

Health Letter

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The High Costs of For-Profit Care

This editorial was written by Drs. Steffi Woolhandler and David U. Himmelstein, long-time colleagues of PCHRG and appeared in the June 8, 2004 issue of the Canadian Medical Association Journal.

As we have written elsewhere, some aspects of life are too precious, intimate or corruptible to entrust to the market. We prohibit selling kidneys and buying wives or judges. But the market has unquestionably gained new territory in recent years, as more and more activities previously performed by government or nonprofit agencies — including interrogating Iraqi prisoners — have been turned over to private enterprise. For ordinary citizens, the drive to privatize is most evident in health care. In the United States, investor-owned firms have come to dominate renal dialysis, nursing home care, inpatient psychiatric and rehabilitation facilities and health maintenance organizations (HMOs). They have made significant inroads among acute care hospitals (now owning about 13% of such facilities), as well as outpatient surgical centres, home care agencies and even hospices. Canada has lagged behind the United States, but by increments the private delivery of publically funded services increases. The for-profit barbarians are at the gates.

Those who favour for-profit health care argue that the profit motive optimizes care and minimizes costs. In this issue PJ. Devereaux and colleagues add to the considerable evidence that this dogma has no clothes. Their

meticulous meta-analysis demonstrates a pattern of higher payments for care in private, investor-owned hospitals as compared with private not-for-profit hospitals. The only significant exception was a small study comparing private for-profit hospitals with nominally not-for-profit hospitals run by a private, for-profit firm — in other words, both groups of hospitals in this study were under for-profit management.

The excess payments for care in private for-profit institutions were substantial: 19%. This figure implies that the US\$37 billion that Americans paid for care at investor-owned acute care hospitals in 2001 would have cost only US\$31 billion at not-for-profit hospitals — a waste of US \$6 billion. But higher acute care (and

rehabilitation) hospital payments are not the whole story on investor-owned care. For-profit hospitals and dialysis clinics have high death rates. Investor-owned nursing homes are more frequently cited for quality deficiencies and provide less nursing care, and investor-owned hospices provide less care to the dying, than not-for-profit facilities.

Why does investor ownership increase costs? Investor-owned hospitals are profit maximizers, not cost minimizers. Strategies that bolster profitability often worsen efficiency and drive up costs. Columbia/HCA, the largest hospital firm in the United States, has paid the U.S. government US\$1.7 billion in settlements for fraud, the payment of

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kickbacks to physicians and over-billing of Medicare. Tenet, the second largest US hospital firm, paid more than half a billion dollars to settle charges of giving kickbacks for referrals and inappropriately detaining psychiatric patients to fill beds during the 1980s, when the firm was known as NME. In March 2004, Tenet agreed to pay the US government US\$22.5 million to settle one of several cases; recent allegations against them have included performing cardiac procedures on healthy patients, offering kickbacks for referrals and exploiting Medicare loopholes to claim hundreds of millions in undeserved payments.

For-profit executives reap princely rewards, draining money from care. When Columbia/HCA's CEO resigned in the face of fraud investigations, he left with a \$10 million severance package and \$324 million in company stock. Tenet's CEO exercised stock options worth \$111 million shortly before being forced out in 2003, and the head of HealthSouth (the dominant provider of rehabilitation care) made \$112 million in 2002, the year before his indictment for fraud.

Enormous CEO incomes explain part, but not all, of the high administrative costs at investor-owned health care firms. Investor-owned hospitals spend much less on nursing care than not-for-profit hospitals, but their administrative costs are 6 percentage points higher (presumably reflecting their more meticulous attention to

financial details).

High administrative costs and lower quality have also characterized for-profit HMOs, now the dominant private insurers in the United States. Such plans take 19% for overhead, versus 13% in non-profit plans, 3% in the U.S. Medicare program and 1% in Canadian medicare. Strikingly, contracting with private HMOs has substantially increased US Medicare costs. For the past decade, Medicare has paid HMO premiums for seniors choosing to enroll in such private plans. According to official estimates, the HMOs have recruited healthy seniors who, had they not switched to an HMO, would have cost Medicare little —about \$2 billion less annually than the HMOs' premiums. Private plans that were unable to recruit healthy people dropped out of their Medicare contracts, disrupting care for millions of seniors. Washington's response? Sweeten the pot for Medicare HMOs by including \$46 billion to raise HMO payments as part of the recently enacted Medicare prescription drug bill.

Why do for-profit firms that offer inferior products at inflated prices survive in the market? Several prerequisites for the competitive free market described in textbooks are absent in health care.

First, it is absurd to think that frail elderly and seriously ill patients, who consume most care, can act as informed consumers (i.e., comparison-shop, reduce demand when suppliers raise prices or accurately appraise quality). Even less vulnera-

ble patients can have difficulty gauging whether a hospital's luxurious appurtenances bespeak good care.

Second, the "product" of health care is notoriously difficult to evaluate, even for sophisticated buyers like government. Physicians and hospitals create the data used to monitor them; self-interest puts the accuracy of such data into question. By labelling minor chest discomfort "angina" rather than "chest pain," a U.S. hospital can garner both higher Medicare payments and a factitiously improved track record for angina treatment. It is easier and more profitable to exploit such loopholes than to improve efficiency or quality.

