IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
CIVIL DIVISION

George W. Murgatroyd III, acting as a private attorney general of behalf of the general public, 602 Cove Road Saint Michaels, MD 21663 Plaintiff, v. American Academy of Child and Adolescent Psychiatry (AACAP) 315 Wisconsin Avenue, NW Washington D.C., 20016 and Elsevier, Inc. 521 Fifth Avenue 7th Floor New York City, NY 10175 And Does 1 through 10 inclusive, Defendants.	CASE No. 2025-CAB-005368 Judge Robert D. Okun AMENDED COMPLAINT Remote Initial Scheduling Conference: 11/14/2025 at 9:30 a.m.

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF UNDER THE DISTRICT OF COLUMBIA CONSUMER PROTECTION PROCEDURES ACT (CPPA)

Plaintiff George W. Murgatroyd III brings this action pursuant to the District of Columbia Consumer Protection Procedures Act ("CPPA"), D.C. Code §§ 28-3901 *et seq.*, in his capacity as a private attorney general acting on behalf of the general public to redress the knowing publication, distribution, and continued sale of a false and deceptive medical article that has misled physicians, consumers, and

institutions for over two decades and continues to endanger adolescent mental health and safety as well as public trust in scientific integrity.

The article at issue, *"Efficacy of Paroxetine in the Treatment of Adolescent Major Depression: A Randomized, Controlled Trial,"* by Keller, et al. was published in the July 2001 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry* (JAACAP). JAACAP is owned and editorially controlled by the American Academy of Child and Adolescent Psychiatry (AACAP) and, pursuant to a licensing/publishing agreement, published by Elsevier, Inc. The Keller article as it is known allegedly reported on the results of GlaxoSmithKline's notorious Study 329.

The article in its Abstract on the first page states: ***"Conclusions: Paroxetine is generally well tolerated and effective for major depression in adolescents."*** This definitive claim is false and deceptive. GSK's records, analyses and admissions; the clinical trial data; the investigators' statements and deposition testimony; and subsequent regulatory findings all acknowledge that Paxil is, in fact, unsafe and not effective for such treatment.

Despite knowing the above AACAP and its publisher Elsevier have consistently and adamantly refused to retract the Keller article. Defendants' deceptive trade practice of currently maintaining and selling this fraudulent article on its website is to the detriment of the public's health and safety.

Plaintiff seeks declaratory and injunctive relief compelling the retraction of the Keller article along with corrective notice and reasonable attorneys' fees and costs.

JURISDICTION AND VENUE

1. This Court has jurisdiction pursuant to D.C. Code § 11–921 and § 28–3905(k)(1), which authorizes actions by individuals acting as private attorneys general on behalf of the general public to enforce the CPPA.

2. Venue is proper in the District of Columbia because AACAP maintains its principal place of business in the District sell and deliver individual downloads of its articles, including the Keller article, to consumers in the District. The Keller article was also disseminated into the District via academic journal subscriptions, medical libraries and database access.

PARTIES

3. Plaintiff George W. Murgatroyd III is a member of the DC bar (No. 411527) and public health researcher residing in Maryland, who brings this action in the capacity as a private attorney general pursuant to D.C. Code § 28–3905(k)(1)(A) on behalf of the general public. In helping to represent a dozen families whose children died by suicide or were severely injured in attempt to kill themselves as a result of taking Paxil, he and his litigation team spent thousands of hours investigating the false claim that Paxil was safe or effective for adolescent usage. He took scores of depositions throughout the country and abroad, most lasting several days, that included all the primary authors of the Keller article as well as the main scientists and senior management at GSK. He and the litigation team cumulatively spent several months in Philadelphia at GSK's US corporate headquarters combing through many hundreds of boxes of internal documents. He was also consulted by the FBI and lawyers for the Department of Justice before they filed their criminal complaint against GSK that spent nine pages setting forth the fraud, deceit and illegal off-label promotion of Paxil for adolescents as discussed herein. As a consumer seeking access to the scientific record plaintiff recently purchased from defendants a copy of the Keller article - $41.50 from the JAACAP's website and a copy from Elsevier's ScienceDirect website for $33.39 - making the article a consumer good as defined in D.C. Code §28-3901 of the CPPA.

