

Ralph Nader Radio Hour

Episode 513

“American Hero: Dr. Sidney Wolfe”

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Ralph Nader: He knew who he was. He knew where he was coming from. He knew what he wanted to do in life. This is what he wanted to be – a public interest physician, a physician who tried to make the workplace safer, medicine safer, medical practice safer, strong, fair regulation by the FDA. And he knew right off that that was going to be what he was going to do for the rest of his life. And he proved it.

Steve Skrovan: That, of course, is Ralph talking about his longtime colleague and friend, Dr. Sid Wolfe, whose life we celebrate today because there's a good chance he saved your life or the life of someone you know.

Welcome to the *Ralph Nader Radio Hour*. My name is Steve Skrovan, along with my co-host, David Feldman. Hello, David.

David Feldman: Hello, Steve. Sad day.

Steve Skrovan: And of course, we have the man of the hour, Ralph Nader. Hello, Ralph.

Ralph Nader: Hello.

Steve Skrovan: This is a truly sad day for us at the *Ralph Nader Radio Hour*. Dr. Sidney Wolfe, one of the founders of Public Citizen and the director of the Health Research Group for over 50 years, passed away New Year's Day at age 86.

In 1971, Sid was working at the National Institutes of Health when he got a tip that federal regulators were refusing to recall contaminated I.V. fluids that came from Abbott Laboratories. Hundreds of people were getting sick as a result, and a number of them died. Who did Sid call? Ralph Nader.

Sid and Ralph teamed up to challenge the FDA and got enough press that a few days later, these dangerous I.V. fluids were taken off the market. And thus began a relationship that led to the founding of the Health Research Group at Public Citizen that over its storied history, has gotten over two dozen dangerous drugs off the market and has been the leading watchdog of defective and hazardous medical devices, and been the bane of incompetent doctors. And I'm just scratching

the surface here, folks. Dr. Sidney Wolfe was a true American hero who saved countless lives over the course of his unique career.

We'll go into a lot more detail in this episode about what he accomplished, not only from Ralph, but others who worked with him and knew him as the passionate, forceful, tireless champion that he was. As always, somewhere along the line, we'll check in with our corporate crime reporter, Russell Mokhiber. So without further ado, let us pay tribute to the incomparable Dr. Sidney Wolfe.

And we're going to start with one of the people who marched shoulder to shoulder with Sid for over 50 years. That's you, Ralph.

Ralph Nader: Well, for over 50 years, Dr. Sidney Wolfe, who directed Public Citizen's Health Research Group, has been what I would call the doctor's doctor, stressing the prevention of trauma in sickness, stressing accountability for gouging and unsafe practices by the drug companies and pushing for effective regulation by the Food and Drug Administration (FDA) and the Occupational Safety and Health Administration (OSHA).

He produced many regular newsletters, and books like [*Worst Pills, Best Pills*](#), and informed millions of people with lifesaving information—information the patient, being told to take a drug, could use to check (in the book) whether it was safe and effective or whether it was ineffective, or whether it was unsafe and shouldn't be taken at all. He pressed successfully with regulatory petitions at the FDA and OSHA and litigation for the removal of hundreds of unsafe and/or ineffective drugs from the marketplace.

He was as indefatigable, incorruptible, and a super productive civic leader as there has been in our country. He reached millions of people because he was a great communicator on the nightly television news, national radio, and the super popular *Phil Donahue Show*. He would always name names—the names of bad drugs, unsafe medical devices, the names of corrupt corporations, even of sell-out regulators in the FDA. He could do that because he was a stickler for accuracy, precision, and scientific data.

Millions of people are benefiting from the work he's been at since 1971, and his legacy will continue far into the future. But there won't be another Dr. Sid Wolfe for a while, unfortunately. He was one of a kind, and we're going to find out more about his life in this program.

Steve Skrovan: Thank you, Ralph. Now we turn to Dr. Steffie Woolhandler and Dr. David Himmelstein. David?

David Feldman: Dr. Steffie Woolhandler and Dr. David Himmelstein are co-founders of the Physicians for a National Health Program, which is a nonprofit research and education organization that advocates for single-payer national health insurance. Welcome back to the *Ralph Nader Radio Hour*, Dr. Steffie Woolhandler and Dr. David Himmelstein.

