

**African – American Girls in Foster Care & Psychotropic Medication:
Her Right to Survival & Development, Bodily Integrity & Self-Determination**

International Convention to Eliminate All Forms of Racial Discrimination

ICERD Shadow Report

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“Drugging traumatized foster children shoves them under society’s rug and is in no way therapeutic for the child. There are humane and effective approaches to helping our most vulnerable children.” — Peter Breggin – Psychiatrist. Quoted from “*The Psychiatric Drugging of America’s Foster Children.*” Dr. Breggin is also the co-author of, “*The War Against Children of Color.*”

I. African-American Girls in Foster Care & Psychotropic Medication: Her Right to Survival & Development, Bodily Integrity & Self-Determination

II. Organization – The Franklin Law Group, P.C.

The Franklin Law Group, P.C. is a U.S. based child advocacy law firm located in Baltimore, Maryland. Since 2007, we have provided legal representation to over 4,000 abused and neglected children, where our mission is to transform their lives by providing innovative, whole-person legal representation and advocacy that supports their physical, emotional, mental and spiritual well-being.

This report focuses on the over-medication of African-American (AA) girls¹ in the foster care system with psychotropic medications. We urge this Committee to consider the recommendations of this submission, as the United States' policies and practices violate human rights protections in the ICERD and other human rights treaties that impact the fundamental right to life, survival and development, health, education, information, non-discrimination, and dignity for AA girls in foster care.²

III. The Right to Healthy Development Free From Discrimination

A. Introduction

African-American girls in foster care have a human right to be free from discrimination and to fully exercise, with full enjoyment, her civil, political, economic, social and cultural rights regardless of her race, color, descent, or national or ethnic origin. This right is violated when she is over-medicated with psychotropic drugs that impair her healthy development and violate her dignity.

B. Psychotropic Medications, Side Effects & Long-Term Consequences

Psychotropic medications (also referred to as psychiatric medications) are mind – altering drugs that have serious side effects and long-term consequences that “suppress and disrupt normal brain development and function,”³ “alters chemical levels in the brain, and impacts mood and behavior.”⁴⁵ The more commonly used psychotropics in the U.S. are: a) Antipsychotics, b) Antidepressants c) Attention Deficit Hyperactivity Disorder (ADHD) medications, d) anti-anxiety medications, and e) mood stabilizers.⁶

The side effects and consequences of ingesting psychotropic medications are damaging, debilitating, and life-threatening.⁷ Long-term consequences of the ingestion of psychotropics are serious, and can include, but are not limited to, tardive dyskinesia, a neurological disorder that involves involuntary movements of the lower face;⁸ shortened life-span up to 25 years for long-term users, and recent evidence shows that these anti-psychotics can lead to shrinkage in the brain.⁹

C. Psychotropic Medications & Foster Care Children

Increased attention has been paid in the last few years to the growing number of foster care children who are prescribed psychotropic medications. Grassroots advocates, parents, current and former foster children, and foster parents have

raised their concerns with the growing number of foster children prescribed psychotropic medications as a form of social and behavioral control.¹⁰ The significant increase in the use of psychotropic medication in foster children has prompted national news media coverage¹¹, which has pushed the government to respond.¹² Based on the government's actions, this is what we know about foster children, generally, and psychotropic medications.

- Foster children are prescribed psychotropic medications at rates 9x higher than other children¹³;
- There has been a 55% increase in the prescribing of psychotropic medications to foster children since the late 1990's¹⁴;
- Foster children are overwhelmingly diagnosed with ADHD, Bi-Polar Disorder and Depression¹⁵;
- Foster children are mainly prescribed atypical, anti-psychotic drugs¹⁶;
- Foster children under the age of 5 are prescribed psychotropic medications, including infants¹⁷;
- Foster children are prescribed several psychotropic medications at one time which can lead to toxic exposure for exceeding maximum levels¹⁸;
- Foster care children are being prescribed these medications off-label, with black box warnings indicating that the U.S. Food & Drug Administration (FDA) and medical guidelines do not sanction these medications for children¹⁹
- Higher use of psychotropic medications are prescribed to youth in foster homes and residential treatment centers²⁰
- Little information is known about the long-term effects of ingesting psychotropic medication²¹

This is what we know about African-American children in foster care and psychotropic medications.