4. Defendant American Academy of Child and Adolescent Psychiatry (AACAP) is a non-profit professional medical association headquartered at 3615 Wisconsin Avenue, N.W., Washington, D.C., 20016. It owns and manages the editorial content of JAACAP. It makes substantial income, up to 30% of its annual income, from the sale of reprints and fees charged for downloads of its medical journal articles. According to publicly available IRS records AACAP's revenue in 2023 was $16,580,173 with income of $11,580,173. The Keller article currently sells for $41.50 per download. Accordingly, it is a merchant as that term is defined in D.C. Code §28-3901(a)(3) of the CPPA.

5. Defendant Elsevier Inc. is a for-profit scientific publishing company with substantial publishing operations worldwide, including the publication, licensing, and distribution of JAACAP articles and its contents through digital databases, journal subscriptions, reprints, and institutional agreements. It is alleged upon information and belief that its licensing/publishing contract with AACAP sets forth a profit-sharing arrangement. Its US headquarters are located at 521 Fifth Avenue,

7th Floor, New York, NY 10175. It, with yearly income of over $3.5 Billion, is also a merchant as that term is defined in D.C. Code §28-3901(a)(3) of the CPPA.

6. Both entities engage in regular business in the District of Columbia and are jointly responsible for the continued dissemination and commercialization of the false and deceptive publication.

7. Defendants Does 1–10 are individuals or entities whose identities are presently unknown who participated in or facilitated the publication, distribution, marketing, or sale of the fraudulent Keller article.

FACTUAL ALLEGATIONS

8. GSK funded three studies to test the efficacy and safety of paroxetine, commercially known as Paxil, in treating children and adolescents with depression. The first such study, Study 329, that concluded in 1998 failed to demonstrate efficacy and revealed significant safety risks, including suicidal behavior. GSK found the results of the study "disappointing" and "it would be commercially unacceptable to include a statement that efficacy had not been demonstrated, as this would undermine the profile of paroxetine." So "[T]o effectively manage the dissemination of these data in order to minimize any potential negative commercial impact" GSK planned to publish what positive bits it could come up with in a prestigious medical journal article such as JAACAP.

9. The study was a failure because it did not reach statistical significance on any of the study's outcome measures (2 primary and 6 secondary) specified in the original study protocol and the risk of having a serious adverse events involving suicidality was 5.9 times higher in adolescents taking Paxil compared to those on placebo.

10. The positive bits of efficacy in the study came from 2 secondary outcome measures proposed before the blind was broken and 2 more after the blind was broken. Both were positive. These four made up 15% of the outcome measures analyzed.

11. GSK did not share the failure of the study with the clinical trial investigators. The closest it came was when James McCafferty, GSK's point man who participated in every step of the Study 329 program from oversight, review of the analysis of the study data, the writeup of the Final Report as well as being one of the 22 authors of the Keller article, testified at his deposition that Study 329

only showed a "sign" of efficacy that needed to be confirmed by subsequent studies.

12. Similarly, clinical trial investigator, Dr. Neal Ryan acknowledged the study only showed a "signal" of efficacy needing support from subsequent trials. When specifically asked "Do you claim that your study 329 was conclusively proved that Paxil was effective in the treatment of adolescent depression?" He answered "No." Investigator, Dr. Michael Strober, testified that study was only "suggestive" of efficacy.

13. GSK conducted its second similar study – Study 377 – that also concluded in 1998. It too failed to demonstrate efficacy and had 4 times the number of serious adverse events involving suicidality compared to one such event on placebo.

14. Despite knowledge of the two failed studies, GSK paid, directly or indirectly, three prominent psychiatrists, Drs. Keller, Ryan and Wagner, who were investigators on Study 329 to travel both in the United States and abroad to promote Paxil as a safe and effective treatment for adolescent depression. This involved both poster and oral presentations at conventions and forums beginning in 1998 when Dr. Martin Keller, the primary investigator, gave a slide presentation at the American Psychiatric Association (APA) Annual Meeting in Toronto, Canada. May 2—June 4, 1998, claiming (falsely) that Paxil was safe and effective in treating adolescent depression.

