

The giant, gaping hole in Sandy Hook reporting

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NEWTOWN MASSACRE

THE GIANT, GAPING HOLE IN SANDY HOOK REPORTING

Exclusive: David Kupelian says 1 piece of crucial information has yet to be disclosed
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Since last month's horrifying and heartbreaking school massacre in Newtown, Conn., politicians and the press have, as everyone knows, been totally obsessed with firearms.

Indeed, President Obama has vowed to impose strong new gun-control measures on the nation – very soon, with or without Congress.

Other possible factors – from violent video games to the “failure of our mental-health system” to the unintended consequences of making schools “gun-free zones” – have taken a back seat to guns. Within hours of the gruesome mega-crime, the media had provided extensive, round-the-clock coverage of precisely which firearms, manufacturers and calibers the perpetrator had used, how he had obtained them from his mother, where they were originally purchased, and so on.

But where, I'd like to ask my colleagues in the media, is the reporting about the psychiatric medications the perpetrator – who had been under treatment for mental-health problems – may have been taking? After all, Mark and Louise Tambascio, family friends of the shooter and his mother, were interviewed on CBS' “60 Minutes.” (<http://newyork.cbslocal.com/2012/12/16/friends-newtown-gunmans-mother-home-schooled-son-kept-arsenal-of-guns/>) during which Louise Tambascio told correspondent Scott

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Pelley (<https://www.youtube.com/watch?v=-9ZwZzlgZmQ>): "I know he was on medication and everything, but she homeschooled him at home cause he couldn't deal with the school classes sometimes, so she just homeschooled Adam at home. And that was her life." And here, (<https://www.youtube.com/watch?v=1JTHiozTdwY>) Tambascio tells ABC News, "I knew he was on medication, but that's all I know."

It has been more than three weeks since the shooting. We know all about the guns he used, but what "medication" may he have used? (One brief mini-hoax emerged when the New York Daily News published a story claiming the shooter, according to his uncle, had been on the controversial antipsychotic drug Fanapt. That story was quickly withdrawn after the "uncle" turned out to be a fraudster with no relation to the murderer.)

So, what is the truth? Where is the journalistic curiosity? Where is the follow-up? Where is the police report, the medical examiner's report, the interviews with his doctor and others?

Get autographed copies of both of David Kupelian's classics: "The Marketing of Evil" (<http://superstore.wnd.com/The-Marketing-of-Evil-Autographed-Hardcover>) and "How Evil Works." (<http://superstore.wnd.com/books/HOW-EVIL-WORKS-Autographed-Hardcover>)

But let me back up. Perhaps you're wondering why this issue of psychiatric medications should be so important.

As I documented in "How Evil Works," (<http://superstore.wnd.com/books/HOW-EVIL-WORKS-Autographed-Hardcover>) it is simply indisputable that most perpetrators of school shootings and similar mass murders in our modern era were either on – or just recently coming off of – psychiatric medications:

- * Columbine mass-killer Eric Harris was taking Luvox – like Prozac, Paxil, Zoloft, Effexor and many others, a modern and widely prescribed type of antidepressant drug called selective serotonin reuptake inhibitors, or SSRIs. Harris and fellow student Dylan Klebold went on a hellish school shooting rampage in 1999 during which they killed 12 students and a teacher and wounded 24 others before turning their guns on themselves. Luvox manufacturer Solvay Pharmaceuticals concedes that during short-term controlled clinical trials, 4 percent of children and youth taking Luvox – that's 1 in 25 – developed mania, a dangerous and violence-prone mental derangement characterized by extreme excitement and delusion.
- * Patrick Purdy went on a schoolyard shooting rampage in Stockton, Calif., in 1989, which became the catalyst for the original legislative frenzy to ban "semiautomatic assault weapons" in California and the nation. The 25-year-old Purdy, who murdered five children and wounded 30, had been on Amitriptyline, an antidepressant, as well as the antipsychotic drug Thorazine.
- * Kip Kinkel, 15, murdered his parents in 1998 and the next day went to his school, Thurston High in Springfield, Ore., and opened fire on his classmates, killing two and wounding 22 others. He had been prescribed both Prozac and Ritalin.
- * In 1988, 31-year-old Laurie Dann went on a shooting rampage in a second-grade classroom in Winnetka, Ill., killing one child and wounding six. She had been taking the antidepressant Anafranil as well as Lithium, long used to treat mania.

