ACSH Dispatches Round-Up: Breast Exams, Vaccines, Red Meat, Kellogg's, More

By ACSH Staff — November 20, 2009

November 20th, 2009

EPA, Breast Exams, Cervical Exams
By Curtis Porter

Drs. Ross and Miller on the EPA
ACSH's Dr. Gilbert Ross and ACSH Trustee Dr. Henry Miller of Stanford's Hoover Institution have an article on Investor's Business Daily's Investors.com about the EPA under Lisa Jackson: The EPA's muddled machinations should not come as a surprise, because the agency long has been a haven for scientifically insupportable policies perpetrated by anti-technology ideologues in career and appointed positions. It has a sordid history of incompetence, duplicity, and pandering to the most extreme factions of the environmental movement, all of which appears to be accelerating.

Dr. Caplan on the USPSTF
Dr. Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania, has a history of reliable, dispassionate contributions to contentious scientific and ethical debates. Yesterday, he weighed in on the U.S. Preventive Services Task Force's (USPSTF's) statistical analysis of breast cancer screening for women under fifty, specifically noting the backlash against the results from HHS Secretary Kathleen Sebelius and American women in general.

He wrote for MSNBC: In this case, the taskforce found that screening all women in their forties led to too many false positives and too much unnecessary follow-up testing for the number of lives it saved. They did not say that no lives were being saved. They said not as many as everyone thought. And not enough to justify asking every woman under fifty to get a mammogram every year...

There is no reason to doubt the accuracy of the scientists' finding that evidence does not support routine mammography for most women under fifty. But there is every reason to doubt that the numbers they compiled will be sufficient to overturn a medical practice that carries so much ethical weight for women.

Dr. Caplan often opines on topics that cause chaos in the media, and he helps sort them out nicely, says ACSH's Dr. Elizabeth Whelan. He notes that the new screening recommendations have caused an outrage among women who felt that if it had been men's disease, the result would have been different. This has become a women's empowerment issue, and they're saying that women could choose to protect health in this way, and now that option is being taken away, which is just not true.
I don't think this issue is a gender-related one at all, says Dr. Ross. It certainly shouldn't be. Actually, the emerging recommendations for PSA screening for prostate cancer are very similar to these breast cancer recommendations. The authoritative bodies weighing in on PSA screening basically say don't do it unless there is some rationale for it in terms of specific risk factors, because the potential downsides outweigh the benefits. Of course, any kind of cancer screening is always an emotional issue. For women who want a more individualized risk estimate to help guide them in this decision, the NCI has a 'tool' for figuring out one's risk for breast cancer. Some women in a higher-risk category, besides getting more frequent mammograms, may also consider discussing with their doctors the potential benefits of taking a drug to reduce risk of breast cancer -- chemoprevention.

There are also political objections to the USPSTF's report. Critics of healthcare reform legislation who think this is an example of rationing have gone overboard, says ACSH's Jeff Stier. A Wall Street Journal article refutes such claims: The taskforce didn't consider cost as a factor in its deliberations, and its decision predated healthcare overhaul moves in Washington, several members said. Some critics have cited the new guidelines as an example of the rationing they say a revamp of the healthcare system will lead to, but the panel members say they voted on the new guidelines in June 2008, months before President Barack Obama was even elected.

We believe that politicizing this issue does no one any good and contributes to confusion among women and their doctors, says Dr. Ross. In fact, this is an unusual instance when we agree with a New York Times editorial, calling for the mammography screening discussion to be completely severed from the ongoing healthcare reform debate.

Dr. Welch on Screening for Cervical Cancer
In a the same vein as the USPSTF's controversial recommendations, the American College of Obstetricians and Gynecologists released new guidelines today concerning screening for cervical cancer. According to a Reuters report, Women in the United States should start cervical cancer screening at age twenty-one and most do not need an annual Pap smear, according to new guidelines issued Friday that aim to reduce the risk of unnecessary treatment... The recommendations are based on scientific evidence that suggests more frequent testing leads to overtreatment, which can harm a young woman's chances of carrying a child full term.

This is another example where Republicans will be using this as a wedge to suggest that rationing is going on, says Dr. Whelan. The data and science on these issues gets lost in all of the emotional and ideological discussion. The real issue is that there have been major changes in terms of sexual concerns in the last few decades. Women are having more partners earlier in life. The HPV vaccine could make a major difference here, decreasing the need for these exams.

Dr. Ross agrees: If we can get more young women to be vaccinated against HPV, this problem -- which is already relatively small in this country -- would be diminished even further. Cervical cancer deaths occur almost entirely among women who are not screened at all. It is a slow-growing cancer, and the early stages are very treatable. This is not at all analogous to the situation with breast cancer, which is much more aggressive and affects more women.

ACSH staffers agree with Dr. H. Gilbert Welch, a professor of medicine at Dartmouth who is...
among the pioneers of research into the negative effects of early detection. Dr. Welch told the New York Times, There’s no right answer, but I can tell you that the right answer is not always to start earlier, look harder, and look more frequently.

This is the problem with screening younger and younger people, says Stier. Where do you stop if you think more is always better?

November 19, 2009

ACSH's 3 for 1 Challenge

A Special Morning Dispatch

ACSH staffers devote a lot of time each day to making sure that our Morning Dispatch addresses the most important public health issues going on in the world. Based on your responses to our MD survey, many of you read it and rely on it as an important source of information, and we're certainly glad that you do.

Today we are stepping out of our daily routine, however, in order to meet with our board of trustees. In addition to setting our organization's course for 2010, we will be reviewing our budget. (See our most recently available Financial Report and Annual Report for more information.)

We cannot do our work without your support. We'll be telling our trustees that we rely on individual donors like you more than ever before. You are our future: with your help, we'll be an even stronger voice for sound science in the months and years ahead.

Fortunately, there is no better time to give than now. A core group of ACSH Supporters has generously agreed to give 2 dollars for every 1 that you donate by the end of the year. This is an opportunity to triple your impact and keep us going strong in a time when junk science and overzealous regulation receive ample support from misguided supporters, and -- as we detailed in MD earlier this week -- even from the federal government. Give now, and every dollar will turn into 3 dollars used to stand up for sound science.

Thank you for reading Morning Dispatch and staying involved with these important issues. With your support, MD will be back as usual tomorrow, and for many years to come.

November 18th, 2009

Stossel on ACSH, ACS on USPSTF, HHS on H1N1

By Curtis Porter

One Last Chance

Fox's John Stossel picked up on ACSH's coverage of Dr. Shanna Swan's latest travesty of scientific research about phthalates in Morning Dispatch yesterday. He even relayed the text of MD on his blog concluding, I'm glad ACSH is around to call out the questionable science.

Stossel has quoted MD before, and he certainly seems to appreciate ACSH's daily dose of sound science. Many of you do as well, according to a quick glance at the results of our survey about Morning Dispatch. We will begin analyzing your feedback tomorrow, so anyone who has not yet filled out our brief survey should do so. Thanks!
ACS Simply Does Not Care for New Screening Recommendations

Yesterday, the U.S. Preventive Services Task Force (USPSTF) recommended that breast cancer screening should begin at age fifty rather than forty. Despite this new recommendation, reports a front page article in the New York Times, many doctors said Tuesday that they were simply not ready to make such a drastic change...They said they would also point out that groups like the American Cancer Society and the American College of Obstetricians and Gynecologists are sticking to the earlier guidelines.

The USPSTF is a sound scientific organization that released this recommendation based on a valid, objective statistical analysis of data comparing the risks and benefits of breast cancer screening in women between the ages of forty and fifty, says Dr. Ross. They had no reason to wait for the support of other organizations who do not like the results. It is an unfortunate consequence of these recommendations that some women in their forties who do not get screening mammograms will still get cancer that might have been detected earlier, but the point of the USPSTF's advisory is that screening all women in that age group has caused more harm than good overall, and it's the job of the USPSTF to point that out. That does not mean that a woman in her forties cannot get a mammogram if she and her physician agree that she should.

I would ask the organizations like the ACS who disagree with the new recommendations: if you say screening should start at forty instead of fifty, why not start at thirty? says Stier. Their argument that some women get breast cancer in their forties could be made about women in their thirties as well. The crux of the issue is: do you acknowledge that there is a place to draw the line? The emotional responses to this recommendation do not acknowledge one, but there has to be a line somewhere. They could find a woman who is thirty-two who says she had a mammogram that saved her life. Most of the critics of this don't seem willing to say that there has to be a line when it comes to what age we start screening. There is a line, and USPSTF drew it at fifty. Is ACS drawing at forty? If so, they haven't explained why.

It Should Be Anti-Chemical Activists on Trial

Yesterday, Senators on the Homeland Security Committee blamed Health and Human Services (HHS) Secretary Kathleen Sebelius for unrealistic estimates of H1N1 flu vaccine supplies. Sen. Susan Collins of Maine pointed out that the use of adjuvants would have increased supply, to which HHS's Dr. Nicole Lurie responded, [W]e didn't really want to rock the public confidence in a new vaccine with adjuvant.

If we had adjuvanted vaccine, we'd have somewhere between two and four times the doses we currently have, says Dr. Ross, but someone in the Department of HHS decided that the American public was too scared of vaccine adjuvants, so to coddle them, insufficient vaccine is now available, and people will get sick and die needlessly because of its lack. The bureaucrats were afraid of arousing the ire of activists since they don't like adjuvants, which is, of course, another instance of caving to superstitious fears of chemicals.

November 17th, 2009
Endocrine Disruption? Plus NYC Skeptics, Mammograms
By Curtis Porter

Dr. Swan to Infant Boys: Stop Being So Girly
WebMD relays the results of a new study by Dr. Shanna Swan of the University of Rochester Medical Center published in the International Journal of Andrology: Mothers exposed to high levels of chemicals known as phthalates during pregnancy may have boys who are less likely to play with trucks and other male-typical toys or to play fight.

If this sounds absurdly unscientific to you, it's because it is. Dr. Swan clearly started with her desired result and worked backwards to find some pseudo-scientific factors to justify it, says ACSH's Dr. Gilbert Ross.

Shanna Swan has made a career out of studying phthalates and trying to find reproductive effects from them, says ACSH's Dr. Elizabeth Whelan, who has crossed swords with Dr. Swan on the subject before.

A few years ago she had a study that alleged to find a 'feminizing' effect on baby boys from phthalate exposure based on a metric she made up called 'anogenital distance,' explains Dr. Ross. That study has since become part of the lore of anti-science groups who dislike phthalates. This latest study is equally horrendous. I could go through the article and say all the ways it is completely nonsensical, and we'd be here all morning, but I will mention that she reverts to her preferred strategy of using parameters that she admits she made up on the spot when she's watching these baby boys playing with toys.

This is junk science at its worst, adds Dr. Whelan. And I'd just like to point out that Shanna Swan recently got a $5 million dollar grant from the EPA to continue with this terrible research.

