

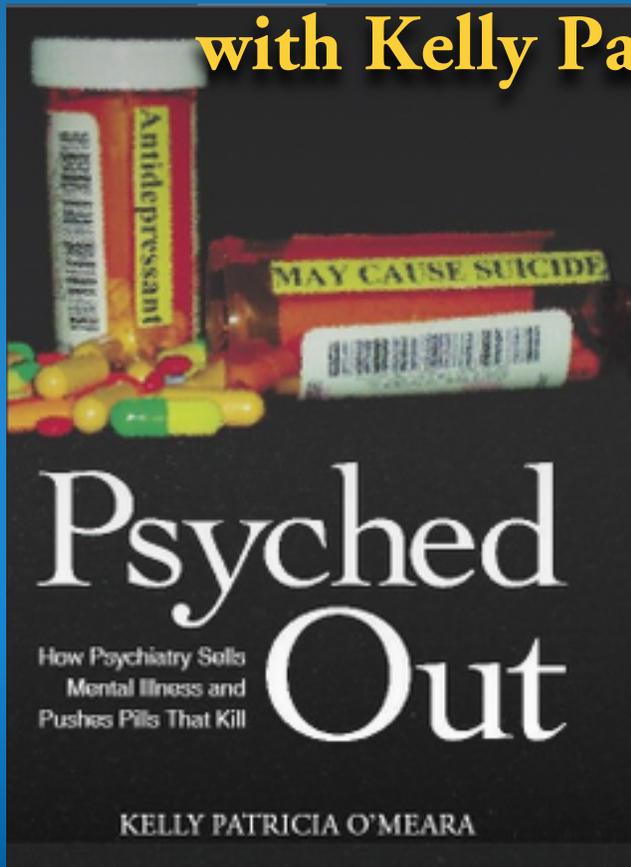


The Solari Report

JUNE 24, 2014

Protecting You and Your Family from Psychiatric Drugs

with Kelly Patricia O'Meara





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C. AUSTIN FITTS: Ladies and Gentlemen, it's my absolute pleasure to welcome to The Solari Report Kelly Patricia O'Meara. Kelly had a very successful career in Congress as Congressional staff where she learned that the world is not always what it seems to be. She became a reporter for *Insight Magazine* where I got to know her well, and had incredible triumphs – including a triumph on the topic we're going to talk about today.

She left and wrote a very successful book *Psyched Out*, and has continued to write and cover many stories. Certainly the one of the drugging of America, I consider there to be absolutely no one else who can touch her in terms of her coverage and understanding of this issue and how it relates to many of the other issues going on.

I just have to tell a story on her because when I first met Kelly I was convinced that financial fraud was the biggest problem among us. Kelly kept trying to explain this issue of drugging and drugging children and why it was even more important than financial fraud.

It took her a while, but she finally got through and finally she realized that if we don't have our minds, we won't ever be able to tell that we're being financially defrauded. I realized she was right. If we're in our right minds, we can solve any problem. If we're not, we can't.

With no further ado, Kelly, thank you so much for joining us on The Solari Report.

KELLY PATRICIA O'MEARA: Catherine, it's my pleasure. I want to thank you for having me on. I appreciate it very much.



C. AUSTIN FITTS: So tell us how you came to be so interested in this topic and how you began.

KELLY PATRICIA O'MEARA: That was such a long time ago! I actually was a reporter at the *Washington Times' Insight Magazine*. I was doing an article about a psychiatrist by the name of Richard Gardner. Richard Gardner's view was that the younger you had sex with a child, the better. He wrote several books espousing this idea.

Anyway, I was writing an article about this particular psychiatrist and I interviewed someone who said, "You know who you have to talk to? You have to talk to the Citizens' Commission on Human Rights," which is an organization out in California.

I called them and one of them happened to be in Washington the following week. I said, "Great! Let's meet up and I'll interview you. It'll be great." I did the interview about Richard Gardner. They were very aware of this particular psychiatrist, and when it was all over I sat and chatted with this woman for about an hour more. We got into a conversation about ADHD and psychiatric drugs.

Honestly, what she was telling me I absolutely did not believe. I was astounded! I thought she was crazy. So I went back to my office and did some research. Low and behold, she was right and it blew me away because basically she was saying that ADHD is a fraud. It's a psychiatric diagnosis, which is not based on science or medicine. It is merely a collection of behaviors that the American Psychiatric Association deems abnormal.

Anyway, I started doing a whole lot of research at that point because I was terribly interested in the issue. Then, of course, Columbine happened. That immediately kicked in and I went, "Oh, let me see if these kids were on these psychiatric drugs." Of course, they were.

