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Apocalypse Cow: U.S. DENIALS DEEPEN MAD COW DANGER

For seven years the U.S. Department of Agriculture (USDA), the Food and Drug Administration (FDA), and the multi-billion dollar animal livestock industry have cooperated in a PR cover-up of huge health risks to animals and people in the United States.

For 10 years, even preceding the British outbreak of Mad Cow Disease, the USDA has had scientific evidence that a version of the disease exists in U.S. cattle. Yet government and industry have failed even at this late date to ban the practice of "cow cannibalism" which created the fatal epidemic now spreading in Britain from cows to people. The practice has been banned in Britain for years, but continues in the U.S. and is in fact more widespread here than in any other country.

You probably never heard of Mad Cow Disease until March 20, 1996, when its emergence in humans caused the unbelievable spectacle

continued on next page

FLACK ATTACK

PR executive Jack Mongoven has a new name for the leftist/environmentalist conspiracy that threatens to destroy civilization as we know it. He calls it the "Precautionary Principle."

"The Precautionary Principle holds that a manufacturer must prove that its product does no harm, before it can be marketed," Mongoven wrote in the March 1995 issue of *Eco-logic*, an anti-environmentalist newsletter. "Activists want to use this weapon to control the behavior of other Americans . . . [to] revolutionize American thinking about regulation, constitutional law, and government's role in society."

You probably didn't know the Precautionary Principle was such a radical idea. You probably first learned it from your mother when she warned you to look both ways before crossing the street. You've heard it repeated in simple, common-sense phrases like "look before you leap" or "better safe than sorry."

Mongoven and his colleagues in the PR business have helped government and industry to insulate themselves from the Precautionary Principle. Instead, they use the "Bart Simpson" method of risk appraisal: "I didn't do it, nobody saw me do it, you can't prove a thing." When evidence emerges showing that they are engaged in a harmful practice, they trot out scientific studies and experts who quibble and quarrel with the evidence, arguing that nothing has been proven yet.

The tobacco industry has used the Bart Simpson Principle for decades to dismiss evidence that their product is responsible for millions of human deaths. More than 40 years after scientists documented persuasive evidence of tobacco's role in cancer and lung disease, the industry is still claiming that the data is "inconclusive."

But what about cases where the scientific evidence actually *is* still inconclusive? Should we wait until harm is proven before we take precautionary action?

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of the collapse of the British beef market and the pending extermination of millions of British cattle.

You might be relieved to know that the USDA and FDA have been monitoring the situation closely for almost a decade. Unfortunately, internal documents and PR plans obtained by *PR Watch* via a Freedom of Information Act (FOIA) investigation show that the government has sought to protect the economic interests of the powerful meat and animal feed industries, while denying the existence of risks to animals and humans.

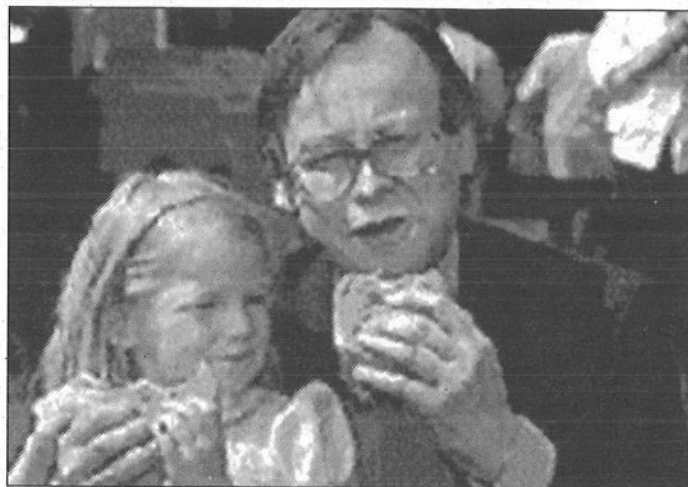
MAD COWS AND ENGLISHMEN

After a decade of official denials, the British government finally admitted March 20 that Mad Cow Disease, which has killed over 160,000 British cattle, appears to be migrating into humans who ate contaminated beef and are now dying of Creutzfeldt-Jakob Disease (CJD).

The British government's acknowledgement that eating infected beef was the likely cause of death for 10 unusually young victims of CJD came as grim vindication to Dr. Richard Lacey, a leading British microbiologist whose increasingly desperate warnings have been officially dismissed for the past six years.

Dr. Lacey predicts that the government's failure to act sooner, combined with the disease's long latency period, could produce between 5,000 to 500,000 human deaths *per year* in Britain beginning sometime after the year 2000.

"This is one of the most disgraceful episodes in this country's history," Lacey said. "The government has been deliberately risking the health of the population for a decade. The reason it didn't take action was that it



In 1990, after over 10,000 cases of Mad Cow Disease had been reported in England, British agriculture minister John Gummer attempted to allay fears by posing for this photograph of himself and his four-year-old daughter chomping on hamburgers. "It's delicious," he said.

would be expensive and damaging politically, particularly to the farming community who are their supporters."

The deadly PR cover-up Lacey deplored in England is continuing today in the United States. In Texas, agriculture officials responded to the tragic news of human deaths in Britain with a mocking April 4 publicity stunt. They organized a cook-out and offered reporters slices of smoked brisket while Agriculture Commissioner Rick Perry criticized the media for stirring up public fears. A spokesman for the rendering industry, which created the crisis in England through its practice of converting dead animals into protein feed for live animals, stood alongside Perry and moralized about the need to avoid "hysteria in the U.S. about domestic beef."

FLACK ATTACK *continued from page 1*

This was the philosophy behind the British and U.S. farming practices which spawned the Mad Cow epidemic. The stories beginning on page 9 of this issue show how the same philosophy led Dow Corning to put silicone breast implants in a million women's bodies—*before* bothering to conduct safety studies.

Spin doctors like Jack Mongoven would like the public to believe that this approach is "scientific" and that believers in the Precautionary Principle are irrational fearmongers. In reality, the spin doctors are the ones who have violated science. They have taken the uncertainty inherent in all scientific investigations of new phenomena, and turned it into an excuse for reckless endangerment of the public.

In England, epidemiologist Sheila Gore recently observed that the British government's handling of the Mad Cow epidemic "continues to play Russian roulette with no information on the odds."

If they are lucky, they may still dodge the bullet. Scientists may yet discover that Mad Cow is not the cause of the fatal dementias now emerging in human beings. Reliable scientific evidence may also prove someday that silicone is not the cause of the serious health problems that have been noted in tens of thousands of women with breast implants.

We hope they *are* right, and that we turn out to be completely wrong, because if our worst fears are realized, thousands of people will die horrible deaths.

It is certainly reasonable to invoke a Precautionary Principle when the stakes are this serious.

Additional reassurances came from the nutritional supplement industry, which uses cow glandular materials, and the Cosmetic, Toiletry, and Fragrance Association (CTFA), whose members use rendered animal protein in facial creams and other products. CTFA spokesperson Irene Malbin pleaded "for U.S. consumers to listen to what the leading health authorities continue to state, which is that BSE is simply not a safety issue in this country."

These official pronouncements bear an eerie similarity to the British government's past statements on the issue. As recently as December, British Prime Minister John Major told the British House of Commons that there was absolutely no connection between BSE and disease in humans. In January, British agriculture minister Angela Browning said her government's stance was "ultra precautionary" and accused the media of an "unprincipled" effort to "whip this up to a frenzy of public alarm where there is simply nothing there."