Adds ACSH's Jeff Stier: Is there any question that your support for ACSH is critical at this time? Junk science like Swan's is well-funded, and ACSH needs your help if we're going to effectively fight it. We'd like to add: many employers have a matching grant program where they will match any donation an employee gives to a qualified non-profit like ACSH. With our 3 for 1 matching grant in place now, that means that if you give $100, and your employer matches it to make a $200 donation, our challenge grant team would give $400, turning your $100 into $600. What a great deal! Please check with your employer to see if they have a matching program. Even if they don't, all donations to ACSH are being tripled right now as part of our challenge grant.

Call toll free 1-866-905-2694 to donate by phone.

Todd Among the Skeptics
ACSH's Todd Seavey was in the audience this past Saturday at a special New York City Skeptics event at Pace University about health scares. Two ACSH Advisors, Dr. Philip Alcabes and Dr. Geoffrey Kabat, were among the panelists. Kabat discussed pervasive, unproven scares such as fear of electric and magnetic fields from power lines. Alcabes noted that even in a world of skeptical thinkers who respect science, we occasionally end up with unscientific policy decisions such as the ban on trans fat in New York City restaurants.

I asked the panel if we might have deeper problems than just separating science from obvious non-
science, says Seavey, given how many respected journals and superficially legitimate studies still push bad ideas. Alcabes, similarly, said he fears what would happen if we gave more encouragement to epidemiologists, since they spawn so many bad policies already.

Who Moved My Mammogram?
The U.S. Preventive Services Task Force (USPSTF) completed its first reevaluation of breast cancer screening since 2002, and concluded that potential harm to women having annual exams beginning at age forty outweighs the benefit of screening. The Washington Post reports:

*We're not saying women shouldn't get screened. Screening does saves lives, said Diana B. Petitti, vice chairman of the U.S. Preventive Services Task Force, which released the recommendations Monday in a paper being published in Tuesday's Annals of Internal Medicine. But we are recommending against routine screening. There are important and serious negatives or harms that need to be considered carefully.*

It's basically a risk-benefit analysis, and the discussion of this new recommendation can apply to many other screening methodologies as well, including PSA tests for prostate cancer and CAT scans for lung cancer, says Dr. Ross, who discussed this development last night on the Curtis Sliwa radio program. At first glance, it seems like a no-brainer to use screening to detect cancer, but when you delve deeper into the data, you find out that significant damage can be done with these tests. USPSTF deduced mathematically that screening does reduce mortality rate, but the actual number of lives saved among women in their forties is insufficient to justify the number of women harmed by follow-up studies and surgeries, and the anxiety produced that turns out to be baseless.

One caveat with this new recommendation is that this is a population analysis and it applies to the overall population of women in their forties. However, this is not to be construed as individual advice to a woman about whether to get a mammogram. That should be a decision between her and her doctor. Naturally, when news like this gets out, the media reports will find women in their forties -- and there are plenty -- who found cancer in a mammogram despite an absence of risk factors. Of course, they won't be able to find women who did not get a mammogram and were therefore spared the negative effects of getting tested [such as unnecessary surgery] -- you don't see both sides.

People have been looking to USPSTF for some time for recommendations on this issue, says Stier. Other groups were coming out with this recommendation before, but they were saying let's wait and see what happens with USPSTF. However, the American Cancer Society (ACS) is one of many organizations that are not buying into this.

This will cause pure chaos in medical circles, says Dr. Whelan. It's a manifestation of the huge resistance to change when it comes to established procedures. On this issue, it seems that ACS is more worried about keeping their constituents happy than the science of the issue, adds Stier. Rep. Debbie Wasserman Schultz should be very embarrassed given this latest development. While this is not square to the issues of the EARLY Act, it underscores how misguided that piece of legislation [urging breast exams even for youth] is. In fact, the new recommendations specifically recommend against breast self-exam, a key
component of her misguided legislation. Hopefully this takes out any steam it had behind it.

November 16th, 2009

Survey, 3 for 1 Challenge, plus Pharma, Faith, Flu
By Curtis Porter

Thanks for Your Help
ACSH staffers would like to thank everyone who filled out our survey about Morning Dispatch. The response was strong, and the results are very helpful. If you didn't get a chance yet, it's not too late. Answer a few questions about MD and provide e-mail addresses for anyone that you think would be interested in receiving MD. Thank you!

The 3 for 1 Challenge
Not long ago, a generous donor -- who shared the ACSH mission of defending sound science against hype -- agreed to match the contributions of other supporters like you, enabling us to turn each subsequent dollar contributed into two, raising a total of over $66,000 and shattering our $50,000 goal.

Inspired by that success, a core group of ACSH Supporters has generously agreed now to turn each dollar you contribute into three with a goal of reaching $100,000 before the year ends.

That means every $1 you give today turns into $3 for ACSH, helping us enter the new year in a much better position to combat the increasing hysteria over exaggerated or even non-existent risks from food, chemicals, technology, and unlikely mishaps.

Show our core donor group they are not alone by making your gift today at http://www.acsh.org/support [1]. Let them multiply your dollar today by 3 -- and keep ACSH fighting for common sense and good science into the future.

Cause and Effect
ACSH's Jeff Stier and ACSH Trustee Dr. Henry Miller of the Hoover Institution have an article on Forbes.com discussing the recently approved House healthcare bill and its intensified efforts to place the burden of reform on the pharmaceutical industry: Pelosi's healthcare bill may cost the pharmaceutical industry $150 billion over a decade -- nearly double the amount the companies conceded when they cut a White House-approved deal with Sen. Max Baucus this summer. By making fewer resources available for R&D, the bill will stifle innovation. It is a surefire prescription for fewer new lifesaving drugs.

This ties in with the front page article in today's New York Times, which says drug companies have been increasing prices over the past year, says Stier. I say that is good news, under the circumstances, since it ensures that they will continue to innovate, but it is still a distorted way of recouping the costs potentially imposed on them by healthcare reform. All of that economic distortion is a source of inefficiency. If the government wants drugs to cost less, they should help pharmaceutical companies lower prices by reducing the costs of bringing new drugs to market. For instance, they should reduce the regulatory hurdles, which are a growing cost of innovation.

Further, tort reform would help bring the cost of drugs down. These approaches would actually lower the cost of drugs. The government can't just wave a magic wand and expect costs to go
down.

Pharmaceutical companies are merely adapting to the new world order as far as give-backs are concerned, says ACSH's Dr. Gilbert Ross. Naturally, they're going to take economic countermeasures to stay viable.

Funding Faith
Stier also has an op-ed in today's New York Post, where he discusses an amendment to the healthcare reform bill proposed by Senators John Kerry (D-MA) and Orrin Hatch (R-UT), which would require insurers to consider coverage of religious and spiritual health care: Tax dollars shouldn't pay for unscientific treatments -- which all 'alternative' medicine is, by definition...President Obama promised to 'restore science to its rightful place.' If health-care reform means putting politician's preferences ahead of medical expertise, he'll have done the exact opposite.

This may come as a surprise, but taxpayer funding of 'spiritual healthcare' is already the law of the land, according to Stier. If you itemize medical expenses on your taxes, the IRS has ruled that you can itemize and deduct Christian Science prayer as treatments, he explains. Also, military families that have military healthcare plans can get coverage for prayer treatments. As it is now, if you don't like your insurance premiums being used to cover unscientific treatments, you can go to another provider, but that won't be an option with a government-mandated plan.

What's Better Than Throwing Away Vaccine?
There were long lines for the H1N1 shot at New York City vaccination sites this weekend. Few students took advantage of their priority status to receive the shot last weekend, so the Department of Health expanded the eligibility pool to include pregnant women, anyone four years through twenty-four years of age, persons twenty-five through sixty-four with underlying health conditions, and anyone who lives with or cares for children less than six months old.

It seems to me that there's really been a change in philosophy about giving out these shots in just one week, says ACSH's Dr. Whelan. When I got my shot, I said, 'It's tragic that tens of millions of these doses will be thrown away even though people want them.' Sure enough, now that they're giving them out, there is tremendous turnout to receive them.

ACSH encourages everyone to take some time and get seasonal and H1N1 flu shots -- and to read our new report on Adult Vaccinations to learn about other important vaccines you may need.

November 13th, 2009
ACSH Survey, plus Cancer, Smoking, Doc Ed, Soy, Calories
By Curtis Porter
Please Take a Few Seconds to Help Us
ACSH staffers spend a lot of time each day to ensure that Morning Dispatch is as informative and engaging as it can be. Please take a few moments to help us maximize the quality of this newsletter by responding to this very brief survey about MD. You can also provide the e-mail addresses of any other folks that you think would appreciate MD, and we'll ask them if they're interested. Thank you!

An Ounce of Prevention
A seat at the table goes to New York Times reporter Gina Kolata for pointing out that Americans generally do not take advantage of medications designed to prevent cancer, even when a medicine has been proven to reduce the incidence of cancer. In one case, the National Cancer Institute found that finasteride, a generic drug that costs about $2 per day, could prevent as many as 50,000 cases of prostate cancer each year. Kolata writes, Nevertheless, researchers say, the drugs that work are largely ignored. And supplements that have been shown to be not just ineffective but possibly harmful are taken by men hoping to protect themselves from prostate cancer.

It seems deeply ingrained in Americans that people shouldn't take medications unless they're already sick, says ACSH's Dr. Elizabeth Whelan.

Americans take plenty of substances when they're not sick, says ACSH's Dr. Gilbert Ross. They take 'alternative medicine' supplements and antioxidants and they eat organic food all for the sake of staying healthy, even though there's no scientific legitimacy to any of those things. It's the medicines that are proven to work that they don't trust.

It is as simple as this: If Americans keep buying into that notion, people will keep dying prematurely -- those deaths are preventable with medication, remarks ACSH's Jeff Stier. This should be a huge scandal in a rational world. You would think all the people marching against cancer would be mobilizing to encourage people to take these drugs.

For more information, see ACSH's publication on chemoprevention of breast cancer.

Unfortunate but Predictable
Despite a cumulative downward trend over the past decade, the national smoking rates in the past year have risen to 20.6%, up from 19.8%.

The quit rates have stalled, says Stier. We don't have enough effective techniques that are approved to get people off of this addictive habit. The FDA is tying smokers' hands by not letting them understand the full potential of harm reduction products like smokeless tobacco and e-cigarettes.
Dr. Ross agrees: Smokeless tobacco has been proven to be an effective harm-reduction alternative in Swedish studies. E-cigarettes might work as well -- it would be difficult for anything to be worse than smoking real cigarettes -- but all of the information about those effective cessation aids has been suppressed. The FDA tobacco legislation comes close to criminalizing discussion of harm-reduction, and the current cessation methods have abysmal success rates, so the FDA's policy on smoking basically amounts to 'quit or die.'

The Danger of Educated Doctors
According to the Wall Street Journal, Health legislation moving through Congress would force drug makers to disclose how much they spend on continuing medical education classes for doctors; Critics say that money taints the content of these classes.

This is the opposite of progressive science education, says Dr. Ross.

