AGs' Harsh Findings on Ads Rile Drug Firms and Charities

In April, assistant attorneys general (AAGs) from 16 states — including New York, Pennsylvania, Illinois, Texas, and California — issued a sizzling preliminary report condemning the “potential for public deception” in a rapidly growing marketing practice: the use of non-profit health charities’ names and logos in drug ads. This method is called cause-related marketing (CRM).

The endorsements that are implied in these ads are false, deceptive, and fraudulent, the AAGs say. They are, or should be, illegal. Here are some examples:

- SmithKline Beecham paid the American Cancer Society $1 million for the right to use its name and logo in a multimedia campaign to promote its Nicoderm CQ nicotine patch and Nicorette gum as smoking cessation aids.
- McNeil, a subsidiary of Johnson & Johnson, then made a $2.5 million deal with the American Lung Association to use its name in promoting the company’s competing Nicotrol nicotine patch.
- McNeil guaranteed the Arthritis Foundation $1 million per year to use its name and logo in marketing Tylenol nonprescription pain-relievers in a campaign that made false and deceptive claims — and eventually was stopped by 19 states’ AGs.
- Full-page ads in the New York Times and Wall Street Journal for Bristol-Myers Squibb’s cholesterol-lowering drug Pravachol prominently display the American Heart Association’s (AHA) name and logo, implying that AHA has determined that it is the best drug of its class — which it hasn’t. Bristol paid AHA $600,000.

An AHA executive, David W. Livingston, says it was “unfair” of the AAGs to suggest that his organization was “selling our name and logo” to Bristol. “We were not!” he asserted. Most such ads, he added, are “non-deceptive and non-fraudulent.”

The AAGs say the available research shows that consumers:

- Highly trust health charities — and their endorsements.
- Prefer products marketed in association with a health charity.
- Believe drugs sold in association with a health charity carry its endorsement.
- Believe such products are superior to competing ones.
- Do not expect these deals between drug companies and health charities to be exclusive — and consumers’ perception of these relationships change, for the worse, when they are told that they are.

Manufacturers spent $630 million on these and similar kinds of sponsorship deals last year. The deals created $2 billion in additional value, according to a Chicago company, IEG, that tracks these arrangements. Cause-related marketing came into its own in 1983, the AAGs were told, when American Express declared in ads it would make a 1¢ contribution toward renovating the Statue of Liberty for each AMEX card purchase. Some $1.7 million was raised in this way, and the campaign generated a 28% increase in usage by AMEX cardholders.

Companies Served

“...of this early [cause-related] marketing example were not lost on American corporations,” the AAGs wryly note.

These marketing methods serve the companies, the health charities whose names the companies use, and the public that receives educational “health messages,” its movers, shakers, and users say. They presented their views at a late May public hearing convened by New York State Attorney General Eliot Spitzer and AAG Shirley Stark, in Manhattan, to garner reactions to the AAGs’ preliminary report, preparatory to writing a final draft (for which no date has been announced).

It was a tense, mostly polite, and quite informative exchange of views, not least because of who chose not to attend. The American Medical Association (AMA) was invited, according continued on page 6
Follow-up

Same Old Gina?; Fakey Book Is Out in Paper

Her colleagues have wondered in the last year what happened to *New York Times* science writer Gina Kolata. Following charges that she misquoted Nobelist James Watson on experimental drugs for stopping cancer, Gina’s bylines were few and far between.

She resurfaced mid-May with a co-authored exposé on an allegedly improper new practice by drug companies: They now hire private physicians, rather than academics, to — quickly — run clinical tests on experimental new drugs.

The *Times*’ two reports (May 16, 17) were distinguished by poor and redundant writing. Worse: sloppy reporting. To take just one example:

In a sidebar, Gina and her co-author, Kurt Eichenwald, explain that the drug companies switched from academic to private-practitioner drug testers around 1992. Reason: Health Maintenance Organizations (HMOs), with their huge buying power, were pushing down profits on standard drugs. So the drugmakers had to go out and find blockbuster new ones, like Prozac (Lilly) and Viagra (Pfizer) to sustain their bottom lines.

