When people visit their doctors, they will almost automatically get their cholesterol and blood pressure measured. There is nothing wrong with that, except committees of experts have, over time, been setting the “desirable” levels for these parameters lower and lower. Because of this, the elderly, even those who are currently healthy, are especially likely to be told that their health is at risk and they need to be put on drugs.

Three physicians have just written a provocative article in the August 7, 2007, issue of the British Medical Journal titled, “Preventive health care in elderly people needs rethinking.” They say that improved living conditions, immunizations and antibiotics have now allowed people to live long enough to face a new “epidemic:” cardiovascular disease. Physicians now place much emphasis on prevention with the implication that their patients will escape death from cardiovascular disease. Left unsaid is the rest of the conversation: what will they die of instead? There is no mention of the fact that we all eventually do die. What is really happening is that people exchange one cause of death for another.

The example provided is the use of a popular group of drugs called statins, specifically Pravachol (pravastatin). This drug was chosen because it is the only drug that has been tested in a large clinical trial designed exclusively for the elderly, in this case those 70 to 82 years of age. (Most other trials were either in younger people or had included some elderly people, but were not focused on this group.)

There was a 2 percent absolute reduction in various forms of cardiovascular disease in those using the drug (98 percent received no additional benefit from pravastatin). However, there was no benefit at all in elderly women, a conclusion not mentioned to elderly women when they are prescribed this or presumably other statins. Another striking outcome was that there was no difference in overall mortality for people being treated as opposed to those on placebo. In addition, the rate of cancer diagnosis was significantly increased (1.7 percent) in treated patients, as was the rate of cancer death, although the latter did not quite reach statistical significance.

This problem arises with any preventive disease approach: not everyone would get the disease, but by treating a large population, a significant number of people are put at risk for possible side effects from a treatment without any benefit to them individually. There is no doubt that certain people at high risk for cardiovascular disease can benefit from such drug treatments, but roping in more and more elderly people who are really at low risk is a poor public health approach.

At the base of all this is the powerful effect of the pharmaceutical industry: these industrial giants are the ones with the most to gain as drug use expands to ever more categories of people, a wider range of ages and more use in disease prevention. To this end, pharmaceutical companies spend billions on direct-to-consumer advertising; they employ thousands of salespeople to visit...continued on page 2
The notion of a Canadian-style "single-payer" health system – essentially, replacing costly private insurers with a government body or bodies to pay for healthcare – has long been dismissed by elite politicians and pundits. But the popular response to Michael Moore's new documentary "Sicko" is adding fuel to an already-smoldering fire of resentment over the domination of the current health system by for-profit insurers, in addition to that system's high cost (double any other nation's) and poor performance (37th overall in quality, according to the World Health Organization).

Dr. Steffie Woolhandler, with her partner, Dr. David Himmelstein, co-founded Physicians for a National Health Program. Both are practicing physicians as well as professors at Harvard Medical School. They have written widely on issues of health care reform, including the book Bleeding the Patient: The Consequences of Corporate Health Care (with Dr. Ida Hellander). A native of Shreveport, Louisiana, Dr. Woolhandler earned her medical degree at the LSU-New Orleans Medical School.

As the debate over American healthcare heats up in anticipation of the 2008 presidential race (in which health reform is widely expected to be one of the central issues), Dr. Woolhandler reflects on the flawed U.S. health system, various reform proposals and the prospects of enacting a system in the single-payer mold.

Roger Bybee: What drew you into fighting for universal healthcare as a doctor?

Steffie Woolhandler: It became obvious that there was a lot we could do for patients in terms of helping them live longer and preventing disease, but we couldn't do any of it if they didn't come into our offices. It became really clear that the financing system was an obvious barrier to care for our patients. Tens of millions lack insurance or have poor insurance.

Why is healthcare such an intense issue right now, following a long hiatus after the defeat of the Clintons’ plan in 1994?

There are two main factors. First, health costs have been rising for a while – they slowed down a bit in the late 90s, but have been averaging about 8 percent in increases a year in the 2000s. These cost increases are now much less tolerable because of globalization. U.S. manufacturers in particular have to compete in world markets, and they can't just pass on higher costs to consumers via higher prices. So globalization has really made health costs a big concern for American business, and that's one major part of the renewed interest.