- Diagnosed with higher rates of mood/psychotic and behavior or conduct disorders that link to prescribing of anti-psychotic medications.²²

This is what we know about girls in foster care and psychotropic medication.

- Diagnosed with higher rates of Depression.²³

This is what we know about African- American girls in foster care and psychotropic medication.

- **NOTHING.**

Although the government has made attempts to remedy this problem, more effort is needed to ensure that even more vulnerable populations within the foster care system, AA girls and other vulnerable, marginalized populations that are disproportionately represented in the foster care system,²⁴ are recognized for their unique and fragile status which places them at greater risk of psychotropic over-medication than their Caucasian counterparts.

Enacting legislation that extends oversight and monitoring of psychotropic medication for foster children to courts, school systems and juvenile service systems, and developing policies that mandate inter-agency collaboration across mental health (including, larger health system), foster care, education, and criminal justice systems (juvenile & adult) can augment the efforts the U.S. and state governments have started.

D. Psychotropic Medication & African-American Girls in Foster Care

African-American girls in foster care are vulnerable to being prescribed psychotropic medications. Prejudicial attitudes and racist, sexist stereotypes²⁵ (AA girls being angry and aggressive) increase mislabeling diagnoses²⁶ (AA children are diagnosed with higher rates of mood/psychotic and behavior or conduct disorders) and the prescribing of psychotropic medications,²⁷ even to young children (our firm currently has a AA, female client who began Adderall for ADHD at age 6 ½). Anti-psychotics such as, Abilify, Risperdal²⁸, and Seroquel, are used to treat these behaviors and can have devastating side effects and long-term consequences that impede her ability to survive and develop. Even more grave is that as AA girls in foster care mature, she often-times abruptly terminates her psychotropic medications because of its problematic side effects. Abrupt termination of psychotropics has been medically proven to be dangerous, placing her at an increased risk of violent behavior and suicidal ideations. Below are testimonies from two of our clients regarding their experiences with psychotropic medications. Both are AA. One client identifies as female, and the other client identifies as non-gender conforming, and was born a girl.

My name is Porsha and I am now 21 years old. I just aged out of foster care. I was 14 when I came into foster care. I was removed from my mother because I wasn't obeying house rules, and later she was incarcerated. I was in 14 placements in foster care. I was diagnosed with ADHD, Bi-Polar Disorder, and Oppositional Defiant Disorder. I was prescribed Seroquel. When I was taking the medication, I did not feel right. I did not feel like myself. I felt like a zombie and had no appetite. I would fall asleep in class and get in trouble in school. Because of all of this, I stopped taking my medications and refused to see my psychiatrist because he was mean, disrespectful, and rude to me.

My name is Dusty and I am now 19.5 years old, and I identify as neither male nor female. I am just who I am. I was in foster care since I was 13 years old, and had been in and out of residential treatment facilities my whole time in foster care – close to 6 years.. I came into foster care because I had been sexually and physically abused. I was diagnosed with: ADHD, Bi-Polar Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Depression, Mood Disorder, Diabetes, and Obesity. I was prescribed Cogentin, Concerta, Depakote, and Geodon. The medications made me sick. I didn't feel like myself. I didn't feel right. I felt off. It made me sleepy all the time and out of it. I had thoughts of hurting myself and sometimes, other people. The last time I was in the residential treatment facility I was 18 and I told them I did not want to take the medications. They would force me

to take the medications. I started hiding my medications, and not taking them. The only medication I would take was for my diabetes. Sometimes I would feel very aggressive. I was criminally charged as an adult, while in the facility, for assault on a staff person.