Here’s the problem: Contrary to Eichenwald and Kolata, Prozac was approved by the FDA in 1987. This means it had already been in Lilly’s pipeline for at least a half dozen years — long before drug companies felt any pressure from HMOs.

This question remains: Is Kolata simply careless? Or is she not getting the fact-checking and copy-editing help at the *Times* that her sometimes brilliant reporting needs — and deserves?

###

**Norton Republishes Fraudulent Book:** Last year in May, we wrote a lengthy analysis of psychologist Steven A. Pinker’s book *How the Mind Works*. It was published by W.W. Norton, a well-regarded, conservative publisher of books on science.

We said *Mind* was fraudulent, and wondered whether Pinker was an intellectual imposter. We sent copies of our review to Norton and to Pinker, at MIT.

Norton had already announced a paperback edition of *Mind* for early this year. So of course we were interested to see if any of our criticism would be acknowledged, in the form of changes. For example, would Pinker correct his statement that magnetic resonance imaging (MRI) depends on blood flow to the brain — since it doesn’t? Or, to cite another example, would Pinker change the erroneous assertion that anthrax infections spread in industrialized nations through contaminated food? They don’t.

Of greater concern, would Pinker straighten out — or Norton edit out — the meaningless, thought-diverting conundrums that fill *Mind*, such as (to cite just one example), “Hominids did not arrange their lives around the convenience of anthropologists”? Well, the answer is in!

Norton’s paperback edition is in stores — at $17. The text, as far as we can tell, is absolutely the same as the original edition. The factual errors and intellectual foolishness have all been preserved!

Norton has added three pages of reviewers’ “praise” for *Mind*, including effusive — but we think misguided — comments from reviewers at all the best newspapers, and, even *Nature*. No matter! They’ve been duped!

The paperback’s cover reveals that *Mind* was a finalist for a Pulitzer Prize, and claims that it was a “national bestseller” — albeit no national bestseller list is cited, and a Norton PR person told us specifically last year that there was none.

We wonder how Norton plans to maintain its reputation — as distinct from its bottom line — by publishing numskullery like *Mind*.

###

‘Pole Man’ Gets New Heart: The patient who had waited a year for a heart transplant at New York’s Mount Sinai Hospital has finally received one.

We reported in May on Charles Schultz of Middletown, New York. He was one of Mount Sinai’s “Pole People,” who perambulate the hospital corridors hooked to poles that support their intravenous medication bags. Schultz had been waiting the longest of his fellow transplant patients. After 11 months he had been bumped from his waiting list place by the United Network of Organ Sharing (UNOS), the nonprofit transplant agency, which issued a new, “sickest first” ruling. Though quite ill at the time, Schultz accepted this setback with equanimity. He said he agreed that the more seriously ill should have priority — and he still holds to this conviction.

Mount Sinai said Schultz’s new heart came from a 32-year-old man, whom they refused to identify. Schultz was discharged two weeks post-op.

“I feel great!” Schultz told PROBE by telephone. “Every day is better. . .

“I thank God every day for this new heart. I hope people will become more aware that there’s a shortage of donors. It would be nice for everyone to sign donor cards!” — J.H.

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AIDSvax Info Is Available

A very useful informational source on AIDS vaccine R&D, which we were unaware of, is available — free — for readers with some technical understanding. It is called IAVI Report, and is published on a bi-monthly schedule by IAVI — the International AIDS Vaccine Initiative — which is a non-profit organization in New York City.

In the last issue (Jan.-March) for example, scientist-journalist Patricia Kahn, Ph.D., a geneticist, wrote a long review on the currently taboo topic of whole-killed HIV viruses as AIDS vaccines. The fear, of course, is that such preparations may not all be killed — as happened, tragically, in the early days of the Salk polio vaccine — and hence remain infective. Kahn reports that significant progress has been made in the last 40 years in methods to kill viruses. Thus, this old, low-tech method may warrant a closer look, given that more technologically-advanced methods have not yet proved successful.