HOW NOW, MAD COW?

The disease affecting British cows was nicknamed Mad Cow Disease because affected animals show symptoms of staggering and drooling. In a 1991 internal PR document, however, the U.S. Department of Agriculture advised officials to use the technical name for the disease. "The term 'mad cow disease' has been detrimental," the document explained. "We should emphasize the need to use the term 'bovine spongiform encephalopathy' or 'BSE.'"

BSE is a bovine form of transmissible spongiform encephalopathy (TSE), a 100% fatal disease that kills by

rotting away the brain. The disease has a long invisible latency period which can last years, and during which infected victims appear healthy but are in fact contagious if their flesh is consumed by other animals.

"Ann didn't eat a lot of meat, but she did eat it occasionally. . . . It was a horrible death. Her nervous system completely closed down, she couldn't walk, talk or swallow, and at the end she was not aware of us."

**—Cathy Hilton, sister-in-law of CJD victim
Ann Richardson, quoted in the *Liverpool Echo***

A human form of the disease was rampant in South Sea cannibal cultures, where it was called kuru. There is no accepted test for the disease in living people or animals until after death when an autopsy shows spongiform holes in the victim's brain tissue. Previous outbreaks in humans have also occurred among organ transplant patients and recipients of human growth hormone extracted from cadaver-source pituitary glands.

Research into TSE has been a slow process, but scientists today generally agree that the disease is caused by an abnormal form of a body protein called a "prion." Dr. Stanley Prusiner, a California neurologist who discovered the prion in 1982, believes that it will eventually be linked to Alzheimers, a widespread degenerative brain disease.

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Experiments have shown that most transmissible spongiform encephalopathies can pass from one species to another if an animal gets a large enough exposure to prion-infected tissue, but it is especially easily transmitted when an animal consumes flesh from another animal of its own species.

Mad Cow Disease apparently became an epidemic in England as a result of "rendering plants," factories which melt carcasses and waste meat products into protein used in animal feeds, cosmetics, medicines and many other items. For the past two decades, increasing amounts of rendered protein have been fed back to living farm animals, including cows, to increase their milk and meat production.

Prions survive heating and the rendering process, and as little as one teaspoon of feed derived from infected cattle can transmit the disease to another cow. TSEs occur naturally in all mammalian species at a very low rate of incidence, but innovations in rendering have amplified and concentrated this rare disease into a deadly epidemic.

FEEDING FRENZY

In both Britain and the U.S., a type of TSE called "scrapie" has long thrived in sheep. Many scientists believe that British cows first acquired the disease by eating rendered sheep protein. However, since TSE occurs spontaneously in all mammals, the practice of rendering animals of any species and feeding them back to their own kind creates a cycle likely to cause an outbreak of this cannibal disease.

Cases of Mad Cow began occurring in England in 1986, swelling into an epidemic that drove Britain to ban the practice of "cow cannibalism" in 1989. In the United States, however, the practice continues unabated. Each year billions of pounds of proteins from dead cows, sheep, pigs, chickens and other animals are processed into animal feed.

Rather than follow Britain's precautionary example, the USDA and the FDA convened a committee in 1990 dominated by the cattle, dairy, sheep and rendering industries. They launched a PR crisis management plan that continues today.

The low point of this PR deception came with a press statement on March 30, 1996, timed for release late on a Friday evening when media scrutiny would be at its lowest. With government blessings, the meat industry announced a "voluntary ban" on feeding rendered cows to cows. This oxymoron is simply a PR maneuver with no means of enforcement.

A similar voluntary ban failed miserably when tried in Britain. The announcement in the United States is an even more cynical hoax, and the feeding of ruminant protein to cows continues at a rate of millions of pounds per day as *PR Watch* goes to print on April 15, 1996.

SAY IT AIN'T SO

U.S. government and industry representatives continue to insist that Mad Cow disease does not exist here. Unfortunately, this party line is based on wishful thinking rather than scientific proof. In fact, research by Dr. Richard F. Marsh of the University of Wisconsin indicates that a U.S. version of spongiform encephalopathy already infects U.S. dairy cows.

Marsh is an internationally-recognized expert in the study of TSEs. In 1985, he discovered that feed from rendered dairy cows had caused an outbreak of TSE in mink in central Wisconsin. Over the years Marsh experimentally transferred the TSE from mink into two holstein steers through inoculation, then back from the cattle to mink, showing that it was both transmissible and fatal in both species.

This U.S. version of TSE, however, did not produce the behavioral symptoms—staggering and drooling—that made the disease obvious in British cattle. Instead, the two steers experimentally infected by Marsh died by simply collapsing, mimicking a common cow ailment in the U.S. called "Downer Cow Syndrome." Over 20,000 "downer" cows die each year in Wisconsin alone. A U.S. BSE agent could be hidden in this large population.

***Research by Dr. Richard F. Marsh
at the University of Wisconsin
indicates that a U.S. version
of spongiform encephalopathy may
already have begun to spread among
dairy cows in the United States.***

Downer cows are typically rendered and fed back to living cows, which could concentrate and amplify the disease into an epidemic like the one that has devastated the British cattle industry, but harder to detect because the cows would not go "mad" before keeling over dead.

A major U.S. outbreak seems plausible, even likely, unless the U.S. government acts swiftly to outlaw the practice of feeding rendered byproduct protein to cows.

Has a meat-borne form of Creutzfeldt-Jakob Disease already spread into the U.S. human population? Despite

denials from the U.S. government, at least two statistically alarming clusters of CJD have already been reported in the U.S.

CJD has been mistaken in the past for Alzheimers, a disease that afflicts some four million Americans. The beginnings of a CJD epidemic in the U.S. could therefore be occurring already, misdiagnosed by doctors and hidden within the country's huge population of dementia patients.

The International Center for Technology Assessment, a Washington-based public interest organization, filed a legal petition on March 27 to stop the feeding of rendered ruminants to ruminants.

The petition also demands a detailed and on-going epidemiological study of BSE and CJD in the U.S. The same attorneys filed a similar petition in 1993, which the FDA and USDA largely ignored.

“Gary Wilson of the National Cattlemen’s Association said his industry could find economically feasible alternatives to . . . [rendered] animal protein. However, the association does not want to set a precedent of being ruled by ‘activists.’”

—Food Chemical News, July 5, 1993

How much longer can the government and the livestock industry continue their cover-up? That probably depends on the American news media and the information they provide to the public. Unfortunately, most of the media is merely parroting the official government/industry PR assurance that it can't happen here. ■

The excerpts below are taken from a PR crisis management document prepared five years ago by the USDA, and obtained through a Freedom of Information Act investigation. Rather than banning the feeding of rendered protein to cows, as England did in 1989, the USDA sought to protect the image of the meat and rendering industries.

**USDA’s Animal and Plant Health
Inspection Service (APHIS)
1991 Bovine Spongiform Encephalopathy
Public Relations**

With BSE there are two issues where agriculture is vulnerable to media scrutiny. These are the practice of feeding rendered ruminant products to ruminants and the risk to human health.

The mere perception that BSE might exist in the United States could have devastating effects on our domestic markets for beef and dairy products. . . . How the American public and foreign markets respond will depend on their confidence in the U.S. Government and particularly in APHIS. The media will play a tremendous part in conveying this information to the public. Thus, our relations with the media will play a vital role in this issue.