African-American girls in foster care have a human right to survival and development, bodily integrity, and self-determination. Black women and girls consistently, around the world, are poor and denied access to the most basic human right - affordable, quality health care.²⁹ The violent history of enslavement and eugenics, and her fragile economic status, places her in a special, vulnerable category that requires increased protection because of her heightened exposure to intersectional discrimination. Routine invisibility in discussions concerning her fragility is consistently practiced, and needs to be eliminated; ensuring that prioritization of her needs is paramount.

Over-medicating AA girls with psychotropic medication for social and behavioral control³⁰, which includes chemical restraint in residential treatment facilities, violates her dignity, and is inhumane, violent, and ethically and morally wrong, and should be a condemned for her, and everyone. Safer practices like trauma-focused, culturally – competent, psycho-social therapeutic services; distribution of informed consents for older youth; dissemination of material explaining the risks of abruptly terminating psychotropic medication and safe ways to decrease the use of psychotropics; and monitoring social work agencies that make decisions on behalf of younger children concerning the administration of psychotropic medications should be implemented to ensure that AA girls' right to healthy development is protected.

IV. Concluding Observations

This Committee in its 2008 Concluding Observations noted in paragraph 32, persistent health disparities and racial discrimination in health care (access and poor quality of public health services). The Committee requested disaggregated data on health disparities affecting persons belonging to racial, ethnic and national minority by age, gender, race, ethnic or national origin, and to include it in its next periodic report.³¹

V. U.S. Government Report

The government responded in its 2013 submission to the Committee that these racial disparities still exist and shared its efforts towards remedying the problem, which is still inadequate. They did not report collecting disaggregated data pertaining to vulnerable children in special populations, such as foster care, to address the disparities in health care for persons belonging to racial, ethnic and national minority by age, gender, race, ethnic or national origin or disability.³²

VI. Legal Framework

Applicable ICERD articles: 1, 2(1)(c), 2, 5, 6, 7.

VII. ICERD Committee's General Comments

This committee notes that racial discrimination can affect women in different ways and can have a unique and specific impact on women. This Committee is committed to monitoring racial discrimination against women and to the collection of disaggregated data by gender within racial and ethnic groups.³³

VIII. Other UN Body Recommendations

- International Covenant on Civil and Political Rights – Concerned with the widespread use of non-consensual psychiatric medications...restrictive and coercive practices in mental health services, and wants to ensure this practice is prohibited generally in order to preserve the dignity of patients, adults and minors.³⁴
- Convention on the Rights of the Child – Concerned with ensuring that children and adolescents: a) receive quality health care; b) that they have a right to access to information and material concerning their mental health; c) that they have a right to give input on all matters affecting them; d) that quality health services should be scientifically and medically appropriate; and e) and that their views should be respected.³⁵
- Convention to Eliminate All Forms of Racial Discrimination Against Women – Concerned with: a) equality for women; b) special protection of vulnerable populations, including women with disabilities of all ages to ensure their dignity; c) women's health (adequate protection and access to quality services), which includes girls and adolescents.³⁶
- Convention on the Rights of Persons with Disabilities – Concerned with: a) ensuring that women and children with disabilities are free from discrimination, including intersectional discrimination; b) that their perspectives are included in legislation, policies...services for them; c) that children receive appropriate psycho-social services; and d) that States parties increase public knowledge about different disabilities.³⁷

IX. Recommended Questions

1. **Disaggregate Data** – Does the federal, state, and local governments collect data categorized by race or ethnic origin that is disaggregated by gender-identity within those racial or ethnic groups?
2. **Legislation** – Aside from the passage of P.L. 112-34³⁸, what other federal, state or local legislation has been passed to ensure that the oversight and monitoring of the use of psychotropic medications by foster children is extended beyond social service agencies to include, but not limited to, courts, school systems, juvenile service systems, etc.?
3. **Culturally-Competent, Trauma-Informed, Psycho-Social Therapeutic Services** - What efforts have the federal, state, and local governments made to ensure the availability of: a) trainings on cultural competency for mental health professionals, and b) resources to attract culturally-competent, mental health professionals who deliver trauma-informed therapeutic services?

