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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Participants for Planning Meeting (partial) (1 page)	05/08/2000	P6/b(6)
002. fax	Beverly Malone to Heather Howard (partial) (1 page)	05/10/2000	P6/b(6)
003. letter	Laura Garawski to Melanne Verveer re: phone number (partial) (1 page)	03/23/2000	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Heather Howard (Subject Files)
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FOLDER TITLE:
Conference Attendees [2]

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Letter from
CSPI re.
Ritalin. & its
Cancer causing
effects in rats.

HEATHER

CSPI Center for Science in the Public Interest

Publisher of *Nutrition Action Healthletter*

March 20, 2000

Mrs. Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

I applaud you for spurring the Administration to study the effects of Ritalin and other stimulant drugs in preschoolers. However, judging from today's *New York Times* article, the Administration's plan doesn't go nearly far enough (March 20). For instance, a 1995 government study found that Ritalin causes liver cancer in mice (but not rats). The Food and Drug Administration (FDA) has failed to initiate the follow-up research that it said it would, and it has not advised parents of the possible risk. The current massive use of Ritalin may result in higher cancer rates 20 or 30 years from now.

The National Institute of Mental Health should urge professionals and parents to identify and remove any underlying environmental causes of behavioral disorders. For instance, a dozen studies demonstrate that some children react adversely to food dyes and certain other food ingredients (see enclosed report on "Diet, ADHD, and Behavior"). Preschoolers may be especially affected. In some cases, simply removing certain foods from a child's diet greatly reduces symptoms. The FDA should consider banning food dyes from candy, breakfast cereals, and other children's foods.

We would be glad to work with you on this important issue.

Sincerely,

Michael F. Jacobson, Ph.D.
Executive Director

Tel: (202) 332-9110
Fax: (202) 265-4954
Home Page: www.cspinet.org
E-mail: cspi@cspinet.org

Suite 300
1875 Connecticut Ave., N.W.
Washington, D.C. 20009-5728

Michael F. Jacobson, Ph.D.
Executive Director

CSPI CENTER FOR SCIENCE IN THE PUBLIC INTEREST
Publisher of *Nutrition Action Healthletter*

NEWS RELEASE

EMBARGOED FOR RELEASE UNTIL:
October 25, 1999, 6:00 a.m.

FOR MORE INFORMATION:
Colleen Dermody - (202) 332-9110, ext. 370

Studies Show that Diet May Trigger Adverse Behavior in Children

HHS urged to Recommend Dietary Changes as Initial Treatment

WASHINGTON - In a new review of two dozen scientific studies, the nonprofit Center for Science in the Public Interest (CSPI) contends that food dyes and certain foods can adversely affect children's behavior. CSPI, in a 32-page report titled "Diet, ADHD, and Behavior," charges that federal agencies, professional organizations, and the food industry ignore the growing evidence that diet affects behavior.

The report cites 17 controlled studies that found that diet adversely affects some children's behavior, sometimes dramatically. Most of the studies focused on artificial colors, while some also examined the effects of milk, corn, and other common foods. The percentage of children who were affected by diet and the magnitude of the effect varied widely among the studies. Six other studies did not detect any behavioral effect of diet.

"It makes a lot more sense to try modifying a child's diet before treating him or her with a stimulant drug," said Dr. Marvin Boris, a pediatrician in Woodbury, New York, whose 1994 study found that diet affected the behavior of two-thirds of his subjects. "Health organizations and professionals should recognize that avoiding certain foods and additives can greatly benefit some troubled children."

Several experts on diet and behavior joined Boris today calling on Donna Shalala, Secretary of the U.S. Department of Health and Human Services (HHS), to encourage parents and professionals to modify children's diets before resorting to drug treatment. They asked HHS to undertake new research into the link between diet and behavior and to "consider banning synthetic dyes in foods and other products (such as cupcakes, candies, sugary breakfast cereals, vitamin pills, drugs, and toothpaste) widely consumed by children." Those experts include Ted Kniker, University of Texas Health Science Center at San Antonio, and Joseph Bellanti, Georgetown University Medical Center.

-more-

ADHD's main symptoms are reduced attentiveness and concentration, excessive levels of activity, distractibility, and impulsiveness. An estimated three to five percent of school-age children have ADHD, though some surveys put the percentage as high as 17 percent. Stimulant drugs, such as Ritalin and amphetamines, are often highly effective in reducing the symptoms of ADHD, and millions of children have been treated with them. One recent study found that 18 to 20 percent of fifth-grade white boys in two cities had been diagnosed with ADHD and were being treated with stimulant drugs.

Ritalin and other drugs sometimes cause side effects, including reduced appetite, stomachaches, and insomnia. A 1995 study conducted by the federal government's National Toxicology Program (NTP) found that Ritalin caused liver tumors in mice.

"The NTP study sends a strong warning that Ritalin may cause cancer—in the liver or other organs—in humans. Millions of young children take Ritalin for long periods of time, and children may be especially vulnerable. It would be prudent for HHS to discourage doctors from prescribing Ritalin, especially in the absence of an explicit warning about the cancer risk," says Samuel Epstein, professor of occupational and environmental health at the School of Public Health, University of Illinois Medical Center in Chicago.

Epstein and several other cancer specialists, including Emmanuel Farber, University of South Carolina School of Medicine, Marvin Legator, University of Texas Medical Branch at San Antonio, and Richard Clapp, Boston University, urged HHS to sponsor new animal and human studies on Ritalin and other stimulant drugs.

"The Department of Health and Human Services should withdraw its printed and Internet documents that largely dismiss the effect of food ingredients on behavior. For starters, the FDA should halt distribution of a pamphlet on food additives that it co-published with an industry group, the International Food Information Council," said Michael F. Jacobson, executive director of CSPI and lead author of the report. "It's high time that the government -- as well as doctors -- provided the public with accurate information that might many children."

"Diet, ADHD, and Behavior" is available for $8, and a "Parent's Guide to Diet, ADHD, and Behavior" is available for $1.50, from CSPI-Behavior, Suite 300, 1875 Connecticut Ave., Washington, DC 20009. The reports are also on CSPI's Internet site: *www.cspinet.org.*

-30-

JOURNALISTS NOTE: For a copy of the CSPI's "Diet, ADHD & Behavior" or the "Parent's Guide to Diet, ADHD & Behavior," or the letters to Secretary Shalala please call 202-332-9110 ext. 417.

The New York Times

TUESDAY, NOVEMBER 2, 1999

D8 NE

Diet Change May Avert Need for Ritalin

By JANE E. BRODY

My sister-in-law Cindy Brody thought that large amounts of sugary foods turned Sam, her otherwise normally active son, into a wild and aggressive animal, though well-designed studies have repeatedly failed to find a relationship between sugar per se and hyperactivity.