I wrote an article for *Insight Magazine* called 'Guns and Doses'. It was the first national article that really connected the violence with the psychiatric drugs – the school shootings and psychiatric drugs – because



the ten school shootings prior to that all had in common that they all had been prescribed psychiatric drugs or they had been withdrawing from psychiatric drugs.

At any rate, the magazine article was a huge hit. We had so much response. I think we got something like 3,000 responses overnight – the night it came out. It was a big hit. People were saying, “Thank you so much for writing this,” which blew me away because although I thought it was a really interesting subject, I didn’t think we were going to get that kind of a warm response.

That really is the first thing I ever did – ‘Guns and Doses’. From there while I was at *Insight Magazine* I wrote about 24 articles either on psychiatric diagnosing or psychiatric drugs.

C. AUSTIN FITTS: Walk us through the statistics. How many people in this country take psychiatric drugs?

KELLY PATRICIA O’MEARA: A lot!

C. AUSTIN FITTS: I was just reading the latest *New York Times* article. It said one in ten of every American is on a psychiatric drug, and I think it’s one out of every four or five women in their 40’s and 50’s.

KELLY PATRICIA O’MEARA: Actually it’s worse than that. The figures are actually worse than that. I just wrote an article about it, as a matter of fact. There are 79 million Americans taking at least one psychiatric drug, and that includes 7.5 million children between the ages of 6 and 17 that are taking at least one psychiatric drug. That’s one in five Americans who are taking at least one psychiatric drug.

When you really get down to the nitty-gritty, the Center for Disease Control about three weeks ago put out a report about the number

“There are 79 million Americans taking at least one psychiatric drug, and that includes 7.5 million children between the ages of 6 and 17 that are taking at least one psychiatric drug.”



of toddlers who are taking ADHD drugs, which when we get into this a little bit more, it's astounding when you look at the numbers. Right now they say that they have 10,000 toddlers – children under the age of two – who are taking ADHD drugs.

ADHD drugs are methylphenidate (Ritalin) or amphetamine (Adderall). These are Schedule II drugs. The federal government lists these drugs as Schedule II. Schedule II is the most addictive.

So you have Ritalin, Cocaine, Opium, and Heroin. Those are Schedule II drugs. So we're putting toddlers on these very, very strong mind-altering drugs that are very, very addictive. This, in my mind, is criminal. It is criminal what's going on here, but I think it's the tip of the iceberg.

For the CDC to say, "We have 10,000 toddlers on ADHD drugs," we have 250,000 infant to one-year-olds who are taking anti-anxiety drugs like Xanax or Klonopin. That's 250,000 zero to one-year-olds. Think about it: these are babies. They're not even speaking yet.

In order to get a psychiatric diagnosis – in order to get the drugs – a psychiatrist has to question you. They have to ask you about your behavior, right? That's how it works. How are they figuring this out with these one-year-olds who aren't even talking? It's criminal what's going on. It's criminal in my mind.

We have 318,000 two- to three-year-olds on anti-anxiety drugs. We have 46,000 two- to three-year-olds on anti-depressants. The numbers just get crazier and crazier.

When I think of a toddler – let's say a two-year-old – at that point in their development their brains are not fully developed. They won't be until they're 18. This is what's really interesting. I read this. I did some research on two-year-olds. Two-year-olds are just at a point where they might remember what they did yesterday. They may recognize themselves in a mirror.



We are putting these very young brains on these very dangerous, very addictive psychiatric drugs based on completely fraudulent psychiatric diagnoses.

C. AUSTIN FITTS: One of the things I've certainly experienced – and I think everybody has – is the pressure throughout society to get you on these drugs is ridiculous. You haven't heard this story. I had a friend who was dying several years ago. She was dying of cancer. She was in her 80's. Her niece had the healthcare proxy for her. We had very clear instructions with her about how everything was supposed to be handled.

I spent several days just trying to protect her from the psychiatric attendant who kept coming in on rounds and trying to put her on psychiatric drugs. It was a war. We just wouldn't let them, but the pressure to do it was unbelievable.

I can't tell you how many teachers I've had – when I first got to Tennessee, leaving Washington – who told me they had quit the profession because they were so lobbied by parents to certify that the kid was ADHD so that the parents could apply for Social Security disability to get enough money to feed the kid. It was an economic issue, but the incentives baked into both the schools and the teachers and the parents to put the kids on drugs was enormous.

She just finally said, "I couldn't take it anymore," and she had to quit.