X. Suggested Recommendations

1. **Disaggregate Data Collection** – Require federal, state, and local governments to collect data categorized by race or ethnic origin that is disaggregated by gender-identity within those racial or ethnic groups.
2. **Legislation** – Enact federal, state and local legislation extending the oversight and monitoring of the use of psychotropic medications by foster care children beyond social service agencies to include, but not limited to, courts, school systems, juvenile service systems, etc.
3. **Culturally-Competent, Trauma-Informed, Psycho-Social Therapeutic Services** - Recruit, hire, and develop culturally-competent, mental health professionals who deliver trauma-informed, psycho-social therapeutic services to foster care children by providing financial and non-financial incentives and resources.

¹ African-American, in this report, is defined as Black people living in the U.S. who identify as such, and are descendants of Black Africans from the continent of Africa. For this report, girls include biologically born females ages, 0-21. Please note that although U.S. law and international treaties define children as persons under the age of 18, we are including young women up to the age of 21 for two reasons: a) foster care in Maryland, the state where we provide our legal services, includes young people ages, 18-21 and b) testimonies of affected girls in this report are over the age of 18, but were under the age of 18 when they entered foster care.

² International Convention on the Elimination of All Forms of Racial Discrimination, arts. 1, 2(1)(c), 2, 5(e)(iv), 6,7, Gen. Rec. (XXV), Annex, 56th Sess. (*entered into force Jan 4, 1969*); CERD, *Concluding Observations: United States*, CERD/C/USA/CO/6 para. 10, 11, 32, 36 (CERD, 2008); CERD, *Concluding Observations: United States*, CERD/C/USA/CO/6 para. 8,10, 11, 12, 13, 32, 36 (CERD Ann., 2008); HRC, *Concluding Observations: United States*, CCPR/USA/CO/4, para. 18 (HRC, 2014)

³ Breggin, Peter, MD, “The Psychiatric Drugging of America’s Foster Children,” May 28, 2014, Citizens Commission on Human Rights International. <http://www.cchr.org/2014/05/29/psychiatric-drugging-of-americas-foster-children/>;

⁴ Francis, Enjoli, “Psychotropic Drugs: What Are They?” December 2, 2011. <http://abcnews.go.com/blogs/health/2011/12/02/what-you-need-to-know-about-psychotropic-drugs/>

⁵ National Institute of Mental Health, Mental Health Medications. <http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtm>. This is a list of more commonly used psychotropic medications in the U.S.: a) Antipsychotics, (such as, Abilify, Geodon, Risperdal, Seroquel, Zyprexa) b) Antidepressants (such as Zoloft, Celexa, Paxil, Lexapro, and Prozac), c) Attention Deficit Hyperactivity Disorder (ADHD) medications (such as, Ritalin, Metadate, Concerta, Daytrana, Adderall, Dexedrine, and Dextrostat)

medications, d) anti-anxiety medications (such as, Klonopin, Ativan, Xanax and e) mood stabilizers (such as, Zyprexa, Abilify, Risperdal, Geodon, and Clorazil.)

⁶ Id.

⁷ For example, ingestion of atypical, anti-psychotic drugs such as, Abilify, Risperdal, Seroquel, and Zyprexa can lead to, but are not limited to, obesity, elevated blood sugar and diabetes, pancreatitis, cardiovascular abnormalities, behavior changes, anxiety, restlessness, drowsiness, low-energy, suicidal ideations, aggression, insomnia, and memory loss.; Breggin, Peter, MD, "The Psychiatric Drugging of America's Foster Children," May 28, 2014, Citizens Commission on Human Rights International. <http://www.cchrnt.org/2014/05/29/psychiatric-drugging-of-americas-foster-children/>

⁸ U.S. National Library of Medicine.