Then, through careful observation, Cindy realized that sugar itself was not the culprit; rather, it was chocolate that typically made Sam hard to control.

For a quarter of a century now, parents of hyperactive children have been besieged with claims that various common foods, food additives and preservatives were the cause of the syndrome that is now called attention-deficit/hyperactivity disorder, or A.D.H.D.

And over and over again, many leading health organizations, bolstered by a collection of mostly small and often poorly done studies, have disputed such claims.

Children with the disorder are hard to manage, disruptive at home and in the classroom, and they often fail in school. The main symptoms are difficulty concentrating, short attention spans, easy distractibility, excessive activity and impulsiveness.

The vast majority of children with diagnoses of the disorder are given Ritalin (methylphenidate), a stimulant that has the paradoxical effect of calming them down and helping them to get a better focus on the task at hand. The use of Ritalin in children has skyrocketed in the last decade, increasing two and a half times in the first five years of the 1990's.

Is Ritalin the Only Answer?

While Ritalin is highly effective — it helps 70 percent to 90 percent of children with the disorder, often significantly — there is growing concern about its extensive use and occasional abuse, its common side effects and its possible and still unknown long-term effects on children who take it for many years.

Various estimates hold that 3 to 5 percent of schoolchildren have the disorder, which affects twice as many boys as girls. But in some schools as many as 20 percent of boys in the upper elementary grades are being given Ritalin. Critics say that many boys exhibiting normal (testosterone-induced?) activity and aggressiveness are being improperly labeled hyperactive and treated with a drug that may ultimately do them more harm than good.

Prompted by these concerns and nagging questions about the effects of diet on behavior, the Center for Science in the Public Interest, a nutrition advocacy group, has taken a new hard look at the studies that explored various dietary factors in A.D.H.D. and the pronouncements by health authorities that there is little or no evidence to support such a relationship.

A new report, released last week, reviews 23 of the best studies conducted since the mid-1970's and public statements from the Food and Drug Administration, the American Academy of Pediatrics, the International Food Information Council and the American Council on Science and Health, among others. It concludes that the evidence strongly indicates that for some children, behavioral disorders are caused or aggravated by certain food additives, artificial food colors, the foods themselves or a combination.

In 17 of the 23 studies, behavioral improvements were noted when the children's diets were modified. Eleven other studies, ones that were not as well designed, showed even greater improvements on restricted diets.

The center and a group of physicians and scientists who share this conclusion have urged the Department of Health and Human Services to advise parents and health professionals to try changing the diets of children with A.D.H.D. before placing them on stimulant drugs (Ritalin or amphetamines) that may suppress their appetites and cause weight loss, insomnia, stomachaches and, in rare cases, tics. The petitioners also expressed concern about a laboratory study that found an increase in liver tumors in mice (but not rats) given doses of Ritalin not much greater than what children receive.

The center has also asked the Health and Human Services Department to commission new and better studies on the relationship between diet and behavior in children, and the Food and Drug Administration to require behavioral tests for certain food additives.

Last year, a consensus conference convened by the National Institutes of Health noted in its final report that "some of the dietary elimination strategies showed intriguing results suggesting future research" but then failed to include diet in its research recommendations.

Meanwhile, the report suggested that the food industry refrain from using suspect additives and that the government "consider banning synthetic dyes in foods and other products widely consumed by children," including cupcakes, candies, sugary breakfast cereals, vitamin pills, drugs and toothpaste.

Is Diet Worth a Try?

Although only a small percentage of children with the disorder are expected to benefit significantly from changes in their diets the new report urges parents to try the changes before resorting to drugs. Children who suffer from asthma, eczema or hives are especially likely to benefit, some research has indicated.

Controlling behavior through diet requires first identifying and then removing from the child's diet those foods or chemicals that seem to cause the unwanted behaviors. The task is not easy, but it has been done successfully for many children with food allergies.

There are several ways to approach the problem. One is to start with a very basic diet of foods that are beyond suspicion and one at a time add back possible culprits for a few days and carefully monitor the results. Another is to eliminate one suspect food or substance at a time from the child's usual diet and see if there is an improvement.

The substances that have most often been linked to worsening A.D.H.D. symptoms include artificial colors and flavors; foods that naturally contain salicylates, like apricots, berries and tomatoes; and foods that sometimes cause allergic reactions, like milk, wheat and corn. Some children may also react to chocolate.

Parents, and children when they are old enough, will have to become compulsive label readers to avoid the offending foods. And of course, keeping a child away from problem foods can be a daunting task, especially when the child eats lunch in school, goes out to eat or eats in other people's homes. Some children may be teased about their dietary restrictions; others may rebel at being deprived of foods and treats they love. On the other hand, as one 11-year-old from Waldorf, Md., put it, "I would rather be different because of what I eat than because of how I behave."

Single copies of the report, "Diet, A.D.H.D. and Behavior," are available for $8, and a brochure, "A Parent's Guide to Diet, A.D.H.D. and Behavior," which summarizes the report and suggests ways of modifying the diet, is available for $1.50 from C.S.P.I.-Behavior, Suite 300, 1875 Connecticut Avenue, Washington, D.C. 20009. The reports are also posted on the center's Web site (www.cspinet.org).

Diet, ADHD & Behavior

A Quarter-Century Review

Center for Science in the Public Interest

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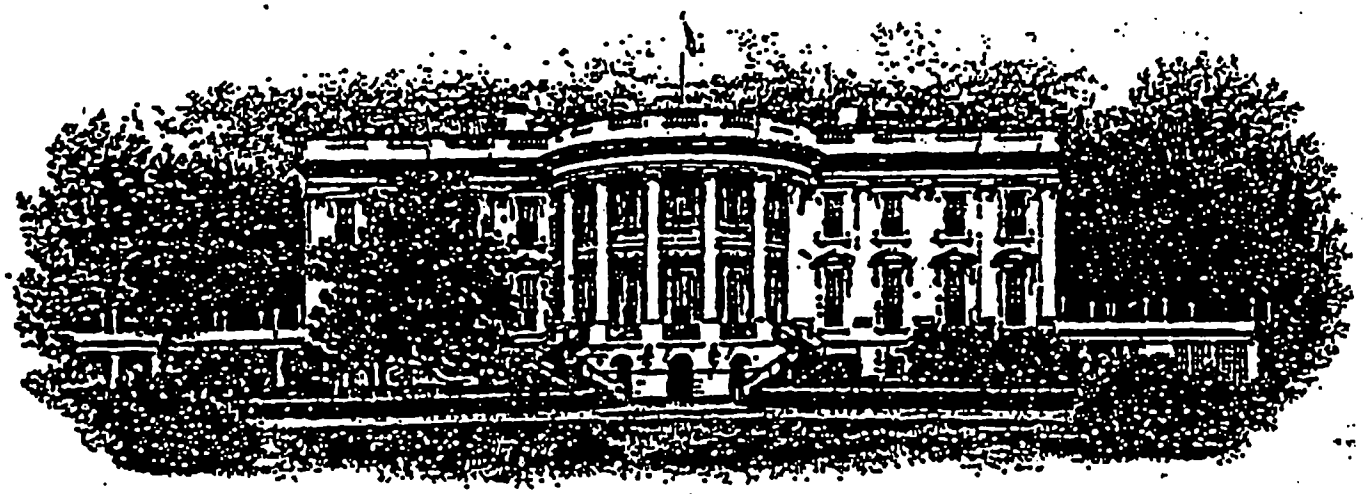
THE WHITE HOUSE
WASHINGTON, DC 20500



