The Ghost Lobby and Other Mysteries of the Modern Physic—Wyeth Pharmaceuticals and New Labour

Martin J. Walker, MA
BM Box 8314
London WC1N 3XX, England
Email: fraka@arrakis.es

Abstract

Throughout 2005 and 2006 I worked on my book about the campaign of a group of women against the Wyeth pharmaceutical company for the damaging effects of HRT. I wrote my essay *The Ghost Lobby* after I had published my book on HRT and almost immediately following the publication of the House of Commons Health Committee *Influence of the Pharmaceutical Industry*. Inevitably, I find myself in a very small minority when I write about the pharmaceutical industry and government. However, in this case, I was in a minority of one. While others saw the report as a swingeing indictment of Big Pharma, liberally set lose by New Labour, I saw it as a put up job aimed at exposing selected dirty laundry of Big Pharma so that the relationship between New labour and the pharmaceutical industry could advance in the areas of vaccine manufacture and the introduction of cognitive behaviour substances, the next big market for the industry. My essay looked at the relationship between parliament, government and the pharmaceutical industry. I chose Wyeth as the focus for the essay because, while writing my HRT book, I discovered that the government and the NHS had formed a partnership strategy for marketing and supporting sales of HRT whatever the adverse reactions.

Keywords: Pharmaceutical company marketing, HRT campaign, the National Health Service, lobby groups, politics of health care.

To swindle other people was, after all,
the honest aim of every business man.
Only the world was always so much wickeder than one thought.
There seemed to be no limit to evil.
Bertolt Brecht[1].

As a nail sticketh between the joinings of the stones,
so doth sin stick close to buying and selling
Sirach 27:2

New labour had opened up secret routes of special
access to allow select corporate chiefs to
bargain, alter or veto the government's key decisions.
Greg Palast[2]

Since coming to power in 1997, New Labour has been 'modernizing' the National Health Service (NHS). Essentially this modernization process has entailed placing the management of health care delivery, in its many different forms, in the hands of free standing agencies; private companies, trusts, foundations, consultancies and even pharmacists[3].

The changes introduced by this decentralization have broken the template for the system of socialized medicine, inaugurated by the first Labour Government over half a century ago, when it acted on the Beveridge report and nationalized the health service. Modernization has also reversed an ideological direction and basic tenet of socialist and social democratic political parties, that the organization of health care should be by the government and reliably depend upon public funding.

One of the principal arguments against placing health care in the hands of private or quasi privately managed organizations has been that regulation becomes more difficult. The suggestion that the regulatory framework slackens in a free privatized or independent market is particularly pertinent in the field of public health.

Ongoing contemporary discussions about health care have tended to centre upon either the structural aspects of modernization, or the ideological roots of policy changes. At the same time, however, that New Labour has been 'modernizing' health care, a number of other important matters relating to health, have come to the fore internationally.

Through the Codex Alimentarias and a network of 'quack-busting' organizations and individuals, the pharmaceutical companies, together with industrial food companies and, to some extent, professional medicine, have being trying to restrict consumer access to natural medicines and therapies based upon them by altering the regulatory mechanisms governing these entities.[4]

[1] **Threepenny Novel**. Penguin Books. Harmondsworth, England. 1973.

[2] Lobbygate, Chapter 7, in **The Best Democracy Money Can Buy**, Greg Palast, Robinson, London2003.

[3] In May 2004, the New Labour government became the first European government to move statins (cholesterol lowering drugs), from the prescription list to over-the-counter-sales, also allowing competitive advertising within the pharmacists. This move will wipe millions off the prescription drugs bill, forcing patients to pay from their own pockets for treatment. At the same time, it is a gift to the pharmaceutical industry, which is straining at the leash to bypass doctors and all kinds of patient–protecting legislation and sell drugs directly to the general population. Who will the consumer sue when they suffer serious adverse reactions, the chemist? To whom does the patient report adverse reactions? The planning to bring pharmacists more deeply into the NHS and make them, as it were, auxillary doctors began four years ago. Interestingly enough, the first pilot scheme decided on in 2000, chose heart disease patients for their trials involving pharmacists in healthcare. See Report of the *All Parliamentary Pharmacy Group; Medicines Management in Community Pharmacies, A Report to Health Ministers.*

[4] In this paper, natural medicine is taken to entail the use of vitamins, minerals and food supplements, and nutritional medicine mainly addresses dietary adjustments principally using organic fruits and vegetables.

doi: 10.1588/medver.2009.06.00209

Throughout the developed world, the statistics for iatrogenic illness and death are rising sharply[5]. The rise has been so steep that a recent American paper[6] suggests that death from medicine, in a variety of forms, is now the principal cause of death in America.

Finally, the headlong onrush of pharmaceutical marketing in the developed world is accelerating at such rates that its methods have sparked off ideological, legal and regulatory battles in some countries.[7] Accelerating pressure for markets has resulted in the 'dumping' of pharmaceuticals in developed countries. In the US, for example, some public school children receive 30 or more mandatory inoculations[8].

Pharmaceutical companies in many countries are facing serious pressure from governments and political parties, who have witnessed this bullish marketing and are making a determined effort to reduce the prices of medicines.[9] According to the Association of British Pharmaceutical Industry (ABPI), pharmaceutical companies spend nearly £9 million every day in Britain in the search for new and better medicines[10]. They also create a positive annual trade balance of over £2 billion and the direct employment of 60,000 people. Against falling employment and output from the UK manufacturing sector, the pharmaceutical companies claim that they offer continuing and expanding capital investment[11].

Over the last ten years, the international pharmaceutical industry has changed radically. Takeovers and mergers have consolidated the remnants of a large and scattered industry, transforming it into a shiny global cartel of a few outwardly iridescent post–industrial companies, each of which having more resources than most national governments.

Driven by the classic capitalist pattern, the pharmaceutical companies have not only emerged as the major global institutions of medicine, but they are also in the vanguard of what has become known as the 'life sciences'. In fact, egged on by the popular media, it has become common to think of these medicine manufacturers as some perceived the nineteenth century State, almost free of value, exploring life as science and science as life, without a thought for the value of social or ideological paradigms.

Two important factors distort the analysis of pharmaceutical companies as classic agents of capitalism. Firstly, a large number of intervening variables interfere with conclusions about the effectiveness of drugs and other medical products. Secondly, many medical products are bought by mediating socialized health care agencies, which do not have mechanisms to even reliably report the efficacy of these products much less assess their effectiveness and which today seemingly ignore the need for independent proof of cost effectiveness before these products are offered for universal use.

From the beginning of its first term in office, New Labour courted the support of the multinational pharmaceutical companies. In 1997, the Secretary of State for Health Stephen Dorrell, explained: "Our policy needs to provide firm support for the pharmaceutical industry ... The industry knows that there will be no surprises, because our partnership is based upon constant, constructive dialogue ... In order to guarantee that the benefits of this are enjoyed by the UK economy the Government is committed to ensuring that *regulation of the sector is flexible and supportive*."[12]

At the ABPI annual dinner in 2003, Alan Milburne, then UK Secretary of State for Health, supported the links which had been forged between the Government and the pharmaceutical industry, saying: 'The starting point is this simple insight: the health of the country and the health of your industry are intimately linked. The stronger our partnership the better it is for Britain.' In October 2003, Lord Sainsbury, Minister for Science and Innovation, who has played a conspicuous part in the partnership between the pharmaceutical industry and New Labour, said: 'The pharmaceutical industry has thrived by being innovative. It is a remarkable tribute to the creativity of British science that 15 out of the world's top 75 medicines were discovered and developed in Britain.'

The increasing commitment of New Labour to the wealth creating cause of Big Pharma has led Tony Blair into a number of public conflicts[13]. The governments defence of GM crops and their early involvement with Monsanto, led to claims of interest conflict against Lord Sainsbury. Blair's almost personal and insistent support for Huntingdon Life Sciences. Moreover, his cabinet's commitment to the Cambridge Primate Laboratory, flew in the face of New Labour's vote–gleaning manifesto pledge to review animal testing and vivisection.[14] And then Prime Minister Tony Blair's seemingly irrational defence of pharmaceutical interests above those of parents in the conflict over MMR, together with the ongoing orchestrated attacks upon

[5] Canadian and British reports.

[6] ***Life Extension*** magazine, Death by Medicine, Gary Null, PhD; Carolyn Dean MD, ND; Martin Feldman, MD; Debora Rasio, MD; and Dorothy Smith, PhD. March 2004.

[7] The most public of these battles took place in South Africa, where pharmaceutical companies tried to bring down the democratically elected government of Umbeke (See *Just Say No Mr President* by Anthony Brink available on disc from the author). Other manifestations can be seen in the massive trial of doctors and pharmaceutical company agents, now taken place in Italy, where 150 physicians have been charged with unethical practices after it was claimed that they have taken bribes from drug companies.

[8] This figure varies between authorities, most citing between 30 and 50 separate injections.

[9] In Germany the reduction of medicine prices has led to companies rellocating. Pfizer, for example, announced that it was to shift its entire R&D department from Germany to the UK.

[10] Department of Health Discussion Paper: The Pharmaceutical Price Regulation Scheme, September 2003. Comments from the Association of British Pharmaceutical Industry, October 2003.

[11] Despite a grandiose picture painted by the ABPI, of over £1-billion capital investment over the four years from 1999 through 2003, this figure only equals the annual return on some companies' best–selling single drug.

[12] Cited in A Corporate Profile of the ABPI by Corporate Watch.

[13] The UK has a relatively low per capita spending on medicines and the lowest market share of the last five years of newly developed medicines. According to the ABPI, New Labour acknowledge this low uptake of their products can damage public health. Department of Health Discussion Paper: The Pharmaceutical Price Regulation Scheme – September 2003. Comments from the ABPI. October 2003.

[14] Alan Milburn in the same ABPI Annual dinner in 2003, did his best to reassure drug company executives who had been threatened by animal rights activists: '…The government unreservedly condemns their campaign of violence and intimidation. We are determined they will not succeed. That is why we have taken action to improve co-ordination between the police and other agencies. It is why we have strengthened the law … I believe that we must deal with those threats in order that we can realise the very real potential that now exists … A growing NHS and the prospect of further pharmaceutical advance provide new opportunities for both industrial prosperity and better health.'

doi: 10.1588/medver.2009.06.00209

Professor Andrew Wakefield, point to a government which, come hell or high water, stands four square behind the interests of the multinational pharmaceutical companies.

In light of the discussions which have been generated over privatization, the relationship between New Labour and the pharmaceutical companies has gone relatively unnoticed. Socialized medicine in Britain gave the pharmaceutical companies access to one of the world's largest, most intact monopoly markets for the distribution of their drugs. We might, therefore, have expected the pharmaceutical companies to be heard far and wide bemoaning modernization. A change to a more disintegrated, privately managed health delivery system could undoubtedly create as many problems for the pharmaceutical companies as it should have done for New Labour's erstwhile left. At the end of the day, however, both groups appear to have gone with the flow of 'modernization'.

The desire of the pharmaceutical companies for an intimate relationship with New Labour reached a head with the formation of the Report of the Pharmaceutical Industry Competitive Task Force (PICTF). The first concern of the ABPI, during its year long 'negotiation' with the government, which gave rise to the PICTF report, was the security of UK markets for the distribution of drugs.[15]

The end of the PICTF was followed by the implementation of another continuing group, named the Ministerial (Pharmaceutical) Industry Strategy Group (MISG), which was to meet once a year, or more. This group, involving cabinet Ministers, officers from the DH, the Dti and executives of the major pharmaceutical companies, has continued to meet and refine policy.

In the MISG, leading pharmaceutical executives meet with ministers to resolve 'key issues that affect not only the industry, but the interests of Government and patients.'[16] The most important benefit of MISG to the pharmaceutical companies, however, is that they are able to advance partnerships, linking up with the Government and NHS agencies to which they can sell drugs: 'The ABPI is involved in an increasing range of partnerships with UK Government departments, with the NHS, with patients and in major EU initiatives.' When the Strategy Group first met in 2001, it was co-chaired by the then Minister for Health Lord Hunt and the Chief Executive Officer of Astra Zeneca, Tom McKillop.[17]

One of the results of the MISG, announced in March 2002 by Lord Hunt, was an agreement between the Department of Health and the pharmaceutical industries. Under the agreement, a partnership will enable joint funding of clinical research on pharmaceuticals in the UK. This agreement, it was said, would lead to the *faster development* of new drugs. The agreement is something which Wyeth Pharmaceuticals, in particular, had continued to ask for since their collaboration in the early nineties with the Public Health Services Laboratory (PHSL) over the meningitis vaccine.[18]

The Labour peer, Lord Hunt of Kings Heath, became a lynch pin in Blair's plans to bring the NHS into partnership with the pharmaceutical industry. As well as co-chairing the PICTF, Hunt also attended the High Level Group on Innovation and Provision of Medicines meetings, which wrote the G10 Medicines Report published in May 2002.[19] Press releases issued during the G10 medicines meetings, and the Report itself, offered every incentive for pharmaceutical sector expansion in Europe.

Four months before the Report came out, a G10 Press Release quoted Lord Sainsbury as saying: 'It is vital that we take every effort to maintain an effective and dynamic European science base which is fundamental to ensuring the continuing development of innovation and research in our pharmaceutical industry.' Despite the fact that health is about something other than science, and medicine is about more than pharmaceuticals, and despite the fact that these meetings were chaired by David Byrne of the European Commission *for Health and Consumer Protection,* there was no voice from consumers, patients or natural medicine at the meetings.[20]

[15] The Task Force deliberated between April 2000 and March 2001. The co-chairmen were, Lord Hunt, then Parliamentary Under secretary of State for Health, and Tom McKillop from Astra Zeneca. The Government team consisted of Lord Sainsbury, Baroness Blackstone, Nick Raynsford MP, Stephen Timms MP and the Permanent Secretary at the Department of Health. The team from the Association of British Pharmaceutical Industry (ABPI) was Sir Richard Sykes, of Glaxo Wellcome, J-P Garnier, now Chief executive of Glaxo Smith Kline, Bill Fullagar, ABPI President and Novartis, Ken Morgan, ABPI Vice President and Pfizer up to June 2000, and Vincent Lawton, APG Chairman and Merck Sharp & Dohme afterwards; finally, Trevor Jones, the Director General of the ABPI. Observers from the Prime Minister's Policy Unit attended all meetings and a variety of officials from government departments were called to meetings to discuss certain issues. The first matter on the agenda was 'Developments in the UK Market', the second and third, 'Intellectual property Rights' and the 'Regulation of Medicines Licensing'. Under the heading of 'Science Base and Biopharmaceuticals', the ABPI expressed their concerns about the need to sustain animal experimentation and gained reassurances from New Labour to give every support to animal testers and vivisectors. This was important, according to the drug salesmen, lest investment in the pharmaceutical industry was made to appear less attractive.

[16] ABPI review 2003.

[17] Other members of the Group were: Lord Sainsbury, Margaret Hodge, Minister of State for Education and Skills, Paul Boateng, then Financial Secretary to the Treasury, Sir Richard Sykes of Glaxo Smith Kline, Vincent Lawson of Merck Sharp and Dohme, Bill Fullagar of the ABPI and Novartis, and Trevor Jones, the Director Gneral of the ABPI. Margaret Hodge is married to Henry Hodge, who began his professional life as a solicitor in Camden and Islington. The company which he established but of which he is no longer a partner or associate, has been involved in a number of difficult and mainly unsuccessful product liability cases against chemical, vaccine and pharmaceutical companies. After being a solicitor, then a barrister, he became head of the Bar Council and is now Judge Henry Hodge, Chief Abjudicator at the Immigration Appeals Authority.

[18] See the last part of the paper under vaccines.