Even for honest firms, the careful selection of lucrative patients and services is the key to success, whereas meeting community needs often threatens profitability. For example, for-profit specialty hospitals offering only cardiac or orthopedic care (money-makers under current payment schemes) have blossomed across the United States. Most of these new hospitals duplicate services available at nearby not-for-profit general hospitals, but the newcomers avoid money-losing programs such as geriatric care and emergency departments (a common entry point for uninsured patients). The profits accrue to the investors, the losses to the not-for-profit hospitals, and the total costs to society rise through the unnecessary duplication of expensive facilities.

Finally, a real market would require multiple independent buyers and sellers, with free entry into the

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It Takes Two to Tango (or to Bribe): Big-Time Crime in the Pharmaceutical Industry with the Help of Doctors

In 2001, TAP Pharmaceutical Products, an international pharmaceutical company jointly owned by the Japanese company Takeda Chemical Industries and U.S.-based Abbott Laboratories was successfully prosecuted and agreed to pay a \$290 million criminal fine, the largest criminal fine ever in a health care fraud case, and to plead guilty to the charge of conspiring to violate the federal Prescription Drug Marketing Act (PDMA). TAP admitted that it provided free samples of leuprolide (LUPRON), a drug for treating prostate cancer, to physicians, knowing that those physicians would seek and receive reimbursement for the samples. The plea agreement specifies that the parties estimate that the loss to the United States from TAP's criminal conduct was approximately \$145 million.

There was also a settlement of civil litigation in which TAP paid approximately \$560 million to the United States and \$25.5 million to the fifty states and the District of Columbia to settle a federal civil False Claims Act for total criminal and civil penalties of \$875 million.

Lupron, unlike most drugs, is reimbursed in part by governmental programs including Medicare and Medicaid, because it must be injected under the supervision of a physician.

Among the activities the United States government alleged gave rise to such liability was TAP's knowing provision of various things of value to certain physicians and health maintenance organizations in order to induce them to order leuprolide.

For bribing schemes to be successful, as this one certainly was, doctors must agree to be bribed and, if prosecution is to be really successful, doctors must also be prosecuted along with the bribing company and its employees.

In addition to announcing the settlement with TAP, a federal grand jury indictment was also unsealed on October 12, 2001 related to the investigation. The indictment charged one physician and six TAP employees with various health care fraud crimes. Included in the indictment were charges against the TAP defendants of conspiracy to pay kickbacks to doctors and other customers in violation of the federal Anti-Kickback

statute, conspiracy to defraud state Medicaid programs in violation of TAP's obligation to sell products at its best price, and conspiracy to violate the PDMA by causing free samples to be illegally billed. The indictment also charges that one of the TAP defendants provided illegal remuneration, in the form of debt forgiveness, free samples, and educational grants, to health care providers in violation of the Anti-Kickback statute so as to induce them to order Lupron. One physician was charged with the illegal selling of samples of Lupron to patients.

Previously, four other physicians pled guilty in this investigation. Three of the doctors pled guilty to conspiring to bill for free samples, and the fourth pled guilty to conspiring to violate the Anti-Kickback statute for demanding to receive free samples in exchange for switching patients to Lupron.

In a related investigation, two Florida doctors have been convicted of criminal charges for their part in a black market leuprolide selling operation. The doctors were charged by

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marketplace. Yet, many hospitals exercise virtual monopolies. A town's only hospital cannot compete with itself, but can use its market power to inflate its earnings. Not surprisingly, for-profit hospital firms in the United States have concentrated their purchases in areas where they can gain a large share of the local market. Moreover, many health care providers and suppliers enjoy state-conferred monopolies in the form of licensure laws for physicians and hospitals and patent protection for drugs. Additionally, government pays most health costs — even in the

United States. Indeed, public funding for health care in the United States exceeds total health spending in Canada on a per capita basis. It's an odd market that relies largely on public funds.

Privatization results in a large net loss to society in terms of higher costs and lower quality, but some stand to gain. Privatization creates vast opportunities for powerful firms, and also redistributes income among health workers. Pay scales are relatively flat in government and not-for-profit health institutions; pay differences between the CEO and a housekeeper are perhaps 20:1. In US

corporations, a ratio of 180:1 is average. In effect, privatization takes money from the pockets of low-wage, mostly female health workers and gives it to investors and highly paid managers.

Behind false claims of efficiency lies a much uglier truth. Investor-owned care embodies a new value system that severs the community roots and Samaritan traditions of hospitals, makes physicians and nurses into instruments of investors, and views patients as commodities. Investor ownership marks the triumph of greed.

Product Recalls

April 18 — May 17, 2004

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS AND DIETARY SUPPLEMENTS

The recalls noted here reflect actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by FDA request or by FDA order under statutory authority. A Class I recall is a situation in which there is a probability that the use of or exposure to the product will cause serious adverse health consequences or death. Class II recalls may cause temporary or medically reversible adverse health consequences. A Class III situation is not likely to cause adverse health effects. If you have any of the drugs noted here, label them "Do Not Use" and put them in a secure place until you can return them to the place of purchase for a full refund. You can also contact the manufacturer. If you want to report an adverse drug reaction to the FDA, call (800) FDA-1088. The FDA web site is www.fda.gov.