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001705/>; National Alliance on Mental Illness. http://www.nami.org/Template.cfm?Section=By_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=145759; Breggin, Peter, MD, "The Psychiatric Drugging of America's Foster Children," May 28, 2014, Citizens Commission on Human Rights International. <http://www.cchrnt.org/2014/05/29/psychiatric-drugging-of-americas-foster-children/>

⁹ Id.

¹⁰ Abdelmalek, Mark Dr., Adhikari, B., Koch, S., Diaz, J., and Weinraub, C. "New Studies Shows U.S. Government Fails to Oversee Treatment of Foster Children With Mind-Altering Drugs." November 30, 2011. <http://abcnews.go.com/US/study-shows-foster-children-high-rates-prescription-psychiatric/story?id=15058380>; Adhikari, Brinda, Martelli, J., and Koch, S. "Doctors Put Foster Care Children at Risk With Mind-Altering Drugs." December 1, 2011. <http://abcnews.go.com/Health/doctors-put-foster-children-risk-mind-altering-drugs/story?id=15064560>; "Foster Kids Prescribed Psychotropic Drugs." December 2, 2011. <http://abcnews.go.com/2020/video/foster-kids-prescribed-psychotropic-drugs-heavy-duty-drug-treatments-neglect-2020-15077792>; Breggin, Peter, MD, "The Psychiatric Drugging of America's Foster Children," May 28, 2014, Citizens Commission on Human Rights International. <http://www.cchrnt.org/2014/05/29/psychiatric-drugging-of-americas-foster-children/>; "Efforts to Address Psychotropic Medications and Foster Youth in California Pick Up Speed." National Center for Youth Law. October – December 2012. http://www.youthlaw.org/publications/yln/2012/oct_dec_2012/efforts_to_address_psychotropic_medications_and_foster_youth_in_california_pick_up_speed/.

¹¹ Abdelmalek, Mark Dr., Adhikari, B., Koch, S., Diaz, J., and Weinraub, C. "New Studies Shows U.S. Government Fails to Oversee Treatment of Foster Children With Mind-Altering Drugs." November 30, 2011. <http://abcnews.go.com/US/study-shows-foster-children-high-rates-prescription-psychiatric/story?id=15058380>; Adhikari, Brinda, Martelli, J., and Koch, S. "Doctors Put Foster Care Children at Risk With Mind-Altering Drugs." December 1, 2011. <http://abcnews.go.com/Health/doctors-put-foster-children-risk-mind-altering>

[drugs/story?id=15064560](http://abcnews.go.com/2020/video/foster-kids-prescribed-psychotropic-drugs-heavy-duty-drug-treatments-neglect-2020-15077792); “Foster Kids Prescribed Psychotropic Drugs.” December 2, 2011. <http://abcnews.go.com/2020/video/foster-kids-prescribed-psychotropic-drugs-heavy-duty-drug-treatments-neglect-2020-15077792>

¹² The U.S. and state governments have written national and state reports, held conferences and convenings on psychotropic medication oversight, held congressional and hearings, passed federal legislation (P.L. 112-34), and enacted special initiatives to address this issue.

<http://www.gao.gov/assets/660/650716.pdf>; <http://www.gao.gov/products/GAO-12-270T>; <http://www.gao.gov/products/GAO-12-270T>;

<http://www.gao.gov/products/GAO-12-270T>;

<http://www.whitehouse.gov/blog/2014/05/01/doing-better-most-vulnerable-amongst-us-our-nation-s-children-foster-care>;

<http://childrensmonitor.wordpress.com/2014/06/03/house-hearing-on-psychotropic-medication-in-foster-care/>

¹³ Abdelmalek, Mark Dr., Adhikari, B., Koch, S., Diaz, J., and Weinraub, C. “New Studies Shows U.S. Government Fails to Oversee Treatment of Foster Children With Mind-Altering Drugs.” November 30, 2011. <http://abcnews.go.com/US/study-shows-foster-children-high-rates-prescription-psychiatric/story?id=15058380>; Government Accounting Office. Children’s Mental Health. “Concerns Remain about Appropriate Services for Children in Medicaid and Foster Care.” December 2012.

