



Selling Sickness, 2013: People Before Profits
February 21 - 22, 2013

bringing together

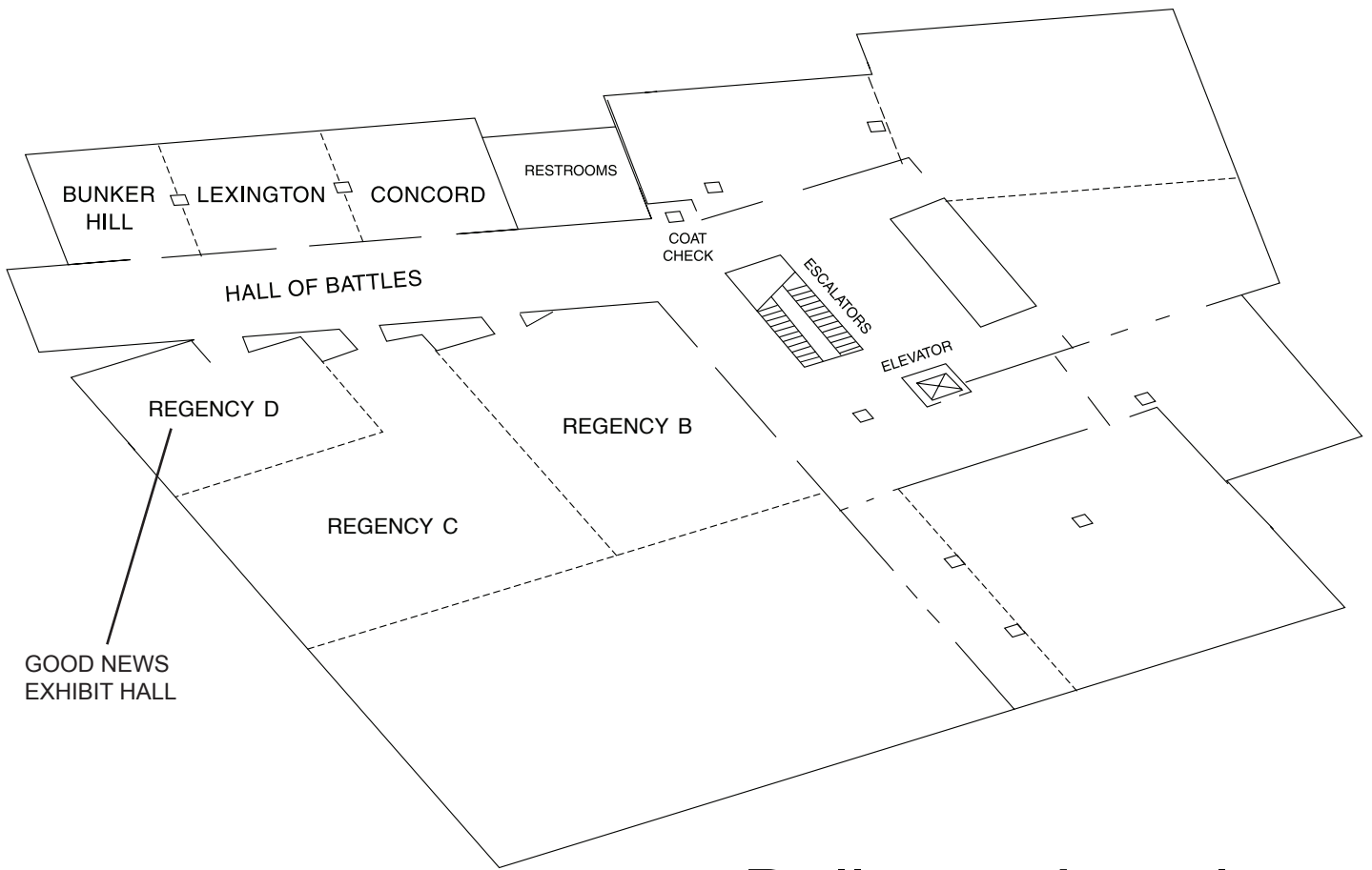
ACADEMIC MEDICAL REFORMERS,
CONSUMER ACTIVISTS, AND HEALTH JOURNALISTS

to examine the current scope of **disease mongering**
and to **develop strategies and coalitions**

FOR CHANGE

Hyatt Regency Washington on Capitol Hill
Washington D.C.

Floorplan



Ballroom Level

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Welcome To Our Participants

For the past year Leonore Tiefer (New York) and Kim Witczak (Minneapolis) have teamed together to make this conference happen. They might seem an unlikely pair, a much-published academic partnering with an ad-agency marketing exec! In fact it's been synergy from the start, and a model outside-the-box collaboration. Our disgust at the world of "selling sickness," our passion for citizen activism and our conviction that collaboration across the aisle was the appropriate theme for conference process as well as content made us the perfect pair. Twice-weekly Skype calls month after month forged a personal and working bond that merged our skills, networks and resources and enabled us to get through floods, hurricanes, family sickness, injuries, work crises, and lots of other high hurdles.

We organized this conference on a financial shoestring, pledging our own savings as guarantee, soliciting contributions internationally from nonprofit organizations, and "friendraising." We had huge amounts of help from friends, colleagues and family. All attendees are paying their own travel, lodging, and registration. The incentive? Commitment to the issues, to learning and dialog, and to turning analysis to action. We are outraged by the abuses of healthcare that are the consequences of "disease mongering" and we believe it is time for a progressive movement to come together to make a difference.

Although completely independent and without any central organization or group, Selling Sickness, 2013 represents the 3rd in an international series: Newcastle, Australia, 2006; Amsterdam, The Netherlands, 2010; Washington DC, USA, 2013. This is a global reform movement, and we felt it was about time it came to the US, the beating heart of overmarketing! We welcome the participation of colleagues from around the world who have travelled long distances to be part of this new health reform movement. We hope the addition of consumer activist and advocate groups to the earlier Selling Sickness network will broaden, deepen, and energize its message and stakeholders.

There is a progressive political tide turning against the marketization of health, the corporatization of healthcare, and the hijacking of patient and consumer language to disguise market interests. Our CALL TO ACTION ON DISEASE MONGERING is part of this tide. Read it. Participate in the discussions about it. Make suggestions towards the final version. Sign on at the conference or later, online. Help circulate and implement the final version.

Make use also of our BOOKTIVISM project - a collection of reading guides on important recent texts that challenge disease-mongering. If everyone here reads two of the books in BOOKTIVISM with which they were formerly unfamiliar, far-reaching ideas would reach farther.

Our GOOD NEWS EXHIBIT HALL (GNEH) is the final innovation of this conference. This is not your old-fashioned exhibit hall where big companies pay lots of money to schmooze with conferees and use the latest in ad-glitz to proclaim their newest products. Our GNEH is a low fee opportunity for nonprofit groups to share their materials, expand their networks, and gain courage and support. Please check them out in Regency D. Schmoozing is encouraged!

Our sellingsickness.com WEBSITE will remain up after the conference with a video of highlights, powerpoint slides from talks, the all-important CALL TO ACTION, and the BOOKTIVISM materials.

Thank you so much for believing in our vision and attending this meeting. Stay in touch, have a great time while you're here, and spread the word.

Kim and Leonore

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A Special Thank You

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Council for Responsible Genetics
National Women's Health Network
Our Bodies Ourselves
Pharmawatch
Therapeutics Initiative

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Bill Vaughan
Michael Waite
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George Yin

Dis•ease•Mong•er•ing (*gerund, a verb form, ending in -ing, that functions as a noun*)

1. Making people sick, or think they are sick, or think they will be sick or could be sick or might be sick -- in mind or body -- to sell products and expand markets.
2. Widening diagnostic boundaries to diagnose more people to expand markets.
3. Portraying mild problems as serious illnesses and promoting ever more expensive and extensive assessments instead of using clinical judgment and teaching common sense.
4. Corrupting medical research and publishing to expand markets.
5. Medicalizing ordinary life so people never feel well, always at risk.