15. This presentation was followed by at least 10 similar presentations by Dr. Neal Ryan in both in the United States and Europe.

16. A third Study 329 investigator, Dr. Karen Wagner, made the same false claims at conventions and forums before 1,000s of doctors including one in September 1999 where she was paid to give a lecture to 75 sales representatives in GSK's newly established Neuroscience division at its launch meeting in Los Angeles.

17. In early 2001 GSK's third trial of Paxil treatment for adolescent depression – Study 701 – also failed to demonstrate efficacy. This third failure scientifically confirmed that Paxil was not effective for treating adolescent depression. Hence the fact Paxil was not effective in adolescent depression was known at least six months before the publication of the Keller article.

18. Dr. David Wheaton, Senior Vice President of Regulatory Affairs at GSK, confirmed all three trials failed to show efficacy in his September 9, 2004

statement given to a Congressional committee "Examining FDA's Review of Safety and Efficacy Concerns in Anti-Depressant Use by Children" when he stated: *"Our three trials in pediatric depression as a group did not, however, provide sufficient evidence that Paxil is more effective than placebo, although we did see some signs in our first pediatric depression trial [329]."(*emphasis added.)

19. The FDA also determined all three trials failed as stated in a correspondence sent by Russell Katz, Director of the Division of Neuropharmacological Drug Products at the FDA, to Thomas Kline at GSK dated October 21, 2002: *". . . and that the results from Studies 329, 377, and 701 failed to demonstrate the efficacy of Paxil in pediatric patients with MDD."* This was followed up by an FDA Talk Paper issued June 19, 2003: *"Three well-controlled trials in pediatric patients with MDD failed to show that the drug [Paxil] was more effective than placebo."* and *"FDA is recommending that Paxil not be used in children and adolescents with MDD. There is currently* ***no*** *evidence that Paxil is effective in children and adolescents with MDD."* (emphasis added).

20. In the spring of 1998 GSK hired Scientific Therapeutics Information, Inc (STI) "a full-service medical publishing group specializing in the development of scientific literature and other resource media with direct application to clinical therapeutics" to convert the Final Report of Study 329 into a medical journal article suitable for publication in a prestigious medical journal. Its employee Sally Laden was assigned to write the first draft which she did and, per the terms of the contract, sent it to James McCafferty at GSK and Dr. Martin Keller, the nominated lead author of the article.

21. By the 3rd draft Dr. Keller was so happy with Laden's work that he wrote her saying there were only minor changes from the primary authors. Thereafter Laden and McCafferty made most of the changes needed to address peer reviewer comments.

22. From the ghostwritten 1st draft to the final published manuscript the paper consistently stated the definitive conclusion that Paxil was effective for treating adolescent depression.

23. When the manuscript was finalized, there were 20 named authors who were psychiatrists and 2 more who were GSK employees (James McCafferty and Rosemary Oakes). At least 10 of the psychiatrists added nothing of substance to the paper - in fact they made no comments. As Dr. Neal Ryan testified, none of the

psychiatrists had access to the raw clinical trial data to verify the truth of what was written, yet all authors certified they did have such access (as stated on page 763 of the Keller article). None of the psychiatrists disclosed their conflicts of interest on the 1st page of the paper as required by JAACAP's author requirements, some of which were significant. All authors signed off as it being their work although it was initially ghostwritten and the manuscript was submitted to the Journal of the American Academy of Child and Adolescent Psychiatry.

24. The false assertion in the article that Paxil was effective was picked up by the peer reviewers for JAACAP who expressed serious concerns about the lack of demonstrated efficacy and the misleading representation of data, yet the article was published without adequate revision, and the peer reviewer objections were ignored.

25. In addition to the false statements that Paxil was effective and generally well tolerated the published article specifically stated that "paroxetine separated statistically from placebo at endpoint among four of the parameters: **response (i.e. primary outcome measure**). As stated above neither of the primary outcome measures were positive. This statement is blatantly false.

26. The editor knowing that the study only found that Paxil was "a little bit better on somethings while not better on others" and the study showed "a small amount, not much" efficacy allowed the paper to be published with the unequivocal conclusion that Paxil was effective.

