

**SIDE
EFFECTS:
DEATH**

**CONFESSIONS OF A
PHARMA-INSIDER**

“Side Effects: Death,” by John Virapen. ISBN 978-1-60264-516-5 (softcover); 978-1-60264-517-2 (ebook).

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SPECIAL THANKS

go to my family for putting up with me during the work for this book, I dedicate this book to the countless victims of the pharmaceutical industry and to all children who will hopefully be spared the fate of becoming a pill-popping guinea pig for the pharmaceutical giants – and I hope to make a contribution to this with my memoirs.

Special thanks go also to Clark Baker and The Office of Medical & Scientific Justice, Inc. (www.OMSJ.org)

John Virapen

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MAY 2007

The peculiarity of my story is that the beginning continually changes. This preface is therefore the preface to the preface, and I fear that with each new edition, there will always be events, which are so closely related to my past, that they will have to be mentioned in this book ...

Unfortunately, the almost ghostly story of my past in the pharmaceutical industry appears to be writing itself. It is continually confirmed by the present, but it also repeatedly drags me back to that very playing field, which I thought I had left for good so long ago. So much for that.

Latest incident: On February 25, 2007, at 1:35 a.m., as the statistics tab in *Windows* reveals, I finished the penultimate chapter of my memoirs. With a glass of Cognac to end the day, for once I finally relax and watched as the computer programs are leisurely closed, and the humming of the fan and hard drive finally relapse into silence. With the murmur of silence resounding in my ears, I slip into the bedroom to my wife and my young son.

In the early morning I am pulled out of my deep sleep by a call from Atlanta, Georgia. Damned time difference! On the other end, it is no less than Andy Vickery. He is one of the most prominent and successful lawyers in lawsuits concerning the effects of psychotropic medicines on humans, which we commonly label with the innocent words “side effects”. In my story, these include suicide, murder and

massacre. Vickery is a clever guy, but even he didn't think about the time difference between his office in the United States and my home in southern Germany. I've forgiven him.

Anyway, Andy Vickery is one of the few lawyers, who has been able to successfully carry out lawsuits for the aggrieved parties against the unbelievably potent machinery of Big Pharma. Vickery became aware of me via the internet. I introduced myself as a former employee of *Eli Lilly & Company* on *YouTube* and announced the publication of this book. Vickery immediately knew who he was watching on screen.

On March 10, 2007, I fly to Atlanta. Andy Vickery has invited me to give expert testimony in court regarding a suicide in the USA. I don't know the victim personally, nor do I know the exact circumstances of his death. He is said to have shot himself. I hear his name, Porter, for the first time. "A strange witness," you may be thinking, and you'd be right, but I am more than just a witness. Vickery has leads about certain information, which seem to be important for his client, Porter's widow, but he has no evidence. This is where I come into play. For Porter had been taking *Prozac*® for no longer than a week and had been thrown so far off track that the only sensible option, that appeared open to him, was to shoot himself. Porter had been a successful businessman, who was not at all at risk of committing suicide, although he had seen his doctor about personal problems. He had then casually prescribed him *Prozac*®. You know – a little "mood lifter," nothing more. Well, after a week Porter's mood had been "lifted" to such an extent that he shot himself.

March 10th is a Saturday. I only have one day to acclimatize. It all begins on March 12th. For two whole days, two lawyers from the pharmaceutical giant *Eli*

Lilly, my former employer, take on mine. Their objective: to try and discredit me as a person in order to make my testimony implausible and, at best, to exclude it from the proceedings. What I know and to which I testify under oath is dynamite. They are both there to defuse the bomb.

For two whole days, they pester me with detailed questions about events which happened ten and even twenty years ago. Like a bizarre test at school ... My memory doesn't fail me, but the procedure does demand nerves and concentration. Over and over, one of them retreats to make a phone call and recall data to try to corner me. They don't succeed. No matter how much this sort of questioning wears you out, if you tell the truth you will prevail. A tissue of lies can be torn apart. I know my way around my own story. No matter how unsteady the gangplank is that they are leading me down, I do not fall off. For two whole days, they duel with me using every trick in the book.

Finally, as if in passing, a key question arises but it isn't a factual one.

"Why are you doing this, Mr. Virapen? Why are you concerning yourself so intensively with the past? Why can't you just let it rest?"

Enervated but still determined, I fling a photograph onto the table, a snapshot of my young son. "That's why, because it's about the future."

For a moment, silence reigns in the objectively cool court room. There is no whispering. There are no strategic consultations. No paper rustling. The files remain untouched for a moment.

Over these past two days, they have chased me through my history like a bull being chased through the streets of Pamplona. For the whole of the following week, my mind remains completely empty. They have worn me out – but they haven't won. They didn't find

any contradictions, lies or anything that wasn't true. They do reserve the right to obtain an injunction against my testimony being admitted later, but then they don't pursue it.

My testimony stands. Andy Vickery will use it to support Porter's widow's lawsuit against *Eli Lilly*. But who knows if it will happen? Often enough, such lawsuits are stopped during the phase in which it becomes risky for the pharmaceutical giant, where it would have to reveal its confidential documents, and in which insiders of such a pharmaceutical giant would have their say. In such a phase, Goliath's lawyers would normally try anything to prevent a showdown in court and would retreat into the semi-darkness of the backrooms of a hotel to settle the matter out of court. (And sometimes even trials, which they could win, but which would necessitate laying unpleasant facts on the table, are settled in this manner.)

Hardly any of the plaintiffs can refuse the sums of money offered to them by the pharmaceutical giants. The corporation doesn't have to show weakness and can maintain its clean image of a pharmaceutical industry, carrying out research in the name of humanity.

"This trial cannot bring your husband back, no matter how it ends. At least, take this check as consolation and who knows, maybe you can start anew one day ... Life goes on."

They will argue like this or in a similar manner. If they succeed, the struggle to allow my testimony to be used will have been for nothing.

The transcript and the video of my testimony would be closed and sealed. And once again, the public would discover nothing of what really happened, how the mood lifter *Prozac*[®] turned a person into a murdering machine.

Nothing at all?

Right now, you are holding the information in your hands that was included in the statement given in Atlanta in March 2007. And much more besides. If my testimony given under oath should be shelved and the truth about *Prozac*[®] and Porter should fall by the wayside – it would be deplorable for this case. My testimony is just as valid for many other cases. Then, as you may recall, I wasn't familiar with this specific case; instead, I was invited to Atlanta as an expert on psychotropic drugs and bribery. And what I said there is of importance far beyond Porter's case. In the case of the homicidal maniac, Cho Seung Hui, at a university in Virginia, it was revealed that he had been in psychiatric care – and I can imagine what that could mean. In this case too, it is being speculated whether psychotropic drugs turned a person into a murdering machine. To put an end to the speculation, facts should be laid on the table and with them, the truth, instead of out of court agreements and temporary injunctions.

My flight to Atlanta and other current cases certainly show how important my story is, today.

John Virapen, May 2007

PREFACE

*The truth,
The whole truth
And nothing but the truth,
So help me God.*

Night after night shadowy figures gather at my bedside. They usually appear during the early hours of the morning. They bang their head against the walls and cut their arms and throats with razor blades. I wake up drenched in sweat. I indirectly contributed to the death of the people, whose shadows now haunt me.

I didn't personally kill anyone, but I feel indirectly responsible for their deaths. No, I was a willing tool of the pharmaceutical industry.

"Really?" you might ask. "Well, yes, I was a tool; a mere tool like a hammer is to a carpenter." And you might sneer. You are right. I was more than that. Unlike the hammer I have my own will. But honestly, how freely does one make their own decisions? Manipulation of will in the pharmaceutical industry plays an important role in my story. And, is there a more dangerous tool than a person whose will has been manipulated? It's like selling your soul to the devil.

Today I no longer play this game. As an individual, I wasn't that important, I was only a pawn in the game. It was important that I functioned to their satisfaction. And the game continues. Others function as I did and do what I did.

As a patient, you are always a pawn in the game. You are the most important pawn. The game is tailor-made for you and for your children.

Now, you will surely say, that the pharmaceutical industry does good for mankind for example; they do research to develop new drugs to help people. That's what they loudly proclaim. They produce pictures of children laughing and old people dancing on a beautiful sunny day, and yet the picture isn't correct. Unfortunately, it is stained, and that is putting it mildly.

- Did you know that large pharmaceutical corporations spend about \$35,000–\$40,000 per year and per practicing doctor to persuade them to prescribe their products?¹
- Did you know that so-called opinion maker/leaders – that is to say recognized scientists and doctors – are specifically bribed with expensive trips, presents and quite simply with money to report positively about medicines, when their serious and even fatal side effects have become public, in order to banish the valid concerns of doctors and patients?
- Did you know that there are only short-term clinical trials for many newly approved drugs and nobody knows the effects on patients who take them for long periods or even for the rest of their lives?
- Did you know that the research reports and statistics, which are necessary for the approval of drugs by the regulatory authorities, are constantly being edited, so that deaths caused by the side effects of the drug can no longer be found in them?

- Did you know that more than 75 percent of the leading scientists in medicine are paid by the pharmaceutical industry?
- Did you know that there are drugs on the market where bribery played a role in the approval process?
- Did you know that the pharmaceutical industry invents illnesses and promotes them with targeted marketing campaigns to increase the market for their products?
- Did you know that the pharmaceutical industry increasingly has its sights on children?

No. Much of that you couldn't know, because the pharmaceutical industry has a large interest in keeping it secret. If some of it is made public, then only if it is unavoidable – as was the case with the German pharmaceutical manufacturer *TeGenero*. This was in London in 2006. Do you remember? “Drug trial creates ‘Elephant Man’” was the headline on CNN News.² The head of one of the human guinea pigs swelled within two hours of taking the new wonder pill to three times its size and resembled the “Elephant Man”. Something went wrong at *TeGenero*. Not the head swelling. That doesn't worry the pharmaceutical industry. The fact that it became public, which is the real problem. “Amateurs,” is what I would have said back then, when I was active. *TeGenero* had no choice. They disappeared and filed for insolvency. That doesn't happen to a global player.

Such cases, however, are always exceptions. Often it is maintained that the test subjects were critically ill, anyway. They are given the blame for their own kidney failure or their own death. It is constantly stressed how useful drugs are for many

other people. My book reveals how wrong both of these self-serving declarations are.

I Was a Global Player

I'm not talking as an outsider and not as an investigative journalist. I am not pointing with a morally clean, sterile finger at the evil people up there. I know what I am talking about because I was actively involved. I was one of them.

I worked for the pharmaceutical industry, beginning in 1968. I started out as a salesman, who knocks on doctors' doors. I worked my way up. Each step of the career ladder is shaped by the ignorance the respective bosses allow their employees to remain in. Since I carried on climbing, I found out more and more. And I became an offender myself. I worked for various companies. I left one company and went to the next in a higher position, allowing me to climb steeply upwards. I got to know some multinational companies from the inside. I became the General Manager of *Eli Lilly & Company* in Sweden and later worked for global players such as *Novo Nordisk* and *Lundbeck* from Denmark.

As far as the product range goes: sometimes, it was wonder pills against arthritis, or the human insulin scandal, or rejuvenating cures (growth hormones), and finally the new psychotropic family of selective serotonin reuptake inhibitors (SSRIs), which are wrongfully called mood lifters. These drugs are anything but that. They drive people to suicide or to kill others. These dangerous substances are not drugs that only treat rare diseases. On the contrary, just one single drug from this family generates billions of dollars in turnover. Per year. Every year.

Marketing and Bribery

I developed and implemented marketing campaigns for these dangerous and widely-used products. Marketing comprised the whole range, starting with expensive presents for doctors, trips for opinion maker/leaders, money for paid articles in scientific journals, the preparation and realization of scientific conferences, right up to brothel visits for particularly high-maintenance managers.

And finally, bribing authorities became a part of my sad repertoire. One of these cases is, in particular, the flagship of my career and generated specific consequences. It was the bribing of an independent expert, employed by the regulatory authorities of a country, to attain approval of a drug.

The fact that I willingly took part in it is what torments me the most. Pajamas drenched with sweat – that is the motor for self-awareness. I had performed a criminal act. I was forced to use bribery to influence drug approval, even though I knew the drug would harm people.

I am 64 years of age now, and I live in the south of Germany. I am married and have a young son (3 years old), who is the most important thing in the world to me. The pharmaceutical industry is constantly searching for new lucrative markets – today, it is children. And I am scared.

I am not afraid of my former bosses, even though I know that others, who revealed wrongdoings, have all gambled with their lives to do so. The pharmaceutical industry's lobby is extremely powerful. It constantly lobbies politicians and the judiciary and even blackmails governments by threatening to withdraw investments or to close down sites, thus, creating unemployment in a country. Before you know it, the government backs down and plays the game, just as the

industry stipulates. The influence of the pharmaceutical industry is often invisible.

A year ago, I had a telephone conversation with the editor of a famous German scientific publisher. This editor was very interested in my story, thus, interested in this book. “The lid must be lifted”; he said fervently, “the public must finally be informed about what is going on.” He was all for it.

I said, “Good, then publish the book.”

He laughed heartily and said that it was impossible for them because publishers usually thrive from the ads of the pharmaceutical industry. This publisher publishes standard medical reference works. However, he urgently requested a copy of this book to be sent to his private address, should it ever be published. He didn’t want to miss the satisfaction of being among the first to read it.

A man, Alfredo Pequito, was attacked with a knife for revealing inconvenient truths about the pharmaceutical industry. He had to have 70 stitches. And that didn’t happen in a third-world country or in Los Angeles and not in the second to last century in the Wild West. No, it happened amongst us, in the middle of civilization. This happened despite enormous personal protection. The man had worked in Portugal as a representative for the German pharmaceutical company BAYER, so he was on the career step that I had started on, some thirty years ago. He was one of those guys who always appear at the doctors with free samples, candy, and perhaps a bit more.

My Past and the Future of My Son

Such cases don’t frighten me. No, I’m scared that my son will also be turned into the type of person that the pharmaceutical industry loves the most – a willing pill-popper, who takes medicines for made-up illnesses

and those you are talked into having, with deadly side effects included in the price. The pharmaceutical industry is changing the reasoning of the coming generation.

As a matter of fact, it has already begun. Have you heard of ADHD? No? It is popularly known as *Fidgety Philip* or *hyperactivity* in children. Children, who can't sit still, who interrupt when others are talking, who disturb lessons – children who behave like plain, unadjusted children. According to the pharmaceutical industry, these children are suffering from a disease called, ADHD (*Attention Deficit Hyperactivity Disorder*). Of course, there are medicines for this. Otherwise, there wouldn't be so much enormous and aggressive advertising for these products. *Ritalin*[®] is one of the most well-known products. *Strattera*[®], a newer one, originates from the company, for which I worked, for many years, *Eli Lilly & Company*. So far, no one knows about the developmental disorders and long-term damage *Strattera*[®] causes. Nevertheless, it is prescribed thousands of times every day to allegedly hyperactive children.

The pharmaceutical industry takes care of that. I was involved – not with *Strattera*[®], but with *Prozac*[®] (Fluoxetine), a predecessor of *Strattera*[®]. As of this year, *Prozac*[®] can also be prescribed for children in Germany, where I live (the trade name for *Prozac*[®] in Germany is *Fluctin*[®]). It's what is called a *line-extension* in marketing jargon: If a market segment has reached its upper limit, you start looking for a new market segment. Children are a new market segment. Now, it's their turn to swallow *Prozac*[®] – a medicine that can make you aggressive and even tired of living. Approval should not be given to such crap. But, unfortunately, it is. And I know how to arrange this.

Don't get me wrong: There's nothing wrong with maximization of turnover, and I would be the last who would make capitalism alone responsible for the sordid deals with health I describe in this book. Be profit-oriented, if you sell cars or screws or burgers, for all I care, but here we are dealing with the physical and mental well-being of people, whose destruction is deliberately accepted by the pharmaceutical industry, in order to make money and even more money. Hidden and unnoticed death.

If a car's brakes don't work every time, if its windshield falls out, when it is driven at over 40 mph, or if its exhaust fumes are channeled into the inside of the car – it wouldn't make it onto the market. Medicines with equally dangerous side effects do. How is that possible? Why are consumers better protected against defective cars than against what happens to their bodies, to their health, to their lives?

Of course, not the entire pharmaceutical industry is bad. I can't judge them all since I don't know all of the companies. But the search for an ethically pure company can be equated with searching for a needle in a haystack. Pharmacists started out differently. They were suppliers of medicine. The search to cure diseases was the motive behind their research. Today the driving force is turnover.

Which active pharmaceutical ingredient brings the most money? This is the question. Particularly since supposedly new active pharmaceutical ingredients are allowed to be sold at higher prices. Whether these medicines are effective or their damage greater than their benefit – who cares?

It's All Just a Question of Money

It's all just a question of money – which is the most important message of my book. You achieve

what you want, you break your back and avoid every legal boundary, if you just know the correct price – and are prepared to pay. It doesn't even have to be an astronomical sum, as my example with *Prozac*[®] will show, and, even in other cases, the sums were indeed high or rather the goods were valuable – but not exorbitant. For bribery, you need a lot of instinctive feeling. It can't be too heavy-handed. First-rate small talk is just as important as the price itself.

State authorities will not be able to save you or my little son from the criminal structures within the pharmaceutical industry. Authorities are bribable, experts are bribable and the doctors are, too. Everyone is corruptible in a sense. Every father, every mother knows that. Mothers and fathers manipulate their children by promising to let them stay up later to watch TV – if they will just finish the food on their plate. Conversely, a child will stop its whining, as soon as it gets what it wants. That's all just part of normal, daily life. The activities I refer to are strategically planned and part of the official procedure, just as they are part of a pharmaceutical company's business plan. It is not coincidence. And today, it is progressing further than ever. Particularly with psychotropic pills. Many new products have developed since I was involved in the approval of the first ever blockbuster.

On February 7, 2004, a nineteen year old student hanged herself with a scarf in the laboratory of the pharmaceutical company, *Eli Lilly*, during a clinical study. Suicide under clinical conditions. This is insane. This was only one of a whole series of suicides, and one of the few which the public found out about. The young woman was completely healthy at the beginning of the trial. The money she was to receive for participating in the trial was to help finance her studies. To be on the safe side, people with any signs of

depression were excluded from the trials. Although the drug to be tested was supposed to be approved for people with depression.

As always, the suicides were kept secret for as long as possible. If a religious sect were to drive young, healthy people psychologically crazy by means of chemical and/or other methods of brainwashing to the extent to which suicide seemed to be the only logical solution; these sects would be banned immediately, with good reason. But the research laboratories of the pharmaceutical industry are not banned, nor are the even bigger laboratories, with millions of patients, who are unknowingly given such badly tested and life-threatening drugs with fancy and expensive names. You are part of this laboratory. And you pay for it, sometimes with your life. Did anyone inform you about this?

Productive Concern

There is every reason for concern. Don't let this concern remain an unspecific feeling inside you, let it become active. That is my wish. Everyone in the pharmaceutical industry can play their part, as well. People like me, who have had enough of their bosses' and their own lies, whose conscience is stricken.

After reading this book, you probably won't like me very much. Condemn and damn me. You cannot be harsher on me than I am on myself. But you will start to be more aware, when you visit your doctor and see how they prescribe medicines; you'll be aware of the latest scientific news, research reports and scientific symposia, medical journals, government recommendations, as well as being able to see the safety of drug approval procedures in a completely different light.

The Set-up of this Book

The first part of this book is about the upward climb of a child from a corner of the Third World to the global stage of the pharmaceutical industry.

The second part deals with the transformation of the pharmaceutical industry to a corrupt dream factory in the early 1980s – and about my involvement in that. Furthermore, I will describe the further development of the pharmaceutical industry's unethical sales strategies, up to the present day.

In the third part, you will find my suggestions for the improvement of patient protection, a glossary of the most important terms, as well as addresses for further information.

There is nothing worse than the pharmaceutical industry's being exposed to public attention because negative publicity, such as patients who slash themselves open in clinical trials, test subjects whose heads swell to the size of balloons, all have effects on the sanctum of the pharmaceutical industry, namely their turnover. The public, YOU, have the power to change things. Help stop this madness. You have the power to do it.

CHAPTER 1

How I Became What I Am

I turned 64 just a few months back. If you were to see a photo of me, you'd never believe that I am Swedish, but it's written under the heading "Nationality" on my passport. I speak fluent Swedish, although it isn't my native language. I was born in British Guyana (today called Guyana), a country, which in many respects is the absolute opposite of Sweden – and also of Germany, where I live today with my German wife in my third marriage. I am the father of a three year old son. He is the pride of my old age. At the same time, I am very worried about him, when I think about his future and the dangers that lurk – dangers with which I was involved.

Nobody is unscrupulous by nature, me included. It is unforgivable that I let myself be roped into the dirty dealings of Big Pharma without saying "No" or even just protesting, indeed, without even getting upset. But maybe, it's not all that unexplainable: my childhood followed the same pattern, the pattern of power and its abuse.

My memories of childhood and adolescence are not meant to cleanse me. Biography is not an excuse. But it can help to explain, why I walked right into the traps that had been set up for me, and why I found it so difficult to free myself, again.

Growing up in British Guyana

I was born in a small village in British Guyana, which at that time, as the name reveals, was a British colony. My skin is dark; I am of Indian descent although British Guyana lies on the northeast coast of South America. My great grandparents came as coolies (laborers) to South America. In India, they were recruited as “voluntary slaves”. The New World was portrayed to them in the brightest colors, and they were promised the life of a free and wealthy person – at least after they had paid back the costs for the crossing (for which they naturally didn’t have the money).

Like many other promises made by white people to colored people, this too proved to be an empty one.

There was no end to the work on the sugar cane plantations and rice fields. Ways were found to commit the coolies to them. First, they worked for the costs of their crossing. This was randomly determined by each owner and, therefore, never calculated too meagerly. Food, clothes and the roof over one’s head – everything had to be paid off, and there were no list prices for anything. It took a long time before my ancestors had bought their freedom. My family never saw anything of the blessings and the unbelievable wealth of the New World. They remained poor, second class citizens in a colonial state, even though they were officially British subjects.

The second forceful power in the country, alongside the colonial rulers, was the Catholic Church. My parents had converted to Catholicism a long time ago, but it was neither their religion nor their conviction that compelled them to do so – it was simply a question of survival. If you are inferior and poor, it is better to get in with the powerful people.

They were dependent on them.

My father was a fisherman, my mother carried the catch to the market and, as children, we helped. There were seven of us, two girls and five boys. Then there was the son of my mother's best friend, whom she adopted after her friend had died. Back then, it went without saying – everyone helped and cared for each other, families and friends stuck together.

My father became seriously ill. Without fishing there was no income. But my eldest brother stepped in and took over the business. That was a big sacrifice for him and a gift to us all, since my parents were intent on paving for us the way for a better life. They saved every penny and invested in our education. Since the eldest brother had assumed the role of the breadwinner, he was not able to enjoy the privilege of a good education. We all owe him everything.

When I was three years old we moved to the capital, which was on the coast, like all settlements in Guyana back then. The move didn't change our daily life much; the sea continued to be the determining element. We found regular customers for our catch. Nevertheless, I never saw my mother wear a new dress in all those years or buy other things for herself. She regarded such things as luxury, and luxury was unnecessary. My father and mother, both illiterate, were determined to enable their sons to study. Nothing else was of any importance.

Despite the simple living conditions, I had a happy child-hood. I loved the mud, playing on the beach and spending whole days on the boat. And I was a great cricket fan. We enjoyed a lot of freedom as children. The whole town was our playground-. The sea was on our doorstep; the trees were full of fruit, and the sun was always shining. We didn't know any-thing about real life – or was this the real life?

That all changed at school. I was five years old. My mother had decided that it was time for the seriousness of life. She would wake me up at 3 a.m. to catch crabs on the beach. While she sold the crabs at the market, I went to school.

Getting up early and working at the seaside didn't bother me, but school was a different matter. Learning came naturally to me. I was blessed with a quick intellectual grasp of things. That's why I quickly got to the point where school couldn't teach me anything else, particularly since it was a Catholic school. The nuns droned on about heaven and hell, but the questions that interested me remained unanswered. Why were some people poor and others rich? Why were dark-skinned people worth less than white people? The standard answer: it is a sin to doubt the existing system.

“Do It or Else ...”

One Sunday, school finally had a lesson for me for life. Since the Catholic school and the corresponding presbytery were customers of our family, I was to be an eager Catholic as it was of vital importance to make a good impression on the clerics of the church. So, I became a choirboy (I really loved to sing), an altar boy (which was bearable), and I went to Sunday school, which was mainly made up of catechism lessons. The priests were friendly and patient. I learned dutifully but without conviction. One of the priests became a sort of father figure to me – sometimes he would bring me tidbits from the kitchen, praise my fervor and pay me special attention.

I was proud. For a dark-skinned boy, like me, it was something really special to be favored by a white person. The fact that no other pupils attended these lessons, that they were exclusive, individual lessons,

appeared to be a further sign of my new standing. Even when the priest began to pinch my cheeks more and more frequently, pat my head and embrace me I didn't think there was anything wrong.

One day after my lesson, he told me with great earnest that my body was sinful. That it needed cleansing. I had no idea what he meant. Again he hugged me and stroked me. He was a large man with freckles, a haggard Irishman. I just about came up to his waist. When he pressed me against his body, uttering incantations for salvation, I held my breath. He slid his hand into my trousers. Was this an accident? He continued to murmur the litany about the expulsion of sins. He didn't let up until I drew back forcefully. Only then did he notice my reluctance. He stopped praying and said chattily, almost docile: "Your family delivers fish to the school and the presbytery, don't they? I bet they wouldn't be pleased, if they lost their business because of you."

He didn't need to say more. He changed his tone. "So stop the fuss, otherwise ..."

I was only five, but I understood exactly: "I have the power.

You are defenseless. Do it or else ..."

There I was, a numb little boy with smeared clothes leaning against the wall with one hand to support myself so as not to be pushed over. With every second in which the haggard priest tampered with me, something evaporated from me, part of my being, a person disappeared; I became more of a subject, a toy, a thing. Afterwards, as some sort of consolation, he gave me a wooden rosary. One time, I received a prayer book and now and then a coin.

It continued for a month. And every time, I tried to fend off his assaults, he reminded me of the fish supply. Our whole family depended on the mood of the

priest. Incidentally, I wasn't the only dark-skinned boy who had to endure it, and he wasn't the only priest of his kind. I knew that my brothers had to endure the same treatment, even though none of us managed to let a syllable pass our lips about it, back then. We put up with it. That was the price we had to pay for being poor, the so-called inferior and powerless.

But then I made a decision. I skipped Sunday school. Instead I played cowboys and Indians in the park, stole fruit from the orchards just outside town, and hit balls on the cricket field. Whenever my mother found out, she got angry and fetched her belt. She had no idea of the type of education her son got at Sunday school. She was worried I would senselessly miss out on the chance of a better life. I bore her lectures stoically. I preferred to feel my mother's belt on my backside than the priest's fingers in my trousers.

Finally, my family had enough money to send my second-oldest brother abroad to study. It was a proud day for us all, as he was the first of the family to leave Guyana. His destination was Northern Ireland. The Catholics from the school had promised that the local church there would take him in and care for him. The empty promises of the white people. When he arrived in Northern Ireland, my brother was completely alone. In his first letter to us, he wrote that he felt like a stranger, yet at the same time everything seemed familiar. Another country, another continent, yet everything was the same as it had always been. He belonged to the inferior variety of people and was treated accordingly. Nevertheless he managed to start studying medicine (he later graduated as a surgeon).

Europe, the First Time

When I was twelve years old, my mother had saved enough money for the next ticket to the better

world. One of my sisters was already living with her husband in London. I was to live with her and finish high school there. Another acquaintance was traveling in the same direction and watched out for me on the journey. For me, it was nothing but a great adventure. The flight to Barbados, the crossing to Genoa on a ship named SS Surriento, which was as big as all the fishing boats in our town put together. It would have towered above the tallest buildings I knew. Then, there was the train journey across the Alps and snow-topped mountains, across fields and through the towns to Calais in France. I was scared to fall asleep, worried that I might miss things; it was all so precious to me. It was overwhelming. Like a sponge, I soaked up everything – languages, smells, food and spices, and strange customs. It was like being intoxicated.

However, I was disappointed when I arrived in London. Despite the disillusioned letters from my brother in Ireland, I had imagined the town to be like wonderland, in my dreams everyone was rich and free, milk and honey. But I soon learned that the same rules prevailed as they did in Guyana. My skin was still dark, highly-visible blemishes. One glance was enough for people to know where to place me, without time to even open my mouth. They didn't know if I was intelligent or stupid, friendly or impolite, skilled or clumsy. What did that count? What they thought they knew: I was inferior to them.

In addition to all this, I missed the sun of my homeland, the sea, the effortlessness and friendliness that I knew from home and our people. We were happy despite our poverty. Here in London, I didn't have any such feelings. Being homesick was stronger than my motivation, and I told my sister I wanted to go home. Finally, two years later, there was enough money for another journey and my wish came true.

Nobody was really that happy about it – least of all me. I found accommodation with my second sister, who in the meantime had also gotten married and lived with her husband, who owned a drugstore in a town on the border to Dutch Guyana. I finished high school and started to earn a bit of money with casual work such as helping out on the fishing boats or in my brother-in-law's drugstore.

That wasn't a drugstore as we know them today. My brother-in-law mixed his own lotions and creams and carried out small medical tests. That was the first time I encountered pharmaceuticals. I learned how to mix cough mixture and creams.

An unpopular job, which was often left for me, was to test pregnant women's urine for sugar. You didn't hold a test stick in a glass of liquid like you do today. The whole thing rather resembled a primitive test set-up, an experiment in a chemistry lesson. Here and there it went wrong. Then it bubbled up and spilled out of the narrow neck of the test tube and splashed onto my clothes.

I was torn. Did I want to continue life as I knew it? I would've been on the safe side – but also in an environment which only offered limited career opportunities. Did I want to test urine samples for the rest of my life, or was I strong enough to forge ahead in London and study medicine as my brother did? This city, although it had rejected me, was still a wonderland in my dreams, or at least the gate to wonderland. So, I gave London a second chance.

A year later I had managed to save up enough money for the big journey. Under my sister's wings I did my A-levels, the equivalent of a high school diploma. Then, I moved to my brother's in Northern Ireland to study medicine like he did, as my family had planned it. In the summer vacation, I took every job I

could get. Strange, it was always the white students that got the lucrative side jobs – professor’s assistant, substitute teacher on a holiday course or tourist guide. Coolies like me got the jobs that nobody else wanted – casual farm laborer, bus or train conductor. Sometimes, I got lucky and was allowed to perform as a singer along the way – at least, my choir practice at the Catholic school was paying off, now.

First Sales Training

Four years flew by in this way and I accomplished my intermediate diploma in medicine. Since the job prospects were better in London, I moved back to my sister’s. I was lucky and got a summer job as a bus conductor on the Isle of Wight. I wasn’t to start work for another week, so I enjoyed my freedom and drifted around town. An American spoke to me on a street corner. He was well-dressed, about 30 years old, and friendly.

“Hey, are you looking for a job?” he asked.

“I’ve already got one,” I replied, somewhat proud.

“Oh yeah?”

He pulled his head back and looked me slowly up and down, as if he were observing a rotten fish.

“As what?”

The American inflated his cheeks.

“Bus conductor on the Isle of Wight.”

The American snorted. I was used to being looked down on by other people. That they led me to believe that I was stupid was something new. This American had trouble getting the syllables of the words past his teeth for all the laughing he was doing.

“Bus conductor, yeah? You’re bound to be a millionaire soon, then.” He seemed to believe he had made an even bigger joke than I had.

“It’s not that bad,” I replied. “So, what have you got to offer then?”

The American calmed down, thank God. He put his hand on my shoulder. “Come on, I’ll buy you a drink.”

It was supposed to sound generous. I didn’t refuse the beer. I followed him to the next pub where he explained the deal to me. “You know the big American newspapers and magazines, don’t you?” he asked. “*TIME* magazine, *Vanity Fair*, *Vogue* ... We sell subscriptions to them. Europe is a really hot market.”

Not bad. I had experience in selling fish, and fish were wrapped up in paper. Surely, I would be able to sell newspapers, too.

“What do you pay?” I asked.

“Well, we travel around a lot. While we’re away, we stay in sassy hotels and the food is free, too. And then, of course, there’s the commission. The more you sell, the more you earn.”

That really was a perspective that wouldn’t happen with selling bus tickets. I still had a question, though. “Are there that many people in Europe whose English is good enough to be able to read the newspapers?”

Again he looked at me, as if I were mentally retarded.

“No,” he said casually. “We tell them that they get the magazine in their own language, of course.”

“Oh. And then they get the English one?”

I was naive. My God was I naive.

He became clearer. “Boy, they pay in advance.”

He spelt “in advance” like a grade school kid doing dictation. Then I caught on: the subscribers would never even see a magazine, not in their language, nor in English nor in Esperanto. The job

entailed lying to people to get their money. I wasn't convinced.

"You get everything you need," he continued, "A suit, tie, a glossy brochure and a spiffy ID card. You tell them that you are a poor student and are trying to earn money for your next semester. They'll be eating out of the palm of your hand, with your appearance."

I didn't know what my appearance had to do with it; I'd never have come up with that idea. The American hadn't convinced me. That summer I was sure of reaching my goals with hard, honest work. So, I refused his generous offer, and a week later, I traveled to the Isle of Wight to spend the English summer on the buses. I sent the money that I earned to my brother in Ireland and my sister in London, where my mother was now living. I only kept what I needed for board and lodging. After the contract ran out, I returned to London.

Twist of Fate

After that busy summer, I was looking forward to going dancing again. One of my favorite dancehalls was the *Empire Ballroom* at Piccadilly Circus. The *Empire Ballroom* was the turning point, that evening. If I hadn't gone there that evening, and had instead gone to one of the other countless dancehalls, my life would have taken a different course. I most certainly would not have landed in Sweden.

There I was, standing in the *Empire*, which was as full as ever, I didn't even have the money for a drink, and then the future put out a feeler in my direction. As so often in a man's life, it came in the form of a woman. Slender, tall, blonde hair, fair skin, blue eyes, a dream – and normally out of my reach. Of course, I was no longer a choirboy back then – after all, we were in the sixties and the revolution had already begun.

Nevertheless, the English girls had always shown me my place and rank very clearly. My exotic appearance made me interesting, yet mainly because it emanated a sense of forbiddenness. It was a sign of rebellion to mess around with the “coolie,” as long as all those involved knew that he would remain a coolie.

She was different. She was completely different. We glanced at each other many times. I went over and asked her to dance – back then we still danced in pairs and bid the lady onto the dance floor with a bow – and she smiled openly and friendly. Nothing in her behavior showed a feeling of superiority. She was interested in me as a person, as a man, not an exotic toy. That was new to me.

We danced to the music from the live band, and then we sat down at the bar. I would have loved to have bought her a drink, but I didn't have a single penny. It was more than embarrassing when she paid for both of our drinks. She appeared to find it completely normal. I told her that this was my last evening in London and that I was going on a big trip around Europe, the next day. She too was just a tourist in London. She came from Sweden. Late at night, after animated conversation and a few slow, romantic dances, we went our separate ways. She slept on a boat; I had my few personal belongings at a friend's where I spent the rest of the night.

Bittersweet farewell, she gave me her address in Sweden and invited me to visit her. I promised to write every day – a promise that I indeed kept. We both had the feeling that this wasn't a final farewell, that we were connected by more than words could say. I had fallen in love.

Roman Magazine Sales

Next morning, I set off. When I arrived in Rotterdam, the Americans had already moved on. So, I stood on street corners and sang. Sometimes, the money was enough for a decent meal and a roof over my head; sometimes, I rummaged through the trash bins behind restaurants for something to eat and slept under bridges. Sometimes, people hired me on the spot for a big performance, and I earned enough to buy myself a ticket; most of the time, I went on foot or thumbed a ride.

In this manner, I traveled every which way across Europe and finally arrived in Rome. Here, I met the Americans again, and this time – after a long line of trash bin meals and cobblestone beds – I was ready to get involved in their game. Quickly, it became apparent that the “sassy” hotel, the boss had touted with, was a rundown joint above a night club. The food was meager. But at least it didn’t come from a trash bin. Besides, I was only planning to stay at it for a few weeks before leaving for Greece with my “fat” commission. It was only meant to be a short term, but this idea was soon checked off.

As promised, I received a glossy brochure showing the magazines we offered and a very official looking ID card, which I hung around my neck in a plastic wallet. I was given a tie and a jacket and I practiced my story:

“Good day, would you be willing to help out a student? I have a fantastic offer for you ...”

