TELLS THE FACTS AND NAMES THE NAMES

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How America's Shrinks Collude with Drug Industry In Turning America's Children into Zombies

By Jed Bickman

Imagine a world in which children who display any of the brooding existential dilemmas commonly associated with adolescence are almost automatically given heavy doses of antipsychotic medication that can stunt their brain development and destroy their bodies.

Very soon, this could be our world. Currently, hundreds of thousands of children in America are being given damaging psychiatric medication – drugs that were very recently thought to be last-resort treatments for grave diseases in adults – to control a broad range of behavioral and emotional problems. The number is increasing rapidly, and changes in the institutions of psychiatry and mental health could soon turn this river of medication into a flood.

This is, at least partly, a result of an expansion in what institutional medicine considers to be a mental disorder. The upcoming version of the *Diagnostic and Statistical Manual of Mental Disorders* – the *DSM-V*, published by the American Psychiatric Association – will probably include broader definitions of psychosis and schizophrenia that will include many people, especially children, who were once thought to be only slightly off-kilter. More diagnoses mean more treatment, which in this case can only take the form of antipsychotic drugs.

When a wave of psychiatric medication sweeps through our society and our lives, it becomes reasonable to wonder if it is a symptom of a social disorder. This seems especially true when the drugs are given to children, who only rarely make their own decisions about their treatment; in their case, we all could consider ourselves responsible for what happens to their bodies.

In fact, it is already a pattern familiar to us. In the 1990s, pharmaceutical companies waged a campaign of influence to increase the sales of antidepressant drugs. In order to do so, they had to get more people to see their sadness as a clinical abnormality, and not a natural pole of the emotional spectrum. By creating ethically dubious incentives for doctors to diagnose patients with depression

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Mark Zborowski in a World of Pain: Part One, The Spy-Scholar

By David Price

On February 28, 1965, the *New York Times Magazine* published an article "The Prison Culture-From the Inside," a first-person anthropological analysis of life inside an American prison. Appearing under the pseudonym of "M. Arc," this article has since been widely anthologized in sociology texts on prison life. The article had a playful tone, as it whimsically analyzed prison culture using an anthropological lens to describe prison rituals and hierarchies in ways that made the mundane activities of prison life exotic.

Though not revealed by the *New York Times Magazine*, the article's author, an anthropologist named Mark Zborowski, had just served two years in federal prison in Danbury, Connecticut, after being convicted of perjury for lies he told while covering up his years as a Soviet spy. The "Prison Culture" article was a classic Zborowski: reinventing his identity in self-serving, obscurantist ways.

Even after his perjury conviction and exposure as a Soviet agent, Margaret Mead and most of Zborowski's American anthropologist friends refused to consider him as anything other than a victim of belligerent federal prosecutors, believing his claims that he was forced into a life of espionage and betrayal by Soviets threatening the safety of his siblings – an unsubstantiated claim he told American friends after his legal troubles became public. Zborowski was many things, but "victim" was not one of them. He was a Zelig-like character, actively involved in espionage, betrayal of friends, and conspiracies up to and including murder.

Zborowski's tale weaves together American and Soviet intelligence agencies, high intellectual circles, personal betrayals, espionage, and murder with enough intrigue, confusion, contradictions and lies to confound anyone trying to untangle Zborowski's biography or divine his true loyalties.

With the assistance of *CounterPunch*, I recently received over 4,000 pages of FBI files on Zborowski under the Freedom of Information Act. These FOIA documents shed new light on Zborowski's life and raise questions about his connections to both Soviet and American intelligence agencies. As will be described in Part Two, these FOIA documents also show how the FBI secretly used FBI dossiers to remove radicals and progressives from the jury pool assembled for his perjury

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and to treat them with their medication, Pfizer, Eli Lilly, and other pharmaceutical manufacturers forever changed the way we look at extreme sadness, and made antidepressants the best selling drugs in the history of humanity. By 2005, antidepressants were the most commonly prescribed drug in America, with 118 million new prescriptions written. Over 11 million of those were written for children under 18.

A similar story can be told about ADHD and the rise of amphetamines given to American youth. As with depression, the diagnosis of ADHD made us all think differently about what had been considered a normal spectrum of human experience. Kids who were once seen as troublemakers came to be seen as abnormal, and were given Ritalin and Adderall at rates that skyrocketed over the course of the 1990s and early 2000s. In nine years, from 1990 to 1999, production of these amphetamines increased more than 2,000 per cent. In 1998, there were 4,000 prescriptions of Ritalin written for children under two years of age. These prescriptions are given to boys at three times the rate of girls.