Besides, adds Dr. Whelan, who's going to pick up the slack if this money is withdrawn?

The point here is that the medical education materials should be vetted and accurate, says Stier. Who funds them should be irrelevant.

For more information, see ACSH's publication on industry-funded science.

Soy Bomb
ACSH received this cogent email from one of our Advisors concerning the recent firestorm in the media over BPA: I am equally appalled at the mania surrounding bisphenol-A and all the harm it's supposed to inflict at microgram levels. One point I have not seen in any responses to the alleged adverse effects is that soy foods are popular because they contain plant estrogens at milligram levels that are supposed to lower cholesterol, prevent cancer, strengthen bones, decrease menopausal symptoms, and so on; but BPA has weaker estrogenic effects, yet some believe it causes cancer, weakens bones, confuses your gonads, etc. at much lower levels.

It's true that no one gives a thought to the fact that the soy products we ingest have much stronger estrogenic effects than BPA, says Dr. Ross.

You would think activist groups would be rallying to ban soy as well, since the effects of soy are far more potent than any alleged effects of BPA, says Stier, who made this argument before in the Washington Times.

Informed Consumers
Given the worsening problem of obesity in the United States, and the superiority of disease prevention over treatment, calorie posting seems like a great idea, says an op-ed in today's New York Times, written by researchers from Carnegie Mellon University's Department of Social and Decision Sciences. However, research by us and others suggests that it is unlikely to have much, if any, impact on eating or obesity.

ACSH staffers have pointed this out on numerous occasions in arguments against the expensive calorie-count posting requirement, which is a little-known provision in the House health care bill. However, one ACSH advisor wrote us a friendly email, and nestled between compliments for Morning Dispatch was this compelling counter-argument: Many will not read or attend to...the
labels; some will, though, and more education is better. People may not take advantage of the opportunity; that in no sense means we should not offer it.

We're definitely in favor of informed consumers, says Stier. But the information is readily available already. If people want calorie-counts on the menus, they can choose to eat at restaurants that post them and avoid restaurants that don't. Why impose that requirement on every restaurant? Where will it end?

November 12, 2009

Fingers vs. Fears, HDL, BPA, and Holy Water
By Curtis Porter

Help Us Out Tomorrow
ACSH staffers always appreciate your feedback when it comes to the Morning Dispatch, and we are often offered compliments, criticism, and comments about our takes on the latest public health news. We have also received several inquiries about how our readers might share MD with their friends. In tomorrow's MD, we will provide a link to a very brief survey that will help us gauge MD's effectiveness and give you an opportunity to provide the email addresses of anyone that you think might be interested in MD. It will only take a few seconds to complete, and it will help us immensely, so please be on the lookout for that tomorrow.

At Least They Didn't Have Lead in Them
The stroller manufacturer Maclaren finally agreed to a voluntary recall of all of its models after five years of consciously neglecting to report to the Consumer Product Safety Commission (CPSC) that the hinges of its strollers are known to sever children's fingers. In the time it has taken the CPSC to address the issue, Maclaren strollers managed to chop off the fingers of twelve children. Meanwhile, for the past year, CPSC has been preoccupied with enforcing the Consumer Product Safety Improvement Act (CPSIA), which has focused the attention of the agency on trivial levels of lead and phthalates in toys.

CPSC never took any action, says ACSH's Jeff Stier. Mclaren knew their strollers were dangerous and didn't report it, but companies don't always report these problems. That's why you have an agency to monitor these things. They should be going after these types of defective products. The problem is that CPSC has a limited staff and budget. They can only do so much, so they have to prioritize. If they're wasting their time running around trying to monitor and ban trace levels of lead and phthalates in toys as mandated by Congress in CPSIA, they're not going to be able to effectively protect children from actual threats like losing a finger. I don't want to blame the CPSC, because this is outside of their control, but Congress has given them the wrong mandate.

It's Simple, and You Don't Starve
A report in the latest edition of the Journal of the American Medical Association concludes: Lipid assessment in vascular disease can be simplified by measurement of either total and HDL cholesterol levels or apolipoproteins without the need to fast and without regard to triglyceride.

ACSH's Dr. Gilbert Ross knows what all those words mean, and he assures us that this is great news: Basically, in order to most accurately predict your risk of cardiovascular disease, you can
avoid fancy blood tests and just have your HDL -- also known as 'good cholesterol' -- measured relative to your total cholesterol. And in perhaps the best news of all, these blood tests do not have to be done on fasting specimens. When I was practicing, my patients had to fast for eight to twelve hours before we had their lipid profiles done, and that's not necessary anymore. I'd say the results of this study are fairly important.

Rehash
ACSH staffers are reluctant to dignify junk science scares with too much repeat attention, but some of them simply refuse to go away. Yesterday's Morning Dispatch mentioned a new study of Chinese workers who had exceptionally high levels of dermal and pulmonary exposure to bisphenol-A (BPA). In the time since we dismissed it as the data-dredging that it is, it has received an absurd amount of media attention.

Apparently, yesterday's story was just the tip of the iceberg, says ACSH's Dr. Elizabeth Whelan. Every news site had this as top story. What are people to think when they are bombarded with headlines like this? What is FDA to do in response? This is how scares come about and how inappropriate government regulations get put into place.

Just so we're clear, adds Dr. Ross, this was a terrible, self-reporting study, and the fact that the levels and types of exposure investigated were so radically different from anything that American consumers are dealing with makes these scare headlines completely inappropriate.

Holy and Clean
According to a Reuters report, fear of contracting the H1N1 virus has led many in Italy -- where some fifteen people have died of swine flu -- not to dip their hands in the communal [holy] water font in Catholic churches. To address this, an Italian inventor devised an automatic holy water dispenser that metes out the water to churchgoers.

This is a harbinger of things to come, says Dr. Whelan. H1N1 flu is changing many things, not just holy water. Nursing homes are discontinuing kids' caroling. The Catholic Church has discontinued the handshake of peace. It's an interesting trend. People are learning to put public health first.

November 11th, 2009
Tobacco Takeover, Snack-Tracking, BPA Boys, Mercury Fish, and Cell Phones
By Curtis Porter

Skeptical, Uneasy, Deception, Etc.
Reynolds American Inc., the second largest tobacco company in the nation by sales, is preparing to buy Niconovum AB, a Swedish company that produces nicotine-replacement products. The response from anti-tobacco activists has largely been cynical, as in the case of one who responded to the announcement of the news on Jeff Stier's Twitter account http://twitter.com/JeffACSH: [2] [A] number of words come to mind...skeptical, uneasy, deception, etc.

Reynolds made it very clear that they intend to make a lot of money with this move, says ACSH's Dr. Elizabeth Whelan. Still, it's fascinating that a cigarette company declares apparent interest in promoting and selling harm reduction products that would eventually replace cigarettes, and is met
Rightfully so, says Stier. Cigarette companies have done a lot to earn that distrust. People should be suspicious, but do we want more investment in helping people quit or less? I would say more. Tobacco companies have a great deal of knowledge about tobacco and nicotine. Maybe they can synergistically apply that knowledge to make a better smoking cessation product. The impact is potentially very large. This is the first example of a tobacco company investing in a non-tobacco harm-reduction product, and it forces the hand of anti-tobacco critics because they say they don't trust the tobacco company even if the product does not contain tobacco. What does it take? This sheds a lot of light on tobacco control activists. They claim to be concerned about public health, but what they seem to resent most is that tobacco companies will continue to make a profit.

Knowledge Is Not (Will) Power

According to Fox News, a provision in [the recently-passed House] health care reform legislation requires snack food purveyors to post nutritional information on vending machines, which the industry says will cost $56 million to implement.

The question here is whether or not this will make any difference in deterring people from over-consumption of calories, which it won’t, says Dr. Whelan.

ACSH's Dr. Gilbert Ross agrees: It's similar to posting calorie counts on fast food menus. It's an expensive government regulation that will have little or no impact on public health.

Ban at All Costs

Today's Washington Post features a summary of a study published in the journal Human Reproduction that focused on 634 male workers at four factories in China who were exposed to elevated levels of BPA. They followed the men over five years and compared their sexual health with that of male workers in other Chinese factories where BPA was not present.

The researchers claim that the common chemical is responsible for increased risk of sexual dysfunction. The article quotes Steven G. Hentges of the American Chemistry Council, who said, Although this study presents interesting information, it has little relevance to average consumers who are exposed to trace levels of BPA.

It's true that it has little relevance to those who are exposed to trace levels, says Dr. Ross. It's also true that BPA is very efficiently metabolized at normal levels of exposure by ingestion, which is how most Americans are exposed to the traces of BPA in our food. These workers, on the other hand, were exposed by inhalation and dermal contact, which is much less efficiently metabolized, to say nothing of the difference in levels of exposure. This is clearly a data-dredging study. One of the authors is quoted as saying that 'BPA is throwing off hormonal balance in the human body,' so it would have been clever of them to measure hormone levels in these subjects' bodies to see if they're 'thrown off.' I would predict that no abnormalities would be found.

Anti-chemical activist groups cheer on every study that seems to show that a chemical is harmful, says Stier. If you are a public health advocate, you would think that news -- no matter how
tenuous -- that something causes harm would be seen as bad news, not good news. But it is evident that public health isn’t their priority. Their priority is getting bans on chemicals they don’t like.

For more information, see ACSH’s publication on the facts about BPA.

EPA and Mercury
A New York Times news brief cites an AP report that in 49% of the lakes and reservoirs evaluated by the EPA, mercury concentrations exceeded levels that the EPA says are safe for people eating average amounts of fish. The Times claims that mercury is primarily released by coal-fired power plants.

According to ACSH’s publication on regulating mercury emissions from power plants, however, One study indicates that 70% of the mercury deposited in the U.S. comes from non-U.S. sources. The report also contends that known instances of mercury poisoning are not easily compared to the substantially lower exposure levels associated with U.S. fish consumption.

Health effects of low levels of mercury are subject to lots of controversy, says Dr. Ross. The EPA has their own level of acceptable exposure, which is very low, and FDA has their own higher acceptable intake level, along with an advisory about how much fish should be eaten. By and large, the evidence that fish is a healthy component of any diet -- including that of pregnant women -- far outweighs the evidence that mercury is dangerous at dietary exposures.

CNN Will Not Rest Until Everyone Is Afraid of Phones
CNN continues to labor under the delusion that the evidence is fuzzy about the alleged link between cell phone usage and cancer.

We were attracted, and yet repelled, by their teaser headline: ‘Is your cell phone slowly killing you?’ says Dr. Ross. In a word: no.

CNN has a reputation for keeping alive the story that cell phones are dangerous, says Dr. Whlean. It was Larry King who first advanced the hypothesis that cell phones cause brain cancer. It has since become something of a CNN ‘cause.’

ACSH’s coverage of the cell phone scare concludes, The media’s efforts to catch the public’s attention on this matter likely caused numerous cell phone users undue stress and worry over the probably negligible health effects of using their phones.