A Call to Action on Disease Mongering

Here is the CALL TO ACTION ON DISEASE-MONGERING, a document which summarizes critiques of and remedies for disease-mongering. It was developed by a multinational group of academics and activists for “SELLING SICKNESS, 2013.”

We invite individuals and groups to:

- *Sign and/or endorse the CALL TO ACTION at the conference or by writing to info@sellingsickness.com*
- *Post and cite the CALL TO ACTION on websites, blogs, and other health and politics publications*
- *Disseminate the CALL TO ACTION to activist and professional colleagues and networks*
- *Choose one target goal for special analysis and implementation*

A Call to Action on Disease Mongering Washington DC, February 22, 2013

We come together* as researchers, physicians, activists, advocates, patients, caregivers, and journalists deeply troubled about the growing corruption of medical science and healthcare.

We demand an end to industry-promoted disease-mongering that manipulates health concerns and causes harm through practices that medicalize normal life and deceive professionals and the public.

Commercial imperatives are being allowed to corrupt clinical, research and marketing practices which now include hiding data, inflating diagnostic categories, unnecessary screening and treatment, deceptive marketing, faulty and biased research and publishing, inadequate oversight, a neglect of social factors and injustices, and uncritical, unbalanced reporting.

We are alarmed at how undergraduate and post-graduate professional education are based on untrustworthy “science” designed to expand markets rather than impart valid knowledge or improve individual or public health.

Hazardous practices and distorted science harm patients, waste public resources, create illness and health anxiety, hoodwink the public, corrupt knowledge, corrode professionalism, and expose everyone to unnecessary, costly and dangerous tests and treatments.

We call for a new movement of alliances and actions to ensure that:

- a clear firewall is created between industry/commercial influence, on the one hand, and, on the other, the regulators of drugs and devices as well as the developers and authors of clinical practice guidelines;
- direct-to-consumer advertising of prescription drugs and medical devices is much more tightly regulated or, if possible, is prohibited and effective surveillance programs created;
- drugs, diagnostic tests, and devices are tested, approved, reported and marketed solely with the goal of ensuring patient safety, scientific integrity and individual and public health;

A Call To Action Continued

- drugs and devices are tested against appropriate controls, usually the current best treatment, in appropriate populations;
- unsafe or ineffective marketed products are quickly identified, their harms and inadequacies are widely publicized, and they are removed from use;
- all clinical trials are registered and access to all raw clinical trial data is made available for independent analyses at least at the time of approval, but preferably before approval;
- the patent system for medicines is reformed so commercial benefit does not overshadow real clinical benefits for patients;
- patients and healthcare consumers are fully informed about and involved in individual health decisions, as well as in research priorities, research design, and regulatory policy;
- human subjects participating in clinical trials are adequately protected by ethical review boards that are functioning properly, accurately and complete informed consent, and the provision of full compensation for any harms;
- journalists, whose job it must be to independently vet claims made by third parties, realize the harm that is done when news stories disseminate disease-mongering sales and promotion messages in an unchallenged, unverified manner;
- healthcare regulations, health professional training, and clinical practice guidelines acknowledge and make allowance for marginalized and vulnerable groups who may be more susceptible to harms and exploitation;
- the usually less profitable non-pharmaceutical treatments and therapies, as well as disease prevention and community-centered interventions, are raised in research and publishing priority to levels comparable to drug and device therapies;
- These reforms will substantially improve public health and safety in a complex world of escalating technologies and communications media, and will save money, thereby lessening pressure on individual and public budgets and private health insurance programs.

We believe the urgent threat to human health from disease-mongering requires the united and creative action of citizens and professionals.

We pledge ourselves to act, individually and collectively, to distribute and to implement the measures outlined in this statement and encourage continuing outreach to interested others.

* In conjunction with “Selling Sickness, 2013: People before Profits,” an independent grassroots conference held in Washington DC, February 20-22, 2013.

References and Resources will be appended for the final version.

(signed)
(Groups and Organizations)
(Individuals, Affiliations)

Booktivism

Book•ti•vi•sm (noun) *The power of words*

1. The mobilization of groups of concerned citizens produced by reading books offering powerful analyses of social or political issues.
2. A call to action based on the sharing of knowledge through books.
3. Books + activism = 'Booktivism.'
4. A term first used at the Selling Sickness, 2013: People Before Profits, conference in Washington DC, see www.sellingsickness.com.

The books included in BOOKTIVISM celebrate recent contributions to the broad topic of disease-mongering, especially as they examine the growing prevalence and consequences of overtreatment, overscreening, overmarketing, and overdiagnosis (see Lynn Payer's 1992 classic, *Disease-Mongers: How Doctors, Drug Companies, and Insurers Are Making You Feel Sick*, for an introduction to disease-mongering).

Although the challenge to disease-mongering is not unprecedented (the women's health movement of the 1970s was another key historical moment), these books represent an impressive groundswell of amazing, powerful, brilliant, and often deeply unsettling investigations by physicians, health scientists, policy-makers, journalists, and others committed to creating better health and a better healthcare system for all. As Americans face an uncertain future vis à vis healthcare and healthcare reform, we are at a pivotal moment - maybe even a historic tipping point - when a groundswell can become a movement and a movement can produce social change.

Our goal with BOOKTIVISM is to get books into people's hands and book clubs in innovative ways so that the issues and arguments made so powerfully by their authors can reach a wider audience. We hope these wonderful books can serve as springboards to social change. As the esteemed anthropologist Margaret Mead once said, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has."

Schedule Thursday February 21, 2013

	Regency B	Regency C	Bunker Hill	Lexington	Concord
7:00 AM-5:00 PM	Registration --- Hall of Battles				
Session I 8:30-10:00 AM					
8:30-10:00 AM	Welcome / Keynote				
10:00-10:30 AM	Coffee Break --- Hall of Battles				
Session II 10:30AM-12:00 PM					
10:30-12:00 PM	Roundtable: Whistleblowers and Selling Sickness	Roundtable: Researchers and Scientists	Panel: Controversies		
12:15-1:15 PM	Lunch/Conversations				
Session III 1:30-3:00 PM					
1:30-3:00 PM	Panel: Patient Narratives: From Grief to Action	Roundtable: Women's Health Movement	Workshop: The Good Press Release Guide	Panel: The Disease- Mongering of Aging	Workshop: Selling HPV: Promises, Profits, and Problems
3:00-3:30 PM	Coffee Break --- Hall of Battles				
Session IV 3:30-5:00 PM					
3:30-5:00 PM	Panel: Problems with Routine Screening	Panel: Hijacking "Patient Empowerment"	Panel: Research on Reforming Conflicts of Interest	Panel: New Directions in Disease-Mongering	Symposium: The Medicalization of the Menstrual Cycle
5:00-6:30 PM	Social Hour --- Hall of Battles				
8:00-9:30 PM				Evening Program "Selling Sickness Popcorn Showcase"	

Schedule Friday February 22, 2013

	Regency B	Regency C	Bunker Hill	Lexington	Concord
7:00 AM-5:00 PM	Registration --- Hall of Battles				
Session I 8:30-10:00 AM					
8:30-10:00 AM		Welcome / Keynote			
10:00-10:30 AM	Coffee Break --- Hall of Battles				
Session II 10:30AM-12:00 PM					
10:30-12:00 PM	Roundtable: Medical News	Roundtable: Legal Issues	Panel: Corruption		
12:15-1:15 PM	Lunch/Conversations				
Session III 1:30-3:00 PM					
1:30-2:15 PM	Panel: Legislative Roles of the States vs. Federal Govt	Panel: Independent Resources for Journalists, Health Professionals and Consumers	Workshop: What Your Doctors Don't Know: Why Let Drug Companies Own the Data?	Workshop: Challenging the Obesity Paradigm	Panel: Update on Pharma Marketing Strategies
2:15-3:00 PM			Workshop: Finding Allies		
3:00-3:30 PM	Coffee Break --- Hall of Battles				
Session IV 3:30-5:00 PM					
3:30-5:00 PM	Symposium: Fighting Disease-Mongering with Evidence to Protect Women's Health	Symposium: Choosing Wisely®	Call to Action on Disease Mongering	Panel: New Forms of Risk	Panel: Medical Problems vs. Cultural Norms