27. Despite the fact that GSK knew that Paxil was ineffective when the third trial failed six months earlier, GSK did not stop the article from being published in JAACAP's July 2001 issue which, as stated above, concluded that paroxetine (Paxil) was "generally well tolerated and effective" for adolescent major depressive disorder.

28. With this imprimatur from a prestigious medical journal GSK's sales team rapidly spread the word Paxil was safe and effective. The Department of Justice's investigation of GSK' s illegal off-label promotion of Paxil for adolescent use that resulted in a criminal complaint found: "[In] August 2001, the Paxil marketing team sent the *JAACAP* article to all its 2,000 sales representatives who were selling Paxil, including 160 neuroscience specialty representatives along with a memorandum stating: "Paxil is truly a REMARKABLE product that continues to demonstrate efficacy, even in this understudied population."

29. GSK's sales reps used the Keller article reprints in their sales pitches during their thousands of visits to doctor's offices resulting in millions of prescriptions of Paxil written by psychiatrists as well as non-psychiatry doctors who wrote 60% of the prescriptions. As a sales tool the article was discussed and left with the doctors called upon. As a result, it is estimated that GSK over the period of three years following the publication of the Keller article made over one billion dollars from what it called "the adolescent market."

30. In 2003 the Medicines and Healthcare products Regulatory Agency (MHRA) became the first regulatory entity to become aware of the serious health risks associated with Paxil and issued a nationwide alert: *"Children/adolescents: Seroxat [Paxil] is not indicated for use in children and adolescents under the age of 18 years. In particular, controlled clinical studies failed to demonstrate efficacy and do not support the use of Seroxat in the treatment of children and adolescents with Major Depressive Disorder.*

31. Similarly, after its investigation the European Agency for the Evaluation of Medicinal Products (EMEA) recommended that Paxil "*not be used in children and adolescents as clinical trials have found paroxetine to be associated with increased risk of suicidal behaviour and hostility.*"

32. In June 2003 GSK sent out a Dear Healthcare Provider letter to Canadian doctors: *"In pediatric patients with Major Depressive Disorder (MDD) Paxil is contraindicated due to additional evidence of lack of efficacy."* And: *"should not be used in children and adolescents under 18 years of age (ie. Pediatric patients), due to a possible increased risk of suicide-related events in this patient population."*

33. In his Executive Summary dated September 4, 2003, Dr. Andrew Mosholder, the scientist at the FDA responsible for reviewing and analyzing the Paxil pediatric data, estimated the amount of harm that could befall on adolescents taking Paxil: *"If one projects this estimate of the attributable risk to the estimated national use of paroxetine for pediatric depression there would be an excess of approximately 8,500 suicide attempts annually among adolescents attributable to paroxetine exposure. The severity of self-injury would likely vary, although as previously discussed, a small but difficult to estimate proportion of the attempts would be successful."* He further stated that based on his analysis of Study 329: *"It can be seen from Tables 2 and 3 that Study 329 stands out as having the largest differential in suicidal adverse events between drug and placebo, one that is in fact statistically significant."* He determined an 8-fold risk.

34. On February 23, 2004, Dr. Keller, as the result of first finding out about the Jackie Westway 1998 email and attached memo stating: "it would be commercially unacceptable to include a statement that efficacy had not been demonstrated, as this would undermine the profile of paroxetine," sent an email to Dr. Phil Perera at GSK asking: "*If GSK deemed the study negative in 1998, why did we deem the study positive in 2001*?"

35. In May 2004, GSK informed doctors through another Dear Healthcare Professional letter stating: *"These products are not approved for the use in the pediatric population, and clinical trials for Paxil failed to demonstrate efficacy in pediatric depression."*

36. In his 2006 deposition Dr. Neal Ryan, the 2nd author of the paper, testified that upon finding 4 new serious adverse events involving suicidality in Study 329, all on the Paxil side of the ledger, said: *" I think there is meaningful data that it [Paxil] may not be safe."* and that the Keller article needed an addendum to reflect this new information. No addendum was ever published.