November 10th, 2009
Shots for Many, Volcano Dangers, Vaccine Victories, Immuno-Krispies
By Curtis Porter

Vaccines Work Better When You Let People Have Them
ACSH staffers were pleasantly surprised by the New York City Department of Health’s abrupt reversal concerning the H1N1 flu vaccine. Because there are so many extra doses due to low turnout among school children, clinics will now vaccinate anyone who claims to be in a high-risk group.

This change of heart follows an impromptu exchange over the weekend between ACSH’s Dr.
Gilbert Ross and NYC Health Commissioner Dr. Thomas Farley. Dr. Ross questioned the policy of not administering the H1N1 vaccine to healthcare workers, even though there was leftover vaccine supply.

I was in a state of shock when I saw that they decided to give more people the vaccine, says ACSH's Dr. Elizabeth Whelan. It's like they were listening to everything Gil said, and it happened so fast. I think Gil simply pointed out the obvious to them.

Apparently Dr. Farley was listening, says ACSH's Jeff Stier. Even if he wasn't listening, he made the right move, and we congratulate him and his colleagues for that.

Dr. Ross adds, I am still concerned that those administering the vaccine are not required to be immunized themselves to reduce the possibility that they will transmit the virus to those around them. All healthcare workers should be first in line, or second, to get vaccinated.

Just When You Thought Volcanoes Couldn't Get Any More Dangerous
According to Reuters, Italian researchers found that between 2002 and 2004, rates of papillary thyroid cancer -- the most common form of thyroid cancer -- were twice as high in Sicily's volcanic region compared with the rest of the island.

In case you need one more reason not to live next to a volcano, here you go, says Stier. There are some potential clues about causes of thyroid cancer, which could be a clue to other possible risk factors besides volcanoes. The article also points out that thyroid cancer is relatively uncommon, and thus any increase of relative risk as a result of exposure is very small in real terms. Reports like this don't usually put risk into perspective, and we're quick to criticize them, so we should praise them when they get it right. By the way, before we get an eruption from our critics, no, we are not funded by the volcano industry.

History: Vaccination > Deadly Diseases
While we are lauding dry-eyed media coverage of health risks, we should mention today's New York Times article about the history of the American public's perception of vaccines. Among other experts, the article cites ACSH Advisor PaulOffit: Dr. Paul A. Offit, chief of infectious diseases at the Children's Hospital of Philadelphia, has written extensively about vaccines and the antivaccine movement. The H1N1 vaccine has sixty years of experience and technology behind it, he said; it's safe, it's clearly effective -- and yet many people still have difficulty 'figuring out where the real risks lie.'

The article seeks to explain the waning influence of medical science on people's opinion of the safety of vaccines. The author quotes University of Texas history professor David M. Oshinsky, who explains why parents in 1954 were eager to have their children receive the experimental polio vaccine, whereas parents today are suspicious of the H1N1 vaccine: They also had lived through virulent epidemics. That to me is probably the biggest issue of all. [Today] you're dealing with parents who've never seen a smallpox epidemic, a polio epidemic.

Over a hundred children have died from the H1N1 flu, which is more than we usually see from seasonal flu in two or three years' time, says Dr. Ross. The virus has taken a disproportionate toll on pregnant women and children, and the reason we still have this hysteria and fear about
vaccines in general is that people are not familiar with the devastation of preventable diseases. We don't want to see smallpox or polio again, or diphtheria or measles for that matter. Parents who are afraid of vaccines should go to the history books.

More Like Bogus Krispies
Kellogg's removed labels from its Rice Krispies cereal boxes that claimed that the cereal's added antioxidants supported children's immunity.

They got a free ride with these health claims because people thought, 'What's the big deal?' Nobody pays attention to this vague notion of immunity, explains Stier. Then people started getting worried about H1N1, and immunity claims actually interested people, but with all of the attention on their tenuous claim, Kellogg was left with little choice but to remove it.

November 9th, 2009

Seeking Shots, Battering Pharma, Fearing BPA, Taxing Soda, Banning Brass
By Curtis Porter

Dispatches from the Front Lines
ACSH's Dr. Gilbert Ross spent his Saturday afternoon volunteering at an H1N1 flu vaccine site in Queens. He reports, They were administering vaccine only to students. There were perhaps fifty workers for about ten patients, i.e., vaccine recipients. I was told it was much busier when they opened at 9am. There were no vaccines given to non-students, not even healthcare workers. I inquired, for example, as to whether I could get a flu shot. 'No,' I was told, nicely, but clearly.

Today's New York Times tells a similar story about low turnouts for the vaccine: While the city's health commissioner, Dr. Thomas A. Farley, said the clinics had the staff and enough vaccine to accommodate about 500 middle- and high-school students per clinic per hour -- or as many as 31,500 vaccinations a day -- a department spokeswoman put the total vaccinations administered on Saturday at 1,701.

Dr. Ross recalls, One woman who had just finished breast cancer chemo therapy -- and who therefore had 'reduced immunity' -- was denied the vaccine she requested, and she is clearly in a high-risk group. She had come in with a teenage child who got hers. One woman came in saying she had a positive pregnancy test. She got the vaccine with no doctor's affirmation required. The Department of Health employee in charge said, 'No confirmation of pregnancy is required.' I don't think that would work for me, though.

I was confused and frustrated by the fact that healthcare workers -- also among the higher-risk groups advised to get the vaccine -- were unable to do so, despite the clear availability of the vaccine and their presence there with essentially nothing else to do. When I asked NYC Health Commissioner Farley -- who happened to be there for a while -- why this was so, he answered that this was a 'youth-focused event,' and that perhaps 'the clinics next week would be more open to non-students.' He went on to indicate -- especially in light of the early delivery of vaccine to Goldman Sachs and Citigroup -- that he didn't want the public to perceive that the city employees were 'jumping the line.' This is counterproductive to public health, however, and I told him so.

Just in Time for the Bill to Pass
ACSH's Jeff Stier teamed up with ACSH Trustee Dr. Henry Miller of Stanford's Hoover Institution to warn of the dangers of discouraging medical innovation in Saturday's New York Post: The Pelosi bill is a prescription for fewer new life-saving drugs. By stifling innovation, it would hurt not only industry, but also all of us who'd benefit from new-drug development...The tactics employed by the administration and Congress add up to sheer bullying -- and while they're battering the drug industry, patients are the ones ultimately getting beaten up.

Kristof Stumbles into BPA Debate
New York Times columnist Nicholas Kristof has bought in to the claims of anti-BPA activists. His column in Saturday’s Times rehashes all of the standard arguments against the plastics chemical, concluding, While the evidence isn't conclusive, it justifies precautions...In my reporting around the world, I've come to terms with the threats from warlords, bandits, and tarantulas. But endocrine-disrupting chemicals -- they give me the willies.

In the end, he's relying on the precautionary principle, says Stier. It must be dangerous if it 'gives him the willies.' He didn't say anything new as far as the case against BPA goes, though.

Well, this whole thing was ignited by the Consumer Reports study saying that BPA is in our food, says Dr. Ross. Of course it is. So what? There is absolutely no evidence that BPA is harmful to humans from food exposures, and every scientific body that has evaluated this chemical has given it a clean bill of health. However, all the activist hype has forced the FDA to reevaluate it.

These claims against BPA have become folklore, says ACSH's Dr. Whelan. They say these things over and over again, and eventually people think they have merit. If the FDA changes their mind and says we have to avoid BPA just to be careful, there's no hope for science. They're only reevaluating it to pacify these people.

Eyes on the Prize: We Have to Tax Something
The L.A. Times caught up with ACSH over the weekend when they realized that sugary juices are being overlooked in the latest crusade against soft drinks: The inconvenient truth, many experts say, is that 100% fruit juice poses the same obesity-related health risks as Coke, Pepsi, and other widely vilified beverages.

It's high time someone started to talk about juices, says Dr. Whelan. They've been getting a free ride. People talk about sugary soda like it's to blame for obesity. Meanwhile, some parents fill up their kids with apple juice that has just as much sugar and calories.

The Times mentions Kelly Brownell of Yale, one of the soda tax's most outspoken proponents: Brownell of Yale has waged a high-profile campaign to fight obesity with 'sin' taxes on soda and other sugary drinks. It's already an uphill battle, and he said he's loath to provoke the tens of millions of Americans who consider their morning juice sacrosanct.

Apparently, he's trying to keep his eyes on the prize, which is to get rid of soda, says Dr. Ross. Never mind fighting obesity.

Common Sense Is Illegal
The Consumer Products Safety Commission (CPSC) voted against a petition to exempt small pieces of brass used in the wheels on toy cars, tractors, and buses from the Consumer Product
Safety Improvement Act's (CPSIA) draconian lead standards, according to the Wall Street Journal. Lead is a typical component of brass but poses minuscule risk to children through toys, the article explains. But no matter, the language of the law says the Commission can't consider risk in granting exclusions. Any potential absorption of lead at all is grounds for a ban, despite its presence in other common brass fixtures kids get their hands on regularly, like doorknobs and keys.

The CPSC is not allowed to take risk into account, says Stier. And CPSIA is written in such a way that there is no discretion whatsoever to evaluate risk when considering the consequences of the law.

The law is written to totally eliminate risk, says Dr. Ross. Scientifically speaking, real risk is hazard times exposure. Everything can be considered a hazard in some sense, so they have to completely eliminate exposure. It is a scientific precept that the dose makes the poison, which the CPSIA has apparently repealed.

November 6th, 2009

Willett vs. Soda, Wall Street vs. Flu, Blood vs. Pressure, plus Fat, Meat
By Curtis Porter

Friday Twitter Reminder
ACSH's Jeff Stier has been hinting all morning that special things lie in store for those who follow him on Twitter http://twitter.com/JeffACSH this weekend. He won't say what exactly because of his mysterious nature, but he does say that he all but guarantees a first look at some ACSH media hits.

Willett: There Is No Greater Evil Than Soda Pop
The soda industry had no luck at California's joint hearing of the Senate Select Committee on Obesity and Diabetes and the Senate Health Committee, called to explore the link between sugar-sweetened beverages and obesity. According to a Reuters report, in today's landmark hearings called by State Senators Alex Padilla (D-Pacoima) and Elaine Kontominas Alquist (D-San Jose), representatives from the soda industry failed to acquit themselves of a growing body of research implicating sugar-sweetened beverages as the leading culprit in the obesity epidemic.

This revelation follows on the heels of several proposals to tax soda either to reduce obesity or, more candidly, simply to boost government revenue. Sentence first -- verdict afterwards, says the Red Queen in Alice in Wonderland, and the trial of the Knave of Hearts has justly remained the literary standard for injustice since the book's publication in 1869.

They claim that they have now determined that soda is the leading culprit of the obesity epidemic, says ACSH's Dr. Elizabeth Whelan. On the basis of what? Calories are calories. How many really obese people do you see drinking sugared soda, as opposed to diet soda? But there needs to be a villain, and soda has been targeted.