[19] These meetings brought together Health Ministers from Germany, France, Portugal and England, with the President of GlaxoSmithKline, the President of the European Federation of Pharmaceutical Industry Associations, the Swedish Secretary of State for Industry, the President of Internationale de la Mutualite, the European Commissioners for Enterprise and Consumer Protection, with the Chief Executive of the Picker Institute, the President of the Association of the European Self–Medication Industry and the Chairman of the European Generic Medicines Association. The Picker Institute is an international survey research institute of which the European part is based in Oxford. The institute, which conducts feed back surveys for the whole of the NHS area, assesses medicines and procedures from the point of view of the patient. The Picker Institute one of a clutch of evidence–based medicine research establishments which have evolved over the last decade, was set up by an American and is funded in part by the pharmaceutical company Merck & Co. The Institute Chaiman is Sir Donald Irvine.

[20] Although it is clear that the meetings considered, either tongue in cheek or in all seriousness, that the Picker Institute and the Association of the European Self-Medication Industry represented patients at the meetings.

doi: 10.1588/medver.2009.06.00209

The integration of the pharmaceutical companies into the decision–making processes of government and NHS policy, has not been achieved only through formal conferences and official hearings and meetings. One of the most disturbing events, which accompanies the dismantling of a centralized system of any kind, is the dislocation which occurs between buyers and sellers. Into the gap, which has opened up between the drugs industry and the new agencies of procurement, helped and supported by the offices of the Prime Minister and his deputies, the Department of Health and the Department of Trade and Industry, have stepped an army of consultants, lobbyists, medical advisors, media agencies, pharmaceutical company executives and MP's on the make, all of them shouting their wares and pocketing their dosh.

In a 'modernized' health care economy, there are three routes on the road map to effective pharmaceutical marketing. Companies have to infiltrate as many health–issue-specific organizations as possible, enabling them to sell direct to customers – not necessarily patients. Companies have to redirect their sales networks away from physicians and towards more complex and extensive structures within primary care. And, for as long as the government continues to keep to itself some centralized functions of health care, companies have to keep up pressure on government, on both ideological and marketing fronts, to gain and keep contracts for such products as vaccines. Finally, companies have to make sure that they are embedded in the regulatory agencies and review committees.

How well drug companies succeed with these marketing strategies depends upon a number of factors: how the company sees itself historically, how ethical it is, and how deep its 'natural' intimacies are with politicians, civil servants and regulatory bodies. For example, over the period from 1994-2003, Wyeth Pharmaceuticals was very successful in adapting to New Labour's modernized health care system; although, the firm, it might be said, was pushing at an open door.

Wyeth Pharmaceuticals

Partnerships for a better world
Wyeth Report 2003

Wyeth Pharmaceuticals in its present form is the end product of mergers, rationalizations, acquisitions and company collapses over the last couple of decades. Initially a drug company in its own right, founded in Philadelphia in the 1860s, the company has over the last century survived amalgamation with Ayerst, being subsumed by American Home Products before finally shrugging off all its other interests to emerge resurrected in 2001 as the independent company Wyeth Pharmaceuticals. In one of its continuing metamorphoses, however, the company has stayed attached to Lederle, in whose laboratories, under their combined names, Wyeth develops and produces vaccines used in Britain and North America.

Wyeth is in the top handful of the world's biggest pharmaceutical companies. In 2003, the company's total assets were worth $31 billion. In 2002, the company had a net income of almost $16 billion, which showed a growth of 9% over the previous year. The interests of the company's Directors, stretch across what is commonly known as the Rockefeller Empire; the surviving humulculi industries of the original Rockefeller oil, petroleum and chemical combines, which gave birth to the Anglo – US – German cartel of I. G. Farben. These companies, by dint of interlocking boards, overlapping directorships, subsidiary and sister companies, now include, as well as the long standing fiscal resources of Chase Manhattan and J. P. Morgan, the massive media and communications interests of Times Warner (now Times Warner AOL) and CNN. The reach of this media industry has obvious ramifications for the marketing of pharmaceuticals.

As drug manufacturers, Wyeth controlled around 70% of the global market share of Hormone Replacement Therapy (HRT). At the same time, they produced estrogen–based contraceptives, including implants like Norplant. Wyeth–Lederle laboratories also produced a number of vaccines for the British market, including HibTitter, Meningitec and Prevenar. Until a few years ago, Wyeth had a monopoly on the supply of polio vaccine to the U.S. Government. The company previously produced Rota-Shield. Wyeth also produced one of the first benzodiazepine tranquilizers, Ativan, which with other brands, became the bain of the developed world. Since the decline of benzodiazepines, Wyeth has been involved in the production of second generation SNRS antidepressants. Both Wyeth and its previous parent company American Home Products, produced substitute baby (breast) milks.

American Home Products bought Solgar vitamins in the 1990s allowing Wyeth to introduce its proprietary Centrum brand of a number of 'nutritional supplements'. The company's top four selling drugs, which in 2002 each made more than $1 billion, were Effexor, an antidepressant, Enbrel for rheumatoid arthritis, Premarin, its main hormone replacement therapy, and Protonix, an anti–acid reflux medicine. In the 1990s, the company produced diet drugs Redux and Pondimin.

In Britain, Wyeth worked hard to make optimum use of entreaties by New Labour to private interests to get involved in the NHS. The company became the fifth largest seller of prescription drugs to the NHS and more deeply engaged than any other drug company in providing services, like primary care training programs.

Wyeth clearly understood the problems that New Labour had in the financial upkeep of an extensive public health care system which they consider has passed its ideological sell-by-date. Ahead of other drug companies, theis firm moved into the corporate gap left by the demise of the Wellcome Foundation[21], historically the most favoured Anglo-American drug company. The firm foresaw the clear possibility of surreptitious privatization, which could take place with the blessing of the government, and cited New Labour as the firm's support for soaking up NHS business.

> Primary Care Trusts, NHS Trusts and Mental Health Trusts are now at the forefront of delivering healthcare in the UK. Implicit in these names is the idea that such bodies have been trusted to ensure that

[21] This is the drug company which used to be linked to the Wellcome Trust and which after its separation was taken over by Glaxo, becoming Glaxo Wellcome for a short time before Glaxo amalgamated with Smith Klein, becoming Glaxo-Smith Klein.

doi: 10.1588/medver.2009.06.00209

> the appropriate health services are in place to meet the needs of the community. However, in order to achieve the aims of The NHS Plan, the Government has recognised that a new way of working with Private Industry is required. "Ideological boundaries or institutional barriers should not stand in the way of better care for NHS patients." In particular, The NHS Plan outlines the need for the various trusts to work in partnership with the British Pharmaceutical Industry. "… Pharmaceutical industry involvement in the development and implementation of national service frameworks would benefit both the NHS and industry."
>
> "Collaborative partnerships with industry can have a number of benefits … an important part of that joint working will be a transparent approach to any sponsorship…"
>
> "If any such partnership is to work, there must be trust and a reasonable contact between the sponsoring company and the NHS."[22]

These exhortations by New Labour for drug companies to join the party resulted in Wyeth and some other drug companies becoming permanent attenders at Hospital and Primary Care Trust meetings up and down the country. The role of the drug company representative, whose main vocation was to cajole sceptical and patient orientated general practitioners into taking on new drugs, has diminished considerably. The most far–seeing contemporary drug companies have become integrated into the structure of primary health care and fenced off bits of the National Health Service, within which they can promote and use their drugs. The post–industrial drug company likes to see itself as a health care company able to play a part in delivering as well as manufacture healthcare products.

> As a company we have long been committed to developing new ways of helping you meet the challenges of a rapidly changing healthcare environment.
>
> Wyeth currently supports a number of programmes designed to assist general practitioners, practice nurses and practice staff to improve clinical practice. Some of these involve provision of specific materials e.g., packs describing how to conduct vaccination audits and clinical reviews of certain patient groups to achieve more effective patient management.[23] In some cases, Wyeth has provided support for independent specialist personnel, including nurses and pharmacists, to implement management programmes or train practice staff in these areas.[24] [25]

In giving examples of partnership work with the NHS, on its web site Wyeth presented itself as if it were a professional healthcare company, rather than producers of drugs and patent medicines. The company also launched the National Training Portfolio, a range of generic training courses for the NHS. Even alert readers have to be wideawake when reading Wyeth's PR speak lest they be lulled into thinking that Wyeth have philanthropic objectives.

> To assist General Practice, Wyeth support can be clinical, educational or administrative. What are Healthcare Development Managers?
>
> Healthcare Development Managers (HDMs) are highly specialised personnel who provide a single point of contact through which a wide range of specialised support packages can be developed by Wyeth for the NHS.
>
> By understanding what Primary Care Organizations consider to be their main priorities, Wyeth has already been able via HDMs to develop a series of innovative support programmes. These are currently assisting the NHS to meet the demands of DoH directives.

Wyeth's literature, and its UK website, was full of homilies about the realised need for ethical behaviour and a responsible approach to selling drugs to the NHS. However, these ethical pleasantries are undermined even on their own site.

The Wyeth site contained "Menopause Facts": 'A new Wyeth initiative … that gives wide-ranging practical advice on immediate and long-term effects of the menopause.' In effect, was just another soap box from which Wyeth peddled HRT. When you entered the "Menopause Facts" site from the Wyeth site, a window would come up telling you that "Menopause Facts" was an outside site which had nothing to do with Wyeth. However, further into the Wyeth site, if you accessed information about the *Prem* line of HRT products, you were linked to the part of "Menopause Facts" which advertised the various products in this range.

It is quiet clear what NHS entry meant to Wyeth. However the firm described its schemes, they were the Trojan horses via which Wyeth could expand its sales of drugs to the NHS.

…..Drug companies do not have the same goals as physicians, or public health care systems. In fact, some contemporary analysts have suggested that their goals might be diametrically opposed: While the physician tries to return the sick to health, the drug company has a vested interest in maintaining sickness. In a time of cuts, however, most community–based practices will leap at the offers made by private companies, especially when offers come with funding, to make their practices more efficient, patient friendly or their staff more highly trained in

[22] Commercial Sponsorship – Ethical Standards for the NHS. DoH publication, November 2000. Quoted on the then Wyeth web site.

[23] Reading between the lines, this intervention is a way of Wyeth organizing marketing of vaccines from the doctors surgery while at the same time, fullfilling what used to be the doctors role of contact with the Health Protection Agency (HPA) (previously the Public Health Laboratory Service (PHLS)) for communicating vaccine take up. And if a Wyeth-trained nurse actually gives the injection and sees any concerned parents about adverse reactions, then Wyeth also have an influence over their vaccine adverse reactions reports to the Medicines and Healthcare Products Regulatory Agency (MHRA) (Which has now overtaken the MCA and subsummed it into its larger organisation.)

[24] Wyeth UK web site.

[25] Clearly concerned that people will imagine that they are involved in primary care in order to sell drugs, Wyeth have added a rider to this paragraph: 'In these programmes and activities, the materials used are reviewed by independent experts. Throughout the development of these programmes Wyeth has sought to comply with the requirements of probity, transparency and the need to develop trust between the company and healthcare professionals.

doi: 10.1588/medver.2009.06.00209

specialized areas.[26] Areas such as that of menopausal women, for example.

It is important, if a little late, to understand who will be the losers in this process of involving drug producers in health care delivery and what losing will entail. For decades now, pharmaceutical companies have pushed to by–pass the physician in an attempt to gain direct access to the patient. With direct involvement of drug companies in primary health care, not only will any chance of integrating less costly and more effective alternative therapies into the primary care system dissapear but also all the more recognised depredations of the drug companies are bound to run free. Moreover, the faster development and licensing of drugs and shared post-license surveillance will inevitably introduce more experiments on patients, more adverse reactions to drugs, less treatment for adverse reactions, and heavier and heavier drug regimes for babies and children – especially mandatory vaccinations – and for elderly patients.

Partnership Democracy

The number of lobbying firms has grown even more than spin doctors and they obviously have developed out of the so called 'privatization' of government, exploiting the opportunities for mediation and brokerage between government functions and business enterprise.
Mike Peters[27]

In Britain Wyeth has, like other pharmaceutical companies, extensive involvement in a number of charities which promote the firms' products and advertise them to their customers and members, who are often patients. In the field of menopause, which Wyeth has been principally responsible for having turned into an illness, opening an extensive market for HRT, the company has financial connections to the British (and world) Menopause Society (ies), The Amarant (Menopause) Trust, Women's Health Concerns, and HRT Aware (an industry–funded group). In the area of osteoporosis, Wyeth has played a part in the National Society for Osteoporosis and helped fund research through a number of universities in this area. In relation to vaccines, Wyeth has made significant donations to the Meningitis Trust, which, in turn, has helped the firm promote its vaccine for this illness.[28]

Wyeth's attempts to influence drug and vaccine associated health care have been aided by a remarkable campaign run by it, since the year 2000, to influence the British Parliament. In the year 2001, the charity *Women's* Health Concerns (author's italics), chaired by Dr. John Stevens, accepted Don Barrett on to their Committee. Up until the previous year, Barrett had been the Corporate Affairs Executive of Wyeth Pharmaceuticals in the United Kingdom;[29] where he had spent almost his whole adult life selling drugs. On his invitation to the committee, *Women's* Health Concerns issued this statement:

> The Committee invited Mr Don Barrett to join the committee. It was felt that his industry experience and contacts and long association with the WHC would make him a useful member. He was also made an honorary life member of the friends of WHC.[30]

Barrett is not a doctor but he clearly played a prominent role in advancing support to the WHC from Wyeth.[31]

In fact, Barrett was a corporate loyalist and his work for Wyeth did not end with his retirement. When he was accepted on to the WHC committee, Barrett was also a long standing member of the British Menopausal Society—a lynch-pin of Wyeth's operations to sell HRT in Britain and throughout the world—and became a leading member of the Baby Lifeline Charity. Barrett was also a Director of Networking for Industry (NFI), a company which describes itself with the US term, as 'not for profit'. NFI is a lobby company that has, on behalf of Wyeth Pharmaceuticals and seemingly with the full knowledge of New Labour, gone into partnership with Parliament.

Networking for Industry's sister company, also 'not for profit' is Partnership Sourcing Ltd. (PSL), which works out of the same Southwark offices. The main distinction between PSL and NFI, is that PSL was set up in 1990 as a major initiative in partnership (ing) by the Department of Trade and Industry (DTI) and the Confederation of British Industry (CBI). Apparently, after some time in the business and ideological wilderness, PSL's time has now come as this independent self–financing, 'not for profit' company has managed to place itself at the very centre of matchmaking between New Labour and private industry.

PSL did early work for the DTI on partnering in the construction industry; and New Labour's modernizing plans from this industry grew out of their Report, chaired by Sir Michael Latham. PSL now works with all branches of industry and government, including the Ministry of Defence, in arranging partnership concordes between buyers and sellers.[32] The company

[26] While drug companies have made this wholesale entry into the NHS, orthodox medical researchers working on medical ethics are still grappling with questions raised by the brand name coffee mug, the biro or the invitation to conferences in Harrogate.

[27] Mike Peters. New Labour is 'Networking': A guide to Whos's Who in the British political elite in the 1990s. A paper presented at the School of Applied Social Science, Leeds Metropolitan University, May 28 1999.

[28] A longer-term partner of the Meningitis Trust, Wyeth Vaccines recently donated £10,000 towards the Trust's information materials and support services. They also co-sponsored the Trust's Early Years Information Guide - an informative publication aimed at childcare professionals such as nursery nurses, playgroup managers and crèche assistants. (From the Web site of the Meningitis Trust.)

[29] Just to give a flavour of Barrett's work for Wyeth: In 2002, during an exposé and the resultant row by the Observer about Wyeth's funding to research members of the Committee for the Safety of Medicine, Barrett, at that time, Corporate Affairs Executive, told the Observer that figures for funding given by Wyeth to Universities for research were confidential.

