

13.6% were diagnosed as suffering from ADD/ADHD, according to a study by the General Accounting Office. Since only families in poverty receive these checks, the majority of these are already on welfare, and therefore receive medical benefits that cover prescription medication. The SSI check comes with no strings attached (i.e., nothing specifies that it actually must be spent to improve the child's condition). But, *the child cannot get better if the flow of money is to continue.*

It costs no more to raise a child who has trouble sitting in his chair, than a child who can work on a project for an hour at a time. But, in part because welfare and Aid to Families with Dependent Children (AFDC) income can be so low in some states, especially in the South, and in part because of the overall collapse of morality in the country, the SSI program has spawned a mini-industry of parents *forcing* their children to act up and be disruptive in school in order to get their "crazy checks." One Democratic lawmaker from Mississippi estimates that 90% of the children on Ritalin in his district receive the SSI money.

Asked about his incessantly disruptive behavior, one nine-year-old boy told his teacher in Wisconsin, "If I get better, my mother will beat me, because we need the crazy money," according to a 1994 article in *Newsweek*.

Federal money would be better spent ensuring that families on welfare and AFDC receive enough funds to live with a modicum of dignity, than on a system that promotes such abuse, not only of taxpayers' dollars, but of the children themselves. The government must get out of the drug-pushing business.

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## Interview: Phil Gambino

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# Ritalin prescriptions funded by government

*Mr. Gambino is the press secretary for the Social Security Administration. The following interview was conducted by Dana S. Scanlon on May 22.*

**EIR:** I'm looking into the matter of Supplemental Security Income for children with disabilities, specifically those children diagnosed as having ADD.

**Gambino:** Children with certain types of disability have the potential to qualify for what are called Supplemental Security Income benefits, which is a cash benefit that usually goes along with Medicaid in most states. They have to live in low-income households, because it is a needs-based program. We take into account whether or not the child qualifies, the financial status of the parents. In fact, a child with a very, very

serious disability wouldn't qualify for that program, if the income resources of the parents are over and above what would be considered low income. If they are low income, the agency has to make an individualized and functional assessment of the child and their ability to function. ADD in and of itself doesn't necessarily qualify a child for the program, although children with ADD can qualify.

**EIR:** So, what then determines whether they are or aren't in the program?

**Gambino:** It is based on a functional assessment, both with medical sources of the child, the child's medical physician or other providers, as well as non-medical providers. If the child goes to school, we seek input from the school records, or others who have seen the child in the community and how they function. They look at the functioning of a child in what they call different domains, both intellectually and socially, and in interaction with other children.

Basically, the criterion is: Does a child function as other children of the same age function, and if not, how much, or how marked or severe is the de-functioning? That is the current criterion. Keep in mind that there are welfare reform proposals both in the Congress as well as in the administration, that would tighten the medical criteria for children that have hyperactive disorders, attention deficit disorder, and so on. It would basically remove all references to "maladaptive" behavior, and some of these other issues which have raised concerns. Concerns, I should say, have been raised oftentimes from school or educational professionals who believe that the program may be detrimental to children because it may mean labelling or encouraging individuals to label children, and therefore not help them grow and function properly.

**EIR:** Do you know what the average amount of the SSI payments usually is?

**Gambino:** There is a maximum federal payment. We're talking about a child who lives in a household where basically the entire household is on welfare, we're talking about very limited income, which is \$470 a month, as the maximum. But then, depending on the makeup of the household, the income of the household, how many other children are in the household, it can go anywhere from \$1 to the \$470. The average per child right now is about \$410. A greater majority get the \$470, either because they are living in households with one parent who may very likely be on welfare, AFDC [Aid to Families with Dependent Children]. Or, sometimes, you may have both parents in the household . . . but there are other children in the household, so you can have higher income and still qualify for the child.

**EIR:** But assuming the mother is already on welfare, isn't the cost of medication, whether it's Ritalin or one of the other prescribed drugs, already covered by the Medicaid benefit component?