These people offer no solutions for all of those obese people who don't drink full-calorie soda, adds Stier. I hate to say this, but I think part of the problem is that people think diet soda is unhealthy. This is especially true of the whole 'organic' crowd. They think artificial sweeteners are
dangerous, and they would rather gain a few pounds than expose themselves to 'harmful chemicals.'

The award for most melodramatic condemnation of soda goes to Dr. Walter Willett of Harvard, who said, Coca-Cola, like other sodas, causes enormous suffering and premature death by increasing the risks of obesity, diabetes, heart attacks, gout, and cavities. Have no fear, good people, for you too can be rid of your enormous suffering and premature death if you just pay more money for soda.

Preferential Treatment for the Rich? In America?
There is a public outcry in response to the news that large Wall Street companies such as Goldman Sachs and Citigroup have acquired H1N1 flu vaccine for their high-risk employees.

What's wrong with a company being pro-active? asks Stier. They're only administering it to people who would be on the high priority list anyway. Why should they wait for the vaccine to be distributed when they can go straight to the manufacturer?

This raises questions about the efficacy of heavy-handed government intervention in healthcare, says Dr. Whelan. If distribution was up to private enterprise, it would work out much better.

If It Worked Correctly, It Wouldn't Be Alternative
Stiff Nights, a supplement containing an ingredient similar to Viagra and marketed for sexual enhancement, is being targeted by the FDA for dangerously lowering blood pressure. It was declared illegal in an FDA statement.

When you buy dietary supplements, whatever their stated purpose, you have no idea what's in them, says Dr. Whelan. People need to understand that these things are not regulated. There's no telling how many other supplements there are out there with dangerous ingredients.

Not only can you not be sure if they actually contain what they claim to, you also don't know what contaminants are in them, says Stier. The irony is that the very people taking alternative treatments are the ones afraid of putting 'dangerous chemicals' from real medications in their bodies. If they had any understanding of science, and they actually thought these things worked, they would realize that these products must have biologically active ingredients in them. If it works, there must be something 'scientific' going on with it, and you can have to little or too much in terms of dosage.

It's Bad. But How Bad?
The American Institute for Cancer Research declared yesterday that obesity causes more than 100,000 cancer cases in the U.S. each year.

A study like this is, by its nature, highly speculative, says Stier. But we don't deny that obesity is a major health risk factor. As a matter of fact, we have a peer-reviewed publication discussing the health effects of obesity. And for more context on the major causes of death, we could point people to our Riskometer.

The Masque of the Red Meat
Researchers from the National Cancer Institute reported in the American Journal of Epidemiology
that men who eat a lot of red and processed meats may be at increased risk for prostate cancer. However, Reuters admits, Because studies over the years have come to different conclusions, experts generally consider the evidence linking red and processed meats to the disease to be limited and inconclusive.

This is complete junk, says ACSH's Dr. Gilbert Ross. The alleged increased risk -- based on dietary recall -- is not epidemiologically important or significant. Nor is their 'one third increase' of aggressive cancers.

We have to give some credit to the reporter for not breathlessly saying meat causes cancer, says Stier. They mention that the evidence is far from conclusive.

This is a perennial story, adds Dr. Whelan. It usually comes out in the summer, just in time to scare people before their barbeque. It's a completely hypothetical risk factor, and this article makes it clear that the evidence is conflicting. People should not be concerned about eating processed or red meat.

For more information, see ACSH's report on the role of beef in the American diet.

November 5, 2009

Rotten in Academia? Spirit of (Public) Health? What's HPV to Him?
By Curtis Porter

Frailty, Thy Name Is Industry-Funded Scientists
ACSH Trustee Dr. Thomas Stossel of the Harvard Medical School has incurred the wrath of anti-industry activists for his diametric opposition to Dr. Marcia Angell, also of Harvard, concerning the pharmaceutical industry's support for medical research. Dr. Angell (incorrectly identified in Boston Magazine's article as a professor -- she's a senior lecturer) is notorious for her belief that industry funding precludes objectivity.

ACSH's Dr. Gilbert Ross agrees: Yes, like the Times reporter who published false information without doing any sort of journalistic inquiry, this supports the idea that people who disagree with us already have an opinion formed when they talk to us. They don't care about scientific arguments, since they assume we're funded by industry. What Dr. Stossel is trying to do with the Harvard Medical School is eliminate that stigma and point out the benefits of cooperation between the pharmaceutical industry and medical researchers and educators. It's definitely an uphill battle.

We should point out that the Times did promptly correct the online edition of the article falsely identifying us as totally industry-supported, adds Stier, though they refused to point out that less
than 3% of our funding comes from 'big food makers,' even though the original article made it look like we're 100% funded by big food makers. The reporter was so eager to delegitimize our point of view that she failed to check the facts with us, even though we were on the phone and she could have done so easily.

For more information, see ACSH's publication on industry-funded science.

Get Thee to a Vaccine Clinic
The latest edition of the New England Journal of Medicine (NEJM) includes a compelling legal justification for mandating that healthcare workers receive the flu vaccine. The author concludes, I believe that the state's right to compel healthcare workers to receive vaccinations will supersede their individual rights because of the state's substantial relation to protection of the public health and safety.

This is the only good commentary I've read in NEJM in twenty years, says ACSH's Dr. Elizabeth Whelan. It's excellent. When the history is written about how we handled this, reneging on mandatory vaccines will go down as a critical error on the part of New York State. We totally disagree with the governor's reversal of position, but at the very least there should be required disclosure. In Iowa, doctors and nurses have to wear a button that says, 'I've been vaccinated.' Perhaps a version that says, 'I've chosen not to be vaccinated' would be useful in New York.

Dr. Ross adds, I think the reversal of opinion by New York State's Health Commissioner, Dr. Richard Daines, is particularly pusillanimous. He at first strongly upheld both the medical and legal legitimacy of mandatory influenza vaccine for healthcare workers. But when the governor pulled the plug, he was right there with him, finding excuses instead of pointing out the obvious: The governor caved to the demands of the unions and the workers, whose fear of the vaccine outweighed their clear duty to protect their patients. Daines should have resigned rather than sign onto this abandonment of his duty.

What a Piece of Work Is This New HPV Vaccine
Also appearing in the current NEJM is the revelation that a new type of vaccine for human papillomavirus (HPV), which causes cervical cancer, genital warts, and other cancers, has been shown to treat existing infections. By contrast, the current HPV vaccines are only approved for the prevention of infection.

The vaccine tested actually attacks tumors that are already present, says Dr. Ross. This is important both as a scientific breakthrough and the fact that it might be used to actually treat other cancers as well. Cervical cancer is the second leading cause of cancer death among women around the world, so this could well be a huge breakthrough.

November 4th, 2009

Harkin Spirituality, Infant Mortality, Fetal Vitality, BPA Reality, and Food
By Curtis Porter

Senator Harkin Wants Science to Be More Inclusive
ACSH's Jeff Stier contributed a blog posting to the burgeoning Future of Capitalism blog (headed by former New York Sun editor Ira Stoll) about a provision in the Senate healthcare reform bill that
would require insurance to consider coverage of religious and spiritual healthcare.

Stier points out that tax dollars are already paying to promote unscientific medical treatments in the form of the National Center for Complementary and Alternative Medicine, created at the behest of Sen. Tom Harkin, which spends more than $100 million a year to study non-scientific treatments to no avail. Stier writes:

*Senator Harkin, at a hearing earlier this year, admitted as much, when complaining, One of the purposes of this center was to investigate and validate alternative approaches. Quite frankly, I must say publicly that it has fallen short. I think quite frankly that in this center and in the office previously before it, most of its focus has been on disproving things rather than seeking out and approving. He got the center he wanted, they did the studies, and they found that this stuff doesn't work.*

A False Metric
The National Center for Health Statistics compared the United States' infant mortality rates to those of other affluent countries. The report concluded that high rates of premature birth are mainly responsible for the U.S.'s relatively poor ranking.

This might have something to do with the high number of U.S. women now getting reproductive assistance, says ACSH's Dr. Elizabeth Whelan. They end up with multiple pregnancies and premature births, and the situation becomes far more complicated.

The countries that America is being compared to are much more homogeneous, says ACSH's Dr. Gilbert Ross. Half of our pregnancies are unplanned every year, and we have at least 12 million illegal aliens, much more drug and alcohol use, and relatively high smoking rates, so it's misleading to attribute such statistics to differences in healthcare quality. More importantly, why do you think we have significantly more late-pre-term babies? We do because ob-gyns are afraid of being sued. They would much rather deliver a thirty-seven- to thirty-eight-week gestation baby who's well-formed and not subject to delivery complications. As long as they have a tort lawyer looking over their shoulder, they're naturally going to favor a c-section, even if the statistics say that the risk of mortality is higher than a full-term birth. Other countries don't have the problem of defensive medicine to the extent that we do.

BPA Is Everywhere. Are You Scared Yet?
Consumer Reports tested various canned foods to determine the levels of bisphenol-A (BPA) that had leached into the products from the cans' lining.

The thrust of the story is that they actually sought BPA in the supposedly BPA-free products, says Dr. Ross. Lo and behold, there were still trace amounts present. Is this meant to frighten us? BPA has been used in a multitude of consumer products dating back to 1960s, and never have any negative health effects been proven. There is not a shred of evidence that BPA causes harm to human beings, and there's not really even evidence that it causes harm to animals, since the results from experiments that suggest that it does are not replicable.

A Valiant But Failed Effort at Objectivity by the New York Times
ACSH staffers were disappointed by a New York Times article about the White House chef that
sought to portray ACSH as spokespeople for the food industry: Jeffrey Stier of the American Council on Science and Health, a consumer education group financed by big food makers, said the Obama message was unrealistic for ordinary families. 'The average family can't feed themselves all year round on their own garden,' Mr. Stier said. 'If you're concerned about cost, organic and locally grown is more expensive and you don't get any nutritional benefit from it.'

The article refers to ACSH as a consumer education group financed by big food makers, says Stier. This is untrue. We are financed by a diverse group of foundations, corporations, and individuals. Any funding from 'big food makers' would make up less than 3% of our budget. I have requested a prompt online correction, and in tomorrow's paper.

It's completely outrageous that they would publish that, says Dr. Whelan. They got that on hearsay. The New York Times is a group that has hundreds of millions of dollars from copious food ads bought by 'big food.'

Still, we were able to get our point across, says Stier. We're happy about that.

Science and Ethics

Neocutis Inc., a San Francisco-based cosmetics company, has come under attack by several religious and pro-life activist groups for their use of Processed Skin Cell Proteins derived from an aborted fetus in anti-aging skin care products. The company compared its situation to that of researchers who used fetal kidney cells to develop the polio vaccine, the Washington Times reports.

The research wasn't done primarily to make anti-aging cream, says Stier. It was used for a variety of purposes, including the development of treatments for skin ulcers and burn victims. The skin creams in question didn't directly use the tissue, they used proteins derived from it. This speaks to legitimacy of using fetal samples with consent, which goes back to the original stem cell debate.