These sudden and extreme epidemics of prescription drugs in our society must be considered a public health issue, and considered from a policy point of view as well as a clinical one, especially when the field of psychiatry is fundamentally influenced by those who stand to make a profit. They affect all of us, the way we see ourselves and our children. They change the way kids with behavioral issues are treated by the schools, who increasingly refer kids with behavioral issues to psychiatrists first.

By the early 2000s, however, both antidepressants and ADHD medication were old news to the balance sheets of pharmaceutical corporations. The patents for both had largely expired, which opened the market up to generic drug manufacturers, who could sell cheaper versions of the drugs and cut the dominant pharmaceutical companies out of the equation. They had already found a promising new class of drugs that would swell their profit margins: atypical antipsychotics. By 2009, antipsychotics were already the best-selling class of drugs in America, netting $14.6 billion in the U.S.A. alone. As a newer class of drugs, major pharmaceutical companies maintain patent control over a larger proportion of antipsychotic, and can extend that control as they get approved for more and more conditions, including pediatric use.

Atypical antipsychotics are the second generation of antipsychotic medication. They include Seroquil, Rispiridone, Abilify, Clozaril, Geodon, Zyprexa, and others (these are their market names, not their scientific names). They were first thought to be less harmful than the drugs previous available, like Lithium, but this is a low standard because those previous drugs were actually chemical lobotomies that can greatly exacerbate the patients' problems, especially those with depression and suicidal tendencies. Over time, atypical antipsychotics were found to be equivalently dangerous, but in more insidious ways. They work by restricting the activity in the areas of the brain that contain the patient's highest cognitive functions, like creativity. They blunt patients' emotions and make them conveniently pliable to institutional regulation. They have been shown to reduce overall brain volume and cause brain damage. In youth, it can permanently stunt brain development.

Since these drugs are relatively new, we're only now beginning to see the long-term data that show that patients who use antipsychotics lose a significant portion of their brain volume, particularly affecting areas that control higher brain functions. And they come with life-destroying side effects, some of which require an unscientifically human empathy to fully grasp. Some of these side effects are extremely serious but unpredictable: they can cause disorders of the nervous system that create symptoms similar to Parkinson's disease.

The most common and unavoidable side effect of these drugs is rapid weight gain leading to obesity. Clinically, this might seem like a small price to pay for mental stability, but the rest of us understand the importance of our bodies to our well-being and self-esteem. For patients already suffering from mood disorders, the trauma of gaining 30 to 50 pounds in three weeks can be an insurmountable barrier to recovery. It also increases risk of cardiovascular disease. Especially in the case of children, chemically induced obesity can permanently destroy both their bodies and their sense of themselves. Imagine being a normal girl in high school with emotional problems that once might have been considered normal, who suddenly puts on 30 pounds in a month.

Once a patient begins taking these drugs, it is difficult and dangerous to discontinue their use quickly. Often it requires a hospital stay. Frequently, if patients are prescribed antipsychotic medication early in life, they will need to continue taking it for the rest of their life.

Partly because the effects of atypical antipsychotics on growing bodies are not yet fully known, they are only approved by the government for use in adults, and they are the fastest growing class of drugs prescribed to American youth. And although they are only approved by government regulators for use in treatment of schizophrenia and bipolar disorder, they are frequently prescribed off-label to children by doctors for symptoms like agitation, anxiety, obsessive behavior, depression, irrational behavior, and Tourette's syndrome.

The FDA does not require drugs like these to be tested on children, before they are given to children in this off-label capacity. Off-label status only limits the drug manufacturer's marketing efforts: they cannot market drugs for conditions they have not been approved for.

A 2009 FDA report found that over 500,000 children and adolescents in America are taking antipsychotic drugs.

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EDITORS
Alexander Cockburn
Jeffrey St. Clair

ASSISTANT EDITOR
Alevtina Rea

BUSINESS
Becky Grant
Deva Wheeler

DESIGN
Tiffany Wardle

COUNSELOR
Ben Sonnenberg
1937-2010

CounterPunch
P.O. Box 228
Petrolia, CA 95558
1-800-840-3683
counterpunch@counterpunch.org
www.counterpunch.org
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The number of children under 5 years old who are prescribed the drugs doubled between 2000 and 2007. Similarly, survey of Medicaid data found that the number of children under 18 prescribed antipsychotic medication doubled between 2000 and 2006. Among new users, 41 per cent had no diagnosis approved for treatment with antipsychotics, and 77 per cent of those prescribed Abilify had no diagnosis that would support this treatment.

Barbra Kay, who currently teaches special education classes in New York and who has worked extensively in the field, both in a clinical and educational setting, told me that in one residential program she worked in for kids with special needs, "every single kid in the program carried a diagnosis of bipolar disorder," for which they were given antipsychotics. Bipolar disorder is understood to most commonly develop in the early or mid-20s. There is a strong genetic component in bipolar disorder – usually people with the disorder have someone else immediately related to them with a psychotic disorder. "Either what they taught us about bipolar disorder was wrong," Kay said, "or these kids were all being misdiagnosed."