37. Drs. Jon Jureidini, Leemon McHenry, and Peter Mansfield reported in their 2008 article in the *International Journal of Risk & Safety in Medicine* entitled *"Clinical Trials and Drug Promotion: Selective Reporting of Study 329"* the Keller article was one of the most cited in the medical literature in supporting the use of antidepressants in child and adolescent depression. In a subsequent article Industry Sponsored Ghostwriting in Clinical Trial Reporting: A Case Study published in *Accountability in Research*, Vol. 15, No. 3, pages 152–167, 2008) Drs. Jureidini and McHenry wrote that as of 2008 the Keller article had been cited in 153 articles that made reference to efficacy in Study 329. False claims about the efficacy of paroxetine for adolescent depression were reproduced in 68 of these 153 articles (44%), with the reader being at risk of concluding that Study 329 was positive in another 54 articles (35%).

38. The FBI's and Department of Justice's criminal investigation into Study 329 resulted in allegations in its complaint such as at paragraph 36: "In short the article distorted the study results and gave the false impression that the study's findings were primarily positive, when they were, in fact, primarily negative and as discussed below, contained a significant safety signal." And at paragraph 37 "At the same time that the JAACAP article exaggerated Paxil's efficacy for treating childhood depression, it downplayed the risks that the study revealed." The complaint went on to include sections entitled: "GSK Provided its Sales Force Off-Label Information about Paxil for Children"; "GSK Provided the JAACAP Article

to its Sales Representatives"; and "GSK's Sales Force Used the JAACAP Article to Promote Paxil Off-Label." GSK pleaded guilty to the criminal complaint in 2012 paid a $3 billion fine.

39. In 2015 Dr. Jon Jureidini and a team of researchers including David Healy and others, published an article in the BMJ that reanalyzed the original Study 329 data using the restored clinical trial documents (RIAT) that were released due to different lawsuits and settlement agreements. The article: "*Restoring Study 329: efficacy and harms of paroxetine and imipramine in treatment of major depression in adolescence*." It reaffirmed that Study 329 showed that Paxil was no better than placebo for treating adolescent depression, suicidal behavior and serious side effects were under-reported and masked with the term "emotional lability and the study should never have been published as a positive outcome for Paxil in treating adolescent depression.

40. Every analysis of the Study 329 data, whether done by the FDA, independently or by GSK internally, conclusively found that Paxil is unsafe for children and adolescents suffering from depression due to the increased risk of suicidality attributed to the drug.

41. Doctors whose adolescent patients committed suicide or tried to do so stated and testified that medical journal articles influenced their prescribing practices. In one case that involved an 11-year-old boy who tried to hang himself in his closet with his dog's leash and went into a coma and died a few weeks later, the prescribing doctor testified that he read medical journal articles regarding Paxil claiming that Paxil works. He further testified that GSK sales reps made multiple sales visits to his office to promote Paxil by giving him articles on Paxil as well as leaving samples. From the information he read, he concluded that Paxil was "good" in treating adolescent patients with depression. In a second case where a young girl set herself on fire and had massive burns throughout her body requiring numerous surgeries the prescribing doctor testified that she was visited every month by a GSK sales rep who left samples and journal articles: *"If a pharmaceutical representative shows me an article I would rely on that information."*

42. As the FBI discovered from GSK sales reps call notes and the DOJ alleged in its criminal complaint GSK sales reps used the Keller article extensively:

(a) "Left water fountain. Reviewed [article] Paxil adolescent MDD. Emphasized significance vs. placebo, study size . . . Had reviewed article.

Cited data to help underscore to parents/patients Paxil's utility here. Also important if liability an issue." *6/27/01 Milwaukee, WI.*

(b) "Astros game. Discussed Paxil placebo and imipramine study in adolescents" *7/13/01 Houston, Tx."*

(c) "Detailed doctor on Paxil for major depression in adolescents and he agreed to use Paxil there." *6/1/01 Newark, OH.*

(d) "Dinner and Yankee game with family. Talked about Paxil studies in children." *Westport, CT.*

43. Defendant AACAP has received numerous requests calling for the retraction of the Keller article based on evidence proving scientific misconduct, the allegations in the DOJ's criminal complaint, the RIAT re-analysis because the Abstract Conclusion falsely claimed: "paroxetine is generally well tolerated and effective for major depression in adolescents." As stated in the International Committee of Medical Journal Editors (ICMJE), Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. Updated April 2025, at p. 16:" abstracts *are the only substantive portion of the article indexed in many electronic databases, and the only portion many readers read, authors need to ensure that they accurately reflect the content of the article.*".

