
Big Pharma, Big Tobacco, And ... Big Medicine?

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Wednesday, 27 May 2009
Last Updated Wednesday, 27 May 2009

You've probably heard the names before ... Big Pharma (the pharmaceutical industry), Big Tobacco (the tobacco industry), Big Oil (the oil industry) - and the list goes on. The one thing that all of these industries have in common is a hefty budget for political lobbying and lobbyists.

Let's face it - money and power tend to go hand in hand, and this is exemplified in our legislative process on a local, state, and federal level. Everyone has a political action committee these days. Any and every group that wants to get something done in Washington (or Austin, or any other state capital) has a wing of their group responsible for political action dollars and political campaign contributions.

But with money comes ... bias. Bias is defined as "a term used to describe a tendency or preference towards a particular perspective, ideology or result, especially when the tendency interferes with the ability to be impartial, unprejudiced, or objective". Examples of bias - and the impact of that bias on decision-making, can be found everywhere. There is a science version ... and there is most definitely a political equivalent. Much as bias clouds a researcher's ability to draw fair and reasonable conclusions from the data, political lobbyists and financial interests cloud the ability of the legislator to make sound constituent-based decisions.

Gone are the days in which a legislator can truly make a choice based on the needs of his/her constituents. Though they would like us to believe that they can accomplish this, it's become exceedingly hard to believe, especially when you watch the voting patterns of legislators based on who contributes to their political campaign.

Health care already has one of the "Bigs" - Big Pharma. The pharmaceutical industry is a significant political campaign contributor. We're constantly reminded that it costs a lot of money to do pharmaceutical research, which gives them a little slack in the public eye. But when pharma-sponsored research employs ghostwriters, when pharma-sponsored trials rarely produce results that are unfavorable to the companies' products, when it becomes an issue of researchers

having a financial conflict of interest - you really have to wonder where all of this is leading - and how it can possibly benefit anyone but, well, Big Pharma.

A prime example is the research done on Vioxx. From the New York Times (4/2005) :

Dr. Lisse said that while he was listed as the paper's first author, Merck actually wrote the report, an unusual practice. "Merck designed the trial, paid for the trial, ran the trial," Dr. Lisse said. "Merck came to me after the study was completed and said, 'We want your help to work on the paper.' The initial paper was written at Merck, and then it was sent to me for editing."

Where is the accountability? And what happens when Big Pharma has a hefty financial political lobby?

Another fine example that is close to home is the legislation for a smoke-free Texas. Now I know that some will be up in arms about how it's their right to smoke. But the evidence is overwhelming: the risks of smoking are well-documented, and we know that the overall long-term health care costs for this population are elevated. So should the non-smoking population be subjected to the known risk of second-hand smoke, and should they be expected to pay for the inevitable medical bills of the smoker (associated with the risk) when they do in fact occur?

As noted on May 19 by Brendan Burns of the Lance Armstrong Foundation ...

"It is with deep regret we inform you our bill to make Texas smoke-free has died at the hands of big tobacco. While nearly 70 percent of Texans support this measure and there are more than 85 co-sponsors in the Texas House and Senate, we have been unable to gain enough votes in the Texas Senate and the bill has been withdrawn. Big tobacco, their 40 paid lobbyists and millions of dollars might have won this battle, but the fight will go on."

Sound increasingly familiar? It has nothing to do with what is right ... nor how many legislators have known someone that has had or died from cancer. This is a high profile item nationwide ... and it still leaves the same bad taste as Big Pharma.

So we've discussed two of the Bigs: Pharma and Tobacco. But would you ever think of ... Big Medicine?

They are about to be front and center - in a plethora of ways. Let's start with the big ticket item: health care reform. Last week, the "stakeholders" in health care reform all decided to propose some solutions to the current health care issue. Funny how these are the same people that were almost violently opposed to it in the early 1990s. But now that public opinion and consumerism (and perhaps even an awareness of what works in other countries - like France) have been thrust upon them, they are overjoyed to be taking part in the process. Suddenly they can save the country 1.5% per year. Where were they in 1994?

But behind the virtue of the concept lies ... a political campaign contribution.

The issue of lobbyists for BigMedicine (tag-teaming with BigInsurance) "running the show" can be heard loud and clear on this Bill Moyers Episode:

<http://www.pbs.org/moyers/journal/05222009/watch.html>

Here are some examples of his interview with Donna Smith (community organizer and legislative advocate for the California Nurses Association), from the show transcript:

BILL MOYERS: Now, you must have an opinion as to why that is. [why single payer advocates had to protest to get a seat in the discussion]

DONNA SMITH: Because they've already made a choice. They've already made a choice, I think, to stay with the moneyed interest, the people who fund the campaigns, the people who fuel the government system as we know it now. You know, certainly where Senator Baucus is concerned, he's the third highest recipient of donations from the health insurance and health care industry in general. The third. The highest Democratic recipient. And sometimes I feel so strongly that he ought to have to disclose that at the beginning of every single hearing that he chairs.

BILL MOYERS: But he says, of course, "That doesn't affect my judgment. This doesn't affect my decision."

DONNA SMITH: I don't think I'd buy that. And I don't think there's very many people in this country that would buy that. If you have someone who's giving you money to insure that your position to stay in a very powerful role in the United States Senate - that's a prime position politically.

Further into the interview, there is another great quote from Donna Smith:

I sat in a committee meeting with some staff members of Senate Finance some time ago. And somebody gave this argument, it's not politically feasible to do single-payer. So many people who will say, "Don't let the perfect be the enemy of the good."

And I think, well, that's an interesting analogy, acknowledging that the perfect may be single-payer but that you can't do it 'cause it's politically not feasible. So I sat there and I let this person talk. And he said, there's a visceral reaction to single-payer.

And I let him talk for a minute. I said, "From whom? Who's the visceral reaction from?" The Congress, he said, because elections are reality. These people have to run for new terms every so often. The money and the power that's exerted in Washington on them from the health insurance and health industry lobbies is very powerful. It's hard for them to break out of that loop. It takes an awful lot of nurses and doctors in the streets and being arrested, apparently, and more than 60 percent of the American public to say to them, "We're behind this. This is what we want you to do."

So there is a lot of financial bias being dished out by "the Bigs". But don't think for a minute that it's just a federal issue.

To show you the impact of health industry lobbyists and political action committees on a statewide level, the Texas Medical Association alone has 26 paid lobbyists registered with the Texas Ethics Commission. That is almost as many as Big Tobacco in the state of Texas. Irony of ironies though ... the Texas Medical Association was in support of the smoking ban - perhaps one set of Big lobbyists were overwhelmed by another set of even Bigger lobbyists?

And that, dear reader, is exactly the point.

I do still believe in the role of government and representation by the people. for the people. This can not be accomplished with lobbyists running around throwing million dollar budgets at legislators. Sure, the dollars must be disclosed through entities like the Texas Ethics Commission - but what might prove more interesting is to know what the PACs are representing, and who they are paying.

And on that note ... the next article will discuss the ramifications of these PACs on health care in states such as Texas and California - and how these entities have a significant impact on your health care.