Word Count: 1846

Whose Blood Sugar Is It, Anyway?

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I have a peculiar, old fashioned, out of date notion: I believe that my medical information, my blood sugar, my eating habits, my cardiovascular status, my dietary virtues and vices, and, if they don't impact you, my mental health, are matters between me and my doctors, should I care to confide in them. More, as a practicing physician, I believe that when you impart that information to me as your doctor, it is one of the few remaining sacred trusts which we participate in on a regular basis: I am obligated by oath, law and duty to keep that information safe and private in the face of everything but a demonstrated, court-ordered, irrefutable danger to society which would be caused by my keeping faith with that sacred duty. In other words, patients have a right to own their data, sharing it selectively and in a trusted relationship with their doctors. How quaint. The Double Speak-named "Health Information Privacy and Portability Act" (HIPPA) actually ended that privacy unless you are prudent enough to use a physician who does not use electronic billing and is otherwise HIPPA exempt (for example, in a fee-for-service practice or as a "Country Doctor with fewer than 10 doctors in the practice). So your privacy rights rested in small, fee for service doctors outside of the insurance system like me and many of my colleagues. You owned your history [now called data], you let your doctor use it for only for your good only as you, not the Biggest of Big Brothers, saw fit.

Exit medical privacy. Enter the State. Vermont, and now New York City (NYC) mandate data collection on diabetics each time they have lab work done whether they want that information shared with anyone or not. Laboratories must provide NYC with glucose (that is, blood sugar) data each time lab work is done. Perhaps the information is just for statistical purposes and safeguards the privacy rights of the patient? Not on your life. The data includes your full name, birth date, address and date that the test was performed[1]. Doctors and patients will be contacted if glucose control is not acceptable to the State. According to Phillip Longman in the Washington Post,[2] that's just the way the freedom cookie crumbles in the post modern industrial state. Me? I eat a different diet. I'll have the constitutional liberties, please.

NYC's Department of Health and Mental Hygiene has created the requirement for mandatory electronic reporting of glycosylated hemoglobin values, an indication of poor

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[1] New England Journal of Medicine (Steinbrook, R., Feb 9, 2006, pp 545-547)

[2] From Typhoid Mary To Diabetic Debbie, **Wednesday, February 15, 2006; Page A21**

blood sugar [glucose] control which is a serious problem in diabetics. Laboratories must transmit the required data electronically to the Department of Health and Mental Hygiene every time such a test is done. The requirement, which took effect on January 15, 2006, was promulgated under the department's statutory authority to report and control chronic diseases and to regulate clinical laboratories.

What's next? Lead values and communicable disease results are slated for mandatory reporting by July 1, 2006. And then? Will people with diabetes be denied driver's licenses like people who have had seizures? What happens if a diabetic buys candy? Will that get reported, too? To whom? And what happens next? State enforced diets and exercise regimens to save state money in amputations, hospitalizations and seeing-eye dogs? Given the capacity of electronic check-out devices even in Mom and Pop stores, why not?

And what happens if diabetics, or depressed people, or people with antiquated ideas about personal freedom and other dissenting ideas like mine, do not take psychoactive drugs which they might be prescribed and required to ingest for the sake of the state. Think it can't happen? Then you missed the Orwellian-named "President's New Freedom Commission on Mental Health"[3] which mandates "mental health screening" and compulsory treatment for children from birth to 18 years with or without parental consent (and their pregnant mothers and, oh, by the way, every adult in America as well). This nightmare of social control and chemical straight jackets with profitable, but wildly dangerous, drugs has already become a reality in our legal framework and will shortly be visible in our daily lives and that of our children.

The New Freedom Commission (NFC), was commissioned by a President who has received $764, 274 for the 2004 campaign from drug company political action committees and employees". [4] The NFC advocates drugging even preschool children with expensive, dangerous and often deadly drugs and notes that schools are in a "key position" to screen the 52 million students and 6 million adults who work in them. Is that what schools are for? Not in my un-drugged mind. And, oh, by the way, I am trained as a Child, Adolescent and Adult Psychiatrist with decades of school-based and private practice experience successfully using no drugs whatsoever. None.

But then, I'm not much for treatment "algorithms" or computerized treatment straight jackets for doctor and patient like the Texas Medication Algorithm Project (TMAP) which has a list of 6 new, unproven, dangerous and very expensive drugs as the "answer" at the end of every decision tree. The game is simple: identify a problem (or make it up) and the answer is hiding behind the doors labeled "Drug 1" through "Drug 6". No psychotherapy, no counseling, no investigation into who is beating or raping or oppressing the child, no vitamins or exercise, just Drugs 1-6 and, should they fail, more back-up pharmaceuticals. It's sort of the President as Nurse Ratchet and the schools as the asylum in "One Flew Over the Coocoo's Nest".

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[3] Executive Order April 29, 2002
[4] Center for Responsible Politics

On a positive note, on Oct. 17, 2005, Director Charles Currie of the Substance Abuse & Mental Health Services Administration (SAMHSA) announced that his organization no longer endorses the TMAP which embodies everything that is has gone very, very wrong with mainstream medicine/psychiatry and the government's relationship with Big Pharma. In my opinion, TMAP makes it clear that our regulatory process carries a deadly taint right to the top.

TMAP's advocates, like Dr Darrel Regier, director of research at the American Psychiatric Association (APA), say, "What's nice about TMAP is that this is a logical plan based on efficacy data from clinical trials."

