

# Does Prescribing Anti-psychotic Drugs to Infants, Toddlers and Young Children Meet the Definition of Reckless Endangerment?

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*(This article was inspired by the following website:*

*<http://www.cchrint.org/issues/prescribing-psychiatric-drugs-recklessendangerment/>)*

*When physicians (or medical paraprofessionals) prescribe psychiatric drugs to children without the parent or legal guardian's fully informed consent, the prescribers could reasonably be charged with reckless endangerment and/or child endangerment because such drugs commonly cause a multitude of well-known adverse effects, including the following short list: worsening depression, worsening anxiety, sleep disturbances, suicidality, homicidality, mania, psychoses, heart problems, growth disturbances, malnutrition, cognitive disabilities, dementia, microbiome disorders, stroke, diabetes, serious withdrawal effects, death, sudden death, etc. We physicians (not only psychiatrists) normally only spend a small amount of our scarce time warning about a few of the dozens of potential adverse effects when we recommend drug treatment – and apparently most American courts uphold this questionable action when the rare malpractice case manages to be heard in the legal system.*

And yet, Child Protective Services has the legal right to charge parents with medical neglect for refusing to give their child a known neurotoxic or psychotoxic drug that wasn't adequately tested either in the animal lab or in long-term clinical trials prior to being given marketing approval by the FDA.

This makes no sense to parents and can't be explained by their lawyers, especially if the parents know more than their medical caregivers about the multitude of potentially serious dangers that such drugs could pose for their child. It is worth noting that psychiatrists admit that there is no scientific test in existence that proves that children deserve a permanent mental illness label (and getting brain-altering drugs for the rest of their lives).

Indeed, making a psychiatric diagnosis in this big business era of high volume/high turnover patient care is based largely on an unscientific, sometimes absurd checklist of patient behaviors, emotions or thoughts, often hurriedly obtained after a relatively short office visit. Checklists of signs or symptoms of a newly thought-up "mental illness" periodically are composed at the annual meetings of the American Psychiatric Association where the newly invented "disorder" is voted on (by a show of hands) by groups of volunteer psychiatrists, most of whom have financial and/or professional conflicts of interest. If a sufficient majority of convention attendees agree, the new diagnosis is then placed in the next Diagnostic and Statistical Manual (DSM), which contains hundreds of other unscientific check-lists of "mental disorders".

## Ignoring the Warnings of Drug Regulatory Agencies

Psychiatrists have long admitted that none of their drugs ever cure anything or anyone. They also admit that there are no medical, laboratory, radiological or biopsy tests to confirm that any given psychiatric diagnosis is an actual medical condition.

There are, however, thousands of lab, radiology and biopsy tests that confirm the existence of the long-term neurotoxic effects of the multitude of synthetic psychoactive drugs that continue to be given out in combinations that have never been adequately tested for efficacy or safety – even in the animal labs.

Therefore what the courts have erroneously criminalized as parental neglect must be re-assessed by the legal system. The parent that refuses potentially hazardous psychiatric drugs for their child because they happen to know more about the drug's dangers than their prescriber, should be supported rather than punished by the courts. And lawyers and judges interested in understanding the nature of the best neuroscience need to be increasingly mistrustful of psychiatrist "experts" who frequently have serious conflicts of interest when it comes to maintaining the prestige and/or economics of the big business of pharmaceuticals, medicine and psychiatry.

There have been more than 200 international drug regulatory agency warnings about the fact that psychiatric drugs can cause dangerous and potentially life-threatening effects (check them out at: <http://www.cchrnt.org/psychiatric-drugs/>). When I was in medical practice, I was totally unaware of the existence of these warnings, so I suspect that most over-worked physicians and psychiatrists today are equally unaware. Undoubtedly, lawyers and judges are in the same boat.

The basic science-based warnings about the dangers of prescription drugs are easily available for anybody concerned with the health and welfare of our children's brains and bodies, and parents are always more concerned and in many cases, more aware, than their doctors. Concerned parents should be cautious about allowing their vulnerable children to be given potentially toxic substances, especially when the drugs are being prescribed "off label" (ie, for indications that are not approved by the FDA).

## The Legal Definition of Reckless Child Endangerment

"Reckless Endangerment" is a crime consisting of an act that created a substantial risk of serious physical injury to another person, even if the accused person did not intend to harm the victim. However, the person must have acted in a way that showed a disregard for the foreseeable consequences of the actions. The charge may occur in various contexts, such as domestic cases, car accidents, construction site accidents, testing sites, domestic/child abuse situations, and hospital abuse. The penalties vary from state to state.

"Child Endangerment" refers to an act or omission that places a child at risk of psychological, emotional or physical abuse. Child abuse based on the offense of child endangerment is normally a misdemeanor, but endangerment that results in mental illness or serious physical illness or injury is a felony. The child who is subjected to child endangerment is called an abused child or a neglected child.

This means that an action or failure to act on the part of a parent or caretaker (or healthcare giver) that results in death, serious physical or emotional harm, sexual abuse, exploitation

or an act or failure to act that presents an imminent risk of serious harm could result in legal action.