[30] Annual Report for 2001 with the Charity Commission.

[31] Barrett joined the pharmaceutical industry as a medical representative in 1959 and stayed with Wyeth Pharmaceuticals during his career, where he was also sales manager, director of marketing services and finally the company's UK main board director for corporate affairs. He claims to have been involved in the women's health field since the late sixties.

[32] The PSL Board is made up of: **Sir Michael Latham,** Chairman of The Construction Industry Board (1995 - 1996), author of the joint Government and industry review of construction published in 1994. In April 2004, Latham has been appointed by Construction Minister Nigel Griffiths to carry out the review of the Construction Act promised by Chancellor Gordon Brown in last month's Budget. **Richard Arnott** of the Dti. **Lord Berkeley,** Civil engineer Sir Alexander Gibb and Partners 1961-67; Chairman, George Wimpey plc 1967-87; Public affairs manager, Eurotunnel 1987-95; Chairman, Piggyback Consortium 1995-98, Rail Freight Group from 1997. **Andy Scott**, the CBI's director of interna-

doi: 10.1588/medver.2009.06.00209

might be described as an independent think tank, which brings together industry and government for the purpose of organizing partnership contracts.

However, in the business of selling drugs to the government, and participating in health policy outside its formal committees, Networking for Industry (NFI) has taken over.

NFI is quite a different organization to PSL, because although it leans heavily towards NHS modernizers, Wyeth Pharmaceuticals has considerable influence on its board.[33] The company claims to be, 'dedicated to stimulating positive change in the UK by generating dialogue and understanding between key stakeholders on important issues.' NFI is, however, simply a lobbying group which, in the field of health, has become deeply involved in Parliamentary affairs.

Networking for Industry is at the centre of four other lobby and 'communications' organizations which it has set up: The Associate Party Sustainable Waste Group (APSWG), The All-Party Design and Innovation Group (APGDI), The Associate Parliamentary Manufacturing Industry Group (APMIG) and the Associate Parliamentary Group on Health (APGH). The two groups which deal with industry links and technology design innovation, APMIG and APGDI, are integrated in the DTI network of partnering organizations. The APGH and APWG deal with two of the most lucrative and contentious post–industrial service areas: health and waste disposal.

There are two types of inter–party groups in the Commons*: All Party Parliamentary Groups,* which consist entirely of members of either House, and *Associate Parliamentary Groups*, which can have on them or associated with them 'strangers', those from outside either Houses. In 1984 and 1985, Parliamentary regulations brought into practice an approved list of All Party Groups and a Register of All Party Groups. These regulatory measures gave Parliament assurances that groups which said they were All Party Groups were recognised by Parliament and at the same time gathered basic data about them and the outside bodies which were associated with them.

A good example of an Associate Parliamentary Group, picked at random, would be the Associate Parliamentary Engineering Group. This, as their web site says, 'is a well established group with a representative membership of over 110 MPs and peers, 44 non parliamentary individuals and over 100 engineering companies, consultancies, universities and other corporate bodies.' Each Associate Parliamentary Group has a secretariat, which organises its affairs, issues statements and plans conferences or publishes position papers. The secretariat for the Associate Parliamentary Engineering Group is provided by the Royal Academy of Engineering.

As long as the constitution of the promoting body is good, and the body is as inclusive as possible, neither the Parliament or the people need have fear of a drift towards sectarianism or vested interests.[34] As one should expect with a Royal Academy, we are well on the way to a minimum of conflict interests and no obvious routes to illicit pressure being brought on Members or ultimately the government.

Taking the Associate Parliamentary Engineering Group as a model, one would expect the Associate Parliamentary Group on Health to be a large group representing health interests across the board, with everything from the Royal College of Physicians to the National Society of Homeopaths represented.

The APGH was set up by Networking for Industry and is administered by them from its offices in Southwalk. While the Associate Parliamentary Group on Health itself, has all the appearance of being well grounded and exempt from conflict interests, the group has linked to it a panel of high powered advisors. These advisors, drawn from experts with the narrowest specialised interests, are firstly dominated by Labour modernizers and secondly by Wyeth–Lederle interests. The secretariat for the APGH operates from the offices of NFI and its senior officer is a serving Wyeth Pharmaceuticals executive who works with two assistants who are paid out of money granted to the NFI by Wyeth and other pharmaceutical companies.

The Associate Parliamentary Health Group (APGH) has registered a number of 'associate members' or industry backers, including, Wyeth, GlaxoSmithKline, Astra Zeneca, BUPA, Abbott Laboratories, BT, Pfizer and PRI MED[35], each of which, except Wyeth—which declares a contribution of £15,000—[36] contribute £5,000 annually to the group's organization. The big pharmaceutical companies, all member companies of the ABPI, and BUPA, the largest medical insurance company in England —which in theory would have to deal with adverse effects of drugs—is headed up by one of New Labour principal donors. All of the pharmaceutical companies hope to sell products to the NHS. However, Wyeth is the firm which is almost singularly involved in the provision of staff and finances for the extensive website facilities that are provided for Members of Parliament.

The APHG provides Wyeth Pharmaceuticals, and indirectly the ABPI, with a direct influence on matters of health inside the Parliament. Since 2002, the APHG has provided an extensive diary, and advice on health issues and agenda for MPs who are

tional competitiveness. **Barry Sheerman,** New Labour MP for Huddersfield since 1983, chairman of the Commons Education Select Committee and also a leading figure in Networking for Industry. Labour peer, **Lord Evans of Watford,** Non-executive Chief Executive Officer Union Income Benefit Holdings plc from 2001. The Steering Group of PSL has around 35 members who represent either government departments, national agencies, or large corporations which include: Scottish Water, Willmott Dixon, BAE Systems, Siemens, British Energy, Orange, the CBI, the Dti, and some University academic departments. The representatives are mainly involved in procurement. 14 organizations which work at partnership are PSL's complementary partners – organizations which work professionally in contractual or conflict resolution situations, like ACAS. These large groups are organized and serviced by the PSL executive and office team.

[7] While PSL is an open and transparent organization, which both the Dti and the CBI are happy to promote, after its successful work over the last decade, its sibling organization Networking For Industry, is far more secretive. Nowhere on the internet does the company give details of its Board of Directors.

[34] In some small Associate Parliamentary Groups, such as the Associate Parliamentary Group on Political Art - yes there is one - a certain degree of vested interest is clearly a prerequisite for membership.

[35] It is not necessarily the case that any of these companies are Wyeth competitors in this matter. Abbott Laboratories has links with Wyeth, Pfizer is also a member of the Rockefeller Empire and BT, for instance, is contractually linked to Wyeth for which it carries out the communications and web site work. BT has been a partner in the funding of other organizations fronting for Wyeth, in particular, The Amarant Trust.

[36] The total figure of £20,000 is relatively meaningless. The APHG website advertises that it is backed by an unrestricted grant from Wyeth and, in Fac., is probably webmastered by a Wyeth partner organisation.

doi: 10.1588/medver.2009.06.00209

members of its password-secured website. The secretariat, the advice group and the website have, in fact, done everything to support MPs on health matters that a good civil service would do, if it had not been dismantled. The only difference is, that, whereas the civil service used to be governed by strict rules to keep vested interests at bay, this civil service is run by Wyeth Pharmaceuticals. It has an agenda of breakfasts and mealtime meetings, seminars and talks, provided in buildings adjacent to the Commons, which introduce Ministers, NHS and DH staff to drug company executives and private health service providers.

The setting up and funding of groups within Parliament by commercial lobby companies has become relatively commonplace since New Labour came to power. And, perhaps, few eyebrows would be raised at the disclosure that the ABPI is controlling a Parliamentary Group on Health. However, in the shadow of this Group, Wyeth and the ABPI have selected another group of advisors, who are not Members of Parliament but who, through the APGH, have direct access to government offices. The advisors include two Wyeth executives.

The NFI website makes a point of informing us that 'the officers' of the Associate Parliamentary Health Group are answerable to the Parliamentary Commissioner for Standards and Privileges, which, of course, they would be because they are Members of Parliament. In a clever piece of wording, the website then runs information about the Group's advisers, misleadingly intimating that they too are answerable to the Parliamentary Commissioner:

> The Officers of the Associate Parliamentary Health Group are responsible to the Parliamentary Commissioner for Standards for the activities and conduct of the Group, and together with the Advisory Panel provide the motivation and leadership that makes the initiative a success.

Incredibly, during the early 2000s, amongst these advisors was Duncan Eaton, Chief Executive of the NHS Purchasing and Supply Agency.[37] Eaton has spent his career in the NHS and held senior positions in a number of Health Authorities. The other advisers were: Professor Kenneth Calman, a previous Government Chief Medical Officer; David Colin-Thome, the National Clinical Director for primary care at the Department of Health; Julie Dent, the Chief Executive of South West London Health Authority; Lord Toby Harris of Haringey, and Dame Deirdre Hine.

Sir Kenneth Calman was Chief Medical Officer to the government from 1991 to 1998. Calman's residency as Chief Medical Officer was beset with controversies, which included the BSE crisis, the biased CMO Report on ME/CFS, and the beginning of the row over MMR, as well as the Government support for banning Vitamin B6. Calman has served on the Executive Board of the World Health Organization and the European Environment and Health Committee. He was chosen by Lord Sainsbury to take part in the Chemistry Leadership Council (CLC) a body formed in 2003 by the DTI and described as 'an industry led task force', which intends to develop a profitable future chemical industry.[38] One of the many matters on the agenda of this council was 'Self–regulation'. However, unlike the more obviously profit generating roles of the Council, the CLC website stated in 2005 that, for the moment, 'Self Regulation is on the back-burner.'

The two Wyeth executives who acted as advisors in this period were Bernard Dunkley and Kevin James. Dunkley was also a Director of Networking For Industry and was named as Special Advisor to the APHG.[39] With 37 years experience marketing drugs, he was also a serving *Government Affairs Director* for Lederle and Wyeth Laboratories UK, the part of Wyeth which developes vaccines.

Kevin James[40] was Executive Managing Director for Wyeth UK. Perhaps more importantly, he was also a member of the ABPI Board of Management. This and the fact that in 2004 he took over Chairmanship of the American Pharmaceutical (companies in England) Group (APG)[41] made him one of the highest ranking drug salesmen in Britain. The previous Chairman of the APG was Vincent Lawton (1999 – 2004) a committee member of both the Pharmaceutical Industry Competitive Task Force (PICTF) and the Ministerial (Pharmaceutical) Industry Strategy Group.

The last report of the American Pharmaceutical Group (APG), Headroom for Innovation in Primary Care, assessed the allocation of additional resources in primary care, while arguing for the faster uptake of new medicines by the NHS. On behalf of the ABPI, James has also argued before parliamentary committees for a closer partnership between the government and pharmaceutical companies in trialing new drugs and conducting post–licensing surveillance.

The actual Associated Parliamentary Health Group, whose members put themselves forward to be selected by their parties in the Commons or Lords, and which is meant to be the main debating forum on health in the Houses of Parliament, consisted of: Baroness Cumberlege, Baroness Masham of Ilton, David Amess MP, David Drew MP, Sandra Gidley MP, Patrick Hall MP, Dr Howard Stoate MP, and Dr Richard Taylor MP.

There can be no doubt that some of these members have no idea that they are a part of a maneouvre by a lobby group. Some other members are in positions where they may be pressured by lobbying organizations, while others appear themselves to be familiar with the terrain of lobbying and pharmaceutical marketing.

[37] Chief Executive of the NHS Purchasing and Supply Agency, Eaton has worked in the NHS for over 30 years. He is former Director of Operations with North West Thames Regional Health Authority, Chief Executive of South Bedfordshire Health Authority, and Chief Executive of Bedfordshire Health Authority, Past President of the Chartered Institute of Purchasing and Supply and of the Healthcare Supplies Association.

[38] Calman was given a place on the Futures strand of the CLC which throws together people like Johnothan Porritt with the Chairman of BP, with the idea of resolving a green future for chemicals.

[39] Former national field sales manager for Lederle Laboratories.

[40] Joined the Pharmaceutical Industry with Lederle Laboratories in 1975. His career has encompassed numerous sales and marketing positions in the UK. He was appointed Pharmaceutical Director for Wyeth at the time of the takeover of American Cyanamid and subsequently appointed Managing Director for the UK and ROI in February 2002.

[41] American Pharmaceutical Group, comprises 13 US based pharmaceutical companies, which apparently account for 35% of sales for the UK industry. Chris Mockler, a Senior Policy Advisor to GPC, acts as secretary to the APG, in the Long Acre offices of GPC International. GPC is a Canadian based worldwide government and public relations consulting firm with a network of offices in 16 countries and 500 consultancy groups.

doi: 10.1588/medver.2009.06.00209

David Amess MP was then a current member of the Parliamentary Health Committee, a body appointed by the Commons to examine expenditure, administration and policy of the Department of Health and its associated bodies[42].

At least one member of the APGH has links with drug companies. Dr Howard Stoate was then Chair of the All Party Group on Men's Health (APGMH), of which David Amess and Sandra Gidley were also members. Stoate had set up the APGMH on behalf of the Men's Health Forum (MHF), a registered charity. Despite being a charity, the Men's Health Forum is clearly an instrument of pharmaceutical marketing, supported amongst others by Merck Sharp & Dohme, Pfizer and Roche.

Undoubtedly, the two heavyweights from the Health Group and its advisors APGH are: Baroness Cumberlege, who is both a group member and an advisor, and Lord Hunt of Kings Heath. Despite coming from different sides of the house, these two peers have a lot in common. They were both Ministers of Health, Cumberlege during the Premiership of John Major from 1992 to 1997 and Hunt from 1999 until 2003. They are both NHS modernizers and they both have had dealings with pharmaceutical marketing in different forms. But perhaps most perversely, during this period, Lord Hunt is also a Director of baroness Cumberlege's NHS integrated health consultancy company, Cumberlege Connections.

Lord Hunt, while Minister of Health, was the instigator of the Pharmaceutical Industry Competitive Task Force Report.[43] The Task Force later developed into The Ministerial Industry Strategy Group, set up to carry on a continuous dialogue between Ministers and pharmaceutical company executives. He also has links with the Sainsbury family and their trusts, being a Senior Policy Advisor to the Sainsbury Centre for Mental Health.[44] Until recently, Lord Hunt was a member of the key policy group which steers New Labour through its relationships with the modernised NHS and the pharmaceutical companies. While in the group, he stated, 'The UK has a thriving and successful pharmaceutical industry and we want to keep it that way.' In January 2004, he took up a £58,000 a year appointment to chair the new Patient Safety Agency, a post for which his meetings with pharmaceutical company executives make him eminently suited.

When Baroness Cumberlege was elevated to the Lords, she began a long journey through various PR and health Consultancy companies which ended in 1993 with Cumberlege Connections, a consultative company which organizes conferences and training courses to equip people to deal with government and what is left of the NHS.

On her way to Cumberlege Connections, the Baroness passed through some less laudatory organizations. From 1997 to 2001 she was an Executive Director of MJM Healthcare Solutions, which, with its sister organization Mental Health Strategies, is part of Niche Healthcare Consulting. Both MJM and MHS develop strategies, review provisions., and provide special advice on resourcing healthcare solutions. In 2001, she joined the board of Huntsworth plc. This company, which describes itself as 'a specialised communications group with public relations at its core', is comprised of a number of market service agencies like Counsel, ehpr, Greyling public relations and pbc. Major clients of Huntsworth plc., are Astra Zeneca, Pfizer, Chiron Evans vaccines,[45] Merck, Shire, Aventis, Novartis, Roche and Abbott Laboratories. In 2001, Cumberlege left Huntsworth to team up with Anthony McKeever[46] as co-director of Quo Health management consultancy. In January 2003 , Quo Health was one of eight private companies added to the Franchising Register of Expertise, making them able to submit management bids to rescue failing NHS hospitals.

