

## The Mothers Act Disease Mongering Campaign - Part II

Contributed by Administrator  
Monday, 27 July 2009

Part II of a four-part series on the MOTHERS Act disease mongering campaign is published today on Natural News.

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Monday, July 27, 2009 by: Evelyn Pringle, health freedom writer

(NaturalNews) The Mothers Act legislation specifically defines the term "postpartum conditions" as "postpartum depression" or "postpartum psychosis." Use of the Act as an 8-year disease mongering campaign to further promote the new cottage industry of "reproductive psychiatry," or "reproductive mental health," comes from websites often run by people who will financially benefit from passage of the Act.

In 1992, the late journalist Lynn Payer wrote a book titled, "Disease Mongering," and defined disease mongering as, "trying to convince essentially well people that they are sick, or slightly sick people that they are very ill."

Tactics identified in the book currently used in the Mothers Act campaign include: (1) Framing the issues in a particular way, (2) Taking a normal function and implying that there's something wrong with it and it should be treated, (3) Defining as large a proportion of the population as possible as suffering from the 'disease', (4) Selective use of statistics to exaggerate the benefits of treatment, and (5) Getting the right spin doctors.

"Since disease is such a fluid and political concept, the providers can essentially create their own demand by broadening the definitions of diseases in such a way as to include the greatest number of people, and by spinning out new diseases," Payer explained in the book.

Although the mandatory screening language was removed from the Mothers Act last year, due to strong opposition, the words and actions by the bill's supporters demonstrate that the screening dragnet was always the main component of this disease mongering campaign. The language in the previous bill stated in part: "To ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services."

The main sponsor of the Act in the House was Illinois Democratic Congressman, Bobby Rush. On March 30, 2009, the Postpartum Support International website posted the headline: "Congressman Rush passes The Melanie Blocker Stokes MOTHERS Act in the U.S. House of Representatives... now it's on to the senate!!"

In a speech on the House floor that day, Rush made the following ridiculous disease mongering statement: "Madame Speaker, today, 60 to 80 percent of new mothers experience symptoms of postpartum depression while the more serious condition, postpartum psychosis, affects up to 20 percent of women who have recently given birth."

He then took it a step further and told members of Congress: "Experts in the field of women's health like Susan Stone, Chair of the President's Advisory Council of Postpartum Support International, says that these statistics do not include mothers whose babies are stillborn, who miscarry, or who are vulnerable to these devastating disorders which raises those at risk into the millions."

"Every 50 seconds a new mother will begin struggling with the effects of mental illness," he added.

"After eight long years," Rush said, "today marks an important step forward in the journey for Congress to fully recognize postpartum depression as a national women's health priority."

"H. R. 20 will finally put significant money and attention into research, screening, treatment and education for mothers suffering from this disease," he reported.

In a 2005 paper in the *Psychiatric Bulletin* titled, "Psychiatry and the pharmaceutical industry: who pays the piper?," a perspective from the Critical Psychiatry Network, the authors, Joanna Moncrieff, Steve Hopker, and Philip Thomas, point out that psychiatry is particularly vulnerable to the influence of the pharmaceutical industry for a number of reasons.

"There is no objective test for external validation of psychiatric disorders," they explain. "This means the boundaries of 'normality' and disorder are easily manipulated to expand markets for drugs."

"The adverse effects of drugs are downplayed, and alternative approaches to distress neglected," they warn. "Patients and carers are led to believe that there are simple, drug-based solutions to their problems, leading to disillusion and disappointment when this turns out not to be so."

Self-Promoted Experts

"Disease mongering turns healthy people into patients, wastes precious resources, and causes iatrogenic harm," Ray Moynihan and David Henry warn in the April 11, 2006 paper in *PLoS Med*, titled, "The Fight against Disease Mongering," in words that certainly apply to the Mothers Act campaign.

"As an initial step toward combating disease mongering at a health policy level," the authors "urge decision makers to promote a renovation in the way diseases are defined."

"Continuing to leave these definitions to panels of self-interested specialists riddled with professional and commercial conflicts of interest is no longer viable," they warn.

Susan Stone, the "expert" Bobby Rush referred to, runs PerinatalPro, a blatant profiteering website used to advertise her treatment and training services at a facility in New Jersey, which tells readers:

"Welcome to Perinatal Pro, the website presence of Blue Skye Consulting, LLC, posted by women's reproductive mental health expert Susan Dowd Stone, MSW, LCSW, to help educate and inform women, families and health care providers about the often unexpected challenges of mood changes during pregnancy, the postpartum and throughout a woman's reproductive life."