The spread of antipsychotic drugs in youth is not the work of overly concerned parents. It is the consequence of institutional practice that targets the nation's most vulnerable and disenfranchised youth.

Children in foster care are given many times more antipsychotics than their peers – a recent study from Rutgers University of Medicare data found that foster children are nine times more likely to be on antipsychotics than other children in the system. These drugs are also used extensively in juvenile detention centers. *The Palm Beach Post* found that the state of Florida's Department of Juvenile Justice bought over 300,000 tablets of antipsychotic drugs in two years for a total population of 2,300 delinquents. They bought twice as much Seroquel as they did Ibuprofen.

Youth in these circumstances often do not have the legal right to refuse medication, and they do not have concerned advocates working on their behalf . They are under the total control of the state, which dumps piles of money into the coffers of pharmaceutical companies.

As if to ensure that the marginalized youth who are not officially under state control are amply medicated, the government leverages the extreme poverty of their parents through the social security system. The welfare system is set up so that it is difficult to qualify without a disability in the family to obtain Supplemental Security Income (SSI). SSI creates a financial imperative for poor parents to get their kids on psychiatric drugs. In Massachusetts, a poor parent with two children can get a maximum of $600 a month, but SSI can pay double that sum.

The easiest and most common way to get that SSI check is to declare a mental health disability for one or more of the children in the family. Without a kid on medication, an SSI application is difficult to get. A *Boston Globe* investigation found that of the 1.2 million low-income children nationwide who received SSI checks, 53 per cent, or 640,000 of them, claimed a mental disability. The most common disorder claimed among these children is ADHD, but antipsychotic drugs are prescribed for such a broad array of off-label disorders that a vast proportion are on antipsychotics.

Florida's Department of Juvenile Justice bought over 300,000 tablets of antipsychotic drugs in two years for a total population of 2,300 delinquents.

Once it becomes clear that the rise of antipsychotic drugs in youth is driven by policy and not patient's choice, it does not require speculation and modeling to predict that we are only at the very beginning of an unprecedented drugging of America's youth. We must look at the policy measures in the works that will broaden the systemic flows that shunt children into psychiatrists' offices for their 15-minute medication consultation into a wide river that has the potential to sweep away all but the most compliant and privileged kids. They will be left to their concerned parents who can be trusted to get their kids on medication of their own accord.

The paramount authority of policy and practice of psychiatry in America is the *Diagnostic and Statistical Manual of Mental Disorders*, published and funded by the American Psychiatric Association (APA). The *DSM* outlines the official definitions of mental disorders that doctors use to diagnose patients. The APA and the DSM-V task force are all but owned by the pharmaceutical industry. Seventy per cent of task force members disclose direct financial ties to drug-makers. Pharmaceutical companies provide millions of dollars to the APA for continuing education classes taught to psychiatrists. In 2009, Pfizer pled guilty to misbranding drugs, including the atypical antipsychotic Geodon. They had paid bribes and offered lavish hospitality packages to doctors willing to promote the drug.

The diagnostic standards outlined in the *DSM* are treated as gospel by the FDA, which uses them to approve the on-label uses of pharmaceutical drugs before they are released to market. And they are used by agencies like Department of Social Security and the state institutions of detention and foster care once the drugs are widely in use. The last version was the *DSM-IV* published in 1994. The next edition is set to be released in May of 2013. If all goes according to the plan of the DSM-V task force, it will include a vast array of revisions and additional disorders including a "psychosis risk disorder," or, officially, "Schizophreniform Disorder." This would be given to patients who are not yet psychotic but might potentially become so. It is billed as a way to intervene with psychiatric treatment before a psychotic disorder becomes full blown – a pre-emptive strike.

Seven of the 11 members of the Psychotic Disorders Work Group on the DSM-V committee disclose extensive financial ties to the pharmaceutical industry in recent years. The chairman of the committee, William Carpenter, has had 10 "consulting" gigs, since 2004, for companies like AstraZeneca (makers of Seroquel, who buried initial studies showing the prevalence of weight gain on antipsychotics), Bristol-Myers Squibb (makers of Abilify, with the highest patient share of the market), Janssen (Xepilon), Johnson and Johnson (Rispirdal), Eli Lilly (Zyprexa), Merck (multiple antipsychotics, including brand new ones), Pfizer (Geodon), and so on. Carpenter himself holds patents related to detection and diagnoses of schizophrenia in the early stages. All of these companies have faced significant lawsuits regarding their antipsychotic drugs for

withholding studies that show the side effects of these drugs, for marketing the drugs inappropriately, and for personal injury to patients.