With the overall objective of protecting markets and selling drugs, it is easy to see the kind of decisions that Wyeth and their team of advisors might want to influence – matters to do with vaccines, HRT, natural health and supplements, all spring to mind – and upon which matters Wyeth and the ABPI might wish to take regularly and 'covertly' to the PM. The advisory group to the APGH gave Wyeth Executives almost direct access to Tony Blair (and his successor in 2007, Gordon Brown), as if they were members of Parliament.[47] [48]

Despite the presence of Kevin James in a high powered position on the board of the Association of British Pharmaceutical Industry, and despite Wyeth's close relationship with the Government, the company was not directly involved in the Ministerial Pharmaceutical Company Task Force or the strategy meetings which followed.

[42] Just as I was finishing this paper, the House of Common's Health Committee announced an Enquiry into the influence of the pharmaceutical industry. One of the members of the committee is David Ames and another is Dr Richard Taylor, both of whom are members of the APGH

[43] During this time, he was also a member of the G10 Committee, an EU Commission Committee which mapped out the future of the European drugs industry competitiveness.

[44] During the period that Hunt was the Minister of Health and one of the advisors to the APGH, another of the advisers, the previous Chief Medical Officer Sir Kenneth Calman, instigated a Chief Medical Officer's Committee on ME/CFS. One of the Sainsbury's Trusts, was allowed to buy a place on the committee, to make sure that the psychiatric view of ME was even better represented.

[45] Chiron was one of the companies producing the Meningitis vaccine agreed by the Committee on the Safety of Medicine, despite conflicting interests in both Wyeth and Chiron being declared by some of the Committee members.

[46] A former Conservative Government advisor and NHS Chief Executive. Quo Health describes itself as offering 'a practical yet visionary, idealistic yet pragmatic, combination of expertise from the world of business and the world of NHS senior management.'

[47] Professor Andrew Wakefield, who has suggested a link between MMR and autism has been all but run out of the country following a dirty tricks campaign by the medical establishment. The well respected doctor, alternative practitioner and expert on childhood allergy and asthma, Dr Mansfield was arraigned on disciplinary charges before the GMC, following accusations that he had advocated separate single innoculations as an alternative to the autism associated MMR vaccine. The DoH mounted a massive propaganda campaign, costing thousands of pounds against Dr David Pugh who offered parents single vaccines at two clinics in Elstree and Sheffield because he said there was some doubt about MMR contributing to autism. The DoH claimed without presenting any evidence that the vaccines which Dr Pugh had been giving did not give immunity and the GMC, doing Big Pharma's work banned Pugh from immunising children 'until October 2004'. In November 2003, Dr Pugh was granted £50,000 bail at Crown Court, where he was arraigned on eight charges 'of using false pathology reports.' Not surprisingly, DR Pugh has since relocated to New South Wales, Australia.

[48] The restrictions on vitamins and food supplements, beginning with the attempts to ban the sale of Vitamin B6, used incidentally by women suffering PMT or going through the menopause, and therefore part of Wyeth's market, has always been supported by the government and the Department of Health. The campaign against B6 which took place in Britain and North America, was heavily backed by New Labour Ministers who used bogus studies to shore up their arguments that its sales should be restricted.

doi: 10.1588/medver.2009.06.00209

There can be no doubt that the Advisory Group to the APGH leans towards New Labour's plans for modernizations. Equally, a number of the Advisory Committee, people like Calman, Thombe and Hunt, are Government intimates as well as modernizers. Pressumably, they have discussed matters with New Labour's senior ministers. Gordon Brown and others in Government know that Wyeth Pharmaceuticals and the ABPI are embedded within Parliament. Or were they invited there anyway by the PM's Policy Unit as an opaque way of continuing the policy discourse with Big Pharma?

The reason why Wyeth was chosen to head up a mission to go where no pharmaceutical company had gone before, on behalf of the ABPI, can probably, in part, be traced back to the historical involvement of the Rockefeller drugs empire in the development of English medicine. In 1925, for example, Rockefeller donated millions of pounds to develop the medical research facilities of University College London, the Middlesex Hospital and University College Hospital. This funding was continued by the Wellcome Trust, which was until the mid nineties in receipt of all the tax exempt profits of the British part of the Anglo-American pharmaceutical company Burroughs Wellcome. Since the early nineties, Wyeth has curried favour with the Government through agencies like the Public Health Laboratory Services.[49]

Where does this manipulation of the democratic process leave patients? If the usual market devices utilised in the awarding of tenders and franchises have been ignored, if the normal academic and learned discourses are by-passed if the ABPI have the Prime Minister's ear, how can we trust, or even assess the quality, or the need of the pharmaceutical services being offered and sold to the NHS?

Wyeth Pharmaceuticals: An iatrogenic history

Until sickness came to be perceived as an organic behavioural abnormality, the patient could hope to find in the eye of his doctor a reflection of his own anguish.
What he now meets is the gaze of an accountant engaged in an input/output calculation.His sickness is taken from him and turned into the raw material for an institutional enterprise.
Ivan Illich[50]

It might perhaps be more difficult to criticize New Labour for their resort to subterfuge and covert stratagems, if we could live with the certainty that the pharmaceutical companies held the answer not only to infinite profit but also to universal health. But what if New Labour is wrong about their partnership with Big Science and Big Pharma. What if they fail to deliver paradise and usher in a future pock–marked with the irreversible human damage created by a continuous barrage of bio-chemical and biological medicines.

Two disconcerting phrases in the 2003 Wyeth Annual Report demonstrate how lacking in concern about health and how bereft of culture, intellect and literary sophistication is the modern multinational business.

One section of the Report profiles Wyeth's four one billion dollar selling drugs during 2002, each drug is introduced with a full page colour photograph of a grateful consumer.[51] Protonix is a drug manufactured by Wyeth, which they claim heals the damage caused by acid reflux – or indigestion. The page about it shows the portrait of moderately handsome Victor Madrigal, from Laredo, Texas, wearing a jazzy shirt and eating crisps. Beneath this portrait is the following: 'Victor Madrigal of Laredo, Texas, began taking Protonix in 2003 after being diagnosed with erosive esophagitis. Victor had been suffering from sever heartburn during the day. At night, acid reflux interfered with his sleep. Protonix relieved these symptoms, allowing Victor to sleep throughout the night *and resume eating his favourite foods.'*

Perhaps what is so frightening about these sentences, is that the highly paid media consultants used by Wyeth, or their own in–house department failed, to understand that in these two sentences they summed up so cogently the principle argument against the use of palliative pharmaceuticals. In pharmaceutical company promotion, cynicism has turned into beguiling naivety to the point where one would not be shocked to read the slogan: 'We'll make you feel better while you continue to make yourself ill.'

The second turn of phrase in Wyeth's 2003 Annual Report, is also frighteningly honest and oddly beyond cynicism. Opening the section of the Report which deals with what companies call 'contingencies', i.e. a chance occurrence which might adversely affect the finances of the company in the future, the Report says:

> The Company is involved in various legal proceedings, including product liability and environmental matters of a nature considered *normal* to its business. (Author's italics.)

The surrealism implicit in this statement only becomes clear when you read on. Wyeth's drugs Pondimin and Redux, referred to here, were found in the mid–90s to be responsible for causing, amongst other conditions, 'valvular heart disease'. Claims on the company, which are still being dealt with, numbered initially 111,700.[52] Of these, 11,200 claims have been processed to completion. The Report suggests that claims will continue to be brought until the year 2015. The amount of money put aside in trust to pay these claims, is presently $3,750 million, although the company fully expects claims to exceed this amount.

[49] See last section of this paper under vaccines.
[50] Ivan Illich, Medical Nemesis: The Expropriation of Health. Calder & Boyars Ltd., London1975.

[51] Perhaps more than any other type of multinational company, pharmaceutical giants are adherents to strict political correctness. It is almost as if, knowing they are going to damage a large number of peoples lives, they have to stress that this damage is shared out equitably. Every photograph in Wyeth's Annual Report can be clearly read. There are young men and young women in equal number, there is ethnical diversity - not simply black individuals – with Asian and Oriental people, and there is a good selection of apparently lone mothers and silver haired oldies just to show that Wyeth does not have a discriminatory employment policy. The fact that poor and elderly ethnic populations in North America find it difficult to access medical care is not a subject which is dealt with in the Annual Report.
[52] The report breaks these down into those which are plausible and those which, for whatever reason, appear unsuitable for payment. Wyeth took legal action against some doctors who had helped lawyers gather evidence of the drugs damage.

doi: 10.1588/medver.2009.06.00209

Had this Report been the Annual Report of the US Armed Forces, perhaps news of 11,200 (at its absolute lowest) civilian casualties might be reckoned as expensive but unavoidable collateral damage. But, how can a health care business shrug off as 'normal' critical health damage to between eleven and one hundred thousand people? Perhaps more pointedly: Why is society at large and the regulatory agencies falling for this immense confidence trick?

The marketing goal of pharmaceutical companies, is not health, it is making maximum profit from its products. Strategies for achieving their marketing goals can be broken down. Firstly, to produce drugs which individuals take for long periods of their life, if possible, all their life. Secondly, to discover or create large universal populations to which drugs can be sold. Finally, to find easily manipulated populations in which the previous factors are present, for example, the workforce and the families of multinational companies or patients tied to national systems of socialized medicine.

Almost all products of pharmaceutical companies produce either long-term or short-term adverse reactions in many of their consumers. However, because of the refusal of physicians to acknowledge the damage done by pharmaceuticals, many of these adverse reactions lead to the prescription of even more drugs – to treat undiagnosed complaints.[53]

The last section of this paper looks at the health, social and regulatory problems which Wyeth has encountered over the last few decades. It is necessary to raise these issues because, encouraged by free market tendencies and New Labour, Wyeth has accessed the British Parliament, the NHS and parts of the voluntary sector, without any kind of regulatory audit.[54] Nothing in this section of this paper is meant to imply that Wyeth Pharmaceuticals are any more (or any less) responsible than any other pharmaceutical company for causing sickness and death in their consumers.

Hormone Replacement Therapy: A History of Cruel Experimentation

We estimate that over the past decade, use of HRT by U.K. women aged 50-64, has resulted in an extra 20,000 breast cancers.
Valerie Beral [55]

Knowledge of drugs and drug disasters amongst the general public tends to be patchy and inevitably this gives pharmaceutical companies the edge in re–releasing and re–designing drugs which might at any given time be found to be dangerous. Estrogen replacement therapy has been a kaleidoscope of changing ideas since the eighteenth century and a reality of changing prescriptions since just before the Second World War. The continuous prescription, to women, of a wide variety of estrogen replacement therapies over a sixty year period, with devastating results to women's health, has led a number of commentators to the conclusion that women have been the subjects of a massive experiment.

Wyeth began producing an estrogen-replacement drug based on mare's urine in the 1940´s. This prescription continued running parallel to the synthetic estrogen products produced by other companies. The biggest seller of these prescriptions was Diethylstilbestrol, known as DES. From the beginning, the side effects of DES were recognised as nausea, vomiting, headache, edema and uterine bleeding. DES was produced with a warning to physicians that it should not be given to women with a history of breast or genital cancer or liver disease. DES was initially given to women who might miscarry. Around two million women took DES in North America between the late 1940s and the early sixties.

Throughout the 1950s, there was increasing evidence that DES was not only ineffective but had serious side effects, including uterine disease. Despite continous reports of adverse reactions, throughout the nineteen sixties, in North America, around one million pregnant women were given DES, for a variety of 'problems'.[56]

The earliest cases of endometrial cancer associated with DES were reported in 1966. A 14-fold increase in postmenopausal women who had undertaken ERT for over seven years was reported.[57] In 1971, two studies linked cancer in daughters to the administration of DES to their pregnant mothers. In November 1971, they announced that DES should not be given to pregnant women.

It was eventually found that between 60 and 90 percent of daughters born to women who took DES during pregnancy had abnormalities in their vagina or cervix, DES daughters stand a substantially higher risk of miscarriage, stillbirth, ectopic pregnancies and other poor pregnancy outcomes.[58] DES sons have highly increased rates of sterility and testicular abnormalities,[59] while DES mothers have a 40 percent greater chance of developing breast cancer.[60] It has been estimated that 60,000 North American women will eventually die of breast cancer as a consequence of taking DES.[61] [62]

[53] The Medicines Control Agency has itself admitted to a ninety per cent under–reporting of adverse reactions.

[54] One of the issues which the ABPI wished to discuss with Ministers in the Task Force, was what they saw as the problem of NICE (National Institute of Excellance). The ABPI pointed out that no other country in the world had a second tier of medicine and equipment evaluation after trials, which decided which were the best treatments. It would perhaps have worried them even more if NICE was a more transparent organization which also independently assessed the treatment value of complementary medicines!

[55] Director of the *Cancer Research UK* Epidemiology Unit.

[56] Liane Clorfene-Casten, **Breast Cancer: Poisons, Profits and Prevention.** Common Courage Press. Monroe, USA 1996.

[57] Wenner, Lancet, 1939, cited by Liane Clorfene-Casten.

[58] John Robbins, **Reclaiming Our Health**, H J Kramer, California 1996.

[59] ibid.

[60] Ibid.

[61] Diana Dutton, **Worse than the disease: Pitfalls of medical progress**. New York. Cambridge University Press. 1988. Cited in John Robbins, **Reclaiming Our Health**.

[62] DES had also been used as a hormonal growth promoter in food animals. By the 1950s, DES had become a major food additive, despite the fact a hormonal effect had been demonstrated in women who ate poultry treated with DES. (Bird Endocrinology, 1947, cited in Liane Clorfene-Casten.) In November 1971, Senator William Proxmire submitted legislation to ban the use of DES in feeding cattle and sheep. But according to the Agricultural Department a ban on DES would have increased the price of beef by three and a half cents a pound. Proxmire said, 'cheap beef or lamb is a very bad bargain indeed if it brings with it the threat of poor health.' Despite other attempts to bring in legislation it was not until 1972 that the Agriculture Department announced new and restricting regulations for the use of DES as a growth hormone in food animals. However, even stricter regulations were brought in a short time later when it was found that the residue levels of DES in animal meat was twice the regulatory maxi-

doi: 10.1588/medver.2009.06.00209

Wyeth's estrogen replacement therapy Premarin really got off the groud in the 1960s, against the backdrop of the DES scandal. Because it was based on mare's urine, Wyeth always suggested that their products were natural as against those based on synthetic estrogen. Whether or not introducing any kind of estrogen into women's bodies was dangerous has never been (even to this day) a concern of the drug companies.

Selling HRT direct to the public

In 1966, New York gyneocologist Robert Wislon, wrote **Feminine Forever**, the book that kick–started the sales of Wyeth's HRT product Premarin.[63] The book crudely set about undermining the security of middle–aged women and soliciting the help of their male partners in getting them hooked on Premarin. The book played on women's guilt about the family, the possible onset of illness in old age and latent insecurities about being left by their partners as they 'came down with' the menopause.

Wilson's message was about something that could save women from the lingering hell of constant and painful decay and rescue their partners from living with a mad harridan who would deny them sexual relations. This book about women, written by a man, sent millions of women urged on by their male partners flocking to their doctors to sign up for HRT.

Wilson did not confine his cynical and misogynist views to the book, he wrote articles, he went on lecture tours, he appeared on television and the radio while writing more academic papers for journals. Wyeth–Ayerst used the publication of **Forever Feminine** to aggressively market Premarin, playing on the same insecurities and misogyny. One advertisement that appeared in the early 1970s read, 'Almost any tranquilizer might calm her down, but estrogen is what she really needs.'[64] Even the FDA saw Wilson's writing for the drug company's propaganda that it was and within a year of the publication of his book, they had made Wilson himself persona non grata by defining him as an 'nacceptable investigator'.