David Himmelstein: Thanks for having us.

Steffie Woolhandler: Yes, our pleasure.

Ralph Nader: Welcome, indeed. We've known each other for a long time, Steffie and David, and you've worked with Sid for many years. And we are devoting this hour, listeners, to a review of the life of the great Sidney Wolfe, MD.

He always wanted to be called Sid, very informal, but he's the doctor's doctor in my book. He emphasized the prevention of trauma and injury, and he watchdogged the medical profession, the FDA, the drug industry, the medical device industry, and with his Health Research Group of Public Citizen, was a tremendous force for saving lives, injuries around the country and also in other countries around the world as a result.

Can you tell us about your work with Sidney and what he meant to you over the years, Stephanie?

Steffie Woolhandler: Sid taught me a lot of what I know about drug safety. As an internal medicine specialist, my job is often prescribing drugs, and they can certainly help, but drugs are substances that change the way your body works, so anything that can help can also harm.

Sid was insistent that those who sell drugs and profit from drugs have to prove that the drug is actually safe, that the harms do not outweigh the benefits. And for many, many drugs on the market in the United States, Sid and others found out that the harms were much greater than the benefits. In identifying literally dozens of drugs that were unsafe that should not be used, Sid has saved hundreds of thousands, maybe millions of lives of Americans who were threatened by unsafe drugs.

He also really created the field of drug safety within the academic medical community. David and I are also longtime med school professors in academics. And it would be hard to overstate his tremendous stature within the medical community as a watchdog and touchstone about how you think about drug safety and assuring that the benefits of the drugs we prescribe as doctors are going to outweigh the harms to our patients.

Ralph Nader: David, he brought both of you to my attention when you started writing those major articles in the *New England Journal of Medicine* about the waste and corruption, and denial of benefits in the current so-called industrial healthcare system and all the benefits of single-payer. You brought information in about single-payer in Canada, free choice of doctor and hospital, no long, inscrutable bills and billing fraud, and you started the intellectual, empirical research for single-payer. And then you went up to Congress, got some legislation in, testified, and he was very proud of you. He would call me up when he got the *New England Journal of Medicine* articles and tell me about them.

David, give me your view on how rigorous Sid was. He couldn't afford to make any mistakes, because the drug company lobbyist and propaganda machine would have descended on him and his associates to try to discredit him. Give us an idea of how his standards were for the charges that he made against the drug companies and the medical device companies.

David Himmelstein: Sid was meticulous about the truth. He insisted that you couldn't overstate what you didn't know, that the most important responsibility of doctors was to be honest with the patients, with the public, and with the government, about what we know and what we don't know, and often what we don't know is critically important. He never stretched the truth. That was important, not just because others were watching and trying to find flaw in what he did, but it was inherent in Sid's character, that he cared about telling the truth and about doing what was right.

In addition to the drug work that Steffie talked about, Sid taught me how to advocate for single-payer and how to work on social change in our tangled government structures. We spent a year on sabbatical in Washington, and I actually worked with Sid full-time for that year back 30 some years ago. He taught me how government works and how to work within government and taught me how to focus single-payer work in an effective way.

We went during that year, many times, to Congress together to meet with Henry Waxman, who at that time chaired the health subcommittee in the House of Representatives, and others. Sid was really the preeminent, not just a scholar of drug safety and protection of what should be prioritized in healthcare, but also about how to move the country on these issues, not just as an academic exercise, but as a real-world piece of work.

Ralph Nader: Speaking of moving the country, he was a tremendous communicator. He was on the *Phil Donahue Show*, which had a 10 million audience at that time, very powerful show. He highlighted his findings, especially the book series of books called [*Worst Pills, Best Pills*](#), that consisted of reports on brand-name drugs, all of which were approved by the FDA, but some of them for the same ailment produced bad side effects, such as gastrointestinal bleeding and increased dizziness. And others for the same ailment didn't produce intended results. That's why he came up with the title, [*Worst Pills, Best Pills*](#).