<http://www.gao.gov/assets/660/650716.pdf>; Government Accounting Office.

“Foster Children: HHS Guidance Could Help States Improve Oversight of Psychotropic Prescriptions.” December 1, 2011.

<http://www.gao.gov/products/GAO-12-270T>.

¹⁴ “Efforts to Address Psychotropic Medications and Foster Youth in California Pick Up Speed.” National Center for Youth Law. October – December 2012.

http://www.youthlaw.org/publications/yln/2012/oct_dec_2012/efforts_to_address_psychotropic_medications_and_foster_youth_in_california_pick_up_speed/

¹⁵ Abdelmalek, Mark Dr., Adhikari, B., Koch, S., Diaz, J., and Weinraub, C. “New Studies Shows U.S. Government Fails to Oversee Treatment of Foster Children With Mind-Altering Drugs.” November 30, 2011. <http://abcnews.go.com/US/study-shows-foster-children-high-rates-prescription-psychiatric/story?id=15058380>

¹⁶ “Efforts to Address Psychotropic Medications and Foster Youth in California Pick Up Speed.” National Center for Youth Law. October – December 2012.

http://www.youthlaw.org/publications/yln/2012/oct_dec_2012/efforts_to_address_psychotropic_medications_and_foster_youth_in_california_pick_up_speed/

¹⁷ Abdelmalek, Mark Dr., Adhikari, B., Koch, S., Diaz, J., and Weinraub, C. “New Studies Shows U.S. Government Fails to Oversee Treatment of Foster Children With Mind-Altering Drugs.” November 30, 2011. <http://abcnews.go.com/US/study-shows-foster-children-high-rates-prescription-psychiatric/story?id=15058380>

¹⁸ NSCAW, No. 17: Psychotropic Medication Use by Children in Child Welfare. Office of Planning, Research & Evaluation. May 15, 2012.

<http://www.acf.hhs.gov/programs/opre/resource/nscaw-no-17-psychotropic-medication-use-by-children-in-child-welfare>; Breggin, Peter, MD, “The Psychiatric Drugging of America’s Foster Children,” May 28, 2014, Citizens Commission on

Human Rights International. <http://www.cchrnt.org/2014/05/29/psychiatric-drugging-of-americas-foster-children/>

¹⁹ "Off-Label Prescribing." *Psychiatric Times*. April 14, 2009. www.psychiatristimes.com/articles/label-prescribing.

²⁰ NSCAW, No. 17: Psychotropic Medication Use by Children in Child Welfare. Office of Planning, Research & Evaluation. May 15, 2012.

<http://www.acf.hhs.gov/programs/opre/resource/nscaw-no-17-psychotropic-medication-use-by-children-in-child-welfare>

²¹ Abdelmalek, Mark Dr., Adhikari, B., Koch, S., Diaz, J., and Weinraub, C. "New Studies Shows U.S. Government Fails to Oversee Treatment of Foster Children With Mind-Altering Drugs." November 30, 2011. <http://abcnews.go.com/US/study-shows-foster-children-high-rates-prescription-psychiatric/story?id=15058380>;

Breggin, Peter, MD, "The Psychiatric Drugging of America's Foster Children," May 28, 2014, Citizens Commission on Human Rights International.