News articles in the British press were analyzed to identify the important issues, and the strategic errors committed by the British. . . This information was used to develop public relations strategies for [APHIS] to deal with the potential or actual occurrence of BSE

in the United States . . . to avoid public relations problems such as have occurred in the UK.

[British news a]rticles . . . appeared to be spurred by . . . a register for [discovering the occurrence of] Creutzfeldt-Jakob Disease (CJD). This appeared to legitimize concern about a link between BSE and human health.

After a May 1990 article announcing the death of a cat with BSE-like lesions, 81 additional articles speculated on the relationship between the cat's death and its food, and on possible links to human health. . . . [A]rticles again emphasized methods to minimize human exposure. . . .

The [British Agricultural] Ministry assured the public that there was no danger from eating beef when, in fact, absolute safety can not be proven, and the safety of British beef cannot be demonstrated for 20 or more years. In late June [1990], the Minister admitted that the safety of beef had not been proven.

Because [British] agriculture officials avoided the problem initially, they were perceived to be involved in a cover-up; this damaged their credibility. . . . [BSE] could quickly become an issue in this country. A number of articles already published could potentially create alarm among U.S. consumers. . . . Alternatively, in more objective coverage, a June 26, 1990, *Washington Post* article quoted Clarence J. Gibbs of the [U.S. government] saying, “I don’t think there is any danger in consuming British beef.”

A DECADE of DENIAL: CHRONOLOGY of THE MAD COW COVER-UP

1985

Dr. Richard F. Marsh, a TSE expert and researcher at the University of Wisconsin in Madison, investigates a Wisconsin mink herd wiped out by a transmissible spongiform encephalopathy (TSE) disease picked up from their feed—"downer" dairy cattle. He notifies colleagues of the apparent presence in dairy cows of a TSE agent, publishes peer-reviewed papers and launches a decade of continuing research.

1986

Seven cases are reported of a new spongiform encephalopathy called "Mad Cow Disease" in British cattle.

1987

England reports 413 new cases of Mad Cow Disease.

1988

Another 2,185 cases of the disease are confirmed.

1989

The USDA quietly forms a committee to review the situation in the United States. Dr. Richard Marsh joins half a dozen scientists at an April 24 meeting with Dr. Gerald Wells of the British Ministry of Agriculture. The group concludes that "it would be of great value to examine the activities of the rendering industry in the United States. . . . We do not know what the practices and regulations of the U.S. rendering industry are." This early meeting is attended by the American Sheep Industry Association and an aide to Congressman Jim Leach (R-IA), considered friendly to the meat and rendering industries located in his state. Marsh's warnings to the committee fall on deaf ears.

By yearend, England has confirmed another 7,136 cases of the disease. The British government bans the practice of feeding rendered cows and sheep back to cows, but assures the public the disease cannot be transmitted to humans.

1990

In March the *Journal of Infectious Disease* publishes a paper reporting that scrapie, the sheep version of TSE, can survive heat of 360 degrees centigrade, a clear indication that TSE diseases can survive rendering and contaminate rendered animal feed.

On April 30 the USDA's official "Scrapie/BSE Consultants Group" meets. Its small membership is dominated by the National Milk Producers Federation, the National Cattlemen's Association, the American Sheep Industry Association and soon the National Renderers Association. Dr. Mark Robinson, a USDA researcher,

points out that "the rendering processes employed in the United Kingdom and the United States are virtually the same."

Dr. Linda Detwiler, a USDA official, reports that U.S. sheep scrapie has been spread into cattle in government tests. For decades scrapie-infected sheep have passed through U.S. rendering plants.

In June, the USDA produces a report titled "BSE Rendering Research Priorities" which warns that rendering plants themselves may be contaminated with TSE disease agents: "If scrapie or BSE-infected animals are rendered, it may become necessary to disinfect the rendering facilities. Unfortunately, both the resistance of spongiform encephalopathy agents to many disinfectants and the need to avoid corrosive chemicals in rendering plants create major limitations on the choice of technology available."

Another 14,180 Mad Cows are reported in England.

1991

USDA produces a PR crisis plan to protect the meat and rendering industry (see excerpts on previous page).

Another USDA report, titled "BSE Rendering Policy," is based largely on data provided by the National Renderers Association, the industry lobby group. It reveals that "the U.S. beef and dairy industries have fed meat and bone meal for at least 10 years. . . . there were approximately 7.9 billion pounds of meat and bone meal, blood meal, and feather meal produced in 1989." Of that amount, 34% went to pet food; 34% to feed poultry, 20% for swine feed, and 10% to the beef and dairy industry.

"There is speculation . . . that a spongiform encephalopathy agent is present in the U.S. cattle population," notes the USDA report, pointing out that "prohibit[ing] the feeding of sheep and cattle-origin protein products to all ruminants, regardless of age. . . . minimizes the risk of BSE. The disadvantage is that the cost to the livestock and rendering industries would be substantial."

In England, another 25,025 cases are reported.

1993

The Foundation on Economic Trends, a Washington, DC public interest group, files a legal petition calling on FDA Commissioner David Kessler and then-Secretary of Agriculture Mike Espy to order a permanent halt to all feeding of rendered protein to ruminant animals, and to begin intensive monitoring of both the U.S. human and animal population for BSE and CJD. The petition is ignored.

In England, disturbing results emerge from experiments in which goats, sheep, mice, monkeys, pigs, minks

and golden hamsters are injected with material from infected cattle. Every species except hamsters develops a form of TSE.

Also in England, two farmers who worked with BSE-infected cattle die of Creutzfeldt-Jakob Disease—an illness so rare that it would be expected to affect only one farmer every 50 years.

1994

Two more English farmers die of CJD, and 16-year-old Victoria Rimmer contracts the disease. She is the first teenager in England ever to contract CJD, which usually strikes people aged 55 and over. Her diagnosis deepens suspicion that a new form of CJD may have begun to infect humans.

1995

Three more British teenagers are stricken, along with six other people whose profiles differ from traditional victims of the disease. All of the victims are young, averaging 29 years in age. Fears rise when former government health advisor Sir Bernard Tomlinson, a leading neuropathologist, announces that he has stopped eating hamburgers because he fears a link between human and bovine diseases. British government officials continue to insist that there is “no evidence that BSE can be passed to humans.”

The issue is hotly debated in the November *British Medical Journal*. Paul Brown, Medical Director of the U.S. Public Health Service Laboratory of Central Nervous System Studies, pens an article for the issue in which he argues that “there does not seem to be any need for new governmental hearings, committee meetings, or parliamentary debates about what more might be done because the precautions taken some years ago . . . were both logical and thorough.”

1996

British Health Secretary Stephen Dorrell, who has steadfastly denied that Mad Cow Disease poses any danger to humans, appears ashen-faced before the House of Commons on March 20 to announce that BSE is “the most likely explanation at present” for “the 10 cases of CJD which have been identified in people aged under 42.” Panic follows, devastating the British beef industry. “The Roast Beef of Old England is a fetish, a household god, which has suddenly been revealed as a Trojan horse for our destruction,” states an editorial in the *Guardian*, Britain’s leading newspaper.

“We are in a mass experiment which is killing us,” says Tim Lang, professor of Food Policy at Thames Valley University. “Never before have diseased ruminants



Incineration of diseased cows in England.