Susan is not a psychiatrist nor a psychologist, she is a social worker and a past president of Postpartum Support International. Yet she maintains a private practice, "specializing in women's reproductive mental health across the life

cycle," according to her bio.

The "Clinical Focus" of treatment advertised for Blue Skye with PerinatalPro includes: Perinatal Mood Disorders and Postpartum Depression; Perimenopause and menopause; Bereavement associated with child loss, stillbirth or miscarriage; Lifestyle changes and loss (divorce, remarriage, health issues); Depression associated with medical conditions; Disordered Eating and Body Dysmorphic Disorder; Trauma/PTSD; and Affective Disorders including depression and anxiety.

"We work with your physician, psychiatrist or other healthcare provider to ensure a continuum of care," the website says.

A more likely explanation for this collaboration would be that a social worker is not qualified to diagnose patients with mental disorders and a doctor would have to sign off on the diagnosis in order to bill public and private insurance programs for treatment. Susan would also need a doctor to prescribe drugs to her "patients." In return, the doctor would profit from the fees paid for the brief office calls required to obtain the prescriptions.

The PerinatalPro site even has a link to schedule an appointment at Blue Skye, through an email address with Susan Stone's name in the box. The joint is open for business on Monday through Friday beginning at 7 am and ending at 9 pm, "most evenings."

Blue Skye "also provides licensed professionals who will come to your office, agency or Grand Rounds to facilitate groups or educational presentations on mental health topics of interest to your staff," the website advertises. "In addition, we work with EAP's to provide therapy on or off site to your clients."

Susan posts a running list of groups that endorse the Mothers Act on her website and just about every Big Pharma funded pill pushing front group in the US is on it. The drug company dollar amounts funneled to these "non-profits" in recent years is broken down in my article, "Just Say No to the Mothers Act," which can be found with a google search of the internet.

Amy Philo, the leader of "Unite For Life," a movement of 53 groups against the Act, posted the estimated amount traceable to the main supporters on her website, based on the "Just Say No," article, with a total of between \$13,095,010 and \$16,487,497. The wide estimate resulted from the fact that groups' annual reports will often list the amounts given with wide margins.

For instance, the 2006 report for "Mental Health America," shows the "non-profit" received over \$1 million from Eli Lilly, Bristol-Myers Squibb, and Wyeth. Janssen and Pfizer gave between \$500,000 and \$1,000,000, and AstraZeneca and Forest Labs donated between \$100,000 and \$499,000. GlaxoSmithKline gave between \$50,000 and \$100,000.

Pfizer's 2008 grant report shows a \$20,000 grant to a Mental Health America group in Georgia to sponsor: "Project Healthy Moms: Education for Prevention/Treatment for Perinatal Depression Disorders."

Big Pharma money is funneled to front groups to make sure the leaders of the "non-profits" are extremely well-paid. Mental Health America's 2002 tax returns show the President, Michael Faenza, received compensation of \$306,727, and another \$35,275 to employee benefit plans and deferred compensation that year, for a 35 hour work week.

Lea Ann Browing-McNee, the Senior VP, received \$122,007, and \$14,353 in contributions to employee benefit plans and deferred compensation for 35 hours a week. The VP, Charles Ingoglia, was paid \$121,673, and \$15,907 to employee benefit plans and deferred compensation, for a 35 hour week.

In a May 29, 2009, blog on PerinatalPro Susan wrote: "I humbly announce that I will be honored by the Mental Health Association in New Jersey at an event on June 10th for advocacy and clinical work related to national ppd initiatives".

The "Association" Susan refers to is actually a "Mental Health America" group.

In the same her blog, Susan mentions how the Mothers Act might help fund "inpatient maternal mental health" programs all across the US.

"Just this morning," she wrote, "I completed an interview with Parenting Magazine, which plans to feature an article about the nation's first inpatient maternal mental health unit at UNC, Chapel Hill, NC, as well as focus on the federal legislation and how this bill might help fund other such programs across the country."

The PerinatalPro site also provides links to buy Susan's book, co-authored with Alexis E Menken, titled: "Perinatal and Postpartum Mood Disorders Perspectives and Treatment Guide for the Health Care Practitioner," listed for \$54.00 on one site, with a product description including the following disease mongering comments:

"Statistics on the prevalence of perinatal mood disorders suggest that up to 20% of women experience diagnosable pregnancy related mood disorders."