IAVI was created three years ago by scientists and their associates to facilitate the development of safe, effective, and affordable AIDS vaccines that can be used in the Third World as well as the First. It is supported by foundation grants, originally from the Rockefeller and Sloan Foundations. IAVI's president is internist Seth Berkley, M.D.; its VP for R&D is viral immunologist Wayne Koff, Ph.D., who has been working on AIDS vaccines in government and industry for more than a decade.

IAVI's aim, Koff said in a recent interview in his office, is to complement and spur along National Institutes of Health and drug company AIDS vaccine initiatives. Immunity is induced in these two arms of the immune system when the body is challenged, usually by injection with a weakened, killed, or fragmented piece of the organism against which protection is sought, in this case HIV. The problem, too often, is that this stimulus does not trigger an immune reaction that is durable enough to destroy the pathogen — HIV — the next time it shows up in the body, which may be years or decades later.

One way to bolster immunity is to inject another, helper substance, called an adjuvant, along with the vaccine. The standard adjuvant, which is alum, appears to irritate immune system tissues, thereby causing them to react more forcefully to the vaccine challenge.

Several experimental HIV vaccines have already turned out to be too weak to protect recipients against later infections. So one research focus now is the search for adjuvants to bolster either the humoral or the cellular response — or both.

A team of scientists at the National Institute of Allergy and Infectious Diseases and the National Cancer Institute, along with an industrial associate, say they have developed a sophisticated, new, genetic adjuvant. It stimulates production of the receptors on white cell surfaces, so that they will take up more of a vaccine's immunizing molecules into the cell. This in turn significantly increases their production of antibodies and of primed CD-4 and CD-8 white cells.

The lead investigator in this effort is immunologist Robert A. Seder. He and his co-workers have presented their findings in two issues of the Journal of Immunology, the most recent of which was in March. Seder also presented the work to an NIH AIDS Research Committee workshop last year, and amplified it in an April phone interview with PROBE.

Thus far, all this work is in animals, and uses infectious agents that are different from HIV.

Binding Sites Bolstered

When the DNA that makes the ligand — the binding site (CD-40L) — where viruses and other infectious agents bind to and then enter cells, is injected into mice along with DNA that makes immunogenic molecules of a particular infectious agent, such as HIV, the animals' response to later challenge by the infectious agent is enhanced four-fold. The "naked" DNA are injected into the animals in plasmids, which are small closed circles of the genomic material that do not divide or rearrange themselves during cell division. They hence are passed on, intact, through successive daughter cells, preserving both the animal's immunologic capability against the disease organism in the vaccine and its enhanced (adjuvant-induced) protective ability. Several experiments confirmed these findings.

Seder said by phone that adding more cell-surface ligands in this way "enhanced humoral and cellular immunity," and has an anti-viral effect on pathogens, like HIV, that enter these cells.

Potentially, the researchers write, the ligand DNA "would be a useful adjuvant" in protecting people against HIV infections.
Quackbusting Lives!

“Alt/Med Trumps Science,” we reported here last month. Our lead article told how alternativists have successfully penetrated mainstream medicine, and also are selling the public billions of dollars worth of treatments and nostrums that have not been proved safe and effective.

Readers may say we are too pessimistic. Maybe! What certainly is true is that many quackbusters — and others — continue to fight for scientific assessment of drugs and medical procedures, and for telling the public, clearly, what these studies show. They insist that people continue to want this information. We’ve recently talked to two adamant quackbusters who aren’t giving up. Their stories are on these two pages. — D.R.Z.

Rosemary Jacobs Fights Disfiguring Silver Toxins


The headline over the photo caption says Argyria, which means discoloration of the skin following overdose of medicinal silver preparations (argyros=silver in Greek.) Jacobs, now 56, says she was given silver-containing nose drops, for allergies, when she was 11. At age 14, her skin turned gray. It retains a ghostly, masked look even today, as we discovered when we interviewed her, in Philadelphia, several months ago. A handsome woman, she’s been permanently defaced by the silver.