(sheep) been fed to other ruminants (cows) and then fed to humans. We have interfered with the whole process of nature and what is now happening is one of our worst nightmares. . . . This is a tragedy on a massive scale. The Government has been so totally stupid. Even now they are still employing crisis management techniques and damage limitation exercises.”

“It now appears I was wrong,” admits U.S. medical official Paul Brown. “A great deal of work remains to be done. . . . None of it will be of any help to those who may have been exposed to the infectious agent. . . . Nor will it remedy the possible failure of the scientific pundits (including me) to foresee a potential medical catastrophe.” ■

SPINNING OUT OF CONTROL: A CONFERENCE EXPOSING THE PR INDUSTRY

SATURDAY, MAY 11
FIRST UNITED METHODIST CHURCH
EVANSTON, IL

All-day conference featuring Laura Flanders of FAIR, Kalee Krieder of Ozone Action, Keith Ashdown of Cancer Prevention Coalition, Mark Crispin Miller of John Hopkins University, John Stauber and Sheldon Rampton of *PR Watch*.

For information contact:
Chicago Media Watch,
PO Box 4014, Chicago, IL 60654
(312) 604-1910.

RENDERING: THE "SILENT INDUSTRY" GETS A GREEN FACELIFT

The U.S. Department of Agriculture calls "rendering" a process of heat-treating fat, bone, offal and related material derived from the carcasses of livestock, poultry, fish and used cooking fats and oils. Renderers call themselves "the silent industry" and are thankful that most people remain blissfully unaware of their existence.

Each year, at hundreds of plants in the U.S., more than 12.5 million tons of dead animals, fat and meat waste are melted down, most of it to become protein supplements fed to pets, chickens, cows, sheep and other animals, the rest to make products ranging from gelatin to cosmetics.

When "the silent industry" needs to speak, it hires PR experts. In 1990 the Iowa-based PR firm of CMF&Z, owned by advertising giant Young & Rubicam, managed a local political crisis for a big rendering firm in Des Moines called National By-Products Inc.

According to CMF&Z internal documents, "National By-Products Inc. had never felt the need for public relations" until Des Moines passed an odor control ordinance. Then, CMF&Z "was retained to implement a public affairs program to 'reshape' public opinion. . . . Ten months [and \$20,000] later—after the public affairs program was executed—residents and regulatory officials were asking company officials to help compose mutually acceptable rules."

In 1990, the 20th anniversary of Earth Day, CMF&Z deployed a greenwashing theme to portray the renderer as "socially responsible" and "dedicated to environmental responsiveness."

A brochure prepared by CMF&Z noted that the 1990s "have been described as a new era of ecological responsiveness. But, the rendering industry has long been ahead of its time. By collecting solid waste generated by the meat processing industry and converting it to a wide variety of useful consumer products; renderers were recyclers long before such practices became fashionable. . . . Such products include animal fats, animal proteins and hides. These in turn are used to produce, among other things, livestock and poultry feeds, pet foods, soaps, cosmetics."

CMF&Z developed important "third party" advocates for the rendering industry, including state officials. "Rendering is an environmental necessity," proclaimed Pete Hamlin, bureau chief of the Iowa Department of Natural Resources.

Before the PR blitz, Des Moines had an "overwhelming negative public opinion" of the renderer, due in part to the company's refusal to communicate: "No comment" had served as the company's official media statement. After CMF&Z's media training, National By-Products' district manager Stan Rutherford sent a letter to city residents affirming that "the rendering industry is the purest form of recycling," and that "we are very concerned with the environment."

CMF&Z arranged a successful editorial board meeting with the local newspaper, the *Des Moines Register*, and subsequently "several positive stories appeared in the media." Since then, CMF&Z has touted this success story to attract other clients. ■

Toxic Sludge Is Good For You! LIES, DAMN LIES AND THE PUBLIC RELATIONS INDUSTRY

by John Stauber and Sheldon Rampton

"A book that proves these flacks are hacks!"
Good Morning America

"Some of the best investigative reporting around."
San Francisco Bay Guardian

"Toxic Sludge should appear on the short list of anyone serious about the study of public relations in the United States."
Public Relations Quarterly

Publisher: Common Courage Press, Monroe, Maine
Bookstore price: \$16.95 • Ask for it in your local bookstore or order it directly. By phone: 1-800-497-3207
By mail: Send \$20/book (includes postage and handling) to: Center for Media & Democracy, 3318 Gregory Street, Madison, WI 53711.



CONFIDENCE GAME: B-M's PR Plan for Silicone Breast Implants

Once reviled as corporate villains, the manufacturers of silicone breast implants have made a stunning comeback recently in the court of public opinion. A series of scientific studies and news stories have emerged, arguing that breast implants are in fact harmless, and that companies such as Dow Corning and Bristol-Myers are hapless victims of misguided women, greedy attorneys and manipulated juries.

This turnaround is no accident. *PR Watch* has obtained internal documents from Burson-Marsteller, the PR firm which engineered Dow Corning's PR strategy in the early 1990s. These documents provide an intriguing peek into a massive, expensive, and carefully orchestrated campaign that integrates state-of-the-art grassroots PR with subtle manipulations of science and the legal process.

The PR story begins in 1985, when Burson-Marsteller warned Dow Corning of "the potential for a corporate media crisis" after a federal jury in San Francisco ordered the company to pay \$1.7 million to Maria Stern in Carson City, Nevada for what the court judged were "defectively designed and manufactured" breast implants. The jury judged Dow Corning guilty of fraud, based on internal corporate memos and studies showing that the company had failed to inform the public of health risks related to implants.

Although the Stern case received slight media coverage, Burson-Marsteller wrote an analysis titled "Silicone Medical Implants as a Public Issue," in which the PR firm predicted that "the combination of human suffering, large financial awards, big business and big medicine . . . represent a potentially volatile media situation for the company."

FROM COVER-UP TO BLOW-UP

After unsuccessful attempts to overturn the Stern verdict, Dow's lawyers negotiated a settlement in which the company agreed to pay the judgment in exchange for a "protective order" blocking public access to embarrassing internal documents and testimony which had emerged during the trial. In a series of subsequent cases filed by other plaintiffs, Dow settled out of court, again obtaining secrecy orders to keep damaging information from reaching the public.

In the late '80s, however, Dr. Sydney Wolfe, the head of Ralph Nader's Public Citizen Health Research Group, became an outspoken critic of implants. Women's groups also began pressuring the FDA to ban silicone implants.

In December 1990, the story hit big on Connie Chung's *Face to Face* on CBS-TV, which featured interviews with a series of seriously ill women who blamed

implants for their conditions. The show touched off a frenzy among women with implants, and the FDA came under additional public pressure. In March 1991, a New York City court awarded \$4.5 million to a woman who claimed that implants had caused her cancer.

Juries judged Dow Corning guilty of fraud, based on internal corporate memos documents showing that the company failed to inform the public of health risks related to implants.

As the crisis grew, so did the company's PR campaign. In 1990, Burson-Marsteller billed a paltry \$6,000 in PR fees to Dow Corning, but "From May 1991 through February 1992 our billings have been \$3,776,000, with gross income of \$1,384,000," stated Burson-Marsteller Senior Vice President Johnna Matthews, in a March 10, 1992 letter marked "confidential" to Larry Snodden, President of B-M/Europe.