Inclusion of the psychosis risk syndrom in the new *DSM* is hotly debated. There are many clinicians who see the advantages of helping a patient be aware of the potential of a psychotic break. Others point to studies that show that only 10 per cent of patients diagnosed with the risk syndrome develop a full-blown psychotic disorder. As Patrick Cockburn points out in *Henry's Demons,* co-authored with his son Henry, schizophrenia and other psychotic disorders should not be seen as monolithic diseases but as a broad range of experiences and behaviors, which could include the milder symptoms that would fall under psychotic risk syndrome.

But because the decision is largely in the hands of doctors and not policy makers, it is rarely debated in terms of public health. The inclusion of the diagnosis would greatly broaden the population of people who could potentially be diagnosed with a psychosis spectrum disorder, especially among young people, for whom a diagnosis of schizophrenia or even bipolar disorder is often premature. The incentives to give children these diagnoses are already largely in place in SSI, Juvenile Justice, and foster care, as well as old-fashioned parental concern. Adoption of the psychosis risk syndrome by the DSM committee will almost certainly result in an explosion in the already high rates of antipsychotics given to children.

Moreover, the inclusion of the diagnosis could give even more official legitimacy to antipsychotic drugs for use in children. The FDA bases its approval of drugs on commonly accepted diagnoses, which, in the case of psychiatry, is enshrined in the *DSM*. If the psychosis risk syndrome is approved, it is very likely that currently available antipsychotics could be approved for on-label and even pediatric use for this more broadly applicable category.

In turn, the patents that drug companies are granted on their drugs are based on the conditions that the FDA approves them for. Those patents run a certain number of years, after which generic drug makers can offer the same drugs at a lower cost to consumers. However, if the drug makers can convince the FDA to add an approved use to the drug, the life of the patent can be extended. For example, if antipsychotics are being considered for approval in pediatric use, their patents can get extended for up to three years while the drug manufacturers prove that it should be approved for pediatric use, and then can get up to 10 more years of exclusivity, if the drug is prescribed for pediatric use.

For example, Seroquil and Geodon are currently licensed under these pediatric extensions. The regular term of their patents have run out, but, under the extensions, the companies have three years to get their drugs approved for on-label use for children. The FDA has warned Pfizer of "significant violations" involving its trials for pediatric approval of Geodon. There was widespread overdosing of study patients, and high numbers of the children were unable to complete the study.

There is a very strong financial incentive to drug makers to get their drugs approved for use in children – an effort which will surely be bolstered by inclusion of a psychosis risk syndrome in the *DSM*. Of course, even without approval for use in children, these drugs are being given to children in large numbers. Currently, most antipsychotics prescribed to children are prescribed off-label, that is, for purposes that they are not intended for, such as behavior management. These drugs are not tested on children before they go to market, and, as yet, none of them are approved for use in children.

However, if they were granted approval for pediatric use, these drugs could be marketed directly to children and their parents through both doctors and the media. Already, drugs like Abilify are marketed on TV and in print. "I was shocked when I saw an advertisement for Abilify," Barbra Kay told me, "we used to regard that as a very serious drug."

If all – or even some – of the institutional changes proposed to our psychiatric system come to pass, the antipsychotic drugs that were once seen as extremely serious, last-resort treatments for the gravest illnesses will become even more commonplace in the lives of our children.

It becomes clear that there are forces at work that are trying to broaden the reach of antipsychotic drugs into the population, particularly the young population. It can be difficult for an outside observer to trace the channels of their influence. But the motive is clear: raw profit. And it is not only the 14 billion dollars in sales; insurance companies and managed care save money when patients can be treated with medication rather than therapeutic intervention that addresses the social and psychological dimensions of mental illness.

In this case, the exercise of capitalism is creating a social system that ensures that the poorest and most disenfranchised children will be given medication that destroys their creativity and brain development. This seems likely to affect their chances of growing into young adults who could articulately advocate for themselves and to resist oppression when resistance is called for. **CP**

Jed Bickman is a freelance writer based in Brooklyn. He holds an MFA in Nonfiction from the New School, and his work has been featured in *The Nation, Ashé Journal,* and elsewhere.

You can read his published work at www.jedbickman.com. He can be reached at jed.bickman@gmail.com

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trials.

Zborowski was born in Uman, Russia, in 1908 to wealthy parents who fled the Soviet Union in 1921, moving to Poland. In 1933, he moved to France after a Soviet official told him his efforts to study medicine in the Soviet Union would be improved if he would collect information for the NKVD (the KGB's predecessor organization). In Paris, Zborowski studied anthropology at the Sorbonne, and was assigned by the NKVD to infiltrate the Trotskyite movement. He soon became close to Leon Trotsky's son, Leon Sedov. Once within Sedov's inner circle, Zborowski refrained from joining political infighting, was a hard worker, made his language skills of use to the group, and became Sedov's confidant and bodyguard, all the while secretly reporting to the NKVD.