44. AACAP editors and Elsevier, in abrogation of their duty and responsibility to protect the integrity of the scientific record and in an apparent attempt to shield at least five of the Keller article authors who are prominent members of AACAP from the possible ramifications of a retraction, have inexcusably refused to retract the Keller article despite COPE's stated position: *"The purpose of retraction is to correct the literature and ensure its integrity, not to punish the authors."*

45. The first formal request for an investigation and retraction was brought in 2010 by Drs. Jon Jureidini and Leemon McHenry who, based on a thorough examination and analysis of the internal clinical trial records, informed defendants that the article was materially deceptive in its authorship, results, conclusions, and omissions. Defendants refused to retract the article stating: "*We cannot revisit the former Editor's decision, but do note that the process conformed to best publication practices prevailing at the time.*"

46. After GSK pleaded guilty to the criminal complaint filed against GSK by the DOJ (discussed above) in 2012, Dr. Jureidini again requested that the article be retracted based on all of the allegations in the complaint. Defendants refused

declaring the matter "*complete and as such, your letter will not be published in the Journal.*"

47. In December 2013 the Executive Committee of the Northern California Regional Organization of Child and Adolescent Psychiatry demanded an investigation and retraction of the Keller article because it was a *"demonstrated fraudulent article."* In their letter they noted that JAACAP's *Ethics Committee instructed them not to investigate this paper.* Their request was ignored.

48. Shortly thereafter Dr. Ed Levin and Dr. Mickey Nardo, both members of AACAP, sent a letter to the Chairs of the AACAP Ethics Committee, Dr. Arden Dingle and Dr. Gail Edelsohn, warning of the upcoming RIAT reanalysis of Study 329 that will cause *JAACAP* to "be viewed as refusing to retract a clearly flawed report."

49. The RIAT analysis came out and there was an outpouring of demands for *JAACAP* to retract the Keller article within the AACAP. For instance, Dr. Lally Pia made a request for action to investigate why the Keller article had not been retracted. That was shot down. Dr. Mary Olowin, former president, secretary and treasurer of the Northern California regional group, resigned in protest *"When the journal did not retract the article and AACAP leadership did not press for the editor to do this by the time the annual meeting ended in October."*

50. Other prominent doctors have called for the article's retraction including Dr. Peter Doshi's (associate editor, *BMJ)* who in his stinging editorial in the BMJ in September 2015 entitled*: No correction, no retraction, no apology, no comment: paroxetine trial reanalysis raises questions about institutional responsibility,* wrote: "*The new paper, published under the restoring invisible and abandoned trials (RIAT) initiative, has reignited calls for retraction of the original study, putting additional pressure on academic and professional institutions to address publicly the many allegations of wrongdoing."* In response JAACAP did nothing.

51. In an open letter dated August 3, 2023, to managing editor Mary Billingsley of JAACAP entitled: **Call for retraction of three fraudulent trial reports of antidepressants in children and adolescents, Dr. Peter Gøtzsche states:** "*We, a Professor emeritus and specialist in internal medicine with expertise in clinical trials, and 10 people who each lost a child or spouse to suicide as a direct consequence of being prescribed an antidepressant drug for a non-psychiatric condition, call for retraction of three fraudulent trial reports of antidepressants in children and adolescents."* In response Douglas K. Novins, Editor-in-Chief, at *JAACAP* wrote that the journal followed the COPE guidelines and was "satisfied that the critiques of the papers as outlined do not merit retraction."

52. By failing to retract the Keller article defendants violated the Committee on Publication Ethics' retraction guidelines which require retraction "when there is clear evidence of major errors, irregularities in the data or images, or any form of misrepresentation (eg, fraud, identity theft, or fictitious authorship) that compromise the reliability of the findings"; they ignored the ICMJE mandate to act in the interest of patient safety and the scientific record and violated Elsevier's Article Correction, Retraction and Removal Policy which obligates the publisher and Editor-in-Chief to retract articles when "[T]hey have clear evidence that the findings are unreliable, either as a result of major error (e.g. miscalculation or experimental error), or as a result of fabrication (e.g. of data) or falsification (e.g. image manipulation)."

