



Written by [Beverly K. Eakman](#) on November 5, 2009

The Healthcare Bill's Sops to the Mental-health Industry

Most people (including Members of Congress and the press) won't read the nearly 2,000-page healthcare bill ("Affordable Health Care for America Act": H.R. 3962). Consequently, like most Americans, they are oblivious to the elephant in the living room that's about to transform the nation. While legislators shadow-box over public-versus-private options, trillion-dollar debts, and socialized medicine, tucked away in the bill under warm and fuzzy labels are numerous sops to the mental-health industry.



If enacted, these will serve to prop up an already misrepresented collection of disorders and channel ever-more-billions into the psycho-pharmaceutical industry that could be better directed toward research for cancer, heart disease, multiple sclerosis, and a host of other known, physical ailments that cost families a fortune and send their victims to gruesome, painful deaths.

Worse, however, is what this bill will do to America as a constitutional republic — and indeed what is left of the entire free world, since no doubt it will follow the United States' lead. With legal legitimacy for unprovable mental disorders will come, inevitably, an excuse to marginalize individuals on the basis of conscience, outspokenness, and politics. Thus far, the United States has been among the few countries to dodge that particular bullet — even though we have been moving ever-closer for 40 years to that outcome via draconian measures aimed at instituting political correctness. But this bill will send the issue over the edge and discourage anyone from honest exchanges of ideas.

Most Members of Congress, unfortunately, rely on youngish aides to provide synopses of a bill's provisions. Elected politicians, most of whom know little about medicine anyway, can hardly be expected to read and analyze a document that exceeds the size of War and Peace in the space of a few days, complete with technical and legal jargon. Their aides, unfortunately, are mostly products of a failed and politicized education system that has spent some four decades skipping over the particulars of our Constitution and the related debates of its Framers. So, to expect such individuals to catch mistakes that might compromise the health of the republic, not to mention the physical health of the populace, is wishful thinking.

Let us examine, then, some of the key components of this House bill that serve to sustain and support an already out-of-control mental-health, quasi-political industry.

The Mothers Act (Section 2529, Page 1418 of the bill.)

Ah, mom and apple pie — how American is that?

Turns out, not very...

The bill's language seeks, for example, to "expand treatment for postpartum conditions" and calls for the development of "improved screening and diagnostic techniques." No provisions, however, are made to ensure that the entities doing the screening and treatment are free of conflicts of interest vis-à-vis



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pharmaceutical investments.

Let's take the company Screening for Mental Health, Inc., and its sub-organization, "Signs of Suicide." Both promote and conduct mental-health screening. The umbrella organization received \$4,985,925 from pharmaceutical companies prior to 2008, and 10 of its psychiatric researchers have been exposed in just the past year for failing to disclose millions of dollars in pharmaceutical payments. Yet, this bill contains no requirements of "full disclosure" for entities in receipt of federal grants to perform research or create "promos" (promotional campaigns).

An example of a "promo" would be the provision calling for a nationwide public-relations campaign using TV, radio, and public service announcements (PSAs) to urge that all women be screened and seek treatment for the questionable "disorder" called postpartum depression. Many physicians say this is not an "illness," but a cultural phenomenon, in which a new mother feels overwhelmed with her duties — all-night jags with crying babies, endless diaper changes, and an onslaught of laundry and feedings. Mothers of yesteryear knew this sort of thing "came with the territory," but modern moms, who tend to simultaneously try to hold down careers, and who are under constant pressure in the media to look sexy and "have it all," are suffering accordingly.

The Mothers Act also calls for "clinical research" in developing new treatments (read: drugs) for this questionable ailment, but again, no guidelines exist to ensure that researchers and research firms are free from conflicts of interest. In fact, it would be unusual if they were not awash in such conflicts because in order to obtain a medical research grant or contract, the successful competitor is expected to have experience with pharmaceuticals.

Mental-health Parity (Section 214, Page 100)

This idea has been floated before. It guarantees equal insurance coverage for mental disorders and physical diseases, whether under regular health insurance or via new coverage, such as the Health Insurance Exchange. It is interesting to note that typically, psychiatric patients are "cured" as soon as insurance benefits run out, lending a credibility gap to the entire notion.

In this bill, of course, the benefits never run out. Considering there are no medical tests to verify the existence of any psychiatric disorder (blood work, urinalysis, X-ray, etc.), meaning that government has nothing other than a psychiatrist's opinion that the person is "cured," parity becomes a taxpayer-funded cash-cow. No doubt billions can be channeled into the psycho-pharmaceutical industry to continue drugging Americans, as the provision could easily encompass all 374 disorders listed in psychiatry's diagnostic manual — everything from Phase of Life Problem to Arithmetic Disorder.