According to Matthews, Dow's PR crisis exploded when yet another implant recipient, Marianne Hopkins, sued the company and the "jury reached a verdict in December 1991. They found Dow Corning guilty of fraud, oppression and malice with damages of \$7.4 million. Damning memos on issues of quality control and safety, which had been under protective orders, reached the public and we've been playing catch-up ever since. . . . Our job has become damage control of language that compares breast implants to the 'Pinto gas tank' and a multitude of other comments" in memos which are "almost impossible to defend in court and certainly in the 'court of public opinion.'"

By 1992, the FDA had imposed a ban on further breast implants, and implant manufacturers faced lawsuits worth billions of dollars. Dow began to fear for its very survival, as breast implants threatened to become a wedge opening the company to even wider scrutiny. "There are other issues on the horizon for them," Matthews wrote. "All silicones may be attacked, their other medical devices like joints are under attack and they have some environmental issues too."

In a separate strategy document, Burson-Marsteller advised, "We must aggressively fight a world in which 'silicone-free' becomes a labeling boast."

MOBILIZING THE MASSES

As the FDA moved toward hearings on the implant controversy, Dow and the plastic surgeons launched a fierce PR counterattack. Burson-Marsteller and its sub-

sidiary, Gold & Liebengood, led the charge for Dow, while the plastic surgeons retained the PR firms of Kent & O'Connor, along with Black, Manafort, Stone & Kelly, another B-M subsidiary.

One of Dow's internal memos from that period has been cited by critics of the company as evidence that the company was engaged in deliberate deception. Plaintiffs and their attorneys have emphasized a sentence from the memo in which Dow CEO Dan Hayes states, "The issue of cover-up is going well from a long-term perspective."

Less attention, however, has been given to the remainder of the Hayes memo, in which he describes clearly the company's PR strategy. "The number one issue in my mind is the establishment of networks," Hayes states. "This is the largest single issue on our platter because it affects not only the next 2-3 years of profitability . . . but also ultimately has a big impact on the long-term ethics and believability issues. . . . I have started to initiate surgeon contact . . . to organize the plastic surgery community. . . . The place we have the biggest hole still missing . . . is in this whole arena of getting the patient grassroots movement going."

"These women (including celebrities) will be trained and testimony will be written for them to deliver before Congressional committees."

—internal Burson-Marsteller PR document

"Grassroots" has become a corporate buzzword for a PR strategy which uses corporate wealth to subsidize orchestrated mass campaigns that put seemingly independent citizens on the front lines as activists for corporate causes. Phillip Morris, for example, has paid Burson-Marsteller tens of millions of dollars to organize smokers into the National Smokers' Alliance, which effectively lobbies for the company in the name of "smokers' rights."

Johnna Matthews described B-M's grassroots strategy for Dow in a confidential letter on September 9, 1991 addressed to B-M subsidiary Gold & Liebengood. "I was not going to put this into writing, but wanted you both to be up to speed—and there's too much information for you to have to listen to it all verbally," Matthews wrote. "With the FDA's new penchant for walking into ad agencies and demanding to look at documents, I hope you'll give this a toss once you've read it."

According to Matthews, "No one really knows why the women who have problems have them. . . . It may

be that there are women with an allergic reaction to the silicone gel," although she termed this "unlikely."

Worried that the FDA was considering a ban on silicone breast implants, Matthews outlined a strategy for "getting women angry about having the right to make their own decision about implants taken away from them. . . . We also want to place regional, and if possible, national media stories on the need for keeping this option open to women."

STAR SEARCH

Another internal document describes Burson-Marsteller's grassroots organizing tactics in more detail: "Utilize a well-known celebrity who has breast implants for reconstructive purposes to speak out on the benefits of them. Utilize spokespeople drawn from women's cancer support groups in major markets to defend implants by writing letters to the editor, participating in media interviews, and communicating positive messages to women's groups in their regions."

Burson-Marsteller turned to the American Society of Plastic and Reconstructive Surgeons for help in identifying patients who could be recruited as spokespeople. After regional spokespersons had been enrolled around the country, "we can announce the celebrity chairperson as head of the national women's cancer support organization (name to be determined). . . . [Dow Corning] makes corporate grant to this organization. . . . Agency to provide day-to-day media support for the group. . . . These women (including celebrities) will be trained and testimony will be written for them to deliver before Congressional committees."

In a preliminary budget, B-M suggested that Dow should be prepared to pay \$891,000 to get the grassroots program up and running, including a \$300,000 "participation fee" to its celebrity spokesperson.

In practice, it appears that Dow was never able to find an adequate celebrity willing to fill the desired role. Only two celebrities have gone public talking about their experiences with implants—talk show host Jennie Jones and former "Waltons" actress Mary McDonough, both of whom have spoken out against health problems which they believe were caused by their implants.

SEEKING SYMPATHY

B-M's focus groups showed that it could get the most favorable press coverage by highlighting cases of women with breast cancer who have had mastectomies and used implants for the purpose of breast reconstruction. "While these are only 15-25% of implant patients—the rest

are augmentation—they engender more sympathy,” Matthews wrote.

For similar reasons, Burson-Marsteller advised that cancer specialists should be recruited as “spokesdoctors” to defend the company in the top 15 media markets in the United States, because “an oncologist obviously has more credibility than a plastic surgeon.”

As Dow Corning geared up for hearings on implant safety scheduled for November 14, 1991, Burson-Marsteller worked to organize a massive “Washington fly-in.” B-M staffer Cindee Castronovo was put in charge of bringing up to 1,000 women to Washington to rally in favor of implants, with Dow Corning footing the bills for their travel and lodging, plus several days of rehearsals and training prior to the actual testimony.

Participants in the fly-in included a writer named Karen Berger and breast cancer support groups Y-ME, the Susan B. Komen Foundation, and the National Alliance of Breast Cancer Organizations (NABCO). Y-ME was given the assignment to generate 175,000 letters to Congress.

Berger, a former schoolteacher, was neither a cancer survivor nor an implant recipient. Her authority as an expert on implants was based on her authorship of *A Woman's Decision: Breast Care, Treatment and Reconstruction*. Co-authored with plastic surgeon John Bostwick III, the book encourages women to seek reconstructive surgery following mastectomies. Burson-Marsteller pitched her to the press as the author of “survey work” which “shows that the majority of breast cancer patients who have been reconstructed find implants very valuable.”

Berger's name appears repeatedly on internal Burson-Marsteller documents, which describe her as a “primary recruiter” for the Washington fly-in. In a *USA Today* profile, however, Berger is described as an “independent medical publisher” who “says she has no connection with any organization.”

“The suggestion that women should martyr themselves . . . by remaining breastless is a throwback to the Middle Ages,” Berger argued in one news release. She even went so far as to claim that banning implants would lead to an increase in cancer deaths among women. Without the implant option, she argued, women would avoid seeking diagnosis and treatment of their cancers.

ONE HAND WASHES ANOTHER

Burson-Marsteller documents suggest that financial incentives helped Dow grease the skids with cancer support groups such as Y-ME and the Susan B. Komen Foundation. The Komen Foundation, for example,

sponsors running marathons in several cities to fundraise and promote awareness of the need for breast cancer checkups. In an October 1991 strategy note, Burson-Marsteller noted that the foundation “wants Dow Corning to sponsor upcoming race in Atlanta.”