Zborowski's FBI file recounts how, in 1936, Trotsky decided to counteract the damage of the Soviet purge trials by holding his own "counter-purge trial" in Mulhouse, France. Trotsky wrote to Leon Sedov, asking him to make arrangements with his lawyer to undertake the "counter-trial." FBI documents recount that Zborowski "was handling Sedov's mail, and he never brought this particular piece of mail to Sedov's attention. Later on, Zborowski was asked why he did not give Sedov this important piece of mail, and he was reported to have said that he did not read the whole communication and did not realize its importance. Zborowski changed his story later, however, when Sedov learned that NKVD agents had been waiting for him at Mulhouse for the proposed meeting with the attorney."

Zborowski was able to remain remarkably close to Trotsky's inner circle, inflicting damage over the course of several years. Soviet archival documents reveal that while working for a Paris phone company, Zborowski cut the phone service for the institute housing Trotsky's papers. When the failed line was reported, Zborowski pretended to make a repair while inspecting the institute's locks. Using information provided by Zborowski, in 1936 the NKVD broke into the institute and stole select records from the Trotsky archives. The FBI later theorized that the stolen records were documents undermining Soviet claims made at the Soviet purge trials, and historian Bertrand Patenaude indicates that chief among the letters was correspondence with Max Eastman from 1929-1933. The theft was of such importance that the results of this operation were reported directly to Stalin the day of the burglary.

Later, in 1958, the FBI obtained translations of French police reports on the break-in. The reports document that Zborowski fooled the French police, as they concluded that:

"As far as Zborowski is concerned, he seems to be above suspicion; primarily, because of the confidence which [Sedov] has in him. A confidence which he, moreover, did not betray since he was able to keep the documents which the latter had given him to take care of and, doubtlessly, he knew how important they were.

"The second reason is, that by not taking these documents to the Institute on Michelet Street, as [Sedov] has asked him to do for some time, Zborowski had, thereby, prevented these papers from suffering the same fate as those which were stolen."

It was Zborowski's close contact with Trotsky's son, Leon Sedov, that made him such a high-value NKVD asset.

Zborowski's secret reports to the NKVD directly contributed to the deaths of several Trotsky insiders. In 1937 Ignace Reiss was murdered, as he abandoned Stalin for Trotsky. In her autobiography, Reiss' widow, Else Bernaut, would later claim Zborowski was involved in Reiss' murder. In 1938, while investigating Zborowski's possible role in Sedov's death, Rudolf Klement (a former aide of Leon Trotsky) was murdered, decapitated, and his corpse dumped in the Seine.

But it was Zborowski's close contact with Trotsky's son that made him such a high-value NKVD asset. Sedov was a bright, articulate, intellectual polyglot, making connections and forming coalitions with a broad set of anti-Soviet European socialists, and, from 1936 on, he became his father's obvious successor. In 1938, Leon Sedov suddenly fell ill, and Zborowski made arrangements for him to be admitted, under a pseudonym, to a private Russian émigré-run Paris hospital. He was diagnosed with appendicitis, and on the day following his appendectomy Sedov was mysteriously found unconscious, naked, 100 feet from his bed with (according to the FBI's records) "large hematomas, which the doctors were unable to explain," on his abdomen. Sedov never regained consciousness and died the following day. The FBI's later investigation into the French inquiry found that, "at the time of the [French] investigation, Zborowski lied to the police when he claimed that he had never gone to the hospital; Jeanne Martin was very surprised at this, because she is sure that she saw him there at least once. As a matter of fact, shortly after he entered the hospital, Sedov requested certain items, and Jeanne gave Zborowski the keys to the apartment, and Zborowski brought back [some] items."

The FBI reported that a French autopsy of Sedov found no indication of poisoning. After initially lying, claiming he had not passed information to the Soviets about Sedov's illness, Zborowski admitted under oath, almost two decades later, that he had provided the NKVD with information on the hospital's location, later claiming that he was prepared to assist with kidnapping Sedov, but he denied knowledge of any Soviet involvement in his death.

In 1939, Leon Trotsky told Lilia Dallin that Zborowski was likely a Soviet spy. Trotsky told her that he had received an unsigned letter (it was from former Soviet general, and defector to the U.S.A., Alexander Orlov) claiming that Zborowski was a NKVD agent, and that if Zborowski was followed, they would learn this was true. But Dallin did not believe it, and she helped convince Trotsky the letter was just a ploy by the NKVD to spread distrust among Trotskyites.