"Over the past three years, pregnancy related mood disorders have become the focus of health care advocates and legislators alike with subsequent reflection in nationwide media."

"This increasing awareness has also resulted in recent legislative and healthcare initiatives to screen, assess, and treat such disorders," the Amazon website states, using the "screen" word.

Karen Kleiman, another social worker transformed into a "medical expert," runs a treatment facility called the "Postpartum Stress Center," in Rosemont, Pennsylvania.

"The Postpartum Stress Center specializes in the diagnosis and treatment of prenatal and postpartum depression and anxiety disorders," Kleiman's site says.

"Referrals to The Postpartum Stress Center come from Psychiatrists, OBGYNs, Family Practitioners, Pediatricians, RNs, other therapists, Depression After Delivery, Midwifery groups, Women Centers, Breastfeeding support groups, and direct referrals from the mother or family members," the site states.

As a social worker, like Susan Stone, Kleiman would also need a doctor to diagnose women with mental disorders before

she could bill public and private insurance programs to "treat" them. And, she would need a doctor to prescribe the drugs.

Kleiman wrote a raving review of Susan's book on the Amazon website, and as luck would have it, three books listed as "Frequently Bought Together" on Amazon, include Susan's and two by Kleiman. The deal price for purchasing all three together is \$95.65.

Kleiman sells seven books on her website that she either wrote or contributed to. Some can even be purchased with a direct payment through a paypal account, to bypass Amazon.

Kleiman conducts a workshop at her Center every three months titled: "Advanced Practice Development Workshop: Launching your private practice," and uses her internet blogs to recruit paying participants.

In this four-hour training session, future "private practice" owners learn in part: "Which marketing strategies are most effective for this population of clients and the medical community".

They also learn: "How to connect with the community at large and maximize the need and desire for your services".

Participants receive a copy of the Center's Guide to "Enhancing your PPD Private Practice: A checklist for successful practice", as well.

The class is part of a two-day deal with another 6-hour workshop titled, "Fundamentals of PPD," for a total of 10 hours at a cost of \$750. The website says they try to keep the classes small (6 to 10), so that would mean Kleiman's take would be between \$6,000 and \$7,500, or between \$24,000 and \$30,000 for 40 hours work in four seminars a year teaching people how to "Launch" their own private practice.

At \$100 a crack, Blue Skye Consulting seems like it offers a better deal for half-day workshops for professionals "to help develop a specialty in perinatal mood disorders," including two titled: "Identifying Perinatal Mood Disorders," and "Treating Perinatal Mood Disorders."

But then Susan Stone's course may not teach people how to "Launch" their own private practice.

In a June 4, 2007, blog on the Center's website, Kleiman reported a new study that found 79% of doctors were unlikely to formally screen for postpartum depression and noted that the co-author of the study "reminds us that in addition to the Edinburgh (EPDS) Screening tool (most commonly used), healthcare practitioners can check for signs of PPD by a simple 2-question tool, developed by Whooley et al."

Further elaborating on this pop quiz, Kleiman wrote: "It has been shown that these two questions may be as effective as longer instruments," and listed the questions as: (1) "Over the past 2 weeks, have you felt down, depressed, or hopeless?", and (2) "Over the past 2 weeks, have you felt little interest or pleasure in doing things?"

"A positive response to either question indicates a positive screen and should be followed by an comprehensive history

and assessment to confirm the diagnosis of depression," she wrote.

Under a heading: "Doctors take note" she stated: "We should not need state legislation to mandate what we know to be medically significant. Patients should be screened for postpartum depression. It is easy. It take 5 minutes. It can save lives."

She followed up with a heading: "Clinicians take note," and wrote: "Healthcare practitioners need this information. Take the time to get this information to the doctors you work with or want to market to. Arm yourself with screening tools and literature to substantiate this practice."

How to Practice Medicine Without a License

Kleiman is listed as a postpartum depression "expert" on another propaganda pumping internet site called StorkNet, complete with her own bio page, where she posts advice for pregnant and nursing mothers to access over the internet and provides a live link to her treatment center. In response to the question, "what are the best drugs for a breastfeeding mom with postpartum depression?", Kleiman wrote in part:

"Keep in mind that this information is based on MY practice and will vary considerably from doctor to doctor."