Those trials, for drugs that children and adults will stay on for years, by the way, generally run from 6 to no more than 18 weeks and are conducted behind the statistical smoke and mirrors of science-for-hire in which patients who do not respond to, or tolerate, the drug (or die) in a "pre-loading" phase are eliminated **before the trial begins**. Even so, the results are often so bad that information is apparently frequently suppressed and bad drugs are routinely approved. (Think Strattera [atomoxetine], a failed antidepressant which Wyeth markets for ADHA and which the FDA says increases suicidality in children over 6 years of age. Strattera failed miserably in a Swedish Clinical trial for Eli Lilly.[5] Despite its dismal lack of success in the trial, the lack of successful participants completing the trial (exactly 1 person), serious side effects in the majority of patients and a tremendous increase in suicidality in UK subjects treated with the drug (130 incidents in just one month)[6], the drug is approved in Sweden, the UK and the US. To make matters worse, in just three years, Strattera use led to 766 spontaneous reports of cardiac disorders and 172 of liver injury, as well as some 20 completed suicides in the UK alone.

What's not very nice about the TMAP is what the British Medical Journal (BMJ) reported Allen Jones, an employee of the Pennsylvania Office of the Inspector General, revealed: key decision making officials with influence over the medication plan in Pennsylvania received money and inducements from drug companies who had a stake in the medication algorithm[7] The BMJ reported Mr. Jones told it that "the same 'political/pharmaceutical alliance' that generated the Texas project was behind the recommendations of the New Freedom Commission", which, according to his whistleblower report, were "poised to consolidate the TMAP effort into a comprehensive national policy to treat mental illness with expensive, patented medications of questionable benefit and deadly side effects, and to force private insurers to pick up more of the tab"[8]

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[5] http://www.24-7pressrelease.com/view_press_release.php?rID=10122

[6] British Medicines and Healthcare products Regulatory Agency (MHRA), obtained through Freedom of Information Request, reveals that there have been 130 reports of suicidality in the UK in just one month - from 23 September to 25 October 2005 in persons receiving Strattera

[7] http://bmj.bmjjournals.com/cgi/content/full/bmj;328/7449/1153

[8] http://psychrights.org/Drugs/ AllenJonesTMAPJanuary20.pdf

George Bush was the governor of Texas during the development of the Texas project, and, during his 2000 presidential campaign, he boasted of his support for the project and the fact that the legislation he passed expanded Medicaid coverage of psychotropic drugs.

What's also not nice about TMAP, the model for drug administration under the New Freedom Initiative, is that TMAP's sponsors make the expensive, dangerous and unproven drugs which, strangely enough, wind up being recommended for "first line treatment", These include Adderall barred for use in children in Canada), Buspar, Celexa, Depakote, Effexor, Geodon, Paxil, Prozac, Remeron, Risperdal, Seroquel, Serzone, Wellbutrin, Zoloft and Zyprexa. TMAP's and the Bush family pharma money ties with, for example, Eli Lilly, include:

- Lilly's Zyprexa (Olanzapine), is an atypical antipsychotic drug recommended as a "first line drug" in the TMAP and Lilly's top seller, grossing $4.28 Billion globally in 2003.
- According to Gardner Harris (New York Times, 2003) 70 % of Zyprexa sales are paid for by government agencies like Medicare and Medicaid.
- Lilly made $1.6m in political contributions in 2000 – 82 percent of which went to Bush and the Republican Party.
- Former President George Herbert Walker Bush was a member of the Eli Lilly board of directors.
- Mitch Daniels, President George W. Bush's former director of Management and Budget, is a former Eli Lilly vice president.
- Sidney Taurel, a member of President Bush's Homeland Security Advisory Council, is the current CEO of Eli Lilly.
- The National Alliance for the Mentally Ill (NAMI) is a major recipient of Eli Lilly funding.[9]

But the ties that bind TMAP and the Bushes to Big Pharma are deeper than just a Lilly bouquet.

- Robert Wood Johnson IV, heir to the Johnson & Johnson fortune, raised more than $100,000 for George W. Bush's 2000 presidential campaign and more than $200,000 for Bush's 2004 campaign.
- "$2.4 million for the initial creation of TMAP from the Robert Wood Johnson Foundation, created from the estate of a former Johnson & Johnson chief executive. Johnson & Johnson, the parent company of Janssen Pharmaceutical, makes Risperdal.
- $191,183 for TMAP came from Janssen.
- $146,500 came from Pfizer which makes Zoloft and Geodon.
- $103,000 came from Eli Lilly, makers of Prozac and Zyprexa.
- Additional funds came from Abbott, Astrazeneca, Bristol Myers Squibb, GlaxoSmithKline, Janssen-Ortho-McNeil, Novartis, Wyeth-Ayerst Forrest Laboratories and the U.S. Pharmacopeia."[10]

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[9] *"Eli Lilly, Zyprexa and the Bush Family"* by Bruce Levine

Strattera and all its psychoactive brother and sister drugs are in the offing as compulsory "treatments" for whatever some screening paradigm says ails you and your children (and your mother, father, brother, neighbor, teacher, preacher, doctor, airplane pilot and city bus driver). Your blood levels of those ingested, mandated drugs, like your blood sugar, will belong to the state unless we make it clear now, once and for all, that my mental health, like my blood glucose and my medical data belong to me, not to the state.