The other part is that the quality of insurance coverage is going down even for the middle-class Americans, in terms of co-pays, deductibles and uncovered services. When a middle-class family faces a major illness, they also face the danger of bankruptcy. So there's been a shrinkage of coverage for the middle-class even as prices have increased sharply.

What pushed it off the national radar screen – or at least the elites' political agenda – for the past 15 years?

Business was hoping managed care would solve this problem for them. Business went completely in the direction of managed care, and managed care companies promised they would take care of costs. But after a brief period where costs

continued on page 3

ELDERLY, from page 1

doctors, distributing free samples and slick promotional material; and they provide doctors with free meals, vacations and opportunities for paid speaking engagements, as well as research funds to conduct trials on drugs. These doctors then become the experts that sit on the committees that decide what the standards should be for treatment. This happened with the cholesterol drugs: eight of the nine members of the working group that decided on the latest cholesterol treatment goals had multiple ties to industry.

The authors of the recent British Medical Journal article plead for physicians to take a more global look at their patients, not to focus on individual diseases, and especially not to turn healthy patients into "sick" ones. Rather than putting people on drugs for prevention of a disease they might never have, they recommend using the available money to improve the quality of life of their patients (e.g., provide cataract operations, joint replacement surgery, and personal care of those with dementia). Physicians should not turn the elderly population into patients worried about disease. Instead, they should provide them with the care needed to increase their enjoyment of day-to-day life.

None of this, of course, refutes the need for prevention in the form of a healthy lifestyle, including a healthy diet (both in composition and quantity) and a reasonable amount of exercise. There are no downsides to this approach, as there are with pharmaceuticals. 
Why have HMOs and rising deductibles for workers failed to rein in costs?

What happens with HMOs is that they're interested in making money, and the easiest way is the cherry-picking of enrollees and seeking subsidies from Congress. Holding down costs just isn't their priority. Besides, they got a lot of pushback from hospitals and doctors over bossing them around on costs. Managed care is kaput. History has shown managed care doesn't work.

Neither do Health Savings Accounts. Health spending works on kind of an "80/20" rule, where most spending is on a minority of people with chronic or crisis needs. So most health spending is for a relatively small group of people within a given year. With Health Savings Accounts, the front-end costs are paid, but you can't control the costs of people who are really injured or really sick.

Also, the high-deductible Health Savings Account plan will force sicker people out of the workforce. For example, Wal-Mart and other employers are using a strategy to push older, chronically ill people out of the workforce. From a social point of view, it's completely backward to push people with diabetes and high blood pressure out of being covered.

There's tremendous ferment going on at the state level in terms of reform. How do you evaluate these plans that, for example, require individuals to purchase insurance policies, as in Massachusetts under Mitt Romney?

I think the Massachusetts bill, the Romney plan, is a hoax. It won't get us to universal coverage. The fundamental assumption is that the uninsured have enough money to buy insurance policies, that they can buy their way out of the predicament. If they had the money, they'd already have insurance! They don't have money in the first place. Someone my age, in their 50s, and making over $29,400 a year, would get no subsidy. The cost of that premium would be $4,200 a year, but along with that there's a $2,000 deductible before any coverage begins, co-pays, and co-insurance after that first $2,000.

That kind of coverage is worthless to a low-income person. They don't have money for the premium, and they can't pay the $2000 out of pocket. I don't call that insurance, I call it a hoax. You're not going to be able to cover everyone with those kinds of premiums. And expansion of Medicaid won't get us to universal coverage, either. We've had 10-plus years of experience with that.

You performed a study showing that about 31 percent of health spending in America goes to administrative overhead and profit. If 20 percent is accounted for by the insurance companies, what explains the rest? Is it, as critics like Paul Krugman say, the strategy of "denial management" followed by insurance companies, where they've bloated their staffs so that they can challenge more claims by both providers and patients?

The remainder of the overhead comes from doctors and hospitals. Part of it is in response to "denial management," but the big portion is just needing a high baseline level of paperwork and administrative support to deal with all the different insurers. In my little practice, you have to deal with all the different insurance companies, different co-payments, different deductibles, and different formularies [listings of approved prescriptions].

continued on page 4
SINGLE PAYER, from page 3

While the single-payer approach fares extremely well in polling (67 percent of Americans in a 2005 BusinessWeek poll supported a system akin to Canada's or Britain's), policymakers and pundits dismiss this option out of hand. Even some progressives like Ron Pollack of Families USA and SEIU President Andrew Stern have depicted the single-payer plan as being utterly out of reach. How do you respond to that perspective?

