

Big PhRMA, Big KaRMA

The drugs may be free but the bus costs us plenty

Last Friday, help finally arrived for Lexington's sick and poor—and it came in grand style.

A 45-foot long bright orange bus parked itself in front of the History Museum on Main Street and Mr. Montel Williams, talk show host and celebrity spokesperson for America's pharmaceutical companies, emerged from the tinted confines of an accompanying black stretch limousine.

Flanked by a handful of politicians and a gaggle of press handlers, Mr. Williams delivered a rousing speech. He shared his struggle with Multiple Sclerosis and explained its debilitating effects. Were it not for \$2,000 worth of drugs each month, he would be unable to get out of bed in the morning. But, and Mr. Williams put this demurely, he is in a blessed and rare position for he has the means to afford the drugs. Many of our brothers and sisters, he reminded us, are not so lucky.

And it's true, of course. Nearly fifty million Americans lack health insurance and even the insured often still face staggering prescription drug costs. A government study of 100 frequently prescribed pharmaceuticals found that their average monthly cost had increased 24 percent during George Bush's first four years in office and the cost of brand name drugs had risen three times faster than their generic counterparts.

The people most affected are the elderly living on fixed incomes. The average cost of the fifty drugs prescribed most to seniors is in excess of \$1,500 a year and nearly one quarter of all seniors have reported skipping doses or leaving prescriptions unfilled because of this high cost.

It is an obvious crisis and one America's pharmaceutical companies have keenly acknowledged.

To combat the image that somehow drug costs are quite literally pricing sick people out of the market, the industry's powerful special interest lobbying arm PhRMA has developed the Partnership for Prescription Assistance—this big orange bus and its celebrity spokesperson—to sell an idea to the American public.

The idea? That Big PhRMA Cares. And as they proudly announce, they have now helped four million people get drugs for free or reduced costs and have handed out \$9 billion worth of price-inflated medications.

So a small but enthusiastic crowd ate free bar-b-que in the hot July sun and cheerily snapped pictures of Montel. After the press conference when Montel retreated to the cushy interior of the bus, women hooked to oxygen tanks and men in wheelchairs crowded around the bus's door and waited for a chance to win PhRMA's PR lottery.

It is easy to confuse this for charity and many do. Local media touted Montel's magical medication tour without asking even the most simple questions and more troubling, various health care advocacy groups—those working for universal health care and those working with ailing seniors—encouraged the attendance of their members and supporters.

One sick woman stopped a press flack and pointed to a toy bus in the flack's purse—a tiny replica of this giant air conditioned hope machine. “Can I have that?” she

country's trillion dollar health care bill. For the past quarter century, no other industry has been so consistently profitable, regularly topping the charts of the Fortune 500.

The pharmaceutical industry, like Big Insurance, is largely a product of the post-WWII industrial explosion.

By the end of the 1950s, the drug industry was booming. Sales had climbed from \$300M before the war to nearly \$2.5B in 1958. At PhRMA's 1959 Central Region meeting in Chicago, a Pfizer general manager predicted booming sales into the future, forecasting \$5.2B by 1975. He also predicted revolutionary new drugs for arthritis, mental illness and heart disease, not to mention an effective vaccine for the common cold and a cure for cancer—and it was all to happen by 1965.

So what did happen? Pfizer and other drug companies began buying up government officials. They learned that it was easier to make new versions of old drugs—called “Me Too Drugs” the Cialis/Viagra competition is a perfect example—than it was to cure disease or even find truly new ways to treat old problems.

They found treatments for restless leg syndrome and they created Ambien, a sleep medication so effective you might awake to find yourself frying an egg or driving a car. They have produced a string of sedatives, barbiturates, and painkillers—from Quaaludes to Oxycontin—that are widely abused. They developed anti-depression

tainly sees a healthy profit off its annual \$13 billion Lipitor racket—then are we patients or merely consumers?

As the pharmaceutical industry proudly argues, profit is good for people. The free-market encourages competition. Competition encourages innovation. Innovation means revolutionary new therapies. It all makes perfect sense so long as you don't look at the results.