In his final betrayal of Trotsky, in 1938 Zborowski introduced the American Trotsky loyalist Sylvia Ageloff to Ramón Mercader. The latter feigned romantic affections toward Ageloff to gain entry into Trotsky's small house on the Calle Viena, in Coyoacán, outside Mexico City, where Mercader fatally drove an ice axe into Trotsky's skull on August 20, 1940.

After the Nazi invasion of France, American Trotskyites David and Lilia Dallin sponsored Zborowski and his family's immigration to the United States in 1941. The Zborowskis moved into an apartment in the same building where

the Dallins lived. In America, he worked a machinist, apparently dropped all contacts with Soviet intelligence, reinventing himself in the new land, until he was suddenly contacted in 1943 by Soviet agents who approached him as he relaxed on a beach near Coney Island. They startled him by walking up and saying (according to his FBI file), "we finally did find you."

Later (as described in part two of this article), after Zborowski was confronted by the FBI and other federal authorities, his versions of how much information he passed to the Soviets shifted over the years, but almost two dozen Soviet communiqués on Zborowski appear in VENONA intercepts, under codenames TULIP and KANT. These intercepted and decrypted communications show him reporting to the NKVD on information he picked up on Victor Kravchenko, Else Bernaut, and others who defected from the Soviet Union to the United States.

In 1944, Victor Kravchenko, an official in the Soviet Government Purchasing Commission stationed in the United States, defected to the U.S.A. The NKVD assigned Zborowski to befriend Kravchenko and spy on him. As Kravchenko began dictating his memoir to Lilia Dallin, *I Chose Freedom* (1946), Zborowski secretly provided reports to the NKVD on Kravchenko and his book.

It would be more than another decade until the FBI learned Zborowski was a Soviet agent. During the Second World War, he joined the U.S. Army, working on an English-Russian technical dictionary. He became a U.S. citizen, and worked at Columbia University School for Library Service, the American Jewish Committee, and the Yiddish Scientific Institute of New York. In 1947, he began working with Margaret Mead and other New York anthropologists and their Office of Naval Research-funded "Research in Contemporary Culture" project at Columbia, where he studied Eastern European Jewish culture. Margaret Mead's Institute for Intercultural Studies rapidly grew in the post-war period, swollen with military grants to study "culture at a distance," producing national cultural profiles of nations playing vital Cold War roles (e.g., the Soviet Union, Czechoslovakia, etc.), and hosting Zborowski's research.

After conducting hundreds of interviews with European Jewish refugees, with Elizabeth Herzog, Zborowski co-authored his most popular work, *Life is With People* (1952), a portrayal of Eastern Europe's shtetls. The book's influence on the conception and imagination of the shtetl was so far reaching that lyricist Sheldon Harnick drew inspiration from it for *Fiddler on the Roof*'s libretto. Zborowski clearly charmed Mead and her circle. These contacts opened doors for future research, but it would be Mead's introduction to neurologist, and pain researcher, Harold G. Wolff that connected Zborowski to a body of literature and a group of researchers, whose research on brainwashing, depravation, and the cultural impacts of stress and pain was secretly funded by the CIA.

In February 1951, Margaret Mead wrote to Cornell University School of Medicine neurologist Harold G. Wolff, telling him of Zborowski's interest in conducting anthropological research to determine the role of culture in an individual's experience of pain. Mead had been friends with Wolff for years, and he was a board member and co-founder of her Institute for Intercultural Studies. With Mead and the Institute working as supportive intermediaries, in 1951 Zborowski received funding from the U.S. Public Health Service for a Veteran Affairs hospital study, overseen by Wolff, studying the pain responses of individuals from different ethnic groups.

Zborowski began working with Wolff on the VA hospital pain study in 1951, and he continued to conduct research at Cornell from 1951-54. In many ways, Harold Wolff was the natural person to oversee Zborowski's research. Wolff co-authored an important textbook on pain in 1952, a work that meticulously reviewed experimental and theoretical findings on pain, pain thresholds, and the alleviation of pain, complete with experimental data on measurements of average pain thresholds for various parts of the human body. In 1952, Zborowski published the paper "Cultural Components in Responses to Pain," outlining the basic methodological and theoretical approach to his pain research project. Only a few paragraphs into his discussion of pain, Zborowski mentioned torture as a way of explaining Harold Wolff's point that the biological function of pain cannot alone explain the complexities of human responses to pain, writing that an isolated biological function of pain "would not explain, for example, the acceptance of intense pain in torture, which is part of the initiation rites of many primitive societies, nor will it explain the strong emotional reactions of certain individuals to the slight sting of the hypodermic needle."