Name of Drug or Supplement; Class of Recall; Problem

Clear brand Lice Egg Remover (Stainless Steel Comb and Activated Enzyme Mousse) 2 Fl. Oz. (59.1 ml) pump dispenser; Class III; Mislabeling: Dispensing container of Lice Egg Remover Mousse was inadvertently labeled as Lice Killing Shampoo.

Lot #: Quantity and Distribution; Manufacturer

Lot No. CM1001; Exp. 04/2007; 3,216 units (268 cases of 12) distributed nationwide; International Chemical, Inc.; Amherst, NY

TAP, from page 3

the United States Attorney for Connecticut with ordering more of the drug than they required for their practices and then selling the drug at a profit to other doctors. Profits were made because of differences in the way TAP priced leuprolide in different states.

Now, in the spring of 2004, the legal action continues. Although physicians are not, themselves, now on trial, their role in the bribing schemes is prominent. According to reporter, Bruce Japsen, writing in the Chicago Tribune, "their behavior provides an insight into a rampant gift culture in medicine in which, according to several studies and even admission by the American Medical Association, the choice of medication patients are prescribed can be influenced by the gifts doctors receive."

Japsen pointed out that in the trial of 11 current or former sales staffers of TAP Pharmaceutical Products Inc. in Boston federal court, prosecutors and witnesses have said that physicians extracted gifts by threatening to switch patients from TAP's Lupron — a prostate cancer drug that costs more than \$400 a dose — to a rival drug,

gosorelin (ZOLADEX), that was \$100 a dose cheaper and just as effective.

At least one doctor, according to testimony, wrote out a list of what he wanted. A Cleveland urologist allegedly provided TAP's sales staff with a list of perks he wanted during the mid to late 1990s. Prosecutors said the doctor, who they claim purchased nearly \$1 million of leuprolide annually, demanded company-paid airline tickets and trips to resorts. He also charged more than \$7,000 to the credit card of a TAP sales representative for dinners for himself and his physician friends, prosecutors said. "He was a doctor who always had his hand out," said Susan Winkler, an assistant U.S. attorney in Boston. "He kept threatening to switch to Zoladex. He always wanted something."

Instead of patients being prescribed the safest, most effective, least expensive drugs, the prescribing decision is distorted by golf, money, and other kinds of inducements by those doctors who are willing to be bribed. If the prescription involves a patient whose prescription is being paid for by Medicaid or Medicare, it is illegal for doctors to

accept anything of value in exchange for prescribing a particular drug.

If prosecutors can prove that a doctor or nurse practitioner prescribed a drug in exchange for cash or other gratuities, they could prosecute the case under the so-called antikickback statute that applies to Medicare or Medicaid fraud. This is one of several federal laws under which companies or individuals can be prosecuted as described in the above case study involving TAP.

What You Can Do

Although it may seem to be a difficult topic for discussion with your doctor, you might just ask him or her what they think about doctors accepting gifts of any sort from the pharmaceutical industry. You can say you have read about it and just wondered what they thought. The most thoughtful and ethical physicians will be troubled by this and will tell you that they do not accept such gratuities. Other physicians need to know their patients are worried about this. Such discussions are part of a truly open and honest doctor-patient relationship.

DRUGS AND DIETARY SUPPLEMENTS *cont.*

a) **Eye Drops Artificial Tears** b) **Eye Drops Allergy Relief** c) **Eye Drops, Extra Relief** d) **No Drip Nasal Spray**; over-the-counter; Class II. Non-sterile; product manufactured under non-sterile conditions.

Ibuprofen Tablets USP, 200 mg, 50 tablets and 100 coated tablets. Also sold under brands: Medic Ibuprofen tablets and Family Dollar Savings Ibuprofen I-B; Class II; Adulterated Presence of Foreign Tablets.

a) **Microgestin Fe 1.5/30**, (norethindrone acetate and ethinyl estradiol tablets, USP and ferrous fumarate tablets), 28-Day Regimen b) **Microgestin Fe 1/20**, (norethindrone acetate and ethinyl estradiol tablets, USP and ferrous fumarate tablets), 28-Day Regimen; Class III; Defective container; film/foil separation of blister packaging.

OxyContin 20 mg (oxycodone HCL, controlled release) tablets, 100 count bottles, Rx Only; Class III; Tablet mixup; bottle labeled as OxyContin 20 mg tablets contained OxyContin 20 mg tablets and one OxyContin 10 mg tablet.

Premarin (conjugated estrogens tablets USP), 1.25 mg, 1000 count bottles, Rx only; Class III; Dissolution Failure; 9 month stability.

Premarin (conjugated estrogens tablets, USP), 0.625 mg, 100 and 1000 count bottles, Rx only; Class III; Failure to meet USP dissolution specifications by manufacturer.

VisiClear Sterile Eye Drops (methyl cellulose 0.3% and glycerin 1.3%), 2 ml tubes, packaged in 4 count boxes, over-the-counter, Class II. Unapproved New Drug.