Between 1998 and 2002, the FDA approved 415 “new” drugs, but only 14 per-

by David Schankula

cent were actually new, 9 percent were old but “improved” and a full 77 percent were those “me too” drugs, the ones that are no better than existing ones already on the market.

Modern American competition is more about undercutting the other guy than it is about creating something new. So these corporations spend billions to simply re-do old drugs.

And the facts bear the charge. A report from the Government Accountability Office released in late 2006 makes the issue plain:

“Drug company spending on [Direct To Consumer] advertising has increased twice as fast as spending on promotion to physicians or on the research and development of new drugs. According to publicly reported data, from 1997 through 2005, spending on DTC advertising increased almost 20 percent each year. Over the same time period, spending on drug promotion to physicians and

dollar they spend must be spread out against the cost of the medications they are shilling. This artificially inflates the cost of drugs.

Add to this the additional \$8,000,000,000 America's pharmaceutical companies pour into hiring former college cheerleaders to dress pretty and invade doctor's offices, pushing drugs and “educating” physicians who spent six years in medical school, and you wouldn't be crazy to question where the priorities are and what it is, exactly, that Big PhRMA is really accomplishing.

So what are they accomplishing? Well, the head of PhRMA, Billy Tauzin, is an obvious clue. Elected to Congress as a Democrat, Tauzin fled the Party following Newt Gingrich's Republican “revolution” and after nearly a decade in the GOP, he and his top aide Ken Johnson shepherded the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 through Congress. No sooner had the bill—which handed \$800 billion of our tax dollars over to the drug and insurance industry—passed, Billy Tauzin and Ken Johnson fled public service for the big bucks of PhRMA's big pocketbook.

The motives are transparent. Montel Williams is on the take. Is that big orange bus helping people? Of course. If four million people got drugs they couldn't afford, then, Lord knows, we should all rejoice.

But rejoicing is not enough. The pharmaceutical industry is a for-profit business. There is no getting around it and there is no denying it—hell, they celebrate it. Profit, they claim, breeds innovation.

It doesn't, of course. To coddle the sick is a more sound investment than to cure the ailing. And the stunning irony of this past Friday should be lost on no one, for at the very moment PhRMA's Vice President, Mr. Ken Johnson, began the introduction of his well-compensated celebrity spokesman, the giant clock tower struck 11 and the bells began to ring—and as they did Mr. Johnson raised his arms to the sky and thanked G-d for this glorious day and thanked G-d for the Partnership for Prescription Assistance.

Unfortunately, the bells were not those of a church but those of a courthouse. It was a stark but no less divine warning to all who would place egregious profit in front of the sick and poor. And perhaps Mr. Williams was alone in recognizing this irony, for no sooner had the courthouse bells stopped ringing and the crowd ceased their laughter did he take the microphone and proclaim, “That was kind of sad.”

And it was. It was very sad indeed. ■

David Schankula, one of Ace's 2005 Model Citizens, is a founder of The Lexicon Project and served as Coordinating Producer on Michael Moore's latest documentary, SiCKO. He can be reached at david@lexiconproject.com.

PhRMA

asked, “for my boy.”

The flack shook her head compassionately. “No, I'm sorry. We can't give these away.”

Indeed. It might hurt the bottom line.

And what is the bottom line? Americans spend over \$200 billion per year on prescription drugs. Pharmaceutical companies see revenue growth of over 12 percent each year. Drugs are the fastest growing part of our

medications that actually made people more likely to kill themselves.

Ailments and conditions exist, of course, and people certainly need drugs for treatment. And in fact, that's the point: people depend on their medication.

But PhRMA's motives are troublesome. If healing and medical research are based upon the pursuit of profit—and Pfizer cer-

spending on research and development each increased by about 9 percent annually.”

The United States of America is one of just two nations to allow these ludicrous advertisements to inculcate its citizens. The nightly news is owned by pharmaceutical companies (seriously, watch the commercial break). For that pleasure, the pharmaceutical companies are shelling out billions—and each