Nine years after the book's publication, in 1975, the first studies which warned of endometrial cancer in women taking estrogen therapy were published in the ***New England Journal of Medicine***. According to the studies, five years use of estrogen replacement therapy increased the chances of endometrial cancer by six times, in the longer term the chances went up to fifteen times.

Wyeth quickly came up with a conjugated estrogen— containing progesterone—which they began marketing as a safe Hormone Replacement Therapy (HRT). No action was brought against the publishers of **Forever Feminine** for making false claims and the book continued to circulate.[65]

In 2002 after a second study showed that even the conjugated estrogen-progesterone HRT heightened the risk of breast cancer, Ronald Wilson, Robert's son, disclosed that, not only had Wyeth–Ayerst paid Wilson to write the book, they had funded his lecture tours, his plush offices in New York, the Research Institute which he had set up and all his research. Despite these revelations, no action was taken against Wyeth–Ayerst or the publishers of **Forever Feminine** for quackery or making false claims.

The Amarant Book of Hormone Replacement Therapy

While both the FDA in the US and the MCA in England have been keen to tackle claim–making literature which accompanies therapies or therapeutic products,[66] nothing was done about the publication of Wilson's book. Consequently, the covert production of books advertising and selling prescription medicines has continued.[67]

The Amarant Book of Hormone Replacement Therapy, published in 1989, is entirely about a prescription medicine, and is directed at vulnerable women consumers. Such advertising has been illegal in England since the 1968 Medicines Act. [68]

The books authors, Teresa Gorman and Dr. Malcolm Whitehead, began the Amarant Trust in 1986 with the intention of setting up clinics to provide HRT. Although the Trust was accepted for registration as a charity – odd in itself given that it intended to advertise and administer prescription drugs – the charity floundered until 1989, when in June of that year the book was published. During 1989, the Charities funds went from a deficit of 13,000 during the previous year to a surplus of 30,000. 1989 was also the year The Amarant Tust received its first declared donation of 5,550 from Wyeth.[69]

The whole of the front cover of the first PAN edition of **The Amarant Book of Hormone Replacement Therapy** is taken up with an anonymous quote: 'HRT is the greatest treasure of a middle-aged woman´s life. I've reached fifty but feel twenty …' Beneath is the apparent title of the book, **The Amarant Book of Hormone Replacement Therapy**. It is difficult to think of a slogan or phrase which did not more completely break the law under the Medicines Act.

Despite this, the back cover of the book breaks the law even more forcibly than the front when it uses the word 'safe' without any qualification, telling prospective buyers: 'Until recently the therapy has been controversial, but now the majority of medical opinion has accepted that HRT is not only highly effective, it is also *safe.*' The blurb also explains how HRT unequivocally 'protects against heart attack, strokes, brittle bones and fractures, as well as improving memory and concentration.'

The most disgusting three pages in the book,which make up 'Chapter 12',are an exhortation addressed to a man, presumably from another man, asking 'What are you going to do about your partner?' The exhortation takes the male reader on an emotional

mum (**Cancer and the Environment**, (ed) Lester A. Sobel. Macmillan. USA 1979. UK 1980.)

[63] All Wyeth's HRT products over the coming years were produced by Wyeth–Ayerst.

[64] Premarin®: Straight from the Horse's What? by Cathy Oats.

[65] A second hand copy of the book today can cost up to $50.

[66] See **Dirty Medicine** by this author.

[67] The production of books, films and videos, some meant for professionals, some sold to television and some meant to accompany medication to patients, all of which can find there way into the hands of consumers, is now common practice. In Secrets of the Drugs Industry, Bryan Hubbard cites the production and distribution of a book which accompanied the trials of Rapamune, a Wyeth immunosupressant. See **Dirty Medicine** by this author for details about the production of videos and educational material around AZT.

[68] This legislation has later been consolidated in the 1994 consolidation of European legislation on the advertising of prescription medicines.

[69] Although Wyeth and all the other manufacturers of the noted HRT in the book, get mentioned, none of these companies appear in the book's index.

doi: 10.1588/medver.2009.06.00209

roller–coaster as it explores the stereotypical male approach to 'his partner' going through the menopause.

> Can't be anything medically wrong with her. You made her see the doctor not long ago and he said there was nothing really the matter. Perhaps she needs a holiday …
>
> Perhaps there's someone else? She certainly seems to toss and turn a lot at night, perhaps she has a guilty conscience. Wakes you up sometimes too. Doesn't she realize that you *need* your sleep.

Personally, I feel that this guy has problems which will not be solved by medicating his partner. However, this is the solution put forward by the book.

> Not only will she return to 'normal' very shortly, but the treatment will also protect against bone loss. Once she is taking oestrogen regularly there is a reduced likelyhood of your wife risking the fractures that bedevil many women after their fifties, some of them proving fatal. Nor will she be quite so liable to heart attacks and strokes. When the benefits are so great, and the drawbacks so small (*these have not actually been mentioned*) there seems little point in hesitating, does there? And it may save your marriage. (*Bracketted italics are the author's.*)

Is it possible to put this book down to a reasonable if crude attempt by a doctor and an MP to proselytize something,which they believe constitutes a real health benefit for women? It might be, if it were not for the publishers. Two years before the publication of the book, PAN was bought up by Macmillan, one of the world's largest publishers.[70] Macmillan are the publishers of the world's leading science journal ***Nature***, which since the nineteenth century assumed a quite determined responsibility for the ethics and regulation of writing on science. Tellingly, neither the Medicines Control Agency nor any other regulatory body has prosecuted either the book's publishers or authors.[71]

Inside the machine

As well as publishing books, Wyeth have used, to their maximum effect, embedded spokespersons in voluntary organizations and front organizations. which the firm has funded. Since the mid 1980s they have helped to fund and set up a network of menopause clinics, both within the NHS and in the private sector.

HRT Aware is a drug company front organization, set up by Wyeth and other companies,[72] to advocate the benefits of HRT Therapy. At the time that Wyeth was coming under attack from the results of research studies, HRT Aware got together with The RED Consultancy.

The RED Consultancy, a discreet public relations company in Central London, was founded in 1994. It became a member of the Incepta Group plc,[73,74] a marketing communications group, in 2001. RED offers strategic advice and implementation in the corporate and consumer public relations market. RED's clients include Ladbrokes and Batchelors foods, Kelloggs, Lever Brothers, McDonald's, Novartis UK, Johnson & Johnson, Aventis Pharma and the BBC.

For HRT Aware, RED came up with *The Choices Campaign*. RED then designed a campaign for choices which took HRT directly to their target audience, women over 45. One major aspect of the Choices Campaign was to link HRT to an aspirational lifestyle. RED pushed Choices out at venues like Bingo halls, which held 'Choices evenings' and on a media tours involving an ex-'East Enders' soap star.

Having created the Choices Campaign, the RED Consultancy would 'create' a piece of research which would 'show how today's generation of 50 year-old women are vastly different to their counterparts of 50 years ago' and link the 'improvements in quality of life with HRT'. The RED Consultancy commissioned the piece of research from the Social Issues Research Centre (SIRC).

Social Issues Research Centre published a glossy twelve–page report, after their focus group interviews and survey. The report purported to show that improvements in health and happiness in contemporary women was more marked in those taking HRT. The last section of the report puts many of the historical changes in women's lives entirely down to HRT. On the back of the Jubilee Report, the contact address for help and advice for women experiencing the menopause, is the Amarant Trust.

Kate Fox, Co-Director of Social Issues Research Centre, says in the introduction to the Report: "I had heard people say that 'life begins at 50', but as a scientist I needed evidence to believe such statements. Now I have some." Thank God Fox didn't join the police force.

Like many contemporary social and medical research groups, the Social Issues Research Centre claims to be an independent non-profit making organization founded to conduct research on social and lifestyle issues. However, SIRC is mainly funded from profits of a sister organization, MCM; both organizations share the same founding management staff.[75]

[70] More recently, Macmillan were taken over by another of the world's biggest publishing companies, a German conglomerate.

[71] Perhaps there is still time. After all, the very existence of the book implicates its authors and publishers in a crime.

[72] Funded by Wyeth and five other pharmaceutical companies.

[73] Incepta Group, the international communications and marketing group has 58 offices and 1,600 clients world wide. These include Hewlett-Packard, H.J. Heinz Company, Honeywell and HSBC. The biggest group affiliated to Incepta is Citigate, which runs a global PR operation. In 2002 Incepta had revenues of $241m.

[74] Incepta is an affiliate of Bechtel Enterprises Holdings Inc. the development, financing, and ownership affiliate of the Bechtel organisation, which is one of the world's largest engineering, construction and project management companies. Bechtel has more than 20,000 projects in 140 countries. It was Bechtel which 'won the contract' to reconstruct the Kuwait oil fields after the first Gulf War, and the Iraqi oil fields after the last war. Fifty one year old Riley P. Bechtel, the Chairman and Chief Executive Officer of Bechtel Group Inc., is a director of J.P. Morgan Chase & Co.

[74] Incepta Group plc Annual review 2002.

[75] In May 1999, a House of Commons Select Committee on Science and Technology in its report, Scientific Advisory System: Genetically Modified Foods, recommended: 'Media coverage of scientific matters should be governed by a Code of Practice, which stipulates that scientific stories should be factually accurate. Breaches of the Code should be referred to the Press Complaints

doi: 10.1588/medver.2009.06.00209

MCM Research is a problem solving, risk management research, positive communication and PR organization which works almost entirely for the food and drinks industry. MCM presents positive marketing campaigns for, amongst other clients, Conoco, Grand Metropolitan Retail, Kingfisher Leisure, Marks and Spencer, Mars Confectionery, the Ministry of Defence and the Sugar Bureau.

For the British project, The RED Consultancy lined up 'desirable media spokespeople' and their Choices Campaign booklet featured side boxes with support from science journalist and broadcaster Judith Hann[76] and women's health specialist Dr Annie Evans.[77]

The campaign was judged a success by the PR industry, when in a later survey of the news coverage of the campaign launch, '100 per cent of the articles mentioned HRT positively, 85 per cent referenced women on HRT reporting greater enhancement in all areas of life compared to those who are not.'

While HRT Aware, The RED Consultancy and SIRC, were presenting Wyeth's case for HRT in England, the company was presenting a US campaign with similar themes. Wyeth linked their news stories about the advantages of HRT to the 60–year anniversary of the making of Premarin. Suddenly, all the advantages gained by women over the last century in the developed world were credited to HRT.

A press release on behalf of Wyeth trilled about: 'the massive improvement in women's lives brought on by HRT', and the company presented twelve Remarkable Women,[78] who they claimed redefined life after 50 and inspired other women.[79] The press release claimed that Premarin was 'the world's most scientifically cited menopause therapy, with an unparalleled body of science and clinical research.'

Wyeth didn't only bring revisionist history to the American public, they also brought drug–derived culture. The images of the twelve 'honorees' along with forty eight additional extraordinary women were featured in a specially commissioned sixty photograph exhibit by critically acclaimed photographer Jayne Wexler, entitled, 'A Celebration of Women in Midlife and Beyond.'

Between 2000 and 2004, two major studies and three smaller ones demonstrated that women on HRT stood a greater chance of contracting breast cancer, heart disease and deep vein thrombosis.[80] In 2003, however, US pharmacists were still filling 45 million prescriptions for Premarin and 22 million for Prempro, the same drug with a progestin 'chaser'.[81] More than 100 million women worldwide, including 1.5 million in Britain, had taken HRT in 2001. Global sales amounted to $3.8 bn.

Following the results of these studies, Wyeth pharmaceutical stock fell from highest at $58.48 in May 2002 to its lowest at $28.25 in July.[82] Wyeth quickly produced a lower-dose estrogen product which they advised should be taken only over short periods. Despite falling sales, which Wyeth have consistently tried to bolster with disinformation about the reliability of the two trials together with new trial information,[83] the company is evidently hoping that the crisis will blow over and sales will pick up.

The results of the two main trials in the first years of 2000 reversed all the health–positive marketing statements which Wyeth had sold HRT on over the previous thirty years. In Britain, following the publication of the results of the 'Million Women Study',[84] the principal author, professor Valerie Beral, Director of the Cancer Research UK Epidemiology Unit, said: 'We estimate that over the past decade, use of HRT by UK women aged 50-64 has resulted in an extra 20,000 breast cancers, estrogen-progestagen (combination) therapy accounting for 15,000 of these.

In 2002, a few weeks before the Women's Health Initiative results plummeted Wyeth stock, the Society For Women's Health Research (SWHR), a New York society the sole goal of which is to 'improve the health of women through research', held a celebrity gala entirely financed by Wyeth. After the gala, the company donated a quarter of a million dollars to the society. Following the announcement of the findings, Phyllis Greenberger, the SWHR Chief Executive and her staff went on television and radio, taking the side of Wyeth, downplaying the negative findings of the study and urging women not to stop taking HRT. The society did not disclose its links with Wyeth and other drug companies.[85]

Diazepines

The story of Benzodiazepines is of awesome proportions and has been described as a national scandal. The impact is so large that it is too big for governments, regulatory authorities and the pharmaceutical industaddress head on, so the scandal has been swept under the carpet.
Phil Woolas MP[86]

Wyeth was one of the companies responsible for the introduction to Britain of the Benzodiazepine tranquillizer range of drugs during the 1960s and 1970s. Wyeth manufactured Ativan.

Commission!!! The SIRC, together with the Royal Institution of Great Britain, were appointed to develop this code.

[76] Judith Hann also supported the HRT Alert campaign. She is the former presenter of the BBC's Tomorrows World for 20 years. And then a presenter of the Watchdog programme Healthcheck on BBC1. Hann is a member of Speakers for Business and Celebrity Speakers Ltd. She runs a media training centre in Gloucestershire, The Media Advantage. She does company in-house videos and regularly chairs conferences for large companies like British Airways, Cadburys, IBM and Metal Box, as well as *government departments.*

[77] Dr Annie Evans, who was prominent in the HRT Aware campaign presenter of *The A-Z of Rude Health*. A five-week series 'covering everything from Kinky Sex to Contraception and Flatulence to Prostitution'. Produced by Mark Ashton at HTV West in Bristol.

[78] Wyeth claimed to have selected these twelve women 'From among the thousands of stories received' after they asked 'women nation wide to share their personal stories about their accomplishments, how they are embracing their menopausal years and their experience with its products.'

[79] Press release, May 8 2002, from PR Newswire-FirstCall.

[80] July 2002, Women's Health Initiative Study, ***New England Journal of Medicine*** 2003;**349**:523-34. ***The Lancet*** 2003;**362**:419-27.

[81] The End of the Age of Estrogen, Geoffrey Cowley and Karen Springen, ***Newsweek***.

[82] Jocalyn Clark, A hot flush for Big Pharma, ***BMJ*** 2003;**327**:400.16 August.

[83] See a wide range of news stories on May 27 2004.

[84] Beral V. et al, Million Women Study Collaborators. Breast cancer and hormone replacement therapy in the Million Women Study. ***The Lancet***. 2003 August 9; **362** (9382): 419-27.

[85] Jocalyn Clark quoting Alicia Mundy, Hot Flash, Cold Cash, ***Washington Monthly***, 2002.

[86] Cited by Michael Behan and Barry Haslam, Directors of Beat the Benzos, in their exceptional paper 'The benzodiazepines: Submission to the Home Office Advisory Council on the Misuse of Drugs.' 2003.

doi: 10.1588/medver.2009.06.00209

Benzodiazepines turned out to be highly addictive and very toxic. In their submission to the Home Office Advisory Council on Drugs, Michael Behan and Barry Haslam charged that the drugs were never properly tested for safety and only poor-quality short-term trials were carried out. They accused both Hoffman La Roche and Wyeth of having withheld clinical trial information on Adverse Reactions and promoting the drugs using exaggerated and false claims.