A physician, Bruce A. Bouts, M.D., writes in a textblock with her photo in the NEJM:

Colloidal silver products sold in the early 1900s had silver concentrations as high as 30%. Suspensions of silver, available now in some health food stores and pharmacies, are touted for the treatment of many disorders, including AIDS, cancer, sore throats, meningitis, parasites, chronic fatigue, and acne, without [scientific] substantiation .... [emphasis added]

The U.S. Food and Drug Administration (FDA) has banned almost all silver products sold as over-the-counter (OTC) drugs in recent decades. Now, however, they are back, albeit not as “drugs.” Jacobs, who is a quackbuster, is horrified by this development. She allowed the NEJM to depict her because she is furiously angry. And determined.

Anger Is the Spur

She’s angry, because a Federal law, enacted five years ago, has legalized the sale of silver “nutritional supplements” like the one that defaced her, without FDA approval or label warnings. This law is the Dietary Supplement Health and Education Act (DSHEA), familiarly called “Dashay.”

Jacobs, who lives in Derby Line, Vt., is determined — using herself as an unhappy example when necessary — to get DSHEA repealed.

“I’m told you can’t achieve that,” Jacobs told PROBE in a recent phone interview. “If not, then I want people to know ....

“I don’t think the guy and the gal in the street understand” the fraud and the hazard in the unlicensed, but now legal, herbs and other alternativist nostrums that, following DSHEA, are now widely promoted on the airwaves and in stores.

“Bottom line, it’s fraud in advertising,” Jacobs said.

“And if there’s a way to expose that, I think people would be very, very horrified [about it]!”

Action Is Sought

That’s why Jacobs writes letters to the newspapers, petitions Congress, and has complained to Vermont’s governor, Howard Dean, M.D., and the state’s congressman, Bernard Sanders (Ind.). Jacobs also is lobbying FDA to reassert some regulatory control of silver medicinal products as — hazardous — drugs.

“When people hear my story,” she says, “they become very aware of what’s going on!"

“People want to know what’s safe, what’s helpful, and what isn’t,” Jacobs insists. So, she’s not giving up the fight against Alt/Med fraudsters. Not at all!

She is particularly incensed that the new and unregulated silver products are promoted not only in trendy suburbs, but in the poor and remote towns in Vermont’s Northeast Kingdom as well. She says she’s finding silver supplements in area health food stores.

So far, she acknowledges, she’s discovered no new argyria cases. This may in part be because “many of the products are very expensive, mislabelled water,” with very dilute silver content. Also, argyria, which can’t be cured, takes time to develop.

Jacobs fears, nevertheless, that the risk, albeit insidious, is quite real — and eventually will become visible, when it’s too late to help a new generation of sufferers. She’s working to stop that from happening.
Barrie Cassileth Will Hold Alt/Med Up to the Light of Scientific Study

Barrie R. Cassileth, Ph.D., a medical sociologist, has just been handed a dazzling appointment: She is the first chief member of the Integrative Medicine Service at the prestigious — and conservative — Memorial Sloan-Kettering Cancer Center, in Manhattan.

She has had earlier appointments at Penn, Harvard, Duke, and the University of North Carolina, and she also was a founding member of the Alt/Med Advisory Council to the National Institutes of Health Office of Alternative Medicine (OAM).

Cassileth is one of the very few scientific researchers who speaks, and is spoken to, by quackbusters and other mainstream researchers on the one hand, and by alternativists, who run OAM, on the other. She says she charts her course by listening to the howls of displeasure from the two opposing sides — and when they are about equal, she says, she knows she’s on target.

“I continue to stand up straight, in the middle,” Cassileth said recently from her Memorial hospital office. “I think that’s one of the main reasons why they asked me to come here!”

Balance Bothers Some

This even-handedness worries some quackbusters. She says: “I think that there are a lot of people who are worried in the opposite direction,” meaning that she’ll be too hard on the alternativists.

In fact, Cassileth says, she hopes to study and “debunk” therapeutic touch (TT), and the manipulation of vital energy, which she says is “a crazy concept.” Both are Alt/Med favorites.

“I’m basically a scientist,” Cassileth explains, and these things are “such nonsense” — and yet “very popular.”