You know the line, I’m sure. The only difference back then was that we collected the money right there at the door. In those days, people were still that trusting. Nevertheless, it wasn’t an easy job going from door to door from morning till evening. We were taken in buses to promising neighborhoods and woe betide

us, if we were caught doing nothing. My success rate wasn't that bad. As the boss had predicted, my appearance led people to feel sorry for me.

I never forgot my daily letter to my girl in Sweden, despite all of that. We were done with Rome and the Americans wanted to move on, but unfortunately not in my direction so I asked for my accumulated commission to be paid out.

The boss shook his head. "You'll get that when we're back in London," he said.

"But I want to go to Greece," I retorted stubbornly.

"You are a free man; you can go whenever you want."

The boss was a really generous man. But he emphasized that I wouldn't get far without money. I took his word for it. The following day I continued towards the Riviera.

To the Boundaries of Europe

My journey took me to the boundaries of Europe. I tried the old subscription line, there, but the lack of utensils, no brochure, no suit, led my success to sink to almost zero. Yet, the further I traveled, the more I longed to see my girl in Sweden. While I had been traveling in Europe, I had received letters from her whenever I had an address that she could write to. But now, I hadn't heard from her for six months.

So, I changed my route and headed for England, and in Brussels, I encountered the Americans again. There were still about fifteen young men in the group. Some of them were new, some of them I still knew from Rome. The main reason for joining the group again was a young Canadian, whom I had been friends with in Rome, and who greeted me like a long lost brother. After struggling along on my own for so long,

it was a blessing to meet someone who cared. Equipped with the regalia of a serious subscription salesman, I did business better. Since the bosses planned to return to London in the following weeks, I decided it was best to let the crossing at least be paid for by them. I had long realized that I would never see anything of the legendary commission.

Hush Money

On the last evening before we were due to be brought to the ferry in Ostend, I meandered past my boss's hotel room. The door was open; a big wad of bank notes lay on the table, dollars. There was no one to be seen far and wide. I hesitated for just a moment, entered the room and took the money. I decided I was entitled to it. Back in my room, I stuffed the wad of notes into my underpants, grabbed my case and guitar and placed them in a locker at the train station. I had planned it precisely. Then I returned to the hotel. The next morning I put the dollar notes into my shoulder bag. I appeared quite innocent on the bus, although my heart was pounding with nervousness.

Of course, the money had been missed in the meantime. The bosses were fuming with anger. They didn't think any thief would be that brazen to have the money on him. That's why they didn't check us or our luggage. The mood on the bus was tense.

When we left the freeway and followed ever smaller roads and finally arrived at a lonely copse, I became anxious. I knew that the Americans weren't squeamish when it came to enforcing their beliefs, I had experienced that before. Yet this time, they felt they had been personally attacked. They wanted to make an example and normally I would have been chosen. I was the only dark-skinned guy in the group. The fact that they didn't was because there was a guy

in the group who had an even bigger inherent flaw than I did. He may have been white, but he was gay.

Without preamble, the Americans dragged him out of the bus and clobbered him right in front of our eyes. Nobody said or did anything – including me, although I was the only one who certainly knew that the guy being beaten didn't have the money. That was the first time in my life that my actions – that is to say: my lack of action – harmed someone else. And that is putting it mildly. The guy was lucky to survive the fight. I felt wretched.

I didn't shout: "Leave him alone, I have the money!"

I was scared to death.

I was sure I would never leave the woods, or the blows of the Americans. The rest of us remained silent. Between the blows, there was deafening silence. Only a quiet sigh of the wind swept through the trees. With every blow that hit that poor guy, I lost my self-respect.

It was a terrible day, a black day. Then even having suffered the hands of the priest, having made my way many a time by stealing, begging and tricking people – it was only in that hour in a Belgian wood that I lost my innocence.

Finally, the beating had worn the Americans out. The anger had vaporized with the blows. They wiped their faces and necks on their sleeves, turned around and got back on the bus. The guy lay there, where they had discontinued the blows. The woods were quiet. The rest of us got back onto the bus, as well. Nobody said a word for the rest of the journey. Everyone stared into emptiness. When we were finally on the ferry, I was desperate for it to cast off. At the last moment, I wanted to jump back ashore. That had been my plan ever since I had stolen the money and had stowed my

traveling things in the locker. I stood at the stern nervously, waiting for the engines to finally start.

“Hey, John, what are you doing here? Are you thinking about Sweden? The others are all at the bar.”

It was the Canadian. I had told him about my Swedish girl. I almost fell back over the railing with shock. He noticed my anxiety, immediately. Maybe I had even gone pale under my natural tan.

“What’s wrong?” he asked. “You look as if you saw a ghost.”

He didn’t know how right he was. That ghost was the pit of my own soul. And I wasn’t able to run away from that.

“I don’t feel too good, I need some fresh air.”

It wasn’t a lie. He looked at me concerned. Then it dawned on him.

“Oh, son of a bitch.”

Without a doubt, he knew that I had the money. At that moment the engines started. The vibrations running through the ship reached the soles of my feet. I watched as the hull slowly broke away from the pier, ten centimeters, then twenty. The Canadian looked at me as we were half a meter from the pier. If he had tried to stop me, I wouldn’t have struggled. I wasn’t able to move; all the while he stood in front of me. He winked and I saw that he had tears in his eyes. Suddenly, he grabbed me and pushed me against the metal railing. “Go!” he urged. “Get lost.”

I jumped. I never saw him again.

I traveled back to Brussels, to my case in the locker. In the toilet, I found a moment’s peace. I counted the money. \$3,000. I was rich, and yet, I had never felt so rotten. The paper of the dollar notes made the same sound, rubbing against each other while I counted them, as did the sighing of the trees in that

Belgian wood. The shoulder bag, which the wad of notes was in, weighed a ton.

For that reason, I was somehow relieved when the bag was stolen at the station in Brussels. My hands had got tangled in the strap, as I tried to get the case out of the locker. I had placed it on the ground. When I removed the case and placed that on the ground, the shoulder bag was gone. I stared at the spot where my hush money had just been. The incident was the confirmation. I couldn't stoop any lower. My body was numb.

The Good One-armed Man of Travemünde

I didn't know where to go. I hadn't heard anything else from my girl in Sweden. My last phone call was already a year ago. And what should I say, now? I didn't dare believe that she might still be waiting for me. But what if she was?

I struggled along towards Hamburg by thumbing a ride. It was fall, it was raining and it was cold. I rummaged around in trash bins again and shivered my way through the night in damp barns.

On arrival in Travemünde, I had reached zero. Nothing was important, least of all the future. I could no longer endure the hunger and the cold. The blisters on both of my feet made every step a misery.

Travemünde thrived on tourism. The peak season was long over and the noble hotels were like filleted, eviscerated fish. I saw the numerous empty rooms and yet I was to spend the night in the cold and the rain. Then I had the idea to book into one of the sassy hotels and bail out of the window in the early morning. But I didn't wake up in the night – I was too exhausted and slept till late morning. Since I had nothing left to lose, I slipped into my clothes I had washed out the night before and placed over the radiator to dry and went to

the breakfast room, where I ordered the biggest breakfast on the menu. The last meal tasted good, coffee, fresh rolls, cold cuts, eggs – delicacies which you don't find in trash bins. Only the guest sitting at the table next to me disturbed my enjoyment. He had been starring in my direction the whole time. A war invalid, he only had one arm. But that was no excuse for ruining my last meal in freedom. When he finally got up and sat himself down at my table, I became rude.

“What do you want?”

“Young man. You neither have the money for the accommodation nor for all the things which you are stuffing yourself with,” he retorted.

“So what ...” I pumped back “... is it your problem?”

He smiled.

“Yes it is,” he replied friendly and relaxed, almost with a cheerful smile.

No grudge, no irony. He almost said it apologetically: “This hotel belongs to me.”

That was too much. Tears ran down my face. With that howling from your childhood that you almost choke on, I told him my story. He sat there and listened. After I had confessed all my large and smaller sins, I told him about my girl in Sweden.

“Do you love her?” he asked matter-of-factly.

“Does it matter, anymore? I wrote to her every day, but I don't actually know anything about her ...”

The one-armed man obviously didn't like lamentation. He was a pragmatist.

“Why don't you call her?”

I wouldn't know what to say. He led me into his office; the phone was on the desk. The one-armed man left me alone. I hadn't called the number often, but my fingers dialed the number without thinking. A lady's

voice with a Swedish vocal sound. Could it be the mother? I introduced myself politely and asked for her daughter. The name appeared to be correct. She called her.

“Who is it then?”

Her voice sounded in the background, as if in the garden of paradise.

“Someone called John. John Virapen.”

There was rustling on the receiver, and then she was on the phone, and I heard her voice.

“Where are you?”

“Travemünde.”

I only managed to say that one word. A long silence followed. Of course, she knew Travemünde was the departure point for Sweden.

“You’re coming?,” she asked.

But the question sounded like a realization at the same time. Something like hope was aroused in me. She had spoken of me coming.

“Do you want to see me, then?”

She giggled, “Of course.”

And the next sentence resounded in me like an echo for the rest of the day.

“When are you coming?”

When I stepped out of that office, after what seemed like an eternity, the one-armed man asked smugly “So you’re going to Sweden?”

His questions were ascertainments.

“Yes.”

“And money for the ferry?,” he asked and knew the answer. I was able to speak again.

I said firmly: “I don’t have it.”

He took out his wallet. With the necessary cumbersome yet practiced movements, the one-armed man removed two hundred Marks and gave his blessing. “Go to Sweden. See your girlfriend. I like

you. You have talent. You'll need it for something. It would be a shame for someone like you to waste your life. With this he gave me the money.

"And stop sniveling," he said. "Take the money and do something with it. That is enough thanks."

The next morning, I was on the ferry to Sweden. I leaned against the railing of the upper deck and had my eyes shut, nose first in the early, salty waft of Swedish sea wind.

Sweden – My New Home

She picked me up in Trelleborg, although the harbor was three hours from where she lived. She was just as beautiful, just as sincere and just as warm as I had imagined her in a thousand lonely nights in the last three and a half years. As if it was the most natural thing in the world, she took me home, introduced me to her parents, and announced that she loved me and that I would live with them from now on. Her mother smiled, took me in her arms, and spoiled me, as if I were her own son.

Pop Star Jay Vee

I was perplexed. The fact that she took me in so friendly was a wonder. That she treated me without condescension, like an equal human being – incredible. I encountered the same attitude, with which my girl had impressed me in the *Empire Ballroom*, everywhere in Sweden. Of course, I was still the talk of the town, as back then, there were hardly any dark-skinned people, there. But the people only wanted to know about my story. On those long dark winter nights, they wanted to hear about beaches, where the sun always shines, and about trees, on which ripe fruit always dangles. Never was I treated as a second-class citizen. I was never excluded from an opportunity just because I

was dark-skinned. The Swedish obviously didn't know what coolies were. I learned Swedish in the shortest possible time. I wanted to stay here.

I had the ambition to give my girl something. I started to look for a job. At the job center, there was the category "Music and Art". I put myself down as a singer. A week later a band asked if I would practice with them. My career as a pop star had started. My skin color was a bonus, here. We got a record contract. I went on tour and signed autographs. The single made it into the charts. I've still got the newspaper article, black and white photos with sharp contrast, and the large dotted newspaper pictures of that time. I am standing on a stage no higher than half a meter, the back wall no more than two steps behind me, some music cellar, a small place, but in front, on the ramp, young girls, reaching out their arms to me.

I can still hear the bumpy sound of the overworked speakers, even today. I sang Engelbert Humperdink's "Please release me" and Tom Jones's "The green, green grass of home". Hits of the old days that don't mean anything to anyone, nowadays. My favorite was "Wonderful World," because the world was wonderful.

I earned money. Real money. Good money. I proposed to my girl, and we moved into our own apartment.

When our little girl was born, a planned child, I was the proudest father in the world.

One day, when I arrived home from an eight week tour, my five month old daughter started to scream as I bent over her bed. That's when I realized that I had to find another job. My family, my whole family was the most important thing to me, at that time.

My wife supported me. It was more important for her that I was near her, than that we were swimming in money. So, I abandoned my singing career and tried casual work. I started giving private tuition in English. It still wasn't a regular income, but it kept our heads above water. We had a second child, a son. As happy as I was being at home a lot and having the kids around me – the money was meager. I wanted to give my family more than just my physical presence.

CHAPTER 2

My Start in the Pharmaceutical Industry

When our family physician came to see our little ones (back then they were called that because they actually made family visits), we often talked about medicine. He saw how we lived, and I told him things about myself. I told him of my intermediate diploma in medicine and my idle plans to study. During one of his visits, he handed me a note with a telephone number on it. “My brother works as a medical consultant for the pharmaceutical industry. They are always looking for new people. Phone them, maybe something will arise from it.”

Becoming a Pharmaceutical Representative

Something really did arise from it. Indeed I found out quickly that a medical consultant was someone who traveled around the country to huckster the drugs from his pharmaceutical company to the practice-based physicians, but that didn’t bother me. It did have something to do with medicine. I had the necessary requirements; previous medical knowledge, sales talent and a sociable personality. Back then, I didn’t suspect that my experience as a swindler and conman would be of great use, as well.

I got the job and six months medical training, which I accomplished easily thanks to my diploma. After that, there was a further six month introduction to my employer’s products. We found out everything about the drugs, which we were going to represent.

Well, not really everything, then side effects and failed clinical trials aren't exactly the best advertising. This information is kept away from representatives. The truth doesn't sell. Instead we received a comprehensive sales training. I felt at home here, too. After all, I had sold non-existent magazines. Real pills were peanuts in comparison.

They gave me a map that showed my future district and a Volvo 144. Back then, it was a luxury car. My first car. When I pulled up in it outside our house and took my wife for a drive for the first time, I almost burst with pride.

On top of that, I had a generous wage and an even more generous expense account. When I traveled across the country to my physicians, I was put up in good hotels and ordered the most expensive dishes. I became a gourmet. Thanks to my exotic status, the physicians gladly remembered me and my stories; I brought tropical flair to their practice. In a word, business was going well.

I was certain that my life had now finally changed for the better.

Sales Quota and Tricks

During the first years, I worked for small companies. We sold things for diarrhea, for example. There was a competition set up by the management to see who could distribute the most free samples. The doctors were only allowed to receive one packet per visit per month. That curbed the sales. I was ambitious. Although in Sweden my dark skin no longer made me an inferior person, I wanted to be better than the others. And if I won the competition, how proud would my wife be of that. So, I came up with an idea.

“Soon it will be the stomach-flu season, again,” I remarked to my physician, who had gladly taken the free samples.

“It would actually be handy if you had stocks for several patients. They are grateful if they don’t have to go to the drug-store first but get the pack from you straight away.”

The physician nodded.

“Yes, but you know, I’m not allowed to ...”

He was hesitant, so I encouraged him.

“We can solve that. It’s only in the best interest of your patients. Look here, I’ve brought you a few extra receipts, one for this month – and these are for the next months. My company doesn’t care if I come every month or leave all the samples here. But your patients need the medicine now. What do you think?”

With a shrug, he went ahead and signed the predated receipts. By the end of the competition, I had exceeded all the other representatives, by far. I won small cuff links with my initials on them. Golden cuff links, 18 carat. I still have them, today.

This trick was, well, not illegal. It wasn’t about much. But the mechanism was already there. Do you know what I mean? These small presents mean having something that others don’t have, achieving something that others have not – competition and rewards. Both led us to fathom out the boundaries, the boundaries of what is allowed. And if you know the boundaries well, then you also know the unguarded sections where it doesn’t hurt to cross them occasionally, because no one notices. That’s how it starts. If you work your way up the hierarchy, the gifts get bigger and along with them, the expectations. And the tricks you have to use to live up to the expectations, to hold your status, become more intricate. Step by step.

The combination of our basic medical training with the constant sales training was very effective, because we made the most of our knowledge. With turnover in mind, if one of the side effects of a drug, say for headaches was weight loss, for example, then we sold it as an advantage.

“Wouldn’t it be great, if all of your overweight patients not only, no longer had headaches, but they also got thinner, at the same time?”

With this approach, the physician prescribed drugs for headaches to people who didn’t even have them, although the drug hadn’t been explicitly approved for this use. Today we call it off-label-marketing. An important factor for turnover, which in certain cases, makes up for ninety percent of sales of a drug!

Show & Tell

At an information event for physicians, where I introduced one of our products, one of my colleagues impressively showed how to astound and impress his audience – without divulging information. His product (*Simethicone*[®]) was a drug for flatulence, a topic that nobody likes to talk about. Instead of using a lot of words, he got onto the podium, placed a beer glass onto it, poured a bottle of beer into it without saying a word, took out a packet of his product, removed a pill and threw it into the glass. The head sank and disappeared. Within a minute, the carbonic acid had completely disappeared and the beer was flat. He glanced at everyone and said:

“See, that’s how our drug works,” and he left the room.

It would certainly have been a harmless anecdote, if I hadn’t known that the same show & tell principle was also used for much more dangerous drugs. Instead

of giving detailed information, cheap sensationalism and great promises are used to specifically misinform.

That appears blatant and easy to see through. Yet, the effect of these small demonstrations relies on the power of the image. You saw with your own eyes that the head of the beer actually caved in. It really happened.

That's what the demonstration is supposed to prove. Can the human stomach even be compared to a glass of beer? Such questions make things more difficult than what is so simple to see with your own eyes. The metaphor fools the mind.

For example, my colleague did play his trick on people with university diplomas, after all. It is even more difficult for a patient, who is suffering, to get to the bottom of such metaphors in a conversation with a physician. It is all too easy to believe the image. Who bears in mind, that it was a sales pitch? Don't patients perceive the situation to be a confidential conversation between themselves and the physician? The suffering layman takes the advice of an educated expert with great openness and full of trust in his competence and honest intention.

Despite our training in the medical field, we were, and remained representatives. The same applies to management. Even if there are medical college graduates or pharmacologists there, they merely act like salesmen. Is there any other way to explain their behavior?

Profile

Every representative keeps an account of the physicians in his region. The first category of the profile deals with his practice: What type of patient goes there? Which illnesses occur frequently? And most importantly: Which drugs does he like to

prescribe? Of course, a physician won't just tell you that. First of all, you need to have a good relationship. To do this efficiently and keep it going, you need different kinds of information, such as age, marital status, number of children and all their birthdays. You need good ties to them, the more the better. Which hobbies, favorite cars, favorite wine, favorite music? All their preferences and dislikes. You create a psychological profile. That's part of the technique, the craft.

They are all starting points for a conversation. The filing cards are also a memory aid for the representative. He has to give a lot of people the feeling that they mean something to him. If they feel understood, they are more inclined to listen to the representative. A personal layer emerges, and it becomes more difficult to send the representative away the next time and every time. Whoever gets a birthday card feels acknowledged, maybe even as a friend? And people trust their friends, they accept their advice.

What dreams does your friend have? Which specific dreams, maybe a holiday in the south, a new car, or money to build a house with? The pharmaceutical industry provides the means. Officially they say, "We spend a lot of money on the development of new active ingredients and on research."

Well, I know one thing for sure – a lot of money is also unquestionably spent on creating and maintaining the physicians' loyalty.

It is called marketing, and I have nothing against it, if it is carried out this way in other industrial sectors. But here, this is about drugs and the health of patients. Don't you expect a physician to decide objectively? That he makes his decisions according to state-of-the-art medical research? Is it alright, if the reason for his opting for a certain drug is the fact, that a

pharmaceutical representative had left a free sample on this desk during his last visit? Or that the physician had chatted with him the week before about the last sailing trip, while enjoying a bottle of his favorite wine (which the representative had brought with him)?

I would like to say, “No, it’s not!” Of course, a college graduate wouldn’t let himself be influenced by that kind of knick-knack. That would mean the €35,000⁵, which the pharmaceutical industry spends per practicing physician for that kind of knick-knack are a waste of money. Since when do economically minded companies throw money down the drain?

Physician’s Gifts

A further way of constantly reminding the physicians of our company and our products were the ready-made prescription pads. We had the prescription pads in valuable leather bindings. The physician’s address was printed in the corner of it. Of course, the name of our product was on it, too. Sign, tear off and hand it over – finished! Why bother to look for an alternative product and write a new prescription by hand?

When I write about this today, it almost sounds ludicrous. But in daily life, it is an important force – the power of small habits. Today, in the electronic age, it has become even easier, almost enviably easy. The pharmaceutical companies don’t have to make do with ready-made prescription pads. Today, there is patient management software for the physician’s computers in their office.

Now the physician only needs to enter the symptoms, e.g., *Mrs. Smith has a headache* – and already the “appropriate” drug from the company, that gave the physician the software as a present, flashes up in the middle of the screen. And it doesn’t disappear

again from the screen that easily. Not until the prescription has finally been printed.

In the physician's daily routine, things that make his work easier are very welcome. Soon, the hand gets used to the corresponding movements – and the physician prescribes this company's products without even thinking about it.

This is how the internist Dr. Wilhelm Redenbach, for example, explained it in a PANORAMA documentary on the German TV channel *Erstes Deutsches Fernsehen*⁶:

“I'll prescribe myself acetylsalicylic-acid tablets, generic Aspirin. The sponsor company now appears as the choice, I confirm the choice, the sponsor company is still being shown, as I continue to enter it. It is still there, until prescription is ready. The sponsor company remains on screen. And then there is the advice, whether it is OK if the pharmacy dispenses the drug from that company. “Y,” for “Yes” is preset. If I carry on confirming the requests, the drug which I have chosen from the sponsor company will be dispensed.

Although you can choose “Yes” and “No,” it is programmed so that you tend to just click your way through the confirmation, if you are stressed and things have to get done fast.”

On top of that, a lot of these programs allow the final prescription to be printed at the physician's assistant's desk. Everything is optimized by the manufacturer.

And what do we call that? Maybe as Prof. Gerd Glaeske from the University of Bremen put it, who also participated in this television documentary: “The manufacturer leads me in principle through the software to his particular product, and this is obviously

not recognized by a lot of physicians. They see this information as the comparative information, which, indeed, they would like to have, and they do not notice that they are being fed this information. And you'd probably call that manipulation."

As early as during the diagnosis stage, these programs start up and take over complete steps, until the final prescription has been printed. One physician who was also in the documentary shows us just that:

"The patient is there; he has been diagnosed, I have my diagnosis, and I type it into the system. Now that my diagnosis has been entered, I confirm it and then I have a drug which immediately appears on the screen, and hypothetically that goes straight onto the prescription and is printed, and then it has been prescribed."

This is exceptionally clever. While the pharmaceutical sponsor does business with an OK click, the physician has to abort the whole procedure, if he wants to prescribe a different drug. Which only a very few of them do.

"Now, the patient is sitting there and would like to go, the waiting room is full, and I would like to continue my work. I have to delete the prescription, too. I have to call up a new prescription, I have to enter the drug and then make sure that the other one from the sponsor company isn't on it. That is just so much work that I do sometimes say, 'Come on, let it be; I can do it like that.'"

We used the same principle in Sweden in the sixties. The charlatanism is basically the same. Today's procedure has just become more inclusive. How enviable. I would have liked to have handed out patient software, which would have reduced my work. This software can also record the click-behavior of the physicians at the same time. We, in contrast, had to do

it our-selves with handwritten profiles on index cards, with creativity and inventiveness.

On the Road to Success

In the meantime, I was almost on the road as much as when I was a pop star. “Home” was now somewhere else. We had moved. My sales territory covered the south of Sweden, and I was soon able to buy a house for my family. Our own home with garden, high windows, just the way I like it. A small paradise for my family. Long gone were the days of two room apartments which were damp if it rained outside for weeks and where the washing never dried. Now there was a large playroom for the kids, filled with tons of toys that I had brought back from my sales tours. I was often away and always brought something back with me. My kids could count on that. We had pets and my wife could afford a babysitter now and then.

I had the feeling that I could give my family everything that would make them happy. The looks of the little ones, when I placed the box full of presents on the floor. That was why it became more important for me to be even more successful, to earn even more money and to climb the corporate ladder even faster – instead of being at home and playing with the kids. Instead of being at home and sitting in front of the fire with my wife. These moments have to be earned. I loved returning home more than being at home. The moment of opening the front door with all the presents and adventures in my luggage.

Success is addictive and makes you want more. The good life, the generous expense account, all that went to my head. I had enjoyed staying in a five-star hotel in Travemünde even if I did have to reckon with being caught and put into jail for this enjoyment. Now,

the pleasure of a five-star hotel was part of my daily life. I was entitled to it. Finally, life was offering me its wealth and I grabbed it with both hands. Even there, I perhaps should have been a bit more restrained with using my body.

Bridges to the Physician

An important link between the physician and patient, as well as between the physician and the representative, are the physician's assistant and their secretary. They are the point of contact and support. The secretaries of practicing physicians and the nurses in the clinics were easy targets for us representatives; they fulfilled the bridge function brilliantly. They were always hoping to be invited to dinner, especially by me, the exotic one.

So, you see how generous we were with presents. Of course, we invited them to dinner. And, well, dining is a sensual affair, candlelight, exquisite cuisine and beguiling wine.

To start with, I held back and remained staunch. I thought about my wife, my children, and our house. I knew that all three were in good hands. My wife had everything she needed. I had seen to that. My position had enabled me to do so. The voice of my guilty conscience, however, became quieter and quieter and more and more difficult to understand, the scent of allurements right in front of my nose became more and more irresistible, though. A flirt? Why not? It's harmless, doesn't hurt anyone. A small kiss, goodbye? On the cheek. No problem. And so, it was, that one thing led to another.

Once, I had a very difficult nut to crack, a physician with a lot of patients because he was the only one in an outlying village. He had an enormous catchment area. The people came a long way across the

country to be treated by him. When I visited him the first time, I spent a whole afternoon trying to find him. He had inherited the practice and had run it together with his father for a few years, in order to keep the regular patients. An eccentric type of guy, maybe that's what the patients loved about him. Many patients spoke in awe of him in a way a healer would have deserved more than a physician. He had snow white hair, which appeared unkempt, had a stocky figure, muscular, more like a lumberjack than a physician, really. He was most probably just right for that region. His view was inquiring and astute.

"Representative," he said, after I had introduced myself. "I already advised you on the phone to spare yourself the journey out here. I don't need anything. I have everything. You can go. Goodbye. You have my blessing for the return journey."

And he rang his little bell, which summoned his secretary to see me out. I was impressed. It had taken me a whole day to get there and that was supposed to be the outcome? The men and women in the waiting room watched me wide-eyed, then it was obvious, I didn't come from the region and my visit had other reasons than being ill.

The secretary was pretty. I made conversation with her by paying her compliments. She accepted them and sat herself down again at her desk. Next to it, there was a seemingly old dog with a sparse coat of hair. I asked her about the dog. It was hers. Yes, he was old. Recently, he had been deteriorating quite fast, that's why she had requested – she made a gesture towards the consultation room – to bring the dog to work with her. The codger had permitted it. For the time being, I didn't pursue the lead with the dog. It was late afternoon and not that many patients were left in the wood-paneled room. I placed a hand on the desk

and played with the telephone cable and asked the lady straight out if she had any plans for the evening. She blushed, bent over her typewriter and shook her head. I suggested going to dinner together. She hesitated. There was no more paper in the typewriter. I knew there was nothing to type. I didn't let up. After all, I had a long journey ahead of me. I told her the meeting with the physician had been in vain.

"Allow me the pleasure of your company," I pleaded finally. She couldn't refuse. I sat down with the patients in the waiting room, doodled on my notebook and smiled at her every now and again, while she finished her work, and the waiting room began to empty. When the last patient had been called in, I made a sign. I would wait for her outside.

I went for a little walk around the building, which was directly on the edge of a forest. I could smell the evening scent of the Swedish forest. Finally, she stepped out of the door into the half-light. I went to her to lead her to my car. She laughed and said that there was no restaurant far and wide and no pub either. I hadn't thought of that. For a moment, I didn't know what to say. She took the lead.

"Do you want to come up to my place?" she asked.

I agreed and again wanted to lead her to my car. But she stopped me; she took hold of my hand and led me around the building. She lived on the second floor of the practice. The dog was already upstairs. Although I hadn't seen it leave the practice. It was only in the morning that I saw that there was a flight of stairs inside her apartment that led down to the office. Anyway, she emptied the contents of some tins into a pan, and I got the schnapps out of my car. We ate and drank, and, finally, she asked me where I came from. I told her. After that, she kissed me. I asked her, where

she came from. She said, she was local and kissed me again. I didn't mind. And suddenly, it all became clear to me.

I said, "You are the codger's daughter?"

She laughed and kissed me.

Now, I was daring: "And your dog has constipation."

I guessed right. The evening took its course, and the next morning I gave the dog something for constipation. I drove back to the office. She phoned me the same day.

"Can you imagine," she said enthusiastically "the old – no, not him, the dog, I mean – he managed to ..."

The miraculous healing of the dog had even impressed the old codger. Apparently, he had tried to help the dog, but his attempts were in vain. Now, he also wanted to speak to me. Hallelujah! He invited me to visit him, at once. At professional level, it was self understood that I would accept such an invitation, particularly in this case. The man prescribed our products after that day with conviction.

A Question of Trust

Why are physicians so important to the pharmaceutical industry? Why does the pharmaceutical industry invest so much money to gain their loyalty? Well, although some drugs are available without prescription, most drugs have to be prescribed by a physician. A physician's prescription behavior is also a reflection of the drug manufacturer's turnover. The drug manufacturer has to win over the media-tor between itself and the customer and establish trust. The relationship between physician and patient is fundamentally a relationship of trust. At least, as far as the patient goes. He has to open himself and says what's on his mind. The patient has to reveal his chest

and show himself. That requires a great deal of trust. This trust in his physician automatically extends to trusting the drugs that the physician prescribes. The efforts of the pharmaceutical industry target this very transfer of trust. They recruit physicians from colleges by paying for their studies. Whose well-being do you think this physician will then protect? And how would their decisions be made? €35,000— that's a lot of money that you just don't reject. Winning over the old codger was a small success, at any rate. I recall how my old colleagues gave me a malicious grin for the way, as I traveled out to him that first time. And now, he was one of my best customers; he (and his secretary) would welcome me at any time! I was euphoric. My wife will have looked at me mistrustfully. I didn't notice it. I noticed that she accepted the fruits of my success, the presents, and the pay rises half-heartedly. That didn't suit me. And the kids said, "Hello, Dad," obediently and disappeared into their rooms. I delayed the return journey to an ever later time. The other representatives and I met up in a certain pub after work. Even the representatives from other lines of business went there. I don't know how it came about that that bar had developed into a trendy bar. Anyway, we pharmaceutical representatives had a reputation for being detail-obsessed wackos. Well, they weren't that wrong — if you think of our sophisticated profiling methods. At any rate, they had their own gifts for their customers to talk them round, just as we did. And they seemed to have a lot of work-related sex. In any case, they were constantly asking us for something for sexually transmitted diseases. We had a whole drugstore stored in the car. And we swapped our things for the things they had. Small calculators, for example, back then, they were something special. Presents for home. My gifts reaped less and less applause. What

was wrong? If I was home, there were arguments, accusation, tears, and frustration. The little amount of time I spent with my wife was spent arguing. I had to defend myself constantly: don't you live in a nice house, because I earn the necessary petty cash? Aren't the children able to take riding and ballet lessons, play tennis and enjoy a good education because my success allows for it? I wasn't prepared to move back into an apartment with only two rooms, just because my lifestyle, as she called it, didn't suit her.

Rome Revisited

Instead I flew to Rome. This journey would prove that I had done everything correctly. During my years of travel, I had hit rock bottom in Rome. Now, the city was to get to know me, as I really was. I looked for a nice hotel and then a gentlemen's tailor. I had my first made-to-measure suit. Tailor-made. Handcrafted. Unique. It didn't nip anywhere; no creases and each seam fitted like a glove. If you wear that sort of suit, you feel great. I remained true to that man. I have never bought a suit anywhere else since. I always flew to Rome for a new one.

In this suit, I was prepared for any of those restaurants despite having once eaten from their trash cans. This time, I went through the brightly lit entrance to the reception. This time, an attentive waiter was waiting for me. He led me politely and nimbly to the best table. Without having read the menu, I ordered the most expensive thing on it, just orientating myself on the prices. Six courses. Candles to go with it for the celebration. Every bite was sheer pleasure and satisfaction. I stayed until late into the evening.

Finally, a man came to my table. He apologized, not wanting to disturb me in any way. But there was something he had to ask me: I seemed familiar to him

somehow – had I been there before a long time ago? The man was the proprietor of the restaurant. I asked him to join me at my table. He fetched a bottle of Grappa, one that you recognize as the in-house brand, undecorated; he poured two glasses, and I began. I enjoyed telling him my story, not in the way I had told it in Travemünde, of course. This time, I must admit, I told it with a certain amount of pride. He raised his glass.

“Young man,” he said, “I admire you. Consider yourself our guest. I am certain you have a bright future ahead of you.”

He turned out to be right. But not everything that sparkles is worth having.

CHAPTER 3

Introduction to a Global Player

I had been pursuing my career in smaller pharmaceutical companies for ten years, when, in 1979, the really big ones came knocking at my door. I was offered a job at *Eli Lilly & Company*, Nordic Area. I was responsible for the whole of Scandinavia. Wow!

Sweden was *Eli Lilly's* Achilles' heel. It had a low level of awareness, hardly any product acceptance and meager sales figures. The wide void of the Swedish countryside was reflected in their turnover. Since I had had dealings as a product manager in the northern area in previous years, I knew the problem areas of Sweden very well. During one of my business flights, I wrote a proposal to my bosses expressing my ideas for change. To all appearances, my proposals were convincing and they appointed me as sales manager in Sweden. That pleased me.

Representative Training á la Virapen

I, who had started out as a “medical adviser,” was now the boss of such a troupe. I knew, from my time spent working for the competition, what representatives were capable of. We simply had to be better. My Swedish guys led a much too quiet and comfortable life. They only visited one physician per day. They should have visited five. What a joke. So I had a word with my reps.

There were about fourteen of them for Sweden. The country was divided into regions and one rep was responsible for each of them. This breakdown into

regional territories follows the same logic on a small scale as it does on a global scale. *Lilly* for example, divides the world into five regions. They look at their map of the world and instead of seeing a baffling amount of geography, countries, cultures, political systems and religions; they see the world as an easily understandable marketplace in Lego-style. Simplification is the key.

Anyway, the lads even had secretaries who dealt with their calls. What did these guys do, at all? Not a lot. Most notably they cost money in the form of company cars, expenses and, as of Friday lunchtime, they sat at home. At least they didn't run up enormous phone costs. That was to change though. I sat myself down next to them in their offices and, when necessary, I climbed onto their office chairs with them. I made them open their address books and phone the physicians.

"I've already phoned him. He said that he didn't have any time."

They had encountered the wrong guy, me. I traveled to the physicians with them. We bought flowers to give to a physician, if it was his wife's birthday. Our filing cards were starting material for the small sketches and inserts, material for simple everyday things which account for human communication and create closeness. No one will throw out flowers if they smell good. Nobody is rough with flowers. You let them in. You have to take care of them. You have to look for a vase for them.

"What do you mean, there's no vase for them in the doctor's office?"

Physician, secretary and trainee, they all start opening doors, running here and there, getting in each other's way; they apologize and laugh, "It's not possible that ..."

"Okay, we'll buy you one ..."

A cheerful, flowery bashfulness unfurls. The pharmaceutical rep suddenly moves around quite naturally in these foreign rooms, in the practice of the physician who had sounded so dismissive on the telephone. The patients in the waiting room see the bouquet of flowers and award him points: "Hasn't it been arranged beautifully? Isn't the packaging elegant? Hasn't it been selected with good taste?" The physician cannot remain grouchy. Not with so much tenderness and sudden familiarity between all those involved, patients, physician and the pharmaceutical rep, who has catered for so much good spirit in between the pale, stiff, bandaged and coughing patients. Such events bring people closer and build bridges.

I looked after my reps personally and took care of their dispositions. For some, I became a father figure. Men seldom have fathers. They came to me to speak about their problems at home and with their wives. I let them sense my fatherly pride and when my lessons yielded fruit, I invited them to a bottle of vodka that same evening. I created loyalty. To me. To the company. That was my business. That's how it worked with all of my people.

One of my reps was a small, pudgy guy with a bald patch and glasses, and when I told him how to go out to dinner with physician's secretaries in order to get important information for the profile, he shrugged his shoulders.

"Even if I got that far, they would die of laughter," he said. He didn't appear that unhappy, though. And what pleased me more, he remained focused and continued to think about business. "I've got an idea. It's pretty time intensive traveling around the country and traipsing around all the physicians. Why don't we let them come to us? We could organize a yearly wine tasting session, for example, completely

exclusive, and then, we would have them all gathered at once.”