Home Visitations for Families with Young Children and Expectant Parents (Section 1904, Page 1177 of the bill)

This section creates a home-visitation program for families with young children, for families that are expecting children, and even for families with certain "risk factors." This is one of the more dangerous sections that already have a counterpart on the political scene. Since the 1970s, parents wishing to adopt a child, for example, have been scrutinized for their disciplinary beliefs (such as spanking). Spanking is one of the few ways to get the attention of toddlers who are below the age of reason. For example, it is useless to explain to a toddler why it is dangerous to go out in the street without looking to the left and right for vehicles; yet, any toddler who wanders off and is injured or killed as a result brings down the entire force of Child Protective Services upon the parents, mandatory "parenting" classes (by psychology "experts," of course) and charges of negligence.



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This section also provides assessments regarding matters of “age-appropriate behaviors” for children, prevention of family violence, and referral to outside services. Never mind that government-mandated graphic sex education for kindergartners is wholly age-inappropriate. With an inconsistency that blatant, it is no stretch to imagine that parents could be held “accountable” for holding politically incorrect viewpoints (whatever those may be in, say, five years), with the threat of removal of a child from the home in the offing.

Already, parents adhering to firm religious beliefs (regardless of faith) are characterized as “inflexible,” “dogmatic,” and “intolerant,” as exemplified by the North Carolina judge who, on March 11, 2009, took issue with the mother’s religious faith and even ordered a mental evaluation on no basis other than the mother’s “conservative Christian beliefs,” then ordered her child to public school so that the student could be properly socialized.

The American Civil Liberties Union has long taken the position, as have other anti-religion organizations, that a parent’s rights “stop at the schoolhouse door.” This argument generated a wave of public outrage in a 2007 case before the U.S. District Court in Massachusetts. But the roots of this sort of logic can be found in old writings from Sigmund Freud as well as in Erich Fromm’s 1947 psychoanalytic scale of “authoritarian characteristics,” which was used to “eliminate” political opponents in his homeland of Germany. Fromm had already hypothesized that the family “predisposes men to blind submission,” his seminal work from 1941 being entitled (tellingly) *Escape From Freedom*.

Max Horkheimer’s and Theodor Adorno’s *Cross-Studies on Child Training and Personality* (1947) contributed further to the notion that parents were too inflexible to raise children. Dr. Brock Chisholm’s speech to the World Federation of Mental Health in 1946 provided, perhaps, the most scathing indictment of parental authority. But as recently as 2003, a joint study by the National Institute of Mental Health and the National Science Foundation (at a public cost of \$1.2 million) postulated that adherents to conventional moral principles and limited government are actually mentally disturbed. The study correlated morality and individualism with “dogmatism” and “uncertainty avoidance,” leading to “lowered self-esteem, fear, anger, pessimism, disgust, and contempt” (Jost, J. T., J. Glaser, et al. (2003), “Political Conservatism as Motivated Social Cognition,” *Psychological Bulletin* 129(3): 339-375 and at <http://www.apa.org/journals/bul/503ab.html>).

Thus should Americans be concerned about any suggestion of home visitations by government as “routine.”

School-based Health Clinics (Section 2511, Page 1352)

School-Based Health Clinics include subjective psychiatric mental-health screening for children (a.k.a. “assessments” since the 1980s). These already have invaded classrooms under a guise of academics. The bill’s referral to “a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs” as part of “comprehensive primary health services” launches a project to mix primary healthcare with psychological services on a permanent basis. This would clear the way for psycho-pharmaceutical products to be channeled directly or indirectly into schools.

As explained previously, psychiatric screening and counseling extends to assessing worldviews and political issues that, no matter what faction does it, conflicts gravely with the U.S. Constitution.

Wellness Program Grants for Small Employers (Section 112, Page 67)

Grants for “wellness” serve as incentives for employers to include mental-health evaluations for



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contractors, grantees, and even non-governmental businesses. The most objectionable part of the program entails a “Behavioral Change Component” that encourages “healthy living through counseling” for programs relating to “tobacco use, obesity, stress management, depression and mental health.” The problem with this? Anything labeled “behavioral change” in psychology means “worldview change” and “attitude/perception adjustment.” Can re-education camps be far behind?

Re-education is part and parcel of dictatorial regimes. It was used by the Nazis, the Soviets, the Stasi, the North Koreans, and South Africa under apartheid. So this bill subtly moves psychiatric counseling from voluntary to mandatory.

Also, the term behavioral is misleading; it doesn’t mean conduct, as in good manners. It means changing the belief system. That is a far cry from habits like eating junk food and smoking. It moves into the realm of political attitudes — the very thing the Framers of our Constitution worked to avoid in splitting from European models of government.

Federally Qualified Behavioral Health Centers (Section 2513, Page 1367)

These proposed centers take the “Behavioral Change Component” of Wellness Program grants, described above, to a new level. To obtain a grant, an organization or individual must compete and/or “qualify.” “Qualifying” is the kicker. In order for community mental-health centers to qualify, they have to provide, among other things, “mental health screening, assessment and diagnosis,” as well as “outpatient clinic mental health services, including screening, assessment, diagnosis, psychotherapy and medication,” plus “crisis mental health services, including 24-hour mobile crisis teams,” which means a person can be carted off to a psychiatric facility (prison?) if government deems it necessary.