When introduced into Britain, prior to the 1968 Medicines Act, the benzodiazepines were given a License of Right, without any assessment of their safety. Licenses were continued to be granted without any assessment until the mid–1980s. When data sheets were issued for the drugs, Wyeth withheld information in various countries. In the UK, with desultory monitory by the MCA, information about side effects was left out and only weak warnings about taking the drugs during pregnancy and the possibilities of addiction were included. Wyeth particularly withheld evidence of seizures during withdrawal from Ativan. It took the actions of two whistle–blowers, Thomas Harry and Dipak Malhorta, former medical Directors of Wyeth, to bring Wyeth's negligence to public notice.

In their submission, Haslam and Behan suggest that there is an estimated UK current long–term user population of benzodiazepines of between 1.2 and 1.9 million. In addition to these long-term users, there are two ancillary groups of damaged individuals, those damaged in the womb and ex addicts who have suffered permanent damage. Benzodiazepines are more addictive than heroin or cocaine and the damage caused by addiction includes irreversable neurochemical brain damage, which leads quickly to a state of confusion where the addict is unable to assess their own health or actions.

Haslam and Behan quote referenced sources for their assertion that between 1990 and 1996 benzodiazepines caused more deaths than all of the Class A drugs put together (1,810 deaths).[87] Despite the fact that diazepines also cause suicide ideation, no figures are available for these deaths.

In an attempt, even now, to avoid responsibility for the terrible damage that benzodiazepines have done, encouraged by the manufacturers, general physicians are reluctant to diagnose diazepine addiction and instead often manufacture diagnoses of new but unidentifiable illnesses. As is the case with adverse reactions to HRT, patients can spend years on a time and money-wasting journey through different diagnostic tests. Also as with HRT, the end of this diagnostic nightmare can often be with a psychiatrist, who could introduce other drug regimes to the patient or commit them.

While Wyeth has done nothing for those addicted and damaged by the use of their diazepines, they have got their company embedded in various areas of mental healthcare by which involvement they might push their third generation SNRI antidepressant Effexor. In the US, Wyeth has taken Effexor on road shows, taking the billion–dollar seller drug to the heart of their target audiences. In 2002, Wyeth staged a depression road show, titled 'Depression in College – Real World Real Life Real Issues.' The 'lecture tour' visited 10 college cities selling Effexor (2.7 billion in 2003). To market this drug, Wyeth helped inventing two new types of depression, GAD (Generalized Anxiety Disorder) and SAD (Social Anxiety Disorder).

Wyeth provides the award of Bursaries like the Wales Mental Health Primary Care Awards. And, as with the NHS, Wyeth is funding training programmes. In 1995, Wyeth began sponsoring Neurolink, an 'independent' board of experts in mental health, which offers patient-centred resources and training for health care professionals caring for people with depressive illness or anxiety disorders.

In March 2004, Wyeth was in trouble with the FDA over Effexor, being accused of making false advertising claims and failing to warn consumers of specific adverse reaction.[88]

Getting the Needle

Wyeth Vaccines is proud to have a long history of success on the frontiers of vaccine development. Our innovative thinking has resulted in breakthroughs that might have been thought impossible before their discovery.
Wyeth Annual Report

Vaccines are the biggest of big business for the pharmaceutical multinationals. The goal of vaccine research in the developed world is to create one super–vaccine which will contain DNA from twenty to thirty viruses, parasites and bacteria. The vaccine, which would be time–released[89], would be given to new–born babies. In North America and Britain, at the present time, researchers are working on the development of 150 viral and bacterial vaccines.[90]

Vaccines are also the most contentious prophylactic medicines marketed. Nowhere is the argument about whether public health is dependent upon hygiene or the intervention of the physician more robust. Another important argument about whether the long term effects of vaccines could weaken the health of the individual or perhaps even make them prone to specific diseases later in life has developed on the fringes of this centrl conflict.

In the US, legislation has made it mandatory for all children to have a total of up to 32 or more vaccine mixtures before entering school. Between 1990 and 1996, profits from vaccines in North America rose from $500 million to $1 billion over the year. In 1997, the single company Merck & Co. made around $1 million from vaccine sales alone. Drug companies pump millions of dollars into vaccine tracking systems to be operated by local, state and national authorities in the US to ensure that vaccine laws are enforced; and, in Britain, to guarantee that 'maximum uptake' is ensured.

[87] Behan and Haslam citing Home Office Figures on Benzodiazepine Deaths 1990-96 from Martin Corkery.

[88] US FDA says Wyeth made false claims about Effexor. March 26, 2004. Reuters.

[89] With a time released vaccine there could be no proveable link between vaccine and adverse reaction, a definite step forward for the vaccine companies.

[90] A global movement engineered by the pharmaceutical companies is behind this plan. It has been pushed by various organizations at various international meetings. The Children's Vaccine Initiative (CVI), for instance, was launched in 1990, at the cynically designated World Summit for Children in New York City. The Initiative presented global strategies for the development and utilization of vaccines by the world's children. The CVI is funded by the world's largest vaccine manufacturers, the World Bank, the WHO and the Rockefeller Foundation.

doi: 10.1588/medver.2009.06.00209

Most vaccines may include, as well as parts of often live viruses, neomycin, streptomycin, sodium chloride, polymeric aluminum hydrochloride, sorbitol, hydrolized gelatin (which can be animal [porcin] derived), formaldehyde and, in some cases, some level of a mercury derivative, Thimersal, in their formulations. Both polymeric aluminium hydroxyl complexes and mercury compounds have an extensive and growing toxicological history of recorded adverse health effects. It has been suggested that by the age of two, fully vaccinated US children born in the period from the late 1980s to the early 2000s could have received around 237 micrograms of organic mercury through vaccination and, given the current US recommendations for the influenza vaccination of pregnant women and children 6 months through 18 years of age with vaccines that can still be preserved with Thimnerosal, a child born after 2002 could still receive more than 400 micrograms of mercury from flu shots by his 18th birthday.

Around one thousand families have filed claims in the US judicial courts against the producers of vaccines which contain Thimerosal. In 2002, the Bush administration, worried about the repercussions of these claims, asked a federal court to seal all documents relating to claims that mercury had caused neurological disorders in children. One Boston lawyer working on the claims said: 'It is unbelievable to me that the President of the United States, in the name of trying to help the drug industry, would put the interests of the drug industry over the interests of neurologically impaired sick children and their parents.'[91]

In Britain in 2004, all the claimants in an action brought on behalf of children who had suffered autism after the MMR vaccination, had their legal aid withdrawn, without which they were unable to pursue their claims. The families had been involved in the litigation for four and a half years and were only six months away from the court case when their legal aid was withdrawn. This final obstruction came after pharmaceutical companies' lawyers had been involved in a series of legal dirty tricks, which included trying to obtain an injunction to stop the parent claimants from testing their children for the presence of vaccine material in spinal fluid.

In the US, by the year 2000, the hepatitis B vaccine brought in on a mandatory basis for newborn babies, without any peer review studies, had caused over 36,000 adverse reactions and more than 440 deaths.[92] By 1996, the federal Vaccine Injury programme, set up by statute in 1986, had paid out compensation to more than 1,000 people and compensated injured parties with more than half a billion dollars.[93]

Vaccines are now thought to cause obvious and immediate adverse reactions, such as encephalomyelitis and death, but also to be a factor in the increase of autism, epilepsy, SIDS, asthma and diabetes, as well as many less serious conditions such as ear infections. In the US, child autism cases have increased ten- to fifteen- fold in the past fifty years. In 2003, it was thought that there would be over 100,000 children newly diagnosed with autism. Other developmental 'delays' in children have risen from 4.8 million in 1991 to 7.5 million in 2003.

Both Wyeth and their partner company Lederle got involved in vaccine manufacture from the time it first became a commercial certainty. Wyeth produced whole-cell Pertussis (whooping cough) vaccine from the nineteen fifties. From the beginning of the production of this vaccine, it was known that it had very high adverse reactions, often resulting in Central Nervous System damage.[94] The linkage to adverse reaction was so strong[95] and so obvious that Sweden banned whole-cell pertussis vaccine in the 1970s. Despite an acellular vaccine being adopted in Japan, Sweden and a number of other countries, the US government continued to partner Wyeth's whole cell vaccine.

In both Britain and the US, regulatory bodies, concurred that there was no evidence of serious damage resulting from the vaccine. In 1979, in Tennessee, four infants died of Sudden Infant Death Syndrome (SIDS) within twenty-four hours, apparently from the administration of one batch of DPT (Diphteria–Pertussis–Tetanus.) There were 96,105 doses from this batch given out before the batch was withdrawn. In order to avoid noticeable adverse reactions related to single batches of the vaccine, Wyeth began a policy of sending only small batches to widely dispersed geographical areas, so if there were serious adverse reactions from one batch the statistics would render them insignificant.[96]

When in the early nineteen eighties, the first cases were brought against the manufacturers of DPT, defence attorneys found it almost impossible to find expert witnesses willing to give evidence. The first expert to testify against the vaccine manufacturers was Kevin Geraghy M.D. Geraghy and his family were so severely harassed by vaccine manufacturers that he had to file a civil suit against them. By 1985, however, 219 lawsuits had been filed against the DPT manufacturers.

Unfortunately, these actions led in 1986 to the National Vaccine Injuries Act, and the National Vaccine Compensation Act, which resulted in the so called 'no fault' awards. Like the similar Act in Britain, which had come into force in 1979, the sole purpose of such acts was to stop individuals or groups taking civil liability actions against manufacturers.

Throughout the seventies, eighties and nineties, Wyeth was a monopoly supplier of oral polio vaccine to the US Government. In the early nineties, they were making $230 million from the supply of this vaccine. When, in 1995, the CDCs ACIP recommended a move to a safer injectable vaccine produced by

[91] In 1999, the CDC commissioned the drafting of legislation which would enable the state to arrest and forcibly vaccinate parts of the population. This initiative became known as the Model State Emergency Health Powers Act, which was passed in a number of North American States. The 2002 Homeland Security Bill originally contained four sections which attempted to shield the pharmaceutical industry from liability claims over FDA approved vaccines, such as those containing mercury.

[92] Michael Belkin. Shoot First and Ask Questions Later: Scientific fraud and conflict of interest in vaccine research, licensing and policy making. Paper given at the 2nd International Public Conference on Vaccination, 2000. Arlington, Virginia.

[93] The Lethal Dangers of the Billion Dollar Vaccine Business, Andrea Rock, ***Special Report***, Your health section, December 1996. Vol.. 25, No. 12.

[94] The information in this paragraph comes from Geier and Geier, The True Story of Pertussis Vaccination: A Sordid Legacy. This superb piece of medical sociology can be found in ***Journal of the History of Medicine***: Vol. 57, July 2002. P. 249 – 284, Oxford University Press.

[95] Geier & Geier cite one estimate of a 93% adverse reaction to the vaccine.

[96] Geier and Geier, p. 271: 'This small lot plan meant that no one region of the country would have enough adverse reactions to a single lot of whole-cell pertussis vaccine to alert the clinicians in the region to the fact that they were using a highly reactogenic lot.

doi: 10.1588/medver.2009.06.00209

another company, Wyeth launched a massive lobbying campaign to hold on to its polio-vaccine business.

In 2003, however, Wyeth got their fingers slightly burnt from a wary public when they tried to scam them into taking the FluMist nasally administered vaccine to guard against the coming flu epidemic, which they and the government presented to the population as a dead certainty. The vaccine was produced by MedImmune and marketed by Wyeth. Following an agreement with Wal-Mart, the world's biggest retailer, FluMist was due to be sold in their shops at almost $70 a shot. The budget for persuading people to use FluMist, was reckoned at $25 million over a two and a half month period in Autumn.

As Dr Sherri Tenpenny pointed out in her article, Risks of FluMist Vaccine,[97] the live virus vaccine actually gave people flu. While the packet instructions stated that all recipients had to 'avoid close contact with immunocompromised individuals for at least 21 days', Dr Tenpenny suggests that untold millions of Americans are immune–compromised. When neither the take up for FluMist nor the hyped epidemic materialized, Wyeth, deciding that public sickness rather than Public Health was the better part of valor, dumped MedImmune and their battle to free the world of flu.[98]

In Britain, from the mid nineteen nineties, Wyeth Pharmaceuticals and the ABPI have argued for a joining of venture and purpose in the production of vaccines. Working in partnership with government on production and post–licensing surveillance of drugs, gives the pharmaceutical company a massive advantage. Firstly, the company has an assured market. Secondly, the company is guaranteed consistent Government loyalty over the safety of the drug. Like the companies themselves, it is unlikely that the government, having invested millions of pounds in a project, will act with transparency when it comes to adverse reactions.

In January 2002, Liam Donaldson, the Chief Medical Officer, published *Getting Ahead of the Curve—A strategy for infectious diseases*.[99] This report set the agenda for 'modernization' of the structures which deal with infectious diseases and, incidentally, research into bio-warfare agents. The report led to the winding up of the Public Health Laboratory Service (PHLS), which had muddled along in its relationship with Wyeth and other drug companies. The new Health Protection Agency (HPA) was set up and joined with the Centre for Applied Microbiology & Research, a part of the Microbiological Research Authority, which reports to the Department of Health.

The Health Protection Agency, like many of the other free standing agencies set up under New Labour, has a commercial section which now, rather than muddling through, provides contracted services for pharmaceutical companies as well as developing drugs and vaccines with them.[100] The HPA is very American in its concept of an agency in the vanguard of the battle, on behalf of the community, against infectious disease and terrorist use of agents of bio-warfare.[101] As most befits a transparent organization dealing with public health, the Health Protection Agency is based in the Porton Down biological warfare establishment in Wilteshire.[102]

Donalson's report laid considerable stress on vaccination, which he clearly saw as the future of 'cost-effective health strategy'.[103] He commits himself and New Labour to an accelerating pace 'of new vaccines'. Which will not only be new 'but many will be combined'. Inevitably, as a modernizer bent on governing in partnership with industry, Donaldson makes it clear in his report that 'Harnessing this change will require a carefully managed relationship with the research community and the vaccine industry.[104] From the time of Getting Ahead of the Curve, the British Government entered into a business partnership with the pharmaceutical industry to accelerate the production of 'cost–effective combined vaccines'. Although the public was not informed, another major novelty would be that many future vaccines would be based upon genetically engineered material.

Almost a decade before Getting Ahead of the Curve, in 1994, Wyeth had managed to set a precedent when they formed the first commercial partnership with the British government over the marketing and post surveillance of their vaccines. The Public Health Laboratory Service devised a surveillance system

[97] Which appeared in the online vaccine conference at redflagsdaily.com and was cited in full by Dr Mercola on www.mercola.com/fcgi/pf/2003/oct/4.

[98] However, MedImmune has continued to market the live-virus flu vaccine and succeeded in getting the FDA to agree to weakened quarantine of only 7 days and an indication for children as young as 2 years of age instead of the original 4 years of age even though the risk of respiratory increased.

[99] As a piece of academic work, this report is often lacking. The introductory section which looks briefly at compromised immunity begins with the words 'Advances in medical treatment, particularly in the fields of cancer therapy and transplantation, have resulted in increased numbers of people living with impaired immunity.' Despite the fact that drugs and chemotherapy mainly consist of chemicals, Donaldson completely avoids any reference specifically to chemicals in the contemporary phenomena of depleted immunity. The section of the report on vaccines is full of the evasive, confused uses of English e.g. 'Fifty years ago, in this country, there were measles epidemics every year. Hundreds of thousands of children were affected. *Even in the second half of the twentieth century, there were more than 100 deaths associated with many such epidemics.'* (Author's italics.)

[100] It was the Centre for Applied Microbiology & Research which supplied the armed forces with anthrax vaccine during the Gulf War and the occupation of Iraq. Who passed this vaccine for safety?