Terrific idea. I passed it on to my bosses and got their blessing and the necessary funds. From then on, my reps constantly had new ideas to get the physicians to think of them: Invitations to wine tasting sessions, the tasting itself and a meeting afterwards to bring around a few bottles of the new favorite wine.

Turnover to the Power of Three

My training with the reps in Sweden came to fruition, at least. Between 1981, when I started working as national sales manager for *Lilly* in Sweden, and 1988, sales increased from \$700,000 to \$15 million per annum. That’s more than twenty times more than it had been. My salary increased yearly. In the company’s internal appraisal, I was regarded as the “Achiever”—the high-flyer. After a year I was placed in the executive chair. I was now the General Manager of *Eli Lilly & Company* in Sweden.

We didn’t even require a blockbuster for this rapid increase in sales – the expression didn’t even exist then. Marketing, in those days, was kind of antiquated. As was the management of my employees. Methods don’t matter; they come and go with fashion, with the advisers that come onboard in companies and familiarize us with the latest information about social psychology or brain research. It’s all just bull. Basically, what remains are the teachings, like those of the Catholic priests, which are robust, simplistic and effective.

“Do it, or else! ... or your colleague will get the gratification of the victory ratings. And while he is slipping a golden ring over his wife’s finger, yours puts you on a diet of canned meat. So, which of the two would you like to be?”

My relationship with my guys remained excellent right up to my last day at *Eli Lilly & Company* (and still exists with some of them, even today). The lads had a surprise for me for my fortieth birthday. We were at our yearly national meeting at a hotel outside Copenhagen. Champagne, good food and I sang. While dessert was being served, a few of the guys stormed my table, grabbed me and blindfolded me with a scarf. I said: "Okay, guys, I'm wearing an expensive suit, don't throw me into the swimming pool or anything like that. I'm not a good swimmer."

They led me through the hotel lobby and then I lost my orientation. We appeared to stay in the building and we went through corridors and up stairs; they pushed me and pulled me, like a stubborn mule. Finally, they threw me into a room and locked the door behind me. All was silent. I took off my blindfold and found that I was still in the hotel, in my own room, I recognized my things on the table, a pair of pants, which I had laid over the TV. So far, so good. I turned around. Lying on my bed was a twenty year old blonde prostitute. I was somewhat shocked and didn't know what to do. So, I began talking. It turned out that she was a student in Copenhagen and this was her part-time job. We were chatting away when she suddenly interrupted me and said: "The guys only paid me for an hour. You have ten minutes left."

To which I replied, "I take my time when it comes to love."

I heard a rustling behind the door and opened it. My lads were standing in the hotel corridor, smirking. I turned back to the student and said politely, "Listen, you have a lot to do – but not in my room, please."

They left and continued their celebrations in another room.

The more successful I was in my job, the weaker my marital bond became. My wife and I had been living apart for a long time, inevitable really, since my life led me all over the place, not just home. My promotion to general manager involved moving to Stockholm; where our corporate headquarters in Sweden were located. My wife and kids didn't move with me, however. In 1984 we got divorced. I got myself a spiffy apartment. When I didn't happen to be flying around the globe on business, I spent what little free time I had in Stockholm's bars. I began to feel more and more like the homeless tramp, I had once been in Travemünde. So successful and yet somehow still a loser. My alcohol consumption increased with my increasing discontent.

My irregular and unhealthy way of life bestowed a problem upon me, which I am still fighting, today: I developed diabetes. To start with I didn't really notice anything. I just wondered why I became exhausted so easily. I had become unconscious a few times at presentations. I was plagued with it for two years, until a friendly physician advised me to get checked for diabetes. It was so bad, that I had to inject insulin but, at least, that enabled me to return almost to my former self.

As if obsessed, I immersed myself in my work. At least there, I was a high-flyer.

Buying Opinion Leaders

Whereas before, I had handed out small incentives to the physicians in the form of leather folders, fountain pens and pre-typed prescription pads, I now had completely different means at my disposal. I no longer needed to see to it that the rural physicians prescribed our products. At the next level, it was all

about getting scientific physicians to write positive reports, in medical journals, for example.

Hocus-pocus Physicians

These researchers were so-called opinion maker/leaders whom we had carefully selected and gotten competently on our side. Not by convincing them of the superior quality of our products. No, we'd paid them for it.

One of these opinion maker/leaders, for example, a specialist in pain therapy who worked for the health board in Sweden, got a set wage from us for supposedly advising us, looking through our brochures and training reps. His niche, an institution, had already been set up years ago, when I became the boss in Sweden. But I never saw him, he had no office and his name was never in the minutes of the meetings. He was only activated if there was bad press about us and our products. Unexpected side effects, impure substances, ailing patients; that was bad press. He promptly wrote positive articles about us in medical journals – the medical fraternity was pacified and could continue to receive our reps unreservedly, as they had always done. He did just that for *Distalgesic*[®] (active ingredient: dextropropoxyphene), a pain killer, an opioid that was used massively, at that time. There were reports in the media about suicide in connection with the drug. That was a nuisance for me, as general manager. It was time to activate my specialist for pain therapy. In one of the weekly medical journals he wrote something that appeared to help – “It’s not that bad,” etc. The daily press copied the article from the medical press and the world was on course again. Sure enough, the commotion died down. I was pleased that daily business could continue.

But the payment for this assignment was particularly strenuous. *Eli Lilly* sent me to Seattle to a scientific conference about combating pain, to see to this. I flew there with an envelope in my jacket pocket. During the conference recess, I went to the bar in the lobby of this exquisite hotel. I was expecting my specialist for pain therapy who was to come and meet me at the bar. He arrived, and I greeted him. I told him that I had an envelope for him. He blushed a little, but maybe it was just because it was warm now at the crowded bar, I laughed, he laughed and then generously asked me if I wanted something to drink. I agreed and while we were waiting for our drinks, I passed him the envelope with the check.

“That’s for you,” I said.

“Thanks,” he replied calmly, as if I had passed him a small bowl of peanuts. But we weren’t dealing with just “peanuts” here.

Why, of all things, did I have to go to Seattle to give him this envelope? Because of the tax. Of course this money was accounted for at *Eli Lilly*. I assume under “research funds”. In some way or the other, this was correct. After all, the man was a scientist, and, in the United States, resources for my pain-therapy specialist helped us pay less tax.

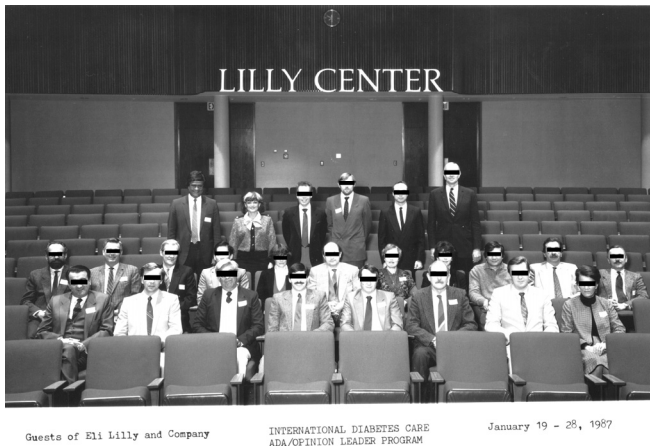
The companies I worked for are not isolated cases. I was not an isolated case. The recipients of generous donations were not isolated cases. The word bribery suggests an exceptional circumstance, yet the practice, I described above, is part of daily routine in the pharmaceutical industry. Completely normal marketing? As long as it doesn’t concern drugs and the health and the lives of human beings.

This is an example of the lack of respect for human life. The falsifying of information – in this case, misinformation in medical journals – what is really

being straightened out there? Deaths are concealed. Look at the nineteen year old student I mentioned in the preface. The chance to save further lives is wasted. Intentionally. Methodically. What ethical standards does the company pursue? And which do I pursue?

Group Photo with the Opinion Makers

In the photo you can see the *Lilly-Center*, taken from a stage at the headquarters of *Eli Lilly* in Indianapolis. In the large auditorium there are only about twenty-five men and women, an exclusive group, well-dressed, well-groomed, sitting and standing, with name badges on their jackets. Opinion maker/leaders from around the world. All of them are smiling.



Right at the back, on the left, you can see me. With a grin that covers the whole of my face, amidst “my” group. They are being prepared for the yearly congress of the American Society for Diabetes, an enormous product and science fair. That is why it is so important that each of them is content and smiling. That is my part of the job.

Their part is to talk with the authority of a scientist about our products at this American convention, which will last for several days. That's why we've had them flown in. That's why we're paying for their hotel and their extra itinerary. That's why each of them is being looked after. Not just today. We cultivate these contacts over several years. Opinion maker/leaders are irreplaceable. The title of the photo is also interesting. It says:

“Guests of *Eli Lilly & Company* –
International Diabetes Care ADA/Opinion-
Maker/Leader Program”

You could ask yourself: Is “opinion maker/leader” a title that you earn like a doctor's title? How do you become an opinion maker/leader? How do you recognize an opinion maker/leader? One thing's for sure: whoever is smiling in that photo was already an opinion maker/leader. Otherwise, we wouldn't have invited them, would we? Whoever is included in such an illustrious circle, whoever is allowed to speak in a prominent place at such an enormous meeting – can't be anything other than important, a leader. And the contacts, which are only made possible through our program and participating in the convention's program, allow their reputations to become even better. The role of an opinion maker/leader cannot be valued enough. Opinion maker/leaders are true authorities. What they say holds true. Regardless of how the facts look and how far science has come.

The medical business in Germany is a prime example of authoritative dependence. They imagine themselves to be in the Wilhelmenian era. I am not the only one who holds this opinion. Read this extract from a feature from *Deutschlandfunk* on the topic of *evidence based medicine*⁷, that is to say medicine that is based on verifiable facts.

“What else is medicine based on then,” you would like to ask. Exactly.

“Many therapies and drugs are prescribed by physicians, although they haven’t been adequately tested scientifically. That can have fatal consequences for patients: cardiac patients were treated for years with pills for cardiac arrhythmia (heart rhythm disturbance). They got the heart working alright, but thousands of patients died. Thanks to elaborate trials, we now know why.” Strange, isn’t it? The “elaborate trials” were completed afterwards. Or, since “elaborate trials” are required by each regulatory authority, the relevant, unappetizing data must have been overlooked in some way.

“The so-called evidence based medicine is to protect patients from such damage. This recent subject connects clinical experience with systematic research [...] An independent institute that evaluates drugs and therapies for their scientific evidence has only come into existence recently.”

Beyond comprehension, isn’t it? That this sort of institution has only just been set up.

“Only very few hospital professionals and physicians in private practice apply this knowledge consistently, since the move has encountered resistance by the pharmaceutical industry, head physicians and some patients.”

This is also due to the fact, the commentary concludes, that the structures of medicine in Germany are very rigid and hierarchic. The information purported by the opinion maker/leaders is blindly followed by all lower ranking physicians. And opinion maker/leaders, as we have seen, aren’t necessarily interested in evidence. Have you realized it yet: we’re in the chicken coop? Pecking order is the regulatory principle. And it was my job to keep the head cocks in a good mood.

CHAPTER 4

Benoxaprofen – The First Blockbuster Starts the Race

I had already achieved a rapid increase in turnover with previously existing, tried and tested drugs. Marketing, back then, was mainly aimed at physicians. But now, as Managing Director of *Eli Lilly* in Sweden, I was to aim much higher. And I accepted this challenge.

At the beginning of the eighties, *Eli Lilly* was planning to bring out a new drug for arthritis. The active ingredient here was called Benoxaprofen, an anti-inflammatory, which was to work better than anything that had ever existed before.

Change of Strategy

A change of strategy had occurred in the company and in the pharmaceutical industry, as a whole. It was no longer about selling a few boxes of the well-known drugs, here and there. This time the objective was to monopolize the market. Our blockbuster was to eliminate the competition. My task was to market benoxaprofen as a wonder drug. Sounds like charlatanism, doesn't it?

As far as the budget was concerned, I was able to use all resources at our disposal. The gifts for the physicians became more expensive. Flowers and prescription pads were things of the past – now, there was jewelry, really expensive spirits, choice perfumes and valuable artwork.

My work had begun before the drug was even given approval in Sweden. Every country has its own regulatory authority for drugs. In the USA, it's the FDA, the *Food and Drug Administration*; in Germany, the appropriate authority is the *Bundesinstitut für Arzneimittel und Medizinprodukte* (*The Federal Institute for Drugs and Medical Devices*)

My opinion maker/leaders and I.

To my knowledge, the new active ingredient benoxaprofen was soon to gain approval in Sweden, and I was to start with the marketing campaign.

The product name of the drug in Sweden was to be *Opren*[®], which had already been determined. In the USA, it would be sold as *Oraflex*[®] and in Germany under the name *Coxigon*[®]. The active ingredient was always the same: Benoxaprofen.

Exaggerated Advertising

I kicked off. I prepared everything to get the opinion maker/leaders onto our side and organized an opulent symposium in a five star hotel on one of Sweden's islands. The menu was exquisite, a famous TV star was to lead the program, and I organized the band and performed, too. I sang for our people. After all, I had been a pop star. In between, there were small presentations about our new drug, all of which were held by experts, the opinions of whom we were 100 percent certain. You don't invite someone to a party, if they're not friendly, do you? Nevertheless, the whole thing was called "symposium" and ran under the heading of "scientific congress".

The atmosphere was intoxicating. The drinks were, too. In one fell swoop, I had countless enthusiastic opinion maker/leaders who were desperate to spread their positive opinion about our new wonder

drug. With the opinion maker/leaders on your side, you create a snowball effect.

At the same time, similar campaigns were being led by the managing directors in other countries. Now, you could perhaps argue that not every scientist and every physician is bribable and will uncritically applaud a drug that he or she doesn't know and that hasn't even been approved. Sure. But we make it damned difficult for them to remain critical. Our sales figures are proof of this.

Richard Smith, an independent thinker, critical journalist and co-editor of the *British Medical Journal* (he also played an important role in the later disclosure of deaths in connection with benoxaprofen), dealt with the problems of spin doctoring and the act of buying opinions in one of his articles. He had been invited to a presentation by *Lilly* and had been spoilt in the usual way:

“[...] my wife and I stayed in a noble hotel at the company's expense and were treated very well [...]”⁸

And here, he described how, in his perspective, marketing and turnover were connected in the case of benoxaprofen:

“*Lilly* showed me a few commercials, which will be shown when benoxaprofen is launched in the individual countries. I found them completely exaggerated: patients with severe arthritis were shown before treatment – and afterwards, they were dancing. The message was that benoxaprofen didn't just alleviate the symptoms; it reversed the illness. I was skeptical about the claim, and even if there had been a small grain of truth in it, I thought the film was completely exaggerated.”⁹

Of course they were exaggerated. These films hadn't been made for an art-house-films audience at

Cannes. And they would impressively prove that they achieved what they were supposed to.

In his description, you find that the pharmaceutical industry tends to use carnival barker claims, for example, that the drug offers you more than just a drug, does more than just ease your symptoms and even heals the illness – gives you a feeling of being alive and teaches you to dance. This escalation of the alleged effect of a drug to more than “just” a medical indication is an important feature of the new blockbuster strategy. “When the drug was later marketed in Great Britain, [...] there were reports of a WONDER DRUG. This massive advertising led to the drug being rapidly prescribed everywhere”¹⁰. “Rapid” is OK: In the countries where benoxaprofen had already been given approval, the prescription rate increased from 2,000 to over 55,000 prescriptions – 55,000 prescriptions per week. Weekly turnover: half a million US dollars.

All in all, you can say – and a lot of the physicians and opinion maker/leaders that I had dealt with, may have thought it:

“This opinion may not have been bought, but it appears impolite to say critical things about people who were such good hosts.”¹¹

I rubbed my hands together. With such good submittals in the rest of Europe, what could possibly go wrong in Sweden? We awaited the starting signal daily, the message that benoxaprofen had been given marketing approval in Sweden.

Amidst my marketing activities, I casually heard, by way of rumor, that there had been problems with the clinical trials for the marketing approval in Denmark. Harmful side effects had become apparent, which most notably affected the kidneys and the liver. Well, these things happen. That’s the reason for these trials – to

test the drug. Anyway, it didn't stop my fervor. I didn't query it, any further. I concentrated on other things. Everything had been prepared perfectly. The birthday party for our new wonder pill could begin.

And then, everything turned out differently. I was on the return flight from a training program in Rome. Yes, they really did still want to teach me new tricks, and yes I did get myself a new made-to-measure suit. I had to get a connecting flight in Copenhagen. A pretty stewardess intercepted me. I didn't mind though.

"There's a message for you, sir."

The messenger was okay and I was pleased about the message. She guided me to the VIP-Lounge, and, when we got there, she gave me a fax. After I had read it, I had to sit down. I ordered a whiskey. The text read:

"Don't talk under any circumstances; don't talk to anyone about benoxaprofen. You are to give no press conferences, no matter what happens."

I was shocked. Press conferences were my business, after all, and now, I was being given a ban on talking? What was going on?

Sure enough, there were reporters waiting for me when I got back to my office. I got rid of them – without so much as a comment, not too difficult, as I didn't even know what was going on. What the hell was going on? A call to my bosses in London got me a bit of information, at least: Our wonder drug had been removed from the market in England. The marketing campaign for benoxaprofen was to be stopped, immediately.

I was distraught. I had organized the biggest birthday party that Sweden had ever seen – and now this. The party was cancelled without much ado.

Although I was managing director at state level, I only knew that there was something wrong, that there had been problems and maybe even deaths. But that

wasn't information that the corporate headquarters gave us. Subsequently, you are cleverer. And the sequence of events, which took place world-wide in connection with benoxaprofen, show an example of cover-up and reluctance to provide information about "negative reactions" in patients, which can mean serious damage to health or even death.

The practice of concealing facts is possible because the manufacturer can freely choose what information is passed on to the authorities, and, in addition to this, there is always leeway to massage the facts. The scandal is that this is done intentionally, with the intention of not endangering the sales of the product. The patient's health is never in the foreground.

Only the profit, which a few dozen deaths, as well as possible lawsuits for damages can only negligibly reduce.

Chronology of Hushed up Deaths

I'll sketch a chronology of worldwide events with regard to the marketing approval and the withdrawal of benoxaprofen¹². The pattern of cover-up and the acceptance of deaths in the name of profits are clearly recognizable.

1980

The beginning of the story: *Lilly* applies for marketing approval from the FDA for the active ingredient benoxaprofen (product names *Opren*[®], *Oraflex*[®] and *Coxigon*[®]).

1981

Reports relating to liver problems found in patients, which, in some cases, ending in death reach *Lilly* headquarters from their subsidiary in Great

Britain¹³. It is discussed, whether the text of the packet insert should be changed. The modification proposals refer to kidney failure but not fatal kidney failure.

1982

Benoxaprofen was approved in Germany under the product name *Coxigon*[®] in 1981. By 1982, some 91 reports of side effects, some of which are severe, are supposed to have been received by the German health authorities. The British authorities are supposed to have actually received about 3,500 reports, 61 of which were fatal, due to multiple organ failure.¹⁴ But these have no consequences. The wonder of benoxaprofen is allowed to continue.

January 1982

Reports of 23 deaths, due to side effects and 26 reports of serious liver insufficiency, two of which ended fatally, are sent from *Lilly's* office in Great Britain to the headquarters in the United States¹⁵. At the same time, the FDA is preparing to issue marketing approval for benoxaprofen in the United States. Since the authorities don't receive any independent information, only what the pharmaceutical company provides them, they don't know anything about the unpublished deaths in Great Britain. *Lilly* knows about it. And *Lilly* remains silent.

February 1982

27 cases of liver insufficiency and five deaths in England.¹⁶ Still nothing reaches the public. The employees of *Eli Lilly* meet up with the FDA to discuss the details of the packet insert's working. Problems and deaths are naturally not mentioned by *Lilly's* employees.

April 7, 1982

12 days before the FDA issues marketing approval for benoxaprofen in the United States, *Lilly* receives reports from Denmark about cases of fatal liver insufficiency in connection with the active ingredient¹⁷. *Lilly* takes its time to pass this information on, because the FDA is about to officially give their marketing approval for benoxaprofen, to be used as a drug in the U.S. – on the basis of the trials provided by *Lilly* with its application for approval, since they contain no such information about serious side effects or deaths. A month later, the FDA is informed of this, presumably by the Danish authorities. Pharmaceutical companies are, always obliged to pass on such information, but it is not clearly regulated, when they have to pass on this kind of precarious yet vital information for patients.

February and April 1982

A specialist in Belfast from Queens University, Hugh Taggart, discusses his findings on liver insufficiency in connection with benoxaprofen with *Eli Lilly's* office in England. *Lilly* doesn't pass this information on. However, this researcher's findings are published in the *British Medical Journal*. Two days later *Lilly* passes the information to the FDA to avoid becoming embarrassed. It probably took two days, back then, for an edition of the BMJ to reach the United States from England ...

May 1982

After benoxaprofen had been registered in the U.S., and the company was informed about its fatal side effects in detail, *Lilly* started a PR campaign, costing millions. That involved 6,100 press kits, which the FDA later deemed to be "false and misleading".

June 1982

The FDA starts to become active. *Lilly* is now requested to provide weekly reports on liver insufficiency. According to the Department of Justice, *Lilly* knew of 50 unpublished liver and kidney problems in Great Britain, at that particular time¹⁸. What was going on in those *Lilly*-manager's heads? They can't have been out to prevent further damage to the life or physical conditions of their patients, because *Lilly* only provided the FDA with the number of cases already publicized, which the regulatory authorities, the public and the medical world already knew about. Those cases, which only *Lilly* knew about, continued to be withheld.

Two months later

The U.S. *Justice Department* reaches the decision that at least 27 people have been killed by benoxaprofen, 200 further cases suffered kidney and liver failure. And all that within a few months. On August 5, 1982, benoxaprofen was finally with-drawn from the American market.

August 1985

In the end, the admission of guilt comes much too late with a court decision ridiculing the victims. In a court room in Indianapolis¹⁹, Indiana, *Eli Lilly* admits, before the trial gets under way, to concealing information from the competent authorities, concerning the deaths related to their product, benoxaprofen. The fines were peanuts, i.e. \$25,000 for *Eli Lilly* and \$15,000 for their head medical scientist, Ian Shedden. By playing this move and admitting guilt before the start of the trial, the trial never actually gets under way. The fines are penalties for misdemeanors, not crimes.

“The U.S. government could have pressed criminal charges [...] but they chose not to²⁰.

To do so, they would have had to have proven that *Eli Lilly* and Ian Shedden had willfully violated the law. A more favorable process for the defendant:

“Since the accused cannot be put on trial a second time, the official record will never show whether they willfully violated the law.²¹”

The court determines that *Eli Lilly's* cover up of deaths is “standard practice in the industry²²,” and confirms what I have been telling you about my own experience. So, there you have it in black and white, stated in the official court decision: cover-ups are “common practice” for pharmaceutical companies

If you murdered enough people, would murder become the new moral standard?

And even the scale of it isn't an isolated case. Or how else do you explain that almost the same scandal that had happened with benoxaprofen recurred in 2004 at the company, *Merck*, with *Vioxx*[®], their drug for arthritis?

CHAPTER 5

Vioxx® - History Repeating Itself?

*“Those who cannot remember the past are
condemned to repeat it.”*

—George Santayana

Vioxx® was another “wonder drug” for the pain of arthritis and rheumatic complaints developed and marketed by the company, *Merck Sharp & Dohme* – twenty years after the benoxaprofen disaster.

The active ingredient in *Vioxx®* is rofecoxib, and is a so called COX-2 selected inhibitor, like benoxaprofen. The only difference between the two is a single molecule which did, however, entitle the company, *Merck*, to register a new patent for its active ingredient, which protects them against people copying it for 20 years. It’s always about these patents. It’s about this one molecule. Because patents generate money.

Research helps the pharmaceutical industry get new patents for previously existing ingredients. Where would medicine be now, if this money had been invested in real research? To understand this, it is important to understand that neither benoxaprofen nor rofecoxib in *Vioxx®* can cure arthritis or rheumatism. They only treat the symptoms, in this case the pain. The chronically ill guarantee them their lifelong turnover, but a drug that cures diseases would ruin the market.

And, once again, the marketing machinery was up and running. The new active ingredient was brought onto the market without being sufficiently tested in long-term studies. After all, time is money.

Tolerance Myth

In one study, there were serious signs of problems in the cardiovascular system, caused by this active ingredient, *Vioxx*^{®23}. Although it was known early on, that *Vioxx*[®] increased the risk of heart attacks, the data available at that time was perceived from a different perspective²⁴. From the pharmaceutical industry's very special perspective.

This special perspective emerged from a "purely theoretical consideration," and in the "absence of any evidence," as the renowned, critical journal, *British Medical Journal*, asserted²⁵. Yet, the pharmaceutical company was determined to put the record straight. As a reaction to the mentioned study, a press release was issued on May 22, 2001, with the title: "*Merck* confirms favorable cardiovascular safety profile of *Vioxx*[®]".

Many publications from *Merck's* advisers support this opinion. According to the Chairman of the Drug Commission of the German Medical Association, Prof. Dr. med. Müller-Oerlinghausen, the risk of using a new drug has increased enormously with the new strategy of the pharmaceutical giants.

"New drugs are approved in several countries at the same time and are marketed aggressively. Thousands of people, worldwide, are promptly affected by unexpected side effects."²⁶

That's how it is. And the tolerance myth is recreated once again: These are examples of the marketing for anti-rheumatic agents:

Benoxaprofen (*Coxigon*[®]) “excellent gastrointestinal tolerance”

Indoprofen (*Flosin*[®]) “superior tolerance”

Rofecoxib (*Vioxx*[®]) “proven gastrointestinal safety”

Ketorolac (*Toralex*[®]) “hurts the pain not the patient”

Tolmetin (*Tolectin*[®]) “least possible side effect profile”

All of these drugs were withdrawn from the market, due to intolerance. My question is: how many lives are lost, before a drug is removed from the market? Where is the limit set? Which figure is on the side of the equation for turnover and which is on the side of the destruction of life?

“Most withdrawals don’t come as a surprise²⁷,” according to Wolfgang Becker-Brüser, editor of the *Arznei-telegramm* (an independent drug bulletin). Generally, the risks were revealed long in advance. Nevertheless, there was no systematic investigation into the causes of these unexpected side effects. Instead, pharmaceutical manufacturers tended to trivialize undesirable effects, sometimes even intentionally. And that is phrasing it cautiously.

Vioxx[®] accounted for twenty percent of *Merck’s* turnover in Germany. In the year before the product was withdrawn from the market, *Vioxx*[®] generated a worldwide turnover of \$2.5 billion. Even though the adverse, and even fatal, side effects were already known, or depending on how you look at it – could have been known, a year after the drug had been brought onto the market.

Vioxx[®] was withdrawn relatively quickly from the market, once the scandal in Germany became public knowledge. So did this stir the conscience of those pharmaceutical bosses? Probably not. It wasn't worth it, any more. Two weeks before the active ingredient rofecoxib in *Vioxx*[®] was withdrawn from the market, *Merck* was given approval for another COX-2 inhibitor in Germany (active ingredient etoricoxib, marketed as *Arcoxia*[®]). It was more lucrative to market the new active agent aggressively and, once again, use millions of unknowing patients as guinea pigs than to let the battered ship continue to sail.

In 2006, *Novartis* brought yet another COX-2 inhibitor onto the market in Germany under the product name *Prexige*[®]. Following the *Vioxx* scandal, the marketing approval procedure was delayed for obvious reasons. When the waves had calmed, they got down to work again. The USA and Switzerland, for example, refused to approve lumiracoxib. On August 11, 2007, approval was withdrawn for lumiracoxib in Australia, after eight patients were reported to have had serious adverse reactions, two of which ended fatally and two more ended in liver transplants²⁸. This active ingredient is still being prescribed in Germany. In contrast, the United States and Switzerland have never approved it. Etoricoxib is still on the market (*Arcoxia*[®]). You could question whether or not all COX inhibitors reveal the same problems. The problems being that they are so widely used (thanks to extensive marketing and not as a result of their efficacy) although the usual requirements for approving such substances only reflect a relatively small group of test subjects. The joke about this blockbuster is the unbelievable amount of prescriptions it generated in such a short period of time. It was new and strained the principles of marketing approval.

Lessons from History

Which lessons can be learned from these incidences? The suggestions found in the British Medical Journal are the same as those that anyone would deduce from reading my story. They anticipate some of the results, which I will discuss in more detail in the following five chapters:

- Patients would be safer if pharmaceutical companies were legally obligated to publicize all serious adverse effects immediately upon study completion.
- Creation of a legal necessity to publish all serious complications upon study completion.
- Clearly defined financial boundaries between the pharmaceutical industry and the researchers carrying out clinical studies and systematic data evaluation²⁹. The *Berliner Deklaration* (Berlin Declaration on Pharma-covigilance) calls for an insight into all safety and regulation-relevant data about drugs. Becker-Brüser says: “We must put a stop to the secretiveness. [...] The manufacturers must be legally obligated to publicize all studies and reports of approval-relevant side effects when the drug is put onto the market, at the latest³⁰.”

That sounds like common sense. But it doesn't work like that. I think it's most unlikely that laws of this kind will ever be passed because the pharmaceutical companies influence this and will see to it that it doesn't happen. They influence politics, too. Here is an extract from a list of people who are paid by *Eli Lilly* for various posts:

- The former US President, George Herbert Walker Bush, (one year on the executive board of *Lilly*)
- George W. Bush's former management and finance boss, Mitch Daniels, (a former vice president of *Eli Lilly*)
- Sidney Taurel (at present the CEO of *Eli Lilly* and also councilor in George W. Bush's *Homeland Security Advisory Council*)
- The so called "National Alliance on Mental Illness" (which is sponsored by *Eli Lilly* and based in Texas) Even if they weren't working for *Lilly* and politicians at the same time, but instead were working for first one and then the other, is it not highly probable that these politicians are still very loyal to their previous employer? Especially, when these companies give donations to these parties on a huge scale, which isn't unusual in the United States.

The situation isn't that different in Germany: pharmaceutical representatives once invited the-then-German-Chancellor Schröder to France for a glass of wine, when the upcom-ing health reform threatened to cut profits of the industry. Schröder then announced "amendments" to these reforms³¹.

Are pharmaceutical managers, in fact, clever politicians? Should we heed their advice? Are one evening and a glass of wine sufficient to make extensive political decisions? Decisions that affect your life?

CHAPTER 6

Buying Doctors

At the beginning of the eighties, I didn't know anything about *Vioxx*[®], of course. I felt empty. The benoxaprofen disaster had left its mark. Not as far as the injured patients were concerned or the extent of the cover-up. It took years to uncover all of that and demanded thorough research by a lot of independent experts.

Our company knew how to immunize itself, and personally, I wasn't interested in an explanation. I had distanced myself quite a ways from my interest in medicine and in people. The benoxaprofen disaster had left more marks than just psychological strain and remorse, it had left anger, frustration and, above all, empty coffers. In the end, I had spent a lot of money (*Lilly* money) and energy on an enormous marketing campaign, which had just fizzled out.

How was I supposed to increase the sales figures in the northern countries, now? Then I remembered the practice-based physicians. And just as the saying goes, an old flame never dies. My medical advisers were still good at their jobs, but there must be a way to get more out of these physicians and the non-specialized clinical doctors.

Conferences

As you have already read, there are international conferences of all kinds and on very specific topics, where the speakers and audience are all experts in their

field, and where you don't understand a word being said, if you aren't one of them. Graphs with endless columns of figures are projected onto the wall, and the experts are astonished and excited.

But then, one day, the general practitioners decided to hold conferences. They also wanted to travel, sunbathe on far away beaches and look at columns of figures. I figured that our physicians here in Sweden never got away and I offered to take them to this general practitioners' conference in Singapore.

First, I gathered information about physicians, which were worthwhile and organized a group of them. I calculated the costs and the benefits. My bosses didn't object, as long as I could prove that our turnover would increase as a result of it. And off we flew.

Travel establishes common memories. People come closer together when they travel, even to those, to whom one might not have otherwise gotten closer. Travel is like freedom; you move around outside of your familiar area, feeling more laid back and you discover sides of your personality that have often been neglected. To put it more concisely: travel can make you lose your inhibitions. Especially, if you travel without your better half. Our trip to Singapore, which was completely free for the physicians we'd invited, was officially called *training*. Of course, there was an official agenda, but do you think we flew the sun starved physicians half way around the globe to lock them up in seminar rooms for two weeks, where there was only neon light? No, the men were supposed to have fun, and that's what they got. The beach wasn't far, the brothel and the casino weren't far, either. We saw to it that it was a superb experience. And it worked; the physicians we'd invited gladly remembered us and always had an open ear when our

representatives paid a call. They marketed our products to their patients.

The Eli Lilly Jazz Festival

Another *Eli Lilly* sponsored event, to which physicians fought to get an invitation, was the yearly jazz festival in Stampen, a trendy bar in Stockholm. I loved that bar and often went there on my own; sometimes I was even allowed to perform with one of the bands there. If I invited someone there on business, I always reaped a particular enthusiasm. And then, I came up with another idea.

There was a large yearly medical trade fair in Stockholm, to which physicians from all over the world traveled. I asked the owner of Stampen, if we could rent the bar for an evening. He didn't mind and my bosses didn't either.

The *Eli Lilly Jazz Festival* was a huge success. Even in the first year, *Stampen* was bursting at the seams. More than 300 physicians crowded around the stage, enjoyed the select delicacies, which we had ordered, did justice to the exquisite spirits and others queued in front of the entrance trying to get in. From then on, it was a cakewalk for our reps. We busily took photos of the event. A week later, our medical reps phoned the physicians:

"Hello, it was nice in *Stampen*, wasn't it? By the way, we've just had the photos developed, there are some great ones, believe me ..."

They went to the offices to look at the photos together with their physicians and to sort them out. Once again, they got a bit closer – "my wife had better not see that photo," the physician said and the rep winked at him conspiratorially, and put it away. The physician would chose the photos he liked and our reps

would, of course, bring him the pictures, which meant a further visit, all logically arranged one after the other.

During these visits, they would talk of the great evening in *Stampen*, and anecdotes were exchanged, and they got on well together. Now, it was no trouble, whatsoever, to market our products without any exchange of factual information.

It was really brotherly, when we had to relocate our personal consultation to the car park behind the office. Not only do the clinics belong to the state in Sweden, but also the doctors' offices are under the control of the respective regional governments. One day, they issued a code of conduct, which forbade physicians to receive pharmaceutical reps during office hours (after all, it did cost time and, therefore, taxpayers' money). The Swedish authorities were an interesting opponent. So, we had to change our strategy, again. Resistance breeds ingenuity. So, we arranged to meet our physicians in supermarkets, for example, where they were then given their photos and invitations, while their wives went jovially shopping.

That's marketing, you will say. But is that normal marketing? The only drawbacks are for the patients and the taxpayers. The patient who believes that his physician, who writes a prescription so euphorically, is familiar with the drug's efficacy, and not the musical agenda for next year's jazz festival at Stampen, the invitation for which, he already has in his pocket. For the taxpayer, it is a disservice, because the physician prescribes the newer and more expensive drug.

Everybody gains from it. Everyone except the patient and the taxpayer. So, who else is left?

Virapen's Excesses? The Cash Flow at Lilly

Now, someone could come along and say that those were all Virapen's excesses in Sweden – the symposia,

the gifts for the physicians, the trips, *Stampen* – not representative of the company or even the industry. So, let me tell you about the financial structure of *Lilly*. Then you will realize that everything has its own special method. I was the Managing Director of *Lilly* in Sweden, I had an office with about twenty employees, and I was their boss. I gave them their orders, and they carried them out. Product manager, sales manager and the department which was responsible for the regulatory authority were all under my control. On paper and with respect to their payments, the opinion maker/leader was also going about his job, somewhere in Sweden, and when we needed him, he deployed his skills as alpha physician for *Lilly* in the form of scientific – or scientific looking reports and articles. But that wasn't all.

There was another lady, who, despite having to report to me, had direct dealings with those at the top. She was always obliged to report. She kept an eye on the finances. Every expenditure had to go through her, and whatever passed over her desk went to Geneva. After all, they were paying her to do so. Every request for money which exceeded my budget was approved from above.

My office in Sweden was subordinate to the one in Copenhagen, which was responsible for the northern area. We were all subordinate to London. And London was in turn subordinate to the headquarters in Indianapolis. As far as money was concerned, I had a budget. Whatever exceeded it had to be approved and/or paid by Copenhagen and finally from Geneva. This is relevant for the further course of the story.