(As an aside, it must also be mentioned that there is a significant potential for serious neurological harm and/or vaccine-induced autoimmunity disorders (including the ME/CFS and “ASIA” syndromes) that can follow vaccinations that contain aluminum adjuvants and/or mercury.

[http://duluthreader.com/articles/2015/05/13/5294\\_aluminum\\_toxicity\\_and\\_vaccines\\_recent\\_basic](http://duluthreader.com/articles/2015/05/13/5294_aluminum_toxicity_and_vaccines_recent_basic))

Infants and small children are most at risk because they commonly get multiple doses of vaccines at a single well baby visit (at 2, 4 and 6 months of age when their immune systems and blood brain barriers are at their most immature and their body weight is at its smallest). Thus our smallest pediatric patients are much more at risk of developing, sometimes in a delayed fashion, autoimmune and neurotoxic disorders mentioned in the paragraph above. Astonishingly, deaths or damage because of vaccine injuries cannot be litigated in the United States because of the 1986 Reagan-era law that absolves multinational vaccine corporations of liability!)

#### Antipsychotic Drugs and Reckless Child Endangerment

The sobering data below has been gleaned from [www.cchrint.org](http://www.cchrint.org) and

<https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/pharmacy-education-materials/downloads/atyp-antipsych-pediatric-factsheet.pdf>

- 1) The Medicaid Integrity Group (MIG) has identified issues with the utilization of the atypical antipsychotic drug therapy class. The U.S. Food and Drug Administration (FDA) approves product labeling for prescription drugs. The MIG has found that some providers have prescribed atypical antipsychotics outside of FDA-approved product labeling for indication, age, dosage, or duration of therapy.
- 2) Despite their widespread use, atypical antipsychotics are not FDA approved for children younger than five years old and the use for the under-18 group has been controversial, with no long-term studies concerning brain shrinkage, brain damage or drug dependency. By and large, the studies that the FDA has approved for using antipsychotic drugs in those young children (whose brains were not hard-wired yet!) were poorly designed, of low power and showing only modest improvement in a very few select outcomes.
- 3) More than three-fourths of youths receiving Medicaid are taking psychiatric medications for an indication that is not FDA approved. Atypical antipsychotics are being used off-label to treat the so-called attention-deficit/hyperactivity disorder (ADHD) and aggressive behavior, indications for which the FDA has not granted approval.
- 4) According to a 2011 Medicaid survey, children taking antipsychotic medications almost always receive one of the newer, more expensive, “atypical” antipsychotic drugs.

In the majority of patients the use is for an off-label indication.

5) The list of so-called atypical antipsychotics include Abilify, Clozaril, Geodon, Invega, Risperdal, Seroquel, Zyprexa, and Fanapt. They are promoted as being “safer” than the “first generation” anti-psychotic drugs like Thorazine or Haldol but they are actually only safer in that it is harder to commit suicide with them. In many respects, they are actually more dangerous, especially with long term use.

6) The use of antipsychotic drugs for very young American children with behavior problems approximately doubled between 1999 and 2007.

How Many American Pre-Schoolers are on Off Label Antipsychotics?

SOURCE: IMS, Vector One: National (VONA) and Total Patient Tracker (TPT) Database, Year 2013, Extracted April 2014.

<http://www.cchrnt.org/psychiatric-drugs/antipsychoticsideeffects/people-taking-antipsychotics/>

In 2013 American psychiatrists and primary care physicians treated, off label, over 27,000 children below the age of 5 with antipsychotic drugs, drugs that are well known to be capable of causing permanent neurotoxic effects like brain atrophy (shrinkage), cognitive decline, sexual dysfunction, over-sedation and even Parkinson’s disease in children (among many other generalized toxic effects such as constipation, diabetes, obesity, sudden death and gynecomastia). It can be safely assumed that full information about all these known dangers of these brain-altering drugs is only rarely given to the parents by the prescribing physician prior to their child’s starting the drug. (For more on antipsychotic drug adverse effects, click on

<http://www.cchrnt.org/psychiatric-drugs/antipsychoticsideeffects/>

Below is the 2013 breakdown of antipsychotic drug use in America, separated out according to age group. It is important to be aware that normal (non-psychotic) voice-hearing, psychostimulant drug-induced psychosis, antipsychotic drug withdrawal psychosis and PTSD with flashbacks can be easily mis-diagnosed and therefore mis-treated (with antipsychotics) as “schizophrenia”. It is equally important to be aware that psychostimulant drug-induced mania, anti-depressant drug-induced mania, and antipsychotic drug withdrawal psychosis can also be mis-diagnosed as so-called “bipolar disorder” and thus mis-treated with antipsychotic drugs.

It is also important to note that antipsychotic drug withdrawal symptoms includenausea and vomiting, diarrhea, rhinorrhea (runny nose), diaphoresis (heavy sweating), myalgias (muscle pains), paresthesias (odd sensations such as burning, tingling, numbness), anxiety, hypersexuality, agitation, mania, insomnia, increased tremor, and voice-hearing.)

Recognizing these realities should give us all pause, especially since over 4,000 American toddlers were assaulted with these drugs in one year.