Zyprexa (Olanzapine) tablets, 20 mg, 60 count bottle, Rx only; Class II; Counterfeit: An unknown number of bottles bearing these lot numbers are counterfeit, in that they have been repackaged, relabeled and/or may contain different strengths or mixed strength tablets differing from their labeled contents and/or bear extended expiration dates, as the source of the repacked and/or relabeled bottles is unknown.

All lot numbers and expiration dates; 485,925 bottles distributed nationwide; Natureplex LLC; Memphis, TN

Lot No. A475905; Exp. 12/2005; 3,597,253 distributed nationwide; Pharmaceutical Formulations Inc.; Edison, NJ

Lot Nos. 63103H03; 63003M03; Exp. 07/2005; 33,374 cartons distributed nationwide; Watson Pharmaceuticals, Inc.; Corona, CA

Lot No. WS031, Exp. 09/30/06; 15,428/100 count bottles distributed nationwide; The Purdue Frederick Company; Stamford, CT

Lot No. A44299; Exp. 12/2005; 9,217 bottles distributed nationwide; Richmond Division; Wyeth, Richmond, VA

Lot Nos. 021372A (1000s); 021372B and 021372C (100s). Exp. 09/30/04; 23,039 bottles distributed nationwide; Amerisource Health Services Corp; Columbus, OH

Code No. 3081902/30600; 23,569 ampules distributed nationwide and in Barbados and Great Britain; Tri Medica, Inc.; Tempe, AZ

Numerous lots; 63 bottles distributed nationwide; TXRX; Humble, TX

MEDICAL DEVICES

Device recalls are classified in a manner similar to drugs: Class I, II or III, depending on the seriousness of the risk presented by leaving the device on the market. Contact the company for more information. You can also call the FDA's Device Recall and Notification Office at (301) 443-4190. To report a problem with a medical device, call (800) FDA-1088. The FDA web site is www.fda.gov.

Name of Device; Class of Recall; Problem

100 Sheer Plastic Spot Bandages, Dia. (22 mm). Reorder No. 3607. Sterile with non-stick pad. 100% Latex Free Bandage & Wrapper. 48 boxes of 100 bandages per case; Class II. Bandages labeled as "100% Latex Free" may contain latex. The wrapper was analytically tested by a private laboratory and found to contain latex.

Lot #; Quantity and Distribution; Manufacturer

Lot No. 15860; 50 cases distributed nationwide and in Puerto Rico; Dynarex Corp.; Orangeburg, NY

CONSUMER PRODUCTS

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the Consumer Product Safety Commission, call their hotline at (800) 638-2772. The CPSC web site is www.cpsc.gov.

Name of Product; Problem

Baby Walkers. The walkers will fit through a standard doorway and are not designed to stop at the edge of a step. Babies using these walkers can be seriously injured or killed if they fall down stairs.

Battery Chargers. A defective fuse and program error in the charger can cause the battery packs being charged to overheat and explode, posing a risk of serious injury to consumers.

Children's Athletic Shoes. The metal eyelet lace holder at the top of the shoes can detach, posing a choking hazard to young children.

Children's Wooden Chairs. The leg supports can crack, causing the chair to collapse.

Children's Zippered Outerwear. The plastic zipper pull can detach from the zipper, posing a choking hazard to young children.

Fondue Sets. The top piece of glass that supports the fondue pot can shatter, posing a burn and laceration hazard to consumers.

Hair dryers. These electric hair dryers are not equipped with an immersion protection device to prevent electrocution if the hair dryer falls into water. Such electric shock protection devices are required by industry standards for all electric hand-held hair dryers.

Kiddie Car Cruisers. The Kiddie Car Cruiser can continue to run when the accelerator is no longer depressed, which could result in the rider losing control of the car.

Kinetic Lighting Pictures. These pictures have inadequate construction, incorrect wiring, and use flammable materials, all of which pose fire and electric shock hazards to consumers.

Ladders. A rung on these aluminum, multi-purpose ladders can release or the side rail can bend unexpectedly. If that happens, the ladder can collapse, causing the user to fall.

Lot #: Quantity and Distribution; Manufacturer

Dream On Me Baby Walkers; About 20,000 sold in the metropolitan New York area from April 2002 through March 2004; Dream On Me Industries; Brooklyn, NY; (877) 768-5500

Reedy Quasar Pro Battery Chargers (charges batteries used to power remote control race cars); 4,900 sold nationwide from February 2002 through February 2004; Associated Electrics Inc.; Costa Mesa, CA; (800) 518-7339; www.teamassociated.com

Smart Fit(tm) and Teeny Toes(tm) Athletic Shoes; About 441,000 sold nationwide from December 2003 through April 2004; Payless ShoeSource Inc.; Topeka, KA; (800) 654-0697; www.payless.com

Children's Wooden Chairs, item numbers 0409042 and 0409102; 3,500 distributed nationwide between August 2002 and January 2004; The Land of Nod; Wheeling, IL; (866) 990-5263; www.landofnod.com/recall