And he'd go through on the *Donahue Show*, with Phil leading him, one major drug after another. There would be gasps in the audience, like, saying, "I'm taking this drug, and I have bleeding, and I have to take it. Maybe I could take another drug that's approved by the FDA that doesn't have that consequence." And in one show, Steffie and David, 500,000 copies were sold all over the country. People rushed to get this book, [*Worst Pills, Best Pills*](#). They couldn't get that kind of information from most of their physicians. The FDA was not putting out this kind of information, was considered too controversial. Of course, it would [have](#) produced an indictment of the FDA for not warning people in the first place.

He was a great communicator. He was on NBC, ABC, CBS all the time, NPR, PBS. And he was a real opponent of the commercialization of medicine and the commercialization of medical schools. Can you talk about that?

David Himmelstein: That was really important. And I must say, when I returned to Harvard after the year in Washington with Sid, I brought that book back with me and insisted that the residents who I supervised actually pay attention to Sid's evaluation of drugs because the FDA's evaluation was missing.

You're right about his warnings regarding ~~about~~ the commercialization of medicine and corporate malfeasance in all branches of healthcare. That was partially why he embraced single-payer health reform as an essential part of his agenda, as well as ours.

Steffie Woolhandler: Sid was a great communicator in another sense. Even though he had a very radical critique of corporate power and of the extent of corruption within government and the medical community, he was also able to identify and persuade allies in all sorts of places.

Some allies were folks who worked in government and actually cared about good public policy. Some were academics all over the country who became his friends and worked with him on various projects. Others were folks in the media who came to believe in the importance of the media exposing corruption and exposing dangers to the American people. Part of that was because he was so careful with facts and accuracy. So when Sid said something, it could be trusted, and that was very, very persuasive. His ability to persuade people is part of how he was so effective in his work.

Ralph Nader: He was a great networker. He networked with people of all ages, and he took a particular interest with young people. He'd have medical students as interns at the Health Research Group, and he'd speak at medical schools. Can you talk about his work with young people David or Stephanie?

Steffie Woolhandler: He worked with both of my daughters, Suzanne and Kayty when they were teenagers. They came and lived with him, and Worked on your presidential campaign. That's my older daughter, Ralph. And Gracie, my younger daughter, worked with Rob Weissman on consumer product safety.

But they were just teenagers, and now they're both physicians and social justice researchers in the field of medical care. So he certainly inspired them by showing the importance of good research and accuracy, and that it was possible to live as a progressive person within a profession and use one's professional skills to implement social change. But I think he had that effect on dozens and dozens of students and young researchers and doctors in training I saw, and that I know who worked with him at least one point in their lives.

David Himmelstein: I have no idea who all of the people were, but as time went by in conversation with Sid and with others, it would pop up that before he went to medical school, he worked as an intern at Public Citizen.

Josh Sharfstein, who was the second in command at the FDA later on and is now the associate dean of the public health school at Johns Hopkins, was a protégé of Sid's before he went to medical school. That sort of thing came out routinely about other people who went on to become distinguished, or maybe not highly recognized, but had critically important careers and activities.

Ralph Nader: You have a master's degree in public health, Stephanie. Sid was quite critical of state departments of public health as being too cowardly. He raised the issue of how under-budgeted and unprepared they were. Of course, we learned about that unpreparedness when the

COVID-19 virus struck in 2020, not only at the national level under Trump, but at the state level. These departments of public health are besieged by corporate lobbyists, and they don't have the political support of governors in most cases, with some exceptions. And that was part of his range.

He had tremendous range, even published several times a directory of physicians who had been disciplined by their state supervisory boards, either for incompetence or for economic shenanigans, and printed their names. That's another example of his accuracy. You have to be extremely accurate when you're talking about brand-name drugs selling billions of dollars a year and doctors who are not working properly for their patients.

Do you see a situation coming in the future of medical schools producing more young Sid Wolfes? We're talking, listeners, in the memory of Dr. Sidney Wolfe, who recently passed away at the age of 86 and left in his wake a tremendous legacy of written materials, newsletters, reports, congressional testimony, and books, all to help people. They were books you could use if you were a diabetic. He had a book on what people could do without having bad side effects.

Can we look forward to some medical schools turning out more young Sidney Wolfes? You've taught at medical schools. You know the tenor and the temperature there.