There's not another plan that will work. All of the other proposals lack feasibility in terms of economics. The other plans simply won't get you to universal healthcare. The key to the economic feasibility of the single-payer plan is administrative savings. We shouldn't be pouring more money into the insurance system, but saving money on administration in order to cover everyone and provide better coverage.

There's a fundamental problem with going to private insurers that makes universal coverage unaffordable. It doesn't matter what the “political feasibility” is. You must start with a plan that will work.

How vital is it to unify progressives behind a single-payer plan in the coming years? How can we avoid the fracturing of progressive and liberal forces that occurred in 1993-94?

I frankly haven't seen much fragmentation now, because a lot of people are very knowledgeable about single-payer. I'm not really that worried about fragmentation. There will be a lot of debate, but when people fully understand the economics of healthcare, there will be more support for single-payer.

John Edwards and the political scientist Jacob Hacker are advocating plans that would give all Americans a choice of traditional private insurance or enrolling in a regional single-payer plan.

We already have experience with Medicare Plus. These plans are supposed to compete on equal footing with Medicare, but private HMOs have used selective recruiting of healthier people and gone to Congress and gotten embedded into the Medicare Advantage Drug plan, and they get huge over-payments of 11 to 13 percent. The private plans won't let Medicare compete.

It's incumbent upon those who favor competition to show how this won't happen if single-payer is competing with traditional insurance.

If you have two groups trying to enroll people in health plans, the bad guys will drive the good guys out of business. The bad guys will selectively recruit healthier people, and push sicker people onto the single-payer plan. Competition is not something that works with healthcare.

How do you envision closing the gap between big firms like Wal-Mart making vague commitments to universal healthcare and actual recognition that only a single-payer system can hold down costs, reach all citizens and provide free choice of doctors?

If companies want to hold down costs, they need to support universal healthcare. Otherwise, it won't solve the problem of healthcare for low-wage workers. The good news is that no one would miss the administrative burden that accounts for such high costs in the U.S. However, we would have to provide retraining and income support to displaced health insurance workers.

Polls of doctors in Minnesota (Feb., 2007) and Massachusetts (2004) both show a remarkable 64 percent favoring a single-payer plan. What accounts for this historic shift in the sentiment of doctors, when you think back to how the American Medical Association successfully mobilized doctors in every community to block Harry Truman's health reform effort? This new polling seems extraordinary; both because doctors' support for single-payer is just slightly below the general public's and because doctors are presumably much more knowledgeable about health systems than the average citizen. How do you see things developing among doctors and the health industry?

The opposition in Truman's era was the medical profession, and the AMA still is opposed even though a high percentage of doctors support a single-payer plan.

But now there are two other powerful forces: the health insurance industry [that emerged since the Truman plan] and the pharmaceutical companies. Under a single-payer plan, the government steps into the pharmaceutical pricing picture with a lot of bargaining power, so both of these forces feel threatened.

It's ironic that hospitals aren't more supportive. The health insurance industry would be put out of business, so it's life or death for them. But hospitals would still be there. Some for-profit hospitals oppose national health insurance, and our plan calls for reconversion to non-profit status. With the non-profit hospitals, I think opposition to single-payer is mostly fear of change. I think that they can live with a single-payer national health insurance plan, so I don't see them as our biggest enemy.

Given the power of the insurers, hospitals and the rest of the medical-industrial complex, how optimistic do you feel about reaching the goal of universal care, free choice of doctors and cost containment?

I'm really optimistic, because the current system can't keep going. There will be increasing pressures from employers and state and federal governments for change because of the soaring costs. The American people do have the power to make change, and private interests cannot hold back change forever and for all time. So I'm optimistic!

Roger Bybee is a Milwaukee-based writer and progressive activist, who formerly edited the official labor weekly Racine Labor. He has written for a number of state and national publications and websites on issues such as health care reform and corporate globalization. ■
HRG’s Quack-o-Meter:
Tips to Detect Fraud in the Marketing of Drugs and Devices

Consumers are bombarded with claims about new medications, diets and devices. These claims promise much, and there is no guarantee that they will deliver. In fact, there are usually indicators that they will not deliver. In order to alert consumers to some of the tell-tale signs of questionable products, we have devised a quack-o-meter to assess these products.

A quack-o-meter reading showing any of the following promotional claims should be taken as a warning that the product is suspect and should be avoided.

