic medication and any adverse effects of those drugs are penalties that are being discussed. Although some physicians are too eager to prescribe these medications, at least the decision should be removed from unqualified school personnel to parents and their family physician without threat of child abuse charges or losing their children for the parents or removal from the home, expulsion, or inappropriate educational placement for the child.

5. Safeguard the rights of parents and children, by emphasizing the need for fully informed consent and by demanding that prescribers disclose the risks and potential adverse effects associated with the use of psychoactive medications – No parent should have to find out about the potential for cardiac arrest, growth retardation, cortical atrophy, psychosis, violence, or suicide because it happens to their child.
6. Ensure that other reasons for behavior or academic problems are discussed before psychotropic drugs are suggested – The list above, though incomplete, is quite long. No child has emotional or behavioral problems due to a low blood level of any psychotropic drug. Making sure that other causes are ruled out will allow scarce funds to go to children who truly need them.
7. Focus on academic issues instead of expanded behavioral screening – According to special education teacher, Mary Sue Laing, "EARLY [ACADEMIC SCREENING and] INTERVENTION is of the utmost importance in assisting students, especially young students. A month is a long time in the life of a little child. Intervention should consist of using highly structured methods that teach the student how to read, write, and do math correctly from the beginning. In reading, only methods that teach the sound–symbol relationship should be used. Visual guessing in reading, invented spelling, and free play with math manipulatives are inadequate methods for students who experience learning difficulties." It is these activities upon which schools must concentrate. Given the inaccuracy of the process and the invalidity of the diagnoses, especially ADHD, expanded behavioral screening will result in more children receiving labels with the harm described above and treated with psychotropic drugs with all of the dangerous side effects also described above.
8. Strictly enforce the 2001 Protection of Pupil Rights Amendments in the ESEA that that require notice and right of parental inspection of curriculum and physical or psychological evaluations, including surveys, of students in school , as well as opting their children out of these procedures and related curriculum.⁴¹
9. Strictly enforce the 2001 amendments to the ESEA that prohibit assessments based on attitudes, values, and beliefs of students and their families.⁴²

ENDNOTES:

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2 IDEA regulations as quoted in Hannah, *Pediatric Annals*, vol.31, no. 8, 8/02, p. 508

3 Presidential Commission Report – A NEW ERA: Revitalizing Special Education for Children and their Families 7/02, p. 21 at

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4 *Ibid.*, p.23

5 MN Dept of Children Families and Learning data from annual reports on

students receiving IDEA funds

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7 See Pills or Patience? Sacramento Bee, 6/23/02 at

<http://www.sacbee.com/content/news/story/3313233p-4344565c.html>

8 A NEW ERA, p.21

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11 Ibid., pp. 49-50

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14 Ibid., p. 69

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<http://www.nypost.com/news/regionalnews/54243.htm>

21 Karlin, R., Court orders couple to give son drug (Ritalin) after school turns parents in, Albany Times Union, 7/19/00

22 Montero, D., Bush's Bro: My Son was a Victim of School Rx, New York Post, 8/14/02 at

<http://www.nypost.com/seven/08142002/commentary/54735.htm>

23 Ibid.

24 A Parent's Nightmare: Losing a Child to Drug-Induced Psychosis, Education Reporter, June, 2002 at

<http://www.eagleforum.org/educate/2002/june02/drug-induced.shtml>

25 See any pediatric or internal medicine text book

26 See any edition of the Physician's Desk Reference or pharmacology textbook

27 See, for example, Murray, M. and Pizzorno, J., (1998) Encyclopedia of Natural Medicine, Revised 2nd Edition, Rocklin, CA, Prima Publishing pp. 273-281

- 28 See, for example, Rapp, D., (1996) *Is This Your Child's World? – How You Can Fix the Schools and Homes That Are Making Your Children Sick*, New York, Bantam
- 29 Cave, S., (2001) *What Your Doctor May NOT Tell You About Children's Vaccinations*, New York, Warner Books, p. 39–56
- 30 *Ibid.*, pp. 57–78
- 31 Crook, W., (1991) *Help for the Hyperactive Child*, Jackson, TN, Professional Books
- 32 *A New Era*, p. 22
- 33 See The No Child Left Behind Act of 2001, Section 1111, (b)(2)(C)
- 34 See (2002) *Minority Students in Special and Gifted Education*, Washington D.C., National Academy Press, <http://books.nap.edu/books/0309074398/html/index.html>, especially Chapter 2
- 35 See the Goals 2000 chapter of Quist, A. *The Seamless Web*, 1999 Mankato, MN Maple River Education Coalition at http://mredcopac.org/Seamless%20Web/chap_01.pdf
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- 37 Brunner, M., (1993) *Retarding America, Imprisoning Potential*, Halcyon House as quoted in Eakman p. 385
- 38 See Effrem, K. *Data Privacy Chapter of Quist, A., (1999) The Seamless Web*, Mankato, MN Maple River Education Coalition at http://www.edwatch.org/seamless_web.htm
- 39 See Chapman, M., and Bachmann, M., *US Policy embraces State–Planned economy*, Maple River Education Coalition at <http://mredcopac.org/upda0219.htm>
- 40 See Sommers, C. (2001) *The War Against Boys: How Misguided Feminism is Harming Our Young Men*, Touchstone
- 41 See The No Child Left Behind Act of 2001, Section 1061
- 42 *Ibid.*, Sections 1111(b)(3)(C)(xiv) and 411(b)(5)(A), which say, "...objectively measure academic achievement, knowledge, and skills, and be tests that do not evaluate or assess personal or family beliefs and attitudes, or publicly disclose personally identifiable information