B-M also offered its assistance on what it called an “I scratch your back” basis to the breast cancer coalition “to pump dollars for [breast cancer] research.”

Some breast cancer survivors, such as Darcy Sixt, publicly acknowledged that they had become paid spokespersons for Dow Corning. Others either worked for free or made no mention of who paid them.

Although the hundreds of women who rallied during the Washington fly-in had their expenses paid, Burson-Marsteller planned to avoid payments to people who would be testifying before the FDA. It made a special exception to this rule in one case—Timmie Jean Lindsey, who in 1962 became the first woman to receive a set of breast implants. “We will be paying for Timmie Jean Lindsey to testify—based on the fact that she could not take on the financial responsibility,” states a B-M document.

In fact, Lindsey's full story could strengthen the argument of women who say implants cause connective-tissue disorders. In the 1970s, she suffered joint pain, rashes, dry mouth, dry eyes, and chronic fatigue. More recently, she underwent surgery to replace a knee joint, a problem she attributes to age but which might be interpreted as a symptom of silicone-induced arthritis. Her daughter and a sister-in-law, both of whom she encouraged to receive implants, have joined the class action lawsuit that plaintiffs have filed against implant manufacturers, with her daughter alleging that the implants gave her lupus.

The plastic surgeons' efforts to recruit spokespersons backfired completely in the case of Terry Davis of Palm Beach Gardens, Florida. “My doctor told me to lobby the FDA to keep implants,” she told the FDA panel. Instead, she attended so she could describe the complications she had suffered with her implants following a double mastectomy four years previously.

BOWING OUT

In the March 1992 letter from B-M's Johnna Matthews to co-worker Larry Snodden, she credited Burson-Marsteller's grassroots strategy with “turning around the media coverage on the issue from strongly negative, to almost equal amounts of balanced and positive articles versus negative. It culminated briefly in November's FDA Advisory Panel Hearings where by bringing in a tremendous number of women to testify, we also helped turn those hearings around. The result

was that the panel recommended to FDA Commissioner David Kessler that the implants remain on the market—a major victory.”

Victory notwithstanding, Dow Corning was already outlining plans to withdraw from the breast implant market, which had become both controversial and unprofitable. In a strategy document dated December 19, 1991, Burson-Marsteller warned that “the company’s motives are going to be questioned. You can’t say in November, ‘We are very concerned about the patients, and will do anything the FDA requires of us to keep the product widely available,’ and then say in January, ‘We are withdrawing from the marketplace.’”

From a PR perspective, B-M advised Dow that it could “minimize negative comments” by timing its withdrawal to coincide with an “adverse FDA decision” that could serve as “a highly defensible public reason for withdrawing from the business.”

The anticipated “adverse FDA decision” came with two rulings in early 1992. Although Kessler made an exemption so that breast cancer patients could continue to receive silicone implants despite the ban, Dow’s grassroots network continues to accuse the FDA of limiting options for breast reconstruction.

As recently as August 1995, Y-ME Executive Director Sharon Green testified before Congress that “The implant debate is out of control—and, as a result, we all lose.” Another Y-ME activist, Rosemary Locke, described silicone implants as “a benefit to women not only in the breast cancer community, but to some degree to all women.”

COSMETIC RECONSTRUCTION

In order to rehabilitate its battered image, Dow Corning reshuffled management in 1992, bringing in Keith McKennon as its new chairman. McKennon’s background included crisis management for Dow Chemical during the parent company’s own prior scandals. The *Washington Post* noted that McKennon had handled “public relations fights over dioxin and Agent Orange. . . . This background is very pertinent to a meaningful resolution of the mammary issue.”

Dow also hired Griffin Bell, former U.S. Attorney General under President Carter, to perform an “independent review” of the company. Since leaving public office, Bell has performed similar high-profile services for clients including Exxon in the wake of the Valdez oil spill; General Motors after the discovery that pickup trucks were exploding in auto collisions; Virginia Military Institute in its effort to bar women students; and A.H. Robins during its Dalkon Shield controversy.

A VICTIM OF DELUSION?

Susan Schaezler is one of the women whom implant manufacturers are portraying as victims of mass hysteria and opportunistic attorneys. Along with 400,000 other women who have filed suit against the implant makers, she believes that her health is threatened by the implant she received in 1982 as part of reconstructive surgery following breast cancer.

In October 1995, Schaezler learned that her implant had ruptured, and underwent surgery to have it taken out. The operating team was forced to cut the implant into pieces in order to remove it, and most of the liquid silicone spilled into her body.

“Some of the capsule and silicone was left adhered to my ribs,” Schaezler said. “I felt like I had been hit by a train the day after that surgery. My lab values went out of sight and my symptoms were unbelievable. I could only manage to stand up for five minutes at a time and had horrible headaches, nausea, dizziness, aching sensation all over, and many other problems. My tissue became quickly infected and began destroying itself. Daily, I would see the results of the destruction. I broke out in fire-ant-like lesions, mostly on the implant side. My tongue developed horrible sores and I had a horrible time eating or speaking. I really worried if I would make it to 1996 for awhile. I have had two more surgeries since that time and the destruction was finally stopped, but I have still not recovered.”

“What does the company need from Griffin Bell?” asked one Burson-Marsteller document. “Not a ‘clean bill of health’—which would be a disaster.” B-M even suggested toughening the Bell review by adding a “representative of a responsible public interest group” or a “major medical association. If the findings are a bit rougher than they might otherwise have been, from a PR perspective, that’s not a problem. It gives the company a chance to show credibility, responsiveness, willingness to change.”

Bell prepared a report based on his investigation, along with a three-page letter of recommendations for changes in company policy. Dow released the letter with an accompanying statement of the company’s intent to comply with these “reforms.” The statement claimed that Bell’s team had exhaustively reviewed 300,000 pages of corporate information. Citing attorney-client privilege, however, Dow refused to release the documents for public review, or even to release Bell’s full report. ■

SCIENCE UNDER PRESSURE: DOW-FUNDED STUDIES SAY "NO PROBLEM"

Breast implant makers and plastic surgeons have spent vastly more money on PR, attorneys, and lobbying than the women who are suing them for damages. Thanks to PR, the industry has achieved a remarkable reversal, persuading large sectors of the news media that it is the victim of politics, greed and "junk science."

New York Times reporter Gina Kolata has typified the trend, penning stories such as "Implant Lawsuits Create a Medical Rush to Cash In," which portrays the 400,000 women who have joined a class-action lawsuit against the industry as greedy opportunists goaded on by slick attorneys. Similar stories have appeared on *60 Minutes* and PBS-TV's *Frontline*.

At the heart of this line of defense is a strategy outlined by Burson-Marsteller in 1991 as Dow was preparing to withdraw from the breast implant market. "Research continues regardless of the disposition of the business," advised one memo. In order to achieve the long-term goal of rehabilitating Dow's reputation, B-M argued, the company would have to produce scientific data from seemingly independent, "third party" sources, which it could point to as proof that silicone was safe.

In 1992, B-M warned that the company's "credibility is still low. Of course, company and its employees will play a key role in disseminating message. But . . . core of message must be scientific, third-party support. Research studies already announced will be helpful when done. . . . We must begin by identifying supportive science, scientists, across the spectrum of uses for silicone; training and supporting them to get our message out; . . . using them *proactively* to brief the trade, general and business media; . . . using them *reactively* as a 'truth squad' to refute antagonists."