Wednesday, February 20, 2013

Registration	5:00-7:00 P.M.	Reception Area, Hall of Battles
Social Hour	6:00-8:00 P.M.	Regency B, Hotel Bar

Thursday, February 21, 2013

Registration	7:00 A.M.-5:00 P.M.	Reception Area, Hall of Battles
Good News Exhibit Hall	9:00 A.M.-5:00 P.M.	Regency D
SESSION I	8:30 - 10:00 A.M.	Regency C

Welcome

Leonore Tiefer and Kim Witczak, Conference Organizers

Keynotes (Introduced by Amy Allina, Program Director, NWHN)

Shannon Brownlee and Jeanne Lenzer, Independent Journalists

“Selling Sickness: What is it, where did it come from, what can we do about it?”

Sidney M. Wolfe MD, Health Research Group, Public Citizen

“FDA: Mistakes and Solutions”

COFFEE BREAK	10:00-10:30 A.M.	Hall of Battles
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Thursday, February 21, 2013

SESSION II

10:30 A.M.-12:00 P.M.

Regency C

Roundtable: Researchers and Scientists

Leading researchers and critics of the current system of drugs approval, trial registries, marketing oversight, trial funding and trial design will share their insights in conversation. What can be done now? What are long-term solutions? How can we get the message out that what we think of as scientific evidence may be deeply biased and flawed? These are important and troubling questions at the heart of "Selling Sickness".

Chair: John Abramson MD, Harvard Medical School

Participants: Marc-Andre Gagnon, PhD, Carleton University, Joel Lexchin, MD, York University, University Health Network, Patricia McGettigan, MD, PhD, Barts and the London School of Medicine and Dentistry, David Henry, MD, Institute for Clinical Evaluative Sciences and University of Toronto, Celia Wexler, Senior Washington Representative, Center for Science and Democracy, Union of Concerned Scientists

SESSION II

10:30 A.M.-12:00 P.M.

Regency B

Roundtable: Whistleblowers and Selling Sickness

At great personal cost, whistleblowers are often crucial to exposing the nature and extent of corporate, government, health and academic misconduct and fraud. In recent years the public has learned much about disease mongering from government and corporate insiders such as those on this panel. What was exposed or revealed through their actions? What pressures and obstacles did they face? Where are they today?

Chair: Nancy Olivieri, MD FRCPC, Toronto General Research Institute

Participants: Rosemary Johann-Liang MD FAAP, University of Maryland School of Medicine, Allen Jones, Former Investigator in the Pennsylvania Office of the Inspector General, David Ross, MD PhD MBI, George Washington University, Roy Poses MD, Foundation for Integrity and Responsibility in Medicine (FIRM)

Thursday, February 21, 2013

SESSION II

10:30 A.M.-12:00 P.M.

Bunker Hill
Lexington
Concord

Panel: Controversies

Chair: Charles Bennett, M.D., PhD, M.P.P., Center for Economic Excellence in Medication Safety and Efficacy, University of South Carolina

Jeremy Gruber, JD, Council on Responsible Genetics

“Gene Myths”

Rather than an autonomous predictor of disease, the DNA we inherit interacts continuously with the environment and functions differently as we age. Why, then, does genetic reductionism persist despite opposing scientific evidence and how does it influence attitudes about human disease, behavior and the politics of research funding and commercial biotechnology development?

Peter Doshi PhD, Johns Hopkins University

“Selling Influenza: Who’s buying?”

Public health officials implore the general public to take influenza more seriously and urge vaccination. Such recommendations have existed for decades, but in recent years are increasingly widespread and pervasive. Some employees face job termination if they remain unvaccinated. I will discuss the evidence and politics of influenza vaccine policy.

Rachel Liebert, City University of New York

“Psychic policing: Surveillance and disease-mongering in public education”

Psychiatric surveillance has become institutionalized into higher education as a means to prevent potential violence. I consider how this creates a market for intervention, and operates within a post-9/11 context. More broadly, I discuss whether securitization might be a useful theoretical lens to explore current-day practices and politics of disease-mongering.

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Jeffrey Lacasse PhD, Arizona State University, CriticalThinkRX

“The Selling of DSM-5 Defined Mental Disorder”

The 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) will be published in May of 2013. DSM-5 is already controversial, with many arguing that it will medicalize unpleasant but common human experiences. Bereavement, post-traumatic stress disorder (PTSD) and attention-deficit hyperactivity disorder (ADHD) will be discussed.

LUNCH

12:15-1:15 P.M.

Regency B & C

Lunchtime Conversations

Informal opportunities to continue to talk and network over lunch while discussing a specific topic. Topics will be indicated by signs at tables. There will also be “open” tables with no topic focus. Please join in on interesting conversation and meet new people. Lunch will be provided.

Table Topics:

- **Biojest:** Critical and Reform Listserv of academics and activists - meet some members and learn how to join.
- **Starting a Selling Sickness Book Club:** Discuss how to implement the BOOKTIVISM materials.
- **Developing Industry-Independent Online Curricula:** “CriticalThinkRX: An Online Curriculum on Psychotropic Medications” addresses medicalization, DTCA, and pharma influence. A pilot study recently found that this intervention may reduce psychiatric prescribing in foster care.
- **Post-Conference Selling Sickness Statement Strategy:** Feedback and Implementation Discussion of “Call to Action on Disease Mongering” (see text in conference program and website)

Thursday, February 21, 2013

SESSION III

1:30-3:00 P.M.

Regency C

Roundtable: Women's Health Movement

The women's health movement that began in the 1960s challenged the status quo of medicine and healthcare across the board: clinical research, clinical practice, treatment approvals, trial conduct, pt-dr relations, patient education, disease funding, patient rights...it was a revolution. This roundtable will bring the WHM up to date and discuss what it has to offer current issues.

Chair: Harriet Rosenberg PhD, York University

Participants: Colleen Fuller, Canadian Centre for Policy Alternatives, Anne Rochon Ford, Canadian Women's Health Network, Cynthia Pearson, National Women's Health Network, Gail Hornstein PhD, Mount Holyoke College, Kay Dickersin PhD, Consumers United for Evidence-Based Healthcare

SESSION III

1:30-3:00 P.M.

Regency B

Panel: Patient Narratives: From Grief to Action

Discussion with people who have experienced unexpected harm and tragedies engendered by the business of medical care. Panelists will discuss their transformative work of public advocacy for reform and social change, the challenges they encountered, and the difference they have made.

Chair: Rosemary Gibson, Archives of Internal Medicine, Author of 'Wall of Silence', 'The Treatment Trap', 'The Battle Over Healthcare'

Panel: Helen Haskell, President, Mothers Against Medical Errors (MAME), Sara Bostock, Drug Awareness Advocate, International Society for Ethical Psychology & Psychiatry Member, co-founder of SSRISStories.com, Dan Walters, Author of 'Collateral Damage: A Patient, a New Procedure, and the Learning Curve', John Fratti, Advocate for Levaquin and drug safety

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SESSION III

1:30-3:00 P.M.

Bunker Hill

Workshop: The Good Press Release Guide

Bad press releases can sell sickness. Good press releases can properly inform, explain and improve knowledge, not hype. But the problem is not just in the press office - researchers, too, have to work to get facts into the public domain. So what makes a good press release? We aim to create guidance for press officers and researchers to disseminate and share internationally.

Presenters: Margaret McCartney, MD, GP and Author, Carmel Turner, Chief Press Officer, Medical Research Council

SESSION III

1:30-3:00 P.M.