<http://www.cchrnt.org/2014/05/29/psychiatric-drugging-of-americas-foster-children/>

²² "Mental Health Surveillance Among Children — United States, 2005–2011" - Centers for Disease Control and Prevention, May 17, 2013.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm#Tab2>; Nauert, R.,

Ph.D. "Child's Mental Health Diagnosis Influenced by Ethnicity." May 20,

2008. <http://psychcentral.com/news/2008/05/20/childs-mental-health-diagnosis-influenced-by-ethnicity/2317.html>;

Nauert, R., Ph.D. "Child's Mental Health Diagnosis Influenced by Ethnicity." May 20,

2008. <http://psychcentral.com/news/2008/05/20/childs-mental-health-diagnosis-influenced-by-ethnicity/2317.html>

²³ "Mental Health Surveillance Among Children — United States, 2005–2011" - Centers for Disease Control and Prevention, May 17, 2013.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm#Tab2>

²⁴ Government Accounting Office. "African-American Children in Foster Care: Additional HHS Assistance Needed To Help States Reduce the Proportion in Care." July 2007. <http://www.gao.gov/new.items/d07816.pdf>

²⁵ Morris, M. "Race, Gender And The School-to-Prison Pipeline: Expanding Our Discussion To Include Black Girls." September 2012. <http://aapf.org/wp-content/uploads/2012/08/Morris-Race-Gender-and-the-School-to-Prison-Pipeline.pdf>.

²⁶ McNeil, C., Capage, L., and Bennett, G. "Cultural Issues in the Treatment of Young African-American Children Diagnosed with Disruptive Behavior Disorders." *Journal of Pediatric Psychology*. July 1, 2001.

<http://jpepsy.oxfordjournals.org/content/27/4/339.full>; Roberts, Dorothy. "Fatal Intervention." *The New Press*. New York. p. 94-95. (2011).

²⁷ "Mental Health Surveillance Among Children — United States, 2005–2011" - Centers for Disease Control and Prevention, May 17, 2013.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm#Tab2>; Nauert, R., Ph.D. "Child's Mental Health Diagnosis Influenced by Ethnicity." May 20,

2008. <http://psychcentral.com/news/2008/05/20/childs-mental-health-diagnosis-influenced-by-ethnicity/2317.html>

²⁸ Risperdal has caused abnormal breast development in boys.

<http://www.forthepeople.com/class-action-lawyers/risperdal-lawsuits>

²⁹ Organization of American States. Inter-American Commission on Human Rights. "The Situation of People of African Descent in the Americas." OEA/Ser. I/V/II, Doc. 62, 5, p. 23-28, Dec 2011.

³⁰ "Efforts to Address Psychotropic Medications and Foster Youth in California Pick Up Speed." National Center for Youth Law. October – December 2012.

http://www.youthlaw.org/publications/yln/2012/oct_dec_2012/efforts_to_address_psychotropic_medications_and_foster_youth_in_california_pick_up_speed/

³¹ CERD, *Concluding Observations: United States*, CERD/C/USA/CO/6, para. 32 (CERD, 2008).

³² Periodic Report of the United States of America, The International Convention on the Elimination of All Forms of Racial Discrimination. June 12, 2014.

³³ CERD, General Recommendation XXV on Gender-Related Dimensions of Racial Discrimination. Sess. 56, Annex V.

³⁴ HRC, *Concluding Observations: United States*, CCPR/USA/CO/4, para 18 (HRC, 2014).

³⁵ CERD, *General Comment No. 15: Adolescent health and development in the context of the Convention of the Rights of the Child*, (Sess. 33, 2003), para.

8,10,12,22,25,26,27,29,35,39(h),41(d), U.N. Doc. CRC/GC/2003/4 (2003).

³⁶ CEDAW, *Concluding Observations: United Kingdom*, CEDAW, CEDAW/C/UK/CO/6, para. 264, 292, 293, 294 (2008); CEDAW, *General Comment No. 24: Women and Health*, (Sess. 20, 1999), para. 8, 12, 16, 22, 25 (2008).

³⁷ CRPD, *Concluding Observations: Sweden*, CRPD, CRPD/C/SWE/CO/1, (Sess. 124, 2014), para 13,14,17,18,19,21,22 (2014).

³⁸ Pub. Law 112-34. Child and Family Services Improvement and Innovation Act.

(Enacted September 30, 2011). <http://www.gpo.gov/fdsys/pkg/PLAW-112publ34/pdf/PLAW-112publ34.pdf>