KELLY PATRICIA O'MEARA: What I see – and, again, I've been writing about this since 1999 and researching it and I wrote a book about it – is people saying the biggest threat is the military-industrial complex, and certainly we know that there are problems in that as far as the amount of money that is spent, lost, missing, or whatever. I think it's up to \$7 trillion now that they're missing that the Pentagon can't account for, but I think the biggest threat today is the psychiatric pharmaceutical industry.

C. AUSTIN FITTS: Right.

KELLY PATRICIA O'MEARA: It has become an enormous industry. For



example, every time you see a shooting on TV, such as the one out in Santa Barbara or Sandy Hook or the kid who stabbed his schoolmate up in Connecticut, what are they saying? They're saying, "We need more mental health. We need more mental health. We've got to have more mental health. We've got to help them. They're not getting the help that they need."

What they're saying really, and people don't get it, is they're saying, "We need more drugs. We have to drug these people."

Psychiatry doesn't have any other treatment other than drugs besides talk therapy, and talk therapy – although it was quite effective in the 60's and 70's – is too expensive today. It costs too much. Insurance companies would rather say, "Here, take this pill. This is way cheaper than talk therapy is going to cost us."

They don't do talk therapy anymore to the extent that they used to, and they've come to the point where it's all about, "Take this pill. It will fix your problems. It will change your behavior."

Every time you see one of these shootings, this is what happens. They build up the mental health industry – the psyche industry – and the pharmaceutical industry gets pumped up. It's a never-ending circle. It's just this crazy never-ending cycle of throwing money at mental health.

I always say to people, "If everything you're doing, if we need more and more mental health and more and more drugs, how come nobody is getting better?" You know what I mean? Nobody is getting better. Everybody is just getting worse.

C. AUSTIN FITTS: Right. What can you tell us about the statistics of the impact of these drugs – what they do? If we say, "Nobody is getting better," what can we say statistically that informs the fact that they're not getting better?

KELLY PATRICIA O'MEARA: Here's what we know: We know that when Prozac came out back in 1982, it was the first selective serotonin



reuptake inhibitor (SSRI). Right away there were problems with Prozac. There were people attempting suicide in great numbers and there was a lot of violence and harm associated with it.

The FDA was forced to hold hearings in 1991. They determined at that time – and I was at these hearings, by the way. I’ve got to tell you that it was gut-wrenching and I wrote about it in my book. To watch these families stand up with a poster-sized photograph of their 12-year-old daughter – this beautiful, young girl – who hung herself in her closet after being on Prozac for three weeks. I mean, it was just gut-wrenching to watch this. These parents were telling the FDA, “Look, my daughter was fine until she took this drug.”

Well, the FDA decided not to do anything. The evidence wasn’t there to support it. Finally by 2004 the FDA was forced to put black box warnings on anti-depressants because they no longer could ignore the numbers.

C. AUSTIN FITTS: So let me just stop you for a second. I want to make sure everybody understands. Until then, it was perfectly possible for a parent to have their child prescribed this medication, start taking this medication with no one even warning the parent that these kinds of suicidal symptoms were occurring.

KELLY PATRICIA O’MEARA: That’s right.

C. AUSTIN FITTS: Okay.

KELLY PATRICIA O’MEARA: That’s right. In fact, there wasn’t any warning. We only found out later – and I think Peter Breggin actually who was the doctor who actually got the records from Eli Lilly from a court case. He was tasked with going through Eli Lilly’s emails. Eli Lilly did much of their clinical trial work over in Germany for Prozac. There were many, many emails from doctors who said, “Hey, this patient never was

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suicidal. I put them on this drug and he tried to commit suicide.”

I mean, these were really revealing emails that Eli Lilly pretty much knew that there was a problem with Prozac from the beginning, even before it was approved in the United States.

Anyway, Prozac was the first of the SSRI antidepressants – the new antidepressants, the A-typical antidepressants. Now we have all kinds. We have Celexa, Effexor, Zoloft, and you can go through the whole litany of SSRI antidepressants.

What we know now is that they will cause violent behavior. The drug itself will cause violent behavior. The FDA was forced to put this warning, and a black box warning – you need to think of it like skull and crossbones because it’s the most serious warning the FDA can put on a drug. It’s the most serious warning.

They’re saying, “Hey, if you’re between this age and this age, there’s a chance this drug could cause you to commit suicide.”

The other side effects – the adverse side effects of SSRIs or SNRIs, which are selective serotonin norepinephrine reuptake inhibitors – cause mania, psychosis, hallucinations, violent abnormal behavior. All of these things are known adverse reactions to these drugs.