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- In Paducah, Ky., in late 1997, 14-year-old Michael Carneal, son of a prominent attorney, traveled to Heath High School and started shooting students in a prayer meeting taking place in the school's lobby, killing three and leaving another paralyzed. Carneal reportedly was on Ritalin.
- In 2005, 16-year-old Jeff Weise, living on Minnesota's Red Lake Indian Reservation, shot and killed nine people and wounded five others before killing himself. Weise had been taking Prozac.
- In another famous case, 47-year-old Joseph T. Wesbecker, just a month after he began taking Prozac in 1989, shot 20 workers at Standard Gravure Corp. in Louisville, Ky., killing nine. Prozac-maker Eli Lilly later settled a lawsuit brought by survivors.
- Kurt Danysh, 18, shot his own father to death in 1996, a little more than two weeks after starting on Prozac. Danysh's description of own his mental-emotional state at the time of the murder is chilling: "I didn't realize I did it until after it was done," Danysh said. "This might sound weird, but it felt like I had no control of what I was doing, like I was left there just holding a gun."
- John Hinckley, age 25, took four Valium two hours before shooting and almost killing President Ronald Reagan in 1981. In the assassination attempt, Hinckley also wounded press secretary James Brady, Secret Service agent Timothy McCarthy and policeman Thomas Delahanty.
- Andrea Yates, in one of the most heartrending crimes in modern history, drowned all five of her children – aged 7 years down to 6 months – in a bathtub. Insisting inner voices commanded her to kill her children, she had become increasingly psychotic over the course of several years. At her 2006 murder re-trial (after a 2002 guilty verdict was overturned on appeal), Yates' longtime friend Debbie Holmes testified: "She asked me if I thought Satan could read her mind and if I believed in demon possession." And Dr. George Ringholz, after evaluating Yates for two days, recounted an experience she had after the birth of her first child: "What she described was feeling a presence ... Satan ... telling her to take a knife and stab her son Noah," Ringholz said, adding that Yates' delusion at the time of the bathtub murders was not only that she had to kill her children to save them, but that Satan had entered her and that *she* had to be executed in order to kill Satan. Yates had been taking the antidepressant Effexor. In November 2005, more than four years after Yates drowned her children, Effexor manufacturer Wyeth Pharmaceuticals quietly added "homicidal ideation" to the drug's list of "rare adverse events." The Medical Accountability Network, a private nonprofit focused on medical ethics issues, publicly criticized Wyeth, saying Effexor's "homicidal ideation" risk wasn't well-publicized and that Wyeth failed to send letters to doctors or issue warning labels announcing the change.

And what exactly does "rare" mean in the phrase "rare adverse events"? The FDA defines it as occurring in less than one in 1,000 people. But since that same year 19.2 million prescriptions for Effexor were filled in the U.S., statistically that means thousands of Americans might experience "homicidal ideation" – murderous thoughts – as a result of taking just this one brand of antidepressant drug.

Effexor is Wyeth's best-selling drug, by the way, which in one recent year brought in over \$3 billion in sales, accounting for almost a fifth of the company's annual revenues.

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- One more case is instructive, that of 12-year-old Christopher Pittman, who struggled in court to explain why he murdered his grandparents, who had provided the only love and stability he'd ever known in his turbulent life. "When I was lying in my bed that night," he testified, "I couldn't sleep because my voice in my head kept echoing through my mind telling me to kill them." Christopher had been angry with his grandfather, who had disciplined him earlier that day for hurting another student during a fight on the school bus. So later that night, he shot both of his grandparents in the head with a .410 shotgun as they slept and then burned down their South Carolina home, where he had lived with them. "I got up, got the gun, and I went upstairs and I pulled the trigger," he recalled. "Through the whole thing, it was like watching your favorite TV show. You know what is going to happen, but *you can't do anything to stop it.*" Pittman's lawyers would later argue that the boy had been a victim of "involuntary intoxication," since his doctors had him taking the antidepressants Paxil and Zoloft just prior to the murders. Paxil's known "adverse drug reactions" – according to the drug's FDA-approved label – include "mania," "insomnia," "anxiety," "agitation," "confusion," "amnesia," "depression," "paranoid reaction," "psychosis," "hostility," "delirium," "hallucinations," "abnormal thinking," "depersonalization" and "lack of emotion," among others.