Neocutis released a statement in response to the uproar: Our view -- which is shared by most medical professionals and patients -- is that the limited, prudent, and responsible use of donated fetal skin tissue can continue to ease suffering, speed healing, save lives, and improve the well-being of many patients around the globe.

Waste products of pregnancy are routinely gathered in hospitals and used for medical purposes, explains Dr. Whelan. That includes umbilical chords, placentas, foreskins, and fetal cells. These are resources useful for many applications in medications, cosmetics, and lots of different products. There is nothing at all unusual about using these cells for research.

Still, activists such as Debi Vinnedge, executive director of Children of God for Life, are unconvinced. According to the Times, Ms. Vinnedge said she would object to the use of the fetal cell lines no matter what their use, medical or cosmetic...She compared it to the Nazis’ use of the skin of Jews to make lampshades.

We would condemn strongly anyone that would advocate aborting a viable fetus specifically for the development of skin creams, or of anything else for that matter, says Dr. Ross. That's not the case here. The termination of this pregnancy was very clearly a medically indicated procedure, since the fetus would not survive to term. The fetal tissue used was just going to be discarded anyway.
November 3rd, 2009

Folk Remedies, Weak Cessation, and Mood Food
By Curtis Porter

Real Diseases Require Real Medicine

Today's Wall Street Journal takes a look at folk remedies for the flu, including homeopathic and alternative cures that gain traction in spite of their utter lack of scientific grounding. This is not news, says the newspaper: According to the National Center for Complementary and Alternative Medicine, there's little evidence to support homeopathy as an effective treatment for any specific condition. The NCCAM notes that studying homeopathy is difficult because 'its key concepts are not consistent with the current understanding of science, particularly chemistry and physics.'

That is a mind-blowing quote, says ACSH's Stier. We're talking about an agency set up with tax payer dollars to study the efficacy of alternative treatments. They've spent over $100 million to date and haven't found any of these treatments to be effective. I guess that's not a surprise, though, since they're testing them scientifically whereas the 'key concepts are not consistent with the current understanding of science.'

For those interested in identifying other unscientific health scams, ACSH Advisors Dr. Geoffrey Kabat and Dr. Philip Alcabes will be speaking at a free New York City Skeptics event about hyped health risks on Saturday, November 14th at Pace University's downtown facilities.

Testing What Doesn't Work Again

A new study in the Archives of General Psychology compared the efficacy of several smoking cessation methods, including nicotine patches and lozenges, but as usual, smokeless tobacco was left out of the discussion.

The placebo, 'cold turkey' quit rate was 22% after six months for this study, which is quite a bit higher than typical rates for going cold turkey, says ACSH's Dr. Ross. This study is skewed, since the subjects got regular medical treatment, which takes it out of realm of what normal people deal with when they try to quit. We know the expected cold turkey quit rate is about 5%, and this one was four times that amount. If we assume the other methods yielded results that were four times higher than usual, it would put the success rates of these other products at about 10%, which is about right for these cessation methods.

For smokeless tobacco, the only numbers we have are from studies in Sweden, but we do know that smoking cessation rates are much higher in Sweden among men who use snus. These studies never want to compare smokeless tobacco to these other products. I assume they're not even allowed to mention smokeless tobacco as a potential cessation device, since it is never mentioned in these studies.

Why is the federal government spending over $100 million on homeopathy, but they can't spend a
few million on actually finding a way to help people quit smoking instead of trying the same things over and over again, to prove again that they just don't work? asks Stier. The federal government is derelict for failing to fund even one study to evaluate how smokeless tobacco and e-cigarettes might be used to help adult smokers quit smoking.

Psychotherapy? Try Broccoli Instead!
Researchers at University College, London have decided that consumption of processed foods may increase the risk of future depression.

This story makes me very sad, says Dr. Ross. I almost don't feel like going on. Don't worry, though. We rushed him some healthy foods and he immediately felt better.

They don't bother to mention that these trends might be a result of the fact that depressed people eat comfort food, notes Stier.

ACSH's Dr. Whelan adds, This is a perfect example of a study trying to support the politically correct view of what's 'good eating' and what's not.

November 2nd, 2009

Rx-Bashing, Gender-Bending, Book-Eating, Soda-Drinking, Industry-Purging
By Curtis Porter

Health Care Reform: Stifling Innovation
ACSH's Jeff Stier has once again combined forces with ACSH Trustee Dr. Henry Miller of Stanford's Hoover Institution stand up for those of us who benefit from medicine. Stier and Miller explain that the most recent iteration of healthcare reform seeks to make the pharmaceutical industry bear the costs of reform. Their op-ed appeared in Sunday's Washington Times:

It has become fashionable at the White House and on Capitol Hill to try to cut costs at the expense of the research-intensive (as opposed to generic) pharmaceutical industry, although this sector has been one of the nation's most innovative and successful...The tactics employed by the administration and Congress are more befitting a rough playground. The bully politicians are battering the drug industry, but in the end, it is patients who will bleed.

BPA Fails to Give Rats a Gender-Identity Crisis
Though you probably won't hear much about this any time soon, an article published in Toxicological Sciences -- and supported by none other than the U.S. Environmental Protection Agency -- determined that bisphenol-A (BPA) shows no estrogenic activity in rats, contradicting the claims of anti-chemical activist groups who think that it acts as an endocrine disruptor at current environmental levels of exposure.

This result is in contrast to those achieved with an actual estrogenic substance, which did have estrogenic activity, you'll be shocked to hear, explains ACSH's Dr. Gilbert Ross. BPA, on the other hand, had no effect, and this was a breed of rats that was especially susceptible to estrogenic activity. It's absolutely an abomination that when studies are done that reveal the absence of toxic or so-called 'endocrine-disruptive' effects of a targeted chemical, no one in the press bothers to take note of it. Just like when cancer rates go down and life expectancy increases, the doom and
gloom activists in the press remain mute since it doesn't jibe with their agenda.

Diet Soda Is Bad. Why? Who Cares!
A study conducted by a team from Brigham and Women's Hospital determined that artificially sweetened soda can promote kidney decline, though no such relation was discovered with sugar-sweetened beverages.

No one is taking a critical look at these types of studies, they're just reporting them, says Stier. For example, did they differentiate between types of sweeteners used in diet drinks? They studied a lot of people going back many years, and there are so many different sweeteners, if you think there is a biological effect, you should be able to say which sweeteners cause it.

This report is analogous to saying that this or that substance causes cancer without regard for the fact that 'cancer' can mean hundreds of different diseases, adds Dr. Ross. When someone says that something increases the risk of cancer, you have to note that this is a nonsense statement unless they are giving a specific risk of a specific cancer or group of cancers.

Congress' Crusade Against Book-Eating
ACSH staffers were pleased to see that the New York Times has finally taken note of the fact that the Consumer Products Safety Improvement Act (CPSIA) is a bane for small business owners: Adele R. Meyer, executive director of the National Association of Resale and Thrift Shops, based in St. Clair Shores, MI, said much of the new law made little sense. 'People are taking away all items for children twelve and under,' she said. 'But how many eight-, nine-, and ten-year-olds are going to be eating books?'

It's about time the Times picked up on this issue, says Stier. The story has been out there for over a year. The bottom line is, CPSIA doesn't make anyone safer.

Dr. Ross agrees: No one's public health has been preserved or improved by this idiotic bill. Still, consumer advocates say it's a wonderful bill to help protect the children, and the people in Congress who dreamed up and got this bill passed overwhelmingly are beholden to these activist groups. They will resist changing it no matter what happens to these small-business owners.

Seeking Qualified Applicants, Preferably with No Experience
The activist group Food Democracy Now has created a petition in protest of President Obama's recent nomination of two food-industry executives for government positions concerning agricultural policy. It reads:

*Last month, he nominated two Big Ag power brokers -- Roger Beachy and Islam Siddiqui -- to key government positions, putting agribusiness executives in charge of our country's agricultural research and trade policy. Please join us in telling the President that this isn't the change we were hoping for: we don't want Big Ag running the show any more.*

Food Democracy Now is very upset that President Obama could pick people who had some association with industry, says Dr. Ross. I guess they would prefer someone who had absolutely no contact or experience with agricultural business.
Halloween! Emergency! Sugar! EPA! PhRMA!
By Curtis Porter

Halloween References!
ACSH’s Morning Dispatch shines public health insight out on the world like the glowing eyes of a jack-o-lantern. We currently have over 7,000 subscribers, which is terrifyingly many. Even FOX’s John Stossel quoted MD to help dispel the horror-story rumors about Halloween costume face paint spread by the goblins at the Environmental Working Group.

Be sure to haunt Jeff Stier’s Twitter at http://twitter.com/JeffACSH as he will be sorting the tricks out from the treats that are public health news items all weekend long. You might even be alerted to such morsels as this cartoon, which is very topical.

Claire Pospisil’s Poetry is a Vaccine For the Soul
ACSH staffers would like to applaud ourselves for remaining calm in spite of New York State’s newly declared state of emergency. In these trying times, it helps to remember the soothing words of Claire Pospisil from the New York state department of health, as quoted by CNN: It's called an emergency declaration, but what that does is it provides New York the capability that once vaccine supplies become more available, it allows [health departments] to quickly vaccinate as many people as possible.

Just like when the WHO called H1N1 a pandemic and when President Obama declared it a national emergency, this is merely an administrative status update, says ACSH’s Dr. Elizabeth Whelan. Basically, it will allow more people to give flu shots.

Basic Nutritional Principles VS. The AHA
Recently, the Chicago Tribune tried to make sense of the latest fashion of blaming sugar for the obesity epidemic in light of the American Heart Association’s nonsense targeting of added sugars in practically everything. In their consternation they turned to our own Jeff Stier, whose quotes brought some balance to the report:

Stier said it’s the same as eating too many bagels. Sugars and carbohydrates contain the same number of calories per gram as protein. Fats contain more than twice as many. Our bodies can’t tell the difference between natural and added sugars because nutritionally they’re the same, he said. Added sugar causes obesity as much as the orange juice promoted by the American Heart Association causes obesity; It comes down to calories consumed and calories burned.

EPA Chasing Phantasms
An EPA press release declares, The U.S. Environmental Protection Agency has issued the first test orders for pesticide chemicals to be screened for their potential effects on the endocrine system. The testing will be conducted by the agency’s Endocrine Disruptor Screening Program—a program which had been notable for its inactivity over the past years, thankfully.

Once again, there’s no evidence that these so called endocrine disruptors disrupt anything in human beings at current environmental exposures, says ACSH’s Dr. Gilbert Ross, who covered the EPA’s overzealous chemical snipe hunt for Forbes. This whole program is a waste of
resources, both intellectual and financial. What it will do, if it proceeds as described, is to import the heinous REACH protocol from Europe to these shores, along with the unscientific precautionary principle.