"The SSRI antidepressants (Selective Serotonin Reuptake Inhibitors) we are most comfortable using based on the research we have are: Zoloft (Sertraline) and Paxil (Paroxetine). Other antidepressants (tricyclics) that are used are Pamelor (Nortriptyline) and Desipramine (Norpramin), although it seems that the SSRIs are preferable these days because they have fewer side effects and are easily tolerated."

In answering questions on "How Long to Take Medication," Kleiman said to think of antidepressants as a "Serotonin vitamin," and cited a recommendation from the American Psychiatric Association for staying on antidepressants for 6 to 9 months after the woman is feeling better.

"That's not 6-9 months after you start taking the pill, it's after you start feeling better!" she wrote. "The reason they recommend that you remain on it that long is because studies show there is a high risk of relapse if you get off the meds too early. And if you relapse, the symptoms are often harder to treat."

"For that reason," she said, "I tell my patients to try to think of this as a Serotonin vitamin; just take it, don't think about "why" you're taking it, you need it, it's helping, and you'll worry about getting off of it later."

In 2008, Zoloft maker, Pfizer, donated more than \$700,000 to the "non-profit" American Psychiatric Association.

Eli Lilly, the maker of Cymbalta, Prozac, and Symbyax, a drug that combines Zyprexa and Prozac, gave the APA grants worth more than \$600,000 in both the first and second quarters of 2008. In 2007, the group received over \$400,000 from Lilly, and roughly \$450,000 more was given to the American Psychiatric Foundation for the APA fellowship program.

"Antidepressants are one of the most efficient and effective treatments for PPD," Kleiman boldly tells women reading her StorkNet advice.

In another blog Kleiman wrote: "Women who experience depression during pregnancy are at an increased risk for PPD."

"Current research supports the use of antidepressants immediately after delivery to reduce the likelihood of PPD."

"Many women and their doctors choose this option," Kleiman said, "to start their medication right after the baby is born, and I mean right in the delivery room!"

Doesn't sound like any alternative therapies are considered, or tried, by this "expert" before dosing nursing infants with psych drugs.

On May 30, 2007, Kleiman ran the headline, "SSRIs and Pregnancy: Encouraging Study," and wrote the following paragraph in a blog on the Postpartum Stress Center website:

"As presented at a poster session at the 2007 American Psychiatric Association (APA) conference, "APA: SSRIs in Pregnancy Not Associated With Cardiac or Pulmonary Problems"--there is a preliminary data which offers encouraging support for the use of SSRIs during pregnancy."

"While a retrospective chart review isn't the best methodology (it's certainly the best bet for pregnancy)," Kleiman said, "this is very positive and evidence-based study with a large number of patients, supporting the safety of SSRIs in pregnancy."

#### True Experts Weigh In

"If a woman has been informed that an SSRI will not harm the fetus, then she has been misinformed," says Dr Grace Jackson, author of "Rethinking Psychiatric Drugs: A Guide to Informed Consent," and the new book, "Drug Induced Dementia: A Perfect Crime."

"Research in non-human animal species and epidemiological human studies suggest that SSRIs pose direct and indirect risks to the embryo and fetus," she reports, "especially to the formation of the brain, heart, and craniofacial skeleton."

"Because SSRIs pass through the placenta," she explains, "they may exert toxic effects directly by inhibiting or accelerating the process of apoptosis (programmed cell death)."

"Alternatively, SSRIs may exert toxic effects indirectly by disrupting maternal levels of serotonin and other hormones (including prolactin, thyroid hormone, and glucose), all of which participate in the development of the unborn child," Dr Jackson advises.

"For humans," she states, "the long-term risks of prenatal or neonatal exposure to SSRIs remain uncharacterized."

"However," she says, "it should concern medical professionals that research in rodents has repeatedly and consistently revealed a link between early exposure to serotonin reuptake inhibitors and the emergence of potentially long-lasting decrements in learning, memory, and emotion (e.g., abnormal responses to fear-producing stimuli, diminished capacity for nurturance and attachment, and depression)."

Julie Edgington took Paxil for a couple of weeks before she learned she was pregnant. Despite stopping the drug in the first trimester, Julie's son Manie was born with "Transposition of the Great Arteries," a condition where the aorta and pulmonary arteries in the heart are switched.

At 8-days-old, Manie had to undergo a 12-hour open heart surgery. Because of the surgery, he has a leaky heart valve and has had to undergo several more medical procedures. Manie also must take drugs for high blood pressure.