Lexington

Panel: The Disease-Mongering of Aging

Chair: Dee Mangin, MD, General Practice Research Group, University of Otago

Dee Mangin MD, General Practice Research Group, University of Otago

“Dangerous Caring – Why having a good doctor may be bad for your health”
Disease mongering steals away healthy old age with medicalisation and overtreatment. Current systems of research, evidence and guidelines result in a measurably ‘Good’ Doctor providing meaningfully worse care. Research and medical care reform support a new ‘Prevention’ – valuing decisions not to ‘do’ and comparative safety of treatments alongside comparative efficacy.

Meika Loe, PhD, Colgate University

“A New Opt-Out Revolution: Individuals across the life course
say no to medicine”

This presentation will reflect on a decade researching the medicalization of everyday lives, including college students “dosing for success,” Baby Boomer men curious about Viagra, and “oldest old” individuals facing death and dying. Notably, individuals in each of these groups resist and opt out of medical trajectories. As such, these individuals become role models for a new type of “opt-out revolution” in the context of everyday medical pressures/medicalization.

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Johanna Trimble, Patient Voices Network, Patients for Patient Safety Canada, Community Engagement Advisory Network (Vancouver Coastal Health Authority)

“Is Your Mom on Drugs? Ours Was – Here’s What We Did About It”
Using our own family’s experience, we examine whether the so-called “epidemic” in Alzheimer’s may instead be an epidemic of overmedication. This results in overuse of hospitals and emergency rooms and leads to admissions to residential care and unsustainable costs for healthcare. Most importantly, it results in much suffering to our loved ones.

Bob Rosenblatt, Freelance writer and editor

“Only God Knows Your Date of Death, and Other Things We Don’t Think About When We Talk About Aging”

It’s not the 90 year-old on a ventilator who runs up the big Medicare bills. Education determines how long you live and we don’t know why. No cure or effective treatment for Alzheimer’s is anywhere on the horizon. The big variations in health spending for the aged are cultural and geographic.

SESSION III

1:30-3:00 P.M.

Concord

Workshop: Selling HPV: Promises, Profits, and Problems: An Interactive Workshop

HPV vaccinations are promoted for increasing numbers of individuals while questions remain unanswered about safety, effectiveness, consent, etc. HPV vaccinations also raise gender, sexuality, class and colonial issues. In this interactive workshop, participants will consider such issues, map existing problems, identify allies, and discuss critical pathways and opportunities for change.

Presenters: Geneviève Rail PhD, Concordia University, and Abby Lippman PhD, McGill University

COFFEE BREAK

3:00-3:30 P.M.

Hall of Battles

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SESSION IV

3:30-5:00 P.M.

Regency C

Panel: Hijacking “Patient Empowerment”

Chair: Celia Wexler, Union of Concerned Scientists

John Powers MD FACP FIDSA, George Washington University and University of Maryland

“Do Patients REALLY Want More Risk?”

Recently, senior officials at FDA claimed that “patients are willing to accept more risk.” Really? Does FDA actually seek out patients’ views and incorporate them into regulatory decision-making? How is new risk information transmitted to prospective patients? How do these new policies comport with “first do no harm”?

Rosemary Gibson, Section Editor, JAMA Internal Medicine, Less is More; author, Wall of Silence, The Treatment Trap, The Battle Over Healthcare

“How the Healthcare Industry and Its Wall Street Investors Hijack Patients”

This presentation will provide video and narrative examples of people who have been “hijacked” by the healthcare industry. The business model driving it will be described in terms of price bubbles, toxic assets, privatized gains and socialized losses, paralleling banking industry characteristics.

Thea Cacchioni, PhD, University of Victoria

“Managing Women’s Sexual Pain: Patient empowerment or medicalization in disguise?”

Women’s chronic sexual pain is often perceived as a worthy condition for medicalization as well as an area where health professionals have adopted innovative, patient-led strategies for its management. This paper critically examines these techniques, noting how they devalue do-it-yourself, inexpensive, and transformative approaches which have been adopted at the grassroots level.

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SESSION IV

3:30-5:00 P.M.

Regency B

Panel: Problems with Routine Screening

Chair: Margaret McCartney MD, GP and author

Peter Gøtzsche, MD DrMedSci MSc, Nordic Cochrane Centre

“Time to stop mammography screening”

Recent population studies strongly suggest that mammography screening is no longer effective. In support of this, there has been no reduction in advanced cancers after screening was introduced. Screening leads to about 50% overdiagnosis of healthy women, which increases their risk of dying due to subsequent radio- and chemotherapy.

Warren Bell MD, Family physician and environmental and health activist

“When is testing useless, a distraction, or even worse?”

Testing for diseases, or to rule them out, is rarely based just on science. Deciding what – or whether – to test is a process influenced by many things that have nothing to do with clinical reality. Testing can be helpful, or it can be mindless, expensive, and even downright dangerous.

Alan Cassels, University of Victoria

“Looking for “pre-disease” as a key plank in the Selling Sickness paradigm”

This talk will examine the problems with screening tests starting with the most successful example of selling sickness in the history of the planet: a cholesterol test which drives much unneeded, expensive, and sometimes harmful drug treatment. Prepare to meet new biomarker tests with a higher level of screening skepticism.

SESSION IV

3:30-5:00 P.M.

Bunker Hill

Panel: Research on Reforming Conflicts of Interest

Chair: Joel Lexchin MD, York University, University Health Network

Rachel Hendrick, University of Edinburgh

“Are journals still haunted? An analysis of the (in)effectiveness of current guidelines in medical publishing”

Concerns surrounding the use of ghost-writers to develop journal articles, and problems with hidden biases, have both resulted in the development of guidelines

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by journals and industry organisations. Analysis, however, shows these are numerous, vague and easily circumvented. This results in biased and flawed publications with negative consequences on public health.

Alison Bass, West Virginia University, Author, Blogger

“Big Pharma on Campus: The hidden costs of university-industry collaboration”
This talk explores the increasing dependence in academia on industry funding and what that means for the independence of academic research. Universities that derive a growing percentage of research income from the drug and device industry may not do an adequate job of policing conflicts of interest among their faculty.

Adrienne Shnier PhD, York University

“Conflict of Interest Policies at Canadian Medical Schools”
COI policies from all 17 Canadian medical schools were evaluated to document the current COI regulation environment in the Canadian context. Fourteen schools received less than 75% of the greatest attainable score, leaving room for faculty to have conflicted relationships with industry that could influence information taught to medical students.

Kelly Holloway, York University

“Medical Student Resistance to the Pharmaceutical Industry”
This presentation is based on fifty qualitative interviews with medical students from the US and Canada who are critical of the influence of the pharmaceutical industry on medical education. Discussion will explore medical students’ strategies to oppose pharmaceutical industry influence in their education.

SESSION IV

3:30-5:00 P.M.

Lexington

Panel: New Directions in Disease-Mongering

Chair: Barbara Mintzes, PhD, University of British Columbia

Vasiliy V. Vlassov, MD, Society for Evidence-Based Medicine

“Selling positive health”

Positive health, in contrast to the sick state (negative health), is referenced to the “normal state” as a zero on the “scale of the health”. With simple ideas of the past like “hardening” with cold water gone away, new ideas of health perfection are blossoming and politically attractive.

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Lilia Ziganshina, MD, PhD, DSci, Kazan Federal University

“Russia: From government policies and economic initiatives to
demography and ...”

Over the past two decades Russia has experienced “democratic”
changes resulting in ... health, loss of lives and
extinction of po ... turned into a ridiculous monster of
poorly organised ... exploiting nostalgic social values to build profits on
selling sickness-for-all in consumer culture.