FAX COVER SHEET

DATE: 4/10 **TIME:** 11 am

TO: Dr. Beverly Malone
Office of the Surgeon General

PHONE: 690-7694 **FAX #:** 690-6960

FROM: Heather Howard

PHONE: (202) 456-7263 **PAGES AFTER COVER:** 9

COMMENTS: Beverly - this is information from three groups that contacted us about being included in planning for the SG's Conference. Thanks!

4/10 Lisa called him know I forwarded this letter to SB's file

ZERO TO THREE[SM]

National Center for Infants, Toddlers and Families

Ann, Heather Can you pls follow up with Matt.

March 24, 2000

Ms. Melanne Verveer
Assistant to the President and Chief of Staff to the First Lady
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Melanne:

We at ZERO TO THREE were very pleased to learn that the First Lady has taken current public concern about the dramatic increase in prescriptions of psychotropic drugs to preschoolers as an opportunity to draw attention to the broader issue of very young children's emotional development and mental health. We are writing to offer our assistance to you and your colleagues as you plan the conference on the diagnosis and treatment of mental illness in very young children described in the *New York Times* of March 20.

As you may remember from our conversations as we worked together to plan the 1997 White House Conference on Early Childhood Development and the 1998 Child Care Conference, ZERO TO THREE has led pioneering efforts in the diagnosis and treatment of very young children with mental health problems since its founding in 1977. Sally Provence, M.D., the First Lady's mentor at the Yale Child Study Center, was a founding member and president of our organization.

As the First Lady, Dr. Steven Hyman, and others have observed, the sharp rise in the number of prescriptions for psychotropic drugs for preschoolers raises a number of urgent questions that could be usefully addressed at the fall conference. Three among them are:

1. How do we understand emotional development and mental health in very young children?
2. How can we diagnose mental health and developmental problems in very young children?
3. What are appropriate treatments for very young children with emotional and behavioral problems?

We have discussed possible directions to take in answering these three questions in the enclosed attachment.

ZERO TO THREE has a strong interest in and track record on these issues, not the least of which is the development and publication of *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3)*. We would very much

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like to meet with the individuals on your staff who will be planning the fall conference to offer our perspectives and assistance. Please advise us on how we can proceed.

I hope all continues to go well for you. I look forward to hearing from you.

Sincerely,

Matthew E. Melmed
Executive Director

cc Kyle Pruett, M.D.
Enclosure

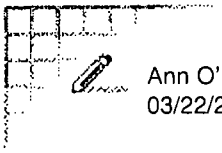
March 24, 2000
Attachment

Three Questions to Consider Concerning the Mental Health of Very Young Children

1. How do we understand emotional development and mental health in very young children?
The recent Surgeon General's *Report on Mental Health* has made an important contribution to public understanding of young children's mental health by noting that "children must be seen in the context of their social environments, that is, family, peer group, and their larger physical and cultural surroundings. Childhood mental health is expressed in this context, as children proceed through development" (p. 123). The earliest years of life are a time of particularly rapid development and a time in which behavior is shaped to a very large extent by context and the quality of a child's relationships with caregivers. It is not always easy to understand the meaning(s) of a young child's behavior – particularly when that behavior seems troubled or troubling – but ZERO TO THREE and others have amassed a substantial body of research and practice-based knowledge in this area that could usefully be shared with parents, teachers and caregivers, the health care community, and others.

2. How can we diagnose mental health and developmental problems in very young children?
The researchers who reported trends in the prescribing of psychotropic medications to preschoolers did not collect data about the diagnoses made by physicians who prescribed these medications or whether the drugs were prescribed by pediatricians, family practitioners, or psychiatrists. Whatever diagnostic code may have been used, it remains the case that mental health professionals who work with very young children and their families find that the diagnostic system – DSM IV – that is required by most insurers is inadequate for use with children from birth through three years of age. Because DSM IV was never designed for use with young children, ZERO TO THREE developed and published in 1994 its *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3)*, a multidimensional diagnostic system that has recently been adopted by Medicaid behavioral health care systems in Washington state and Texas. A strength of the DC: 0-3 system is its recognition that "an infant or young child, in comparison with an adult, is capable of only a limited number of behavioral patterns or responses to various stresses or difficulties" (p. 16). DC: 0-3 offers clinicians guidelines for selecting the appropriate diagnosis, after careful observation of the child on more than one occasion and in interaction with familiar caregivers. The American Academy of Pediatrics, which published *The Classification of Child and Adolescent Mental Diagnoses in Primary Care* in 1996 and The American Academy of Child and Adolescent Psychiatry, which published "Practice Parameters for the Psychiatric Assessment of Infants and Toddlers (0-36 months)" in 1997 would also have much to contribute to this discussion.

3. What are appropriate treatments for very young children with emotional and behavioral problems?
Young children's functioning is profoundly influenced by the quality of their emotional relationships and by the characteristics of the different settings in which they spend time. A child with a particular diagnosis can behave quite differently in different settings depending on the level of emotional support, cognitive stimulation, age-appropriate or inappropriate forms of discipline, and overall sense of well being versus stress experienced by the child in each of these settings. During the last 25 years, mental health professionals, parents, and service providers from a range of disciplines have identified a number of intervention approaches that are effective in helping very young children cope more successfully in family and community settings, and regain developmental momentum. These approaches include, among others, mental health consultation to child care providers; community-based systems of care for young children and families affected by domestic violence; multifaceted support by skilled home visitors for highly stressed families with young children; intensive therapy for very young children with autistic spectrum disorders; and treatment for depressed caregivers of young children. The question of how to enlarge the skilled community of support available to young children with emotional and behavioral problems, and their families, deserves sustained attention from consumers, professionals, and policymakers in the public and private sector.