For a long time, Julie did not know Paxil caused Manie's heart defect. "The guilt I feel will never go away even though it was not my fault," she states.

She has this warning for pregnant women. "If you think you are depressed now wait until your life is flipped upside down when your baby is born with a horrible birth defect like Manie."

#### Shameless Self Promotion

On April 28, 2008, Kleiman posted a blog announcing that her new book would be out in September 2008, which began with the comment: "Shameless self-promotion alert! ;)".

She also pasted an excerpt from the book's forward in the blog, written by Dr Shari Lusskin. "There is a treasure trove of 'clinical pearls' in this eminently readable book which even the most experienced clinician will be able to use right away," Lusskin told potential buyers of the book.

A glowing review of Susan Stone's book by Lusskin appears on the Amazon website as well.

Lusskin is an adjunct Associate Professor of Psychiatry, Obstetrics, Gynecology, & Reproductive Sciences at Mt Sinai School of Medicine. Her specialty is "Psychopharmacology," according to her bio on the New York University Langone Medical Center website.

She is also an advisory council member of Postpartum Support International and has her own website.

The "Pregnancy-related Mood Disorders," section of Lusskin's site warns that: "Panic Disorder, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, and Eating Disorders may also develop or worsen during pregnancy and postpartum. Women with Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder are particularly vulnerable during pregnancy and postpartum."

"Medications (pharmacotherapy) and psychotherapy (using interpersonal psychotherapy and cognitive-behavioral techniques) both play a role in the treatment of perinatal psychiatric disorders," Lusskin advises on her site, with medications of course listed first.

A May 28, 2005 presentation brochure shows Lusskin is a paid speaker for the psychiatric drug makers, Glaxo, AstraZeneca, Pfizer and Wyeth.

Lusskin's site explains that: "Reproductive Psychiatry is a specialty that helps women deal with psychiatric conditions that develop in relation to specific points in their reproductive life cycle, such as their menstrual cycle, pregnancy, and perimenopause."

"Women with psychiatric disorders that develop in relation to their reproductive life cycle are an under-served population that can benefit from treatment which considers both psychiatric and gynecologic factors," Lusskin's site states.

"Dr. Lusskin is one of a small number of physicians in the United States who specialize in this relatively new field," her website claims.

Victim of "Reproductive Psychiatry"

Bobby Fiddaman runs the popular website Seroxat Sufferers. Seroxat is sold as Paxil in the US. He recently forwarded a story sent to him by Kimberly S, a young mother who went to a doctor for problems with mood swings before her menstrual cycle, with permission to reveal the story.

In a nutshell, Kimberly was prescribed Paxil first, and ended up on Remeron, benzodiazapines, Ritalin, Zyprexa, Lithium and sleeping pills, before her 3-year nightmare that included two suicide attempts and two lengthily stays in mental institutions was over.

The suicide attempts occurred when she tried to go off Paxil, without any warning about the severe withdrawal syndrome that can lead people to become suicidal. After the second attempt, Kimberly was on life-support for 3 days and then transferred to a mental institution where nothing she said was taken seriously because of course by now she was considered too mentally ill to be believable. She explains this situation as follows:

"When you are suffering from any kind of mental illness you have no credibility. If you get angry you are mental. If you cry it's because you are mental. If you complain it's because you are mental and all of this will wind you up on more medication that creates a vicious cycle you have little chance of breaking free from."

"A psychiatric diagnosis is a prison sentence at first which can easily become a death sentence," she warns. "You might not die physically but your soul and who you are dies eventually if you don't break free from it."

Kimberly finally found a doctor who alerted her to the Paxil withdrawal syndrome and helped her taper off the drug. "Had he not I don't know where I would be today," she says. "Probably 7 feet under."

However, Kimberly was on her own when she stopped taking the other drugs. "I was by myself and at home on the floor,

in a pool of sweat and vomit, screaming at those fierce anxiety attacks and the debilitating memories of everything that had happened," she recalls.

"There were many times I wanted to give up and go back on those drugs because it was hell getting off," she says. "There were times I did not think I was strong enough and my poor kids had already endured enough."

But Kimberly did not give up, and today she is living a drug free normal life with her children, back at work and healthy, she reports.

[http://www.naturalnews.com/026707\\_health\\_disease\\_depression.html](http://www.naturalnews.com/026707_health_disease_depression.html)