She will open an outpatient center at or near Memorial Hospital to offer — and study — a variety of stress reduction and quality of life enhancements for cancer patients. An inpatient service, similarly, will provide massage and music therapy, both of which already have some research credibility. One new research proposal, Cassileth said, is to use PET (positron emission tomography) to track glucose uptake in the brains of cancer patients who are participating in music therapy.

Tofu to be Tested

She also would like to run clinical trials on garlic and soy (tofu) which, she said, New York women with cancer currently are using, without any evidence whatsoever that they are worthwhile. Are spirituality and prayer any more effective in relieving fear and pain than ordinary support therapy? Cassileth says she’d like to find out.

She said that integrative medicine studies will be conducted at Memorial in exactly the same ways as all other clinical trials, including institutional review board (IRB) oversight. These studies will be conducted by staff members of the cancer center — local alternativists will not be invited in for the purpose.

“If you’re asking me, are we going to promote quackery” at Memorial Sloan-Kettering, Cassileth says, with a laugh, “then the answer is No. It’s not my style!”

We’ve been covering Cassileth’s work for two decades. We think she’s a White Hat, and a smart one! — D.R.Z.

Alt/Med Guide Shows Cassileth’s Method


For each of four dozen alternative methods, from Aroma Therapy to Yoga, she has a section on what the method's practitioners claim, and another on what scientific research has found — which usually is little evidence for efficacy. Cassileth also lists carefully where these remedies can be obtained.

A scientifically astute reader thus may be grateful for the negative research findings, but irked that the book also serves as a product guide. Alternativists, by the same token, may welcome Cassileth’s reports on practitioners’ claims, while ruining her downbeat scientific assessments (which they may not even bother to read). She writes:

Alternative and complementary approaches often involve belief in a universal energy system. Illness is defined as being out of balance with that spiritual force. Healing involves focusing or rechanneling one’s energy, and health is said to occur when the individual is in balance both internally — body, soul, and mind — and with the universe or universal energy . . . . Although the basis for much of unconventional medicine is indeed philosophical rather than theoretical or scientific, alternative and complementary therapies can and should be evaluated scientifically. In fact, one of the few things that the great diversity of [these] therapies have in common is that they have not undergone scientific review.

That is what Cassileth says she hopes to do in her new job at New York's Memorial-Sloan Kettering Cancer Center. — D.R.Z.
AGs’... continued from page 1
to Wisconsin AAG Barbara Tuerkheimer, but did not show up. Neither did four big drug companies — whose names she declined to reveal.
Parties who did attend, and testified, included the health charities, and the commercial matchmakers who broker their deals with drug manufacturers. Ranged against them were medical, ethical, and public policy experts who condemned the hybrid marketing practices as deceptive, misleading, or fraudulent — as the AAGs report had indicated. There thus was a clear-cut division among these witnesses:
Stakeholders in CRM and related marketing methods, while willing to reform their practices — as some already have, in face of the AAGs’ probe — upheld CRM’s intrinsic value in helping drugmakers “differentiate” their products from others’, and in providing cash to needy health charities to carry out public education missions. Non-stakeholders, on the other hand, disliked the practices, and told the AAGs that they should be stringently regulated or abolished.
Falsehoods Seen
The tenor of the AAGs’ surprisingly provocative findings is clear in their summary statement: They “believe that commercial-nonprofit product advertisements often communicate the false and misleading messages that the products have been endorsed by the non-profit partner in the relationship and that such products are superior to other competing products.”
The AAGs complain that “such joint advertising campaigns using a respected nonprofit’s name and logo often fail to provide important information [that] consumers need in order to make informed choices.” These include “the facts that the commercial sponsor has paid the nonprofit organization for use of its name and logo and, as is often the case, that the relationship between the corporate sponsor and the nonprofit is exclusive in nature.”
Exclusivity, in this context, means that the nonprofit will only rent its name and logo to one maker of a particular type of product at a time; in the case of one of the examples above, the American Heart Association’s deal with Bristol-Myers, AHA agreed not to make similar deals with Merck, or Warner-Lambert, which market chemically-similar cholesterol-lowering drugs.
Exclusivity Called ‘Critical’
For the manufacturer, this exclusivity is “critical,” warned Paula Berezin, president of IEG Consulting, the Chicago firm that specializes in CRM marketing. Without exclusivity, “the value goes away” from the marketer’s point-of-view.
Added another industry rep: “Without exclusivity, companies won’t bother!”
Berezin and other industry experts insisted that the AAGs’ continued on following page