Ann O'Leary
03/22/2000 04:35:35 PM

Record Type: Record

To: Christopher C. Jennings/OPD/EOP@EOP, Devorah R. Adler/OPD/EOP@EOP, Trooper Sanders/OVP@OVP

cc: Heather H. Howard/OPD/EOP@EOP
Subject: Conference on kids' psych meds

Diane La Voy is an old friend of HRC. She is one of the founders of a new organization, the Child and Adolescent Bipolar Foundation. If we have follow-up meetings, we should include her. I have also asked her to contact the SGs office to get involved in the conference.

---------- Forwarded by Ann O'Leary/OPD/EOP on 03/22/2000 04:33 PM ----------

Diane La Voy <dlavoy@erols.com>
03/20/2000 10:59:48 PM

Record Type: Record

To: Ann O'Leary/OPD/EOP

cc:
Subject: Conference on kids' psych meds

Ann,

Following up our conversation, here's a little background on the Child and Adolescent Bipolar Foundation, whose website is www.bpkids.org.(I'll try to attach home page below.)

CABF is a new web-based membership organization that informs and supports families and the professionals treating kids with bipolar disorder, and advocates for better diagnosis and treatment. We bring together some of the top people in the field of researching and treating bipolar disorder in kids, and over 500 families of kids with this disorder who regularly support each other through electronic lists. Our Board of Directors,a working board, which actually leads our program activities,includes leading researchers such as Demitri Papolos and Barbara Geller, and our Professional Advisory Board, which also actively supports our program, includes 14 leaders in the field, including Dr. Kay Redfield Jamison. Our website, which is only two months old, has already served about two million pages of authoritative information and support, and has attracted nearly 2000 subscribers to our on-line newsletter.

4/00 Sent to Bev Marlare c/o Ann's comments
4/10 let Diane know that I had sent this info to the SG's office

5/17 Cm - nothing sent out yet - she's on a list though

I was very glad to learn from you that the NYT article overstated the conference organizers' concern about "curbing" the use of medications, and that the concern is centrally on the need for proper diagnosis. We are especially concerned that sloppy diagnosis is causing many kids with bpd to be treated as ADHD, and Ritalin is harmful to children with bipolar disorder. A recent study by Dr. Joseph Biederman of Harvard found that 20% of kids who are diagnosed as ADHD have the necessary symptoms for bipolar. Unfortunately, many of them are not given a proper diagnosis. Those who have bipolar are likely to get much worse, even psychotic, when taking Ritalin.

We know that those kids who are bipolar must receive mood stabilizers such as lithium or depakote, and the earlier the better, as well as other therapy that may be needed. We're very concerned when the topic is discussed in terms of ,curbing, the use of drugs, rather than in terms of proper diagnosis. Most families of children with serious brain disorders such as bpd find it very hard to obtain affordable health services as it is.

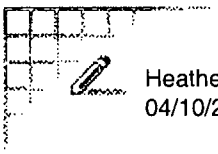
We agree that there,s a huge need for more research, and as parents we're painfully aware that none of the drugs we're giving our kids have been specifically tested for psychiatric use in children. But we disagree with a statement in today's NYT article in which Dr. Joseph Coyle of Harvard is quoted as saying, in an AMA journal editorial, that there,s "no empirical evidence, to support the use of psychotropic drug treatment in very young children. With regard to bipolar disorder, there is a vast amount of annecdotal evidence coming from doctors and families around the country showing that the use of mood stabilizers can be effective in the treatment of very young children with bipolar disorders.

Thank you for offering to put me in touch with the right person(s) in the Surgeon General's Office, which will be organizing the conference this fall on the diagnosis and treatment of mental illness in young children.

We would like to assist as appropriate in its planning. As I mentioned, Dr. Steven Hyman has asked us to participate in a symposium that NIMH is holding next month (April 25, Chicago) on research needs to address children with neurobiological disorders. We believe that we can bring both scientific expertise and the vast experience of our members to the policy process that Mrs.Clinton has announced.

Thanks again.

Diane La Voy
CABF Teams Coordinator
and Washington Liaison
(301) 773-6887
3416 Belleview Ave
Cheverly, MD 20785



Heather H. Howard
04/10/2000 10:57:30 AM

Record Type: Record

To: Heather H. Howard/OPD/EOP@EOP

cc:
Subject:

Diane La Voy <dlavoy@erols.com>
03/20/2000 10:59:48 PM

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Subject: Conference on kids' psych meds

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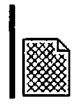
Thanks again.

Diane La Voy
CABF Teams Coordinator
and Washington Liaison
(301) 773-6887



- www.bpkids.org

Heather

FYI

Tracy LaBrecque Davis
Director
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& Media Relations

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March 31, 2000

Anne O'Leary
Office of the First Lady
The White House
1600 Pennsylvania Avenue, NW
West Wing, Floor 2
Washington, DC 20500

Dear Anne,

Thank you very much for taking the time last week to speak with me about the upcoming conference on diagnosis and treatment of mental illness in very young children that Mrs. Clinton will be involved with in the Fall. I understand that the Office of the Surgeon General will host the conference but that the White House will still be very involved in the planning and selection of which experts will participate. Therefore I was hoping that you would review the enclosed materials on Dr. Bruce Perry as well as pass them along to the right person in the Office of the Surgeon General.

For your background, Dr. Bruce Perry is a renowned leader in child development research and is also a consultant to Scholastic Inc. He is the Chief of Psychiatry at Texas Children's Hospital and Thomas S. Trammell Research Professor of Child Psychiatry at the Baylor College of Medicine in Houston, Texas where he leads a multidisciplinary team that provides direct clinical services and research with children and families impacted by violence, abuse, neglect and other traumatic events.

In addition, Dr. Perry is one of the few child psychiatrists in the country with a Ph.D. in pharmacology who trains pediatricians, neurologists, general psychiatrists and child psychiatrists about the use of medications in children, including young children. Dr. Perry, with his extensive background and expertise, would be able to bring great insight as well as address the many issues involving young children and medications as well as the problems with the current knowledge base and training approach in this area.

Again, I appreciate your help in forwarding this information to the correct person working on this important event. Please let me know if you have any questions or need anything further on Dr. Perry, I can be reached at 212/ 343-6653.

Best regards,

Tracy LaBrecque Davis

Cc: Melanne Verveer/Katy Button

Dr. Bruce Perry is the Thomas Trammell Research Professor of Child Psychiatry at Baylor College of Medicine and Chief of Psychiatry at Texas Children's Hospital in Houston. He has been consulted on many high profile incidents involving traumatized children, including the Branch Davidian siege, the Oklahoma City bombing, and the Columbine, Colorado school shootings.