UNABLE TO ATTEND

Barbara Martinez, The Great-West Life Assurance Company

“Brand Name Drug Manufacturer Coupon Programs”

Coupons offering discounts to ensure brand loyalty are familiar, but now they're offered for prescription drugs. A drug manufacturer will reduce or eliminate an employee's co-insurance, deductible or co-pay if its brand name drug is used instead of a generic. This presentation will explain drug coupon programs and their less visible consequences and meanings.

Rajani Bhatia PhD, Georgetown University

“Playing Genetic Odds for Lifestyle Sex Selection: Selling “Family Balancing””

This paper examines new practices and technologies of sex selection with a particular focus on the interrelationship between the scientific products that enable these practices and the promotion of these practices through news media, commercial literature and self-help communication.

Jonathan Leo PhD, Lincoln Memorial University-DeBusk College of Osteopathic Medicine

“The use of antidepressants for patients diagnosed with medical conditions”

After pointing out a minor undisclosed conflict-of-interest in JAMA, it was reported that editor referred to me as Dr. Nobody. The study in question examined the use of Lexapro for prevention not treatment of depression, an important distinction. The idea of a prophylactic use of medication for people with no psychiatric diagnosis is worthy of vigorous debate.

Thursday, February 21, 2013

SESSION IV

3:30-5:00 P.M.

Concord

Symposium: The Medicalization of the Menstrual Cycle

In this discussion, researchers, bloggers and activists, leaders of the Society for Menstrual Cycle Research, will address the medicalization of menstruation (theory, education, medication) and how pathologizing normative menstrual experience can undermine women's physical and mental well-being. Activist approaches to resisting this characterization of the cycle will also be shared.

Presenters: Margaret Stubbs, PhD, Chatham University, Chair, with Ingrid Johnston-Robledo, PhD, Elizabeth Kissling, PhD, Holly Grigg-Spall, PhD, Joan C. Chrisler, PhD, Paula Derry, PhD, and Christine Bobel, PhD

SOCIAL HOUR

5:00-6:30 P.M.

Hall of Battles

CASH BAR

DINNER ON YOUR OWN

EVENING PROGRAM 8:00-9:30 P.M.

Lexington
Concord

Curator: Amber Hui, with presentations
by Kathleen Sharp and Rachel Liebert

“Selling Sickness Popcorn Showcase”

What's that they say? Laughter is the best medicine! Welcome to our showcase of commentaries on selling sickness – from the world's best fake journalists, unpaid advertising teams, whistleblowers, animators, screenwriters, artists, playwrights, and other creatives! Rising critical consciousness about medicalization and disease-mongering is supported and nurtured by a lively cultural infrastructure. From documentaries to youtube videos, contemporary plays to bonafide Hollywood feature films, we will tour through some of the most entertaining examples of cultural criticism of selling sickness in contemporary pop culture. This will be fun; fun reduces stress.*

*Results may vary.

Friday, February 22, 2013

Good News 9:00 A.M.-5:00 P.M. Regency D
Exhibit Hall

SESSION V 8:30 - 10:00 A.M. Regency C

Welcome

Leonore Tiefer and Kim Witczak, Conference Organizers

Keynote (Introduced by Jean Silver-Isenstadt, MD PhD, Executive Director, National Physicians Alliance)

Jim Guest, President and CEO, Consumer Union

“The New Consumer Health Movement”

Susan F. Wood, PhD, Director, Jacobs Institute of Women’s Health, The George Washington University School of Public Health and Health Services

“Perspectives on the Selling Sickness Call to Action”

COFFEE BREAK 10:00-10:30 A.M. Hall of Battles

SESSION VI 10:30 A.M.-12:00 P.M. Regency C

Roundtable: Legal Issues

Placing profits before patient safety and well-being has resulted in many high-profile legal cases, and some formidable fines against drug and device manufacturers. The legal process often uncovers previously unknown marketing and safety violations and has become an important source of unpublished (read: hidden) information. The panel will tackle legal perspectives on generics, off-label “freedom of speech”, Attorney General settlements and the role of lawsuits for public good.

Chair: Paul D. Thacker, former US Senate investigator, Fellow at Safra Center for Ethics at Harvard, Consultant to foundations and nonprofits

Participants: Michael Baum, JD, Baum, Hedlund, Aristei & Goldman, Vera Hassner Sharav, Alliance for Human Research Protection (AHRP), Wells Wilkinson, JD, Prescription Access Litigation Project, Community Catalyst, Dr. Joseph Glenmullen, Clinical Instructor in Psychiatry, Harvard Medical School

Friday, February 22, 2013

SESSION VI

10:30 A.M.-12:00 P.M.

Regency B

Roundtable: Medical News

Selling sickness and disease-mongering often occur in the intersection of medicine and the media, as many different sources join in the dissemination of healthcare news to the public. This panel of journalists and medical publishers will explore the nature of the problem, how it has developed, and what can be done about it.

Chair: Gary Schwitzer, Health News Review

Participants: Jocalyn Clark PhD, PloS Medicine, Elizabeth Loder MD MPH, British Medical Journal Editorial, Nancy Shute, Independent Journalist, Contributor, NPR's health and food blogs

SESSION VI

10:30 A.M.-12:00 P.M.

Bunker Hill
Lexington
Concord

Panel: Corruption

Chair: Adriane Fugh-Berman, MD, Georgetown University Medical Center, Director of PharmedOut.org

Carol Tavis, PhD, Author, Social Psychologist

“Self-justification: The subtle path to corruption”

Conscious, explicit corruption—selling your vote or your research to the highest bidder—is an obvious problem. I will be talking about the less obvious, more widespread kind: unconscious self-justification, which allows a person to feel incorruptible, above that dirty business of tainted findings or conflicts of interest.

Lisa Cosgrove, PhD, University of Massachusetts-Boston & Harvard University

“Psychiatry under the influence: A case study in institutional corruption”

This presentation will use the conceptual framework of institutional corruption as a lens through which to examine the intellectual and ethical crisis in organized psychiatry today. Research addressing the quality of diagnostic and treatment guidelines produced by the American Psychiatric Association will be discussed.

Friday, February 22, 2013

Leemon McHenry PhD, California State University, Northridge

“The End of Medical Ghostwriting?”

While academic researchers have sought to expose the harmful effects of medical ghostwriting for well over fifteen years, industry representatives and their attorneys have sought to conceal this lucrative business. Industry now offers to address the problem of erosion of confidence in the reporting of industry-sponsored clinical trials with new policies of transparency and disclosure, yet there are many reasons why clinicians should continue to view the medical literature with a healthy dose of skepticism. A radical solution is required that severs the relationship between the industry and the journals.

Bijan Esfandiari, JD, Baum Hedlund Aristei & Goldman, Bloomberg School of Public Health

“Confidential Company Documents Obtained in Litigation: Revelations in the interest of public health”

Law firms can play a vital role in gaining public release of confidential pharmaceutical industry documents important to the public health. Documents publicly released as a result of legal challenges have played an important role in government investigations, oversight and regulation, exposure of pharmaceutical industry misconduct and academic access.

Friday, February 22, 2013

LUNCH

12:15-1:15 P.M.

Regency B & C

Lunchtime Conversations:

Informal opportunities to continue to talk and network over lunch while discussing a specific topic. Topics will be indicated by signs at tables. There will also be “open” tables with no topic focus. Please join in on interesting conversation and meet new people. Lunch will be provided.

Table Topics:

- **Biojest:** Critical and Reform Listserv of academics and activists- meet some members and learn how to join.
- **Patients’ and Advocates’ Narratives and Stories:** get together with participants who got involved with “selling sickness” from personal experience.
- **Activism Tactics in the Age of Social Media:** do you use Facebook, Twitter, Tumblr, Reddit, Pinterest, Instagram, etc. in your activism? Share stories.
- **Preserving Independent Health Journalism:** medical news meetup for reform-minded media attendees.
- **Post-Conference Selling Sickness Statement Strategy:** Feedback and Implementation Discussion of “Call to Action on Disease Mongering” (see text in conference program and website)

SESSION VII

1:30-3:00 P.M.