Now, does everybody experience these abnormal behaviors? No. Do a lot of people? Yes. That’s why the FDA in 1992 set up MedWatch. MedWatch is a reporting system where if you believe you’re having an adverse reaction to a drug – any kind of adverse reaction – you can call their 800 number or you can go online. It’s completely private. You don’t have to give them your name. You just tell them what you’re experiencing – what your adverse reaction was.

If you go to MedWatch and you type in a drug, it will tell you how many adverse reactions have been reported and what they were for this particular drug. You can go online to MedWatch and look up all the adverse reactions associated with any of the drugs you’re taking – not



just psychiatric drugs, but all drugs – because there are a lot of adverse reactions to the new antidepressants.

Again, we're just talking about antidepressants at this point. These are just one of the psychiatric drugs' classes. I mean, we have psychotics that are extremely harmful – even medically. We have this new increase in diabetes. Well, if you look at the increase in diabetes, you'll also see an increase in the number of people who are taking antipsychotics, and antipsychotics can cause diabetes. Nobody wants to connect all these things.

I know it because this is what I do. This is what I research; this is what I write about all the time so I'm very familiar with all the stuff when it comes out in the news. Most people are not.

C. AUSTIN FITTS: The other thing is – and I particularly feel this with children – is you have enormous number of things that can be causing them to behave in ways that would be diagnosed as ADHD. So you could have poor diet. You could have TV. You could have cell towers.

There are a growing number of things in “modern civilization” that can be harming kids. When you drug them, by suppressing those symptoms you get further away from the problem and then they continue to be harmed by whatever it is.

KELLY PATRICIA O'MEARA: Absolutely. I do believe that there are many, many additives in our food today, and a lot of families don't even cook anymore; they go out every night. We all know how good that is for you.

I don't even like to talk about ADHD like it's a real thing because if you look at the 18 criteria that you have to have, as listed in the DSM – the DSM is the Diagnostic and Statistical Manual of the American Psychiatric Association. Basically it's all their mental disorders. They list all of their mental disorders and they list what the criteria are. Whatever your answers are to your doctor – in this case let's say ADHD – you go to your family physician with your child and the doctor will go, “Are you fidgety? Do you talk out of turn?”



C. AUSTIN FITTS: Do you behave like a child? Do you behave like a kid?

KELLY PATRICIA O'MEARA: Exactly. Do you behave like a kid? In other words, if you look at the 18 criteria, it's all stuff that everybody does. "You didn't turn your homework in on time. You talk out of turn. You raise your hand out of turn." It's ridiculous! This is not a brain abnormality.

C. AUSTIN FITTS: Right.

KELLY PATRICIA O'MEARA: These are behaviors. I don't even look at it like the American Psychiatric Association. People like to call it a disease. "Oh, they have ADHD. It's such a horrible, horrible disease." No. It's not a disease.

Let me tell you, this is where you deviate between medicine and psychiatry. In medicine a disease is an objective, confirmable abnormality. It's that simple. Objective, confirmable abnormality.

In psychiatry, there is nothing objective about psychiatric diagnosing. It is purely subjective. In other words, you can't take an x-ray, an MRI, a CAT scan, a blood test, a urine test. There is nothing objective about psychiatric diagnosing. Nothing. So it's not a disease; it's the opinion of the person who's listening to you deciding what your brain abnormality is, and then subsequently putting you on some sort of very strong psychiatric drug.

To me, this is a two-pronged problem. I've said this for the last 18 years. We have to address the fraud of psychiatric diagnosing in order to get to fixing the problem of psychiatric drug prescribing. Until we hold the psychiatric community responsible for these diagnoses that are not based on science, until they come clean publicly and they make it well-known that their diagnoses are not based on science, we're going to have this problem. They get away with it. To me, it's almost like false advertising.

C. AUSTIN FITTS: One of the reasons I wanted to talk about this is I find that there is enormous pressure on both people and parents. The persuasion



and the pushing – the political pressure to get people on drugs – is enormous. When you walk into a doctor’s office or into a school and you get hit with this effort, it can be overwhelming. Our movie this week is Gary Null’s documentary. He tells the story of one woman in Sunnyvale who literally had to leave the country. She got her kid to Canada and then they filed extradition charges.

You get this incredible pressure, and you need to understand that not only do they not know what they’re doing, but this stuff is very dangerous.

I think any parent or any person who’s navigating the medical industry, if you go to see a doctor today, they try to get you to say that you’re depressed. The other day I was in a doctor’s office and I had to say, “No, I’m not depressed.” It was almost a fight. I knew exactly where they were going. The next thing they would say would be, “Well, you need to take blah-blah.”