Dr. Perry's clinical research and practice has focused on maltreated and traumatized children and examines long-term cognitive behavioral, emotional, social and psychological effects of neglect, abuse and trauma in children, adolescents and adults. This work has been instrumental in describing how childhood experiences, including neglect and traumatic stress, change the biology of the brain.

Dr. Perry makes several points regarding the issue of children under age 6 and medications:

1. Over the last 10 years there has been a dramatic increase in the number of children prescribed psychotropic medications, this is due to several factors:

    a) the shift in theoretical/conceptual perspective in the field to a more biological framework;
    b) a shift in third party payment for mental health services - effectively making other non-pharmacological interventions unavailable to the vast majority of children;
    c) an increase in the number of children being diagnosed/labeled with neuropsychiatric problems and presenting for services.

2. Despite this increase in use of medications, we have very few empirical studies that demonstrate the effectiveness of these interventions or of other interventions. There is a shameful lack of research focus and research dollars in the area of child mental health.

3. We have very little data to address the issues relating to the impact of psychotropic drugs on brain development but there are many studies with animals that make it very plausible that use of psychotropic drugs during early childhood does alter brain development and function.

4. This issue must be discussed in context of the real need to use medications in young children. As one of the few child psychiatrists in the country with a Ph.D. in pharmacology, and as an academic child psychiatrist who trains pediatricians, neurologists, general psychiatrists and child psychiatrists about the use of medications in children, including young children, I see many problems with our current knowledge base and training approach for this area. I see hundreds of children under the age of 6 each year with severe neuropsychiatric problems - the majority of which can be treated without medications however some do require medications. In addition I see dozens of young children on absurd, outrageous and dangerous combinations of medications - - prescribed by well-intended but clearly uninformed physicians.

This is a very complex set of issues. And at the core of the problem is education - - education for parents, clinicians, and physicians about neurodevelopment, neuropsychiatric problems, neuropsychiatric interventions. With education, the systemic problems of a) lack of research data and b) lack of reimbursement for mental health services and c) lack of adequate training curriculum in the areas of neurodevelopment and neuropharmacology would not be tolerated by sensible policymakers.

For Immediate Release

SCHOLASTIC ANNOUNCES PUBLISHING PARTNERSHIP WITH RENOWNED CHILD DEVELOPMENT EXPERT, BRUCE DUNCAN PERRY M.D., PH.D.

New York, NY, March 15, 2000 - - **Scholastic Inc.**, the global children's publishing and media company, announces its partnership with renowned leader in child development research, Bruce D. Perry M.D., Ph.D., the Thomas S. Trammell Research Professor of Child Psychiatry at the Baylor College of Medicine in Houston, Texas. The partnership begins a company-wide commitment to develop research-grounded materials to educate and inform students, teachers and parents about child development, brain development and the impact of trauma and violence on children and families. The new relationship includes the development of book and magazine articles for Scholastic's award-wining parenting, professional and classroom publications and content for Scholastic.com, the leading online destination for parents, teachers and children.

Dr. Perry's expertise will be featured throughout the following Scholastic publications and venues: *Scholastic Parent & Child* ™(topics include: Attunement, the Core of Communication); *Early Childhood Today* ™(topics include: Verbal Violence, The Importance of Solitude and Working in the Child's Developmental Hot Zone); *Scholastic Scope®, Scholastic Action®* and *Choices®* classroom magazines (areas covered include: violence prevention tips for schools, teacher information on brain research and professional skills). Dr. Perry will also utilize Scholastic's broad reach to offer lectures and seminars on brain research. Beginning in April, Scholastic.com will offer exclusive child development information from Dr. Perry to provide an early childhood community online for professional development and parenting information.

Dr. Perry leads a multidisciplinary team at the Child Trauma Academy at Baylor College of Medicine that provides direct clinical services and research with children and families impacted by violence, abuse, neglect and other traumatic events. His groundbreaking studies in the areas of childhood trauma have found that child abuse and neglect may alter brain development, affecting the health and wellbeing of children in various ways. This expertise has led to ongoing consulting and training roles with various public systems working with children, including the FBI's Center for the Analysis of Violent Crime and Crimes Against Children Program. Dr. Perry has been consulted on many high profile incidents involving traumatized children including the Branch Davidian siege, the Oklahoma City bombing and the Columbine, Colorado school shootings.

"Dr. Perry will be an invaluable resource to the entire company," said Richard Robinson, President, CEO and Chairman of Scholastic Inc. "The partnership, a first of its kind for Scholastic, is a strategic move to communicate research-based childhood development information to Scholastic's readership of teachers, parents and children. Dr. Perry's insights into how children grow and learn can help change the way we think about children's emotional development and its connection to learning."

"I am very happy to begin this relationship with Scholastic, a company with a long history of high-quality service to children, parents and teachers," said Dr. Bruce Perry. "Although I have many opportunities to work within traditional academic settings, I look forward to the unique and diverse avenues that Scholastic provides to create a dialogue with millions of parents, teachers and children. I am confident that by working together, we can play a positive role in the lives of children and families."

Dr. Perry's clinical research and practice has focused on maltreated and traumatized children and examines long-term cognitive behavioral, emotional, social and psychological effects of neglect, abuse and trauma in children, adolescents and adults. This work has been instrumental in describing how childhood experiences, including neglect and traumatic stress, change the biology of the brain. Dr. Perry is the author of more than 150 journal articles, book chapters and scientific proceedings; he is also the recipient of a variety of professional awards and honors. Dr. Perry is the author of *Maltreated Children: Experience, Brain Development and the Next Generation* to be published by W.W. Norton & Company.

Dr. Perry serves as Chief of Psychiatry at Texas Children's Hospital and holds appointments in Pediatrics, Pharmacology and Neuroscience. He is a native of Bismarck, North Dakota, and was an undergraduate at Stanford University and Amherst College. He attended medical school and graduate school at Northwestern University, receiving both MD and Ph.D. degrees. Dr. Perry completed his residency in general psychiatry at Yale University School of Medicine and his fellowship in Child and Adolescent Psychiatry at the University of Chicago.

Scholastic (NASDAQ: SCHL), the global children's publishing and media company, creates and distributes innovative and quality educational materials for use in school – textbooks, magazines, technology and teacher materials – and engaging and appropriate products for use at home – books, magazines, software, television programming, videos and toys. Building long-term relationships with teachers, parents and children since 1920, Scholastic is unique in its understanding of what kids want and need. The Company is the world leader in children's book clubs and book fairs, where children purchase books and software for their use at home. Internationally, Scholastic operates wholly owned companies in Canada, the UK, Australia, New Zealand, Mexico, Hong Kong, Argentina and India. Scholastic Inc.'s corporate website is http://www.scholastic.com.