Old Navy outerwear garments with a clear, oval-shaped zipper pull; 666,000 sold nationwide from November 2003 through May 2004; Old Navy LLC; San Francisco, CA; (866) 580-9930

Fondue Sets Item Nos. 10201, 10202, 10203, 10301, 10302; about 500 sold directly by The Fondue Factory LLC from April 2003 through February 2004; The Fondue Factory LLC; Boardman, OH; (866) 8-Fondue

Turbo Power electric hand-held hair dryers; 359,000 sold nationwide from January 2002 through April 2004; Turbo Power Inc.; Flushing, New York; (888) 715-6100; www.turbopowerinc.com

The Kiddie Car Cruiser is a battery-operated ride-on toy car that measures about 27 inches high by 30 inches wide and 44 inches long; about 500 sold at Big Y Stores in Massachusetts and Connecticut from May 6 to May 13, 2004; Far East Brokers and Consultants Inc. (FEBC), Jacksonville, FL; (877) 332-9006

Moveable Waterfall Pictures, framed artwork that utilize electric lights and sound and feature moving background scenes; 17,760 sold nationwide from June 2002 through February 2003; Genan Import Inc.; Chicago, IL; (800) 517-5795; www.genanimport.com

"Stow-Anywhere" Hammacher Schlemmer Ladders; about 1,500 sold nationwide from April 2003 through February 2004; LB International Inc.; Hauppauge, NY; (800) 233-4800

Name of Product; Problem

Plug Adapters. The adapters may have an electrical wiring problem, posing a shock and fire hazard to consumers.

Safety Matches. These matches may ignite upon impact, posing a fire hazard to consumers.

Slow Cookers. The heating element can drop to the bottom of the slow cooker and melt through the plastic outer shell, posing a burn hazard to users.

Snowmen Holiday Lamps. These electric holiday lamps have undersized wiring, no strain relief on the electric cords, and the molded plastic enclosure is flammable. The lamps pose fire and electrocution hazards.

Snowman Nightlight Diffusers. The scented oil can drip causing the nightlight base to crack or break, exposing electrical wire or metal parts inside the nightlight, thus causing a potential shock hazard. There is also a risk of cuts if the nightlight breaks.

Spas. The motor in the circulating pump can overheat, posing a fire hazard to consumers.

Tea Light Candleholders. The beads on these tea light candleholders can catch fire during use.

Treadmills. The treadmill's circuitry can overheat, causing it to unexpectedly accelerate during use. When this happens, the user can fall.

Tree Stand Levelers. If the "Tree Lounge" is subjected to significant impact from a heavy load, a tube on the leveler can crack. If the leveler is installed beneath the "Tree Lounge," the bolts attaching the leveler to the "Tree Lounge" can bend or begin to pull through the leveler. In either of these circumstances, users can lose their balance and possibly fall.

Wall Ovens. When the oven is in the self-cleaning mode, the oven's exterior door temperature exceeds the allowable surface temperature limits under the industry voluntary standard for household electric ranges. Sustained contact with the door during self-cleaning mode could cause burns.

Wooden Organ Benches. The wooden bench may collapse because not enough glue was used during assembly.

Lot #: Quantity and Distribution; Manufacturer

Universal All-in-One Plug Adapters; 34,000 sold nationwide from November 2002 through May 2004; Ahoku Electronics Co.; Taipei, Taiwan; (888) 577-4097; www.targus.com/recall.

Martha Stewart Everyday(r) Safety Matches; 588 boxes sold nationwide at Kmart Stores from January 2004 through March 2004; Kmart Corp.; Troy, MI; (866) 562-7848; www.kmart.com

General Electric Cool Touch Slow Cooker; 146,000 sold at Wal-Mart stores nationwide from June 2003 through May 2004; Select Brands Inc.; Lenexa, KA; (800) 876-1288; www.gehousewares.com

Three styles: Turbo 1541 model is a train with a snowman and light with "Joyful" written on the top; model 1536A consists of three snowmen with a light in a campfire; model 1628 is three snowmen with a choir book and light; 1,900 sold nationwide from October 2003 through December 2003; Great Gifts Inc.; McKeesport, PA; (800) 611-0651

Porcelain snowman attaches to the plastic nightlight to cover the nightlight bulb; 333,000 sold nationwide from August 2003 through December 2003; Cosmos Gifts Corporation; Dallas, TX; (866) 348-9749

Coast Mountain Spas; 25 sold in Washington, Idaho and Alaska from January 1996 through October 2002; Coast Mountain(r) Spas; Langley, British Columbia, Canada; (800) 899-6896

Beaded Fish Tea Light Candleholders; 48,000 sold in Pier 1 Import stores nationwide from February 2004 through May 14, 2004; Pier 1 Imports; Fort Worth, TX; (800) 245-4595; www.pier1.com

Tredex 10.0 treadmill; 320 sold nationwide from January 2004 through March 2004; Sportcraft Ltd.; Mt. Olive, NJ; (800) 526-0244; www.sportcraft.com

"Tree Lounge" Tree Stand Levelers; 15,000 sold nationwide from January 2001 through December 2003; CESSO, LLC; Cumming, GA; (800) 808-1541; www.cesso.com

DCS Wall Oven, single or double oven, stainless steel, black or white; about 1,400 sold nationwide from January 2003 through May 2004; Dynamic Cooking Systems Inc.; Huntington Beach, CA; (877) 446-1501; www.dcsappliances.com/cust_serv/index.php

The wooden organ bench measures 26 inches high, 12 inches wide, and 48 inches long; made of oak, red oak, and walnut colored wood; 1,757 sold nationwide from April 1999 through November 1999 and from December 2002 through January 2004; Allen Organ Company; Macungie, PA; (610) 966-2203; allenservice@allenorgan.com

Regular Exercise May Prolong Your Life

The following article, reprinted from the December 1989 issue of Health Letter, is as meaningful today as it was then. We reprint it to reinforce the benefits of regular exercise.