Regency C

Panel: Independent Resources for Journalists, Health Professionals and Consumers

Chair: Shannon Brownlee, The Dartmouth Institute for Health Policy and Clinical Practice, Health Policy Program, New America Foundation and Author

Jörg Schaaber MPH, International Society of Drug Bulletins (ISDB)

“No good decisions in healthcare without independent information”

A flood of information on health and medicines swamps professionals and patients alike. Vested interests distort messages and mislead. Drug bulletins filter the pearls of evidence out of the mud and help to make informed choices. But more is needed for better health: to stand up against unhealthy practices like DTCA.

Friday, February 22, 2013

Kim Klausner, MA, University of California

“Unintended consequences: How litigation exposed tobacco industry secrets and how it can do it with Big Pharma”

Previously secret corporate documents were made publically available through litigation by the States against US tobacco companies in 1998. These documents are used for advocacy, education, legislative testimony and in other legal cases. Law suits against Big Pharma should include release of documents such as those in the Drug Industry Document Archive (<http://dida.library.ucsf.edu>).

David Healy MD, Bangor University, UK, RxISK.org, Author

“Scaremongering”

Thalidomide put a premium on establishing drug efficacy through RCTs. This drives disease-mongering and makes drug-induced a leading cause of death. It also leaves us unable to believe our own eyes when it comes to safety. RxISK.org was set up to combat this efficacy fetish, restore the primacy of safety and stop drug-induced death.

Marshall Allen, ProPublica

“Empower yourself to improve healthcare safety”

The nonprofit investigative news organization ProPublica uses databases, social media and crowd-sourcing to provide journalists, policymakers and the public with information about the quality of healthcare and patient harm. Reporter Marshall Allen will talk about ProPublica’s approach to covering these topics and highlight ways to collaborate.

Friday, February 22, 2013

SESSION VII

1:30-3:00 P.M.

Regency B

Panel: Legislative Roles of the States vs. Federal Govt

Chair: Kate Ryan, National Women's Health Network

Bill Vaughan, retired Congressional Aide and former Lobbyist on FDA issues for Consumer Union

“Let's Use the Federal Debt Crisis to Reduce America's Medicalization”
Despite a dysfunctional Congress and a pro-corporate-advertising Judiciary, consumers can find ways to improve our nation's drug marketing system. We will need new strategies that use the government's financial crisis, postmarket safety study legal authorities, and activist state governments to achieve needed reforms. This session will discuss those strategies.

Jean Rexford, Connecticut Center for Patient Safety

“Selling Sickness: The state level”

For three years we introduced legislation requiring public reporting of pharma largesse to Connecticut doctors. While we did not get the reform we wanted, we built ongoing coalitions, educated consumers and developed extensive media relationships. The effort is paying off.

Sharon Treat, JD State Legislator Coalition, Insurance & Financial Services Committee, National Legislative Association on Prescription Drug Prices

“Think Globally, Act Locally”

Countering the pervasive and powerful influence of pharmaceutical and device companies in Washington isn't easy. An effective strategy is using state and local initiatives to push action nationally to expose conflicts of interest, promote academic detailing, protect children from inappropriate prescribing, challenge misleading marketing, and educate the public and media.

Friday, February 22, 2013

SESSION VII

1:30-2:15 P.M.

Bunker Hill

Workshop: What Your Doctors Don't Know: Why Let Drug Companies Own the Data?

Participants in this workshop will experience firsthand the extent to which the scientific evidence presented in even the most trusted sources can be incomplete and misleading. We will use several examples to review the discrepancies between the best scientific evidence available to physicians and consumers and the truth that emerged from complete review of corporate documents in the context of litigation.

Presenter: John Abramson, MD, Harvard Medical School

SESSION VII

2:15-3:00 P.M.

Bunker Hill

Workshop: Finding Allies

The right approach can turn skeptics into fans and obstacles into allies. In the wake of personal loss, these patient advocates built bridges with the medical, legal and business communities. Leave with tools and strategies that help you succeed in your patient safety work and create lasting change for patients.

Presenters: Patty Skolnik, Citizens for Patient Safety and Pat Mastors, Pear Health LLC.

SESSION VII

1:30-3:00 P.M.

Lexington

Workshop: Challenging the Obesity Paradigm

Ms. UNABLE TO ATTEND, PhD, Indiana University of Pennsylvania

Ashley Kasardo, Indiana University of Pennsylvania

“Challenging the Obesity Paradigm”

The medical perspective that obesity is a disease and is the cause of various physical or mental health conditions is challenged and viewed as contributing to fat bias. Research documenting anti-fat bias in the diagnosis and treatment of fat clients in the U.S. is reviewed, and potential solutions for eradicating anti-fat prejudice in health and mental health interactions, are described.

Friday, February 22, 2013

Lydia Stallard, Consultancy Research and Advocacy Trust, Massey University

“Understanding Xenical: Discourses in a fat-loss medicating world”

The pharmaceuticalisation of fatness has resulted in a plethora of treatment options for weight loss. We followed the journey of the weight-loss drug, Xenical, from production to consumption, through interviews with individuals connected to its different stages. Xenical provides an interesting case study of the processes of pharmaceuticalisation in society.

SESSION VII

1:30-3:00 P.M.

Concord

Panel: Update on Pharma Marketing Strategies

Chair: Alan Cassels, University of Victoria, Independent journalist

Barbara Mintzes, PhD, University of British Columbia

“Are you falling asleep after dinner? The marketing of LowT (low testosterone)”
How does a drug for a rare condition reach \$1 billion/year in sales? Abbott’s LowT campaign provides some spectacular tips: redefine male hypogonadism to include normal ageing, focus on common, non-specific symptoms, and advertise hard. In this presentation, I use “LowT” to illustrate current marketing trends, inadequate regulatory response, and the types of changes needed.

Judy Segal, PhD, University of British Columbia

“The rhetoric of drug marketing (on a historical model)”

Comparing proprietary-medicine advertising of the 19th Century and DCTA of today reveals similarities in the persuasive appeals used to encourage people to purchase, or request, drugs. Ads for patent medicines helped form the identities of the people who used them, described to themselves as nervous, sleepless, flatulent, moody...and in need of pharmaceutical repair. In the 21st Century, we are susceptible to similar persuasions, performed in similar ways.

Friday, February 22, 2013

Kari Tikkinen, MD, McMaster University

“The concept of ‘overactive bladder’ serves commercial rather than patient interests”
The expression ‘overactive bladder’ or ‘OAB’ was coined at an industry-sponsored symposium in 1997. Next year, the FDA approved the first drug for ‘symptoms of overactive bladder’ - worldwide promotional campaigns followed. While the definition of ‘OAB’ is beneficial to those with commercial interests, for patients and for the development of treatments, it may be detrimental.

Teresa Leonardo Alves, La Revue Prescrire, Utrecht University

“Exposure to disease awareness campaigns in printed Dutch media”
‘Disease-oriented’ campaigns by pharmaceutical companies that discuss a condition a medicine treats without mentioning a specific brand name have become increasingly common in Europe. We have explored examples of disease awareness campaigns in the Netherlands and identified an overall alarming lack of compliance with the WHO Ethical Criteria for medicinal drug promotion and the Dutch guidelines for the provision of disease information by pharmaceutical companies.

COFFEE BREAK 3:00-3:30 A.M. Hall of Battles

SESSION VIII 3:30-5:00 P.M. Regency C

Symposium: Choosing Wisely®: Overtreatment, Evidence-Based Care and Trust in the Doctor-Patient Relationship, The American Board of Internal Medicine Initiative

The panelists will describe the American Board of Internal Medicine Foundation’s Choosing Wisely® campaign and its origin in the Good Stewardship Project of the National Physicians Alliance, in which a “Top 5” list of recommendations would curtail overuse and misuse of tests, procedures, and therapies in different specialties.