Reform Proposals Spark Conflict
AAGs’ Draft of Truth-in-Ad Guidelines
1. Both the commercial sponsor and health charity licensee must satisfy all applicable legal standards, including compliance with consumer laws prohibiting false advertising, unfair and/or deceptive trade practices and consumer fraud.
2. Product ads mustn’t misrepresent that a health charity has endorsed the product. If ad uses charity’s name and logo, and the nonprofit has in fact not endorsed or recommended the product, the ad must clearly and conspicuously disclose this fact.
3. Such ads must avoid expressed or implied claims that the advertised product is superior, unless the health charity has independently determined this is so. If the charity has not so determined, it must state this conspicuously in the ad.
4. Such ads must clearly and conspicuously disclose that the corporate sponsor has paid for the use of the nonprofit’s name and logo.
5. Such ads should not mislead, deceive, or confuse the public about the effect of a consumer’s purchase on the commercial sponsor’s contribution to nonprofit.
6. Health charities should avoid exclusive product endorsements, and if they do exist, they should be clearly and conspicuously disclosed.

Proponents’ & Critics’ Reactions
1. No objections raised by proponents or critics of cause-related marketing of health and medical products.
2. Proponents claim that the product disclaimer is unnecessary because consumers understand that use of nonprofit’s name and logo is not an endorsement. They say disclaimer is a deal breaker. Critics applaud this proposal.
3. Health charities have less trouble with claim that product is better than others than with #2 above. But they dislike the disclaimer. Critics applaud this proposed guideline.
4. Health charities say consumers understand this, but that stating it explicitly would discourage consumers — and so be a deal breaker. Critics approve this proposal.
5. Health charities find this guideline less objectionable than some others, above, and might even support more explicit information, such as “for each purchase of W product, company Y will donate X dollars to nonprofit Z.” Critics like this idea, too.
6. Health charities say this will kill corporate/nonprofit CRM. Critics are in favor.
continued from previous page
guidelines, as written (see box, p. 6), “threatened” the very existence of this form of marketing. “The current guidelines will eliminate [these] good deals.” An American Lung Association official complained that six companies quickly backed out of pending deals when the AAGs’ preliminary report was released.

Problems Are With Drug Ads
Berezin noted that of the hundreds of CRMs and other sponsorship deals that she and her company describe in their newsletter IEG Special Report, or help set up each year for a wide variety of products and causes, the only ones that have caused problems and, so, drawn the AAGs’ attention, are those that link drugmakers to nonprofit health charities.

“All” the bad deals, Berezin said, “revolved around health-related nonprofits.”

She told PROBE later, from Chicago, that health- and medical-related CRM accounts for “less than 2% of the CRM business.”

The AAGs, many or most of whom are experts in consumer fraud, want exclusivity data and other key information revealed in the co-op ads or other promotions. The CRM drugmakers and health charities most assuredly do not. They said that if these disclosures were required, manufacturers would stop marketing their products in this way — a result that struck critics at the hearing, including consumer advocate Sidney M. Wolfe, M.D., of the Public Citizen Health Research Group, on the Left, and economist James T. Bennett, Ph.D., of George Mason University, on the Right — as a wholly appropriate and long-overdue outcome for the AAGs’ present efforts.

Stronger Action Urged
This “gold rush of endorsements,” declared Wolfe, “needs to stop!” The AAGs “valiant start,” he added, does not go far enough.

Similarly, economist Bennett tagged the CRMs as Faustian “deals with the Devil,” and predicted that the public will “begin to lose faith” in nonprofits that sign them.

Saying he agreed “fully” with the AAGs’ report, Bennett said “whenever there’s corporate money involved, there are strings attached.” The nonprofits, he added, “are selling their very souls,” when they get into CRM deals.