Of course, my initiative was desired and even required. The wine tasting sessions and the jazz festival, for example, were all thought up at my office. But an initiative didn't guarantee realization. For the ideas to be implemented, money was needed. The bosses needed to be convinced. All of my initiatives convinced them.

CHAPTER 7

My Prozac[®] Story

The increase in sales of tried and tested drugs didn't satisfy the company. They were after much more, the marketing for benoxapofen was proof of this. A new blockbuster was re-quired.

Blockbuster Logic

A blockbuster isn't just characterized by its enormously high sales quota. A blockbuster is much more than just simply a pill, which is sold a billion times. It's more than just a pill and its gigantic sales volume. A blockbuster is a pill for which the illness, whether it be healed or the symptoms merely alleviated, is completely secondary. For a blockbuster, both of these aspects belong together. Then although it is true that there are many illnesses, and, at this very moment, as you are reading these lines, many people are ill, it is, nevertheless, true that illness is the exception and not the rule. Consequently, sick people represent a relatively small market.

Imagine if you could talk those who aren't ill into taking pills. Then you would reach a new dimension of marketing. That is the new quality of a blockbuster. And that was exactly the role Fluoxetine was supposed to play. But it happened more by chance, since it wasn't actually suited to this role.

Fluoxetine

Fluoxetine was a new active ingredient from *Eli Lilly's* laboratory. For some time, they had been doing research for an antidepressant and had found an active ingredient, which influenced serotonin levels. Serotonin is a neurotransmitter in the brain. Starting in the 1960s, research had been carried out on these substances, to find out what role they played in sensory perception or in emotional perception. One consideration was to suppose that there was a certain balance of serotonin levels, which was good. Imbalance on the other hand would lead to depression, to hyperactivity and much more. This consideration is known as the "serotonin theory".

The Serotonin Theory

Eli Lilly's new active ingredient, fluoxetine, belongs to the so-called SSRIs "Selective Serotonin Re-Uptake Inhibitors" – thus an active ingredient, which prevents the re-uptake of the neurotransmitter, serotonin, in the brain, which turns the regulating switch of the serotonin balance and supposedly restores the balanced, ideal state. But we were in the mid 1980s and, at that time, only those receiving clinical treatment took psychotropic drugs. Nevertheless, while studying fluoxetine, an interesting side effect occurred, which the company bosses deemed to be much more lucrative. Some of the test subjects had lost weight, while taking the new active ingredient.

Fat People are Great

If being overweight had only been a problem for a small amount of people, it wouldn't have interested the medical industry. Their increasing number makes overweight people interesting. Furthermore, overweight people are found in more developed and rich countries. In terms of marketing, that is good. What is even bigger than

the number of fat people is the number of people, who think they are fat, just like the estimated number of those, who can be talked into being fat. This group became, and still is becoming part of their clientele by means of teaching. Teaching aids: the ideal of beauty, which is shaped by the so-called ultra-thin models and actresses. Put both of these groups together – now that is a market. Sick people and those who are talked into being sick – that’s what the blockbuster needs. In short: fat people are a very good sales market. The only snag is to get the active ingredient approved as a weight-reducing drug, since further extensive studies and tests would be necessary. But *Eli Lilly* was in a hurry. Every day without the wonder drug on the market was costing them money. So, they decided to aim for approval of the active ingredient, Fluoxetine, as an antidepressant. Then, once it has been approved, it is easier to extend the approval to other therapeutic indications. That’s a normal and valuable trick of the pharmaceutical industry, which you can see over and over again. Once the regulatory authority has said, “yes,” it is more difficult to justify a “no” the second time. Factual momentum rules. In order to understand these considerations better, it is worth getting to know the approval procedure for new active ingredients.

The Approval Procedure

Registration submissions were running parallel, in many countries. It was an intracompany contest. Which country could get approval first? A new drug, which has gained approval in one country will not automatically be prescribed and sold in all countries. The drug must be individually approved in each country, and the procedure is different in each country. Not only are the results of the studies from the companies, applying for approval, usually considered,

but it's often necessary – as in Sweden, for example – that contracted research be carried out in that country.

Nevertheless, it is, of course, important for the regulatory authority to know how other countries have decided. Negative results make you skeptical and positive ones have a positive effect. Especially, when it is well known that the authorities in a country consider the application very carefully. Sweden is very important in this sense, because Sweden was and still is considered leader in the field of psychiatry. The FDA, the regulatory authority in the United States kept close tabs on what was happening in Sweden, as did the British, since the rules were very strict there. The approval procedure can take up to seven years. A damned long time, if you consider how much turnover you could make in one single week. This was wasted time.

Development of a Drug

The approval of a drug involves various self-contained stages.

Important criteria are the efficacy and safety of the active ingredient. First, the drug is tested in the laboratory. If it proves to be promising, it is tested on animals. Does the active ingredient work on animals? Is it effective on the desired organs? Does it change the behavior of the animals in the desired way? What other effects does the drug have? Are they dangerous for the animal's health? And finally, does a pattern of function, benefit and damage to the animal emerge from this drug? Which prognosis can be derived from this, concerning the use of this drug in humans? Well, you can theorize about this.

These questions can ultimately only be explained by testing the drug on humans, under controlled conditions, in clinics. These conditions are determined

by the pharmaceutical industry after consultation with the health authority. They choose the (voluntary) participants and determine the type and composition of the group (age, sex, health status, etc). The script for the clinical study also determines how long it should last. This script, which specifies the exact circumstances of a test set-up, is called the "protocol". The protocols for clinical studies are not written by the regulatory authorities. And more importantly, if a protocol is discontinued, the results don't have to be passed on to the regulatory authorities. But why are test series stopped? Because there are difficulties, perhaps too many patients don't tolerate the drug; they commit suicide, or, due to some other health issues, they don't want to carry on with the test. It is exactly this information, which is of great importance to the regulatory authority and to future patients, that disappears into the pharmaceutical manager's cabinets. Between 1982 and 1984, I also witnessed the termination of a protocol.

It was a supportive study for *Ceclo[®]*, an antibiotic, which had already been approved. *Lilly* wanted to extend it for a further medical indication, sinusitis, which would have served a bigger market. The study was carried out by a professor, who was a close friend. Due to the reports about side effects, which we had received, we opened the protocol and looked at the data. It didn't look good for this new indication. Due to the risk of having these bad results, the test was stopped. The side effects weren't dangerous. The results just weren't the ones we needed.

One further useful consequence of stopping the study is that you can draw up the protocol for the next study, so that the results appear more advantageous to company interests: modification of participant criteria

(e.g., fewer old, sick and mentally unstable people, etc.) or the comparison with a different drug, where you know that yours will have better results in comparison.

“Double-blind, comparative trials” have the highest scientific relevance. Double-blind means that one group is treated with the active ingredient; another group receives a placebo with nothing in it or another drug. Neither the doctors nor the patients know whether they were given or swallowed a placebo, another drug, or the active ingredient to be tested. Now, it is possible that fluoxetine may look bad in a certain parameter in comparison to another older active ingredient. If so, the study can be discontinued, a new protocol drawn up, and fluoxetine can enter the test against another strategically favorable drug.

Finally, the results from various protocols are merged into a data pool. Then, depending upon the indication, for which the drug is being approved, data are prepared, so that they make administering the drug for the given indication actually appear noteworthy and, above all, in a positive light. It is about compiling statistics. Juggling figures. Here you can iron out the creases and polish up things, that didn't look good or were even dangerous in the studies. As far as the efficacy and evaluation of potential danger are concerned, it's always about comparisons “fluoxetine is more effective than ... (e.g., an older drug, already on the market)”. “Fluoxetine is less dangerous than a placebo with regard to ... etc.”

Using this analysis, a final report is put together, to which the data from the successful protocols are added, as well as an informal letter, requesting approval. Everything is put into the envelope, the stamp is put on it, and it's all put into the mail box. Finished. Then, it's just wait and see.

The pile of data arrives at the regulatory authority. They bring in their specialists for their expert opinions. These external experts work on fee basis, they aren't employed or even public officials. Their sharp minds x-ray all of the data and return their verdict: thumbs up or thumbs down. If necessary, further data are requested.

The last phase finally describes the entirety of the clinical studies carried out following the product's launch.

Weaknesses in the Approval Procedure

That all sounds very good, very clean and very correct. You could even believe that drugs, which have been effectively approved, really deserved it. But all stages have their weak points, some of which, I have briefly outlined. These weaknesses are consistently exploited. I also took advantage of these weaknesses on behalf of my employer.

To see how Fluoxetine would do in the approval process, we showed some Swedish psychiatrists some of our data, just to see what they would say. They laughed and perplexedly shook their heads, when we told them of our intention to apply for the approval of Fluoxetine in Sweden. We couldn't have meant that seriously. I can't even remember the medical details they sniggered at.

For me as a boss at national level, it was only important to realize that we had a problem. A big problem. It isn't pleasant to hear psychiatrists laughing like that. And when you hear Swedish psychiatrists laughing like that, you know that you don't have a hope.

Furthermore, they didn't appear to be that wrong with their despicable laughter. There had been rumors that the clinical studies, which had been carried out,

simply hadn't been good enough. And having lost benoxaprofen, which was a bad sign, because there simply wasn't enough time to draw up these elaborate studies again.

Pre-Marketing

The marketing had, nevertheless, already been launched, a further characteristic of the blockbuster. It is marketed, although it isn't at all evident that it will even make it onto the market. If the product is already on everyone's lips, it is difficult for the authorities to say "no". Why forbid a drug, that all patients think is absolutely essential? Even the approach of advertising had changed. Why should it interest patients, which drugs make it onto the market? The pharmaceutical market is a matter for experts, for doctors. The doctor is the mediator between the pharmaceutical industry and the patients. Should we expect patients to weigh up the pros and cons of various drugs for similar uses? When buying a car you expect the garage you trust to have a general idea about the various brake fluids too, don't you?

Our company had realized that it was better for turnover to become more independent of the doctors and their expertise. Now, we were wooing the patients directly. In a lot of countries, this is prohibited. But as always, there are ways to bend the law. Instead of advertising the drug, you advertise the illness. As long as the drug name doesn't appear, it remains within the legal framework.

So, while we were waiting to see what the regulatory authority would do with our new active ingredient, we got to work on marketing. First, we had to find a suitable name, with which we could successfully market the active ingredient.

“Flu-o-xe-tine” is difficult to pronounce, even more difficult to remember, and it sounds, if anything, like toothpaste. No, it had to be something trendy. The name was to be on everyone’s lips, within the shortest possible time. After all, that’s where all the pills were going to go, too.

Eli Lilly paid a company, specialized in branding, hundreds of thousands of dollars to crack this hard nut. Now, it may be usual in commerce to pay a lot of money for the name of a new product. Every new type of car, every yogurt and even every cleaning agent comes by its new name elaborately and expensively. But here, we are talking about a drug, which is only available on prescription. The money, spent on creating a name, could be used to carry out further tests on the safety of the new active ingredient.

The company, commissioned to create the name, was Interbrand. The new pills with the active ingredient, fluoxetine, were to be sold as *Prozac*[®]. The name givers claim, and not without pride, that this abstract name cleverly combines the positive association of “pro,” derived from the Greek/Latin with a short, effective sounding suffix³².

Since that doesn’t sound quite as favorable in German as it does in English, the same active ingredient was marketed in Germany under the name *Fluctin*[®]. *Fluctin*[®] as it sounds like the German “flutscht’s?” – Does it slide down well?

In the meantime, the tiresome fuss about the approval of fluoxetine in Sweden dragged on, and I decided not to leave it at verbal subtlety but to use the time meaningfully, instead. For it was possible to get substances, which had not yet been approved, distributed in so called seeding trials.

Seeding Trials – Feeding Trials

Seeding Trials are a practical thing, because, in Sweden, you could carry out tests with drugs which hadn't been approved.

Seeding Trials are not just characteristic of Sweden. They are, indeed, carried out everywhere. Even after a product has been approved. They don't just contact physicians, who are versed in research, but those, who frequently prescribe these types of drugs (based on their patients, for example), and who have been prescribing the product from a rival company, for years. The general practitioner turns into a researcher. He is promised that his name will be mentioned in the medical journals, in which the results will be published. Seeding trials fondle the ego.

"The scientific value of such studies has been disputed for a long time. In fact, research has shown that the primary motivation of the companies, at the start of such trials, was mostly to crank up sales of their new drugs. The *Report* criticized the ethics committees, too, which permit such trials: "seeding trials misused as studies may not be permitted by the ethics committees³³."

I needed doctors for my field trials, who were prepared to test the new active ingredient on their patients. Each of these doctors applied for a license from the regulatory authority to do research on their patients by administering the new active ingredient. This is how we allowed doctors and patients to familiarize themselves with the product, and we created interest, demand, and our first sales through new prescription habits. Nice side effect: As long as the drug hasn't officially been approved, it doesn't have an official price. So you can demand fantasy prices from the doctors taking part in seeding trials, which are passed on to the patient's health insurance.

This way, the pharmaceutical company earns money before the drug has even passed the official hurdle of the authority. In the case of fluoxetine, that was particularly lucrative, as a marketing colleague from our headquarters in Indianapolis, who visited us in Sweden once accurately formulated: “That stuff is like turning shit into gold. You could give it away and you’d still make a profit on it, it’s so cheap to produce.”

The sales method of seeding trials is related to the method of “off-label marketing”. That means that drugs are used and respectively prescribed for things they haven’t been approved for.

“The paradoxical reality is that the smaller and sicker the child, the rarer it is that it gets an officially approved drug. This is why pediatricians in private practice made up for 10 to 30 percent of drugs prescribed outside the marketing license. In pediatric clinics, this figure lies somewhere around 50 percent. And in neonatal intensive care units up to 90 percent of substances are prescribed off-label. [...] A more recent study, in about 40 French pediatric practices, confirms that off-label treatment increases the rate of side effects, sometimes by more than three times the amount of approved therapies³⁴.”

I was in my element, at any rate. With my detailed profiles about patients, prescription habits, etc. I produced a list of 40 doctors to win over for seeding trials. I invited them to the Caribbean for a week. At that time, doctors in Sweden didn’t have ideal working conditions. They didn’t earn that much and had to do a lot of overtime, which was unpaid. But they were allowed to take time off in lieu – and the people from the pharmaceutical industry would provide the parties for their days off. It was particularly pleasant to take

those days off in lieu in the Caribbean, particularly when it was at *Eli Lilly's* expense.

None of the doctors who were invited refused my invitation. On the first day I held a small presentation in our five star hotel in Puerto Rico and introduced our project. I explained that our new active ingredient, fluoxetine, had been developed enough that it could now enter so-called Phase IV clinical trials. The doctors present had been chosen to take part in this test phase, due to their outstanding work. We would carefully evaluate the results, which they had obtained with their patients, and, of course, the names of the participating doctors would be mentioned in a prominent place in the study.

That was enough motivation for a lot of the doctors to take part. To see their own name, printed in a study, is tempting for a doctor who doesn't get to breathe the fresh air of research in his daily routine. The chance to be a researcher for once. And then to be named in a publication at the same time. The official confirmation: the man is more than just someone who deals with the sick.

Many doctors choose medicine because it is associated with certain prominence and a pleasant lifestyle. Although, the daily routine in the office or clinic quickly teaches them a new lesson, which my forty chosen ones could certainly sing their lament about.

Now, I promised to take care of the social status – the rest of the week, we dedicated ourselves to the pleasant lifestyle. Beach, sun, and every evening, there was an exquisite banquet. I left nothing to chance and had puzzled out a program for every single day, which would guarantee maximum relaxation for the doctors. Diving, surfing, sailing, pretty girls and hot nights.

Strange, really, when I think back, none of the doctors spoke out critically or mockingly. When you hear my description of the simple way I worked, it is hard to imagine that our so-called holiday program could make such an impact, that even educated, intelligent people with experience of life would go along with it. Yet, during my whole career, it only ever happened once that one of them said the following to me while we were in an expensive New York restaurant:

“John, you’re a nice guy, and I could do with a bit of sun. But I don’t really think much of your stuff or your company. And no little film or small animation and no dinner will dissuade me. Nevertheless, I will engage in all the animations and pleasures. You won’t take it personally, will you?”

The others, my fluoxetine doctors, were eating out of the palm of my hand. We had only just returned to Sweden, when I generously began to hand out the new pills. Time for the sowing. My doctors saw to it, that as many of their patients as possible enjoyed them. This is how our new drug was launched before it had even been approved.

Approval or Dismissal

That wasn’t bad – but not what we wanted to achieve. Fluoxetine was now being used in many clinics – but we weren’t so much interested in the sick (if we suppose that people who visit a hospital for psychic problems or those who are referred there by force, are ill). The blockbuster is characterized by the fact, that it blurs the boundary between sick and healthy, that it is used uniformly, because only then can it achieve its extraordinary sales record.

Unfortunately, as far as the approval in Sweden was concerned, nothing had made a difference. The

situation grew more acute. Sidney Taurel, now the CEO of *Eli Lilly & Company*, was then vice president of the European sector, a big shot. I had been at a company-internal seminar in London and Sidney Taurel appeared briefly to tell us how important motivation was. His appearance alone had this effect on us, and I have to say, to encounter someone whose position you strive for is very motivating. You compare yourself with him. You ask yourself what he might have that helped get him there. Can you keep up with him? And often you come to the conclusion that this person isn't anything special. It is the position itself that bestows this aura upon them.

In the Car with Sidney Taurel

When he found out that I had to get my flight back to Sweden that same day, he offered to take me to the airport. I willingly agreed. And there we were, sitting in his car. It was a large car. At the front of the car, upright, as if he was standing up while sitting down, was the driver. A man, who would have looked great on a large stage, as a speaker, maybe. A pleasant voice, mild gestures, assertive and firm, despite his reserved nature, which he cultivated like a luxury. Those who knew its value didn't impose themselves. He hadn't said much; he had greeted Sidney Taurel and then me and had opened the doors for us, held them open, and after we had slid across the back seat, he had gently closed the doors so that you could scarcely hear the lock. The motor purred so softly, so uniformly that you hardly felt the movement. The car left the hotel, which resembled a park in a suburb of London, and hovered its way to the airport. Taurel did everything to make me feel small. He knew the coolie head, only too well. The hearty invitation in the hotel resulted in a journey, in which he didn't speak to me – knowing

that, appropriate to our respective status, it was up to him to start a conversation. Instead, he thumbed through his notes. The sound of his papers was the only conversation. The leather, on which I was sitting, didn't get warm. I wondered whether Taurel maybe had seat heating and whether the driver already knew – simply from the manner, in which Taurel and I had approached the car – that the heating for my seat shouldn't be switched on.

Suddenly, the bustle of the airport – planes starting and landing, service trucks and passenger buses were all in view – and Sidney Taurel finally broke his silence.

“*Prozac*®,” he began.

I nodded and waited for him to continue.

“That subject is very important to me, too,” he added just as the car began to slow down and pull into a parking space. I didn't answer and wasn't expected to. I had understood the message. The approval had to progress in Sweden.

“Do you understand?” he asked by way of parting, as I stood on the tarmac about to shut the door. As obedient as a school boy, I said: “Yes, sir.”

But Sidney Taurel had already returned to his notes, and the driver had already removed my luggage from the trunk. He gave it to me, shut the car door himself and showed me the direction to take.

The message was clear. Now my career depended upon the rapid approval of fluoxetine in Sweden. Sidney Taurel would then be able to market it as *Prozac*® in the United States.

The Pressure Increases

I was forced to take a closer look at the problem. It didn't take long to find out that the Swedish regulatory authority wasn't even planning to approve

fluoxetine. One of the members of the medical review board was a top-notch psychiatrist, who had been doing research on the active ingredient. However, she was only using 5 mg doses, which she thought to be the absolute maximum, in view the risks associated with fluoxetine. She was not at all convinced of its benefit. *Eli Lilly*, on the other hand, had applied for the approval of 20 mg doses. The signals, I was receiving from the regulatory authority, didn't look good.

Where should I start?

In the meantime, my boss, Sidney Taurel, had arrived again and had formulated his request to push fluoxetine somewhat more clearly. He sounded a bit like the Catholic priest at Sunday school: "Do it or else ..."

What he actually said, was: "Think about your career."

That was clear enough. And I wasn't the only one.

More than a decade later, in 1999, internal documents from that era at the English *Lilly* office were published³⁵, which support the tone of the bosses and the pressure in these other offices:

"Whatever happens in Great Britain can jeopardize the drug (*Prozac*®), note from the author) in the United States and the rest of the world."

That was in an internal memo from Leigh Thompson, one of *Lilly's* most important scientists. He was referring to the publication of the drug's side effects in England, such as suicide. And he wrote the following, concerning a member of the American regulatory authority, the FDA, who had suggested comparing the suicide risk of *Prozac*® with those of other antidepressants (which didn't suit *Lilly*, at all, because *Prozac*® came off poorly in comparison):

"He is quite clearly a political creature, and he will have to react to pressure."

Pressure? An employee of the regulatory authority should have to react to pressure from the pharmaceutical industry? What sort of pressure would a company be able to exercise on an authority? You can see how tough and self-assured these people are.

“I hope P. (obviously an employee of *Lilly* in England, note of the author) realizes that *Lilly* is down the drain if we lose *Prozac*[®]; one single event in England could cost us that.”

I Buy a Psychiatrist

I had to think of something, urgently. And sure enough, when I was half asleep one evening, I had a vision; I had found the point, where I could change things.

The clinical studies, which we would submit to the regulatory authorities, were, first of all, evaluated by an independent expert. His evaluation was important, since he was paid for the Herculean work of scrutinizing the columns of figures, one by one. He did the preliminary work for the regulatory authority. And, as a matter of procedure, his identity was naturally unknown to the pharmaceutical companies, submitting the applications.

What if I was able to find out who the individual was who would read and evaluate the fluoxetine protocols? If we knew, who he was, we could create a profile for him. We could find out about his affections and desires. We could find out how high the threshold was, which we had to cross, to cut a deal with him. That was intimate territory. Learned and well practiced. I started on the detective work.

At first, I found out that, based on their qualification and position, only one of five doctors in the whole of Sweden could be the independent expert.

One of five – it didn't seem that impossible to find out, who it was. I created profiles of each of these five.

One of them belonged to the health authority – so it couldn't be him. Only four remained. I had my employees gather information. I asked the representatives responsible for the respective regions, to make hidden but well-directed inquiries. To ask their secretaries indirect questions, which would provide us with conclusions, without them recognizing the intentions behind the questioning, without feeling compromised, and I pieced the mosaic together carefully. One after another, they disappeared from the picture, until only one remained. It was our Mr. Unknown, a man from the west coast of Sweden.

I began to study Mr. Unknown a bit more carefully. He liked sailing. I bought myself a book about sailing. I found out what type of yacht he had. I had information brought to my office. I studied these texts. I looked at the pictures of the yacht. I closed my eyes and leaned back in my chair and imagined Mr. Unknown going on board and how he showed his splendid wealth. The streamlined curves of the boat. The sound of the motor starting. How would Mr. Unknown stand behind the wheel? Which cares would he leave behind him, when he crossed the entrance to the harbor and out onto the open sea?

I thought about my father. I traced the feelings of familiarity with the water, this respect of water and my body felt young and supple. That was good. That was a good feeling to connect with Mr. Unknown. This feeling gave me the confidence to risk the step into the darkness. I phoned Mr. Unknown and arranged to meet him in a restaurant.

I wasn't really nervous. Well, it wasn't that I wasn't at all nervous. Of course, you are nervous. It's like appearing on stage. It is the previous knowledge,

the fact that you have something in mind that produces the nervousness. I have learned to concentrate on the things, which really matter in these situations, the things, I want to achieve. The trick is not to go like a bull at a gate – but, nonetheless, to get a foot in the door. You have to appear to act normally. An actor once told me the most difficult part of his profession was not the adjustment, not the evident role play but the ability to remain completely normal, while being watched. That certainly applied to me in that meeting with Mr. Unknown.

One factor helped me in that plan. I didn't really like Mr. Unknown. Real sympathy made business contacts more difficult. At least in the field I worked in. You don't like to trick someone that you know. To lie to someone you like, is difficult. You don't want to make someone overstep the boundary of legality, if you like them. The fact that I didn't like him helped a lot. He was an asshole and I was one too – so we fitted like a glove. We spent a nice evening together. I told him openly, who I worked for. We talked about this and that. I even showed him some protocols from our registration documents. Mr. Unknown laughed his Swedish psychiatrist's laugh. He couldn't even stop. Even if I had liked him, it would have been embarrassing to see him snickering so weakly in such a fine restaurant. A real Swedish psychiatrist. No, Mr. Unknown didn't like fluoxetine; he didn't think anything of it, at all.

The evening came to an end. As previously said, you don't go like a bull at a gate, but you have to get your feet over the threshold. I paid for both of us, and my decision had been made. I soon phoned him again.

"An evening meal is always a good idea," he said. This time I would let the cat out of the bag. I didn't know, if it would be during or after the main meal – I

had steered the conversation back to the topic of fluoxetine. After all, Mr. Unknown knew that we, *Lilly*, wanted to get approval for it in Sweden – I agreed: “Don’t take it the wrong way, but I know that you are in charge of our case at the health board.”

Mr. Unknown didn’t take offense. He just grinned, aware of his importance and ordered another glass of wine at *Eli Lilly’s* expense.

“Seven years are a long time,” I said casually. Mr. Unknown nodded over the edge of his wine glass and carried on grinning. I changed the subject for a while and spoke about sailing. Mr. Unknown didn’t appear reluctant to the change of course. He invited me to his yacht. I asked him, what he would need to shorten the seven years a little, if it was possible to sail close to the wind.

“The experienced yachtsman circumnavigates even the roughest coastline,” countered Mr. Unknown.

“But to sail aground, that would be impossible, even for an experienced yachtsman,” I continued, testing the ground. “A dried up ocean is completely unsuitable for yachts.”

Mr. Unknown didn’t want to contradict me. Not as far as sailing was concerned. But, maybe in different areas, there might be ways out of that type of desert.

“What would be needed then?” I asked carefully. Mr. Unknown set his wine glass down, wiped his mouth with his serviette and spoke quietly:

“Money is always useful.”

After giving it some thought, he named an amount. I paid for dinner, and we left the restaurant. We arranged to meet the next week. I walked to my car but didn’t get in. I wandered randomly around the old town.

It was drizzling. My umbrella was in the car. It didn’t matter. I left it, where it was. I felt light. I

jumped onto benches and pranced in the newly forming puddles. My shoes were wet, as were my socks so I took them off. Passers-by looked at me, like they had done back then, when I went around with my guitar and lived on the streets. Bare feet in town. That was absolutely unforgivable. Funnily enough, everyone looked at my feet first. Then at my expensive suit. Then they looked up at my face and recognized me as the colored one, the exotic one. And now, they didn't know what to think of me. I didn't care. I started singing:

"I'm singin' in the rain ..."

I was happy! I knew that the company would fork out the money. The office in Copenhagen was responsible for the whole of the northern region. The next day, I called the director in Copenhagen. I let him know that it would cost 100,000 crowns to get a speedy approval in Sweden. Back then, that was about \$20,000. I told him who the check was payable to and that it would be cashed in Copenhagen, Denmark, for tax purposes. Mr. Unknown didn't want his discretionary earnings to be cut by the taxman. The director could understand that. The transfer wasn't to go through our books, but would be processed by the office in Geneva. It would probably be booked as a "research grant".

My director in Copenhagen told me he would have to discuss it with his financial manager. The office in Copenhagen consulted *Lilly's* office in Geneva. In Geneva, lots of, or even most of *Eli Lilly's* transactions are bundled. It took one day. Then I received a call from my director in Copenhagen.

"John, do whatever you think is necessary. We won't put any obstacles in your way."

What Psychiatrists Think About

At least, I could tell Mr. Unknown at the next meeting, that everything had been arranged. That pleased him, and Mr. Unknown had thought up a little surprise for me. The arranged sum of \$20,000 had probably been a test to fathom out how much leeway, there was. Because he additionally demanded, that he and his colleagues receive a research assignment from *Lilly* for fluoxetine. This stuff that he had snootily shaken his head about, would earn him and his colleagues a lot of money, for years to come. A whole department could live off this one contract alone.

What was going on in this guy's head? Did he now seriously want to personally prescribe fluoxetine, the very ingredient that he had banished to the realms of nonsense just two weeks ago with his Swedish Psychiatrist laugh? He certainly wasn't thinking of his patients. He was probably thinking like we were. He was behaving like we were. He was taking, what he could get. The company didn't care, since they would have to give the contract to someone else or some clinic, anyway. Every western country stipulates that post-marketing studies are carried out on the approved drug in that country.

With Mr. Unknown, we could be sure that the results would turn out positively for us. And if not, he had already shown willingness to change his opinion for the correct sum of money. He was an incredibly valuable contact, indeed.

Mr. Unknown received the check for the first half of the money, immediately. The second half was to follow when the approval had been successful. One of my colleagues was responsible for organizing the study results and preparing them for registration approval. Now, these studies, protocol 27 in particular, which I will come back to later, didn't turn out to be

particularly positive. So we weren't able to gleam with the success of our substance. That stuff had revealed more side effects than any kind of benefit.

Hocus-pocus Science in the Hotel Room

Anyway, Mr. Unknown did everything he could to help us out of this dilemma. He requested that I send him my colleague to prepare the existent data in such a way, that the regulatory authority wouldn't need to ask any awkward questions.

We reserved a hotel room for the meeting. Neutral ground, so to speak. Together, we made sure that the assessment com-mission wouldn't stumble over unwelcome details. The enormous pile of files was newly arranged and shuffled like the cards in a game of poker. Statistics – playing with figures. Deaths disappeared in footnotes. You can imagine it like this, for example instead of:

“From ten people, who took the active ingredient xyz, five had hallucinations and tried to commit suicide, which four of the test subjects succeeded in doing,” it then says:

“With one of the test subjects everything went by plan, weight loss was recorded in four of the test subjects, and five of the other test subjects had miscellaneous effects.”

And already, that awful word suicide is no longer to be found. I don't know how they did it exactly, and I didn't really care. The only thing that interested me was that approval would evidently be given very quickly. Mr. Unknown utilized all of this knowledge and expertise for our purposes.

On top, he placed his own personal letter of recommendation. The state had paid for the independent and unbiased evaluation contained in that very paper. Where the state expected, that the well-

being of the patients had been the highest priority. Such papers are sometimes the only protection there is for people in their respective countries against the arbitrariness of the pharmaceutical industry and the side effects of new products. This was all trampled on – thanks to my initiative. And after that, everything went really quickly.

Price Negotiations for Prozac[®]

Shortly after that, I received a call from the health authority. They only make this call when the approval is conceivably coming to a positive end. I was told to get in touch with the authority responsible for pricing and start negotiations.

The prices for drugs are determined by the state and negotiated between the responsible authority and the respective pharmaceutical company. A pharmaceutical company even has to negotiate with the responsible authority concerning price increases for drugs that are already on the market and even have to specify how this price increase came about. This stipulation is binding for all pharmacies and all invoicing in clinics of the respective country. The dose, the amount is important in medical terms, as well as in monetary ones, since x mg of the substance costs y Euros.

This call was the sign, I had been waiting for: I had succeeded. I had hurried up the process.

Price negotiations aren't entirely clear. There are upper and lower limits. The prices of the competition's products or other older products, already on the market, play their part here, too. But it makes a difference, if you achieve a price at the top of the range or at the bottom. It is important to make the company costs for the development of the product seem plausible with the research grants and development funds. It is good, if you can get the marketing costs as

well as so-called opportunity costs in this, too³⁶. The Company, in fact, does not release this, since they are imaginary costs. It works like this: if the company had invested the money, which it had spent on marketing and research on product x, it would have earned z amount of money, over the many years since starting the laboratory tests. Instead, the bosses decided to invite doctors to Singapore – in the name of research and humanity – to advance the product. What could have been earned elsewhere is now brought into the costs for the new product. Interest or other types of profit, which could have been made are over-valued with a good deal of fantasy and don't correspond to rational investments, which could have really been made. The company doesn't do it that way. It just takes the imaginary profit, which it could have made and books it as expenses. "Could have been" and "would have been" – financial hocus-pocus.

After it had gone so well, I did everything to shine in the price negotiations, too. I didn't usually have anything to do with them. In the case of price increases, I sent my financial employee to the authority on her own, armed with the necessary arguments to push the new price through. But this time, it was worth too much. My career was also at stake. I knew which price, per dose, the management had in mind. I knew that my career was linked to the outcome of the negotiations in some special way. And then, it dawned on me that, at the end of the day, it was just another presentation. There are particular individuals, who meet up and talk about it. Sympathy and antipathy play an important role. Do they tip the scales, although they have absolutely no relevance for the actual decision? But this, the interpersonal level was the scope I wanted to make use of, it is my specialty.

So, I decided to attend to the price negotiations, personally. It was to be a triumph from beginning to end. If it had rained on that day in Stockholm, I would have taken off my socks and shoes and danced barefoot through the old town. Instead, I called the woman responsible for finances into my office.

“That will be an interesting meeting.” I said.

She didn’t trust the tone of my voice. After all, she was used to dealing with those kinds of negotiations on her own. But I had planned something special for that negotiation. I wasn’t just acting on a whim.

I said, “And afterwards, I’ll take you out to dinner.”

A few moments later, she stood in the doorway, ready to leave. She was always well organized.

“Do you have everything?” I asked. She held up her briefcase in reply. She had a dry sense of humor. But she could talk and this skill would be very important for the negotiations.

“Me too.” I said and grabbed my silk tie from the desk – Relicts from my doctor’s gift bazaar. She raised an eyebrow, sighed and proceeded.

The official, who was responsible for the task, was also well prepared. He had pored over our documents. The finance lady and I began to work on him. It spontaneously resulted in the role allocation, which I had been thinking of – like in a detective story, when the policeman takes on the role of the good guy and the other is the bad guy. My financial employee was tough. She demanded a completely exorbitant price, which was way above what we were actually trying to achieve. Facts and figures were reeled off, like a machine gun. However, I sided with the official and tried to cushion the fierceness of the shots. Nothing misled her. My respect for her grew

with every sentence. She articulated her words well, precise and sharp as an arrow. Sharp reasoning paired with absolute commitment to the company – impressive! I tried to convince her that we could maybe go down a bit. She fought tooth and toenail. I knew I could count on her. It was as if we had rehearsed this role play.

Finally, the official was convinced that even I had to suffer under her bossy regime. I think he felt sorry for me. The sympathy trick again. The price, which he suggested as being the absolute upper limit, was good. In fact it was very good. It was slightly above my personal target price. It was \$1.20 per dose/20 mg tablet. I was in seventh heaven. This price had now been officially confirmed and would be entered into the official documents. Even if our active ingredient didn't get approved in Sweden, which was unlikely but possible, the price had been decided.

Since we had really pushed the official into a corner, and I didn't want this to cloud the price negotiations for other products, I presented him with a silk tie on parting. He was hesitant to accept it. I deliberately misunderstood him and said politely:

“You don't have to take this one, if you don't like it – it's not a problem.”

And I passed him another one over the desk.

That was the only bribery in the price negotiations, which was also a statutory offence – regardless of the fact that our price had already been rubber-stamped. As a government official, this man wasn't allowed to accept anything from us, whatsoever, either before, during, nor after the negotiations.

In contrast to Mr. Unknown, who, as an independent consultant, wasn't a civil servant – at least not according to his legal status, at that time in

Sweden. Our official only hesitated briefly. Then he accepted both ties, letting them slide into the top drawer of his desk and closed it again. He probably just wanted to get rid of us, at last. And I hadn't meant any harm with this small gift. I was just pleased that everything had turned out so successfully.

My Price Sets Standards

My bosses were more than pleased. With this price, *Lilly* could go into negotiations in other countries and say, "Look, that's what we're getting in Sweden. And the Swedes know what they're talking about."

The price I'd negotiated for an incompletely tested, faulty product, which drove and still drives a lot of people crazy or to their death, was the basis for gaining approval, throughout the world. The connection between dose and price is still the basis for medical recommendations, around the world. You cannot take less than that dose; you always take at least that amount. Although, the director of the review board, who is recognized worldwide as an expert, had reported from her own clinical studies, that, with as little as a quarter of the dose, i.e. 5 mg, there had been difficulties and patients had tried to commit suicide.

Yet, it was this highly respectable figure, who then managed to prevent the approval of fluoxetine in Sweden. She simply refused to agree to approve a 20 mg dose, if a 5 mg dose wouldn't be offered at the same time, as well. *Eli Lilly* didn't like that. The price for 20 mg doses had been determined. A 5 mg dose would have meant a loss in turnover of 75 percent. *Lilly* was very sensitive to that. Since this loss in value would have had consequences for the countries, where they were still negotiating. For instance, *Lilly* could say in a short timeframe in negotiations in the other

countries: “You want to nail us down to one dollar? In Sweden, the price is \$1.20...”