Media Contact: Judy Corman/212-343-6833/jcorman@scholastic.com

Aimee Spengler/212-343-6570/ aspengler@scholastic.com

Diane Slaine Siegel/212-343-4563 /dslaine@scholastic.com

Working Draft

April 21, 2000

Participants in Dr. Satcher's Planning Meeting for Treating Children with Mental Health Disorders

Associations

Clarice Kestenbaum, M.D. President,
American Academy of Child & Adolescent Psychiatry

Mary Crosby, Deputy Executive Director
American Academy of Child & Adolescent Psychiatry

Jeffrey Human, Director of Government Relations
American Academy of Family Physicians

Lanny R. Copeland, M.D., Chairman of the Board
American Academy of Family Physicians

Elaine Holland, Assistant Director
American Academy of Pediatrics
(Will provide names of pediatricians to serve on a planning group for the conference)

Phil Walson, Member, M.D., A.A.P.
Committee on Drugs
American Academy of Pediatrics

Gregory A. Humphrey
American Federation of Teachers

Mary E. Foley, M.S., R.N.
American Nurses Association

Jane Ryan, President
American Psychiatric Nurses Association

Allan Tasman, President, M.D.
American Psychiatry Association

Page 2 - Participants for Planning Meeting

Jay Cutler
American Psychiatry Association

Ronald L. Levant, Ph.D., Board of Directors
American Psychological Association

Paula Trubisky, Senior Legislative Affairs
and Federal Affairs Officer of Science Policy
American Physiological Association

John Heavener, Children and
Adults with Attention Deficit Disorder
(CHADD)

Stephen Spector, Children and
Adults with Attention Deficit Disorder
(CHADD)

Jeanine M. Becker
National Association of Nurses

Judith Robinson, Ph.D., R.N., Executive Director
National Association of School Nurses

Jane Tustin, R.N., M.S.N., C.S.N., President
National Association of School Nurses

Kevin P. Dwyer, M.A., N.C.S.P., President
National Association of School Psychologists

Hilda Richards, Dr., President
National Black Nurses Association

John M. Rector, Sr. Vice President
National Community Pharmacists Association
(represents over 30,000 independent pharmacies)

National Medical Association

Page 3 - Participants for Planning Meeting

Michael Faenza
National Mental Health Association

Alfonso V. Guida, Jr.
National Mental Health Association

Randy A. Fisher, President, School of Social Work, Association of America

Biotechnology

Frederick Balboni
Boston Life Sciences
(Also referred by Sen Kennedy's office)
(Is a development stage biotechnology company which developed the first biologically-based diagnostic, Altropane ™, for attention deficit hyperactivity disorder)

Diane La Voy, Team Coordinator and Washington Liaison
Child and Adolescent Bipolar Foundation
(web-based membership organization that supports families and professionals treating kids with bipolar disorder)
(Also referred by Anne Leary, WH)

Consumer Advocates

Michael F. Jacobson, Ph.D., Executive Director
Center for Science in the Public Interest

Beth A. Kaplanek, R.N., President Elect
Children and Adults with Attention Deficit/Hyperactivity

CHADD?

MaryLee Allen, Child Welfare & Mental Health Division
Children's Defense Fund

Harold James McGrady, Jr., M.D.
Council for Exceptional Children

Deborah Ann Ziegler
Council for Exceptional Children

Page 4 - Participants for Planning Meeting

Joni J. Ketter, Staff, Federation of Families for Children of Mental Health

Gail Daniels, President, Board of Directors Federation of Families for Children's Mental Health

Gary W. Goldstein, M.D., Kennedy Krieger Institute

Robert Bohlman National Alliance for the Mentally Ill

Laurie M. Flynn, Executive Director National Alliance for the Mentally Ill

Matthew E. Melmed, Executive Director Zero to Three National Center for Infants, Toddlers and Families (helped plan 1997 White House Conference on Early Childhood Development and 1998 Child Care Conference; has led pioneering efforts in the diagnosis and treatment of very young children w/mental health problems) (Referred by Anne Leary, WH)

Managed Care Industry

David Lawrence, President, Kaiser Permanente

Companies that provide Mental Health and Behavioral Health Insurance Only

Allen Daniels, Ed.D., Chief Executive Officer Alliance Behavioral Care, Chair, American Managed Behavioral Healthcare Association Board of Directors

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Participants for Planning Meeting (partial) (1 page)	05/08/2000	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Heather Howard (Subject Files)
OA/Box Number: 21197

FOLDER TITLE:
Conference Attendees [2]

2012-0254-S
rc661

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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Page 5 - Participants for Planning Meeting

Pharmaceutical Industry

Sidney Taurel, Chief Executive Officer
Eli Lilly & Company

Calvin Anthony, Vice-President
National Community Pharmacists Association

Daniel Vasella, Chief Executive Officer
Novartis Pharmaceuticals Corp

Jan Leschly, Chief Executive Officer
Smith-Beecham

William Steere, Jr.
Pfizer Pharmaceuticals

Insurance Company

William Donaldson, President
Aetna Life Insurance

Individuals

Dr. Eugene Arnold
Professor Emeritus of Psychiatry
Ohio State University

Casey Crowder
(private citizen)

Shula S. Edelkind

P6/(b)(6)

[001]

Page 6 - Participants for Planning Meeting

Samuel S. Epstein, M.D., D. Path., D.T.M.&H
Professor of Environmental and Occupational Medicine
School of Public Health
University of Illinois Medical Center
Chicago, Il.

Dr. Larrie Ferreiro
(pending)

Dr. Bruce Perry, Ph.D.
(Referred by Anne Leary, WH)
Renowned leader in child development research
and consultant to Scholastic, Inc.
(trains pediatricians, neurologists, general psychiatrists
and child psychiatrists on use of medications in children)

Dr. Gilbert Verdell
Appalachian Practitioner

FAX TRANSMISSION

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH
AND SURGEON GENERAL
OFFICE OF PUBLIC HEALTH AND SCIENCE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 Independence Ave., S.W. Rm 716 -G
Washington, D.C. 20201
202-690-7694
Fax: 202-690-6960

To: Heather Howard **Date:** 5/8/2000

Fax #: 456-2878 **Pages:** 7 including this cover sheet.