[101] The fight against infectious diseases and terrorism are closely linked in Donaldson's Report. This is yet another way in which the discussion of environmentally induced aspects of public health are avoided. The 'Ghostbusters' concept of defending the community against disease and terrorism, always entails an alien threat which comes from outside our 'righteous' and 'clean' society, rather than an agent which is a common and integral part of many human organisms. At the same time, this approach completely fails to address concerns about environmental chemicals.

[102] An interesting, if irrelevant aside. The Centre for Applied Microbiology & Research, Britain's research establishment for weapons of mass destruction, which describes itself as 'An independent public sector body providing expertise and resources for Government and the biopharmaceutical industries worldwide', has six non executive directors, and nine executive managers, all of whom are men. Should we assume from this that the writ of equal opportunities does not run in independent agencies, or simply that most women wouldn't touch the work with a barge pole?

[103] Quoting from the 1993 World Bank Report Investing in Health.

[104] The vaccine industry consists of those companies who regularly produce vaccines and are represented within the ABPI, by being an especially named group: The UK Vaccine Industry Group (UVIG), made up of Aventis Pasteur which is owned by Merck & Co., Baxter healthcare, Chiron vaccines, GlaxoSmithKline, Solvay Healthcare and Wyeth. Above the UVIG is the European Federation of Pharmaceutical Industries and Associations body EVM. Both the UK Vaccines Industry Group and the European Vaccine Manufacturers Group have the same basic goals: to sell as much vaccine as possible, or in the words of the EVM, to 'promote a favourable climate for expanded vaccine protection and improve vaccine coverage in Europe, and to help sustain the innovative R&D capabilities of vaccine manufacturers in Europe'.

doi: 10.1588/medver.2009.06.00209

for monitoring side effects of vaccines which was tested in conjunction with the country–wide prescription of Wyeth's measles booster vaccine.[105]

As Lynne McTaggart pointed out in **What Doctors Don't Tell You**, 'By working with the PHLS, Wyeth ensured not only that its studies had the most positive spin possible, but also that the product would be given a blessing to be test-marketed on a mass basis through this new surveillance system.' In fact the much hyped measles epidemic did not arrive; however, several hundred families began actions against Wyeth over brain damage, paralysis and death of their children.

In the year 2000, the British government became the first government in the world to launch a mass immunization programme against meningitis C. And, once again, under the leadership of Liam Donaldson, the Chief Medical Officer for Health, the NHS climbed into bed with Wyeth. The PHLS approached Wyeth and other companies to step up research into a meningitis C vaccine. When Wyeth came up with their product the government's PHSL took over its testing, with many of the larger trials being conducted by the PHLS.[106]

After discussions with the pharmaceutical industry, the government decided to inoculate the nation's 14 million schoolchildren of 15 to 17 years of age, as well as babies under a year. The programme cost the NHS around 10 million pounds. The Department of Health brought forward the launch date for the campaign by a year, acting on the basis of 'a few initial studies into Wyeth's new vaccine.'[107]

Conflicting Interests

Some of the members of the CSM who reviewing the Meningitis C vaccine for license disclosed links with Wyeth.[108] In August and September of 2000, Martin Bright and Tracy McVeigh of ***The Observer*** wrote two articles which concluded that four of the medical experts advising the government on the safety of the meningitis C vaccine had links with Wyeth and Chiron.[109] The article was written with the aid of some parents who told ***The Observer*** that they had been denied access to information about adverse reactions.

In rebuttal to ***The Observer*** article, Donaldson said that information on adverse reactions and deaths is only supplied on request. A statement later sent out by the Medicines Control Agency said that there had been 16,527 reported adverse reactions from 7,742 patients, and 12 deaths. The statement, however, reiterates that none of the deaths reported by GPs had been found to be connected to the vaccine.

The other committee involved in production and licensing of vaccines is the Joint Committee on Vaccination and Immunization. This committee begins the process of discussing, selecting and recommending particular vaccines as part of vaccine policy of the Department of Health. This committee advises the government on which vaccines will be needed, when. In 2002, (the last time that the interests of members of this committee were released) many of the members of this twenty-three strong committee, had interests of different kinds with a wide range of pharmaceutical companies. Professor Keith Cartwright, who had stated his interests as being with Wyeth Lederle and Chiron for the CSM, was also on this committee, as was Professor David Goldblatt, who declared interests with Wyeth.

The matter of conflict interests in relation to Wyeth's vaccines had also come to light in North America and had been skillfully written up by Michael Horwin MA in his Critical review of Prevnar.[110] The FDA approved Prevnar, manufactured by Wyeth–Lederle, in February 2000. The vaccine is designed to prevent pneumococcal infection, which can lead to meningitis, blood poisoning and pneumonia. In the US all children are supposed to have a mandatory four doses of the vaccine on four occasions up to the age of 15 months. Horwin raises a number of questions about the need for Prevnar and its efficacy. One of the central points in his paper, however, is that six of the most 'outspoken' physicians who have supported Prevnar in different stages of its production and marketing have received money from Wyeth.

According to Horwin, Dr Steven Black and Dr Henry Shinefield, both of whom work for Kaiser Permanente, carried out trials paid for by Wyeth–Lederle, which greatly enhanced the perceived efficacy and safety of the drug. Despite working for Kaiser, both doctors have a history of ties to Wyeth, and the Annual Report of American Home Products pictures them both dressed in white lab coats. After licensing, both doctors attended international conferences funded by Wyeth to support and advertise Prevnar.

Horwin's next pair of doctors, Pelton and Edwards, both answer questions from concerned parents and give out good news information about Prevnar on a web site which is paid for in its entirety by Wyeth. Howin points out how both these doctors never have a critical word to say about Prevnar and always reassure parents in answering their questions. He points out how they answer one question from a concerned parent who had writen in asking if there was any link between Prevnar and diabetes. In answering the question in the negative, Pelton does not disclose alarming information given to the FDA by Dr J. Bart Classen, who had speculated that Prevnar 'may be seven times as toxic as the hemophilus vaccine, possibly causing an estimated 400 to 700 children to develop insulin dependent diabetes per 100,000 children immunized.' These cases of diabetes, Classen said, 'may not occur until 3 to 10 years following immunization.'

Horwin introduces us to Dr. Klein, who is a member of the National Vaccine Advisory Committee, the committee which recommends vaccines to the US government. Dr. Klein is also the chief 'editor' of 'Pneumo.com', the pro-Prevnar web site

[105] Lynne McTaggart, **What Doctors Don't Tell You: the truth about the dangers of modern medicine**. Avon, 1999.
[106] Ibid.
[107] Ibid.
[108] Professor Janet Darbyshire, a member of the Government's Committee on Safety of Medicines. Darbyshire was, at that time, professor of epidemiology at London University and director of the Medical Research Council. Dr David Goldblatt of the Institute of Child Health, has served on an expert advisory panel for Wyeth and received research grants from Wyeth and North American Vaccines, which produces a third meningitis C drug. Professor Keith Cartwright of the University of Bristol, also received funding from pharmaceutical companies.
[109] Parents who were a party to the article claimed that they had rung the MCA asking about adverse reactions and had been told that they could not have the information.
[110] Prevnar, A Critical Review of a New Childhood Vaccine. Michael Horwin MA. September 19, 2000.

doi: 10.1588/medver.2009.06.00209

supported by an unrestricted grant from Wyeth–Lederle Vaccines. As an example of how far it is possible to drift from science when there are conflicting interests, Horwin quotes from *Leary v. Secretary of the Department of Health and Human Services* in 1994[111] a case in which Dr. Klein had given evidence.

> On August 22, 1984 a healthy nine-month old baby named Sean Leary was administered his third DTP vaccine. Sean immediately began vomiting. The next day, he stopped eating. He stayed alert but was no longer active. That night he cried out every 15 to 30 minutes. The pediatrician immediately noted the 'obvious circulation collapse'. There at the pediatrician's office, 'Sean's eyes rolled back in his head and he stopped breathing.' He was rushed to an emergency room. Resuscitative efforts failed and Sean was pronounced dead at 1.44 pm. Dr Jerome Klein testified that the relationship between vaccination and Sean's death was 'merely coincidental.'

Rotashield

The rotavirus causes acute gastroenteritis, which leads to diarrhea and low-grade fever. Three strains of the virus, A,B and C, have been identified. The virus is spread mainly by person-to-person contact amongst children who have contaminated hands and especially in larger closed communities such as hospital pediatric wards. Group A is the leading cause of severe diarrhoea amongst infants and children. Group C rotavirus has been associated with rare and sporadic cases of diarrhea in children in a number of countries. The incubation period for the virus is 1-3 days and although the symptoms can include vomiting and severe diarrhoea, recovery is usually complete. Childhood mortality from rotavirus complications is relatively low, resulting for example, in 20 to 100 deaths per year in the US (e.g., 500 children died in total over a six year period from diarrhoea diseases in the United States, 20% of these deaths were caused by rotavirus infection).[112]

One of the doctors which Horwin cites in his paper is Margaret B. Rennels. Rennels was involved in one of the studies which proved the safety and efficacy of Prevnar, which Horwin disputes, and she carried out studies which tested the Wyeth rotavirus vaccine RotaShield: 'She participated in virtually all phases of the testing of recently licensed rotavirus vaccine and was the lead author on the report of the pivotal U.S. Efficacy study'.[113] Rotashield was developed by Wyeth under intense competition from Merck, who were also developing a vaccine for rotavirus. The vaccine was approved by the FDA in August 1998, it was a monkey-based, live, oral vaccine. The approved vaccine, which Wyeth named Rotashield, had an overall relative efficacy of only 49% to 83% for the four strains of the virus.

The U.S. Rhesus Rotavirus Vaccine Study Group, of which Rennels was part, was subsidized by Wyeth. In 1998, Rennels wrote a refutation of any link between Rotashield and intussusception, a condition in which the intestines of children become restricted so seriously that parts have to be surgically removed. Her paper, which appeared in the ***Pediatric Infectious Diseases Journal,*** was entitled 'Lack of an apparent association between intussusception and wild or vaccine rotavirus infection.'[114] Horwin points out that Wyeth have donated a total of over $2.5 million to the University of Maryland School of Medicine where Dr. Rennels works, and where she is now demonstrating the safety of Prevnar.

Just a year after RotaShield was licensed, in July 1999, it was withdrawn from the market after the Centers for Disease Control (CDC) received mounting reports of intussusception or severe bowel obstruction in RotaShield vaccine cases from the Vaccine Adverse Events Reporting System (VAERS). In that year, there were more than 100 cases of intussusception, fifty-seven of these were in children who had been vaccinated. Twenty-nine of these children required surgery and one five-month-old infant died of the condition.[115] A study of the link between intussusception and Rotashield showed that onset of the illness was increased by sixty percent amongst children who received the vaccine.

Conflicts of Interest in the US

In the US, concern about vaccines reached such dimensions that the Committee on Government Reform of the US House of Representatives initiated an investigation into Federal Vaccine Policy in August 1999. The investigation principally focused on Wyeth's Rotashield vaccine. A part of their investigation, however, looked at conflicts of interest, and in 2000 they published a Report: Conflict Interests in Vaccine Policy Making.

The case of Professor James Cherry is a good brief historical introduction to conflict interests in the field of vaccines. Cherry, a Professor of pediatrics at the University of California, seemed quite sure of his opinion when in 1979 he said: 'All physicians are aware that pertussis vaccine occasionally produces severe reactions and that these may be associated with permanent sequellae (complications) or even death.' By 1990, Cherry had firmed up his thoughts, writing in ***JAMA*** that severe brain damage caused by pertussis vaccine was a 'myth'.

After Cherry was given places on the CDC[116] and American Academy of Pediatrics Advisory Committees, it was found that between 1980 and 1988 he had received over half a million

[111] *Leary v. Secretary of the Department of Health and Human Services* in 1994 WL 43395 (Fed.Cl.)

[112] All the information in this paragraph is taken from the majority Staff Report Committee on Government Reform.

[113] Cited by Horwin; University of Maryland School of Medicine Faculty web site.

[114] Cited by Horwin. Rennels MB, et al. Lack of an apparent association between intussusception and wild or vaccine rotavirus infection, ***Pediatr Infect Dis J*** 1998 Oct; 17(10):924–5.

[115] These figures do not take into account cases which were diagnosed and treated but not reported specifically as intussusception or cases of mortality from other or unknown causes.

[116] Those parents whose children have been damaged by vaccines, see the CDC as being the most supportive of the vaccine manufacturers and pharmaceutical companies. Michael Belkin, in his paper Shoot First and Ask Questions Later, 2000, suggests that the CDC's misallocation of funds targeted for chronic fatigue syndrome (see the author's book **SKEWED: Psychaitric hegemony and the manufacture of mental illness in multiple chemical sensitivity, Gulf war syndrome, myalgic encephalomyelitis and chronic fatigue syndrome**) could have been misallocated because ME and CFS are vaccine adverse events, which the CDC does not want to research for this reason.

doi: 10.1588/medver.2009.06.00209

dollars in unrestricted grants from Lederle, and from 1988 to 1993, he was given $146,000 for research by the same company. From 1986 to 1992 UCLA received $654,418 from Lederle for pertussis research. Both Cherry and UCLA were also paid $34,058 for his testimony as an expert witness in fifteen DPT lawsuits brought against the manufacturers. The case of Cherry was one of those that changed the rules relating to conflict interests and voting on the main US vaccine committees.

The VRBPAC advises the FDA on the licensing of new vaccines and the ACIP, whose members are appointed by the CDC, advises the CDC on guidelines to be issued to doctors and authorities for the appropriate use of vaccines.

In the case of RotaShield, the Committee on Government, found that although cases of intussusception had been seen during trials and reports had been brought to the attention of the VRBPAC and the ACIP both committees and the manufacturers, Wyeth, decided that the levels of the disease found in trials were statistically insignificant. Further questions were raised about adverse reactions to the vaccine at the VRBPAC approval meeting in 1977, these concerns about adverse reactions produced during trials included not only intussusception but also failure to thrive and febrile reactions. Despite these concerns, the committee's vote for approval was unanimous. It was found that some members while voting for approval had expressed the need for further investigations during the meeting.

The Committee on Government found that all five of the standing members of the VRBPAC had conflict interests and three of these had taken part in the deliberations about RotaShield.[117] Two of them had financial ties to Wyeth.

Dr. Kathryn Edwards had received a contract from Wyeth–Lederle for $255,023 between 1996 and 1998 for the study of their pneumococcal vaccines. She also had thousands of dollars in numerous grants and contracts with NIAID, which was an affected company.

At the time of the approval meeting, Dr. Mary Estes' employer, Baylor College, was receiving considerable funding for the development of rotavirus vaccines, including a $75,000 grant from Wyeth-Lederle's parent company American Home Products. Dr Estes was also a principal investigator using a grant from Merck for the development of rotavirus vaccine.

The Committee looked at consultants who took part in the discussions about RotaShield prior to the approval meeting. They found that three out of the four consultants had conflict interests, involving Merck or Wyeth.

The Advisory Committee on Immunization Practices (ACIP) provides advice and guidence on vaccine policy to the Department of Health and Human Services (DHHS), the equivalent of the British Department of Health. It also compiles and reviews an official list of vaccines for administration to children. The Committee has twelve voting members, seven non–voting ex officio members from federal agencies and sixteen non–voting liaison representatives from professional societies and organizations responsible for the development and execution of immunization programs for children and adults.