What I’m curious about is what is happening behind the scenes in terms of financial or other incentives because the pressure to get everyone in America on one of these drugs is enormous, and the doctors are like dealing with the pusher. I grew up in West Philadelphia and the pushers were very pushy; that’s why we used to call them pushers. It’s like dealing with pushers.

What is happening? Do they get paid \$1,000 for everybody they get on drugs? I don’t get it.

“... the pressure to get everyone in America on one of these drugs is enormous, and the doctors are like dealing with the pusher.”

KELLY PATRICIA O’MEARA: No, it’s not that. Again, it’s a complex problem because people over the last 30 years have been convinced that psychiatric diagnosing is real, that their children or their child is wiggly and doesn’t pay attention and doesn’t finish anything. It’s not because he’s a kid and that’s what they do; it’s because they have a mental brain abnormality, and we can fix it. We can help you.



The medical field is saying, “We have a drug for that. We can settle him down.” So the families are looking for some sort of answer. They’re busy. They’re working, they’re raising other kids, and whatever. I get it, but they’re being told that it’s not their fault, it’s not their kids’ fault, and we have a pill that they can take every day and they’ll be better.

They don’t get the other side of it. They don’t get the other side that these ADHD drugs can harm their heart, they can have cardiac problems, that there is enormous research now showing that children who took ADHD drugs when they were kids now as adults have had brain atrophy; their brain shrunk – literally.

Think about it. If you’re taking cocaine as a child – because that’s what methylphenidate is, Ritalin – that’s the closest thing we have to cocaine. They are identical in effect when taken in the same dosage.

In effect, you’re giving your kid cocaine every day when you’re giving them Ritalin. That their brain has shrunk as an adult is not surprising. Their whole physical being is not as big.

It’s a very complex issue because, again, I look at the medical community, the psychiatric community – and for some reason, and I think it has to do with money – the medical community knows full well that there is no psychiatric diagnosis that is based in science. They know that. They’re not stupid. They know that. There is no brain abnormality ever that has ever been found that is depression, that is ADHD, schizophrenia, and you can go through the whole list. They have never found this in the brain. There’s no abnormality in the brain. They can’t say, “Oh, yes. There it is. I see it right there on the CAT scan. There’s depression.” It doesn’t exist, but people believe this because they’ve been told that it could be due to a chemical imbalance.

“I could be depressed because I have a chemical imbalance in my brain.” They believe it. Why? Because we’ve seen commercials on TV of a little bouncing ball that says, “It could be due to a chemical imbalance.” That’s nonsense! It’s nonsense! There is no way today in science or medicine to measure your brain chemicals, so there is no way for anyone to know if your chemicals are in or out of balance.



If people really thought about it, when they go to their doctor and their doctor gives them this stupid line, they need to say, “Let me see the test you did. Let me see what my brain chemicals are.”

C. AUSTIN FITTS: Kelly, are there countries around the world that have outlawed this kind of behavior or don't permit it? In other words, how does the United States compare to Europe and Asia and other areas of the world?

KELLY PATRICIA O'MEARA: No.

C. AUSTIN FITTS: In other words, how does the United States compare to Europe and Asia and other areas of the world?

KELLY PATRICIA O'MEARA: We're number one. We consume 80% of all the ADHD drugs – the United States. We are the biggest drugging nation in the world by far, although I have to admit that Great Britain is quickly catching up. They have a very big problem there now, and they write about it all the time.

In fact, what's interesting is when I said that the FDA put black box warnings on our antidepressants, they did that – I think – because they were under pressure because Great Britain had already done it before our FDA. Great Britain – their equivalent of our FDA – put black box warnings on the antidepressants, so our FDA didn't have much of a choice given that Great Britain said, “We have a problem here.”

Anyway, the difference is that the United States is the only country in the world that allows pharmaceutical commercials on television.

C. AUSTIN FITTS: I did not know that.

KELLY PATRICIA O'MEARA: Yes, so people sit at home and they watch TV nonstop, and what do you see all day long and all night long? You see pharmaceutical commercials.

So they go, “Oh, that woman who was sitting on the sofa and she looked



so depressed and now she's out playing with her dog. Maybe I ought to ask my doctor for that drug." They sell it to you.

C. AUSTIN FITTS: Well, clearly if one out of every five Americans is on this drug, it's not just their doctor giving it to them; they continue to take it.

KELLY PATRICIA O'MEARA: Again, what you have to understand is these are mind-altering drugs. They're not called 'psychotropic drugs' for nothing. They're mind altering. Think of it that way. Let's put it into terms of an illegal drug. If you were snorting cocaine every day, after about three years you're pretty out of it. You're not thinking right anymore.