From: Beverly Malone

Subject:

COMMENTS: _____

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****
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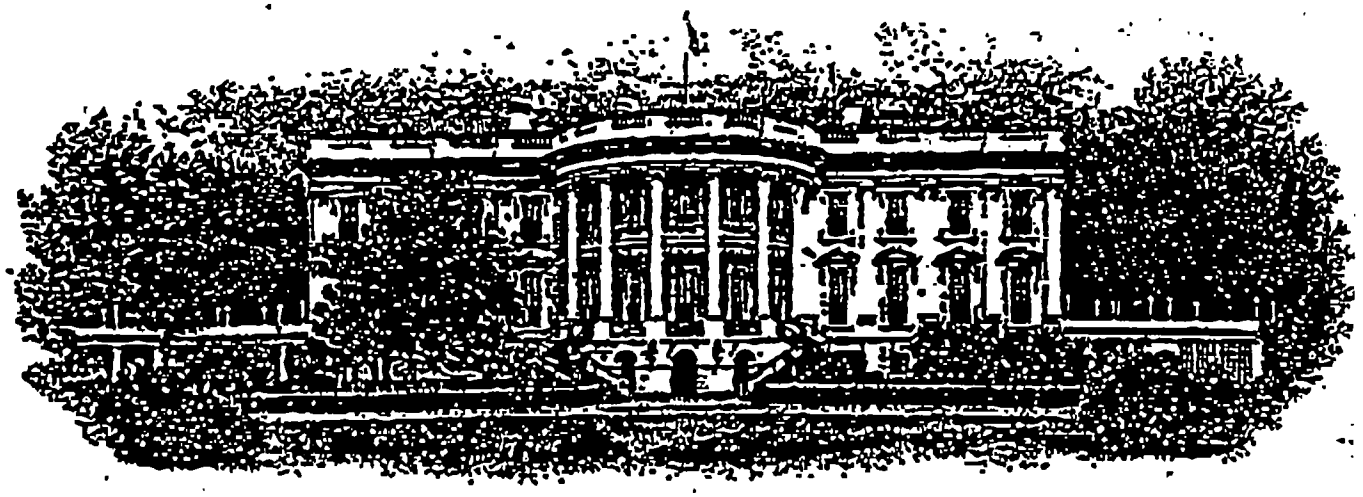
WASHINGTON, DC 20500



FAX COVER SHEET

DATE: 4/10 **TIME:** 11 am

TO: Dr. Beverly Malone
Office of the Surgeon General

PHONE: 690-7694 **FAX #:** 690-6960

FROM: Heather Howard

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002. fax	Beverly Malone to Heather Howard (partial) (1 page)	05/10/2000	P6/b(6)

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2012-0254-S
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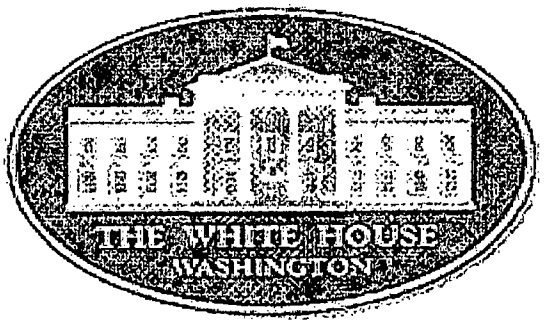

Date: _____May 10, 2000_____

To: Beverly Malone

Telephone: Fax: 690-6960

From: Heather Howard

Telephone: 456-7263 Fax: 456-2878

Pages: ____4_____ (Including this cover sheet)

Comments: Bev – thank you for the list. It looks great. I just have a couple comments:

1) Dr. Harold Koplewicz (you may remember him – he was the psychiatrist on the Health breakout at the Teen Conference) should be included. I am attaching his bio.
2) I think I sent you information Dr. Joseph Bellanti, a Georgetown physician and researcher, sent Mrs. Clinton (he is doing research on ADHD and nutrition). Can he be included? Let me know if you need his information

P6/(b)(6)

[002]

SECOND FLOOR WEST WING ❖ WASHINGTON, DC 20502
TELEPHONE (202) 456-7263 ❖ FACSIMILE 456-2878

School of Medicine
New York University

New York University Child Study Center

550 First Avenue New York, NY 10016
Telephone: (212) 263-6622 • Facsimile: (212) 263-0484
www.AboutOurKids.org

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Harold S. Koplewicz, M.D.

Biographical Sketch

Harold S. Koplewicz, M.D. is the founder and director of the New York University Child Study Center. He also serves as the Vice-Chairman of the Department of Psychiatry, the Arnold and Debbie Simon Professor of Child and Adolescent Psychiatry, and a Professor of Clinical Pediatrics at the New York University School of Medicine. In addition, Dr. Koplewicz is the Director of the Division of Child and Adolescent Psychiatry at the Bellevue Hospital Center.

Dr. Koplewicz is the recipient of many awards, including the 1997 Exemplary Psychiatrist Award from the National Alliance of the Mentally Ill, the 1997 Reiger Service Award from the American Academy of Child and Adolescent Psychiatry in recognition of his work in the development of school based mental health programs, the 1999 Humanitarian Award from Marymount Manhattan College, and the 2000 Aprica Childcare Institute Award.

Dr. Koplewicz has served as a member of the National Board of Medical Examiners, as a commissioner of the New York State Commission on Youth, Crime and Violence and Reform of the Juvenile Justice System and is also on the National Advisory Board of *Parents Magazine*. Since 1997 he has been the Editor-in-Chief of the *Journal of Child and Adolescent Psychopharmacology*.

Dr. Koplewicz evaluates more than 200 new patients a year from all over the world. *New York Magazine* has repeatedly named him one of the "Best Doctors in New York" and *Good Housekeeping* has named him one of "America's Best Mental Health Experts." His frequent radio and television appearances include the *Today Show*, *National Public Radio*, *Good Morning America*, *Donahue*, *CBS This Morning*, *Oprah*, *NBC Nightly News*, *ABC World News Tonight* and *Dateline NBC*. In addition to his work as a clinician, researcher, and pediatric psychopharmacologist, Dr. Koplewicz is a tireless advocate for the rights of children with mental illnesses. His advocacy was instrumental in persuading President Clinton to sign an historical declaration naming November Child Mental Health Month in the United States. Dr. Koplewicz is the author of several books, including the textbook *Depression in Children and Adolescents* (Harwood, 1993), and *It's Nobody's Fault: New Hope and Help for Difficult Children and Their Parents* (Times Books/Random House, 1996), which received the Parent's Choice Award, and was a Books for a Better Life finalist. His new book, *Childhood Revealed: Art Expressing Pain, Hope and Discovery* was published by Harry Abrams, Inc. in November 1999. Dr. Koplewicz is also the author of more than 50 articles on child and adolescent psychiatry, specifically on the treatment of children with anxiety and behavioral disorders.