Zborowski recognized that attitudes toward pain are learned by individuals through the enculturation process. His model of pain explored how physiological sensations are transformed by cultural and environmental-based filters in ways that cause members of different cultures to respond differently to pain. He explored differences in cultural conceptions of pain expectancy and pain acceptance, as individuals undergo a variety of painful encounters mitigated by culture, ranging from childbirth, initial rites, or medical procedures.

Zborowski's research was based at the Kingsbridge Veterans Hospital in the Bronx, where he studied a population of Irish-American, Italian-American and Jewish-American, and so-called Old-American veterans' reactions to pain. Zborowski characterized "old Americans" as individuals whose grandparents were U.S. born, generally Protestant, "who do not identify themselves with any foreign group, either nationally, socially or culturally."

Zborowski learned that Kingsbridge medical personnel described Italian Americans and Jewish Americans as "tending to 'exaggerate' their pain, while the Irish were often depicted as stoical individuals who are able to take a great deal of pain." He interviewed patients, asking questions about medical conditions and the nature and severity of pain, and collecting information on their cultural background. Zborowski found that both the first two groups were comfortable in vocalizing expressions of their pain, and that while each group's reaction to pain was similar, their expectations or attitudes were strikingly different. He wrote, "While the Italian patients seemed to be mainly concerned with the immediacy of the pain experience and were disturbed by the actual pain sensation which they experienced in a given situation, the concern of patients of Jewish origin was focused mainly upon the symptomatic meaning of the pain and upon the significance of pain in relation to the health, welfare, and, eventually, for the welfare of

the families."

Zborowski found Jewish-American patients were more prone to be worry about how the pain would impact their overall health, while the Irish-American patients expressed concerns over the impact the pain would have on their ability to work and their overall economic situation. He noticed striking differences between the ways that pain medication impacted the different groups, claiming that after the Italian-American group received pain medication, they presented themselves with a "joyful disposition" and relaxed, while the Jewish-American patients frequently would not accept offers of pain medication, expressing concerns that the potential dangers of taking a habit-forming medication could have negative health impacts. Some Jewish-American patients even went so far as to hide their medications from the medical staff, pretending that they had taken it; and Zborowski found that, even after initial high levels of pain were reduced, some Jewish-American patients would worry "because they felt that though the pain was currently absent, it may recur as long as the disease was not cured completely." Both the Jewish-American and the Old-American groups expressed forms of "future oriented anxiety," but the Jewish Americans were characterized as pessimistic, and the Old Americans were generally optimistic, often believing that pain was a bodily expression of health conditions needing attention, to assist with healing.

Zborowski concluded that pain functioned differently in different cultures, and that physicians or others observing reactions to pain could easily misunderstand the meanings of these reactions because apparently similar reactions to pain can "have different functions and serve different purposes in various cultures." These efforts to isolate the cultural impacts on individual experiences of pain and discomfort and to develop means to clinically interpret the function and meaning of pain expressions in different culture informed Harold Wolff's later work.

Harold Wolff's supervision of Zborowski's pain research takes on a special historical significance, given what is now known about Wolff's later involvement in a series of secret CIA-sponsored research projects that contributed to the CIA's knowledge of persuasion, interrogation and torture techniques, and to the writing of the then-secret, 1963 *KUBARK Counterintelligence Interrogation Manual*. Earlier in his career, Wolff pioneered pain research, studying the intensity of migraine pain and developing an instrument known as the "dolorimeter," a device which administered pain in consistent levels to research subjects, allowing researchers to objectively measure subjective differences in pain experience. Wolff's work contributed to a pain scale known as the "Hardy-Wolff-Goodell" scale.

CIA Director Allen Dulles knew Wolff personally because the latter had treated Dulles' son for a traumatic brain injury he had received in the Korean War, and,

Jewish-American patients would worry "because they felt that though the pain was currently absent, it may recur as long as the disease was not cured completely."

in 1953, Dulles asked Wolff to conduct scientific studies for the CIA examining the possibility of developing "brainwashing" or effective interrogation techniques. Wolff's research in brainwashing and interrogation techniques were part of the CIA's secret MK-ULTRA program, which between 1953 and 1964 undertook 149 CIA research projects, most of which produced data relating to interrogation, torture, and the possibility of brainwashing, and included explorations of possible agents ranging from hypnosis, sensory deprivation, sleep deprivation, hallucinogens, or other drugs.

In 1954, Harold Wolff established the Society for the Investigation of Human Ecology (later known as the Human Ecology Fund), a CIA funding front that provided grants to unwitting scholars working on a variety of generally innocuous sounding social science research projects. Many of these projects related to stress, psychological profiling, brainwashing, cultural variations on stress and pleasure, deprivation, and other topics of interest to the CIA. Wolff used his contacts with Mead and the Institute for Intercultural Studies to gain access to the Institute's mailing list and solicit grant applications from anthropologists and other scholars.