**Gambino:** Yes. The SSI payment itself is really a cash assis-

tance program that is supposed to take care of basic needs like food, shelter, and clothing. The Medicaid goes along with it. But you're right, in many households, already the child is on AFDC, and has access to Medicaid. The difference is that the SSI payment is going to be higher than the AFDC payment, because, I don't know what the AFDC payment is per child in the household, but it certainly is not \$400 and some.

**EIR:** So, what is the purpose of this cash assistance? Are there additional costs involved in raising a child who has trouble concentrating?

**Gambino:** This is one of the issues that's being raised at this point in time. Because, when the program started as defined, back in 1975, they added children as well as adults. And the legislative history is very unclear. The legislative history says nothing about the way the money needs to be spent, for any type of therapy, or the particular needs of the child, nor does the child, in order to qualify, have to have some type of need that requires cash for their disability. It is purely as it was set up as an adult, to take care of the basic needs of food, shelter, and clothing. So, people have raised that question.

I think the question you're asking is probably a very valid question. What is the purpose of the cash benefit of SSI versus AFDC, if we're talking about a situation where the needs are not, in a dollar sense, higher for a child with a certain type of disability who just happens to live in poverty? And that is one of the reasons I would suggest to you that they are looking very closely at tightening the SSI program for children. People are asking that very same question.

**EIR:** Are you aware, or is your office aware of reports, of abuse of this system?

**Gambino:** There have been reports: The General Accounting Office of the Congress, the Office of the Inspector General, which is the investigative arm of Social Security, and the Social Security Administration, three different bodies, have done studies, where they have taken these allegations, which come through school professionals, sometimes even from medical sources, or neighbors, or anonymous callers, who say that such-and-such is acting crazy, or they're doing something to get a child entitled who is not eligible. They call it "coaching." Every time all three agencies have looked at this issue, they have not found widespread evidence; there may be isolated circumstances, and usually that child has been denied benefits.

What it really is, we believe, and IG [the Inspector General] has come to the conclusion, it is people questioning the severity level, questioning whether we should even be paying, not whether or not the child meets the severity level, because the severity level is not too loose.

Keep in mind, there used to be a very, very strict definition for a child to collect, to be defined as a disability. But since the *Zebley* Supreme Court decision, which came down in February 1990—keep in mind that the Social Security Administration fought this case all the way up to the Supreme

Court, and lost, and we insisted that the criterion that existed prior to that Supreme Court decision was the appropriate criterion—in those cases, you had a medical listing, specific medical impairment which would qualify the children: mental retardation, some of the other very serious physical and mental disabilities. The Supreme Court said: Your criteria are too strict, you have to go back, change your criteria, make it more of an individualized assessment, you have to look at a child's functioning.

In the regular disability program of Social Security, we look at an adult's ability to work. We have always grappled with this since the SSI program was created in 1975, which was the first time we had to do disability in children. How do you verify a 2-, 3-, 4-year-old's, or a child's ability to work? Our best effort was made and the finding was "severe medical impairment," putting them into a listing of criteria, and basing eligibility on that. The Supreme Court said—actually the courts all the way up to the Supreme Court, and the Supreme Court upheld it—no you don't have a similar criterion that goes along the same line as inability to work. You need to set up a new criterion for that, you need to look at a child's ability to function.

That then resulted in the criterion which is very much loosened, the medical criterion, because now the child is not functioning similar to other children. It has to be more than just moderate, it has to be called "marked or severe," then that child qualifies. So, it did open up the program to the point where we now have close to a million children. Prior to the *Zebley* decision, we had 200,000 children eligible, so it was a 500% increase. The criterion is much less stringent than it was prior to 1990.

A lot of the complaints and this belief about fraud and abuse—you're hearing it because so many more children are eligible for the program, and of course many [disabilities] are not that severe. And that is why Congress, and now the administration, have supported efforts in the Congress, in the welfare reform bill, to tighten those criteria.