Presenters: Stephen R. Smith, MD MPH, Director of the National Physicians Alliance Good Stewardship Project, Patrick G. O’Malley, MD, MPH, Deputy Editor, Less is More Series, *Archives of Internal Medicine*, Tara Montgomery,

Friday, February 22, 2013

Director, Health Partnerships & Impact at Consumer Reports; Consumer Communication Campaign Manager for Choosing Wisely at Consumer Reports

SESSION VIII

3:30-5:00 P.M.

Regency B

Symposium: Fighting Disease-Mongering with Evidence to Protect Women's Health

The National Women's Health Network (NWHN) uses evidence-based advocacy and education to combat industry disease mongering that harms women's health across the lifespan. Presenters will discuss NWHN's work on menopause hormone therapy, osteoporosis drugs, and diet drugs, describing past successes and current challenges and opportunities to counter over-medicalization.

Cynthia Pearson, NWHN

"Disease Definition Creep and Crumbling Bones: Osteoporosis, bisphosphonates and fractures"

Amy Allina, NWHN

"Menopause or "Hormone Deficiency Disease"?: How disease mongering inflated breast cancer rates and harmed healthy women"

Kate Ryan, MPA, NWHN

"Life Saving Diet Products: Is the FDA being taken in by a corporate smoke & mirrors job?"

SESSION VIII

3:30-5:00 P.M.

Bunker Hill

This room is reserved for a final conference discussion of the CALL TO ACTION ON DISEASE-MONGERING, with Leonore Tiefer. Please come with suggestions. We will especially focus on dissemination.

Friday, February 22, 2013

SESSION VIII

3:30-5:00 P.M.

Lexington

Panel: New Forms of Risk

Chair: Warren Bell MD, Family physician and environmental and health activist

Lynda R. Ross PhD, Athabasca University

“Mother’s Little Helper”: Prescriptions, pregnancy, and postpartum depression”
Psychiatric and pharmacological models for “disabling” mothers during pregnancy and postpartum must be challenged. “Mother’s Little Helper” explores the impact of drug therapies on mother and infant outcomes and offers alternative, normalizing discourses, acknowledging, without pathologizing, the stresses and strains associated with some contemporary women’s responses to pregnancy and childbirth.

Jean Daniel Jacob PhD, University of Ottawa

“From Distress to Illness”

Drawing on research findings in the field of HIV/AIDS nursing, we engage with the audience in a critical analysis that exposes the tensions that exist between individual experiences of distress and psychiatric pathologization.

Nayantara Sheoran, George Mason University

“Selling Pharmaceutical Interventions to Healthy Bodies: Contraception, neo-malthusianism, and women in contemporary India”

Contraceptives have been seen as tools of sexual empowerment and women’s liberation in the global north. This paper, however, shifts the lens to the global south in order to examine if and how such empowerment is advertised and exercised for a contraceptive like “the pill” (particularly, the Emergency Contraception Pill).

Martha Rosenberg, Health Reporter, Author

“Better Childhoods Through Cheaper”

Where do parents and teachers get the idea that something is “going wrong” with their child and only an expensive intervention can fix it? In a world of a seamless web of ads, subsidized, and sponsored products, paid press releases and conferences, paid “patient” group messages and reporters willing to serve as stenographers...

UNABLE TO ATTEND

Friday, February 22, 2013

SESSION VIII

3:30-5:00 P.M.

Concord

Panel: Medical Problems vs. Cultural Norms

Chair: Lisa Cosgrove PhD, University of Massachusetts-Boston & Harvard University

Caren Shapiro, The Women's Therapy Centre Institute

“Objectification and the Media: Selling body insecurity”

This presentation highlights the ways our toxic visual culture creates physical and emotional illness. Endangered Bodies and the Women's Therapy Centre Institute connect with others around the globe to fight against the selling of body insecurity which results in anxiety, depression, eating and body image issues.

Lizzie Reis PhD, University of Oregon

“The Flip-Flop over Foreskin: Health claims vs. circumcision”

The American Academy of Pediatrics' 2012 statement saying that the health benefits of circumcision are marginal, which contradicted their 1999 statement that the health benefits of circumcision are marginal advantages. By affirming circumcision's marginal advantages, AAP makes the health card difficult to trump and creates “sickest” parts needing surgery.

UNABLE TO ATTEND

Georganne Chapin, MPhil, JD, Hudson Center for Health Equity & Quality and Intact America

“The Pathological Penis: A History of Neonatal Circumcision in American Medicine”

The August 2012 American Academy of Pediatrics report on circumcision is the latest event in a 150-year old campaign within American medicine to pathologize and surgically alter the normal male penis. This approach contrasts sharply with the European view that intact children and men require no medical intervention.

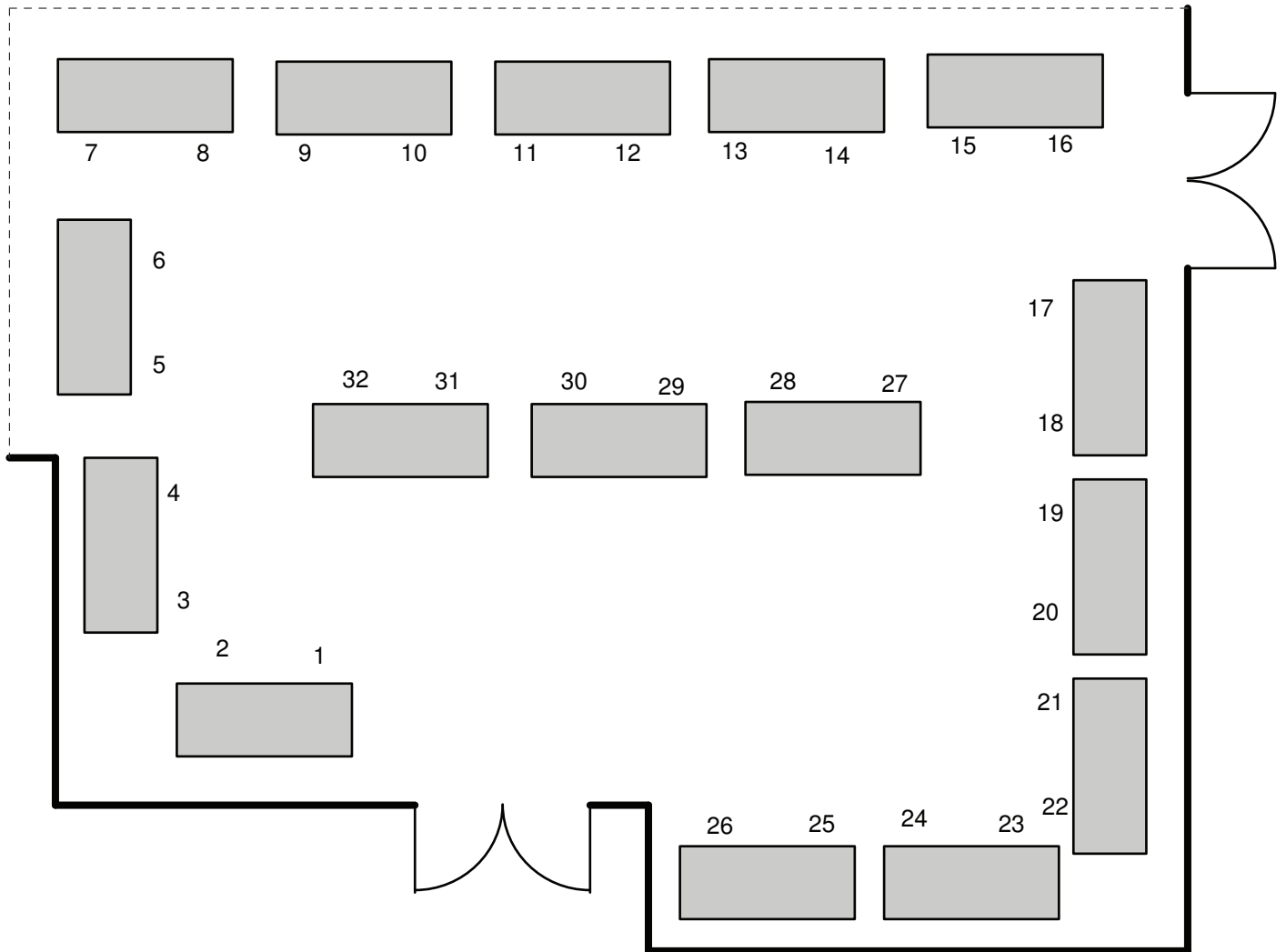
Lindy McDougall, Macquarie University

“Vulva Las Vegas: Science, magic, or more of the same?”