The Chairman of the ACIP, Dr John Modlin, was not only a Merck shareholder but had sat on the Merck Immunization Advisory Board from 1996. Dr Paul Offit shares the patent on the rotavirus vaccine developed by Merck and had received substantial funds from Merck for his research. Dr Fernando Guerra had funding from a number of vaccine manufacturers and was a Principal Investigator for SmithKline–Beecham. Dr Marie Griffin declared consultancy fees and a salary from Merck as a Chair of a Merck committee. Griffin's husband is a consultant for American Cyanamid which at the time was a sister subsidiary with Wyeth–Lederle of American Home Products. Dr Chinh Le worked for Kaiser Permanente, which was carrying out vaccine studies for Merck, Wyeth–Lederle and SmithKline–Beecham. Dr Richard Clover declared grants from Merck and SmithKline–Beecham.

When it came to look at the Liaison representatives, who came from different esteemed US and Canadian academies, societies and associations, the Committee on Government recorded a massive number of funding links. The American Academy of Family Pediatrics had ties to no less than twenty- six vaccine manufacturers, including Wyeth-Ayerst.

The final report made seventeen recommendations, which were preceded by three statements, which summed up the Committees' overall view. The most general of these statements was as followes:

> Congress sought to eliminate 'the danger of allowing special interest groups to exercise undue influence upon the Government through dominance of advisory committees which deal with matters in which they have vested interests.'[118] However, the extensive use of working groups in which conflict of interest procedures do not appear to be implemented, and the automatic waivers given to every advisory committee member, along with the absence of consumer representation, appears to thwart this goal.

The US experience is clearly germain to England, especially in light of the modernization of the NHS, which brings the British health care system in line with that in the US, and the introduction of its new policy and structure for dealing with infectious diseases. Liam Donaldson's Report Getting Ahead of the Curve – A strategy for infectious diseases, gives an obvious US gloss to the developing system of vaccine policy and recommendation.

. . . And in England

The structure of the two English committees, the Joint Committee on Vaccination and Immunization and the Committee on the Safety of Medicines, the first of which like the CDC's ACIP discusses and advises on the vaccine programme and the second like the FDA's VRBPAC, passes vaccines for safety and licensing are now very similar.

[117] Two members of the Committee with conflicts had not been involved in the deliberations.

[118] FAC Standards ACT, supra note 10, at 6, reprinted FACA Source Book, supra note 2, at 276, citing Hearings on H.R. 4383 before the legal and Monetary Affairs Subcommittee, of the House Committee on Government Operations, 92 Cong., 2nd Session, at 13-55 (1971), reprinted in 1972 *U.S. Code Cong. & Admin. News* 3434-76.

doi: 10.1588/medver.2009.06.00209

With the creation of the new Health Protection Agency (HPA) which includes the Centre for Applied Microbiology & Research, with its CDC-like Centre for Disease Surveillence, the two structures reflect a considerable lack of independent thinking. There are of course differences, while the US has a Freedom of Information Act which covers the FDA and other medical agencies, the British government have stood steadfastly in opposition to any kind of medicines freedom of information. The Medicines Information Bill, introduced into Parliament in 1993, would have given the public access to information about drugs and vaccines. However, the Bill was opposed by the drug companies and their poodles in Department of Health, and, at the report stage, it was talked out, mainly by Conservatives' putting down hundreds of amendments.

The existence for some time in US of a Freedom of Information Act, together with the growing practice of rewarding whistle–blowers financially, ensures that even if the pharmaceutical companies try hard to cover their tracks, someone somewhere will be able to disclose information about them. Because of the increasingly intimate relationship between New Labour and Big Pharma, and Parliament's rejection of freedom of information in the area of health and pharmaceuticals, everything is moving in quite the opposite direction in Britain.

The Health Protection Agency, which brings together scientists who will now, because of developing policy over vaccines, bring together individuals who will be involved in the manufacture, licensing and post–licensing surveillance of new genetically engineered vaccines, does not even have a policy on public disclosure of interests.

When Hazel Blears, Minister for Public Health, announced the Board membership of the new Health Protection Agency, she made loud and bizarre declamations about the *political* interests of new members. And at the first meeting of the new body's seventeen person Board in 2003, the minutes record that the Chairman Sir William Stewart asked if anyone had any interests to declare which had any bearing on the subject of the meeting; everyone said no and the meeting moved on. Unfortunately, at least five members of the board of the new Health Protection Agency have had or do now have ties to pharmaceutical companies; some might think this relevant to any meeting of the HPA.

Amongst these four is Sir William Stewart himself, who in September 1998 became Non-Executive Chairman of Cyclacel, the cancer therapeutics company, and who was, until a few years ago, a member of the Corporate Technology Board of what used to be SmithKline Beecham. Other board members have been or are still connected to Searle Pharmaceuticals, Amersham, Glaxo, Aventis, Merck and Wyeth.

The other similarity, already established in the system of vaccine 'health care' introduction in Britain, through the 1979 Vaccine Damage Payment Act, is a vaccine damage payment unit. This is situated in the Department of Work. Unlike the US National Vaccine Injury Compensation Program set up in 1986, the British system of compensatory payments does not demand a contribution from the pharmaceutical companies. So whereas the vaccine companies in America add a federal tax of currently $ 0.75 per active to the price of their vaccines, which is paid by the consumer, an insurance provider, or, for the poor, the taxpayers, in Britain, compensation claims are paid from funding by the Department of Work, i.e., the consumer.[119]

Conclusions

To build a national policy of health solely on the basis of prophylactic vaccines and pharmaceutical medicines is to listen to the sound of one hand clapping. Health and all its various byways has become big business in developed countries. The monopoly of chemical elixirs has arrived not through any democratic or rational debate about what is best for human health, what is environmentally acceptable, or even what shows the best cost benefit, but simply by a process of developing productive capacity in a capitalist economy.

In promoting the cause of scientific medicine, New Labour has not deviated from its modern philosophical origins. Modern political systems which were born in the 1920's found their cause in the mechanistic rationalism of science. In the post–industrial period, New Labour has continued to adhere to the basic tenets of the early twentieth century. Modernization has, in fact, meant rationalization with an emphasis on economic growth. Because New Labour, like other modern political parties, long ago lost contact with the philosophical objectives or end purpose of accumulating money and capital, they are driving their modernised charabanc towards an abyss.

When the stakes are high in governments doing business with corporations, it is more or less inevitable that governments become tainted with the ethical collapse which has come to affect so much of the market place. Because New Labour is now tied to Big Pharma, it has eschewed science, ethics, and the welfare of its citizens.

One of the factors which stands out with respect to the relationship between the British Government and Wyeth is the way in which the NHS has become complicit in supporting Wyeth's drugs even in the face of developing adverse scientific evidence. This factor is paramount in Wyeth's continuous marketing of HRT over the last thirty years. And nowhere is it better illustrated than in the case of vaccines.

While one might expect the government to have confidence in products which they purchase, it is evident that quite the wrong relationship has developed when the NHS or the government looses its capacity to remain independent from an industry or its junk science, defending products to the detriment of consumers, citizens and constituents.

This part of the corrupt relationship between representative government and transnational pharmaceutical companies, perhaps demonstrates the most iniquitous aspect of a monopoly system of healthcare provision. The government purchases drugs from a 'friendly' dealer, assumes responsibility for their sometimes mandatory prescription, and is then dishonest

[119] The whole principle of arranged compensation claims returns legal civil liberties back to the nineteenth century, when to avoid the specific 'fault liability' employers in the mining industry subscribed to mutual insurance funds which paid so much for the loss of a finger and slightly more for the loss of a hand. To have this kind of system in place is essential if the State is to avoid real argument in court about the nature, safety, constitution of vaccines and the rights of citizens to chose or reject the vaccines which they want themselves or their children to have.

doi: 10.1588/medver.2009.06.00209

enough to support that company rather than the patient when it transpires that the drugs damage the health of citizens.

The most serious contemporary narrative about vaccination, the government and the pharmaceutical industry, that of Professor Andrew Wakefield, testifies clearly to what happens when Big Government gets involved in business and Big Business takes over aspects of government. A campaign of character assassination and de-stabilization of a very refined nature has been aimed at Professor Wakefield, his family and his colleagues. The campaign involves a whole cast of characters from the media, the medical establishment, the pharmaceutical industry and government: The 'pharmafia'. In a campaign of such a nature, we are given, perhaps for the first time since the end of the cold war, a glimpse of what post–industrial corporate government is capable.[120]

In an age when governments should be erecting new and more stringent regulatory mechanisms to ensure the safety of drugs, to protect citizens from damaging adverse reactions, New Labour have offered industry open access to the NHS and Parliament. The company which has most readily grasped this opportunity is Wyeth Pharmaceuticals. Wyeth Pharmaceuticals, and the previous companies to which they were related, have a history of using illicit marketing strategies and creating high levels of illness through adverse reactions to their products.

That the Associated Parliamentary Group on Health, a parliamentary group serviced by drug company interests, should exist at all is a canker on democracy. That its advice to Parliament should be influenced by Wyeth Pharmaceuticals marketing concerns and New Labour's partnership with the ABPI is ironic to say the least. That this group does not include any representative from natural medicine, not even 'controlled opposition groups', and has no lay advisors from the field of CAM is a sure sign of the complete contempt with which pharmaceutical companies and New Labour hold the citizens of Britain. Not only is New Labour intent upon handing over the NHS to private corporate interests, but it has also exchanged honest parliamentary debate for secret deals with drugs pushers.

It is within this context, as well as that of older ideological debates, that New Labour's paternalism and their betrayal of the patient population has to be viewed. Facilitating pharmaceutical industry access to Members of Parliament and allowing a lobby group to create a phoney Parliamentary Group on Health, is a clear indication that Tony Blair, the New Labor Prime Minister who oversaw the creation of the current realities, was happy to see Parliament infected with US style lobbying. It also points out that, as in other recent and substantial decisions, he had no compunction in by-passing citizens, constituents and even MP's. That, in this case, these things are done in the name of health commits violence to language well beyond 1984. By siding with Big Pharma, Blair and New Labour disenfranchised a great swath of the population who are of the opinion that good health does not inevitable follow in the wake of growing pharmaceutical profits.

Pharmaceutical medicines and high technology procedures do create serious damage to health. Seen over whole societies, this erosion of health can go by almost unnoticed over long periods. On the level of the individual, however, pharmaceutical treatments that produce unexpected, undisclosed or unacknowledged side effects, can ruin or end lives. Very few individuals in developed societies want to sacrifice themselves for the future, for some roughly defined sense of 'a better world' or for the advanced profitability of British Industry. Despite defining precautionary principles for 'big science', in the realms of pharmaceutical medicine and vaccines, politicians and industry propagandists waive aside legitimate concerns about their long-term constitutional effects.

Pharmaceutical companies have an immense capacity to injure the population. Figures for iatrogenic death and sickness are higher today than they have ever been in the developed world. While the number of deaths caused iatrogenically, in the US and Britain regularly place the phenomena as the third highest cause of death, a recent comprehensive study of deaths associated with medicine, suggests that iatrogenic death is *the* major cause of death in the US.[121] Audits of deaths associated with medicine in both Canada and Britain, have shown considerable rises over the last few years which are all but concealed from statistical accounts of Government agencies.[122] At the same time, many experts agree that, mainly consequent upon physician reluctance, adverse reaction incident statistics given by the MCA are in the region of between two thirds and three quarters under-reported.

Pharmaceutical companies, both in their form and their content are the major impediments to an integrated health delivery system which includes safe, effective but lower-cost complementary and alternative therapies and medicines. At the same time that the major pharmaceutical companies are trying to influence governments and graft themselves parasitically on to the NHS, they are waging a global war to prevent citizens from obtaining vitamins, food supplements and access to natural therapies.[123] Most importantly, it is the chemical and pharmaceutical companies, with their companion companies in the processed food industry, that not only present the greatest threat to world health but also present the greatest opposition to nutritional medicine.[124]

The arena in which the discourse about these problems takes place, in all its manifestations, is not filled as they are characterized, with post–industrial Luddites or irrational beings bent

[120] Although the scientific establishment in America and Europe have run character assasination campaigns against dissident scientists, especially in the field of HIV and AIDS (see Challenges by Serge Lang on the campaign against Duesberg and Dirty Medicine in relation to the campaign against Benveniste, also Loic Le Ribault, The Cost of a Discovery on the campaign against him by the French Government and the Order of Medicines; see also Moran's Silencing Scientists for a more general look at the area) there have also been campaigns in the contemporary and distant past, including those against Upton Sinclair and Rachel Carson. However, the only similar campaign to the one against Professor Wakefield, to my knowledge, was the one conducted against Professor Pusztai, who found that genetically engineered potatoes damaged the health of mice which were fed on them. In both these cases there has been a North American influence and the involvement of the pharmaceutical or chemical industry, combined with the shadowy involvement of covert agencies.

[121] Death by medicine, Null G. *et al.*, ***Life Extention Magazine***, March 2004.

[122] See the Audit Commission Report 2001 on deaths in public hospitals.

[123] This battle has consolidated itself around the introduction of a Codex Alimentarias, which on a world scale will by law restrict consumers access to vitamins and advice about nutritional medicine.

[124] Witness the recent opposition by the sugar industry to the WHO's suggested new codes on combating diabetes and obesity. See the recent charging of Tescos and Asda by County Trading Standards Officers, under the Cancer Act.

doi: 10.1588/medver.2009.06.00209

upon economic chaos. Nor are they, as they are portrayed, people who want to plunge the developed world into the mystical ferment of medievalism. They are in the main, people who want to draw a line under the damage that industrial science drags in its wake, people who care deeply about the health of their communities, not in the abstract and alienated manner of multinational corporations but on the level of their friends, neighbours and communities.

An integral aspect of the ongoing support for the pharmaceutical industry in England and the US, is a policy of lying and deceit about the damage which medicine is doing. By refusing to open the doors to democratic debate about the iatrogenic effects of animal testing, iatrogenic illness generally – including vaccine damage and the possibility of chemically induced illnesses – about nutrition and organic food, New Labour and other 'modernized' politicians are practicing another irresponsible deceit upon the population.

Classic theories of privatization allow for acceptable regulatory and legal processes which prevent private interests riding roughshod over citizens and consumers. In combination with this, the theorists argue there needs to be freedom of information. In practice, in England at least, both government and industry have done their best to subvert such protections.

New Labour has made Britain a safe haven for chemical and pharmaceutical companies responsible for inflicting health damage on citizens. There is no country in the developed world were it is more difficult for citizens to process damage claims against pharmaceutical and chemical companies. Because of the Government and doctors' reluctance to acknowledge environmental and pharmaceutical chemical health damage, Britain is also one of the most backward countries in providing healthcare for either environmental or pharmaceutical chemical health damage.[125]

The core handful of the biggest pharmaceutical companies are going where no man (or woman) has gone before, to a place where they pump whole populations full of accumulating toxic chemicals, heavy metals and biological detritus. For the continuous sale of drugs these companies need a malnourished and supine populations of drone-like individuals who will ingest whatever medicines are put before them. Populations who will have no choice and no power to question the introduction of medication into the bodies of their babies and children, into their foods, even their clothes and the ambient environment. New Labour has jumped readily to manipulate and engineer such a population, happily continuing where the Conservatives left off, ripping the grass roots out of politics and ruling by dictate.

The goal at the end of this quest is to create a chemically dependent and nullified population who individually remain ignorant of their natural health needs and unconscious of their own body's functions—from the cradle to the grave. Pharmaceutical medicine is a whole and complete paradigm which flourishes best in conditions of monopoly. From top to bottom, the industry and its agents are antipathetic to democracy. By stealth, they are introducing to Britain, the tyranny of a market which will have the most profound consequences on the health of future generations.

[125] As a consequence of chemicals in the environment, in food and in drugs, Britain has one of the highest levels of allergy and chemical sensitivity illnesses in the world. Although by no means without obfuscation see The 2003 report of the Royal College of Physicians, Allergy the unmet need: A blueprint for better patient care and the 2003 Royal Commission on Environmental Pollution, Chemicals in Products: Safeguarding the Environment and Human Health.

doi: 10.1588/medver.2009.06.00209