**EIR:** It would appear that two things of significance happened in 1990. On the one hand, there is the February 1990 Supreme Court decision, but also in 1990, the Congress refused to certify ADD as a handicapping condition under the new disabilities legislation that they were enacting, specifically because there was a concern expressed by educational and civil rights groups in particular, that this could lead to labelling and stigmatizing of minority children. So the two contradicted each other.

**Gambino:** I worked in the Social Security Administration press office back at the time when the agency was fighting this all the way up to the Supreme Court. We took a great deal of heat and pressure from the Congress, which was not supportive of this agency. People have the question, where was the Congress during *Zebley*? And Congress at that time was very critical of the agency. The authorizing committees were telling the agency, that we should not take it to the

Supreme Court, that we were being mean-spirited, that the criteria were too strict. People talk about the pendulum going one way or the other, but now we're looking at Congress saying: Hey, the criteria are too lenient.

**EIR:** Is the impetus from Congress now essentially coming from the Conservative Revolution grouping, the freshmen Republicans, or is it across the board?

**Gambino:** It began that way, when it began a year or two ago. I would say, now, I think there is almost a consensus, for the most part, except for maybe some members who don't want to see any changes. But I would say the vast majority want to make these changes. This has not been the "holder-up" of the welfare reform legislation, which is more an issue of pregnant teenage mothers, and a few other issues, than the SSI part of the program. I think there is consensus up there to tighten the criteria.

And the administration fairly early on, in fairness to the administration, had opposed some of the more stringent welfare reform bills regarding SSI, because some of the early ones were very restrictive; they would have gone back to the original criteria, which many people said were much too strict, as opposed to just tightening the criteria. And the administration now has come together with the Congress on what they believe is a fair legislative proposal, which would reduce the number of children on SSI by a couple of hundred thousand, as opposed to half a million.

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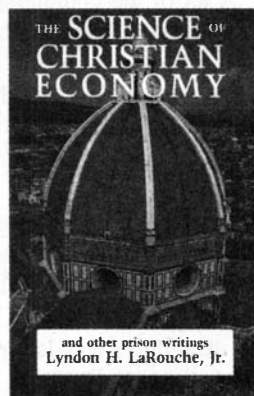
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## New discharged for refusing UN uniform

by Leo F. Scanlon

The U.S. Army has upheld the Jan. 24 court-martial verdict against Army Specialist Michael New, the soldier who reported for duty but refused to wear a UN uniform into a battle zone in the Balkans. Maj. Gen. Montgomery Meigs, the officer who convened the court-martial, issued a Bad Conduct Discharge to New in June, formally separating the medical specialist from his service. The decision represents a top-down decision to bury the issues raised by New and his defense team, in order to avoid a public discussion of the illegalities which the U.S. military is committing, in the effort to stretch U.S. law to fit the terms dictated by the United Nations.

That procrustean effort is doomed to fail, even though the Army won its conviction in this case, largely by keeping the relevant evidence out of the trial. The trick was borrowed from the playbook of corrupt professional prosecutors, who have perfected the art of manufacturing criminal charges in order to crush political opponents. In this case, the Army did not manufacture the charge, but did succeed in securing an *in limine* ruling which found that the extraordinary order to wear the uniform, badges, and insignia of the United Nations, was lawful, thus making it impossible for New to present a defense of his actions.

In August 1995, New, a decorated veteran with service in Kuwait, was ordered to Macedonia as part of a deployment of U.S. forces which had been active in that area, under UN jurisdiction, for some time. New did not question the deployment (which was crucial for preventing the expansion of the field of operations of "Greater Serbian" aggression in the Balkans), but questioned the additional orders that required him to don UN insignia, and carry a UN identification card—the latter, an apparently unprecedented requirement, and one which opens up serious questions of international law for a combatant who is exposed to hostile forces and potential capture.

The *in limine* ruling was supplemented by the trial judge's decision to not allow the court-martial panel to hear factual evidence about the illegitimate legal authorities which governed the UN deployment in Macedonia. The Army ruled that these practices were matters of state policy which could not be considered in the court-martial. New was only allowed to argue that he had "misunderstood" the