Only the Price Counts

In the end, the active ingredient didn’t get approval in Sweden. Which probably shows clearly that, at no time whatsoever, was *Eli Lilly* interested in the well-being of their patients, but was only out for the profit?

And in that regard, it had been worth it. Fluoxetine became a large commercial success – especially in the United States and in Great Britain – like there had never been before in the history of the pharmaceutical industry, with its 20 mg dose and “my” price. Marketing made it a fashionable drug. Then there aren’t that many depressed people. Fluoxetine was marketed as a mood lifter. Fluoxetine supposedly conveyed a positive attitude toward life. And who wouldn’t like to have that?

A turnaround had been achieved with fluoxetine. Headache pills are a part of daily life for many – but only to curb the pain. But a pill that provides you with a good attitude toward life – you don’t even need to be ill or be in pain. You can always take it. You could always do with a positive outlook on life. Everyone. Even you? Couldn’t you?

The success of *Prozac*[®] catapulted the whole family of SSRIs to the top of the hit list of the best-selling active ingredients. In 2006, the active ingredient, fluoxetine was still at number 18 for the amount of packages sold, although the patent for it ran out in August 2001³⁷.

The fact that it was never about healing, never about the patient, is revealed quite bluntly if you follow the story of fluoxetine, which advanced to be a lifestyle drug under the name of *Prozac*[®] in the United States.

CHAPTER 8

What is “Depression”?

The sad thing about the whole thing is, that *Eli Lilly*’s original plan of distributing fluoxetine as a drug for weight reduction didn’t even need to flourish, because *Prozac*[®] had already developed to be a blockbuster as an antidepressant³⁸.

Maybe you’ve already noticed, new illnesses appear in the media, that nobody has ever heard of before and that nobody you know has ever had. Then, brand new drugs quickly appear, helping to relieve the symptoms of these very illnesses, which nobody had ever had before. But when you start to think about it, haven’t you already had similar symptoms?

That’s the way to create demand and open up new markets. That’s how it worked with depression.

Do you know why more people are depressed today, than they ever were before? No, not because of environmental pollution or mobile phone bills, they can’t pay for, or because town centers are being bought up by large chain stores. It isn’t an evolutionary procedure, either, and it’s probably not one of those unexplained acts of God. But, if all those things haven’t caused it, is it then true at all, that more people are depressed now, than there used to be? That question is better. And the next is even better, still: What do we understand by the term “depression”?

If you want to know, if more people break their legs falling off ladders, than they used to, you can check the statistics and find out. There are and were

ladders and there are and were people, who fall off them. The situation is clear. With psychic or social phenomena, it isn't. Then, what is termed as depression is a question of interpretation. It's not as obvious as a broken leg, for example; you can't just diagnose it and define it at your own discretion.

Softening Diagnostic Boundaries

There is a manual of depression, the DSM (Diagnostic and Statistical Manual of Mental Disorders). This isn't the result of research but the consensus of a group of psychiatrists, who considered what, should be included in the catalog. Just the people in this group are interesting. "56 percent of the authors (who contributed to the diagnostic criteria of the DSM IV, the latest version, note from the author) had or still have financial connections to pharmaceutical companies. One hundred percent of the members of the committee for 'mood disorders' and 'schizophrenia and other psychotic disorders' had contact with pharmaceutical companies. The leading categories [...] were research grants (42%), consultation (22%) and the spokesman's office (16%)."³⁹

This employment profile sounds familiar, doesn't it?

What is also interesting is how the content of the catalog has changed. In the 1950s, there were one hundred different manifestations of depression. This number has increased three fold since then. And that is the actual trick. You increase the profile, making it less clear, smooth out the boundaries between what is classed as healthy and what is classed as ill. You just make the whole catalog thicker. Add all possible states to the phenomenon of depression and you get an ever increasing number of people, who fit into this category.

“Even amongst experts, the definition of depression isn’t clear. Attempts are being made to expel this vagueness by adding further definitions, but that doesn’t necessarily lead to clarity. The international standard is the *Diagnostic and Statistical Manual* (DSM) of the American Psychiatric Association. The first issue of the DSM in 1952 had defined a good 100 distinguishable manifestations of depression. In the fifth edition (DSM-IV, 1994), the number of definitions had increased three fold (Underlined by author).⁴⁰”

If you asked the people you knew, “Do you sometimes feel one way and then another?” – Most will probably reply “yes”. Moods swings are completely normal. If you treat mere mood swings as a sign of depression, the number of people with depression increases to include 90 percent of the population.

You think my example is too crude, too simple? Then read the following examples. They are part of the aforementioned catalog of questions, which a physician uses to assess whether someone is depressed. And whether they can prescribe them SSRI antidepressants, such as the active substance, fluoxetine.

“In some cases, their unhappiness is denied at first, but then it is wormed out of the patient, when speaking to him (e.g., by referring to the fact that the patient may look as if they’re close to tears)⁴¹.”

It is indeed so. Happy people are particularly suspicious, but with the appropriate technique, you can elicit this sadness.

“Some individuals stress their physical complaints rather than talking about their feelings of sadness. Individuals may report that they are less interested in their hobbies. Usually, they have a loss of appetite, [... but] other individuals may have a better appetite than

usual, [... and] it can lead to an obvious weight loss or to weight gain⁴².”

Yes, and some individuals might talk about soccer results, about the weather or about how their garden is growing – but these are just red herrings. Emotional masquerades. Unconsciously and instinctively steered deception strategies. Blatant statements, that point to depression. A conversation about trees. The smart doctor doesn't let himself be fooled – he prescribes the pills. Then, there's nothing that wouldn't be an indication for their use.

And should you ever really find someone, whose mood doesn't alter, who is always in a good mood and happy – that is even worse; then, according to the latest research, that is a real sign of a potential problem. It's that easy to increase the market.

“The unclear and extended definitions are in the immediate interest of the pharmaceutical industry, because at the moment, depression is mainly treated with drugs, to be more exact with antidepressants⁴³.”

Internal Lilly Memo

I have an internal memo from the company, *Eli Lilly*, from November 25, 1984. Written by an employee at the German office in Bad Homburg (Mr. Keitz), addressed to Sidney Taurel and other members of the company's top management.

“Yesterday, we received a private comment concerning our application.”

Eli Lilly's first attempt to get approval for fluoxetine in Germany had failed miserably. Keitz reported about the German authority's results. They weren't pleasing. According to this report, the German health authority had come to the conclusion that *Lilly* could neither prove what the active ingredient could actually do, nor could they show, which clinical picture

Lilly actually had for depression. But it definitely didn't correspond to the criteria of the World Health Organization or to that of Germany. The image of depression, that *Lilly* had, was completely unacceptable.

Delimitation

Patient organizations were involved or even founded, in order to remove the boundaries of these clinical pictures. For those searching for help, these appeared to be independent, as people with the same problems appear to get involved for a common good. But if you look more closely, the following is revealed:

“Between 1992 and 1997, there was a campaign in Great Britain, called the ‘Defeat Depression Campaign’, which was organized by the Royal College of Psychiatrists and the Royal College of General Practitioners. The campaign was co-financed by the pharmaceutical industry. General practitioners were asked to treat 70 percent more patients for depression and to use the drugs more aggressively. An obvious focal point was set on SSRI antidepressants. It’s hardly a surprise, that all of the significant manufacturers of SSRIs supported the campaign. This campaign is still run by the *Depression Alliance*, a patient organization, sponsored by the industry⁴⁴.”

That would all be tolerable, if this widespread drug was just a harmless pill, which only brought about a positive feeling for the patient. But this isn't the case.

The following list is taken from the package insert of *Prozac*[®], the American “lifestyle drug,” which is distributed in Germany under the name of *Fluctin*[®]. The active ingredient of both: fluoxetine, precisely the same active ingredient, which hadn't been given approval by the experts in Sweden. These are the side effects that have emerged so far, although I do not

know if the list is completely up to date, since new abnormalities are continually found in patients, who are prescribed fluoxetine. These side effects only find their way onto the package insert, when the manufacturing company is forced by a legal action or the publicized results of some resourceful, independent researcher. That is to say, it happens seldom and only as a final consequence.

Abdominal pain, dry mouth, loss of appetite, diarrhea, acute or chronic constipation, nausea, flatulence, taste changes, difficulty swallowing, central nervous system complaints: headaches, insomnia, nervousness, fatigue, anxiety, restlessness, drowsiness, vertigo; sexual dysfunctions, such as impotence, loss of libido, priapism (painful permanent erection of the penis, which persists for more than two hours); paresthesia such as tingling in the fingers or painful burning feelings.

Are you still there? There's more to go.

Nightmares, disrupted thoughts and confusion, excessive bleeding and excessive highs, excessive sweating, blurred vision, itchiness, heart palpitations, chest pain, chest swelling, hot flushes, and rheumatic pain.

Weight loss

Declaring this final side effect as an "effect" was the original plan. But since it had been given approval for depression, this effect was put into the category "side effect".

Anaphylaxis, such as mild skin reactions to organ dysfunction, but also circulatory shock with organ failure as well as fatal cardiovascular failure, bronchial spasm, dropsy, hives, itchiness, blistering, fever, leukocytosis, joint pain, dyspnea and yawning, concentration deficit, anuria, hypomania, mania, inflammation of arteries, capillaries and veins due to

auto immunological processes, pulmonary fibrosis and dyspnea.

And there's even more

Liver disorders, such as jaundice or hepatitis, occurrence or aggravation of extra pyramidal motor symptoms (Parkinson's disease), seizures, high blood pressure or low blood pressure, e.g. small-scale ecchymosis, gastrointestinal bleeding, nose bleeds or extreme anemia, as well as pancytopenia, neuroleptic syndrome, strokes, pancreatitis, cardiac arrhythmia, hair loss, hyperprolactinaemia, vaginal bleeding.

Caution, the finale:

Aggressive behavior, abnormal thoughts, suicidal thoughts and suicide. Wow. The end is particularly impressive, don't you think? *Suicidal thoughts and suicide* for a drug that is supposed to stop depression?

In 1986, there were an enormous amount of suicides in clinical trials: 12.5 patients out of 1,000 who were taking *Prozac*[®] committed suicide. Compared to only 3.8 patients who were taking the non-SSRI antidepressants and 2.5 patients who were taking a placebo⁴⁵. Another later trial for *Prozac*[®] in 1995 resulted in a suicide rate that was six times higher⁴⁶. And the company knew about it. You'd think that such a substance would be kept out of the public domain. But the interesting question that remains for an ambitious salesman is: How can you market something like this?

Now, you could say, it was all written on the package insert. Anybody who reads it carefully can decide for themselves, whether they want to take it or not. Well, it's not quite true. Then, not everything is included in the package insert that should be there. The pharmaceutical industry does everything it can to cover up the truth⁴⁷. The fact that suicide is to be found in the package insert is thanks to the persistence of the

German health authority. It didn't appear on the American package insert, for years. Although *Lilly* knew about it.

Furthermore: not only the information on the package inserts but also all of the information about such unpleasant side effects should – if *Lilly* had their way – be erased. A word as horrible as suicide shouldn't appear, anywhere.

A memo from 1990, sent from the German *Lilly* office to the headquarters in Indianapolis, suggests that *Lilly* was obsessed with deleting this unattractive word from its data⁴⁸. Claude Bouchy and Hans Weber, two employees of *Lilly* in Germany, were extremely worried when they heard from their bosses that they should declare suicide attempts from patients which had been reported by their doctors as an overdose – although it is impossible to kill yourself with an overdose. Suicidal tendencies were to be recorded as “depression”⁴⁹. And then the problem of “suicide” is no longer to be found. You just switch the category and choose another name. Finished!

In the memo from Claude Bouchy it says:

“Hans has difficulties, from a medical standpoint, with these orders, and I am very worried about it [...] I think, I would never be able to explain to the health authority, a judge, a journalist or even to my own family, why we should be doing this, especially when it concerns such sensitive topics as suicidal tendencies and suicide⁵⁰.”

Above all: who reads the package insert, if the doctor, whom he trusts, has assured him that this drug will help? Or maybe even that only this drug will help?

The real scandal is the fact that the company, *Eli Lilly*, knew of all these side effects, before they even applied for approval of the drug. This is precisely the

crass discrepancy that caused those Swedish experts to burst out in laughter. So, the data in the Swedish documents, submitted for approval was really in a bad state. Part of this data, which my colleague and Mr. Unknown had prepared in the aforementioned hotel room, so that they looked good for the review board in Sweden, were included in protocol 27.

CHAPTER 9

Protocol 27

I was able to give you an account of irregularities in the approval procedure for fluoxetine in Sweden, because of my own personal experience with it. At that time, I had distanced myself by miles from my original interest in medicine and the medical concerns of the pharmaceutical industry. I was busy with the coordination of the whole apparatus. Flaws in clinical studies, discussions with experts – those things only interested me as details in the whole plan of “approval – turnover”. It was impossible for the plan to fail. Studies carried out negligently were just a stumbling block that had to be removed. In the shortest possible way. What really happened in the studies didn’t interest me in the slightest. I was only interested in how to organize them presentably. In retrospect, it all looks different. Now, after all the deaths connected to fluoxetine and after many law suits against *Eli Lilly*, more and more details about the clinical trials prior to approval have slowly come to light and only with acrimonious resistance from the company. Although I had sent my assistant to Gothenburg myself to meet the good Mr. Unknown, so that both of them could manipulate our data, I never actually looked at their results. Protocol 27 was part of the documents, which my colleague and Mr. Unknown had prepared in the hotel room, so that they would look good for the review board in Sweden.

Protocols are specified procedures for clinical studies. They determine who will be given which drug at what dose, what their condition is at the beginning, how the individual parameters of their condition change after beginning treatment, etc. Well, protocol 27, which was drawn up for the approval of *Prozac*[®] is infamous. In short, the American regulatory authority, the FDA, came to the decision, as a result of protocol 27, that *Prozac*[®] had a positive effect as an antidepressant – even though protocol 27, itself, was a prime example of the deception tactics and falsification policy of the pharmaceutical industry. These absurdities are what make this account so fascinating.

Terminating Protocols

If such a protocol is continued to the very end, the data from the clinical trials have to be made public. If they are discontinued, they don't. Very interesting to know, don't you think?

Failure Doesn't Count

And that's good. Then it doesn't matter to the FDA, for example, how many failed attempts there are to prove the efficacy and the safety of a drug, but only if there is an indication of a possible desired effect⁵¹.

Deaths that occur in the course of a clinical study are classified as trade secrets by the companies themselves – and for this reason don't have to be revealed to the authorities. The whole procedure serves to immunize the pharmaceutical industry and not the interests of the patient.

Protocol 27 was also disputed in Sweden. And if you remember, *Prozac*[®] didn't get approval in Sweden. Not like in almost all the other countries in the world. Including the United States, England and Germany. But don't let me leave it with general statements, I'll

go into a bit more detail so you can get an idea of it for yourself⁵².

A Dwindling Number

How many patients had taken *Prozac*[®] prior to its approval? To put it another way: what experience had been gained, before the approval of *Prozac*[®]? One hypothesizes in secret, that there were patient experiences with the drug, which stretch over years and that the amount of patients is fairly large before a new drug can get approval. On August 31, 1990, *Eli Lilly* wrote one of its “Dear Doctor” letters to American doctors, due to the fear that *Prozac*[®] could increase suicidal tendencies in patients. In this letter it read:

“More than 11,000 individuals took part in clinical studies for *Prozac*[®], in which more than 6,000 were treated with *Prozac*^{®53}.”

From this cleverly formulated information, it is mainly the number 11,000 that lingers. However, it wasn’t 11,000 patients that took *Prozac*[®] – it was only 6,000. By skimming through the text, this magnificent number remains – it is even found in scientific publications about *Prozac*^{®54}.

But 6,000 – that’s enough guinea pigs, isn’t it? Well, if you look closer you’ll find that they weren’t humans. According to the analysis, the amount was 5,600. However, from this amount, not all of them took part in the clinical studies under scientific conditions. And elsewhere, it states that there were only 4,000 – with the constriction that many of these trials were not double-blind, comparative trials⁵⁵. And only double-blind, comparative trials count. As previously mentioned, double-blind means that neither the doctor nor the patient know, whether the pill given is a placebo or the active ingredient. Whereas here, it must be stated that in the case of *Prozac*[®], when it was

tested and compared to a placebo or an older antidepressant, the doctor could immediately recognize from the side effects alone, which drug was in use: the older antidepressant made the patients extremely sluggish and lethargic, but with *Prozac*[®], they were hyper. Apart from such subtleties, 4,000 participants in the trial – that’s quite a number. Well, not exactly – then only 1,730 patients took part in double-blind, comparative trials. However, the FDA couldn’t consider most of these test series – due to various technical mishaps and scientific squalidness. Among those patients, who had been given *Prozac*[®] – some had been given other drugs, at the same time. Or they had been given *Prozac*[®] one day, but had to leave the trial, due to serious side effects, meaning that they weren’t able to endure the trial, which went on over several weeks⁵⁶.

Only the Strongest Survive the Clinical Trials

Many patient groups were excluded from the tests, before the clinical trials took place. Children and older people, for example. But if the product gets approved, it can be used on these groups, too⁵⁷.

Patients with serious suicidal tendencies were also excluded from the studies, as were patients in psychiatric wards. In the double-blind comparative trials, patients were excluded, who had reacted too well to the placebo – and the test series was then started again – without these patients⁵⁸. This was necessary to ensure they weren’t left with a load of patients, who had been cured with sugar pills instead of the patented active ingredient. Because, if a new active ingredient isn’t better or is even worse than a placebo, then it doesn’t get approved.

From 11,000 to 286

If you add up what remains from all these test series, it is a mere 286 patients, who took part in four, five or six-week studies. Those are 286 people compared to a turnover of \$500 million. *Prozac*[®] is prescribed and taken a million fold across the world. Based on the trial data of 286 patients, who tested it, before it was put on the market. The other millions are, as it were, their involuntary guinea pigs. They don't know that they are taking part in a gigantic, unofficial field study. Two hundred eighty-six aren't even enough for an insignificant survey to be classed as representative. Irrespective of the fact, that the ever increasing reports of the most serious side effects don't interest *Eli Lilly*. As long as the law suits aren't too expensive, the drug will remain on the market, as is. Everything else would cut profit.

Length of Treatment

One further striking point in protocol 27 is the length of treatment. Eighty-six percent of those who tested *Prozac*[®] in the clinical studies took it for less than three months.

Only 63 patients had taken *Prozac*[®] for more than two years, before the drug was approved. Only half of the patients, who had been confronted with *Prozac*[®], managed the required minimum time of six weeks. The others had to discontinue – due to adverse effects and ineffectiveness regarding the advised effect.

Long-Term Effect

Long-term effects could hardly be determined with the protocols as they were drawn up. The length of time, during which *Prozac*[®] was taken, was limited to a few months, and half of the patients didn't even manage that.

Newborn Babies on Withdrawal

Today, where millions of people take the active ingredient, fluoxetine as *Prozac*[®] or *Fluctin*[®], things are completely different. Over the years, the package insert with its harmful to fatal side effects has become longer and longer.

For instance, it emerged that SSRI active ingredients, to which fluoxetine also belongs, have enormous consequences for a child in the womb. Antenatal contact with antidepressants, such as *Prozac*[®] or *Fluctin*[®], increases the risk that the newborn baby will have withdrawal symptoms and breathing abnormalities.

“The use of selective serotonin reuptake inhibitors (SSRI) during pregnancy increased the risk of a persistent pulmonary hypertension in newborn babies (PPHN) by as much as 600 percent, according to a study, carried out by the *University of California*, [...] As a result of the gravity of the illness, between 10 and 20 percent of these newly born babies don’t survive, despite medical treatment. The study of the *Schneider Children’s Medical Center of Israel* proved almost one third of children, whose mothers had taken SSRIs, exhibited withdrawal symptoms shortly after birth, such as high-pitched crying, tremors, gastrointestinal problems and sleep disorders. Thirteen percent of the 60 newborn babies, who had come into contact with antidepressants, displayed serious withdrawal symptoms⁵⁹.”

Despite all that:

“Many health professionals act on the assumption that pregnant women with depression should be treated. They approve the use of selective serotonin reuptake inhibitors⁶⁰.”

Useless Sledgehammers

Do these great drugs actually have any use at all, when taking into consideration all their awful side effects? The view of independent scientists (that is to say, independent of pharmaceutical industry) is quite simply: No!

There isn't one single proven case of someone who was cured of their serious depression in a trial – since this was never investigated.

The evaluation of terminated and failed tests followed a pattern similar to that of the catalog for detecting depression, which you have already read about. Questionnaires with ranking scales were implemented. These questionnaires were filled out by the doctors.

The patients had to assess themselves, and that led to the result that the patients put themselves into two categories. Those who felt exactly the same after taking a placebo as they did after taking *Prozac*[®]. The other group showed a slight ad-vantage for the placebo over *Prozac*[®].

Uselessness - Well Known since 1984

The fact that almost no one felt better and also, as had actually been promised, the illness, depression, was not being treated – *Eli Lilly* already knew all of that in 1984⁶¹. Likewise, it was also well known, that the side effects were severe, and, in some studies, they occurred in 90 percent of the test subjects. The German authorities also noticed that the side effects were similar to the illness being treated in 15–20 percent of cases – that is to say, that fluoxetine caused depression. And all that against the background, that patients, who were at risk of suicide, had been excluded from the tests. That's why the high risk of suicide, found in the test subjects, could be attributed to the drug itself. *Lilly*

knew that. And this knowledge didn't change anything in their strategy to keep pushing fluoxetine as a drug against depression.

A Positive Effect Isn't Required

In the summary of the "basis for approval" (for the approval of *Prozac*[®]; note of the author) from October 3, 1988, the FDA stated that fourteen protocols of controlled studies had been submitted by *Lilly*. Four compared *Prozac*[®] to a placebo; the FDA used this as proof of a positive effect. One showed absolutely no effect. From the remaining ten studies, eight of them didn't show positive effects. All in all, there were more negative effects than positive ones, but that was irrelevant for the approval."⁶²

Antidepressants Cause Depression

It has also been proven⁶³ that antidepressants don't lower the risk of suicide. On the contrary, they increase it. If they have any effect, at all, then it's the opposite of what the pharmaceutical companies promise⁶⁴. So how does that fit into the policy, which the pharmaceutical industry cites on its websites and in advertisements?

"It (i.e. the supposed highest ethical standards, which they set themselves and preserve; note of the author) means being honest, when we [...] can't help you."

CHAPTER 10

The Big Serotonin Scam

Prozac[®] was the first blockbuster, and it put SSRI preparations onto the medical map. Vast quantities of these, and similar preparations with various constituents, are produced, promoted and swallowed. In this chapter, I would like to emphasize once again just how unbelievable it all is – considering the bogus speculations, upon which these medicines are founded.

J. R. Lacasse and J. Leo, two American authors, studied the serotonin theory. They scoured scientific literature, that is to say, the reports of research results. Here are the results of their analysis of current knowledge:

- Neuroscientific research found no connection between the serotonin level and psychic disorders.
- On the contrary, it provided counter-evidence to the supposed explanation of a simple lack of neurotransmitters.
- There is not even a scientifically proven ideal “chemical balance” of serotonin, let alone a pathological imbalance.

“We cannot even measure the level of serotonin in a living person’s brain; consequently, there is absolutely no means of testing this theory.” According

to the Stanford psychiatrist David Burns, “Some neuroscientists would even doubt, whether the theory itself is at all usable, because the brain does not function in this way, like a hydraulic system, as the theory claims.”

“We searched for major, simple neurochemical explanations for psychiatric problems and we did not find them,” said the psychiatrist Kenneth Kendler in 2005.

Since there is no direct connection between a lack of serotonin and psychiatric effects, it is now conversely argued: Since SSRIs sometimes have positive effects on psychiatric patients; the cause of the illness must then be serotonin. That would be the same as claiming that headaches could be caused by a lack of Aspirin. Or that wet streets would make it rain, as it is true, that rain makes streets wet.

Is it then at least true that SSRIs have an effect even if one still does not know why they work? The answer is no.

From all the documents about clinical trials, published and unpublished, which the pharmaceutical industry submitted to the FDA, it emerged that SSRIs were no more effective than a placebo.

Recent trials have shown that St John’s wort is more effective than SSRI medicines. Sport is also more effective.

These are all SSRI agents: catalpa, escitalopram, fluoxetine, paroxetine, and sertraline.

The president of *Eli Lilly & Company*, Sidney Taurel, feels that he is so inviolable that he even bluntly says, without lying, that medicines have absolutely no effect on 50 percent of the users. Without even blushing. Not in a clandestine conversation, no, he said it on a large stage in Florida.

“In fact, the average across all drugs is about 50 percent efficacy. And for the 50 percent of the patients who essentially get little or no benefit, whatever they spend is wasted money.”

In view of this overt cynicism, appears downright naive to ask the question – why are these medicines then sold to the other 50 percent at all? –.

To sum this up: SSRIs such as *Prozac*[®], *Fluctin*[®] etc. are useless, expensive and, in addition to that, extremely dangerous. Lives are lost. For the patient, it is a game of Russian roulette; for the healthcare service, it is money frittered away, that is much needed elsewhere. Only the pharmaceutical industry profits from them: a turnover of billions. Every year.

CHAPTER 11

Prozac[®] on Trial

Fluoxetine is still on the market today as *Fluctin[®]* in Germany, *Fluctine[®]* in Switzerland and Austria and *Prozac[®]* in the United States and Great Britain. And it is still prescribed by the millions (since being launched, it has been prescribed over 54 million times)⁶⁸, although there are now vast indications of some serious side effects caused by the drug.

One spectacular case of side effects from this drug occurred in September 1989. Joseph Wesbecker, who worked in a printing plant in Indianapolis, drove to work one day and shot dead eight of his colleagues, wounded twelve more and then shot himself dead. Joseph Wesbecker had been taking *Prozac[®]* for a month⁶⁹.

Survivors and relatives of those killed took *Lilly* to court in 1994. They argued that Wesbecker had committed the offence under the influence of *Prozac[®]*. The case was named after one of the victims and became popularly known as the “Fentress case”. It was the first of 160 law suits against *Lilly*, concerning the wonder drug, *Prozac[®]*, which, by then, made up almost one third of their sales, namely \$1.7 billion.

Lilly calculated like this: if they lost this first case, it would confirm the other plaintiffs in their rights, create precedence, and kick off a gigantic flood of suits. If *Lilly* won the case, it would discourage all of the other plaintiffs.

While hearing the evidence, the plaintiffs' lawyers kept on pressing to be allowed to admit evidence from the *Oraflex* court rulings. The American Justice Department had associated benoxaprofen with one hundred deaths and concluded from this, that *Lilly* had misled the American health authority. *Eli Lilly & Company* was found guilty in 25 cases of falsely labeling the side effects. The lawyers in the Fentress case claimed, that *Lilly* had concealed negative study results in the same way with *Prozac*[®]. They wanted to make the jury aware of *Eli Lilly's* sad tradition of selfish indifference towards those, who had been injured by their products. At first, the presiding judge Potter did not allow any reference to be made to *Oraflex* during the trial. He thought that it would influence the jury in a negative way, but would not prove anything.

However, a little later in the trial, *Eli Lilly's* defense lawyers called witnesses, who praised *Lilly's* grandiose system for recording and analyzing side effects. The judge said that such a statement must be able to hold up against opposing evidence. Consequently, he allowed the evidence from the *Oraflex* disaster to be admitted in this case. That was just what the plaintiffs' lawyers had requested. Potter's order obviously came out of the blue, because, curiously enough, the lawyers of both parties asked for an adjournment.

Observers of the case reckoned there would be an out-of-court settlement between the parties. The next day it was Judge Potter who was gaping. The plaintiffs' lawyer declared that he would hold back the *Oraflex* evidence and would only use it, when it was time to negotiate the amount of damages to be paid. Under the American legal system, the amount of damages is decided, when it is certain, who the winner

of the lawsuit will be. If *Lilly* should win, the *Oraflex* evidence, which was viewed by the judge to be the most convincing evidence and to which the plaintiffs' lawyers attached great importance, would never be revealed. So the judge asked if an out-of-court settlement had been reached. The unanimous reply from all the lawyers involved was "no".

When the jury adjourned for further deliberation, one member of the jury informed the judge that she had heard *Lilly's* defense lawyers and the plaintiffs' lawyers talking about a settlement in the corridor. When asked for a second time, the lawyers of both parties once again confirmed that they had not reached an out-of-court settlement.

Three days later the jury decided in favor of *Lilly*. In their opinion, *Prozac*® was not to blame for the act of violence.

"Medicine has been rehabilitated," was cheered by one of *Lilly's* lawyers. Shortly afterwards, the price of *Prozac*® increased noticeably in the United States.

Judge Potter couldn't let the case go. Why had the plaintiffs' lawyers made such an effort to get the *Oraflex* evidence admitted, then not to present it, when the opportunity arose? As he still had the suspicion that both parties had reached an out-of-court settlement, he changed the ruling from "dismissal after verdict" to "dismissed as settled". The lawyers of both parties refused to accept that. Judge Potter's decision now had to be tried.

The case was taken to the Kentucky Supreme Court, but shortly before it was heard, *Lilly's* defense lawyers, along with those of the plaintiffs, admitted that they had indeed reached an out-of-court settlement. Specifically, that is, that the plaintiffs' lawyers would not present the evidence, with which

they would probably have won the case, so that *Lilly* could officially emerge victorious.

However, there were still no details about this out-of-court settlement, so the judge assigned a public prosecutor to continue with the inquiries. In 1997 her report included the following: There was a secret settlement between the lawyers of *Lilly* and those of the plaintiffs – one which was so secret that there were only notes of the verbal agreement but no further documents. *Lilly* had promised to settle all *Prozac*® plaintiffs claims out of court, regardless of whether they had won their case or lost it, as well as those who had nothing to do with the current case at all and just happened to be represented by the same lawyer. In return, *Lilly* demanded that the *Oraflex* evidence would not be used in the Fentress case. It was never revealed, just how much *Lilly* had paid them. According to one lawyer, who had represented one of the Fentress plaintiffs during his divorce, it had been an enormous amount.

What does this case show us? If you ask me, it reveals that, as far as the active ingredient benoxaprofen is concerned, *Lilly* seems to have so many skeletons in the closet that it even defies the judicial system and pays vast sums of money just so that these never find their way out. They even lie under oath to achieve their sales targets.

CHAPTER 12

25,000 – My Nightmare Number

The psychiatrist, David Healy, is not completely opposed to *Prozac*[®]. He has experience with court cases that tried to prove that *Prozac*[®] can be linked to cases of homicide and suicide. He was not altogether convinced of these alleged connections. Then one day, he got a new enquiry from the Forsyth family. Healy decided to loon into it.

Forsyth Senior was a high-flyer; he had sold cars in California, the land of freeways, for almost 40 years. His business was situated right next to LAX, the Los Angeles airport. When the airport expanded, he was paid a lot of money for his property.

So he retired. He had enough money to enjoy his life and to do things he had never had time for. After years in California, he and his wife moved to Hawaii. They had built a luxurious house on the island of Maui. His son, Bill, already lived there. But things weren't going, too well. For one, it wasn't easy for Forsyth senior, who had always worked hard, to see his son liv-ing a rather lazy life. Also, he and his wife were having difficulties, adapting to life together with nothing to do all day after 37 years of marriage that had been filled with work. They were starting to annoy each other. He sometimes flew to LA to get a bit of the city buzz. Eventually, they decided to go to marriage counseling and started rearranging their relationship.

In September 1992, however, Forsyth started suffering from panic attacks. His physician prescribed

him something. It didn't really suit Forsyth senior, who had often been stressed in his active working days and during one period had had some problems with alcohol. He had sworn to himself never to drink a drop of alcohol again and, therefore, felt a little apprehensive about taking a drug, that would change his consciousness. But he also was a man, who did what his physician told him to do. It didn't help.

"Let's try something else," the physician told him. *Prozac*[®]. Forsyth took the pills in good faith. The day after, he experienced the *Prozac*[®] wonder. He felt great. The clouds had passed over. For the first time, he could enjoy the blue skies over Hawaii. He called his physician to tell him he felt 200 percent better.

The next day, however, the physician received another phone call. It was Forsyth's son. His father seemed to have changed terribly. He, who had hardly ever been in a hospital in his entire life, was now asking to be admitted into a psychiatric clinic. He spent one week in the Castle Medical Centre on Oahu, a neighboring island. The physicians continued to feed him *Prozac*[®].

On March 3 1993, after eleven days on *Prozac*[®], Mr. Forsyth senior discharged himself out of the clinic to go back home. Forsyth and his wife had planned to go whale watching with their son for the next few days. When they didn't turn up, Bill went to his parents' house. He found a bloodbath.

During the night or in the early hours of the morning, his father had killed his mother, stabbing her body fifteen times, after that he had attached a serrated kitchen knife to a stool and impaled himself on it.

This is only one of many stories, but typical for the problems caused by fluoxetine, as well as apparently with other new antidepressants, if you remember the 19-year-old student, I mentioned in the

preface. The distinctive feature here is that perfectly normal and healthy people are driven into suicidal insanity. This is the fact, I can't elude myself of. It is the cause of my nightmares. I can't help but to imagine the mind changes that must lead to such terrible acts.

How can someone's perspective of life change so dramatically in such a short space of time, that they dissociate themselves from anything else they ever knew? How is it possible that entire human ties and simplest feelings get twisted in such a way?

And why, of all things, would someone want to earn money with this? I'm not against making money. But at this price?

When David Healy was looking into the Forsyth case, things became clear for the first time. Forsyth didn't have any medical history as a psychiatric patient. He had never had any suicidal tendencies. What happened to him and his wife during that last night of his life was completely out of character for him. Nobody could have foreseen it and no one understood it. Healy became more and more convinced that *Prozac*[®] had led Forsyth to delusional murder and suicide.

Drugs for psychoses can trigger akathisia, which leads to homicidal and suicidal desires. Such drugs may sometimes cause suicidal thoughts, but at the same time they eliminate any will of execution. But never – before *Prozac*[®] -was this akathisia linked to antidepressants. Physicians just didn't expect this from *Prozac*[®]. *Lilly* had never issued a warning, even though they knew from clinical tests, that some of their pa-tients had developed signs of akathisia.

Lilly's own internal documents show, that this phenomenon was first discovered in 1978. On August 2 it says:

“There was quite an amount of adverse reactions... Another patient developed a psychosis ... akathisia and restlessness occurred in some other patients ...”

Already ten days earlier it states:

“Some patients went from severe depression to vigorous restlessness within a few days ... with one patient we had to discontinue the drug.”

From this point onwards, all subjects involved in fluoxetine trials also received tranquilizers to overcome the physical agitation. But when fluoxetine became available on the market, there were no such warnings or indications to proceed in this way. It did not appear on the package insert. And, if there had been any indication of such precautionary measures, who would have ever bought this stuff?

This makes you aware of how specific a medical situation must be, to use fluoxetine sensibly – under extremely controlled conditions. With the supplement of other drugs. Although you have to be very careful, since it can cause intolerances, and it may increase the side effects. One thing that had been absolutely insufficiently tested, as the next chapter will show.

The use of such a drug should be left to highly specialized experts, using extreme precautionary measures. And this kind of situation can be found only rarely.

This does not produce substantial turnover. Completely uninteresting. Instead of that, fluoxetine is as freely and copiously prescribed by physicians as headache pills.

David Healy, who had insight into published data, as well as to *Lilly's* internal documents, says it would be a realistic estimate to assume that a quarter of a

million people, worldwide, have tried to commit suicide as a result of taking *Prozac*®. Some 25,000 succeeded.

This estimate is from 1999. And it doesn't let me sleep very well.

Later, *Lilly* consequently excluded all patients that developed akathisia from the clinical trials, which allowed fluoxetine to be approved. How convenient. As a result, these side effects became remarkably rare. Only the German Federal Health Office had doubts about the safety of fluoxetine. So is everything okay in Germany?

CHAPTER 13

Prozac[®] in Germany (Fluctin[®]) The Same Pattern as in Sweden?

Is the situation the same in Germany, as it was in Sweden? The same here, as elsewhere? I'll put it like this: The story, as it evolves worldwide, is probably representative for the procedures between the pharmaceutical industry and the authorities in all western countries. Germans don't like to hear that.

"In Germany, everything is so awfully exact and precisely regulated. That sort of thing can't happen here ..." We shall see.

The German Federal Health Office (BGA) Rejects Fluoxetine

I have copies of an internal memo from *Eli Lilly* from 1984, as well as correspondence between *Eli Lilly* and the German Federal Health Office starting in 1988.