PhRMA Gives and Gives, and Yet  

The latest House version of the healthcare bill will increase the burden placed on the pharmaceutical industry, according to an article in the Wall Street Journal. The bill demands rebates on drugs totaling $60 billion over a decade to displace financial stress on the Medicare program and would allow the federal government to negotiate Medicare drug prices directly with companies.

The Journal reports, Ken Johnson of PhRMA, the industry’s trade group, said the House bill causes some concern. Mr. Johnson said the proposed rebates could lead to catastrophic job losses and cuts to R&D.

They’re trying to pay for healthcare on the backs of pharmaceutical companies and medical device manufacturers, which are the very ones that can help lower costs by improving health outcomes, says Stier. Allowing the government to negotiate drugs prices with companies seems reasonable on its face. If government is going to buy them, they should help determine the price, right?

But the problem is that it’s not a free market negotiation. In a free market, one party can get up and walk away, but in this case, the government holds all the cards. If they don’t agree to pay a certain price, then what? Does the government decide not to buy it? But proponents claim their plan would not to take away choices from patients. So would they force companies to sell the drug at a government chosen price? This ties together with other issues, including ‘comparative effectiveness,’ going back to the red pill, blue pill argument.

October 29th, 2009

Flu Shots, Fat Drugs, "Estrogen" Fear, Herd Immunity

By Curtis Porter

Three Cheers for This Guy

ACSH staffers were pleased with a letter to the editor published in the New York Times from Dr. David L. Katz, director of the Prevention Research Center at the Yale University School of Medicine. Dr. Katz agrees with the Times and ACSH when he criticizes New York officials for reversing the decision to make flu shots mandatory for healthcare workers.

That healthcare workers should depend on state regulation to line up for flu vaccine is...shameful, he writes. As a health care worker in neighboring Connecticut, I have put my arms where my mouth is, and have received both seasonal flu and H1N1 vaccines. In my opinion, my colleagues are duty-bound to do likewise, regulation or no.
This is a very good letter, says ACSH's Dr. Elizabeth Whelan. The more I think about it, the more outrageous it is that healthcare workers would turn down a flu shot. If you look back at epidemics like the 1918 H1N1 flu, there were terrible judgments made -- like allowing the Philadelphia parade to proceed -- that ended up putting kerosene on the fire. In retrospect, it was a major error, and this could be a similar tipping point if we don't insist on having healthcare workers vaccinated.

Let Them Eat Drugs
NPR's health blog features an article describing pharmaceutical companies' efforts to create new drugs that could help dieters shed pounds: Eating better and exercising more are, of course, the best first choices for shrinking one's waistline. But often they're not enough to get the job done, and stomach-shrinking surgery remains a daunting and costly option.

We've been saying for some time now that pharmaceuticals should play a major role in combating the obesity epidemic, says Dr. Whelan.

ACSH's Jeff Stier agrees: It's good to see widespread coverage of this option. It helps legitimize the issue. We don't think diet drugs are going to solve the obesity problem, and taking them certainly doesn't give you a license to eat irresponsibly, but we shouldn't shy away from encouraging medical progress to help people where they clearly need help.

Preventing Nothing, Courtesy of Your Tax Dollars
The National Institute of Environmental Health and Safety (NIEHS) has given a $1 million grant to PlastiPure, a Texas-based plastics producer, to develop products that do not contain bisphenol-A (BPA) and other chemicals that they claim can have estrogenic activity. This is a certain type of endocrine disruption, which you may recognize as every pseudoscience activist's favorite non-issue.

The U.S. government is spending money to solve a problem that doesn't exist, says Stier.

The people at PlastiPure are using this as an advertisement, says ACSH's Dr. Gilbert Ross. And they're not just going after BPA and phthalates, they claim there are 'thousands of chemicals that contain estrogenic activity.' There is no scientific basis for this whole topic. This is an abomination. The FDA has determined that BPA is safe at current levels of exposure, as has every government and scientific body that has researched it. Maybe the folks at NIEHS should talk to the folks at the FDA. They're violating regulatory policy and wasting who knows how many millions of our tax dollars -- as surely more companies will latch onto this inane gravy train.

Failing as a Parent 101: Ignore Doctors' Advice
According to an article in the New York Times, fewer than half of New York City parents with children in elementary school have given permission for their children to receive the vaccine at school, reflecting some ambivalence about the need for the vaccine or concern about its effects.

It may seem like it's strictly their problem, but you have to get up over 80% vaccination rates in a population to get herd immunity, says Dr. Ross. Less thorough coverage exposes everyone to contagious disease needlessly. And of course there is the underlying problem that the reason they don't want their kids to get the vaccine is that they have a superstitious fear of it based on nothing.
October 28th, 2009

Vaccine’s Woes, Cancer Soc.’s Focus, Kellogg’s Spine, Women’s Hearts
By Curtis Porter

The Dangers of Being Over-Cautious
ACSH staffers were pleased to see Dr. Scott Gottlieb’s op-ed in the Wall Street Journal effectively summarize the obstacles standing between the U.S. and the H1N1 vaccine: production issues only explain part of the shortfall. Also to blame are a series of policy decisions that reflect our extreme caution when it comes to these products. The former FDA deputy commissioner goes on to explain how our country’s superstitious distrust of adjuvants and thimerosal is also playing a role.

We don’t use adjuvants and we’re afraid of thimerosal in vaccines, says ACSH’s Dr. Gilbert Ross. No other country in the world, except England, shares these concerns. It is particularly strange because we conceive of Europe as a hotbed of regulatory over-caution when it comes to chemicals, yet they are much more scientific in their policy when it comes to vaccine additives.

We’re pleased to see that our friend Dr. Gottlieb does a good roundup of all the important news on the vaccine delays, says ACSH's Jeff Stier. There has been lots of criticism aimed at the manufacturing companies, but these decisions that are slowing things down are regulatory decisions. The corporations have done everything they can. At this point it’s the fault of the administration. They had a unique opportunity to overturn a bad policy against adjuvants given all of the concern over the novel H1N1 flu virus, and they didn't take advantage of it.

ACS’s Chemical Concerns
A new report from an American Cancer Society (ACS) scientific advisory subcommittee on cancer and the environment calls for closer monitoring of exposure to environmental carcinogens.

This very closely reflects the new policy of the EPA under Lisa Jackson, observes Dr. Ross. They focus on environmental chemicals because there is a lot of public anxiety and confusion about them, not because there was a scientific analysis or a problem such as a cancer cluster that alerted them to a specific danger. There is not an ounce of science here. Basically, low dose theorists and chemical hysterics are writing papers and making headlines and ACS is worried that there is public anxiety. The public is anxious because of reports like this.

ACS is not guided by science, says ACSH’s Dr. Elizabeth Whelan.

Kellogg’s Takes a Stand
Kellogg’s is finally defending itself after years of criticism about the sugar and sodium content of its cereals. In response to an investigation by the British Heart Foundation, UK Kellogg’s decided to put the issue in perspective: The reality is a single serving of Frosties or Coco Pops has the same amount of sugar in it as glass of orange juice or a banana...While a bowl of Rice Krispies gives you less than a tenth of your daily allowance for salt, less salt than you’d find in one slice of dry wholemeal bread.

What took them so long? asks Dr. Whelan. They’ve been beaten up for years about their cereals being overly sweetened to the point of being ‘junk,’ why only just now tell the truth? Their cereals are very nutritious. Look at the label on any of them. They are absolutely nutrient dense, and they
have to sweeten them a little so that kids don't add way too much sugar on their own.

They were in the public eye for so long, they finally thought they would respond, says Dr. Ross. Two cheers for UK Kellogg's for belatedly coming to their own defense and explaining the principles of nutrition.

Heart Disease in Women
The Los Angeles Times reports, Middle-aged men still have higher rates of heart attacks and heart disease than middle-aged women, but those gender differences appear to be narrowing. The trend, which was pointed out in a new study published Monday in the Archives of Internal Medicine, is possibly attributable to increasing obesity rates.

Heart disease in general is still the leading killer of Americans, says Dr. Ross. Rates have been going down dramatically due to a number of factors, mostly due to the decline in smoking and the more aggressive treatment of cholesterol levels and high blood pressure. Still, women can present with atypical symptoms of heart disease, which should not be ignored. Rising rates among women could be due to increasing rates of obesity, which is more prevalent in women, but whatever it is, physicians need to be more aware of how heart disease affects women.

Dr. Whelan agrees: Women in the category of high risk for heart disease have been overlooked for a long time. We definitely stand to benefit from a greater awareness of heart disease in women.

October 27th, 2009

Health Establishment vs. Quitting Cigs; EWG vs. Paint; Calorie Counts
By Curtis Porter

ANR on E-Cigs
ACSH Advisor Dr. Michael Siegel of the Boston School of Public Health relays the story of the Americans for Nonsmokers' Rights (ANR) and their attempts to ban e-cigarettes in public places. Dr. Siegel points out the fatal flaw of this endeavor on his tobacco analysis blog: [T]hrough this new position, it appears that what [tobacco control advocates] are opposing is not the imposition of health risks on innocent bystanders but instead the 'act' of a person going through smoking-like motions in public, even if that behavior has not been shown to affect bystanders.

ANR is basically worried here about steam, says ACSH's Dr. Elizabeth Whelan. This proves that they have no interest whatsoever in science or public health, they just don't like anything that looks like a cigarette.

This definitely raises questions about ANR's underlying motivations, says ACSH's Jeff Stier. Their concerns obviously aren't based on the health effects of e-cigarettes.

Connolly on Snus
An additive used by the tobacco company Swedish Match to stabilize the pH value of their snus has been determined to increase the product's nicotine levels. Harvard School of Public Health professor Greg Connolly believes this is a trick used to make the product more addictive. The revelation came to light in a special Swedish TV exposé.

Dr. Connolly is criticizing Swedish Match for manipulating how much nicotine is in their snus, but
that isn't necessarily a bad thing, explains Dr. Ross. There have to be appropriate levels of nicotine in it in order for it to be an effective alternative to cigarettes. If you try and make it so that it is not addictive, it won't work, and people will go back to cigarettes for their nicotine. And the 'secret ingredient' used to alter the nicotine availability is sodium carbonate, commonly used in all tobacco products to adjust acidity levels -- not exactly a groundbreaking revelation, as the TV station would have it.

Some of these people talk about nicotine as though it was the villain, says Dr. Whelan. Nicotine is definitely to blame for how addictive they are, but it's not to blame for the health effects.

Rodu on NRT
ACSH advisor Dr. Brad Rodu of the University of Louisville noticed the angry letters to the editor in the New York Post in response to Jeff Stier's op-ed making the case for harm reduction. Of the letter by Clare Bradley of the American Cancer Society, who rejected Stier's arguments and advocated nicotine replacement therapy (NRT), Rodu says: What is 'proven' about NRT is that it works for only 7% of smokers who try it. By opposing tobacco harm reduction, the American Cancer Society is working against the health and welfare of smokers.