An ethicist who testified, agreed. Mildred K. Cho, Ph.D., of Stanford, who studies conflicts of interest, said there is a fundamental conflict when health charities, whose primary mission is public education, license their names and logos to commercial firms, whose primary interest is profit. CRMs, she declared, are “promotion,” not “public education.” “It’s not clear,” she added, “how [they] enhance the well-being of consumers” — which is the nonprofits’ primary obligation. The nonprofit benefits from the company’s cash, she noted, but is placing the revenue ahead of the public’s well-being.

Marketers insisted, however, that these “health messages” benefit consumers directly. They also provide money to support the health charities’ “purpose[s] and mission[s]” of public education and funding of research to relieve illness, explained Myrl Weinberg, president of the health charities’ umbrella organization, the National Health Council.

Besides exclusivity, the other prime-mover and huge bone of contention in these deals is the issue of endorsement. The AAGs and Cho, Wolfe and other critics see these ads as endorsements, despite industrial denials. In their view, the licensing fees can be seen as kickbacks from the drug companies to the nonprofits.

The AAGs note that the Supreme Court has already agreed with the Federal Trade Commission (FTC) that it is deceptive to falsely represent that a product has been endorsed or approved by a person or organization.

Nonprofits like the American Academy of Dermatology long continued on following page
‘Doctors, Please Start Your Engines!’

Drug companies are infinitely creative in finding new — and sometimes questionable — ways to promote their products. Even if sweetheart deals with health charities were to be outlawed by the states’ fraud-busting attorneys general, the companies would quickly find new vehicles to reach doctors and patients. For example:

IEG Sponsorship Reports, which tracks these deals, describes this new agreement between financially-pressed CART (the Championship Auto Racing Teams) and Warner-Lambert’s (W-L) Parke-Davis division, which sells the new lipid-lowering drug Lipitor:

W-L and CART “have broken ground in a new sponsorship category,” IEG Reports says (April 26). W-L “is paying a six-figure sum for its two-year-old Lipitor to be the official cholesterol-reducing drug of CART.”

W-L went to CART because of its huge attendance: 2.3 million fans, most of them upscale men, attend its auto races each year. At CART races, W-L sets up a trailer to screen and “educate” fans about the hazards of high cholesterol, and the need to lower it. Some 1,100 fans stopped by at one recent race in Miami.

Also, W-L and co-marketer Pfizer “will entertain and educate approximately 250 doctors at each race,” according to IEG.

The drugmakers seem confident that when it comes time to write prescriptions, the grateful docs will repay their kindness for taking them out to a day at the races!

AGs’…

continued from previous page

have denied that the CRMs are “endorsements.” But the AAGs say that, yes, they are. The AAGs say such endorsements imply — falsely — that the nonprofit has studied the drug independently, compared it to others, and finds it is best. That’s what the public thinks when it reads these ads.

Independent Studies Needed

That’s dead wrong! CRMs’ advocates argued. Attorney Jack R. Bierig, speaking for the American Society of Association Executives — the professionals who staff and run nonprofits — said that endorsements don’t imply superiority. Rather, he said, endorsements mean only that the drug being plugged is “good” and “effective”:

“It’s a good, solid product,” Bierig said. “But it’s not ‘superior.’”

If these exclusive endorsements didn’t imply superiority, the companies wouldn’t pay for them, the AAGs indicated. The health charities and marketers confirmed this was so, by insisting that disclosure of the terms of their deals, which the AAGs favor, would destroy CRM marketing of drugs.

The CRMs are damaging to the health charities, as well as to trusting consumers, the AAGs and critics add: As the public finds out how CRMs work, their currently high level of trust in the health charities, as measured in surveys, will inevitably decline toward the quite low levels of public trust currently accorded drugmakers’ ads.

The impasse was not resolved.

“We have said nothing untruthful!” declared Myrl Weinberg, of the National Health Council. An American Lung Association official, Joseph Bergen, accused the AAG who drafted the preliminary report, David Woodward, of Minnesota, of “pretty strong biases” against health charities and CRMs.

The AAGs’ bias, Woodward declared, is “against fraud,” and “for” truthful ads and “public protection.”