In a fax from 1984, a German employee of *Lilly* provides the top bosses in London and in Indianapolis with a summary of the refusal from the German Federal Health Office:

"The clinical symptoms of depressive disorder used by *Lilly* were invalid because it did not correspond to any scientific standard. Furthermore, fluoxetine was completely unsuitable for the treatment of depression, if you looked at the benefits and risks of the active ingredient. The German Federal Health Office found almost no use, whatsoever. Instead they found more and more frequent side effects, some of

which were particularly serious: among others, that patients without depression obviously became depressive after taking the drug.”

Eli Lilly Involves the German Authorities

As if that isn't obvious. It sounds a hell of a lot like what the Swedes had said. But I'll carry on. The correspondence from 1988 included:

1. *Lilly's* official request to the German authority.
2. The first rejection for approval by the authority.
3. The granting of approval about a year after the refusal. How did this change of heart come about? The pattern appears to be the same as in Sweden. But in that sequence.

The German Federal Health Office gives four reasons for its rejection of the application for the approval of *Prozac*[®] (fluoxetine), probably on 26 January 1988, (probably because the date on the letter has been added by hand or the typography was traced accordingly). Amongst them are these two:

- The proof of efficacy was not brought forward.
- The safety of the drug isn't proven.

The fourth point, by the way, is that only ten percent of the degradation products (metabolites), which occur when the active ingredient is digested, have been identified. Only ten percent. This also shows that the work, which was carried out, was negligent.

And *Eli Lilly* had already touched up this data, ever so nicely. Attempts at suicide don't appear in the

statistics; because they simply fall under the category “no effect” (i.e. the substance has no effect on the patient). Other methods used: Patients were simply given sedatives at the same time⁷¹.

Anyway, *Lilly* countered with the following arguments a few months later in a new letter to the German Federal Health Office: We cannot understand why the Germans did not want to give this substance approval, when it has already been registered in the following countries, where it was given approval on the basis of the same data. And then there’s a list of twelve countries (amongst them Columbia, Peru and Singapore ...)

They did the same with the prices, as well. They took the price that I negotiated, and used it as an argument in other countries. The arguments are completely unscientific, inasmuch as content is concerned, scientific facts or even the lack of any such facts. This is more like what we know from the clothing industry: “Ms. Smith, everyone is wearing this latest style, why don’t you wear it, too?”

Who had dinner with whom?

And yet, at the end of 1989, fluoxetine was approved in Germany. So, who had dinner with whom? And what did they have for dessert? These questions ought to be answered. As you already know, these are the crucial questions. And I’m not just saying this, because I did it for *Lilly* in Sweden. According to Dr. David Healy, doctor and director of the North Wales School of Psychological Medicine, who concerned himself with the dubieties of the approval of fluoxetine. The approval in Germany followed “obviously unorthodox lobbying methods exercised on independent members of the regulatory authorities⁷².”

Kids on Prozac[®]

The devastating side effects of fluoxetine have been known for more than twenty years, as well as its relative ineffectiveness regarding what it alleges to achieve. You'd think, that, in the meantime, even the last doctor would have heard just how dangerous this active ingredient can be for adults – and would have steered well clear of it.

Not the European Medicines Agency (EMA), though. In a press release from June 6, 2006, it recommends the use of fluoxetine on kids: “Parents and doctors should carefully monitor children and youths being treated with it and watch out for suicidal tendencies⁷³.”

Watch out for kids with suicidal tendencies? Nice wording for a package insert. The pharmacist hands you the package over the counter, the customer in the line behind you blows his nose and the pharmacist says “Good bye,” and then he remembers: “Oh yeah – and please watch Peter for signs of suicidal tendencies. Bye.”

I have to ask you: isn't the manufacturer admitting here, that this drug, which is actually supposed to be a mood lifter, actually causes the exact opposite? The EMA also publishes:

“The US manufacturer, *Eli Lilly*, should also carry out further studies on the safety of the drug⁷⁴.”

Excuse me for asking, but shouldn't such studies have been carried out, before the product was brought onto the market?

And the ultimate question: Doesn't this indicate that this drug, *Prozac[®]*, which has been on the market for twenty years, actually isn't safe?

According to the EMA, the recommended daily dose shouldn't exceed 20 mg. That means that kids are getting the same amount of the active ingredient as

adults – and that is four times the amount the Swedish expert had considered to be justifiable for adults in the 1980s.

Fluoxetine was not used on children in the clinical studies that were carried out prior to approval. Do you remember? All groups, that appeared difficult in some respect, including people who had psychological problems, were excluded from the tests.

You have to ask yourself: Who exactly are these people at the European Medicines Agency? And who pays them? As far as that is concerned, I have a strong suspicion.

CHAPTER 14

Relocated to Puerto Rico

Naturally, I didn't know what I had put into motion, with respect to *Prozac*[®]/fluoxetine, during those first moments of success during the price negotiations.

“\$1.20! 20 mg! Hurray!”

That was the only thing I could think of, for days. I thought, I had reason to celebrate, since I had impressively fulfilled Sidney Taurel's demand.

Up, up and Away

Sometime later, near Helsinki in Finland, I experienced the most beautiful day of my career, the peak of it and its turning point – it's only later, that I realize this. It was at our office outing. The reward for what had been a marvelous year's work. I had an agency book the hotel for several days. It was a nice escape from daily life, a group training event – the company looking after its people. I was looking after my people. In the conference room of the idyllically situated hotel, I spoke to them, the Swedish representatives and the product managers, the whole of my crew from Stockholm. I spoke about our goals for the coming year. The room was on the first floor with large windows looking out onto the wide lawns outside.

Suddenly, the doors open, and five men grab me and drag me out. They are wearing bright red tracksuits with *Lilly* written on them and underneath them their regular clothes, jeans and sneakers. The tracksuits are

company gifts for employees, a uniform of happiness. The red figures carry me out onto the grass rapidly. I can hardly breathe and then they throw me into the basket of a hot air balloon. A few of them get in, too, the ropes are loosened, and I feel sick.

From the ground, you could see the bright red balloon ascending, and, on the pictures, you can see my appalled face. I can't feel my backside or my legs, I'm just scared. So, this is the nicest day of my career. I'm floating some meters above the ground, the basket is swaying, and the creaky ropes are pulling me further upwards. I am flying away in a red balloon. As we climb up over the tops of the fir trees, I can hear the sound of the gas burner on full flame, and, as I lift my gaze from the ground, disappearing below us and look upwards, all my anguish evaporates and I am filled with pleasure.

We flew through the Finnish air for a good half an hour before we landed, where a limousine was waiting for us. We drank champagne and made our way back to the hotel. My team had arranged this surprise for me. It's not exactly easy to maneuver a huge red hot air balloon close to a person, who you later want to surprise with a "little something".

It was a little thank-you from my crew, because these were my last days in Sweden. I had been promoted. You don't often find that show of gratitude from employees for their boss. My guys knew who they were losing. On one of the pictures, you can also see a black guy, someone I had hired for *Lilly* and for whose recruitment I got into trouble from high up. An omen of my own career. My guys, however, loved me. Years later. One product manager, who recently drowned in alcohol, said that I may not have been an angel, but I was always honest. And interestingly he added:

“And who can claim that they are virtuous? We all ...” he continued, and he didn’t mean all of mankind, but the employees at *Eli Lilly*, where he worked for many more years, “... we can’t say that about ourselves.”

That evening in the hot air balloon was my last night in Europe. The next day, I was to fly to Puerto Rico. In one of the annual reviews, I had mentioned that an international assignment would be very appealing to me – because as the managing director of the company in that country, there was no further advancement for my career. I was praised at each of these annual events. The corporate management took a whole day off to analyze my achievements. I always got top grades, and I was known as an “achiever” – and there was no better grade than that. This was also reflected in my salary, which always increased with each of these events.

Promotion to Nowhere

Shortly after my extremely successful price negotiations for *Prozac*[®], I was promoted to the post of Marketing Director for the Caribbean and Central America in Puerto Rico. The decision wasn’t difficult for me. At one of those meetings on insulin, which I had organized for our opinion maker/leaders, I had met an interesting lady, a physician with her own clinic in Puerto Rico. During a conference, I had ordered a plane trip especially for her via Manhattan – to New York. The champagne and the privileged and staggering view of New York from the air intoxicated us. Since then we had been having a long-distance relationship across continents and it suited us both to put an end to this. It fitted really well, since my future office was on that very Caribbean island, belonging to the United States.

I was already divorced from my first wife. The divorce had been some years back. My kids from this marriage were well out of the toddler stage and didn't show much interest in me, any more. Not really a surprise. I had never been at home. The three of them had been living their own lives for a fairly long time, so it wasn't difficult for me to leave. I saw this as remuneration by *Lilly* for my efforts, as well as the risk I had taken during the bribery. Everything fit. The future and Puerto Rico were luring me.

But I didn't suspect that my promotion was an elaborate trick.

After my hot air balloon flight in Finland, everything went at a fast pace. I flew to Puerto Rico. There, I found that they hadn't prepared an "expatriate package" for me. Usually, the company made sure that all the official paperwork had been prepared for their managers, as they are mostly foreigners in the countries, in which they work. Residence permit, work permit, etc. – but I didn't have anything like that. They hadn't found me an apartment, either. I hadn't wanted to move in with my girlfriend so soon, but she let me stay with her. And more: She married me so that I was actually able to stay in Puerto Rico. Strangely enough, this wasn't met with great delight, when I informed the personnel department of this.

There were further peculiarities. The desk, I was given, was as big as a stamp. It was even too small to place a computer monitor on (back then they were still bulky and took up a lot of space). I bruised my knees on the side drawers. When I requested another, there were angered faces – as if I were the new trainee and not the new boss.

Or, take the company car that I was given, for example. A tiny jeep without noteworthy suspension and so low that I hit my head every time I went over a

pothole. And there were loads of potholes in the streets of Puerto Rico. Even my first car, that I had been given as a representative at the start of my career, was more luxurious than this. When I politely asked if there was anything else available I saw the same look of disgust on my colleagues' faces. Later, these incidences were used against me.

Something was foul. In retrospect, it is clear and simple. Back then, though, I thought that it must have just been a mistake, each time. I was much too euphoric about living once again in the climate, in which I had spent my childhood. The sun, which was good for my skin and my soul, had immediately blinded me. It is important to know that an employee in Sweden cannot simply be dismissed. In Europe, employee protection is strong and rightly so. In the United States however ...

I wasn't in Puerto Rico for long; I hadn't even had time to unpack my suitcase. As far as work was concerned, I was told to draw up a budget plan. In doing so I realized that they didn't calculate in units here – that is to say the amount of goods sold, but only in sales prices. And they had increased in the previous years, although the amount marketed had remained constant. This was strange, because the price of the drug was determined by the authorities. I could find no documents about renegotiations, like the ones my financial colleague in Sweden had kept. Something was fishy. But I didn't get much further. I was summoned to the headquarters of *Eli Lilly* in Indianapolis. I was to take part in a marketing meeting, nothing special.

So I flew there. The next morning I was woken up at 8 o'clock and requested to go to headquarters. There, I was told that I had been sacked. I couldn't believe it. What had happened? What had I done wrong? The

man didn't know what else to say. I demanded to speak to Sidney Taurel, who in the meantime had become the CEO of *Eli Lilly* – the highest boss. It took awhile and then I was allowed in to see him. He appeared to believe everything I had told him. But who are they? And what had they told him?

Final Conversation with Sidney Taurel

Taurel told me that *Lilly* had certain ethical principles. So, why were they treating me like a criminal? The personnel manager, who was also in the office; maybe he was also Taurel's bodyguard, was pretty angry. I was too. I knew these guys. When the Indianapolis delegation had turned up in Copenhagen, I had chauffeured them to various brothels. The meeting ended without a noticeable close. The chunky personnel manager hustled me out of the office and personally made sure, that I actually left the building. If this man had ever touched me again in my life, you wouldn't be reading this book now, because I would probably be sitting in prison.

I phoned my office in Sweden. My people told me, that all the locks had been changed. It had long been planned. They were obviously worried that I could fly back to Sweden in a split second like Superman and empty my drawers with all the "explosives" concerning Mr. Unknown. Or they suspected that my loyal people would do that for me, too. At that moment, I didn't even think of that. I was absolutely dejected.

I think every conflict has two sides. I had asked Taurel if he would just listen to my side of the story. But there didn't appear to be any interest.

It was on this day, that I heard the following sentence from one of the directors, and it appeared to

me to be the most obvious explanation for my sudden dismissal.

“Look at your career here at *Lilly* – you are moving up the corporate ladder much too fast. I mean, you are black.” I had heard that somewhere before. Back then when I had started out in the pharmaceutical industry as a small medical adviser. My boss back then, not a Swede, visited a physician with me. He introduced himself to the physician and added, pointing at me, “And this is my caddy.”

Lilly – a WASP company? White Anglo-Saxon Protestant? A powerful coalition in the United States. Everything, that doesn’t fit into this category, is eliminated. Provided, the caddy is useful, Okay. But when it gets hairy: bang! Or, as the German saying from Schiller goes: The Moor has fulfilled his obligation; the Moor can go.

What sort of ethical principles was Taurel speaking about, then? The money for Mr. Unknown in Sweden didn’t come out of my wallet. There are no cash flows on that scale, that aren’t checked by *Lilly*, even if they then appear on the books as something else.

Yet *Prozac*[®] was Taurel’s precious baby, and I assume he got cold feet. The wave of success with *Prozac*[®] had also moved Taurel right up to the top. But I was swept right down to the bottom. I was washed down the drain. The company wanted to get rid of the dirt that was stuck to it.

Some people ask me: “Are you writing this as a way of revenge?”

Well, I am human after all. I cannot say that that kind of treatment left me cold. But that was all a long time ago. I didn’t speak of it for many years. But now I have a small son. And suddenly, I realize that my past threatens his future. It is my incentive to stop that.

With Puerto Rico, they killed two birds with one stone: First, it was cheaper and easier to promote me there and then fire me. And second I was far away from all the information, I could have obtained in Sweden. During the time, I worked for *Lilly*, I had been loyal. I had never thought of copying some of the damning evidence, which passed through my fingers. So now – they thought – I was neutralized. No way of getting at the memos, letters, orders or payments. They also forget one thing. My employees were just as loyal to me as I had been to the company. I hadn't just been informed about the change of locks that day.

Virapen vs. Lilly

I filed a lawsuit against *Lilly*. That type of process drags on and is very time consuming. It requires nerves. And it costs money. It took five years for all the necessary papers to be submitted, examined and dealt with, before we finally ever walked into the courtroom. A bare, large, box-like room, without any natural light. In the center was the judge, opposite him to the left and the right were the opposing parties. But the jury benches remained empty. It was supposed to be a hearing with a jury, I was prepared for that. But it had been changed. An omen? The formalities were dealt with; file references, addresses and data. The proceedings dragged on for days. Towards the end, when I wanted to comment once again on some detail, that the opponent had brought up, I stood up and stepped away from the table in order to have room for my arms – the judge said it was no longer necessary. He closed the proceedings with the words: “You have proved your case.”

This statement led both me and my attorney to believe that we had won the case. I looked at my attorney and he looked back at me with a huge grin. I

invited my attorney to a merry evening out. It is perfectly normal for it to take about three weeks before the verdict is delivered in writing and it becomes legally binding. A formality. I was jovial. Until the day I received the letter from the court and opened it. In the letter I was notified that, *Eli Lilly* had won the case against me. The judge had changed his mind.

We filed an appeal with the Court of Appeals in Boston. We received an appointment from them. My attorney was ready to go. He was already at the front door and on his way to the airport, when he heard a familiar sound coming from his office. It was a fax. He set down his case and closed the apartment door again, opened the office door and read it. The fax was from the Court of Appeals in Boston. Content: The case had been settled in the meantime. He didn't need to come. They had read through the things and had come to the same conclusion as the previous judge. Settled? Which of the judge's decisions – the first or the second? Obviously the second one, in favor of *Eli Lilly*. And what was that supposed to mean: "In the meantime"? This was written in a letter from my attorney:

"There is no explanation that I can offer you to try to explain Pérez Giménez' about face. Worse yet, I had hoped that the Court of Appeals would address this matter. However, it's not even mentioned in their opinion. Frankly speaking, justice has failed. Yet, there is nothing else we can really do, but accept that there is something wrong with our justice system when a Court of Appeals does not even have the legal courtesy to address a matter, which should not have been left untouched. I enclose my check number 2486 for \$656.31 returning the costs of the airfare and hotel that you had pre-paid for my aborted appearance in the Court of Appeals."

My Case Pending with the Public Prosecutor in Sweden

Only two other people in my office knew about the bribery. Both of them were fired, shortly after my dismissal. Also, without reason. After the statute of limitations of ten years had expired, I was now living in Florida; I traveled to Sweden for private reasons. There were people in Stockholm, who knew about my visit. They asked, if I would be willing to speak to the public prosecutor. The time had come. We arranged a meeting in his office. The public prosecutor guaranteed me immunity, which was of great importance to me. So, I told him my story and gave him the evidence. But the public prosecutor wasn't able to prosecute anyone. The psychiatrist, who I had bribed wasn't an employee of the health authority. By the way, this man now works for a court. As a psychiatric assessor for Sweden. And up until then, that sort of corruption was only criminal for employees of the state.

Change of Law in Sweden

But, due to my statement filed with the public prosecutor, the anticorruption law in Sweden was amended. The public prosecutor, who had interrogated me made the suggestion. He used my case as an example for those procedures, which are not covered by the existing law.

His suggestion was accepted in parliament with great acclaim.

I would like to call on all the other pharmaceutical managers to do the same. Come clean. The legal situation must become the same everywhere, so it is possible to spill the beans, without having to fear for your life, livelihood or reputation. The results, which emerge from this, save people's lives. The insight that

you get from this saves people's lives. People's lives should also be more important to the courts, than the American standard. Human lives should be more important to the courts, than the profits of the pharmaceutical industry. Even the American government has realized how important this insider information is. They encourage managers and representatives to come clean. In Germany, the legal system protects the companies and not the patients. Here is an example concerning the pharmaceutical company, *Ratiopharm*:

Transparency Deutschland (Transparency Germany) critically followed the activities portrayed in the media about Ratiopharm's marketing methods. They found that physicians received considerable privileges for prescribing this company's products. This is a clear violation of the medical professional law and caused the public prosecutor's office in Ulm (Germany) to investigate. The investigation was quickly stopped on the grounds that the health professionals accused were not public officers and could, therefore, not be considered as public officials accepting bribes⁷⁵.

The Law Is on Their Side

The two others from the office in Stockholm, who *Lilly* had fired at the same or rather a few days after me didn't come with me to the public prosecutor. They were afraid. They were simply too afraid to open their mouths. Although, it had been a long time, since they had worked for *Lilly*.

While I was writing this book I contacted one of them. This person has promised to back me up, if the worst comes to the worst. They said my courage was contagious. And there are further people who support me behind the scenes.

CHAPTER 15

Insulin - The Same Pattern

Well, there I was. The high-flyer crash lands in Puerto Rico. My fairytale career and my comet like ascent were suddenly nothing more than a fading image on the retina.

I was at a loss. While my wife took care of her patients, I hung around at home, useless and depressed. I began to drink, much worse than I had done back in Sweden. I went to casinos and let myself go. It's amazing that my wife put up with me. She knew that the accusations would have made it all much worse though.

I couldn't see any future prospects. I didn't think I'd ever get a job in the pharmaceutical industry, again. My name was on the black list. Everyone knew that I had been fired from *Eli Lilly*. I would never have believed that this sacking (and the reasons for it, in particular) could make me a sought-after and valued employee for other pharmaceutical companies.

Black List as Recommendation

Just then, I was approached by another pharmaceutical company, a global player, *Novo Nordisk*, and my decision to never have anything to do with that lot again began to falter.

At that time, it was the Managing Director of *Novo Nordisk* and he was well informed about me. He invited me to dinner.

It was a reflection of old times. They had set their sights on me, due to my special activities for *Eli Lilly & Company*. And due to the fact that I came from that region (British Guyana isn't all that far from Puerto Rico), meaning I had a connection to the people there.

His company was having sales problems in the Caribbean. Mainly with insulin. He offered to try it out with me in Trinidad. If everything went well, my sales area would increase. I was paid on the basis of commission – I got ten percent of every sale. My new employer even tried to get at my wife. She was a professor at the university clinic and had 6,000 patients in her private practice – this figure made her very appealing.

As far as insulin is concerned, I am doubly affected, as an offender – and, as a diabetic, I am also a victim.

Insulin – An Ethical Start

On January 11, 1922, Leonard Thompson, a fourteen year old diabetic, received the world's first injection of insulin. A year later, the discoverers received the Nobel Prize. And rightly so. They were even so fair as to share the Nobel Prize with colleagues, who had been significantly involved in its development, but hadn't been considered by the committee. Amazing times. Amazing men. The discoverer sold the patent to the University of Toronto for the symbolic price of one dollar. That's how it started. That's the way it once was. Really! Hard to imagine, these days, isn't it? And one old acquaintance, that you now know, as well, was significantly involved in the first industrial production: *Eli Lilly*. But that was more than 80 years ago. In many other areas, there were gigantic medical advances. But not here, because insulin doesn't cure diabetes. Insulin

can keep diabetics alive. And once they need insulin, they are dependent on it for the rest of their lives.

Are Humans the Better Pigs?

Up until about 25 years ago, for about 60 years, insulin – which regulates blood sugar – was obtained from animals. Then there was a new development. It was called – an advertising gimmick – “human insulin”. Today this type of insulin dominates the market.

Human insulin isn’t interesting, because of its medical innovation or its otherness, but because of its psychological effect, which the pharmaceutical industry achieved with this new product. It is normally difficult to get patients that are used to one product to switch to another. The difficulties in doing so aren’t just the side effects, but are simply due to the force of habit. Habits are hard to break. It was strange, that it seemed to be so easy with this new type of insulin. The doctors cried “Hurray!” and the patients were happy. They believed they were getting human insulin in some way and not that of animals, which they’d had before. That was the trick. This difference became apparent. The old insulin was suddenly from animals. As long as there wasn’t insulin from humans, nobody said, that insulin came from animals. But with the invention of the name, human insulin, that became the case. For many people, it is maybe unpleasant to imagine injecting pigs’ insulin into their veins, although it is quite legitimate to eat pork.

Human insulin, on the other hand, is much nicer. And it also made more sense – the body would tolerate it better – animal insulin for animals and human insulin for humans, and everything’s alright. With good reason, you could then call animal insulin “natural insulin” and the so-called human insulin “synthetic

insulin”. What would the patient say? What decision would he make?

The name is just a downright lie. So-called human insulin is, in reality, genetically produced insulin. What would the doctors have said, how would the patients have reacted to this product, which is genetically produced insulin?

No, a correct name would have just harmed the product. Long-term studies show side effects just like the old insulin products did. But the patients aren’t informed about it. The manufacturers deny allergic reactions. Although it is obvious, that the body would react to a foreign substance. Who cares, the name is more important than the packaging; the packag-ing is more important than the content. A play on words. And it worked.

Hypoglycemia

One problem with this new insulin is that diabetics find it more difficult to recognize that their blood sugar levels have dropped, or they realize it too late or, possibly even, not at all. That can cause unconsciousness – and it does.

And although the German Federal Health Office (BGA) wrote⁷⁶: “every change to human insulin [must] be medically founded,” patients had been robbed of traditional insulin, of this medical review, and above all without explicit medical necessity. Furthermore, many patients – in hospital for example – weren’t even informed about the fact that they were suddenly given a different insulin. They were just “converted”.

Shortage of Drugs

I asked my employer, at the time, what would happen, if patients had difficulty with the new insulin, whether the company would continue to produce the

old insulin. And they said, “Yes, of course. That will always be available.”

That was an outright lie. As early as 2005, the last lot of animal insulin disappeared from the drug market. And only recently, the most important manufacturers have announced, that they will completely stop production of animal insulin.

For one group of patients, the race against time has begun. But also for doctors, pharmacists, health insurance companies and even diabetic organizations. Because even the so-called human insulin has side effects. The fact that diabetics have been denied the choice between various types of insulin is a scandal.

I have received calls from many diabetics, who now have problems getting animal insulin. And, as it appears, no one will help them. The pharmacists would shrug their shoulders and say: they don’t have any more stocks. Whoever finds it, imports it from somewhere. That’s costly, of course, and the health insurance companies can refuse to refund the costs, because, in their view, there are similar drugs available on the market: human insulin, to which this patient group is allergic.

Yet animal and human i.e. natural and genetically produced insulin are not comparable, due to their different types of manufacture, in their effect and their side effects. Nevertheless, the responsibility lies with the patient being able to prove this, in order to have the costs refunded. So, should the patients now carry out clinical studies on themselves? How absurd!

Those affected have the following justified questions:

- Why is a tried and tested drug simply taken from the market?

- How was it possible to artificially and knowingly limit the demand for animal insulin?
- Why is animal insulin not recognized as an alternative treatment by doctors and competent authorities? There are still many diabetics in the world, who still need this animal insulin, because they can't tolerate so-called human insulin.

Between 1986 and 1989 the *British Diabetic Association* (BDA) received around 3,000 letters from those affected, who complained of adverse reactions after taking human insulin. An independent review of the three thousand letters was organized. In 1993, the report was finished and was supposed to be published in the *British Medical Journal*. But suddenly, it was too "pessimistic". Only six years after being finished, the report was passed on to the *Guardian* (March 9, 1999). Its unsettling details came to light: eighty percent of complaints, which were looked into, spoke of not being able to control the symptoms anymore; they had lost the warning signs of a threatening coma. From the data in the letters, the researchers had decided, amongst other things, that:

- Half of the patients with the new insulin had become unconscious without warning, when their blood sugar levels became too low;
- A quarter said, that such episodes were more frequent;
- One fifth said, that these episodes had become more severe;

- Thirteen percent became unconscious at night and five percent suffered from cramps. Ten percent had memory disorders;
- Nine percent said, that they had difficulty concentrating;
- Some lost their jobs;
- Others were refused the renewal of their driver's license, because they had been involved in accidents, while having low blood sugar levels."⁷⁷ It wasn't only those, who wrote the letters, but many other diabetics have experienced problems, which weren't taken seriously by their doctors. I can imagine why that is. And you probably can too, now. By the way, there are (due to this?) hardly any studies about the effects of the conversion.

Approval of the New Insulin

At the time of approval, there were obviously no sensible studies, once again. Can you hear the Swedish psychiatrists laughing?

"The first study, published in 1980, was based on seventeen (in figures: 17) male diabetics."⁷⁸

Yet insulin was approved and on the market by 1982. A damned short time, if you consider that this was the first ever genetically produced substance that had ever been used on humans. It had never been proven, that synthetic insulin had advantages over animal insulin. The studies undertaken were mainly sponsored by the pharmaceutical industry to show the drug in a positive light.

Just to remind you: once a diabetic is on insulin, he is reliant on it for the rest of his life.

Most studies, concerning the efficacy of the new insulin, weren't tested on more than fifty people, and sometimes, it was only seventeen."

Such small studies aren't enough to reveal serious problems. Especially, if you can imagine the way the test subjects were chosen. Completely unscientifically.

Patents Allow For High Prices

The "invention" of human insulin brought diabetics no advantages, to put it mildly. Only the manufacturing process had changed – and with it (and this is the crucial point for the pharmaceutical industry) the question of the patent, because genetically produced insulin is nothing more than a copy of the natural substance (with small variations). And the manufacturer patented these copies in precisely that way. And now, they could say: We have something completely new – and demand the price, they want for it. So, human insulin was purely about patent rights. Everyone could produce animal insulin without purchasing horrendously expensive patent rights for it. So, it was cheap. Good for the patients, good for the health system. Bad for the pharmaceutical industry's profits. Whoever manufactures pens doesn't have to pay patent fees; pens are an everyday commodity. The old type of insulin was also an everyday commodity. And diabetics need insulin, every day. But the companies weren't content with that. They wanted more.

If you consider, that the patent for the first-ever insulin was sold to a university for one dollar, and the industry today spends millions of dollars to gain patents (not to develop new drugs) – then you

recognize how the priorities have changed, over the course of time.

Cut-throat Competition

The whole world implemented this conversion; a whole market was rearranged. Cut-throat competition. The pharmaceutical companies disputed their old, long-established territories. The market structure was jumbled up completely, and the companies came under pressure. They were suddenly losing their takers left, right and center, whole hospitals and maybe even countries. To compensate for this, they had to alienate their competitors' customers, elsewhere. It was a fight with no holds barred. An expensive battle. A battle that wasn't fought against the illness diabetes – good god, no. It was a fight that brought the patients no advantages, whatsoever. On the contrary. And who pays for it, in the long term? Correct. You, the patient, the one who pays into the health system.

No Insulin Pens for Poor Countries

Novo Nordisk had manufactured a small device which enabled insulin to be injected in a very simple manner. That is, through a pen. Painless. Easy. That was something new, something revolutionary. This product was brought onto the market in western countries, such as Germany, and the company sold it for a very high price. I suggested that it should be made available to patients in the Caribbean. They refused, outright. They said, "To do so, we would have to lower the price. So, we won't sell it there. That would jeopardize the price in the west."

Long live the slogan: "We're working for the well-being of our patients."

10 Percent for Me

Instead, they gave a state authority in the Caribbean computers worth \$10,000 to receive a call for bids for insulin worth \$500,000. Does that sound familiar? This \$10,000 appears to be a standard sum. And do you know what? I was the one, who carried it out for them. After all, I received ten percent commission on the \$500,000.

Giving Without Taking

When I was Managing Director of *Lilly* in Sweden, I also equipped a whole clinic in Gothenburg with computers, which, back then, were very expensive and exclusive objects. We trained the staff. I had contacted the executive physician and had come to an agreement with him. They would convert to our insulin, our rival (*Novo*) would be swept away, and we would present them with the digital revolution.

Now, we fulfilled our part, but they – brazen guys – remained with *Novo*. I wonder what they had offered them.

Cheap Promises

And even that promise, the constantly revived promise, that drugs would become cheaper, new developments enable cheaper medication etc. Nonsense. The point of registering new drugs is to compensate, with new patents, the loss of sales, which are caused by old patents. Since the rights, covered by patents, expire after a set period of time.

There was no reason to wipe the old insulin from the market, except for this. Whatever the industry paid for the development of the new insulin (and you may ask, if most of the money probably went into advertising and special activities such as my computer

bribery) – the whole purpose wasn't to find a better drug.

Nothing is as lucrative as a product that someone is desperately dependent on. And nothing is better, than getting those on board who aren't even ill:

“In the DPT-1 studies those, who had a high risk of developing diabetes but did not yet show signs of having the illness, were given doses of human insulin prophylactically [...] We don't know which side effects these genetically produced drugs have on a healthy body.”⁸⁰

This strategy of market extension could have been from me. No, today I am really happy, that at least this strategy of market extension wasn't my doing.

CHAPTER 16

Off-Label Marketing - Growth Hormones

After I had finally had enough of playing caddy for a pharmaceutical company, and a bit of time had elapsed, since my dismissal from *Eli Lilly*, I became a self-employed, independent consultant for pharmaceutical companies. My operating field was the Caribbean, as before. I made sure that the products I represented from the individual companies were not in competition with each other. And, once again, I was involved in off-label marketing. I had already come across this, during my time as a sales representative. Side effects, which lend themselves as sales arguments, were used to increase sales.

What we sales representatives did on a small scale is a huge success for the whole of the pharmaceutical industry. Every substance has a certain profile of effects; it probably produces this and that effect in human bodies. A substance may make you calmer and composed, but it may cause constipation while doing so. So, the stools of those, who only wanted to become calmer, hardens at the same time, and those, who have soft stools, also become sleepy. Effect and side effects are, therefore, really just like the variables x and y in a mathematical formula.

Pharmaceutical companies name the one effect the desired therapeutic effect and the other, the side effect, according to the market situation. Or they name both as the desired therapeutic effect and sell the same stuff to

two different target groups. What is a side effect for one is the therapy for the other and vice versa.

If *Prozac*[®] hadn't already been an immense success as a psychotropic drug, off-labeling would have been the next step. The approval was only sought for the supposed antidepressant effect, because that was easier. Yet, it was to be sold later for obesity and for weight loss. The fact that the patients were then in a better mood (or committed suicide) would, then, just have been the side effect.

No Sympathy – No Bribery

I had dealt with growth hormones twice during my career for two different companies. The first time was for the approved use – to help those with stunted growth to grow taller. Back then, I'd picked out an expert, who was a specialist for dwarfism. He had about a dozen patients, which was a lucrative market, considering the horrendous costs of the drugs. He administered products from our competitor, and I couldn't put up with that.

In this case, it didn't turn out as planned. I invited him to extend his trip following a conference. Another physician, who I was interested in, was to join us. The trip to Las Vegas was meant to lift their spirits and provide a positive business climate. Our expert was extremely reserved and appeared only to be interested in the view out of the window. Maybe, it was the first time he'd ever been on holiday, I don't know. At any rate, the trip didn't change anything, and we didn't grow closer.

Growth Hormones and Eternal Youth

Then later, as an independent adviser, I was invited to market growth hormones for a different company. But this time off-label, for indications, for

which the drug hadn't been approved. There are many rich people, particularly men, who want to be treated with growth hormones to become more muscular, have tight skin, eternal youth. These sorts of things.

So, the company came up with the idea of opening an exclusive clinic on a tropical island. At that time, my wife was supposed to take on the role of assistant medical director, since she had done research on growth hormones. But I turned it down.

Why?

This was the second time that this company had approached me to get access to my wife. As if she was a goldmine. First, it was her 6,000 diabetic patients, and now, it was her specialized knowledge as a doctor.

I didn't want her to sell her intellect to a money obsessed manager, who was only interested in profit. It was enough, that I did that.

Fines in the Millions? Peanuts

Now, off-label marketing may not sound like much. But it is an enormous business, which involves targeted disinformation. At the patient's cost. The profits are so large that a pharmaceutical company doesn't even have reservations about admitting guilt, if it has to – if there's no way of avoiding it. If, for completely incomprehensible reasons, the enormous legal department cannot explain the latest patient brainwashing, you just put the blame on an individual employee, who is blamed for everything.

In December 2005, following a three year inquiry, *Eli Lilly & Company* admitted to "misconduct" in the case of *Evista*[®] – and was prepared to pay a \$36 million fine for this⁸¹. How much more is this misconduct likely to have earned them in profits before that? You could exaggerate and say that the pharmaceutical companies consist of two departments

with either lawyers or marketing professionals. Researchers and research results are bought as required. But the marketing has to work. The lawyers subtly sweep away any breaches of law, broken porcelain or unpleasant trails of blood with their brooms and clean up the mess.

But this time, it hadn't worked. What was this about? About *Evista*[®], a drug for women, which was supposed to prevent osteoporosis after menopause. It didn't bring in as much as *Lilly* had hoped.

So, *Lilly* changed the advertising for *Evista*[®]. Now, it allegedly prevented breast cancer. As if there isn't an enormous market for this hope. Cleverly devised. It could have been from me. According to the prosecuting attorney later, the FDA, had specifically dismissed this claim as incorrect. Yet, the company didn't care. They continued and planned to advertise *Evista*[®] as reducing the risk of cardiovascular illness. The FDA didn't approve the divulgence of this claim, either, which had just been pulled out of thin air.⁸²

Ethical Standards?

Lilly paid a twelve million dollar fine for its misdoing. And on top of that, twice the amount to settle civil proceedings. By way of a restraining order, *Lilly* was prohibited from using off-label advertising. And shortly afterwards, *Eli Lilly* announced that they had agreed to pay the fine to end the case. You may also question, whether they had more to hide – and were pleased that they didn't have to come out with this, too? Incidentally, it was believed to have been shown, that nobody had had illegal intentions. Excuse me! Did I hear that correctly? Why on earth would you otherwise pay a twelve million dollar fine? Sidney Taurel, the CEO said in his inimitable way:

“We are deeply sorry ...”

“We take our responsibility of observing the law seriously ...”

And: “We dedicate ourselves to the task of having the ac-tions of our employees reflect the highest legal and ethical standards.”⁸³ How does he come up with something like that? How can you speak of ethical standards, here? Which ethical standard corresponds to “lying”? Which corresponds to “intentional dis-information”? Did he really want to help women? Did he really want to defeat breast cancer with a drug, which is admittedly not at all suitable for doing so? What pills had the man been swallowing? *Prozac*[®] maybe? That is known to cause hallucinations.