So we have a whole generation of kids who literally have been taking the equivalent of cocaine every day. What happens is, yes, it changes them. That drug will change them because you're introducing a chemical into the brain that's not naturally there.

C. AUSTIN FITTS: Let me take the opposing opinion. I've talked to some teachers who say, "We get kids in here who are so wild and out of control that we have no choice." In other words, they're just literally wild things. "We have no choice but to recommend that they be put on drugs because we just can't handle them."

KELLY PATRICIA O'MEARA: I have two answers for that. In the old days, beating children was the accepted behavior. It really was. Think about it. When you and I were young – I think we're pretty much within the same age group – beating was perfectly acceptable to keep me in line.

Today's behavior is drugging kids. It's no more effective than beating me was.

C. AUSTIN FITTS: Beating is a lot safer.

KELLY PATRICIA O'MEARA: What's more effective?

C. AUSTIN FITTS: A bruise on your back side is a lot safer than holes in your brain.



KELLY PATRICIA O'MEARA: Exactly! Again, we used to think that that was acceptable behavior, and today it's no longer beating kids; you can't even touch your kid today. But we can give you a drug that will alter your behavior. That's acceptable. To me, they're both child abuse.

C. AUSTIN FITTS: Kelly, when I started to review the material and I was looking at your most recent articles, I was on the CCHR website and reviewing their statistics on the toddlers. The extraordinary increases in the application of both antidepressants and other drugs, too, in kids one to five. What I don't understand is: How in the world could you create a diagnosis for a one-year-old that would put them on such drugs? I can't fathom it.

KELLY PATRICIA O'MEARA: You can't. That's where I argue that it's criminal. Drugging children this young is criminal because, getting back to the psychiatric diagnosis, the only way a doctor can diagnose you with a mental disorder is based on your answers and your behavior. What is a zero- to one-year-old going to tell that doctor about their behavior?

To me, that's criminal. Of course, none of these drugs are approved for children that young by the FDA, but a doctor can prescribe off-label. A doctor can prescribe these drugs off-label, meaning they're not approved for them by the FDA, but if I feel it's necessary I can give these drugs to this child.

So doctors are doing this off-label, and I think just the mere diagnosis is criminal because you're not getting any feedback in order to make that diagnosis.

C. AUSTIN FITTS: So let's talk about how families can protect themselves. If I'm a person and I want to avoid taking or being required to take these kinds of drugs, what do I have to do? What can I do to protect myself and my family?

“Drugging children this young is criminal because, getting back to the psychiatric diagnosis, the only way a doctor can diagnose you with a mental disorder is based on your answers and your behavior.”



KELLY PATRICIA O'MEARA: If you're a parent and you want to protect your family and you don't want your kids to take these drugs, first of all there is a Federal law that prohibits schools from putting your kids on drugs or suggesting that your kids go on drugs. That's the first thing. There is a Federal law. Schools can't do that anymore.

However, if a teacher says to a parent, "Your son's not sitting in his chair and he's disrupting the class, I may have to put him in a special ed class because we just can't deal with him. However, if you go and take him to a doctor, he may get some help there." They give the parent that line now.

Parents have to decide at that point if they want to take their child to the doctor. I would suggest that the parents – before they ever consider a psychiatric diagnosis and prescription drugs – make sure that that doctor does every medical test known on your child before you even consider any kind of psychiatric diagnosis because, like you said earlier, it could be what they're eating. It could be the additives that are in food.

In fact, I had a personal experience with a friend of mine who had the school tell her, "Your son is unruly. We're going to put him in a special ed class if you don't take care of it."

What we found out is that this kid was bored. He was bored, so he was acting out. What they did was they put him in a higher class and they made him work harder, and he just thrived. She never had to put him on ADHD drugs, and he actually flies for the Air Force now. He's a pilot.

C. AUSTIN FITTS: Right. So you have to pay attention and really get to the bottom of what is causing the issue.

KELLY PATRICIA O'MEARA: Yes. I mean, there are lots of places around the country. There's a woman by the name of Dr. May Ann Block down in Texas. She has a facility where parents actually send their kids. She works with them, and there are no drugs involved. She's had really, really good success with these kids.



Again, these are behaviors. What bothers me is they're being labeled. Everybody says, "We can't stigmatize people with mental illness." Well, you are stigmatizing them when you label them with a mental illness. You are stigmatizing them.