Frontline's February 1996 program on the silicone controversy provided a textbook example of this strategy in action. It built its case around the opinions of Dr. Marcia Angell, editor of the *New England Journal of Medicine*, which *Frontline* described as "the most prestigious medical journal in the world." Angell has overseen the publication of the two best-known epidemiological studies to date on breast implants—one by the Mayo Clinic, the other by Harvard researchers and Brigham & Women's Hospital—both of which found "no evidence" that implants cause serious long-term illness.

"What was so startling to me," Angell told *Frontline*, "was the disconnect between the science . . . and what was happening in the courts and what was happening at the FDA and what was happening in public opinion. The disconnect was amazing."

Over 90,000 women have provided evidence to the FDA of health problems that they attribute to their

implants. Angell dismissed these complaints as "coincidental" and argued that "Passion, anecdotes, claims, testimonials will not settle this issue. It can only be settled by science."

"We must begin by identifying supportive science, scientists, across the spectrum of uses for silicone; training and supporting them to get our message out."

—Burson-Marsteller's PR plan for Dow Corning

Based largely on Angell's characterizations, *Frontline* portrayed FDA Commissioner David Kessler as someone who was "horrified" by the results of his 1992 decision to ban cosmetic use of silicone breast implants, and who now believes that science has proven them safe.

In fact, however, Kessler has continued to repeat his concerns. In April 1996, a month after the *Frontline* piece aired, Kessler joined several other physicians in authoring an article for the *Annals of Internal Medicine* which found methodological flaws in all 13 of the epidemiological studies which have been performed to date on systemic health problems related to implants.

According to the article, "Some of the problems common to these different studies include (1) sample sizes inadequate to rule out rare outcomes, (2) study methods inappropriate for detecting atypical syndromes, (3) poor choice of comparison group, and (4) inadequate duration of follow-up or information-gathering techniques that may have biased the detection of implants or clinical outcomes."

What Angell and *Frontline* never mentioned, moreover, were the numerous scientific studies that *have* found evidence of silicone-related illnesses, and which have been published in medical journals including the *Annals of Plastic Surgery*, *The Journal of Aesthetic Plastic Surgery*, *The American Journal of Clinical Pathology*, *The British Journal of Plastic Surgery*, *Plastic and Reconstructive Surgery*, *The Journal of the American Medical Association*, *Arthritis & Rheumatism*, and *The Archives of Pathology and Laboratory Medicine*.

PURE SCIENCE OR PURE HOOPLA?

Despite its prestige, moreover, the *New England Journal of Medicine* is not as pristine and infallible as *Frontline* would have the public believe. In fact, the journal has lent itself to junk science in the service of PR on several prior occasions.

In 1982, for example, a federation of French artificial-insemination centers used the *NEJM* to promote a misleading study that raised female fears of infertility by claiming that women who pass the age of 30 stand a nearly 40 percent chance of being infertile. Actually, the true rate of infertility at that age is only 13.6 percent, according to authoritative research by the U.S. National Center for Health Statistics. Not only did the *NEJM* publish the French study—whose conclusions were eventually abandoned even by its own authors—it added an accompanying editorial, moralizing that women should “reevaluate their goals” and have babies before starting careers.

In another case in 1986, the *NEJM* published one study and rejected another which reached opposite conclusions about the antibiotic amoxicillin, even though both studies were based on the same data. Scientists involved with the first study had received \$1.6 million in grants from the drug manufacturer, while the critic had refused corporate funding. *NEJM* proclaimed the pro-amoxicillin study the “authorized” version. Five years later, the critical study finally found publication in the *Journal of the American Medical Association*, and large-scale testing of children showed that those who took amoxicillin actually experienced *lower* recovery rates than people who took no medicine at all.

“This is not unlike R.J. Reynolds funding a study that examines people in their thirties, and finding no increased risk of lung cancer.”

—Shanna Swan, epidemiologist at UC–Berkeley

Like the French fertility survey and the amoxicillin study, both of the breast implant studies published by *NEJM* were heavily funded by partisan sources. Dow Corning and other manufacturers funneled funding into the Mayo Clinic Study through the the Plastic Surgery Educational Foundation (PSEF) of the American Society of Plastic and Reconstructive Surgeons.

The Harvard-Brigham study claims it did not receive direct funding from Dow, but according to plaintiff’s attorney Stephen Sheller, the company *did* provide corporate grants to the hospital totalling at least \$7 million during the period that the study was underway. Sheller bases that figure on depositions taken from Peter Schur, a professor at Brigham who supervised one of the major authors of the study.

Schur also admitted in December 1994 that during the course of the Harvard-Brigham study, he was also

working for \$300 an hour as a consultant and expert witness for law firms defending implant makers. Simultaneously, he was editor of *Arthritis & Rheumatism*, a medical journal in which he had published an article defending implant safety while rejecting submitted studies that found links between implants and health problems. Schur’s associate editor at *Arthritis & Rheumatism* was Dr. Matthew Liang, also a Brigham & Women’s professor who moonlighted as a consultant for the manufacturers’ law firms and who worked on the Harvard-Brigham study.

After their multiple roles were disclosed, Liang and Schur resigned from a second Harvard implant study, also funded by Dow Corning, to avoid “the appearance of conflict of interest.” Liang has also admitted giving information about the first Harvard study to Dow while the study was in progress, but has refused to provide information that would clarify whether Dow actually had a hand in shaping the study’s methodology.

THE MADNESS IN THE METHOD

In fact, critics of implants, such as Ben Lilliston of the Cancer Prevention Coalition in Chicago, have found numerous flaws in the method of both studies. “Perhaps the most significant problem with the studies is their time frame,” Lilliston says. “Most researchers who have studied women with implants say that it usually takes 10 years or more for symptoms to develop. In the Mayo Clinic study, women had the implants in for a mean of 7.8 years. In the Harvard study the mean was 9.9 years.” Since the real boom in implant popularity occurred in the late 1980s, two-thirds of all women with implants have not had them long enough to start showing symptoms yet.

“It’s easy to get a negative study; you just look too soon,” agrees Shanna Swan, an epidemiologist from the University of California at Berkeley. “This is not unlike R.J. Reynolds funding a study that examines people in their thirties, and finding no increased risk of lung cancer.”

In addition, breast implant plaintiffs point out that the Mayo and Harvard-Brigham studies did not look for the “atypical” cluster symptoms that most women report. Instead, they looked for traditional connective-tissue diseases, such as rheumatoid arthritis and lupus. Most researchers studying “silicone associated disease” believe that it is a nontraditional disorder with its own set of unique characteristics.

“We’re dealing with atypical disorders. Anyone who read the literature going back to the 1970s would have known that you need to look beyond classical diseases,” says Dr. Gary Solomon, the associate director of rheuma-

tology at the Hospital for Joint Diseases Orthopaedic Institute in New York City. "It is frankly disturbing that these medical studies did not consider this."

Neither study involved physical examinations or even interviews with any of the women under study.

Critics also say that the studies do not look at enough women to produce meaningful statistical results. "To detect even a doubling in the baseline rate of scleroderma, you would need to have at least 30,000 women in your study," says Dr. Solomon.