The preceding examples are only a few of the best-known offenders who had been taking prescribed psychiatric drugs before committing their violent crimes – there are *many* others. (<http://ssristories.com/index.php?sort=date&p=>) Whether we like to admit it or not, it is undeniable that when certain people living on the edge of sanity take psychiatric medications, those drugs can – and occasionally do – push them over the edge into violent madness. Remember, every single SSRI antidepressant sold in the United States of America today, no matter what brand or manufacturer, bears a "black box" FDA warning label (<http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/UCM096273>) – the government's most serious drug warning – of "increased risks of suicidal thinking and behavior, known as suicidality, in young adults ages 18 to 24." Common sense tells us that where there are suicidal thoughts – especially in a very, very angry person – homicidal thoughts may not be far behind. Indeed, the mass shooters we are describing often take their own lives when the police show up, having planned their suicide ahead of time.

So, what 'medication' was Lanza on?

The Sandy Hook school massacre, we are constantly reminded, was the "second-worst school shooting in U.S. history." Let's briefly revisit the worst, Virginia Tech, because it provides an important lesson for us. One would think, in light of the stunning correlation between psych meds and mass murders, that it would be considered critical to establish definitively whether the Virginia Tech murderer of 32 people, student Cho Seung-Hui, had been taking psychiatric drugs.

Yet, more than five years later, the answer to that question remains a mystery.

Even though initially the New York Times reported,

(<http://www.nytimes.com/2007/04/18/us/18gunman.html?pagewanted=2&r=2&hp>)

"officials said prescription medications related to the treatment of psychological problems

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had been found among Mr. Cho's effects," and the killer's roommate, Joseph Aust, had told the Richmond Times-Dispatch that Cho's routine each morning had included taking prescription drugs, the state's toxicology report released two months later said "no prescription drugs or toxic substances were found in Cho Seung-Hui."

Perhaps so, but one of the most notoriously unstable and unpredictable times for users of SSRI antidepressants is the period *shortly after they've stopped taking them*, during which time the substance may not be detectable in the body.

What kind of meds might Cho have been taking – or recently have stopped taking? Curiously, despite an exhaustive investigation by the Commonwealth of Virginia (<http://www.governor.virginia.gov/TempContent/techPanelReport.cfm>) which disclosed that Cho had taken Paxil for a year in 1999, specifics on what meds he was taking prior to the Virginia Tech massacre have remained elusive. The final 20,000-word report (<http://www.governor.virginia.gov/TempContent/techPanelReport-docs/8%20CHAPTER%20IV%20LIFE%20AND%20MENTAL%20HEALTH%20HISTORY%20OF%20CHO.pdf.pdf>) manages to omit any conclusive information about the all-important issue of Cho's medications during the period of the mass shooting.

To add to the drama, it wasn't until two years *after* the state's in-depth report was issued that, as disclosed in an Aug. 19, 2009, ABC News report (<http://abcnews.go.com/US/seung-hui-chos-mental-health-records-released/story?id=8278195&page=2#.UOZ4yqx2tFs>), some of Cho's long-missing mental health records were located:

The records released today were discovered to be missing during a Virginia panel's August 2007 investigation four-and-a-half months after the massacre.

The notes were recovered last month from the home of Dr. Robert Miller, the former director of the counseling center, who says he inadvertently packed Cho's file into boxes of personal belongings when he left the center in February 2006. Until the July 2009 discovery of the documents, Miller said he had no idea he had the records.

Miller has since been let go from the university.

Although Cho's newly discovered mental-health files reportedly revealed nothing further about his medications, the issues raised by the initial accounts – including the "officials" cited by the New York Times and the Richmond paper's eyewitness account of daily meds-taking – remain unaddressed to this day.

Some critics suggest these official omissions are motivated by a desire to protect the drug companies from ruinous product liability claims. Indeed, pharmaceutical manufacturers are nervous about lawsuits over the "rare adverse effects" of their mood-altering medications. To avoid costly settlements and public relations catastrophes – such as when GlaxoSmithKline was ordered to pay \$6.4 million to the family of 60-year-old Donald

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Schnell who murdered his wife, daughter and granddaughter in a fit of rage shortly after starting on Paxil – drug companies' legal teams have quietly and skillfully settled hundreds of cases out-of-court, shelling out hundreds of millions of dollars to plaintiffs. Pharmaceutical giant Eli Lilly fought scores of legal claims against Prozac in this way, settling for cash before the complaint could go to court while stipulating that the settlement remain secret – and then claiming it had never lost a Prozac lawsuit.

All of which is, once again, to respectfully but urgently ask the question: When on earth are we going to find out if the perpetrator of the Sandy Hook school massacre, like so many other mass shooters, had been taking psychiatric drugs?

In the end, it may well turn out that knowing what kinds of guns he used isn't nearly as important as what kind of drugs he used.

That is, assuming we ever find out.

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