Schering, Pfizer, Lilly and Co

And here the same rule applies: The case is no exception. Rather the rule: The *San Francisco Chronicle* reported in May 2005, that about 40 to 60 percent of all prescriptions were off-label.⁸⁴

Pfizer bought itself off for 430 million.⁸⁵ The Company, *Parke-Davis*, which was bought up by *Pfizer* had talked physicians into the epilepsy drug, *Neurotonin*[®], for all sorts of illnesses. What’s more, they had been paid to prescribe the drug for all sorts of other illnesses. One of them, who blew the whistle in this case, said that the company had offered him tickets to the Olympic Games, trips to Disney World and golfing holidays.⁸⁶

With *Neurotonin*[®] it is assumed that 90 percent of the prescriptions occurred off-label. The drug didn’t make its profits with the patient group, it had been intended for, because there aren’t that many epileptics. The drug was probably never meant to be for them, and, maybe, it was just easier to get approval, this way.

One further example: The company, *Schering-Plough*, had \$435 million in petty cash. It paid and

confessed to having flogged *Claritin*[®] off-label as an allergy medication, as well as providing the authorities with false information by way of a conspiracy.⁸⁷ I guess the revenue from these activities was much more than \$435 million.

As you can see, what I have told you from my experience corresponds to what happens elsewhere. The markets are manipulated.

CHAPTER 17

Hyperactivity or Made-up Illnesses

In 1998, I remarried and moved in with my wife in Germany. In 2004, our son was born. I had said good bye to the pharmaceutical industry. I didn't want anything more to do with their wheelings and dealings. I stayed at home and busied myself with my family. And then one day, I opened a magazine, and it all started over again – except that this time, they were after my kid. Everyone's kids. I found the following advertisement from my former employer, the pharmaceutical company *Eli Lilly*, in the German baby and parenting magazine *Familie*.

The text header is somewhat non-descript with the words “Info ADHD”, and there is a website with the same name. I am aware of the magnitude of this entire madness, which is advertised here in friendly colors, due to more than thirty years of experience in the pharmaceutical industry.

What they're probably selling here is *Strattera*[®] (the active ingredient is called atomoxetine), a follow-up product from the long succession of psychiatric pills, which were experimentally researched and produced in the 1960s and were to be used in a very clear, specific and calculated patient group. Well, these so clearly defined groups are also very small. And “small” doesn't create much turnover, even if the little amount is sold very expensively. It's quantity that counts. The psychotropic drug *Prozac*[®], mentioned at the start, belongs to this family. With *Strattera*[®], they

are probably trying to replace the more well-known drug, *Ritalin*[®], a drug, which is only available on prescription and is supposed to help ADHD.

Whether the innovative active ingredient, promoted in Lilly's advertisement, is really so new remains to be seen. Then, the patent for *Prozac*[®] has expired after 20 years. And now, one small atom will be changed, which doesn't have any effect (although, who knows) and already the company has brought a new active ingredient onto the market. They can increase the prices and present it as innovative.

In this way, it is permitted for *Eli Lilly* to put an advertisement onto the market in Germany, in which dangerous chemical goods from previous decades are to be revamped and sold not only to adults. No, even children are supposed to consume it! As if history hadn't even taught this pharmaceutical company a lesson. It hasn't. The unscrupulous marketing strategies of the pharmaceutical industry are evident in this advertisement. In conclusion it can be said that:

- The advertisement is for an illness and not for a drug;
- The boundary between normal and ill is to be blurred by way of intentional diffuse indication;
- The advertisement rouses the desire for the choice between control and spontaneity;
- Complex human interrelations are reduced to applied chemistry aimed at promising happiness in a pill. Packaged as such, it sounds downright grotesque – well, it is a grotesque business. To be more specific, you could say

that this advertisement is meant to create demand for a product before it is launched – and even before the safety, as well as the efficacy of this product has even been proven.

Advertising for an Illness

“With ADHD – simply being a child from getting up to going to bed.”

This method of advertising is amazing. It’s the pharmaceutical industry that makes it possible for kids to be kids. That’s how far it has come. Of course, I know how they think. I used to think that way, myself. I got doctors thinking that way, too. It is the profit-oriented thinking of those obsessed with money and not the way of thinking of those who want to help. The helper looks to see where and what help is necessary. The pill-peddler sees everyone as being in need of help – a sick human race. Fantastic, that’s a gigantic market.

Here an illness is being advertised. The abbreviation *ADD* stands for Attention Deficit Disorder. It is called *ADHD*, if so-called hyperactivity is added. The advertisement is very successful. This illness is already as well-known in schools and play schools as the common cold. And just as it is with a cold, almost every kid has the potential to have some attention deficit or the other. Every kid has whining phases at some time, is defiant or quite simply: has not yet taken in the social ideal of sitting still on a chair. (As an adult, you are then the perfectly adjusted office worker.)

That has always been the case. But today, thanks to Big Pharma, that promises us a remedy for this deficit, behavior we “know” to be an illness, simply remedied with a pill. Isn’t it then irresponsible, if you don’t administer these pills to your kid?

Reverse Burden of Proof

The burden of proof is suddenly turned around. Parents or teachers have to prove, in cases of doubt that their kid does not have ADD. A very good sales trick. It is even used by doctors in other nuances. A friend of mine rode his bike to the doctors one morning to get a repeat prescription. The receptionist noticed his watery eyes. While she was dealing with the necessary paperwork, she asked him if he had an allergy. My friend said, no. He was told that many people have allergies without even knowing it and you could get an allergy test done, which was very cheap. My friend told me, that he didn't have such a test done, and he had never had the feeling, that he was allergic to anything, although he wasn't so sure after such a remark. He virtually had to justify, why he didn't want this test done. Finally, he asked, what made her bring up the subject. The receptionist pointed out that his eyes were watery. My friend laughed and explained that it was due to riding his bike in the cold air. Many parents will probably have had similar experiences, , if children misbehave or are even going through a phase of distractedness, since ADD does exist and there is a "cure" for it.

"Why don't you do something about it? Why don't you want to help your child? It's so easy."

The building pressure on the parents is probably similar to this rhetoric. And that's the point of advertising an illness.

It is possible that there are indications, which *Strattera*[®] or another product from this family could be sensibly used to treat. However, it is likely to be for a negligibly small amount of clinical cases. It is not the medicine that is being advertised here – instead it is a new illness that is being promoted.

That reminds me of these science fiction films, where anyone whose behavior deviates from the norm is taken to a room and punished with electroshock.

Diffuse Indication

It is said, that *Lilly's* little candy (or will it be given in the form of a lollipop or a fizzy tablet?) enables a "controlled day from getting up to going to bed."

Please don't laugh. It sounds damned well like a satire, doesn't it? But it isn't. Please, excuse my harsh words, but this verbal bullshit is effective. Very effective. Do you think *Lilly* would otherwise spend money on it? Even if no one knows what this stuff does, because the data is concealed, falsified and manipulated, we know one thing: the advertising efforts of this blasted active ingredient are making an impact. Guaranteed.

What parent wouldn't like their kid to have an organized day? Or does it sound too much like George Orwell or the communist Elite establishment? *Lilly* promises a regular day from getting up until bedtime (the pill to regulate your dreams will come onto the market next year, then).

What sort of indication is that? What type of medical image is an unregulated day? You see, it isn't one, at all. That's the point. Drugs are sold for things, nowadays, that don't even fall into the area of medicine. Because this area has just become too small. Obviously, only in comparison, since the number of people, who are ill is simply too small. Not everyone is ill at the same time and non-stop. What a shame!

It follows the same pattern as it did with the expansion of the clinical definition of "depression". So what is a regulated day? Some days, your kid sleeps longer than usual or wakes up a bit earlier, it's not

hungry at 8 a.m., but it's thirsty, and some-times, it's sleepy, and sometimes, it's wide awake. So, your kid doesn't function like clockwork? You should be really worried. Buy the adjustment pill. Just pop it in, even you can do that. No annoying conversations anymore with your kid, no "get your shoes on; what's taking so long; what are you still doing in the bathroom; where's your sandwich?"

Instead at the stroke of 7.45: Bingo! Your kid goes to the bathroom. Bingo! A minute later it's out again. Bingo! It's put its shoes and hat on. Bingo! It's stood at the bus stop at 7.50. And the best is still to come: The *Lilly* pill has even packed the sandwich. Hmm. Yummy!

What, it's not like that in your house? Well, fortunately *Lilly* is doing research on the pill that will make your kid a bingo kid, too. No kidding.

The Pharmaceutical Industry Defines Social Standards

The pharmaceutical industry is trying to set social standards. This harmless advertisement is doing just that.

Kids' behavior is primarily about social behavior. Big Pharma is trying to define the standards for normal or desired behavior. The aim is to portray as many types of behavior as abnormal as possible. The amount of people in need of therapy would be very big and sales would increase. In the case of the advertisement, the regulated day is a diffuse enough criterion to make all parents come up with something concerning their kid.

That's just what my wife said; when she read this advertisement (she called my attention to it) she was very emotional and asked me:

“John, do you think our little boy might be hyperactive?”

And here, I must add, that she does have her high school diploma.

The advertisement always states: “*Lilly* ... is doing research on an innovative product ...” Oh, right, they are doing research. At *Lilly*, it works a bit like this: displace a molecule here, take one out there – finished. That’s the new active ingredient, the new patent. Because that is important. Patents bring money. Not the active ingredients. You can make a so-called new one by doing this molecule displacement on an old active ingredient. That’s quicker and cheaper than doing new extensive research. And then, you can patent it. The research serves to create and maintain patent territories – not rapid and safe help for the patients. Whatever help, that may be.

New molecular compounds also have new side effects. And when the molecularly modified crap has to be removed from the market, at some point, because the amounts of lawsuits are accumulating, they have already made their profit. And then, in a few years, they just try it again with the same stuff, in a different place, in a different country, for a different illness or for a different target group. It’s quite simple, really.

Pressure from Below

Interesting, no, the crux of the quoted sentence is, that *Lilly* is still in the research stage of its wonder pill. They even write it in the advertisement. That should make you sit back and think. They are still doing the research. That means, that they don’t actually know what will come of it. Then that is what research means: the result is not yet known. And yet, there are already advertisements for a non-existent product. It was similar with benoxaprofen and fluoxetine.

Advertisements, such as these, for a non-existent product have only one aim: to create demand. Demand creates pressure. Pressure on the governmental regulatory authorities. Big Pharma creates pressure with insane financial and logistic costs, pressure from below. *Lilly* would also sponsor parent initiatives to go out on the streets, so that kids are turned into psychotropic junkies. This approach used by Big Pharma is well-known. In the seventies citizens' movements frightened the chemical giants – now the pharmaceutical companies are exploiting this for their own purpose.

If all parents suddenly wanted a chemically regulated kid, then it would be difficult for the regulatory authority to say, “No”. Especially on the day, that *Lilly* submits its dubious research results to get approval for the kids' pills, and then sells them completely legally on the market. They are creating de-mand to make sure it actually finds its way onto the market.

And what if the whole research turns out to be an aberration? What if kids lose their lives? If their physical and mental development is damaged? Is that possible? Or probable? These questions could probably be answered with “yes”. Probably with yes. They certainly can't be denied, because, once again, there are no long-term studies. Neither on adults, nor on kids. These kinds of products are approved on the basis of short-term studies. Long-term studies aren't carried out until the product has been launched onto the market.

The Way Kids Are

Finally, I would like to look at the proposition of the argumentation: Kids today are so fidgety.

Doesn't that mean that kids have allegedly become more and more agitated and defiant? Must I, of all people, mention that this complaint has been blown over from ancient times? Here are just a few examples:

“Our youth is degenerate and lacks discipline.

Young people do not listen to their parents, anymore.

The end of the world is nigh.”

(Cuneiform script from Ur from 2000 BC)

“I do not have any hope, whatsoever, for the future of our country, when one day the youth of today are the men of tomorrow. Our youth is unendurable, irresponsible and appalling to look at ...”

(Aristotle, 384 – 322 BC, Greek philosopher)

“The children now love luxury... have bad manners, contempt for authority; they show disrespect for their elders ... they no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up dainties at the table, cross their legs, and tyrannize their teachers.”

(Socrates, 470 – 399 BC, Greek philosopher)

“The world is passing through troublous times. The young people of today think of nothing but themselves. They have no reverence for parents or old age. They are impatient. They talk, as if they know everything and what passes for wisdom with us is foolishness to them.”

(Peter the Monk, 1274)

“The perverted moral of today's youth is so great, that I can no longer stand to be with them.”

(A schoolmaster from the 18th century)

“It has been noticed, that the previously known respectability and moral behavior of schoolchildren ... is disappearing more and more.”

(Government report, 1852)

Well, fancy that – it seems, as if children have always been that way. So, is this behavior in actual fact normal?

Heinrich Hoffmann’s Prototype Fidgety Philip

Even Fidgety Philip – the personification of this illness in *Lilly’s* advertisement – is already more than 150 years old. And even in this children’s book, you discover, that Fidgety Philip is restless and naughty at the dinner table with his parents.

Fidgety Philip and the remaining rude figure of shock-headed Peter would have been perceived today as having too strong a character. Nowadays, shock-headed Peter is seen as a manual for an authoritarian upbringing – at the time it was published, it was viewed as the opposite: the acceptance of rebellious behavior.

This shows just how much the assessment of behavior is dependent on social and psychological trends. It is these very trends that the pharmaceutical industry is trying to shape for itself.

“Has the pill become what the whip was, back then?” questions the well-known neuroscientist and author Gerald Hüther.⁸⁸

Little Nick, Tom, Huck and Consorts

Or have you heard of *Little Nick* from Goscinnny and Sempé? In each of these stories, you will find kids fooling around and disturbing the lesson in a variety of ways. That’s where they get their charm. There aren’t

any stories, where the lads don't clobber each other. The stories were written in the fifties. They portray an image of anarchy in the classroom and at home, where the teachers and parents are constantly struggling to contain and preserve order. They make you laugh. A literary classic. Just imagine, if Little Nick and the likes had been poisoned with *Strattera*[®] – Goscinnny and Sempé would have gone down in history as the inventors of zombies. Or take Tom Sawyer, The Little Rascals, etc. – these kind of kids would probably land in jail, nowadays. They don't fit in, anymore.

But Little Nick, Shock-headed Peter and the others show us one thing, above all: The sort of behavior that is attributed to ADD is not new – it has always existed. It is an important part of the image of a kid. Maybe, it helps to conceive it as part of the development of a child or simply as part of life, just like all other moods that don't function as planned.

Sales Representatives' Logic

The aim of these hazy clinical diagnoses is to persuade the customers to take the pill to make sure they definitely don't have the illness. They never know, if they even had it. We could ironically call it preventative medicine. Preventative medicine makes sense for a lot of illnesses – but does it make sense for the mind? No. Wake up, everybody, Big Pharma and the psychiatrists are inventing these illnesses.

You could look at it like this: You are potentially or latently ill. Lots of the following possible illnesses are dormant within you: cancer, diabetes, etc. Insurance representatives have this same logic:

“You don't have fire insurance?”

“No. I don't have a house either.”

“But that is no reason not to have fire insurance. Because, if you should own your own house, one day,

then the first thing you will need will be fire insurance – just imagine if you bought a house, and, while you were signing contracts, it caught fire – you would have directly set fire to your money. However, if you had taken out fire insurance in good time – well ...”

And so, you take out your fire insurance, just to be on the safe side, without even having a house. Just to make sure. And it doesn't cost much.

Happiness in a Pill

Whoever understands that will not fall for the tricks of the industry. Happiness isn't to be found in a pill. Happiness isn't a permanent condition. You can't control life in the same way that you can control what happens in a film. You don't need a blockbuster.

Whoever thinks it is too much of a risk is susceptible to drugs of all kinds, both legal and illegal ones. Legal drugs serve the same purpose as illegal drugs do. There is a lot of public interest in illegal drug consumption. No action that could be taken to prevent this is severe and harsh enough for these moral guardians. But who is stirred by the legal drugs of the pharmaceutical industry? Who refuses to accept, that the health authority approves legalization? This is the reason, why I'm writing about my experiences. So that you understand the system better. So you ask questions. So you can ask your doctor what type of drug he is recommending, where and how long it has been tested and which side effects it has.

Because the marketing campaigns of the pharmaceutical industry are effective – on doctors, too. Damn – they wouldn't spend such an incredible amount of money on marketing, if it wasn't effective. The pharmaceutical industry calculates exactly. It creates pressure. It wants to plant its chemical view of the world including the possibility of total control into

the heads of the people. And it has a gigantic source of capital to work on its project. That is alarming.

Is Prozac[®]'s History Repeating Itself with Strattera[®]?

Strattera[®] has already been approved for kids. The active ingredient in it is, just like with *Prozac[®]* and other SSRIs, an active ingredient which represses the re-uptake of the neuro-transmitter serotonin in the brain. The thesis here is analog to that of depression:

Unbalanced serotonin level = depressive/hyperactive
Balanced serotonin level = happy/not hyperactive

You've already heard the nonsense about the serotonin theory in connection with depression. There is no abnormal serotonin level. And something as complex as depression or "too much" activity, the question of concentration, etc. cannot be reduced to the amount of one single substance in the brain.⁸⁹ Even if these kinds of pills are useless – they remain dangerous. According to unpublished studies and independent experts' opinions, the SSRIs remain useless but increase the risk of suicide. A drug is being sold that only leads kids and youths to commit suicide⁹⁰.

I'm not creating an innocent, fantastic horror scenario. I'm quoting the Swedish journalist Janne Larsson⁹¹: "An unpublished discussion paper from the Medicines and Healthcare Products Regulatory Agency reveals 130 cases of suicidal tendencies in one month (September 23, 2005 – October 25, 2005) following treatment with *Strattera[®]*. Furthermore, it mentions

766 spontaneous reports of cardiac disorders and 172 reports of liver injury and 20 completed suicides.”

And here, we have to correct our statistics; the number of registered suicidal tendencies as of January 2007: 600. They doubled within months⁹².

Even an opinion maker/leader, like Dr. Alan Greene⁹³, who is generally positive towards *Strattera*[®], says that its safety and effectiveness in young patients hasn’t been proven. “The safety and efficacy of *Strattera*[®] in pediatric patients, less than 6 years of age, have not been established. The efficacy of *Strattera*[®] beyond 9 weeks and safety of *Strattera*[®] beyond 1 year of treatment have not been systematically evaluated.”⁹⁴ Furthermore, “Studies show that the drug can impair sexual function in both men and women. [...] I am wary about giving a medicine that affects sexual function to children whose sexual organs are still developing.”⁹³

Greene also mentions, that there are no long-term results concerning the efficacy and safety of *Strattera*[®]. But even in the short period of nine weeks, there have been notable changes in their small bodies:

“We also know that in the short-term studies (less than 9 weeks), the children on *Strattera*[®] *lost weight*, while their peers were gaining. In the longer studies, children on *Strattera*[®] fell short in both their weight and their height growth curves. No one knows, whether or not there will be any effect on adult height – or on the adult brain, or GI tract, or sexual organs, or *any* organ.”

In view of this, it is amazing that doctors in Germany support the approval of *Strattera*[®]. Even a serious German radio station featured the following sequence in its consultation program. Watch out for the last sentence.

“Psychotherapy, in this case behavioral therapy, helps just as much as medicine. The only disadvantage: The effect comes after some weeks or months – for exasperated parents it is often too late.”⁹⁵

Of course, why should you and your kid put up with such a long waiting period, if you only have to swallow a pill? Bingo!

After all, you trust the doctor, and he only wants the best for his patients, doesn't he? Nevertheless, it poses the question relevant to practice: Are the kids really cured after nine weeks? And if not – what happens, then? Do you just stop the medication? And how does it continue? Well, after nine weeks, your kid becomes a guinea pig for Big Pharma.

At the end of 2006, I attended a conference of the political party, The Greens (*Grünen*), in Berlin. It was discussed, whether to test young kids for possible psychic illnesses. What? Here in Berlin. Today, not in 1940. No, today! These questions are being seriously discussed – and the pharmaceutical industry and politicians are frantically working together on its implementation.

“Without Boundaries?”⁹⁶ That was the title of a questionnaire for parents in 2004, which was developed in cooperation with the so-called World Federation for Mental Health. And wasn't this questionnaire also an advertisement for ADD?

It might make sense to wear warm socks to prevent catching a cold. But to preventatively treat completely undefined psychic illness or behavior that someone or other has classified as undesired is insane.

Strattera[®] was approved in Germany. And you will have to defend yourself in the near future, if your child runs “wildly” across the schoolyard, if they get an F on their report card, or if they laugh too loudly in public. In twenty years swallowing these wonder pills

will be as normal as swallowing vitamin tablets. This drug will probably not be stopped for the next twenty years – when it has become impossible to hide the terrible results of its side effects and long-term effects.

And I ask you: Is this what you really want?

My Complaint about the ADHD Advertisement

Oh yeah, and in case you are wondering why the medical regulatory authority and other authorities even allow such misleading propaganda, as that found in *Eli Lilly's* ADHD advertisement – I can tell you. I had my lawyer lodge a complaint. About two weeks later we were informed that the complaint was futile – because the advertisement didn't violate any laws. The product name isn't mentioned in the advertisement. Everything points to it – but this small detail makes it possible for this advertisement to be legal in Germany. The legal system protects companies, not patients. But that doesn't bother me. I will continue to fight them.

The reply from the FDA is also interesting. In a response to an enquiry about why they didn't intervene and why pharmaceutical companies were allowed to publish misleading and incorrect advertisements concerning the serotonin scam, the FDA answered:

“...these statements are used in an attempt to describe the putative mechanisms of neurotransmitter action(s) to the fraction of the public that functions at no higher than a 6th grade reading level⁹⁷.”

Sixth grader? At what reading level are those doctors who prescribe this stuff, then? At what level are the regulatory authorities, that allow this and, in doing so, make the patients fair game for cunning modern quacks? And for what reason should you be allowed to lie to someone with the reading skills of a sixth grader?

CHAPTER 18

Depression – A National Disease? Kids on the Most-Wanted List

Now, a further dimension is revealing itself in the nationwide testing of kids for “mental illnesses”. In the United States, these are part of a government program called the *Texas-Project*, and the pharmaceutical industry obviously had its finger in the pie, when it was set up.⁹⁸ In Germany, they are trying to set up something similar.

Before I go into detail, let me say this: Even the idea itself is absurd. Mental illnesses, that do occur, but relatively seldom, are raised to the level of an epidemic. As if we were dealing with lice or a flu virus, all kids are addressed and suspected of being infected. You have to prove the opposite first. You have already seen this strategy as regards to hyperactivity. Witch trials were based on this type of “logic,” too. A further effect is reached with the statement: So, just as lice are unproblematic to treat, that’s how it is with mental illnesses, too. And school is the right place to provide clarity. Even schools are forced into the pattern of thought of the pharmaceutical industry, and are suddenly part of the marketing. This is just perverse.

Allen Jones, insider of a state regulatory authority, who is researching these connections against the will of his bosses (although this type of enquiry would be the job of the authority), revealed that key officials with influence on health planning had received money

from those pharmaceutical companies, that were involved in the Texas project. *Eli Lilly* is one of them. He was fired for talking to the *New York Times* and the *British Medical Journal*.

Allen Jones calls this program a Trojan horse. The content of the wooden horse: the new drugs of the industry. Even the *British Medical Journal* reports about this strategy, pointing out that schools are in a key position. Fifty-two million kids and six million adults could be their target here. An awesome market.

From Questionnaire to Social Phobia

The data is collected with the help of simple questionnaires. It isn't possible without parental consent, but tricks are used. Forms only have to be filled out, if the parents are against this strange screening procedure, which is then handed in at school. If the kids don't hand in a form, it means the parents consent. That's what you call "passive consent". A lost form. A forgotten form. Just imagine if the health authority sent you a form by post. If you don't send it back you have auto-matically given your consent to be admitted into a psychiatric unit. Hmm. Passive consent is a big hit. You have a 95 percent chance, that the kids will take part. The marketing guys are laughing. Mine would have earlier, but now I have a small son – and I'm worried about him. Because I know how it works.

Cutting out the Parents

This handy trick of passive consent is used in many US states. Where they work with normal "active consent," there is also a solution: The TeenScreen department of Columbia University, for example, gave the kids free tickets to the cinema, if they managed to get active consent from their concerned parents.⁹⁹ TeenScreen lures nine year olds with coupons for

cinemas or food with “I completed TeenScreen” anti-stress balls, pizza parties and candy – if they agree to go through the procedure and fill out the questionnaire concerning suicide. Afterwards, they contact their parents.

The TeenScreen project coordinator, Kathleen Cigich, was quoted with the words: “We found early on, though, that sending out letters directly to parents is prohibitively time consuming and gets a low response rate. We thought, why not go to students themselves and offer a \$5 video store coupon to anyone who brings back a parental consent form within a two-day turnaround period. It works. Our response rate is extremely high.”¹⁰⁰

So the kid sits down with its TeenScreen candy in one hand, a pen in the other, and ticks “yes”/“no” to questions like these:¹⁰¹

- Has there ever been a time, where nothing was fun for you and you had lost interest in everything?
- Has there ever been a time, where you couldn’t do anything right?
- Has there ever been a time, where you thought that you weren’t as good-looking or clever as others?
- How often have you parents been angry with you, because of your behavior or your feelings?
- Have you often been nervous, if you had to do things in front of other people?

- Have you often been worried about a sport contest?
- Have you tried to commit suicide in the last year?
- Do you still think about committing suicide?
- Have you seriously thought of committing suicide?
- Have you often thought of committing suicide?
- Have you ever tried to commit suicide?

If you ask me: this is some kind of hypnotic suggestion or hypnosis. If there are such phenomena, then this is the technique of questioning to get someone to think intensively about suicide.

The Hocus-pocus Label

This is the third step. On the basis of the answers, the kid is brought to a doctor, who thinks up a label for the kid:

Social Phobia?
Panic Disorder?
Anxiety?
Obsessive Compulsive Disorder?
Active Suicidal Ideation?
Passive Suicidal Ideation?

Psychiatrists have a bible. It's a long list of 374 psychotic states, which they call abnormal. How do the psychiatrists come up with these states? Well, you can imagine how, I'm sure. But seriously, they simply

agree on it. Tana Dineen, a Canadian psychologist said:¹⁰²

“Unlike medical diagnoses, that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in *DSM-IV* are terms arrived at through peer consensus (of the psychiatric association, note of the author).”

With the results of the questionnaire and the label from the doctor, they go about treatment. Which treatment? Drugs. A survey of recently trained child-psychologists revealed that nine out of ten cases are treated with drugs.¹⁰³

The aim of this survey is then simply the sale of drugs. The TeenScreen tests come to the result that ten percent of kids are mentally ill.¹⁰⁴ So, the whole thing is done with turnover in mind. Eight million kids in the United States swallow drugs that change their awareness. Legally. Eight million kids can't be mistaken. Questionnaires are great.

Is Everything OK in Germany?

So, what's the situation in Germany? Everything is better in Germany. That sort of thing can't happen in Germany. That's what a lot of Germans like to think about their doctors and their health system. Unfortunately, this just is not true. Kids are swallowing more and more psychotropic drugs. *Ritalin*[®], the drug used for ADHD, was prescribed 20 times more frequently in 2004 than in 1995. A result of evil computer games? Or just clever marketing methods that reduce human thinking to supposedly simple mechanisms – and let pills appear to be a logical consequence? The figures in Germany and the United States are compared in the German magazine, *Der Spiegel*:

“Between 1994 and 2001, scientists at Boston’s *Brandeis University* recorded an increase of 250 percent in psychotropic drugs prescribed to youths. They calculated that boys receive a prescription for drugs that have an effect on the mind at every tenth visit to the doctor’s office. Only a few such medicines are allowed to be given to patients under the age of 18 – typically drugs for Attention Deficit Disorder with Hyperactivity (ADHD) or depression. In Germany, the rate has increased even more. According to the current medical prescription report, the active ingredient in *Ritalin*[®], methylphenidate, was prescribed 20 times more frequently in 2004, than it was in 1995.”¹⁰⁵

And, you can sense it already, even *Der Spiegel*’s author noticed: “many manufacturers save themselves the effort of testing, whether and at what doses these drugs are suitable for kids.”

The epidemic of depression is a prime example of this strategy of the expansion of target groups, the hazing of diagnostic boundaries and the delimitation of drug consumption. The methods of talking a population into such an illness are well-known. Some of the means used to achieve this are new. The magnitude this has reached is new. And it is also new, that kids are being unveiled as ill.

CHAPTER 19

Zyprexa[®]

Courts are the only places where the pharmaceutical industry can actually be forced to reveal information. Mostly, they avoid this by offering the plaintiffs a lot of money in out-of-court settlements, in order to stop the trial ahead of time and make sure that they don't have to open the lid on their files. As in the Fentress case, for example.

Death is a Company Secret

If the files are opened, the following happens: The information is classified as “confidential” and isn't made accessible to the public. That still happens today¹⁰⁶.

“*Eli Lilly* produces literally hundreds of thousands of documents and classifies them all as confidential.”

But: “These aren't documents that *Lilly* wants to keep confidential from its competitors. [...] *Lilly* wants to keep this information from doctors and patients.”

Zyprexa[®] (active ingredient: olanzapine) is the latest *Eli Lilly* hit. It's a drug, which was approved for schizophrenia. I'm not just mentioning it, because all the elements of my own doing are echoed in *Zyprexa*[®], but because it shows how up-to-date my past is. What was initiated back then is now a routine. For this reason, I will only briefly outline the methods used.

Zyprexa[®] is for the weakest members of society, kids, old people and the mentally ill. As you have seen in the other examples, Europe isn't as far away from

America as some would like it to be. In some cases, the German authorities were slower than the Americans (benoxapofen). In others, they were marginally quicker (fluoxetine). I don't know the situation with *Zyprexa*[®] in Germany and Europe, but the following is already happening in the United States. And there is no reason to believe that these things couldn't or aren't already happening in Germany. You and I will probably be the last to find out.

The monetary magnitude of this insanity is reaching dizzying heights. The turnover from *Zyprexa*[®]: \$30 billion. \$4.2 billion last year, alone. Only in the United States. Just one single drug. For schizophrenia. Are there really that many schizophrenics? Are they being forced to eat *Zyprexa*[®] just like bread? Or where do these figures come from? Obviously, not from regular sales. But from off-label sales. *Zyprexa*[®] is sixth on the list of the most sold drugs.

"In the United States, 70 percent of *Zyprexa*[®] sales are to government agencies (for health programs for the socially weak; note of the author), mostly to Medicaid. If just a handful of large states were to limit *Zyprexa*[®] sales, *Lilly's* profit and share price would be likely to suffer significantly, analysts say."¹⁰⁷

The Texas Project belongs to these sorts of state programs. At the time, when the Texas Project was launched, George W. Bush was Governor of Texas and he declared that the state welfare programs were being expanded to psychotropic pills. Kids, old people and the mentally ill are the patients, who ensure the turnover of this drug in a handful of states. You really have to ask yourself, whether they are being forced to eat this stuff?

Of course, this is about a drug, that is not only controversial because of its efficacy, but it also attracts

attention because of its side effects. Two of these are particularly important: weight gain and the risk of developing diabetes.

Can it even be said that the pharmaceutical industry is seeking to promote these very side effects? Are they trying to make people ill? Turning people into diabetics – to then sell them insulin? I’m seriously beginning to wonder.

Internal *Lilly* documents, like those that were passed on to the *New York Times* by an attorney in Alaska, who represents people with mental illnesses, point to the fact that *Lilly* has played down the seriousness of the side effects of *Zyprexa*[®].

Lilly didn’t reveal to doctors that their own data showed that 16 percent of those patients, who had taken *Zyprexa*[®] for a year, had gained more than 33 kg.

The documents also suggest, that the company instructed its representatives to promote the drug for the treatment of other complaints besides bipolar disorders and schizophrenia.¹⁰⁸

Since then, *Lilly* has been trying to stop this information by obtaining restraining orders, which not only reached the *New York Times*. Wouldn’t it be consistent for an ethically oriented company to update the package inserts and warn of the serious side effects that have been known for years?

\$1.2 Billion Hush Money

Even the amount of out-of-court settlements (hush money for victims) is unbelievable in the case of *Zyprexa*[®]. We are talking about 26,500 trials and a total of \$1.2 billion, which were spent on silencing the victims and ensuring that *Lilly* wasn’t forced to disclose its confidential files in court. Then, once again, clinical studies had been insufficient: The approval had been based on 2,500 patients, who took

part in a six week study. Two thirds of them didn't remain for the entire six weeks. Twenty-two percent of the participants had had "severe side effects," and there were apparently twenty deaths, twelve of which were suicide, according to Robert Whitaker, who had access to data from the FDA.¹⁰⁹

For the company, it is definitely worthwhile, despite the large sums of hush money paid, because the sales figures continued to rise, by another 12% in 2006. Terrific growth rate. Where does it come from? In the free market economy, it is rather seldom. Here, this is a type of state-managed economy in the heart of capitalism. But, as in the case of my career – the peak is naturally the turning point. There is still hope, that everything could turn out differently. Help is coming from an unexpected source – the insurance companies. They are possibly no longer willing to pay the gigantic sums, which the trials of thousands of plaintiffs cost the pharmaceutical company¹¹⁰: Since trials, like these, are usually settled out of court in order to keep those skeletons from coming out of the closet. If *Lilly* has to stop the off-label sale of *Zyprexa*[®], which accounts for the absolute lion's share of its sales, they will no longer have the money to pay off the plaintiffs. Then, the skeletons would have to be let out of the closet. And no one would be able to sell *Zyprexa*[®] then, not even those smart representatives from *Eli Lilly*. I'm eager to find out how it will turn out.

CHAPTER 20

Disinformation in the Waiting Room

“Experts at the Institute for Evidence Based Medicine in Cologne analyzed 175 brochures and leaflets with 520 concrete medical statements. These brochures were from renowned companies, such as *Aventis*, *Bristol-Myers*, *Squibb* and *Pfizer*, and had been handed out to doctors in North Rhine-Westphalia in Germany, who had then put them in their waiting rooms. The researchers from Cologne found that 94 percent of the publications contained unverified, misleading and even false product information.”¹¹¹ (underlined by the author)

Excuse me, but you can no longer talk of a mistake, when it involves unverified, misleading or false information in 94 percent of the cases. It cannot be a mistake, if almost everything stated is false and untrue. I would call it downright intentional.

And now, these obviously completely misinforming brochures are lying around at the doctor’s – well, doesn’t he know better? Is lack of knowledge the main factor here, or is it loyalty to the generous pharmaceutical companies?

At any rate, it is impossible for patients to test these medical statements for themselves. And even if they were skeptical, because it was about a sales brochure – you still wouldn’t believe, that the content wasn’t even sensible – let alone truthful. After all, the leaflets and brochures are in the doctor’s waiting room in his office – a college-educated individual. That can’t

be that wrong, can it? After all, I trust him. Him and his competence. Maybe he's even the whole family's doctor. And if I can't trust him – who can I trust? It is not easy to doubt, when it comes to such personal things, the health or suffering of a relative that you would only discuss with a doctor. You find yourself in a situation, where you are all but damned to trust. Can't you just see those pharmaceutical representatives rubbing their hands together?

Along with the glossy brochures, they also try to get information to the patients in the form of home-made, badly copied pieces of paper, which the pediatricians for example distribute in their offices. These are about additional vaccinations which aren't covered by health insurance. Not yet. In these photocopies, the following words and groups of words are emphasized:

Additional vaccination for your son
pneumococcal disease
Life-threatening
Pneumococcal disease is contagious
Good reason to protect all of your children
Risk increases threefold
Threatens siblings
Especially for kids
Effective and well-tolerated
Not covered by health insurance
Ask us for more information

The strategy analyzed in the more complex *Strattera*[®] advertisement is clearly found here. First, it “informs” us of the danger. Obviously in the superlative. It is no less than life-threatening. Furthermore, it is spread so easily, that it's a wonder that we haven't all died from it, already. We are

warned, in particular, about the safe-keeping of the family: Brothers and sisters can easily infect each other. But the active ingredient is, however, completely unproblematic, and the life-threatening danger disappears if you take it. However, the health insurance companies are too stupid to understand such simple connections. That's why you, the worried yet responsible parent are called upon to dig into your pockets. Clear the way. Dig into your pockets, as far as possible ... that's good ... well done. What would you do? Of course, you would open your wallet. Prevent the threat to your child's life for just 84 Euros? Bargain. And, in the best-case scenario, you've only thrown 84 Euros down the drain.

The abuse of mutual trust is a basic mechanism in generating profit in the business with illness. Particularly with the fear of illness. And, in this business, to explain a normal phenomena as an illness.

Central to this is the patient's trust in his doctor and, as an extension of this, the patient's trust in medicine. This includes the citizen's trust in government agencies, which are equipped with the necessary resources and the necessary know-how to test the efficacy and potential danger of new active ingredients – and which (should) have the power to confront Big Pharma and, if need be, not to give approval to an active ingredient for the local market.