- It claims to mitigate or cure a deadly or very serious disease.
- The range of conditions it supposedly affects is wide and varied, encompassing different symptoms, degrees of severity, diseases and organ systems. The broader the spectrum, the more suspect the product.
- The health benefits it claims to achieve are accompanied by other, non-medical benefits, e.g., wrinkle reduction, memory enhancement, greater sexual potency.
- Claims are followed by exclamation points.
- Results or improvements are promised within a short period of time (from “instantly” to “two weeks”).
- Ads feature scantily clad “satisfied clients.”
- The product is being plugged by a celebrity from the world of sports, TV or film.
- Easily-doctored “before” and “after” photographs accompany the text.
- Testimonials are from a few users, with no evidence of effectiveness from reliable sources or randomized clinical trials.
- Some of the “results” can be easily attributed to a placebo effect, or to the fact that some conditions are self-limiting (meaning they will resolve on their own, such as a cold).
Product Recalls
September 18, 2007 — October 19, 2007

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. 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. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Recalls and Field Corrections: Drugs — CLASS II

Indicates a problem that may cause temporary or reversible health effects; unlikely to cause serious injury or death

<table>
<thead>
<tr>
<th>Name of Drug or Supplement</th>
<th>Problem</th>
<th>Recall Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>BrightMax Fluoride Toothpaste, 6.4 oz tubes; Toothpaste from China contains the poisonous chemical diethylene glycol (DEG). All lots; Goldcredit International Enterprises.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citalopram HBr 40 mg; Unit Dose Mispackaging; Repacked unit dose packages labeled to contain Citalopram 40 mg Tablets actually contain Citalopram 20 mg Tablets. Batch #: M58329, Lot #: 10612063; Batch #: M58330, Lot #: 10612063; Batch #: M58332, Lot #: 10612063; Invagen Pharmaceuticals, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FazaClo (clozapine, USP) Orally Disintegrating Tablets 100 mg, each tablet packaged in a child-resistant blister; Mispacked. Non child-resistant blister packages were packaged in boxes labeled as child-resistant. Lot #: 370522; Catalent Pharma Solutions, LLC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DentFresh Fluoride Toothpaste, Mint Flavor, 9 oz tubes, labeled ingredients include Sodium Monofluorophosphate and Glycerin; Toothpaste from China may contain the poisonous chemical diethylene glycol (DEG). All lots; Suzhou City Jinmaco Daily Chemicals Co.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DentaPro Cavity Fighting Fluoride Toothpaste, Spearmint flavor, 6.4 oz tubes, labeled ingredients include Sodium monofluorophosphate 0.8% and Diglycol; Toothpaste from China contains the poisonous chemical diethylene glycol (DEG). All lots; Goldcredit International Enterprises.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride Toothpaste, AmerFresh and Pacific labels, packaged in white opaque or clear plastic tubes, labeled ingredients include sodium monofluorophosphate; Toothpaste from China contains the poisonous chemical diethylene glycol (DEG). All lots; Phoenix Trading, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palcaps 10 Capsules (Pancrelipase Delayed Release Capsules, USP) Rx Only; Presence of Undeclared Color Additive; product capsule shells contain undeclared FD&amp;C Yellow #5 and Discrepancies between labeled inactive ingredients in the package inserts and the inactive ingredients contained in the products; Some product capsule shells also contain undeclared color additive FD&amp;C Yellow #5. Lot #: PCC10eS001 exp. date: 02/2008, PCC10eS002 exp. date 07/2008, PCC10eS003 exp. date 09/2008; Yung Shin Pharmaceutical Industry, Ltd.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panocaps MT 20 Capsules (Pancrelipase Delayed Release Capsules, USP) Rx Only; Presence of Undeclared Color Additive; product capsule shells contain undeclared FD&amp;C Yellow #5 and Discrepancies between labeled inactive ingredients in the package inserts and the inactive ingredients contained in the products; Some product capsule shells also contain undeclared color additive FD&amp;C Yellow #5. Lot #: PCC8eS001; Yung Shin Pharmaceutical Industry, Ltd.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultracaps MT 20 Capsules (Pancrelipase Delayed Release Capsules, USP), Rx Only; Presence of Undeclared Color Additive; product capsule shells contain undeclared FD&amp;C Yellow #5 and Discrepancies between labeled inactive ingredients in the package inserts and the inactive ingredients contained in the products; Some product capsule shells also contain undeclared color additive FD&amp;C Yellow #5. Lot #: PCC9eS001 (expires Apr 08), PCC9eS002 exp. date 08/2008; Yung Shin Pharmaceutical Industry, Ltd.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