53. According to COPE guidelines retraction is also appropriate for: "*unethical research practices, compromised peer review, or* ***undisclosed conflicts of interest are identified that could bias interpretation of the work*** *or recommendations by peer reviewers.*" (emphasis added). The undisclosed conflicts of the primary authors of the Keller article were significant. Dr. Keller alone received payments of over $500,000 from various drug companies including GSK in just 1998. His total conflicts included Abbott Laboratories; Bristol-Myers; Squibb Company; Cephalon; Collegium; Cypress Bioscience; Eli Lilly; Forest; GlaxoSmithKline; Janssen; Merck; Mitsubishi; Novartis; Organon; Otsuka; Pfizer; PharmaStar; Sanofi-Synthelabo; SCIREX; Sepracor; Somerset; Vela; Wyeth. Other author conflicts include Karen Wagner: Abbott Laboratories, Bristol-Myers Squibb, Cyberonics, Eli Lilly, Forest Laboratories, GlaxoSmithKline, Janssen, Novartis, Otsuka, Pfizer, UCB Pharma, Wyeth; Gabrielle Carlson: Eli Lilly, Otsuka, Shire, Bristol-Myers Squibb; Boris Birmaher: Solvay, Shire; Neal Ryan: GSK, Pfizer, Wyeth; Graham Emslie: Eli Lilly, Organon, and Forest serves and served as a consultant for Eli Lilly, GlaxoSmithKline, Novartis, Wyeth-Ayerst, and Biobehavioral Diagnostics Inc.

54. AACAP's refusal to retract the Keller article also violates Thomas F. Anders, M.D., President of the American Academy of Child and Adolescent Psychiatry, February 5, 2007, pledge that: "*American Academy of Child and Adolescent Psychiatry (AACAP), along with other professional organizations, academic institutions, professional journals and the pharmaceutical industry, all are working toward protecting the integrity of clinical research and ensuring that accurate and complete data are disseminated following each clinical study.*"

55. Elsevier policy states that it can unilaterally order retraction of an article if: "*The article or Article-in-Press is, or Elsevier has good reason to expect it will be, the subject of a court order.*"

56. Despite having knowledge of the indisputable, overwhelming evidence of the falsity of the Keller article—including author acknowledgments, peer reviewer objections, GSK's public admissions, regulatory findings, scientific analyses and re-analysis, and repeated calls for retraction, Defendants knowingly continue to its false and deceptive trade practice by distributing and profiting from the Keller article as if it were valid scientific literature. It is not. The article is a promotional piece for Paxil masquerading as medical science.

57. The fact that it was issued over two decades ago makes no difference. "*Journals should address integrity concerns regardless of article age. Journals should always consider concerns about the integrity and research presented in articles that arise at any time and should not avoid issuing a retraction or an expression of concern simply on the basis of the age of the article.*" Cited as COPE Council. Handling retractions and expressions of concern for old articles.

58. Defendants' conduct has caused harm to vulnerable consumers, misled physicians in the past and can continue to do so now and into the future unless stopped by this litigation. "*Retraction with removal: In rare cases it might be necessary to remove part or all of the content of an article from online publication, such as when the article violates personal privacy, is* ***the subject of a court order, or could have a serious health risk to the general public*** *or the environment.*" COPE Retraction Guidelines (August 2025) at p. 6. (Emphasis added).

Count One

Violation of the D.C. Consumer Protection Procedures Act (D.C. Code § 28–3904)

59. Plaintiff re-alleges and incorporates by reference paragraphs 1 through 57, as if fully set forth herein.

60. The CPPA is a remedial statute that is to be broadly construed. It establishes an enforceable right to truthful information from merchants about consumer goods that are or would be purchased by consumers. It prohibits unfair and deceptive trade practices in connection with the offer, sale, and supply of consumer goods

such as fraudulent medical journal articles that threaten the health and safety of children and adolescents as alleged herein.