The main activity of the pharmaceutical industry is to influence all of these intersections. By means of bribery. Which, again, is also a matter of trust: The one who takes and the one who gives are both in the same boat. Both are interested in keeping the matter confidential. That's why it is so difficult to tackle this corruption from the outside. That's why I'm revealing it here.

Health System Infected with Corruption

You can buy blind trust. The fact that corruption is more the rule than the exception and is part of the system – that is demonstrated exemplarily by *transparency international*.

In their report about corruption in the medical world¹¹², they perceive these to be in close relation to the problems of the financing of the German health system. And they suggest a therapy. “The increasingly elderly population plays a minor role in the financial structural problems and the increase in costs for treatment is self-made, due to structural deficits, one of which is corruption.”

The increase in the percentage of old people in society is gladly used as an argument for the health system’s increase in costs. Not a bad strategy, if you aren’t searching for solutions. Because you can’t change much in the population development on the short and medium term. Not when compared to criminal behavior. For criminal behavior, bribery, mafia structures and cartels there is a broad legal basis, upon which you can act.

“Fraud, waste and corruption have eaten their way into the structures of our health system in Germany, which is organized at federal-state level, during the past decades of continual economic growth. The individual doctor, dentist or pharmacist, the individual insured person, the individual small supplier of goods or services can hardly understand, let alone change these things – even with great effort – in light of the market power of the respective industry and its organizations and in view of the intransparent, fossilized structures of self-administration and state control. The annual loss is estimated to be tens of billions.”

If it is really just as these independent corruption observers report – then it makes my memoirs all the more worthwhile. Because I am a chief witness of this strategic corruption.

CHAPTER 21

What You Can Do?

There are things you can do to protect yourself and your next of kin from insane and dangerous medication. Above all, you should gather information from a variety of sources. The Internet can be of help. But beware: Many websites are sponsored by the pharmaceutical industry, so, search for different sources.

Ask Your Physician or Pharmacist

Ask one, many or all of the following questions. You have a right to patient, detailed and comprehensive answers, which are also understandable for those outside of the medical profession. They don't question the competence of the doctor. Ask-ing these questions doesn't mean doubting the relationship of trust or even revoking it. On the contrary – in a relationship based on trust – these questions are completely legitimate.

Illness Check

- Is the illness, I have been diagnosed with, even an illness?
- How long has it been recognized as an illness?
- Where do you have this information from?
- Which theories is it based on – and which sources prove their correctness?

- Who do you have this information from?
- Where can I get alternative information on this topic?
- What is the current research status of this topic?
- Where do you have this information from?
- Where can I inform myself about this?
- How are these information sources financed?
- Which alternative treatment methods do you know of?
- Where can I find information?

Drug Check

- Has this drug been approved for this symptom or illness?
- Who do you have this information from?
- If it has been approved for my indication - how many test subjects were given it under scientific conditions?
- Who do you have this information from?
- How much more effective is it than a placebo?
- Who do you have this information from?

Physician Check

- Would you take this drug yourself?
- Would you prescribe it to your own kids?

CHAPTER 22

Possible Solutions

I'm making the following suggestions, not because I'm against medication and the pharmaceutical industry per se, but I am against their marketing methods. The suggestions are the consequences of the aforementioned.

Problem:

Patients as Guinea Pigs

Up until their approval, many drugs have only been tested for an extremely short period of time. Take *Prozac*[®], for example: the maximum was about three months. With *Strattera*[®], about nine weeks. Are the patients then cured, after this period of time? And if they use it for longer, what happens then? And what should they then do after the nine weeks are up? The pill is often the last resort.

Solution:

Long-term studies should be part of the minimum criteria to be able to apply for the approval of a drug.

Problem:

Reporting Side Effects

Doctors in Germany aren't obligated to report unexpected side effects of drugs.

Solution:

Obligation for doctors to report side effects.

Problem:

The Bermuda Triangle

Data goes missing in the Bermuda Triangle between scientists, health authorities and the pharmaceutical industry. Why are they the only ones involved in the process of data collection and not the patients themselves? All of those in the Bermuda Triangle have financial interests, which brush aside a possible interest in the truth. In contrast, the patients are the ones, who have to swallow this medication. They are first and foremost interested in the efficacy and safety, because often enough, it is their lives and not their bank accounts that are at risk.

Solution:

Patients should have the right to report possible problems and side effects themselves. I've read, that this suggestion was recently made in Sweden.¹¹³ Whether this potential solution is practical in reality, would quickly become clear.

Problem:

Corruption isn't Punishable

Up until now, only public officers in Germany can be prosecuted for corruption. But external experts, who play a considerable role in the approval process, know that they needn't reckon with punishment, if they hold out their hand. In Sweden, it was like that, too – until the law was amended, due to my statement.

Solution:

Amendment of the legal situation in Germany. Patient protection is most important. And I am not alone in this demand: "The existing law must be checked. The fact that doctors in private practice aren't public officers

shouldn't be allowed to result in their taking money or cash value advantages at the cost of the insured community, without being punished for doing so," stated Dr. Anke Martiny.

Legal decisions show that the manufacturing company can, at least, be prosecuted with high monetary penalties. Finally, the time has come for the legislator to consider liability provisions, which allow the health insurance companies to reclaim monies without bureaucratic expense, which they miss out on, due to fraud, acceptance of benefits, granting of undue advantages through economics and doctors.¹¹⁴

Problem:

Information Monopoly

The health authorities are completely dependent upon the information, which the pharmaceutical companies give them. That's why, time and time again, problems with drugs are covered up or announced, too late.

Solution:

There should be independent institutions that have access to all of the information concerning clinical trials.

Problem:

The Clinical Studies

The protocol of clinical trials is drawn up by the pharmaceutical industry. This enables them to carry out tests in such a way that produce good results for them.

Solution:

There should be an independent state organization, which can check the protocols in advance and reject them.

Problem:

Out-of-court Settlements

This is useful in neighborhood disagreements, minor car accidents and similar daily annoyances – the possibility of settling out of court and stopping the proceedings. It should not be possible in the case of legal action taken against pharmaceutical companies, due to side effects. In the case of neighborhood disagreements, the costs of the lawsuit probably exceed the amount in dispute and time would be wasted on futile proceedings that are of no public interest. Yet, with proceedings against the pharmaceutical industry, the opposite is the case: Trials are often the only way, in which this information about drugs, that the pharmaceutical industry would like to keep locked up in its safe, can be made public.

Solution:

As far as health and new active ingredients are concerned, there is always public interest. What may be sensible in other cases is dangerous here. Files, which are used in these proceedings, should be made accessible to the public.

Problem:

National Health Authorities versus Multinational Companies

The health authorities in various communities communicate too little with each other. If problems arise, as in Denmark with benoxaprofen, it is up to the manufacturing company to decide whether or not this information is passed onto the health authorities in other countries, where this problematic product is awaiting approval. And how do you think a pharmaceutical company deals with this freedom of choice?

Solution:

Rapid exchange of information between the national regulatory authorities.

Problem:

Data Transparency

Data from terminated studies needn't be made public. Yet, it is exactly those, which contain the very information about potential risks. Not those studies, which are set up so that the results turn out positively for them and their turnover.

Solution:

There must be an obligation to provide complete information. It should be possible to stop registration simply for the fact that this duty has been neglected.

Problem:

Advertising

Advertisements for medicine or made-up illness should be cut back or forbidden. This tale shows that advertising in no way contributes to consumer information, and that it isn't at all intended. Much more, ads aim to create pressure on the parents and educators in the case of ADD. This large group passes this pressure onto the regulatory authority. And, in doing so, they are playing into the hands of the pharmaceutical industry. So, advertising in the pharmaceutical industry has a completely different aim to that in other areas of the economy. It is an instrument of power.

Solution:

Advertising ban on medicines and illnesses.

Problem:

Isn't Murder Punishable under Different Names?

Many of the products mentioned have fatal side effects. It is often maintained, that each killer drug helps many others. This pattern of argument is repeated time and again. For example here, in a press release from *Eli Lilly* dated January 2007, concerning the death of a patient, who swallowed Zyprexa® (active ingredient: olanzapine): "*Lilly* is saddened by the death of Mr. Kauffman." But [...] "we want to provide enough information to reassure the millions of patients, who are taking this lifesaving medication. [...] this patient had a complicated medical history."¹⁵

In other words: It was his problem that he died from taking *Lilly's* drug. Just as it was that student's problem, who hanged herself in *Lilly's* lab? She had been chosen as a guinea pig, because she was mentally stable. And this expression crops up again and again: "lifesaving medicine". Just like that antidepressant – where it was preferred not to do the tests on those with depression – because they are guaranteed to have committed suicide, if they'd taken it. Like benoxaprofen that makes lame people dance – and then die in the middle of their dance, due to kidney failure?

What's going on here? Their death is practically calculated against the cases, in which people were (supposedly) helped. That is completely immoral. And also illegal. And all that happens with drugs that don't even cure illnesses, but only alleviate symptoms.

Have you heard of the debate in Germany about shooting down passenger planes, if they are hijacked by terrorists? The German minister of the interior wanted to introduce a law, which would allow a fighter jet from the armed forces to kill passengers in such a case, in order to let other people be saved. It is fact that

innocent people would be killed – whether others would be saved is completely unclear.

Conclusion:

Nothing justifies murdering people. The life of a patient cannot be offset against the life or possible safety of another.

But the pharmaceutical industry calculates like that. If they know that only 0.1 percent of patients, who take the active ingredient, could die, then that is a good calculation. “0.1 percent”– that doesn’t sound like much. What are 0.1 people? Not a person. These products are often sold a million fold, sometimes even a billion fold – and then the 1 after the dot moves in front of it – and the first person dies. Then it’s 10, 100, 1.000 ...

“A single death is a tragedy; a million deaths is a statistic.”

(Lenin)

Solution:

Whoever kills, should also have to stand trial. Don’t you think that in this way, in the shortest amount of time, people with normal ethical standards would surrender their jobs on the board of directors of those multinational pharmaceutical giants?

EPILOGUE

So, that's my story. I would like to stress once again, that I am not generally against medicine. I myself am dependent on it – as a diabetic and because I have a pacemaker.

Every drug will have side effects. I am perfectly aware of that. I'm not saying we should throw all medicine into the trash can and die when the time has come.

I'm not even saying, that the pharmaceutical companies should be accused, if one drug that heals thousands of people has side effects.

But, if a drug, which doesn't heal, but only alleviates symptoms, burdens 50 percent of its users with serious side effects – then I think that's irresponsible. If this drug is labeled without a warning of its side effects – then I call that a crime. And, if finally, natural mental states are made into illnesses in order to fill up our kids with psychotropic drugs – then I get very angry.

I was a tool for this logic for long enough. I'm old, but not too old. Today, I'm trying to override the practices I used, which are still being pushed.

Today, I live in Germany. When I moved here, I thought this country was immune to the criminal manipulation of the pharmaceutical industry, because of its serious research and correctness. Incidents at doctor's visits with my little son, that ADHD info and further research, have proved that Germany is just as much part of the network of the pharmaceutical

industry, science and authorities as Sweden or the United States. Germany is part of the highly developed western world.

And what about the so-called Third World? If all of what you have read is going on in the first, then you can imagine what is happening in the Third World, can't you? That's enough for another book.

And even the politicians have to ask themselves why their interest in a fair pharmaceutical market is so small. Just consider, so much money flows into the health system into channels that have absolutely nothing to do with providing for the patients. My story shows, that this is a general problem. If the health system can be improved simply by stopping the corruption – why isn't anyone doing anything to stop it? That would be a job for politics. Appropriate laws must be created. And there must be an interest in passing these laws. But instead, they are discussing the increasing age of the population in Germany. It could be so much easier. And instead, they are debating about military operations in far away countries. Nobody speaks of the problems at home. Why not?

Don't let yourself be buffaloed: The problem is admittedly quite complex, and all of those in it – doctors, scientists, industry, authorities, judges and politicians have strayed off course. But it is still humans who decide at each intersection. That is what is decisive.

My story shows this to an alarming degree. Authorities aren't faceless. The pharmaceutical industry isn't faceless. For outsiders, it is damned difficult to get access to this sort of hermetic system – you even get refused by the receptionist. But these symptoms aren't unidentified. People make decisions there, and people aren't just potentially corruptible – corruption happens. More frequently than you would

dare to believe. You cannot accept this. It can be changed.

I was part of this system. I have decided to act. This book is the first step. It is, however, impossible to compete alone against Big Pharma. Only together can we – the public – change things: By asking questions – awkward ones, too – at the doctor's, drugstore and in the newspapers; by stopping to believe that doctors are demigods, that deserve our trust without condition; by not falling for newly invented illnesses, which the pharmaceutical industry wants to talk us into.

And here is a message to all doctors, who prescribe psychotropic drugs to kids:

Would you give that stuff to your own kids?

Please, think about it.

You are in a key position.

APPENDIX

Curriculum Vitae
John Virapen

International Business Consultant More than 35 years of international experience. In the pharmaceutical industry with expertise in:

- Acquisition
- Management
- Start-ups
- Expansion
- Employee leadership
- Marketing and sales
- Negotiations with authorities and regulatory authorities

Languages:

Fluent English and Swedish Working knowledge of Spanish, German, Danish and three Caribbean dialects

Since 1990:

Active consultant for various pharmaceutical companies in Latin America, Central America and the Caribbean, main focus: Monitoring of market expansion, restructuring of areas, cooperation with authorities, support of approval procedure, trader recording and assessment, business plans and

marketing strategies, compiling price-guidelines and regional management.

1989 – 1990:

Acquiring investors and preparing business plans for *Alpha Paper Products*, a paper manufacturer in Puerto Rico. Organization and supervision of all necessary steps until production started.

1979 – 1989:

Internal career advancement at *Eli Lilly & Co.* Recruitment following enticement from a position at a competitor as international product manager for four Nordic countries with the main focus on Product promotion and marketing. Promotion to Managing Director of *Eli Lilly* Sweden, Increase in turnover from \$700,000 to \$15 million Promotion to Marketing Director of *Eli Lilly* Puerto Rico S.A. in 1988.

Up until 1979:

Twelve years of experience in sales, sales promotion, product promotion and coordination of clinical studies for various international pharmaceutical companies.

Education

PhD in Psychology (doctoral degree)

Business Administration – Lund, Sweden

Four-year medical degree.

20 years of continuous advanced training in all areas of the pharmaceutical industry, including specialist courses in clinical pharmaceuticals.

GLOSSARY OF THE PHARMACEUTICAL WORLD

Approval – Phases

Before a doctor or pharmacist gives you a packet of uncertain content, it has been through several formal testing phases. First, the drug is tested in the laboratory. Then, in animal experiments. Then, they dare to try it on humans. After completion of the clinical trials, the data, which has been collected, is passed on to the regulatory authority. This assesses, whether the substance is effective and if it is safe. At every step, there is massive fraudulence, time and time again. Otherwise, many of the most well-known medicines of the last 30 years would presumably never have found their way into the drugstore, the clinics and to you. If problems arise in clinical trials, the trial can be stopped and the data concerning the failure of the active ingredient doesn't find its way to the regulatory authority. Those who review the data by order of the authority (scientists) often have a financial interest in the approval of the substance, because they could then carry out studies, which provide them work for the next few years. Often, drug trials, which have been carried out over short periods of time are sufficient for their approval and no one knows what the long-term effects of them are. The patients, who are prescribed these medicines, then take part in an involuntary large-scale experiment. Most of the results of these studies disappear together with the patients.

Atomoxetine

A medicine, which was originally developed for the treatment of depression, but proved to be ineffective for depression and its chemical structure strongly resembles that of fluoxetine. Atomoxetine was approved in Germany in March 2005 for ADHD and is marketed by *Eli Lilly & Company* under the name *Strattera*[®]. As far as the treatment of children and adolescents is concerned, the same precautionary measures are to be watched as with the serotonin re-uptake inhibitors. Furthermore, since September 2005, there is information available from the manufacturer, which states that, when compared to children taking a placebo but not adults, there is a significantly increased risk for those taking atomoxetine, since it is conducive to and triggers aggressive behavior, suicidal tendency and suicidal action. If suicidal thoughts occur while taking the drug, the medicine should be stopped.

Benoxaprofen

Name of an active ingredient, which is used in the following products: *Opren*[®] (USA) and *Coxigon*[®] (Germany). Benoxaprofen is supposed to be an anti-inflammatory and was prescribed as a medicine for rheumatism. It was given approval in Germany in 1981 and in 1982. It was withdrawn from the market following many deaths.

BGA The German Federal Health Office

The German Federal Health Office (BGA) was founded in 1952 as the successor to the Reich Health Office and was the central state research institute in the Federal Republic of Germany in the area of public health. It was based in Berlin. Its task was to recognize the risks to human and animal health at an early stage, to evaluate these and contain them, within the

framework of its legal competence. In 1994, it was abolished, during a restructuring process. Six independent organizations arose out of it. Today the Federal Institute for Drugs and Medical Devices (BfArM) is responsible for the approval of drugs.

Coxigon[®]

See: Benoxaprofen

Eli Lilly & Company

A pharmaceutical giant with headquarters in Indianapolis, Indiana. It was founded in 1876 by the pharmaceutical chemist, *Eli Lilly*. He began business ethically clean. Today *Eli Lilly* with its 42,600 employees (2005), subsidiaries in 138 countries and its turnover of \$14.6 billion (2005) is one of the biggest pharmaceutical companies in the world.

FDA

Food and Drug Administration. See: Regulatory Authority

Fluoxetine

The name of an active ingredient. The product names are *Prozac*[®] (USA, Great Britain), *Fluctine*[®] (Germany) and *Fluctine*[®] (Switzerland, Austria). Fluoxetine belongs to the family of SSRIs. It is used to treat depression, obsessive-compulsive disorders and bulimia. Suicide is one of the side effects. The use of this antidepressant in children and adolescents, except for improved indications, is extremely dangerous. In this combination, suicidal behavior, (suicidal thoughts and suicide attempts), as well as hostility (predominantly aggression, oppositional behavior and anger) were observed in clinical trials. This is valid for all medicines in the SSRI group.

Indication

(Origin Latin *indicationem* “valuation,” from *indicare* “point out, show,”) the reason for medical action.

Insulin

Insulin is a vital hormone for humans and animals, which is produced in the beta cells of the pancreas. These specialist cells are only found in the so-called islets of Langerhans. The name, insulin, is derived from Latin *insula* meaning island or islet (of Langerhans). The main function of insulin is the regulation of the concentration of glucose in the blood (also known as blood sugar concentration). Various insulin drugs are used in insulin therapy (animal insulin and synthetic insulin). Today almost only synthetic insulin (genetically produced human insulin) is prescribed. The conversion followed partly without the patients’ knowledge or consent and with considerable side effects. The conversion from natural insulin to genetically produced insulin occurred because this new way of manufacturing insulin allowed the manufacturers a larger turnover.

Off-label

Off-label marketing, off-label sale. The term “off-label” is the prescription of an approved drug outside of the use applied for and approved by the national and European regulatory authority e.g. with regard to the indications, it is used for, the dosage or the length of treatment. It is also known as the unapproved use of a drug. It’s widespread practice. Some drugs’ off-label sales account for 90% of their sales.

Olanzapine

Is one of the atypical neuroleptics used in psychiatry, mainly for the treatment of schizophrenic psychosis. Trade name: *Zyprexa*[®].

Oraflex[®]

Product name for benoxaprofen in the United States.

Out-of-court Settlement

If a patient is harmed by a drug, the pharmaceutical company often tries to settle the lawsuit outside of the courtroom. That's worth a lot of money to them, because they can then avoid clinical data being made public. In out-of-court settlements the victims and their next of kin are silenced with money. See: Fentress Case

Prozac[®]

Product name. See: Fluoxetine.

Regulatory Authority

The approval of drugs is a sovereign, national task of protecting the general interests of the public, because the health of the population is dependent on the quality, efficacy and safety of (approved) drugs.

In the United States, the FDA (Food and Drug Administration) is the regulatory authority. In Germany, it was the Federal Health Office (BGA) up until 1994, and now it's the Federal Institute for Drugs and Medical Devices (BfArM).

Rofecoxib

Active ingredient in *Vioxx*[®].

Seeding Trial

A possibility to get a medicine onto the market before it has been approved by inviting doctors to partake in studies with their patients. The aim is to distribute the drug and familiarize doctors and patients with a drug, which has not yet been approved in order to generate turnover (short-term aim) and to put pressure on the authorities by creating awareness of and demand for this drug (long-term aim).

Serotonin

A neurotransmitter in the brain. According to the serot-onin theory: There is a certain balance of serotonin, which is good and imbalance can lead to depression, hyperactivity and all kinds of possible evils. The list is added to daily by the pharmaceutical industry. But, the serotonin theory is scientifi-cally untenable and incorrect. Nevertheless, the idea sells itself splendidly. It reduces complex connections to just one single chemical.

Side Effects

Every substance, which enters the human body, affects more than just one thing. The manufacturer defines what counts as the effect and what counts as the side effect of a drug. They check to find out, which effect they are most likely to get approval for, where they can trick in the simplest way. Once it has been approved, it is easier to get the active ingredient approved for other indications.

SSRI

Abbreviation for selective *serotonin re-uptake inhibitor*. An active ingredient, which stops the re-uptake of serotonin in the brain. For more information see: Serotonin.

Strattera[®]

Active ingredient: atomoxetine. For the treatment of attention deficit and hyperactivity disorders (ADD/ADHD). Since 2005, it is also approved for use in adults, children and adolescents in Germany. The active ingredient is controversial (see: atomoxetine and SSRI).

Trust

The relationship between doctor and patient is one based on trust. At least on the part of the patient. He has to open up, bare his chest and show himself. That demands a lot of trust. This trust in the doctor, as a person, is also automatically extended to the trust in the medication, which the doctor prescribes.

The pharmaceutical industry puts all its efforts into this very transfer of trust.

Vioxx[®]

This was a drug, used in the treatment of arthritis, osteoarthritis, rheumatoid arthritis, acute pain in adults and for primary dysmenorrhea, which was withdrawn from the market in 2004.

Zyprexa[®]

Name of the original olanzapine drug. It was approved for schizophrenia and generates billions of turnover e.g. \$4.2 billion in 2006. *Zyprexa*[®] is the logically consequential culmination of all those manipulative and deceptive procedures, I have described, within the pharmaceutical industry. And maybe the end of *Eli Lilly & Company*.

ADDRESSES

• Here are some addresses where you can find interesting information about various topics dealt with in the book:

- Corruption and Health Care:
www.transparency.org.
- The pharmaceutical industry (in German):
www.arznei-telegramm.de
- Prozac ®, SSRI and psychotropic drugs: Peter Breggin's site www.breggin.com and David Healy's site www.healyprozac.com
- Books on the subject (in German):
- Heide Neukirchen: Pharma Report, Droemer 2005.

FOOTNOTES

1. (in German): Analyse und Bewertung der Unabhängigkeit von Selbsthilfegruppen/-organisationen bzw. Patienten and Patientinnengruppen/-organisationen am Beispiel ausgesuchter Krankheitsbereiche,” Study by K. Schubert, G. Glaeseke, 2005, Bremen; quoted in: “Wer soll das bezahlen, wer hat so viel Geld?” von Magnus Heier, Frankfurter Allgemeine Sonntagszeitung, 12.03.2006, Nr. 48/Page 75 on the Internet: www.faz.net/s/Ru-b8E1390D3396F422B869A49268EE3F15C/Doc~E3EC7A0F2E2724EFAABC18DB81A452961~ATpl~Ecommon~Scontent.html
2. See: http://edition.cnn.com/2006/HEALTH/03/15/uk.clinical/index.html?section=cnn_latest
3. See: Guardian Unlimited, 09.17.2000 © Guardian News-papers Limited 2006 www.guardian.co.uk/Archive/Article/0,4273,4064664,00.html
4. The case was made public and dealt with in the media. For example: www.rense.com/general66/tradesecret.htm
5. Analyse und Bewertung der Unabhängigkeit von Selbsthilfegruppen/-organisationen bzw. Patienten and Patientinnengruppen/-organisationen am Beispiel ausgesuchter Krankheitsbereiche, Studie von K. Schubert,
6. Glaeseke, 2005, Bremen quoted from the Frankfurter Allgemeine Sonntagszeitung (in German), 12.03.2006, Nr. 48/Page 75, in Internet: www.faz.net/s/Rub8E1390D3396F422B869A49268EE3F15C/Doc~E3EC7A0F2E2724EFAABC18DB81A452961~ATpl~Ecommon~Scontent.html PANORAMA Nr. 647 from 11.25.2004. Available on the Internet under: daserste.ndr.de/container/file/t_cid-2856592_.pdf

7. (in German):
www.dradio.de/dlf/sendungen/dossier/479955/
8. Richard Smith, Medical journals and pharmaceutical companies: uneasy bedfellows” in the British Medical Journal, 31. May 2003; available to read under:
www.bmj.com/cgi/content/full/326/7400/1202?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=benoxaprofen&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT
9. *ibid.*
10. *ibid.*
11. *ibid.*
12. This development of *Lilly's* internal communication is quoted by Joyce C, Lesser F. „Oprelvein deaths kept secret, admits *Lilly*” in the New Scientist, August 29, 1985
13. *ibid.*
14. (in German) Bernhard M. Lasotta: Beschreibung und Vergleich der Spontanerfassungssysteme für unerwünschte Arznei mittelwirkungen (Dissertation 1999); see:
www.lasotta.de/Dissertation.pdf
15. Joyce C, Lesser F. „Oprelvein deaths kept secret, admits *Lilly*” in the New Scientist, August 29, 1985
16. *ibid.*
17. *ibid.*
18. *ibid.*
19. *ibid.*
20. *ibid.*
21. *ibid.*
22. *ibid.*
23. Bombardier C, Laine L, Reicin A, Shapiro D, Burgos-Vargas R, Davis B, et al. Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis. VIGOR Study Group. N Engl J Med 2000; 343: 1520-8
24. Paul A Dieppe, Shah Ebrahim, Richard M Martin and Peter Jüni: “Lessons from the withdrawal of rofecoxib” in the British Medical Journal of October 16, 2004; available at:
www.bmj.com/cgi/content/full/329/7471/867

25. ibid.
26. (in German) Prof. Dr. med. Bruno Müller-Oerlinghausen, Vorsitzender der Arzneimittelkommission der deutschen Ärzteschaft (AkdÄ) and Herausgeber der „Arzneiverordnung in der Praxis am 21. Januar 2005 in Berlin. Zitiert in: Richter-Kuhlmann, Eva A. Arzneimittelsicherheit: Vernachlässigtes Waisenkind in Deutsches Ärzteblatt 102, Ausgabe 5 vom 04.02.2005, Seite A-252 / B-208 / C-195
27. ibid.
28. www.tga.gov.au/media/2007/070811-lumiracoxib.htm
29. Paul A Dieppe, Shah Ebrahim, Richard M Martin and Peter Jüni: “Lessons from the withdrawal of rofecoxib” in the British Medical Journal October 16, 2004; available at: www.bmj.com/cgi/content/full/329/7471/867
30. Quoted in: Richter-Kuhlmann, Eva A. Arzneimittelsicherheit (in German): Vernachlässigtes Waisenkind Deutsches Ärzteblatt 102, Ausgabe 5 vom 04.02.2005, Seite A-252 / B-208 / C-195
31. see: Pharmabosse jammern beim Kanzler (in German) www.taz.de/pt/2004/07/07/a0115.1/text.ges,1
32. see: www.interbrand.com/portfolio_details.asp?portfolio=1670&language=ID=
33. (in German) Koch, Klaus: Pharmamarketing: Millionen für die Meinungsbildner: Deutsches Ärzteblatt 98, Ausgabe 39 vom 28.09.2001, Seite A-2484 / B-2122 / C-1987 POLITIK: Medizin-report
34. (in German) Martin Lindner 2006: Versuchskaninchen“ in DIE ZEIT, 31.08.2006, Nr. 36
35. quoted from the article in the English Guardian “They said it was safe” from Saturday 30, October 1999; available at: www.guardian.co.uk/weekend/story/0,,258000,00.html
36. see Heide Neukirchen in “Der Pharma Report” (in German), Droemer, 2005
37. www.drugtopics.com/drugtopics/article/articleDetail.jsp?id=407652

38. In the meantime Fluoxetine has been found in Brazilian diet pills. They are called Emagrece Sim and Herbathin. The FDA warned of their use in January 2006.
39. Financial Ties between DSM-IV Panel Members and the Pharmaceutical Industry Lisa Cosgrovea, Sheldon Krimskyb, Manisha Vijayaraghavana, Lisa Schneidera *Psychotherapy and psychosomatics* 2006;75:154-160 (DOI: 10.1159/000091772)
40. (in German) www.bukopharma.de/Pharma-Brief/PB-Archiv/1998/phbf9802.html
41. *ibid.*
42. *ibid.*
43. *ibid.*
44. (in German) www.bukopharma.de/Pharma-Brief/PB-Archiv/1998/phbf9802.html
45. Sara Hoffman Jurand "Lawsuits over antidepressants claim the drug is worse than the disease". Available at: www.baumhedlandlaw.com/SSRIs/Lawsuits%20over%20antidepressants.htm
46. "They said it was safe" *Guardian* from Saturday, October 30, 1999; available at: www.guardian.co.uk/weekend/story/0,,258000,00.html
47. *Lilly* was sentenced for incorrect information on its package inserts for Benoxaprofen. See: www.zmagsite.zmag.org/May2004/lev-ine0504.html
48. Sarah Boseley, "They said it was safe" *Guardian* from Saturday, October 30, 1999 Available at: www.guardian.co.uk/weekend/story/0,,258000,00.html
49. *ibid.*
50. *ibid.*
51. Peter R. Breggin and Ginger Ross Breggin, 1994: Talking back to Prozac, St Martin's Press, quoted from Internet source: www.snnp.net/prozac/breggin_prozac_2.htm
52. *ibid.*
53. *ibid.*
54. *ibid.*
55. *ibid.*
56. *ibid.*

57. *ibid.*
58. *ibid.*
59. Article from 02.14..06 in “Ärztliche Praxis” (in German): www.aerztlichepraxis.de/artikel_gynaekologie_schwangerschaft_ssri_1139935991.htm
60. *ibid.*
61. source: an internal *Lilly*-Memo in my possession
62. Peter R. Breggin and Ginger Ross Breggin, 1994: *Talking back to Prozac*, St Martin’s Press
63. see *arznei- telegraph* I/2005 (in German)
64. see: www.Lilly.co.uk
65. J.R.Lacasse, J. Leo, Serotonin and Depression – A Disconnect between the Advertisements and the Scientific Literature, November 8, 2005, *PLoS Medicine* Vol. 2, No. 12, see.: www.plosmedicine.org
66. *ibid.*
67. The number and the quote are from his talk in Tallahassee, Florida on Friday, September 8, 2006 available at:
www.phrma.org/about_phrma/ceo_voices/the_next_small_thing_an_update_on_the_bio-medical_revolution/
68. (in German) www.de.wikipedia.org/wiki/Fluoxetine
69. The details of the Wesbecker case are available at:
www.lectlaw.com/files/zbk03.htm and <http://zmagsite.zmag.org/May2004/levine0504.html>
70. *Guardian* from Saturday, October 30, 1999 “They said it was safe”.
Available at:
www.guardian.co.uk/weekend/story/0,,258000,00.html
71. Peter Breggin, FDA Press Conference September 2004
72. David Healy, on the witness accounts of Nick- Schulz-Solce and Hans Weber in the trial *Lilly vs Fentress*.
Available at: www.ahrp.org/risks/healy/SSRIrisks0803.php
73. www.emea.europa.eu/pdfs/human/press/pr/20255406en.pdf
74. *ibid.*
75. (in German) www.transparency.de/2006-01-19-Gesundheit.861.0.html?&contUId=1576

76. (in German) BGA from July 26, Geschäftszeichen GV 7-7251-01-18857/8) – quoted with permission from Dr. Ernst v. Kriegstein
77. Lancet, 1980; ii: 398-401; quoted from DIABETES THE SCAN-DAL OF HUMAN INSULIN © What Doctors Don't Tell You. Available on the Internet at: www.healthy.net/scr/article.asp?Id=2826
78. *ibid.*
79. *ibid.*
80. www.healthy.net/scr/Article.asp?Id=2826&xcntr=2
81. Brendan Coyne, 2005 “Drug Co. Admits Guilt in Off-label Marketing Case” in: The New Standard. Available on the Internet under: www.newstandardnews.net/content/index.cfm/items/2699
82. *ibid.*
83. *ibid.*
84. Bernadette Tansey, 2005: “HARD SELL: How Marketing Drives the Pharmaceutical Industry,” available at: <http://sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/05/01/MNG4TCID0J1.DTL>
85. Erika Kelton “Sales tactics, whistleblowers and quitam lawsuits in the pharmaceutical industry”: www.cafepharmaceutical.com/quitam.asp
86. Quoted from: Article from May 13, 2004 in The New Standard: “Suit: Pfizer bribed doctors to prescribe drug for unapproved uses” available at: www.newstandardnews.net/content/index.cfm/items/352
87. www.nytimes.com/2006/08/30/business/30drug.html?ex=1314590400&en=a9304d7a40352394&ei=5088&partner=rssnyt&emc=rss
88. (in German) Quoted from: www.zdf.de/ZDFde/in-halt/26/0,1872,2083034,00.html
89. J.R.Lacasse, J. Leo, Serotonin and Depression – A Disconnect between the Advertisements and the Scientific Literature, November 8, 2005, PLoS Medicine Vol. 2, No. 12, see.: www.plosmedicine.org
90. See *arznei-telegramm* I/2005 (in German)
91. www.24-7pressrelease.com/view_press_release.php?rID=11216
and

- www.24-7pressrelease.com/view_press_release.php?rID=21052&tf7sid=af63601bf350e2d39c51e62a23c63087
92. *ibid.*
93. www.drgreene.org/body.cfm?id=21&action=detail&ref=1246
94. www.atomoxetine.info/
95. (in German)
www.dradio.de/dlf/sendungen/sprechs-tunde/431640/%20
96. For example: www.adders.org/news109.htm
97. J.R.Lacasse, J. Leo, Serotonin and Depression – A Disconnect between the Advertisements and the Scientific Literature, November 8, 2005, PLoS Medicine Vol. 2, No. 12, see: www.plosmedicine.org
98. The information surrounding the Texas project and Allen Jones are from:
www.bmj.com/cgi/content/full/328/7454/1458 and
<http://psychrights.org/Drugs/AllenJonesTMAPJanuary20.pdf>
99. BMJ 2005; 331: 592 (September 17, 2005)
100. www.psychsearch.net/teenscreen.html
101. Peter R. Breggin and Ginger Ross Breggin, 1994: Talking back to Prozac, St Martin's Press, quoted from www.sntp.net/prozac/breggin_prozac_2.htm
102. www.psychsearch.net/teenscreen.html
103. Journal of the American Academy of Child Adolescent Psychiatry 2002
104. www.bmj.com/cgi/content/full/331/7521/906?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=TeenScreen&searchid=1&FIRSTINDEX=0&resource=HWCIT
105. (in German) Spiegel Online, January 6, 2006, www.spiegel.de/wis-senschaft/mensch/0,1518,393609,00.html
106. <http://ahrp.blogspot.com/2007/01/zyprexa-cat-out-bag-new-legal-motion.html>
107. Article by Gardiner Harris in the New York Times, 18.12.2003; available at:
108. <http://query.nytimes.com/gst/fullpage.html?res=9C02E1D7163FF93BA25751C1A9659C8B63>
109. [www.mindfreedom.org/affspo/act/us/psychrights/nytime-s-vs- Eli-Lilly/states-study-marketing-of-Lilly-pill](http://www.mindfreedom.org/affspo/act/us/psychrights/nytime-s-vs-Eli-Lilly/states-study-marketing-of-Lilly-pill)

110. www.opednews.com/articles/genera_evelyn_p_070205_no-body_buys_Lilly_s_.htm

111. This and all further information about Zyprexa are, in case not otherwise noted, taken from here:

www.opednews.com/articles/gen-era_evelyn_p_070205_nobody_buys_Lilly_s_.htm

112. Arznei-telegramm from February 13, 2004; available in English:

www.newstarget.com/001895.html

113. (in German) www.transparency.de/2006-05-16_Gesundheit.911.0.html

114. (in German) *läkemedelsvärlden* „Welt der Arzneimittel“ December, 2006

115. (in German) www.transparency.de/2006-01-19-Gesundheit.861.0.html?&c ontUId=1576

116. http://www.pnnewswire.com/cgi-bin/micro_stories.pl?ACCT=916306&TICK=LLY&STORY=/www/story/01-04-2007/0004499787&EDATE=Jan+4,+2007