### Name of Product / Problem / Manufacturer and Contact Information

| AC Adaptors | The Toshiba AC Adapters Sold with Portable DVD Players can fail, causing the portable DVD player to overheat, posing a burn hazard to consumers. Toshiba America Consumer Products LLC, (877) 290-6064 or www.tscp.com. |
| Air Pumps | The Inflator Air Pumps (sold separately and included with “Launch Pod” Water Trampolines) can overheat and explode during use, posing a risk of lacerations. Sportsstuff Inc., (888) 814-8833 or www.sportsstuff.com. |
| Air Purifier | The lonizAir™ Table Top Air Purifier’s cartridge can overheat, posing a risk of fire. P3 International, (888) 734-0449 or www.getnewcartridge.com. |
| Aluminum Chimeneas | A design flaw can cause the aluminum on the Aluminum Chimeneas to catch fire or melt under high temperatures, posing a fire and burn hazard. Plow & Hearth, (877) 459-8131 or www.plowhearth.com. |
| Aluminum Water Bottles | The surface paint on the Alpine Design Aluminum Water Bottles contains excessive levels of lead, violating the federal lead paint standard. Sports Authority, (800) 360-8721 or www.sportsauthority.com. |
| Balance Beams | Surface paint on the Kidnastics Balance Beams contains excessive levels of lead, violating the federal lead paint standard. Flaghouse Inc., (800) 793-7900 or www.flaghouse.com. |
| Bicycles | The bicycle crank of 2007 Huffy “Howler” and “Highland” Bicycles can unexpectedly come off, causing the rider to lose control, fall and suffer serious injuries. Huffy Corp., (888) 366-3828 or www.huffybikes.com. |
| Bicycles | The head tube of Rocky Mountain-Solo Bicycles can detach from the rest of the frame, posing a fall hazard to consumers. Procycle Group Inc., (800) 663-2512 or www.bikes.com. |
| Bookmarks and Journals | Paint on the spiral metal bindings of the Journals, clip of the Bookmarks, Cool Clip™ and Mini Cool Clip™ Bookmarks, and the clear coating on the marquis bookmarks and bracelets contain excessive levels of lead, which violates the federal lead paint ban. Antioch Publishing, (800) 543-1515 or www.antioch.com. |
| Children’s Jewelry | The TOBY & ME Jewelry Sets contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. TOBY N.Y.C., (866) 235-0588 or info@tobynyc.com. |
| Cracker Barrel Travel Art Kits | The surface paint on the zipper pull of the Princess Magnetic Travel Art Set Lap Desks contains lead in excess of the federal lead paint standard. CBOS Distribution, Inc., (888) 296-2721 or www.crackerbarrel.com. |
| Cub Scouts Totem Badges | The surface paints on the Cub Scouts Totem Badges contain excessive levels of lead, violating the federal lead paint standard. Kahoot Products Inc., (770) 552-2921 or www.kahoot.com. |
| Deluxe Art Sets | Surface paint on the outside of the Deluxe Wood Art Sets contains excessive levels of lead, violating the federal lead paint standard. J.C. Penney, (888) 333-6063 or www.jcp.com. |
| Dinosaur Toys | The Bendable Dinosaur Toys pose a risk of lead exposure to young children. Kipp Brothers, (800) 428-1153 or www.kipp/toys.com. |
| Disc Brakes for Bicycles | The Oro Disc Brakes used on bicycles’ hand lever can separate, resulting in loss of braking. This can cause the rider to lose control of the bicycle, posing a risk of injury to riders. Perigeum Development Inc., (866) 458-3130 or www.formulabrakeusa.com. |
| Doll Strollers | A child’s finger can become caught in the rectangular metal clip or the black plastic side hinge of the Mini Zooper Doll Strollers, and this can sever a child’s finger tip. Also, the strollers pose an entrapment hazard. Lan Enterprises, (888) 367-0144 or www.toylandbarnkids.com. |
| Dunkin Donuts Glow Sticks | The Pink and Orange Glow Sticks (free giveaway with donuts) are not properly labeled to warn consumers that the cap and lanyard can detach, posing a choking hazard. Additionally, the lanyard poses a strangulation hazard to young children. Dunkin’ Donuts LLC, (800) 859-5339 or www.DunkinDonuts.com. |