Finally, women who have suffered illnesses fault the studies for relying on questionnaires and old medical charts—where atypical symptoms are less likely to have been noted than firm disease diagnoses—while failing to examine the women themselves. Neither study involved

physical examinations or even interviews with any of the women under study.

"Every study we see seems to focus on the attorneys and the epidemiology studies," says implant recipient and activist Janice Ferriell. "Why don't they look at us, and figure out what's going on?"

"I have breast implants. I know," says Mary Feller, another implant litigant from San Rafael, California. "I've suffered all of those undefinable, diffuse symptoms—severe fatigue, night sweats, terrible headaches, stiff shoulders, neck and jaw."

Feller says the medical studies remind her of "the old joke about the drunk looking for his money under the lamppost because that's 'where the light is.' The same thing is happening with implants. The disease is out there in the dark, but the medical community insists on looking under the lamppost, probably because the light is provided by Dow." ■

BEAUTY AND THE BREAST: HOW INDUSTRY SOLD IMPLANTS TO WOMEN

Juries which have issued multi-million-dollar judgments against Dow Corning have based their verdicts on evidence beginning with the first known instances in which silicone was used for breast enlargement.

Following World War II, Japanese bargirls found that their G.I. customers preferred big bosoms, so they attempted to enlarge their breasts with injections of industrial-grade liquid silicone. The injections led to numerous complications. The injected liquid would migrate to other parts of the body, causing infections, formation of hard lumps called granulomas, blood clots to the lungs, cancer and death. Japanese doctors reported in medical journals that women injected with silicone showed symptoms of immune system disorders.

The technique of silicone injections traveled from Japan to the United States, where it was first adopted by topless dancers. Recognizing the problems with injections, Dow Corning developed implants in 1962 which used silicone envelopes to contain the liquid silicone gel inside. Dow and other implant makers projected that the implants were durable enough to remain intact within women's bodies for a lifetime.

Implants did cause problems, however, the most common of which is known as "capsular contracture." The body tends to treat the implant as a foreign intrusion, walling it off by forming an often-painful capsule of scar tissue that hardens, tightens around the implant,

and distorts the shape of the breast. Several studies of the rate of capsular contracture have found that it occurs in over half of the women who receive breast implants.

Implant rupture, which causes silicone gel to spill into the surrounding tissue, is another complication, which increases in frequency as the implants age. Contrary to Dow's projections that implants last a lifetime, one study of implant recipients found that 35.7% of the women had experienced a rupture within the first nine years after implantation. By year 17, the rupture rate had increased to 95.7%. The rupture problem apparently increased after Dow redesigned its implants in the 1970s. The thick gel in early implants produced unnaturally firm breasts, so Dow attempted to come closer to the real thing by using a thinner gel, described by one doctor as having "the consistency of 50-weight motor oil."

Problems with the new implants began to crop up in some of the "damning memos" mentioned by Burson-Marsteller PR executive Johnna Matthews. The gel tended to bleed through the envelopes, even when there was no rupture. In an internal memo, sales executive Tom Salisbury noted that implant samples used in sales pitches to doctors "have a tendency to appear oily after being manipulated." He advised salespeople to "change demonstration samples often" and to clean them before demonstrations by washing them "with soap and water in nearest washroom" and drying with hand towels.

In 1977, another Dow marketing executive wrote a confidential memo stating that a number of doctors had raised concerns about gel bleed. "I assured them, with crossed fingers, that Dow Corning too had an active 'contracture/gel migration' study underway," he wrote. "This apparently satisfied them for the moment, but one of these days, they will be asking us for the results of our studies. . . . It is very likely just a matter of time until the orthopedic community will be aggressively asking similar questions to those we are now hearing from the plastic surgeons."

Outside the medical community, women implant recipients were complaining of unexpected implant complications. A 1976 issue of *Ms. Magazine* documented serious health concerns, which continued to be ignored by the mainstream media.

"We knew that silicone was no good back in the 1970s," says Harriet Trudell, who worked at the time for Nevada Governor Mike O'Callaghan. "Showgirls and cocktail waitresses in Las Vegas were coming under enormous pressure from the casinos to have their breasts enlarged. We wouldn't hear about their cases until they started having problems and came to us for help. The silicone would just rot their breasts away. It was horrible, and of course there went their livelihood."

In the '70s and '80s, however, implant makers and plastic surgeons assured women that "breast augmentation" was a simple, safe procedure. In 1982, the American Society of Plastic and Reconstructive Surgeons (ASPRS) declared that small breasts were "deformities . . . a disease which in most patients result in feelings of inadequacy, lack of self-confidence, distortion of body image, and total lack of well-being due to a lack of self-perceived femininity. The enlargement of the underdeveloped female breast is, therefore, often very necessary to ensure an improved quality of life for the patient."

Breast augmentation was also a *profitable* procedure. Doctors paid \$200 to \$300 for a set of implants, and charged \$4,000 for the one-hour surgery needed to put them in. By 1981, cosmetic surgery had become the fastest-growing specialty in American medicine, and doctors started aggressively marketing their services. In 1983, the ASPRS launched a "practice enhancement" campaign, issuing a flood of news releases, "patient education" brochures, videotapes and other marketing materials. Surgeons like California's Dr. Vincent Forshan bought advertisements displaying their well-endowed clients posing next to luxury cars, with headlines boasting, "Automobile by Ferrari. Body by Forshan."

By the late eighties, advertising had created "a breast-implant free-for-all," according to Franklin Rose, a

Houston plastic surgeon who himself performed over 2,500 augmentations. "Twins would come in, sisters would come in, and I'd go from room to room," he said, describing his typical operating schedule.

Another Houston doctor, Gerald Johnson, recalled holding "Grand Teton Days" at least once a month. "The most surgeries we did in one day was seventeen," he said. A successful surgeon could hope to earn as much as \$3 million a year, and Johnson celebrated his success by building a breast-shaped pool at his home with a nipple-shaped hot tub. By 1990, over a million women had gotten "boob jobs."

THE BUBBLE BURSTS

Until the mid-eighties, no one paid much attention as women began appearing in their doctors' offices with vague and often undiagnosable ailments. Their problems seemed unrelated to their implants: chronic fatigue, memory problems, rashes, joint pain and stiffness, night sweats, skin tightness, swollen glands, headaches, nausea. The symptoms often resembled rheumatoid arthritis, lupus or scleroderma—serious diseases reminiscent of the immune-system disorders that Japanese doctors had reported in early recipients of silicone injections.

In the 1950s and 60s, Dow Corning's parent company, Dow Chemical, had tested liquid silicone and found that it had the potential to migrate throughout the body, affecting the immune and central nervous systems. In 1974, Dow Corning researchers had injected rabbits with silicone and concluded that "organo-silicone compounds can stimulate the immune response." The results of these tests, however, were kept confidential and did not disturb the consensus of opinion within the company, which continued to believe that silicone was an inert, harmless substance.

"I started going to internists with these symptoms and problems and I went to two different internists and no one could find a problem," said implant recipient Marie Walsh. "I had no history of health problems until these polyurethane implants were done and then I developed the blatant rheumatoid arthritis symptoms and, of course, the lupus rash developed at the same time." Walsh eventually started a women's support group and began to receive phone calls from other women, "calling me from all over the United States with these problems and they're crying because they've said, 'Now I have someone just like me.' . . . We, as women, were going to Ob-Gyn's, G.P.'s, M.D.'s, not thinking these problems were related to our breast implants." ■