Results of a large, well-designed study were reported in the November 3, 1989 issue of the *Journal of the American Medical Association* revealing that the more physically fit you are, the longer you will live. This result held true for both men and women, and was apparent regardless of age, whether or not a person smoked cigarettes, or had a high blood cholesterol or sugar reading.

The most physically fit people were about three times less likely to die during the study period than the least fit people. In addition, the most fit subjects were about eight times less likely to die of cardiovascular (heart) disease than the least fit. The very good news is that the middle or moderately fit men and women experienced almost as much protection from death as the most fit.

From 1970 to 1981, researchers at the Institute for Aerobics Research in Dallas, Texas measured the fitness of 10,224 men and 3,120 women by recording how long they could keep walking during a single treadmill

To Achieve Moderate Fitness

Women:

- 1) Walk 2 miles in under 30 minutes at least 3 per week
or
- 2) Walk 2 miles in 30-40 minutes 5-6 days per week

Men:

- 1) Walk 2 miles in under 27 minutes at least per week
or
- 2) Walk 2 miles in 30-40 minutes 6-7 days per week

To Achieve High Fitness

Women:

- 1) Walk 2 miles in under 30 minutes 5-6 days week
or
- 2) Run 2 miles in 20-24 minutes 4 days per week

Men:

- 1) Walk 2-1/2 miles in under 37-1/2 minutes days per week
or
- 2) Run 2 miles in under 20 minutes 4-5 days week

exercise test. This served as the subject's fitness score. The researchers kept track of which subjects died during the next several

years (eight years on average), and for those who died, the cause of death was recorded. In order to assure that the study participants were capable of being physically fit, and that they were not likely to die from some pre-existing disease, only healthy adults were allowed to enroll in the study. All subjects had to be able to exercise on the treadmill without undue discomfort or any electrocardiogram (ECG) abnormalities. In addition, people with a history of heart attack, high blood pressure, stroke, diabetes, or an abnormal reading ECG were excluded from the study. The age of the average participant was mid-forties, 99 percent were white and 70 percent were college graduates.

This is the largest study of the effect of physical fitness on mortality ever done, based on the number of people enrolled and the length of time they were observed. In addition, for the first time, a substantial number of women were included in a fitness study. To their credit, the researchers used an objective measure of fitness: how long one could exercise on a treadmill. Most previous studies have relied on questionnaires for information about physical activity. The fairly strict entry criteria increased the likelihood that the study would be able to test an association between physical fitness and longevity. Although the participants were mostly white and well-educated, it is very likely that the results apply to everyone.

What can you do to become physically fit?

There is no exact amount of exercise that can be prescribed. Dr. Steven Blair, lead author of this study estimates that to attain moderate fitness, an average adult must briskly walk a minimum of two miles, at least three times a week, on a regular basis. More detailed minimum exercise recommendations from Dr. Blair are in the table on this page. A young

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Heart Rate By Age

Age	Maximum Heart Rate	70 Percent Maximum	85 Percent Maximum
20	200	140	170
25	195	137	166
30	190	133	162
35	185	130	157
40	180	126	153
45	175	123	149
50	170	119	145
55	165	116	140
60	160	112	136
65	155	109	132
70	150	105	128
75	145	102	123

The Wild, Wild Web for Prescription Drugs

They say there's nothing you can't buy on the Internet. Perhaps. But the real question is whether you should, particularly if the products on offer are sometimes-dangerous prescription drugs.

Among its billions of web pages,

the web contains a mini-growth industry in prescription drug sales. That much of this industry has its sights trained on the United States should be no surprise: Americans use prescription drugs heavily and, thanks to the failure of the govern-

ment to restrict prices or profits (as is done in most developed countries), we pay more for them.

Some consumers have responded to drug company pricing double-standards by hopping a bus and
continued on page 10

EXERCISE, from page 8

adult may need to do a little extra and an older adult, a little less.

Achieving moderate physical fitness will be adequate for the bulk of mortality reduction. The type of exercise to do depends on what you enjoy most (or dislike least) and what you're capable of. The exercise should be vigorous enough to make your heartbeats and breathing faster during the activity. One guideline is that the exercise should make your heart beat between 70 percent and 85 percent of its "maximum." This maximum can be estimated by subtracting your age from the number 220 (see chart below). You can count your heartbeats by feeling your pulse (on your wrist below your thumb or on the side of your neck), and counting

the beats in 10 seconds and multiplying by six. If taking your pulse takes the fun out of the exercise, just exercise at a pace that is vigorous without undue discomfort. Gradually build up to exercising to somewhere between 70 and 85 percent of maximal heart rate over several weeks.