C. AUSTIN FITTS: What about this? Some of the most painful moments in my life are when I see a child I really care about get put on these drugs. What do you say to parents? What do you say to someone else? It's a touchy subject.

What would you do if you wanted to persuade parents or to help them understand the risks so that maybe they don't dope their kids?

KELLY PATRICIA O'MEARA: First of all, if parents are willing to talk to you about it, the first thing I would say to them is to say, "Look, there is a lot of information out there today that is readily accessible on the internet that walks you through the process of psychiatric diagnosing. It's my understanding that there's no science to back it up."

That's important for people to understand that. When people get that, when they finally understand that, then they start questioning the drugs.

C. AUSTIN FITTS: Right.

KELLY PATRICIA O'MEARA: Until they get that one little piece – because they believe their doctor because they're wearing a white coat and they've been to medical school. They wouldn't say something that was wrong. So they believe their doctor.

C. AUSTIN FITTS: So what about this? If you look at how many school shootings we've now had or school stabbings we've now had in this country, at this point I believe it's not necessarily safe to go to schools where there are a lot of kids on these drugs.

How do I protect my children from being in an environment where you've got a lot of people on these drugs?



KELLY PATRICIA O'MEARA: That's a tough one, and I don't have a pad answer for that. One of the things that I have always fought for was disclosure about people who are on these drugs. I feel the same way about teachers. If a teacher wants to put the kid on a drug, if I were a parent this is what I would do. I would want to know if that teacher was on any psychiatric drug.

C. AUSTIN FITTS: Right.

KELLY PATRICIA O'MEARA: I want disclosure. You know what? She or he may not be able to handle those kids because of their own psychiatric drug taking.

C. AUSTIN FITTS: Right.

KELLY PATRICIA O'MEARA: It works both ways for parents, and I think that's completely fair when you're forced to address this issue within a school situation. At least ask the question, "Are you taking any psychiatric drugs?" One in five Americans are on at least one psychiatric drug; there's a good chance that a lot of them are teachers.

C. AUSTIN FITTS: I'm an adult. How do I navigate a world where various people are trying to persuade me to take psychiatric drugs?

KELLY PATRICIA O'MEARA: How do you say 'no'?

C. AUSTIN FITTS: How do you say no? I've seen wonderful people who go through a bad patch and so they take some of these things and they help them for that period of time, but then it's time to get off. How do you help people understand that this stuff is dangerous?

Just like you and I both know that if I need an antibiotic I should take it, but I need to not use it too much or maybe it won't work when I need it.

My father was a doctor, and one of the things he taught us was never take drugs unless you have to simply because if you need them, you want



to make sure that they work. But you need to be very, very careful. A drug by definition is essentially poison. Be very careful.

KELLY PATRICIA O'MEARA: When it comes to psychiatric drugs, I would be very, very honest and I would say, "Look, there are enormous amounts of literature that show that these drugs are no more effective than the placebo – the sugar pill."

In fact, there is a book out called *The Emperor's New Drugs* by Irving Kirsch. He's a Harvard professor. He looked at all of the clinical trial data for all of the antidepressants, and what he found was that it was a placebo effect. During the clinical trials, the people who thought that they were better knew if they were on the drug or not.

C. AUSTIN FITTS: Really?

KELLY PATRICIA O'MEARA: Yes. So what they have found is that the drug is no more effective than the sugar pill. If you gave people a sugar pill and said, "Here. This is an antidepressant," they're going to be better.

C. AUSTIN FITTS: Just to warn you, Kelly, for some of us sugar is a very serious addiction.

KELLY PATRICIA O'MEARA: Yes, and chocolate! But what I'm saying is they're being told that they'll be better. What they're not getting is the other side of this. That is that in most of the clinical trials, it shows that the sugar pill was more effective than the drug itself, and that there was a placebo effect when people take these drugs. What they don't tell you is that you may experience suicidality, you may experience manias psychosis, hallucinations, abnormal behavior, and all of these really horrible adverse reactions. They don't tell you about that.

When you're doctor is giving you these, they say, "Oh, this will help you."

C. AUSTIN FITTS: Right.

"...in most of the clinical trials, it shows that the sugar pill was more effective than the drug itself..."



KELLY PATRICIA O'MEARA: My whole thing is informed consent. If you're going to take these drugs, you are entitled to all the information.

C. AUSTIN FITTS: Right.

KELLY PATRICIA O'MEARA: And if you decide at that point, once you have all the information and you know what the down side is – that you can become addicted to them because they're very, very hard to get off of – then you're an adult and you can make the decision. But informed consent is absolutely necessary.