*continued on page 8*
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A weld can break causing the handlebar of the Razor® E300 Electric Scooters to detach. This can cause the rider to lose control and fall from the scooter.</td>
<td>The Kong Maxx Ladder Stands can become unstable while in use, causing the user to fall. The addition of one ladder section to the stand makes the platform further away from the bracing. When the stand is at its full height, the distance between the bracing and the platform may result in platform instability prior to attachment to and/or detachment from the tree.</td>
<td>A wire inside the Lithonia Lighting Nickel End Wrap Fluorescent Ceiling Light Fixtures could be loose, posing an electrical shock hazard to consumers.</td>
<td>The Collectible &quot;Jeff Gordon&quot; Mini Helmets contain excessive levels of lead, violating the federal lead paint standard.</td>
<td>The X-15 Flying Model Rockets' side or engine retainer ring can separate and cause the rocket to fall without the nose cone separating and the parachute deploying, posing a risk of an impact injury to nearby consumers.</td>
<td>The Plush Boys Rattles can break open releasing the small beads inside, posing a choking hazard to young children.</td>
<td>Surface paints on the Floor Puppet Theaters' wooden panels contain excessive levels of lead, violating the federal lead paint standard.</td>
<td>Surface paints on the Tabletop Puppet Theaters' wooden panels contain excessive levels of lead, violating the federal lead paint standard.</td>
<td>The &quot;Alyssa&quot; Shag Rugs fail to meet federal standards for flammability and could ignite, posing a risk of fire and burn injuries to consumers.</td>
<td>Snow and ice stuck around the steering idler arm of the 2007 Model Year FZ50 Snowmobiles can cause a loss of steering ability, posing a risk of injury and death to drivers and passengers.</td>
<td>If the Starbucks Children's Plastic Cup is dropped, the colorful face on the cup can break off and leave small parts or sharp exposed edges that can pose a choking or laceration hazard to young children.</td>
</tr>
</tbody>
</table>
Stirrup Ornaments. Surface paints on the Breyer 2006 Stirrup Ornaments contain excessive levels of lead, violating the federal lead paint standard. J.C. Penney, (888) 333-6063 or www.jcp.com.

Swing Sets. The connection on the top beam of the Single Post Swing Sets can break, causing the swing beam to collapse, posing a fall hazard to the user. A user or bystander also can be injured by the falling top rail. BCI Burke Company LLC, (800) 356-2070 or www.bciburke.com.

Timberland Boots. The Timberland PRO Direct Attach Steel Toe Boots could fail to provide the intended protection against compression and impact, posing the risk of a foot injury to consumers. The Timberland Company, (800) 445-5545 or www.timberland.com.


Toy Flashlights. Surface paints on the leather strap attached to the “Pirates of the Caribbean” Medallion Squeeze Lights contain excessive levels of lead, violating the federal lead paint standard. Eveready Battery Co., (800) 925-0628 or www.Energizer.com.

Toy Gardening Tools. The surface paint on the Happy Giddy Gardening Tools and Children's Sunny Patch Chairs contains excessive levels of lead, violating the federal lead paint standard. Target, (800) 440-0680 or www.target.com.

Toy Knights. Surface paints on the Britain’s “Knights of the Sword” Series Toys contain excessive levels of lead, violating the federal lead paint standard. RC2 Corp., (866) 725-4407 or http://recalls.rc2.com.

Toy Rakes. Surface paint on the handle of the Children’s Toy Rake can contain excessive levels of lead paint, violating the federal lead paint standard. Jo-Ann Stores Inc., (888) 739-4120 or www.joann.com.

Toy Swords. The Toy Pirate Swords can break, creating a sharp point, which poses a laceration hazard to consumers. The Gymboree Corp., (877) 449-6932 or www.gymboree.com.

Toy Trains. Surface paints on Various Thomas and FriendsTM Wooden Railway Toys can contain excessive levels of lead, violating the federal lead paint standard. RC2 Corp., (866) 725-4407 or http://recalls.rc2.com.

Trailer Bicycles. The Novara Afterburner Trailer Bicycles can detach from the adult bicycle, posing a fall hazard to children. Recreational Equipment Inc.(REI), (800) 426-4840 or www.rei.com.