Exercises which are good for becoming physically fit include brisk walking, jogging, bicycling, swimming, hiking, rowing, skipping rope, and "aerobics."

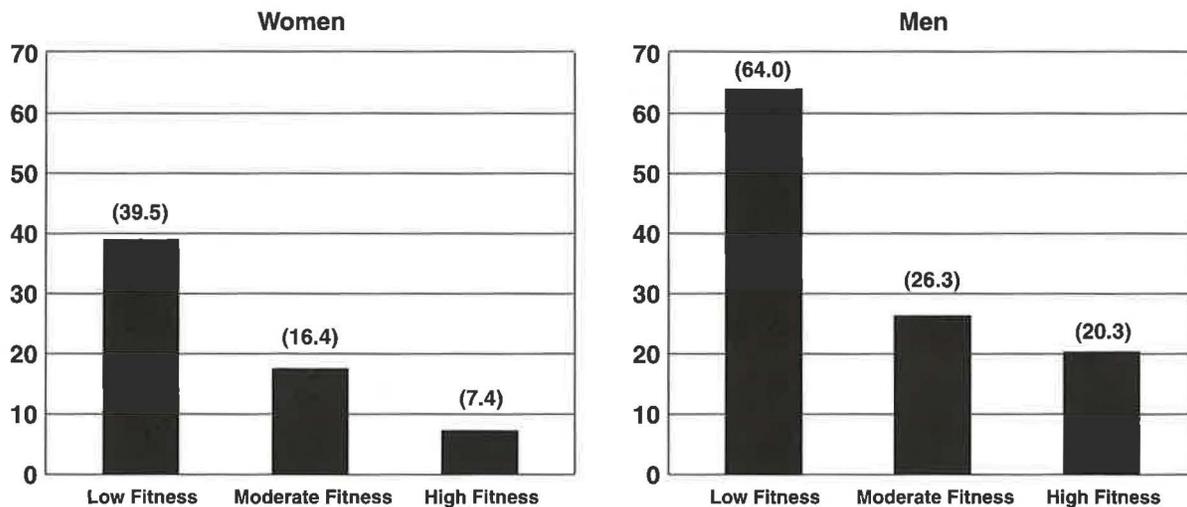
What you can do if you have diabetes, high blood pressure, heart disease or breathing problems

If you have one of these conditions, or any other questions or concerns about an exercise program,

you should first check with your doctor. If there is a chance that vigorous exercise will put too great a strain on your system, your doctor may want to have you undergo a treadmill exercise test to see how you react under close observation. Many of you will be able to gradually work up to unrestricted exercise.

Exercise sounds so easy to do but it isn't. The frightening fact is that under 10 percent of Americans between age 18 and 65 regularly exercise vigorously at least 20 minutes three times a week, according to the 1985 National Health Interview Survey and the 1984-1987 Behavioral Risk Factor Surveillance System surveys. Now we have more reason than ever to change our lazy ways.

Death Rates By Fitness Level



■ Number of deaths per 10,000 person-years
(Person-years = number of persons followed x years of follow-up)

INTERNET DRUGS, *from page 9*

heading north to Canada, but for most people in the United States, this will not be feasible. A trip to your computer terminal, however, puts you instantly in touch with dozens of drug-selling operations, all eager for your business. But can you trust them?

The General Accounting Office (GAO), an investigative branch of Congress, recently conducted a study examining the practices of Internet pharmacy sales. The results should give pause to anyone contemplating succumbing to the allure of the less-expensive products on offer on the web.

The GAO identified 13 drugs of particular interest and filed orders with 90 different pharmacies around the world; in the end, 68 drugs were received. The top-selling drugs like Celebrex, Lipitor and (of course!) Viagra were generally widely available, but drugs requiring patient monitoring to protect patient safety (Accutane, Clozaril) and narcotic pain relievers (e.g., OxyContin, Percocet) were tougher to find.

Of six pharmacies that accepted payments for the drug and that never filled the order, none were located in the United States or Canada. Not one of the 21 drugs obtained from outside the U.S. or Canada (e.g., from Argentina, Costa Rica, Fiji, India, Mexico, Pakistan, Philippines, Spain, Thailand and Turkey) included a product label, and only six contained warning information. Most improperly shipped drugs came from these countries as well: insulin that was not refrigerated, moisture-sensitive drugs that were not sealed, drugs hidden in compact disc cases and drugs labeled as “dye and stain remover wax.”

Not one of the 21 drugs obtained from outside the U.S. or Canada included a product label, and only six contained warning information.

But the U.S. and Canadian sites were certainly not immune from problems. Sixteen of 18 Canadian drugs did not comply with U.S. regulations in that the packaging or labeling had not been approved by the U.S. Food and Drug Administration (FDA) or the agency had not inspected the manufacturing plant. (These drugs may well have met the requirements of Canadian regulatory authorities; and Canadian labeling is quite similar to that in the United States.) However, all 29 U.S. and all 18 Canadian drugs proved to have the proper amount of the active ingredient, while four of the other foreign drugs did not.