Female genital cosmetic surgery is increasingly both promoted and defended against criticism at certain medical conferences. I offer an anthropological perspective on one such conference organized by the International Society of Cosmetogynecology at which women's genitalia were portrayed as in need of aesthetic and functional intervention while simultaneously a medical ‘fix’ was offered.

Good News Exhibit Hall

Regency D



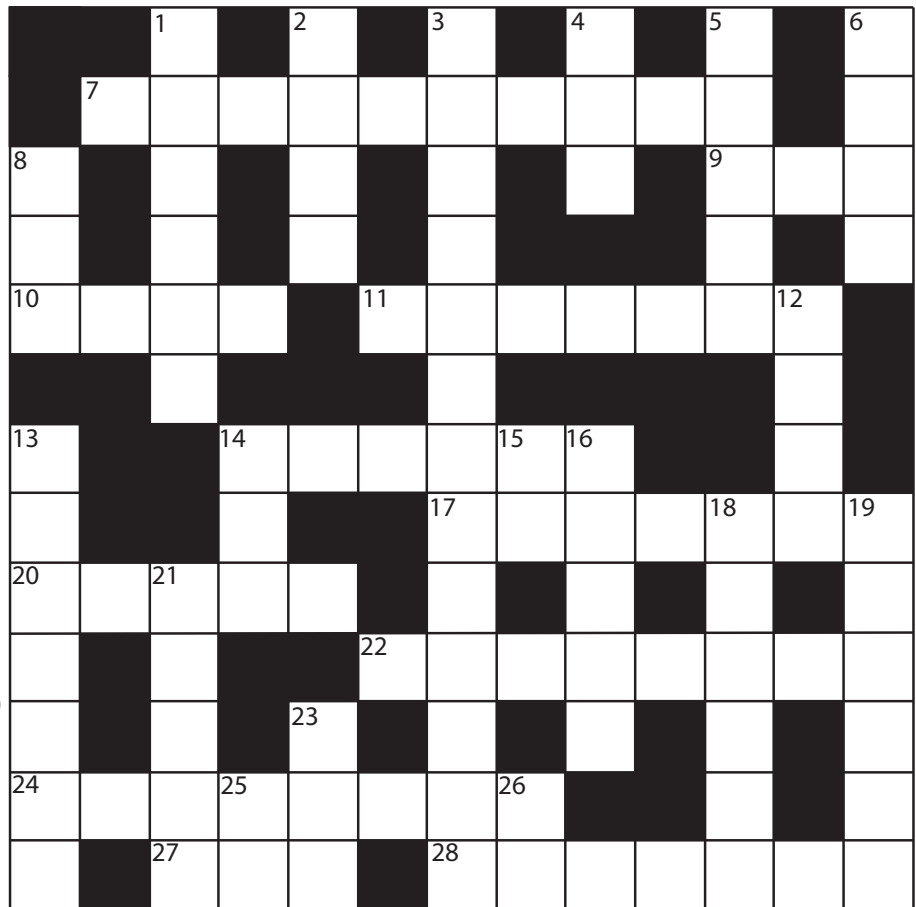
GNEH Exhibitors

- Alliance for Human Research Protection (22)
- American Medical Students Association (31)
- Association for Women in Psychology (24)
- Canary Party (11)
- Citizens for Patient Safety (9)
- Consumers Union (30)
- Council for Responsible Genetics (21)
- Every Patient's Advocate (18)
- FiDA (Failed Implant Device Alliance) (16)
- Foundation for Excellence in Mental Health Care
- Health Action International (17)
- Health Partners (5)
- Informed Medical Decisions Foundation (2)
- International Society for Drug Bulletins (4)
- International Society for Psychological and
 Social Approaches to Psychosis (15)
- ISEPP (International Society for Ethical
 Psychology & Psychiatry) (12)
- MISSD (13)
- Mothers Against Medical Errors (14)
- National Women's Health Network (28)
- National Physicians Alliance (32)
- OBOS (Our Bodies Ourselves) (19)
- PLOS (29)
- Prescrire (10)
- Reporting on Health, USC (25)
- Sarah Lawrence College (26)
- Social Medicine Publishing Group (8)
- Society for Menstrual Cycle Research (20)
- The Lundberg Institute (1)
- The Peggy Lillis Memorial Foundations (3)
- The MedicalGuide (6)
- Union of Concerned Scientists Center for Science and Democracy (27)
- Women's Therapy Centre Institute (7)

Selling Sickness Crossword

ACROSS

- 7** Selling Sickness Book Club Project initiated at this conference (10)
- 9** Consortium of German public-law broadcasters, second in size to BBC, also, another name for GERD (3)
- 10** HuffPost, Gawker or BeyondMeds (4)
- 11** Canadian pioneer of EBM, David _____ (7)
- 14** See **6D**
- 17** Nasdaq, Tokyo, London, and NYSE (7)
- 20** Induced as a complication of treatment, _____genic (5)
- 22** To put in harm's way (8)
- 24** Kesey's psych hospital scorcher (4,4)
- 27** Government dues (3)
- 28** Sociologist of lonely crowds (7)



DOWN

- 1** Zhivago, Frankenstein or Moreau (6)
- 2** To depict data unfairly by distorting it in one direction (4)
- 3** Lynn Payer introduced us to this term in her crusading 1992 book (7,6)
- 4** Cofounder of Health Research Group with Ralph in 1971 (3)
- 5** Whyfor Modafinil and Ritalin? (5)
- 6, 14A** Unintended outcome (4,6)
- 8** BFF for activists (and spiders) (3)
- 12** Injury or harm that may result in a court case (4)
- 13** Bristol Myers Squibb's dopamine blockbuster, \$515M fines for kickbacks and overcharging in 2007 (7)
- 14** The end of medical charts, also could be the end of you if too many X-rays (abbr.) (3)
- 15** Has highest peak in the lower 48 (abbr.) (2)
- 16** Could be clinical; could be legal (5)
- 18** Postulated neurochemical change representing a memory (6)
- 19** Look for a lot; find a few (6)
- 21** 140-character message (5)
- 23** Corrupted Yiddish for salmon (3)
- 25** US state closest to home of conference speakers Mintzes, Cassels, Cacchioni, Bell, and Fuller (abbr.) (2)
- 26** Smallest state in the US (abbr.) (2)

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Answers – p.47

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A special thanks to
Identity Printing, Atlantic Press
and **Appleton Coated Paper**
for generously donating the paper
and printing for our conference

Selling Sickness Crossword Answers

ACROSS

- 7 Booktivism
- 9 ARD
- 10 Blog
- 11 Sackett
- 14 Effect
- 17 Markets
- 20 Iatro
- 22 Endanger
- 24 Flew Over
- 27 Tax
- 28 Riesman

DOWN

- 1 Doctor
- 2 Skew
- 3 Disease Monger
- 4 Sid
- 5 Smart
- 6 Side
- 8 Web
- 12 Tort
- 13 Abilify
- 14 EMR
- 15 CA
- 16 Trial
- 18 Engram
- 19 Screen
- 21 Tweet
- 23 Lox
- 25 WA
- 26 RI

Be the change you want to see in the world.
--Gandhi



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