Tumblers. Surface paint on the center of the eyes of some of the Frankenstein Tumblers can contain high levels of lead, violating the federal lead paint standard. Dollar General Merchandising Inc., (800) 678-9258 or www.dollargeneral.com.

Turtle Sprinklers. The turtle’s body of Turtle Sprinklers can fill with water, causing it to crack or explode, posing a laceration hazard to consumers. Ross Stores Inc., (877) 455-7677 or www.rossstores.com.

Utility Vehicles. The brake calipers in the front of the John Deere Gator Utility Vehicles may have been installed incorrectly, causing the vehicle to pull to one side during braking. This poses an injury hazard to consumers. Deere & Company, (800) 537-9233 or www.johndeere.com.

Wheel Necklaces. The clasp on the Children's Spinning Wheel-Metal Necklaces contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. Rhode Island Novelty, (800) 528-5599 or www.rinovety.com.


Another U.S. Go-It-Alone Policy: Direct-to-Consumer Advertising

I t's true that sometimes the lone dissenting voice proves to be the correct one (think: Twelve Angry Men). But in an embarrassing number of instances, the U.S. finds itself swimming upstream against an otherwise unanimous tide of global opinion. For example, years ago, the U.S. was the lone vote against a code governing the promotion of infant formula, even after there was strong evidence that companies were using that promotion to drive women, particularly in developing countries, away from breast-feeding. We continue to bask in the distinction of being the only country who have committed crimes as children. And there’s always the decidedly minority view the current administration holds on global warming.

This tendency also rears its head in a much less-heralded area: direct-to-consumer (DTC) promotion of prescription drugs. You know the ones: they interrupt your favorite television shows with floating butterflies conveying a resurfii night’s sleep or fields of flowers now suitable for frolicking in thanks to some antihistamine. But you may not have realized that the U.S. is essentially isolated when it comes to permitting DTC ads. Other than the U.S., only New Zealand has ever permitted such ads — and health authorities there have been recently struggling valiantly to put an end to them.

With their proven ability to manipulate patients and spur prescriptions, it’s no wonder drug companies are so enamored of these promotions. But most of the time the ads encourage patients to use newer medications, exposing them to drugs with weaker safety records and driving up the cost of health care. And the ads have repeatedly been shown to omit important safety information (see Worst Pills, Best Pills News, May 2007). These attempts to transform patients into the agents of drug companies, pliantly pressuring their doctors for drugs they saw celebrated between 60 Minutes segments the night before, have been growing dramatically, even as prescription drug advertising enforcement at the Food and Drug Administration (FDA) has shown a mirroring decline, decreasing more than 85 percent in the past 10 years.

Sensing these looming dangers, most developed countries wrote legislation seeking to preempt the appearance of DTC ads, with the exception of New Zealand. The ads started to appear in New Zealand in the early 1990s, spurred on by deregulation in the U.S. in 1997. By 2000, women’s groups and health watchdogs were objecting, but it was not until the mid-2000s that doctors got on board. Now, essentially all health professional groups in New Zealand oppose the ads. Public Citizen has weighed in, writing a letter to the New Zealand government in April 2006 sharing the unfortunate experience of the U.S.

The current venue for a would-be ban on DTC advertising in New Zealand is complicated legislation seeking to establish a joint New Zealand-Australia regulatory body for all therapeutic goods. Australia does not permit DTC ads, hence the need to “harmonize” the regulatory structures between the two countries. To date, the legislation has not passed.

Meanwhile, the ever-avaricious eyes of the pharmaceutical industry have been trained on Europe, which summarily rejected DTC ads in 2002. “Not so easy,” says Big Pharma, which is pursuing a new effort to get DTC approval in Europe by characterizing these communications not as advertisements, but as the provision of objective information. A donkey painted with black and white stripes is still a donkey.

Writing in the October 6, 2007, British Medical Journal, two academics from the University of Otago in Christchurch, New Zealand, warn Europeans against following the path pursued by New Zealand:

Pandora’s irresistible jar contained within it the misfortunes of mankind. Europe is staring at the lid of pharma’s jar and, once opened, hope alone will not be enough to undo the damage. Having seen what lies inside, Europe should find nothing in there to tempt it to take this risk.