Wolff and psychiatrist Louis Berlin had overseen Zborowski's VA Hospital pain research, and, a few years later, Wolff and Berlin were conducted key MK-ULTRA research. In 1955, Berlin was the primary author (with Wolff as a co-author) in a landmark study published in the *Journal of Nervous and Mental Disease*, exploring the cognitive effects of Mescaline and LSD: drugs which took on central importance to the CIA's interest in interrogation experimentation. The extent of connections between Zborowski and Wolff remain unclear, but enough is known to raise serious questions about how Zborowski's pain research fit into Wolff's work conceptualizing pain, as well as Wolff' contacts with the Central Intelligence Agency.

Much of the CIA MK-ULTRA research that Wolff and the Society for the Investigation of Human Ecology oversaw attempted (in ways similar to the dolorimeter's approach to making individual subjective experiences of pain quantifiable and universal) to measure mental states in ways that accounted for cultural and individual differences. Wolff's experimental approach to understanding pain dramatically shaped the way he analyzed pain or discomfort as variables when studying interrogation and torture. Wolff directed research projects that explored different cultural (environmental) filters through which individual pain reaction (as opposed to sensation) could be studied.

Some of this history reads like cloak-and-dagger Cold War melodrama, as a longtime NKVD operative was introduced by Margaret Mead to Wolff, who was soon to be a CIA-funded scientist working on secret brainwashing and interrogation research. While the FBI did not learn Zborowski was a NKVD agent until December 1954, suggestions that Zborowski was directed by the NKVD to work with Wolff would be difficult to support. Zborowski was likely still providing information to the NKVD when he began working with Wolff in 1951, but Wolff was not yet linked to Dulles and the CIA, and this was two years before the CIA launched MK-ULTRA. Further, Zborowski's NKVD handler, Jack Sobel, was fully cooperating with the FBI from the mid-1950s on, and Sobel's claims that

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Zborowski only provided information on former Soviets living in the U.S.A. are independently supported by VENONA intercepts (though the Soviets had stopped using VENONA codes as Zborowski began working with Wolff). The Soviets could not have known Wolff would later work with the CIA, and there is no evidence that Zborowski did any NKVD espionage in the U.S.A. beyond collecting gossip on Soviet defectors. Where others might see the hidden hand of the CIA connecting Zborowski to Wolff, I see a rudderless opportunist following funding prospects in an era when the National Security State's reach stretched increasingly into academic pursuits.

Zborowski's behavior shows him to be a committed and dangerous Soviet agent, but, as with many spies, it is difficult to interpret Zborowski's politics later in life. The further I waded into his FBI files and other records, the more it seemed I was reading the records of a shell of man reacting to situations in ways self-serving and self-preserving, rather than of a man of any ideological commitment. Perhaps this is a common theme among spies who survive to mid-career, as lives built on lies and betrayals erode whatever beliefs once existed. Yet, as we will see in Part Two, it is possible that Zborowski's simultaneous roles of NKVD agent and likely unwitting contributor to research of interest to the CIA played a role in behind-the-scenes decisions to not deport Zborowski after his release from prison.

But witting or unwitting, Zborowski's research showed that culture shaped individuals' pain expectancy and pain acceptance in ways that intrigued Wolff, as he began working with a CIA program frantically exploring possibilities of breaking individuals with interrogation and torture. Zborowski's attempts to untangle cultural and physiological responses to pain were the sort of academic work Wolff later publicly cultivated and secretly harvested for the CIA's exploration of possibilities of interrogation and torture. Zborowski's research established a framework for conceptualizing responses to pain that insisted notions of "pain acceptance" and "pain expectancy" were cultural constructs that could conceivably be known and accounted for by interrogators controlling and exploiting the total environments of interrogation subjects.

But regardless of Zborowski's service to Wolff's pain research and whatever contributions his work made to Wolff's CIA-sponsored interrogation research, Zborowski would soon find himself in deep trouble, as the FBI identified him as a NKVD agent living in New York City. It is a shame that the Bureau never developed an institutional appreciation for irony, for they completely failed to appreciate the ironic incongruities of Zborowski operating within overlapping NKVD and CIA circles. **CP**

David Price's new book, *Weaponizing Anthropology*, has just been published by CounterPunch books. He can be reached at dprice@stmartin.edu

Part two of this article will appear in the next issue of *CounterPunch*. It draws on recently released FBI files to examine the FBI's espionage investigation of Zborowski, and exposes previously unknown instances of the Bureau secretly providing dossiers on prospective jurors to federal prosecutors during the jury selection process for Zborowski's trials.