**Age**

**Number of Patients (2013)**

**0-1 Years**

654

<b>2-3 Years</b>	<b>3,760</b>
<b>4-5 Years</b>	<b>24,363</b>
<b>6-12 Years</b>	<b>359,882</b>
<b>13-17 Years</b>	<b>490,272</b>
<b>18-24 Years</b>	<b>599,816</b>
<b>25-44 Years</b>	<b>1,987,933</b>
<b>45-64 Years</b>	<b>2,406,526</b>
<b><u>65 Year +</u></b>	<b><u>1,169,044</u></b>
<b>Grand Total</b>	<b>6,845,303</b>

#### Warnings From International Regulatory Agencies

There have been 72 warnings from eight countries (United States, United Kingdom, Canada, Japan, Australia, New Zealand, Ireland and South Africa) about the harmful effects of antipsychotic drugs. These include the following:

- 17 warnings on antipsychotics causing heart problems
- 15 warnings on antipsychotics causing death/sudden death
- 9 warnings on antipsychotics causing weight gain
- 8 warnings on antipsychotics causing involuntary movements or movement disorders
- 7 warnings on antipsychotics causing strokes
- 7 warnings on antipsychotics causing withdrawal symptoms
- 6 warnings on antipsychotics causing convulsions, seizures or tremors
- 5 warnings on antipsychotics causing diabetes
- 5 warnings on antipsychotics causing birth defects
- 4 warnings on antipsychotics causing agitation
- 1 warning on antipsychotics causing mania and psychosis
- 1 warning on antipsychotics causing sexual dysfunction

#### Ignored Antipsychotic Drug Studies

There are 97 studies from seventeen countries (United States, United Kingdom, Canada, Netherlands, Australia, Spain, Turkey, Italy, Israel, Ireland, Denmark, New Zealand, China, France, Japan, Sweden, Taiwan) showing that antipsychotic drugs can cause harmful side effects. These include the following:

- 18 studies on antipsychotics causing diabetes or other metabolic problems

- 16 studies on antipsychotics causing weight gain/obesity
- 15 studies on antipsychotics causing death or increased mortality
- 9 studies on antipsychotics causing heart problems
- 4 studies on antipsychotics causing strokes
- 3 studies on antipsychotics causing Parkinson's Disease
- 3 studies on antipsychotics having lack of efficacy
- 3 studies on antipsychotics causing cognitive decline or impairment
- 2 studies on antipsychotics causing brain shrinkage
- 2 studies on antipsychotics causing seizures or convulsions
- 2 studies on antipsychotics causing lowered bone mineral density
- 1 study on antipsychotics causing violence and homicidal ideation
- 1 study on antipsychotics causing psychosis and delusional thinking
- 1 study on antipsychotics causing tumors
- 1 study on antipsychotics causing birth defects
- 1 study on antipsychotics causing coma
- 1 study on antipsychotics causing sexual dysfunction

So the question must be asked again: Does prescribing off-label anti-psychotic drugs to vulnerable immunologically-immature infants, toddlers and young children meet the definition of reckless endangerment?

In a similar vein, one must ask if prescribing (to infants, toddlers and young children) off-label psychostimulants (such as the highly addictive drug Ritalin which is known to cause brain atrophy in some cases) or off-label antidepressants such as Paxil (which is known to cause permanent sexual dysfunction in some cases) also meets the definition of reckless endangerment.

And how about this question? Does injecting an untested (for long-term safety) mixture of mercury or aluminum-containing vaccines into the bodies of pregnant women, infants, toddlers and young children also meet the definition of reckless endangerment? ([http://duluthreader.com/articles/2015/04/30/5226\\_aluminum\\_and\\_the\\_neurotoxicity\\_of\\_vaccines](http://duluthreader.com/articles/2015/04/30/5226_aluminum_and_the_neurotoxicity_of_vaccines))

And we should also wonder about the injustice of prosecuting parents who are aware of the possible permanent dangers of psychiatric drugs and multiple simultaneous injections of vaccines and therefore logically refuse to allow their children to be potentially poisoned by them?

I suppose that the answers are blowing in the wind, but one can be certain that they will not be honestly addressed by the multitude of Big Pharma, Big Vaccine and Big Medicine industry-sponsored front group websites like WebMD, National Alliance on Mental Illness (NAMI), American Foundation for Suicide Prevention, Anxiety Disorders Association of America, Attention Deficit Disorder Association (ADDA), Children and Adults with ADD (CHADD), Depression and Bipolar Support Alliance, Screening for Mental Health, Inc, Signs of Suicide (SOS), Suicide Prevention Action Network USA (SPAN), TeenScreen, National Center for Mental Health Checkups, Mental Health America, the JED Foundation, etc, etc.

The (pseudo-) patient advocacy organizations (PAOs) with hidden conflicts of interest and paid-for hidden corporate agendas are almost as uncountable as the number of industry-funded lobby groups and Super PACs in Washington, DC. It should horrify us all to realize how effective they all are in emptying out our pocketbooks and bamboozling us all - a sad

commentary on how brain-washable we American consumers are as we sucker for TV commercials, Big Pharma's drug salespersons and their unaffordable prescription drugs, junk food and political promises.

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