Dr. Koplewicz lives in Manhattan with his wife and their three sons.

Harold S. Koplewicz, M.D.
Arnold and Debbie Simon Professor of Child and Adolescent Psychiatry
Director, Child Study Center
Professor of Clinical Pediatrics
Director, Division of Child and Adolescent Psychiatry,
Bellevue Hospital Center
Vice-Chairman, Department of Psychiatry
New York University School of Medicine
550 First Avenue
(212) 263-6205
Fax: (212) 263-0484
Email: harold.koplewicz@med.nyu.edu

March 23, 2000

VIA FACSIMILE

Melanne Verveer, Chief of Staff
Office of the First Lady
The White House
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500
FAX: (202) 456-6244

Re: *White House Initiative Regarding the Prescription of Psychiatric Drugs for Preschool Children*

Dear Ms. Verveer:

I read in *The New York Times* (March 20, 2000) about the First Lady's plans to hold a conference this fall that will explore the ramifications of medication intervention with pre school children. As a school psychologist in a special services school district, my work has involved this important issue. Because my professional experiences could provide an important perspective, I would like to participate in this conference.

I work for the Joseph F. Cappello School, which is one of four schools in the Mercer County Special Services School District, a public special services school district located in Trenton, NJ. The school district is comprised of students, ages birth to 21 years, who are significantly disabled and whose special needs cannot be met by their public school districts. The Cappello School houses children who are "pre school," ages birth to 6 years. The professional staff includes teachers, nurses, consulting physicians, occupational and physical therapists, psychologists, speech and language therapists, social workers, learning consultants and administrators.

At the Cappello School, we have a multi-faceted program that is designed to identify intervention strategies for enrolled students. The program relies on a collaboration between school staff and parents, which ensures that childrens' needs are thoroughly examined. Several committees are in place to address the behavioral needs of the pre school children. In addition, the school uses and implements a "functional behavior analysis model," which uses data collected about the child to identify the "motivator methodology" that best suits that child's needs. The program also has a home component, which equips parents with strategies to implement in the home.

Identifying medication intervention strategies also is an important part of the program and a task that the staff considers seriously. For example, when the staff initially suspects that a child may have attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD), the child's professional staff team follows an intervention protocol. If the team considers medication to be advisable, it collects an exhaustive amount of data and medical history information, consults a pediatric

neurologist, and provides that doctor with written and audio-visual documentation of the child's behavior. My responsibilities include attending the evaluation with the doctor and providing him or her with the staff's impressions and views.

This program has 20 years of positive outcomes for children. As a direct participant in the success of the program, my unique vantage point could be helpful to your office's exploration of the issue of medical intervention for children.

I would enjoy the opportunity to discuss with your staff the planned conference and I can be reached at (609) 588-8485 (W). Thank you for your consideration.

Respectfully yours,

Laura Garawski

Laura S. Garawski, M.Ed., N.C.S.P.
Psychologist

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	Laura Garawski to Melanne Verveer re: phone number (partial) (1 page)	03/23/2000	P6/b(6)

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Mercer County Special Services School District
Joseph F. Cappello School
1072 Old Trenton Road
Trenton, New Jersey 08690

Telephone: (609) 588-8485
Fax: (609) 588-4936

Charles J. Murray, Ed.D.
Superintendent

Rosemarie Bricketto
Principal
Bruce S. McGlynn
Vice Principal

Fax: 202.456.6244
March 23, 2000
page 1 of 3 pages

From: Ms. Laura Garawski

Ms. Melanne VerVeer
Chief of Staff
Office of the First Lady
The White House 1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500

Dear Ms. VerVeer:

I am attaching a letter for Mrs. Clinton, which pertains to the evolving committee regarding the issue of medication for preschool children. Thank you so much for any assistance you can provide. My direct telephone at school is 609.588.8432. During the months of July and August, I can be reached at P6/(b)(6) [003]

Melanne Verveer

Ann, Could you
pls see that
someone follows
up on this
Thanks

- 4/3/00 from **Dr. Joseph A. Bellanti** – pleased to be with you at Esther Coopersmith's and to thank you for championing the cause of ADHD and other child health-related issues. He looks forward to receiving info re WH Conference on ADHD and to participating. Please call if he can assist.

  ✓ To Ann O'Leary for info/followup

GEORGETOWN UNIVERSITY MEDICAL CENTER

International Center for Interdisciplinary Studies of Immunology
Office of the Director

Esther -

FYI.

April 3, 2000

4/11
no follow up necessary — I have spoken with him since he received the letter and have asked SG's office to include him in the conference planning.

Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Hillary;

It was a pleasure to be with you yesterday at the home of Esther Coopersmith and to have the opportunity to thank you personally for championing the cause of ADHD and other child health- related issues.. As I mentioned, we have launched our Arkay Foundation funded study at Georgetown University Medical Center and the University of California, San Francisco and are encouraged by the support you expressed at the luncheon. I was particularly touched by your poignant comments concerning the socioeconomic and educational needs of children and by the vision and values you expressed.

I look forward to receiving more information regarding the forthcoming White House Conference on ADHD which you mentioned and to actively participating in the effort. Please call upon me if I can be of assistance.

With best personal regards and best wishes as you continue your important mission for the future,

Sincerely,

Joe Bellanti

Joseph A. Bellanti, M.D.
Professor of Pediatrics and Microbiology-Immunology
Director of the International Center for Interdisciplinary Studies of Immunology
Georgetown University Medical Center

3800 Reservoir Road NW Washington DC 20007
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JOSEPH A. BELLANTI, M.D.
PROFESSOR OF PEDIATRICS AND MICROBIOLOGY
DIRECTOR, INTERNATIONAL CENTER FOR
INTERDISCIPLINARY STUDIES OF IMMUNOLOGY

April 3, 2000

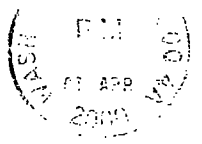
Dear Milli —

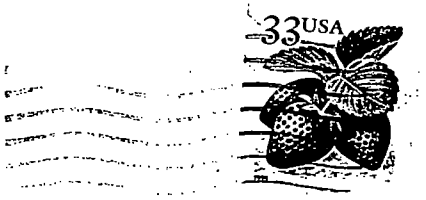
Thanks for your kindness !

Joe Bellanti

Georgetown University Medical Center

GEORGETOWN UNIVERSITY MEDICAL CENTER
International Center for Interdisciplinary Studies of Immunology
3800 Reservoir Road NW Washington DC 20007





Milli Alston
214 East Wing
Office of Personal Correspondence
The White House
Washington, D 20500