61. For avoidance of any possible confusion, Plaintiff does not challenge Defendants' right to express opinions or editorial viewpoints. The claims asserted herein concern only the commercial marketing and sale of a product—the Keller article—as containing factual representations that are demonstrably false and materially misleading, and which were offered to consumers in exchange for monetary consideration. This case does not require the Court to evaluate or regulate Defendants' editorial judgments, or 1st Amendment rights, but rather to apply established statutory prohibitions against false or deceptive statements of fact in commercial transactions.

62. Defendants, and each of them, as merchants regularly engaged in the marketing, sale, and distribution of scientific publications and related materials, including the Keller Article, offered and sold such materials to consumers for their personal or business use in the District of Columbia and nationwide for monetary consideration, including but not limited to single-article purchases through downloads and reprint orders exceeding thousands of units. These transactions constitute consumer goods and services within the meaning of D.C. Code § 28-3901(a)(7) and (a)(2).

63. Defendants have engaged, and continues to engage, in unlawful business trade practices and conduct that constitutes multiple violations of D.C. Code § 28–3904, including but not limited to:

a. In violation of D.C. Code § 28-3904(e) defendants publish, distribute, and sell a fraudulent scientific article that contains material facts that have a tendency to mislead consumers including, among others:

1. the definitive statement that Paxil was effective for treating adolescent depression when all three clinical trials of adolescents with depression proved it was ineffective.

2. Paxil was safe because it was generally well tolerated despite the fact a child or adolescent taking Paxil had a 5.9 times risk of experiencing a serious adverse event involving suicidality compared to those taking a placebo.

3. the article was written by all the named authors.

4. falsely certifying that the psychiatry authors had access to the raw clinical trial data.

b. In violation of D.C. Code § 28-3904(f) defendants publish, distribute, and sell a fraudulent scientific article that fails to disclose to consumers that, among other things:

1. the article was ghostwritten.

2. many of the authors had significant undisclosed extensive conflicts of interest because of payments from multiple drug companies including GSK.

3. of the 22 authors at least 10 of the authors made no substantial contribution to the article and none of the authors other than the GSK employees had access to the raw clinical trial data.

4. the article did not take into consideration the peer reviewers' concerns of lack of efficacy and safety.

5. the editor knew Paxil was "a small amount, not much" better than placebo yet let the article be published with the unambiguous conclusion that Paxil is effective for adolescent depression.

6. all three failed GSK trials of children and adolescents with depression proved Paxil was ineffective for such treatment.

7. a child or adolescent taking Paxil had a 5.9 times risk of experiencing a serious adverse event involving suicidality compared to those taking a placebo.

8. serious adverse events involving suicidality were hidden under the ambiguous term "emotional lability."

64. These acts and omissions also violate D.C. Code §28-3904(a), (d) and (h).

65. Plaintiff seeks relief under the CPPA solely in its capacity as a consumer protection statute governing the offer, sale, and supply of goods and services to the public. Nothing in this Complaint seeks to impose prior restraints on speech, to regulate future editorial content, or to interfere with Defendants' lawful publication activities outside the scope of consumer transactions. The remedies sought are

narrowly tailored to halt ongoing false and deceptive commercial practices and to provide accurate corrective information to consumers.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in his favor and against Defendants, and grant the following relief:

1. Declaratory judgment that the Keller article is a materially deceptive scientific publication within the meaning of the CPPA;

2. Permanent injunction compelling retraction of the article from JAACAP, Elsevier databases, and all affiliated distribution channels;

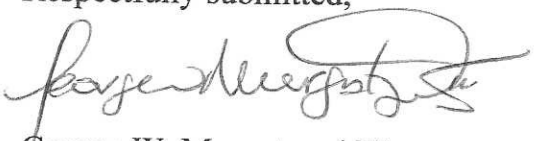
3. Order requiring Defendants to publish a corrective notice in JAACAP, on its website, and in all databases where the article is hosted;

4. Reasonable attorneys' fees and costs; and

5. Such other and further relief as the Court deems just and proper.

Dated: September 8, 2025

Respectfully submitted,



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