Here in the U.S., the problem is more intractable. A veritable army of drug companies and advertisers, to say nothing of their now DTC-dependent counterparts in the print and electronic media, now exists to resist any challenge to the primacy of these ads. But the ultimate culprit is the government. By failing to provide objective information on medications, the FDA, in particular, has ceded its authority and delivered a massive nest egg to industry — with the usual, predictable results. The best we can hope for is that no other countries follow us down this garden path.

OUTRAGE, from page 12
image. The song is “Viva Viagra” (to the tune of “Viva Las Vegas”) and the image is that of a jam session of guitar-playing 40-something-year-old men singing about their “not straying” and their devotion to an unseen “she.” The health information spoken at the end omits a caution against sexually transmitted diseases (STDs) and HIV, although this is flashed briefly on the screen. The result is an undermining of the pharmaceutical manufacturers’ original rationale for DTC advertising: that it would be a tool to provide important information to patients who would benefit from the knowledge.
Over 2.3 Million copies of
Worst Pills, Best Pills books sold

Inside you’ll find easy-to-understand information on
538 prescription drugs, including 200 top-selling drugs like
Celebrex, Crestor and Paxil.

We’ll tell you:
• Which 181 drugs you should not use under any circumstances
• Less expensive, more effective alternatives
• Warnings about drug interactions
• Safer alternatives to harmful drugs
• Ten rules for safer drug use

Worst Pills, Best Pills gives you the information you need
to defend yourself from harmful and ineffective drugs.

Order your copy TODAY of the 2005 edition of Worst Pills, Best Pills book for only $19.95* and you’ll receive a FREE 6-month trial subscription to worstpills.org website, Public Citizen’s searchable online drug database.

* Cost includes a non-refundable $5 shipping and handling charge.

Don’t wait another day. Order by visiting
www.citizen.org/HLNOV8
PLUS, you’ll get a 6 month FREE trial subscription to worstpills.org
Expires 12/31/07

If you research drugs online, you shouldn’t miss worstpills.org

Worstpills.org website is Public Citizen’s searchable, online drug database that includes:

• The entire contents of the Worst Pills, Best Pills book. Plus, regular updates
  (see what’s in WPBP book above)
• Analyses of pricing, advertising and other drug-related issues,
• Monthly updates delivered by email
• Up-to-the-minute email alerts about newly discovered drug dangers

All for only $15

Many websites have information about prescription drugs, but worstpills.org is the only site where rigorous scientific analysis is applied to identify drugs that consumers should not use under any circumstances.

To order your worstpills.org subscription, go to worstpills.org and when prompted, type in promotional code: HLNOV8
Expires 12/31/07 — Offer available to new online subscribers only
"Reminder" Ads: Innuendo Minus Information

When direct-to-consumer (DTC) ads were first unleashed on the American public in 1996, the pharmaceutical and advertising industries went into a frenzy of marketing brainstorming. Their goal was to create ads that sold products in convincing, visually compelling ways that also complied with a key requirement: disclosing the products' side effects.

When Pfizer launched Viagra (sildenafil citrate) for erectile dysfunction (E.D.), it faced multiple challenges, including destigmatizing the condition, peddling the drug and its efficacy and providing information on the product's adverse effects, which included a growing list of serious conditions. At the same time, it had to do this in a way that was tasteful and targeted the drug's diverse audiences.

The ads have therefore had a checkered history since the days when former senator and presidential candidate Robert Dole was Viagra's spokesperson. A TV ad that showed a devilish-looking man ogling a lingerie shop was taken off the air when the Food and Drug Administration (FDA) criticized it for its misleading, indirect message as well as what it omitted. The ad implied that Viagra, effective for impotence, would also provide a return to a previous level of sexual desire and activity, which has not been proven. In addition, while it conveyed the message that Viagra was intended for sex, it omitted the drug's indication (E.D.) and said nothing about its side effects.

Last February, the Los Angeles-based AIDS Healthcare Foundation sued Pfizer, alleging that its advertisement encouraged the use of Viagra as a recreational or "party drug" rather than a serious medication and that it was increasing the risk of users getting infected with the HIV virus. In the words of the Foundation's president, the ads are "not about a medical condition... but about performance anxiety." Nevertheless, the lawsuit was dismissed.

At present, facing increasing competition and dwindling sales, Viagra has launched a "reminder" ad that skirts FDA requirements. Because any ad that mentions the product's name and the condition that it treats must also disclose its adverse effects, Pfizer has eclipsed its message with a song and an