Where the U.S. proved particularly inadequate was in the realm of the requirement for a prescription. Internet pharmacies are usually divided into three groups: 1. those to whom you have to mail a prescription; 2. those that have you fill out a questionnaire online and that, without ever examining you, dispense the drug; and 3. those that don't even

maintain the pretense of a questionnaire and simply provide the drugs. Most states consider the latter two options to constitute an improper practice of medicine but have generally failed to discipline those physicians lending their names to such schemes. Only five of the 29 U.S. sites required a prescription, with the remainder requiring the online questionnaire. Three of the non-Canadian foreign sites required a questionnaire, but the remaining 18 simply mailed the drugs. In contrast, every Canadian pharmacy required a prescription from the patient's own physician, the most reputable option.

The U.S. government, at least, seems to suspect that illegal activity is rife in this industry. Fourteen of the 68 pharmacies (nine U.S., one Canadian and four other foreign countries) were under investigation by either the U.S. FDA or the Drug Enforcement Administration for allegations of selling controlled substances without a prescription, lack of a doctor-patient relationship, selling adulterated or counterfeit drugs, smuggling, mail fraud, etc.

Given the way the drugs were obtained, it is difficult to make general statements about the reliability of different countries' Internet sites. The most reliable predictor of web site quality appears to be whether or not it requires a prescription from your own doctor. Ironically, given the current focus on drug importation, the GAO data suggest that, on this measure at least (and assuming you are willing to accept Canadian regulatory standards as equivalent to those in the United States), if you're going to hop on a virtual Internet bus, it would be best if it were pointed North.

OUTRAGE, *from page 12*

say most young women seek the enhancements out of frustration with the way clothing or bathing suits fit. “It's usually an internal issue — they want to feel more feminine, less self-conscious,” said Young.

“Most do it as a self-esteem booster,” Greenberg echoed. The article

listed some of the known risks of breast implants, “including surgical bleeding and infection. Implants also deflate or rupture over time; they can result in loss of breast volume, misshapeness or wrinkling; and can affect mammograms, making it tougher to detect breast cancer. There's also a limited shelf life —

breast implants usually have to be replaced at least once, and as many as several times, requiring additional surgery....The vast majority of plastic surgeons use saline implants, which have been OK'd by the FDA for use on women over 18. In teens younger than 18, the surgery must be for
continued on page 11

OUTRAGE, from page 10

medical reasons. Silicone implants are only available through FDA-approved medical studies.”

There is also the still-unresolved question as to whether implants can cause systemic autoimmune diseases such as arthritis. A more definitive answer to this question will come in the next year or so when the results of a government-funded study of approximately 15,000 women with implants.

Back to the role of parents. As a parent, would you pay for your daughter to have graduation breast implants with the following complication rates, all from studies posted on the FDA’s web site:

Reoperation: rates of 13-21% at 3 years and 20-26% at 5 years for augmentation patients.

Removal: rates of 8% at 3 years and 12-14% at 5 years for augmentation patients.

Rupture/deflation: rates of 3-5% at 3 years and 7-10% at 5 years for augmentation patients

Capsular contracture: This occurs when the scar tissue or capsule that normally forms around the implant tightens and squeezes the implant. It can happen to one or both of the implanted breasts. The more severe forms of this are:

Grade III: the breast is firm and looks abnormal

Grade IV: the breast is hard, painful and looks abnormal.

A reoperation may be needed to correct capsular contracture.

The rates of Grade III or Grade IV capsular are 9% at 3 years and 10-11% at 5 years for augmentation patients.

Breast Pain: rates of 5-16% at 3 years and 7-17% at 5 years for augmentation patients.

Just poor parenting or also child abuse? Judge for yourselves.

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Breast Implants as High School Graduation Presents: Just Poor Parenting or Child Abuse?

A recent article in the June 14th issue of the New York Post disgustingly entitled "Cup and Gown" started out like this: "Forget the convertible. A boob job is the latest must-have on your teen daughter's graduation list." The number of 18-year-olds who underwent breast-implant surgery nearly tripled last year — from 3,872 in 2002 to 11,326 in 2003, according to the American Society for Aesthetic Plastic Surgery.

"There is a trend in which parents are giving implants as a gift, including as a graduation present," said Dr. Stephen Greenberg, who practices in Woodbury, Long Island, and Manhattan. Popular, well-endowed teen idols, like Britney Spears and

As a parent, would you pay for your daughter to have graduation breast implants with the following complication rates?

Lindsay Lohan, as well as reality-TV shows like 'Extreme Makeover' and

'The Swan,' have made some girls dislike their own bodies, experts said." Greenberg told the Post that he had set up a special program for young women considering implants. "You really need to make sure they're physically ready — that they've stopped growing — and psychologically mature," he said.

But the article continued: "The media and fashion industries emphasize breasts and a curvaceous figure," said Dr. Leroy Young, co-chair of the American Society for Aesthetic Plastic Surgery's breast-surgery committee. "There's no advertising [for implants] targeting that age group, but the images are all around them." Docs

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