This is psychology on steroids! If you thought the old Soviet Union or North Korean or East German psychiatric “hospitals” were alone in incarcerating and drugging out-of-favor individuals, think again, because America is playing with fire in this healthcare provision. All drugs, of course, come with side effects, some relatively mild to full-blown intolerances and allergic reactions. But psychiatric drugs are particularly lacking a track record and are highly risky.

Retired pediatric neurologist, Dr. Fred Baughman, has repeatedly testified and written concerning this. In a November 4, 2009, letter to the *Wall Street Journal* following an article on the troubling number of apparent suicides in the military by soldiers prescribed psychiatric drugs, Dr. Baughman stated:

“Although antipsychotics (Ray, et al, 2009), antidepressants (Whang, et al, 2009) and psychostimulants/amphetamines (Gould, et al, 2009)) have been proved to increase the risk of sudden cardiac death, they are routinely prescribed together, as if no such risk was known.” Just “not waking up” one morning is not a catch-all for suicide, yet it is happening with increasing frequency in connection with psychiatric drugs. Some instances seem to mimic heart failure, seizures and strokes, but not quite — especially when there is no history or other factor indicating such a problem.

Moreover, we are speeding down a road that will be difficult to reverse once instituted — all in the name of easing the financial strain on individuals and families caused by rising health costs.

Yes, health costs are bankrupting financially responsible people. But at least three reasons have little to do with government: (1) new technologies, which are often effective, but very cutting-edge; (2) health insurance companies, which at first rushed to fill the void, but quickly morphed into multibillion-dollar enterprises whose investors are unconcerned with patient comfort or even recovery, resulting in non-stop questions concerning every drug and procedure; and (3) a dearth of qualified physicians under a medical-school system that works to keep its numbers down, thereby artificially creating shortages of



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physicians and keeping salaries high.

Meanwhile, government's interest in healthcare is related solely to cost-cutting, not quality of service or patient recovery. The exceptions are programs for Members of Congress, whose procedures and medications are never questioned under their unique program.

Moreover, some 110 new boards, bureaucracies, commissions, and programs fill the pages of this so-called "Affordable Health Care for America Act," which reveals a Pandora's Box of covert psychological/mental-health programs like those described above. Others include such items as a mental-health technician training program (Section 3101, p. 1898) and an Indian youth tele-mental health demonstration project (Section 3101, p. 1909).

Real advancements in medicine, of course, are a realistic goal, and Americans can agree on a reasonable expectation of caring alternatives to the status quo. These dual objectives scream for some new thinking from "outside the box."

What healthcare doesn't need is a hidden, politicized agenda that institutionalizes thought control and re-education centers.

In regard to reader commentary on this article, I would like to add that I have noticed that any objection to over-reaches by the mental-health industry, regardless of the context, tends to be met with allegations of "having an agenda." There's an agenda, all right; I could see that "agenda" on the wall when I was a classroom teacher, way back in the early 1970s. And it wasn't coming from me. It was coming from a host of behavioral-science advocates and organizations that were asked to come speak at our teacher-in-service workshops. Educators took the advice of these behavioral scientists, as did parents, and now we have out-of-control schools where nearly half the kids are either diagnosed with a disorder, on a psychiatric drug of some kind (or, more accurately, a cocktail of such drugs, to mitigate the side-effects), in Special Education, or all of the above. Nothing like any of this was happening in the 1950s.

As to my not having any facts to support my position: I spent the entire article giving facts that anybody could look up, including page numbers in the Bill itself, and expert testimony by a noted neurologist. Oh, as for "no experience" on my part: I do have a background in the topic, not just through course work but through my 1999 award-winning bestseller, which I spent three years researching: Cloning of the American Mind: Eradicating Morality Through Education. See Part III, in particular, of that book for a detailed analysis and history of the problems I allude to in the article.

My question is: Where are the "facts" on the psychology side? As I wrote, there is no X-ray, blood work, urinalysis, or chemical finding yet to be located relative to any of the trendy disorders listed in the bible of the psychiatric profession, the DSM-IV.

Of course, some people do erroneously include things like "narcolepsy" among these mental disorders (I've even heard it in legislative testimony by people who should know better), and that is a pity because narcolepsy is a physical disease with visible mental outcomes. But it doesn't change the fact that psychiatric drugs for purely emotional phenomena, or even "stress," have no track record of success. Many, in fact (esp. antidepressants and antipsychotics), are now suspect (even by Congress) of being culpable in violent, out-of-character aggression.

Moreover, a look at this morning's newspaper about the professional psychiatrist who just yesterday killed and wounded dozens of soldiers at Ft. Hood, Texas, and who probably knew more about psych



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meds than I do, having dealt with them himself, allows me to rest my case....”

Beverly K. Eakman is a former educator and retired federal employee who served as speechwriter for the heads of three government agencies and as editor-in-chief of NASA’s newspaper at the Johnson Space Center. Today, she is a Washington, D.C.-based freelance writer, the author of five books, and a frequent keynote speaker. Her most recent book is Walking Targets: How Our Psychologized Classrooms Are Producing a Nation of Sitting Ducks (Midnight Whistler Publishers).



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