C. AUSTIN FITTS: And I would say that from everything I've seen I don't think there begins to be proper disclosure of what the issues are by many doctors and many situations where people are faced with this.

Speaking of informed consent, tell us how we get a hold of your book and your articles because I think it was by reading your work that I got tremendously educated and sobered up about this stuff. I think it's made a big difference to my life ever since.

KELLY PATRICIA O'MEARA: Thank you, Catherine. I appreciate that. Thank you.

C. AUSTIN FITTS: It's kind of like taking a bath in ice water. When you read the facts laid out about the drugs, their effects, the scientific studies, the statistics, first of all it's very hard – as you said – to fathom that it's this bad. Once you get drowned by the facts, it's very sobering and it arms you.

It reminds me of scripture where it says, "Put on the whole armor of God." I feel after I've read Kelly O'Meara that I can sit down for dinner with any psychiatrist and they can't trick me.

KELLY PATRICIA O'MEARA: It's all about sticking up for yourself. I'm always confused when I tell this to people. I don't understand why everyone is so willing to accept a diagnosis of mental illness. I don't understand it. You're giving up control.



When you accept that diagnosis – which is not based on science – you're giving up control of your life. I really don't understand.

I understand depression. People get depressed. God knows I've been depressed. You go up and down in life, and that's kind of how it is. You can appreciate the good times because you've been through the bad times. But I never could understand the giving up control of your life when you accept that diagnosis and then you're a slave to the drug.

However, if people want to read more about it, I am a freelance writer today. I write for the Citizens Commission on Human Rights. I would go to their website www.CCHRint.org. They actually have everything you could possibly want to know about psychiatric diagnosing and psychiatric drugs. You can actually just type in a drug on their website and it will bring up the MedWatch reporting of all the adverse reactions that have been reported on that drug. It's fabulous. I mean, they did a lot of work to put that on there.

Also I wanted to mention this. I don't know if you have any military people who are joining you on your blog, but I participated in a documentary that the Citizens Commission on Human Rights produced earlier this year called *The Hidden Enemy*. It's about the drugging of our military.

As you know, we have a real suicide problem in the military which just so happens to coincide with the increased rate of psychiatric drugging in the military. They've done this documentary called *The Hidden Enemy* and it is free. You can watch it on their website at www.CCHR.org. I highly recommend if you have any military people or families who are connected with Solari to please watch it. It will be extremely informative for you.

C. AUSTIN FITTS: Can a member of the military refuse to take the drugs if they are prescribed by the military doctor? Can they just refuse?

KELLY PATRICIA O'MEARA: Yes, they can. In fact, at the end of *The Hidden Enemy* they walk you through what your rights are in the military when



it comes to psychiatric diagnosing and psychiatric drugging.

Again, remember you're in the military and if you say, "No," they frown on that.

C. AUSTIN FITTS: I'll make sure we put a link to the documentary up on the blog so subscribers will have it.

KELLY PATRICIA O'MEARA: That would be fabulous! I'm telling you. I have watched military people actually watching this documentary. For disclosure purposes, I am in it. It's really outrageous what's going on in our military. I'm angry about what's going on in our military as far as the drugging. I wrote an article not too long ago about two people in the military who died. One was on 19 psychiatric drugs in one year, and one was on 34 psychiatric drugs in one year.

C. AUSTIN FITTS: Oh my God!

KELLY PATRICIA O'MEARA: And they both died in their bed. They died. They came home from war and they died in their bed.

C. AUSTIN FITTS: Oh my God, Kelly.

KELLY PATRICIA O'MEARA: It's very, very sad.

C. AUSTIN FITTS: Well, I know there are more people dying in the military from these drugs than from combat, and many of them are people who have never seen combat.

KELLY PATRICIA O'MEARA: No. In fact, the majority had never seen combat. They had never even been in a war zone.

C. AUSTIN FITTS: Right. Not in a physical war zone; they've been in a different kind of war zone.

KELLY PATRICIA O'MEARA: Oh, it's a much tougher war because they don't know who the enemy is. They don't know that the people who are



giving them these drugs are the enemy.

C. AUSTIN FITTS: Right. That's why they call it *The Hidden Enemy*. Yes.

Well, Kelly O'Meara, thank you for everything you do. Thank you for educating me about this. Thank you for helping me educate The Solari Report subscribers. Keep doing what you're doing; it's making an enormous difference, and I can't tell you how much I appreciate it.

KELLY PATRICIA O'MEARA: Thank you, Catherine. I really do appreciate you having me on.

C. AUSTIN FITTS: Okay. Have a great day.

KELLY PATRICIA O'MEARA: You, too.

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