EWG on Practically Everything
The Environmental Working Group (EWG) is getting an early start on Halloween this year by trying to scare consumers away from face paint sold with children's costumes. EWG's Campaign for Safe Cosmetics released the horror story today: 10 out of 10 children's face paints we tested contained low levels of lead, ranging from 0.05 to 0.65 parts per million (ppm). Experts say there is no safe level of lead exposure for children.

Among their referenced experts is Dr. Philip J. Landrigan of the Children's Environmental Health Center at the Mount Sinai School of Medicine, who admitted, I fully endorse the concept that lead is dangerous to the developing brains of children at any level. It is now widely accepted in the scientific community that there is no threshold level below which lead is safe.

Apparently, they're also condemning the White House organic garden, says Stier. There was over a thousand times that much lead in the soil.

This is so unscientific, so irresponsible, but also so typical of EWG, says Dr. Ross. These people are consummate marketers of their agenda, which is anti-chemical, anti-industry, and pro-government. It's like we explained in our bio-monitoring paper, detection methods are so sophisticated these days that you can detect trace amounts of pretty much anything in people's blood. Finding a substance is not the problem, it's determining how much of the substance it takes to have a negative health effect.

Dr. Whelan agrees: They are taking advantage of people who do not understand the concept of dose. It's the dose that makes the poison.

Stier concludes, It looks like EWG has answered the age-old question: trick or treat? This report is clearly a trick.

NYC Health Dept. Did a Pretty Good Job, If They Don't Say So Themselves
Researchers from New York's Department of Health released a study that conveniently supports
their office's decision to require calorie-count information on the menus of fast food restaurants.

The study itself is flawed, proving if anything that consumers at fast food restaurants who actually use the calorie count information -- a small minority -- do in fact consume fewer calories, says Dr. Ross. That result would be self-evident: people who count calories -- well, they count calories.

Very few media outlets reported both that this study was funded by Robert Wood Johnson (RWJ) foundation and that RWJ is biased because of their view that more government intervention is almost always the answer to any public health issue, says Stier. There's a potential for bias in a study like this in the same way there is in an industry study. It comes as no surprise that this contradicts the earlier study on the same issue, which showed no effect attributable to calorie-counts on menus.

Don't forget that the New York City Health Department also funded this study, says Dr. Whelan. Calorie counts were their idea, so they only wanted one result.

October 26th, 2009

H1N1 Vaccine Roundup, plus Suzanne Somers as Cancer Quack
By Curtis Porter

Dr. Ross on the Radio
ACSH's Dr. Gilbert Ross will be on Curtis Sliwa's radio show this evening at 10:20pm (Eastern time) to discuss the H1N1 flu and assuage fears about the safety of the vaccine.

National Emergency
The White House announced on Saturday that President Obama has declared the H1N1 flu to be a national emergency. According to Reuters, The U.S. Centers for Disease Control and Prevention said on Friday that swine flu has become widespread in 46 of the 50 U.S. states, a level comparable to the peak of ordinary flu seasons but far earlier and with more waves of infection expected.

On the one hand, one might say this is a bit excessive, given that H1N1 has thus far been a relatively mild disease, says ACSH's Dr. Elizabeth Whelan. On the other hand, this is totally an administrative move in terms of allowing doctors and hospitals more leeway in treating H1N1 flu patients. My favorite headline of the weekend was 'O 911 H1N1' from the Drudge Report. This whole thing will probably add to the anxiety that people have about the virus and the frustration that we can't get our flu shot yet.

We don't usually see this kind of extensive spread of the flu until January, says ACSH's Dr. Gilbert Ross. Right now, H1N1 counts for pretty much all of the current cases of flu in the U.S. There are very few other strains around.

Pregnant Women: Get the Shot
ACSH staffers were disturbed by an article in the Los Angeles Times reporting that pregnant women are reluctant to be vaccinated against the H1N1 flu despite their disproportionately high susceptibility to the virus.

When a woman is pregnant, it's counterintuitive for her to use any medication, explains Dr.
Whelan. Right now doctors are going at these women with needles saying, 'We want to inject you with this vaccine,' and they recoil. It's understandable, but it's still very dangerous for them to go on unprotected. We strongly encourage pregnant women and women who are anticipating becoming pregnant to get the shot.

The simple fact is that a pregnant woman is about six times more susceptible to the lethal consequences of H1N1, adds Dr. Ross. We've known that from the start, even though the reason isn't clear. We also know that the vaccine is safe for her and her fetus, so she should get the shot.

Dangerous Paranoia

The Wall Street Journal's coverage of the latest H1N1 flu news includes an interesting tidbit about the lagging vaccine supply in the U.S.: Initially in late spring, government officials discussed ordering mostly multidose vials from Novartis, Andrin Oswald, head of the company's vaccine business, said in an interview. Its primary concern at that point was to get a lot of vaccine quickly, he said. But in September, as more consumers started expressing concerns about thimerosal, a mercury-containing preservative used in multidose vials, the government requested more single-dose syringes, which contain only trace amounts of thimerosal.

The big question right now is, 'Why are we so short on H1N1 vaccine?' says Dr. Whelan. The traditional answer is that we're using outdated technology to produce it, since we're growing the virus in hens' eggs. It's like HHS Secretary Kathleen Sebelius said, 'Unfortunately, yelling at an egg doesn't make it grow any faster. So what we're dealing with is an egg-based technology [in which] the growth rate is slower than expected.' That is certainly part of the answer. Another aspect of it is that the government is insisting upon a single dose version in addition to the standard multi-dose orders, since the single-dose doesn't use as much thimerosal. It just goes to show some of the unintended consequences of unfounded fears.

This move is designed to mollify those who still believe the disproved myth that thimerosal in tiny amounts has any neurological effects on people, says Dr. Ross. I suspect that some people's superstitious fear of thimerosal and adjuvants has something to do with the relative paucity of vaccine in the U.S. as opposed to other countries, which could end up costing lives.

Newsweek Reads Somers So You Don't Have To

ACSH staffers were pleased to see that Newsweek posted an appropriately scathing review of Suzanne Somers' most recent book, a lunatic rant against modern cancer treatment: The basic problem with the book, says Dr. Otis Brawley, the American Cancer Society's chief medical officer, 'is that it's really inaccurate' when it describes the science behind current treatments and lacks a basic understanding of the scientific method. Not all research findings are equally authoritative. Just because something sounds good doesn't mean it works. 'Some people confuse what they believe with what they know,' Brawley said.

The bad news is that we had a Fox Breaking News Alert about her as if she was some researcher from the National Cancer Society, though she's actually a quack, says Dr. Whelan. The good news is that Newsweek took her on for what she is. We hope there is more coverage like this, which reveals that she has no idea what she's talking about. She's potentially putting lives at risk by turning people away from legitimate cancer therapies. Of course, she doesn't care, as long as she
sells more books.

October 23rd, 2009

Twitter, Vaccines, Mumps, Autism, Stage Zero
By Curtis Porter

As American as Baseball and Twitter
Join more than 600 people who follow ACSH on Twitter at http://twitter.com/JeffACSH [3]. There won t be another Morning Dispatch until Monday, but Jeff will be Tweeting with all his might from home (as well as Yankee Stadium).

Vaccination Vacillation
ACSH staffers were suspicious when we learned that New York State health officials rescinded the ruling that H1N1 flu vaccine should be mandatory among healthcare workers, citing a shorter supply of the vaccine than previously anticipated. The Associated Press quoted Dr. Richard Daines, the state health commissioner, who said, New evidence is showing that H1N1 can be especially virulent to pregnant women and young people - so they should get vaccinated first.

They say the reason healthcare workers don t have to be vaccinated is that there is a short supply? asks ACSH s Jeff Stier incredulously. The shortage was the reason they were being prioritized in the first place. Children and pregnant women are the ones being exposed to healthcare workers.

ACSH s Dr. Gilbert Ross agrees: Healthcare workers are the priority because they re the ones who transmit disease. The State's justification is bogus. Dr. Daines cites new information about higher-risk groups but that information has been well-known for months, and he's just using that as a convenient excuse to cave in to the workers, who for no valid reason don t want to get the shot. This is the opposite of good public health policy. We make our kids get immunized before we let them go to school. Demanding that healthcare workers be immunized before they interact with sick people is perfectly reasonable, indeed essential.

Dr. Wakefield s Legacy
A small outbreak of mumps that began in Borough Park, Brooklyn about two weeks ago seems to be the result of a single student s recent trip to the UK, where mumps vaccination rates are considerably lower than those in the U.S.. Most of the suspected cases occurred in patients who had received the MMR (measles, mumps, rubella) vaccine.

Most of the kids that are sick in Brooklyn were vaccinated, but the vaccine isn t 100% protective, says Dr. Ross. It s a good thing that the large majority of kids in the U.S. are immunized against MMR. If they weren t, we d likely be seeing many more cases as a result of this, and mumps can be a very serious disease. It s also worth noting that the reason the vaccination rate is not as high in the UK as in most of the rest of the western world is that England's Dr. Andrew Wakefield demonized it as a cause of autism in a 1998 paper in the British journal The Lancet. Of course, the study was later disproved and withdrawn, and it was discovered that he wrote the study to influence a legal case.

This is just another example of the global consequences of not getting vaccinated, says ACSH s
Dr. Elizabeth Whelan.

Autism is Most Likely Genetic
A study published in the Archives of Pediatrics & Adolescent Medicine about autism spectrum disorders in twins confirms the importance of genes in the development of autism. This is not new information, says Dr. Whelan. We have long suspected that the major cause of autism is genetic rather than environmental.

This tends to support our suspicion that much of the so-called autism epidemic over the last ten or more years is actually due to better awareness of the disease among diagnosing physicians, says Dr. Ross. The high numbers are also possibly due to some degree of secondary gain, that is, schools get more financing when they have more autistic children, so they re classifying more special needs kids as autistic. Of course, no one has any idea what an increase in autism rates would be caused by. The only thing we can say with some confidence is that it s not due to vaccines.

Stage Zero
An article in U.S. News and World Report discusses the increasingly common conundrum of how to deal with stage zero breast cancer: That means abnormal cells are lodged in one or more of the breast ducts the highways connecting the milk-producing lobes to the nipples but they haven’t yet escaped to invade the other tissues in the breast. Will they ever do so? Maybe, maybe not.

This is an important example of a point we’ve been making for a long time now, says Dr. Whelan. How do you deal with the early detection of a cancer that is possibly insignificant? Prostate cancer screening is the classic example, and breast cancer is similar since mammograms pick up these stage zero cancers. A significant percentage of these are noninvasive, but standard procedure is to treat surgically anyway. This is costly considering that most stage zero cancers do not become metastatic. The trick is to know which ones will never spread, and which ones will--and we can’t say for sure.

Still, it’s hard to argue with a woman who has stage anything cancer and tell her not to do something about it, says Dr. Ross. Many women who find out they have stage zero cancer say, Well, it might turn into stage one, and I want it out. We just don’t know how to tell which lesions will become dangerous.

Curtis Porter is a research intern at the American Council on Science and Health (ACSH.org).

Links