Steffie Woolhandler: Well, certainly I see a tremendous number of medical students that are interested in social justice right now. I think they often have trouble figuring out how they can build a career that advances social justice. I wish more of them had a chance to meet Sid Wolfe. Unfortunately, none of them will going forward. But to see that you can use your medical skills, medical knowledge, and attention to detail that medical school teaches you to advance the social justice agenda to make sure that people have access to medications and medical care, that the medical care and medications they get are as safe as possible, and that their doctors and their institutions are not being corrupted by corporate profit-seeking. He demonstrated a way for people to work within the medical field and the medical profession to advance a social justice agenda. Certainly he has influenced people in the past, and hopefully, going forward, many more people can learn to use his ideas and methods to advance social justice.

Ralph Nader: He also demonstrated he could live a very balanced life. He and Ava had four daughters, and he would take vacations. He was a runner, who even at his advanced age, would win running contests. Sid was a very fine pianist. He showed that you could work 55 hours a week for social justice and still have a balanced life.

I have never met anybody more incorruptible. New York Stock Exchange brokers would call him about what he knew about drugs, to see whether it would affect the stock valuation of a company that they were investing in. And I once told him, "Sid, you get calls, but from these stock analysts, there isn't anybody that's called you twice, right? Same person?" Yeah. They never called Sid twice. He turned them off with a very stern lecture, never to call again.

He was such an honest, high character, compassionate personality. He would respond to all kinds of people calling him—relatives, friends, friends of friends with ailments—and he would calmly question them, give them advice, refer them to competent specialists, all pro bono of course. That

was one of his side hobbies, reaching out to people and showing that he wasn't just a tough analyst and scientific researcher, but that he had a real heart.

Well, thank you both for your heartfelt comments and memories of Dr. Sidney Wolfe. Before we close, is there anything you'd like to say that we didn't stimulate you in saying?

David Himmelstein: Well, we miss Sid, but the only thing that will miss Sid more than us is the rest of the world.

Ralph Nader: Well said. Thank you very much. We've been speaking with Dr. David Himmelstein and Dr. Steffie Woolhandler. We hope that you will be part of extending his legacy going into the next few years.

David Himmelstein: This would be our highest aspiration.

Steve Skrovan: Up next, we'll welcome Robert Weissman, the president of Public Citizen. But first, let's check in with our corporate crime reporter, Russell Mokhiber.

Russell Mokhiber: From the National Press Building in Washington, D.C., this is your *Corporate Crime Reporter Morning Minute* for Friday, January 5, 2024. I'm Russell Mokhiber.

On the afternoon of May 8, 2023, Caes David Gruesbeck, age 20, was trying to clear an obstruction on an overhead package conveyor at an Amazon distribution center in Fort Wayne, Indiana. He was en route to the jam in an elevated lift when his head collided with the conveyor and became trapped by the machinery. That's according to a September 18th safety order.

He died of blunt force injuries. After an 11-week investigation, Indiana safety officials found that Amazon failed to ensure a workplace, quote, "free from recognized hazards that were causing or likely to cause death," and issued a serious safety citation. That's according to a report in the *Washington Post*. The penalty, a \$7,000 fine, the maximum allowed in Indiana.

For the *Corporate Crime Reporter*, I'm Russell Mokhiber.

Steve Skrovan: Thank you, Russell. Welcome back to the *Ralph Nader Radio Hour*. I'm Steve Skrovan, along with David Feldman, Ralph and the rest of the team as we continue our celebration of the life and career of Dr. Sidney Wolfe. David?

David Feldman: Robert Weissman is the President of Public Citizen, where he spearheads the effort to loosen the chokehold corporations and the wealthy have over our democracy. Welcome back to the *Ralph Nader Radio Hour*, Robert Weissman.

Robert Weissman: Great to be with you.

Ralph Nader: Very sad time, Robert. And I was reading what you put on Public Citizen's website, citizen.org, and you said about Sid that "He invented a new approach of research-based advocacy

to get dangerous drugs and devices off the market, win new protections for worker health and safety, address doctor misconduct, challenge the Food and Drug Administration to do its job and hold pharmaceutical companies accountable. Sid was brilliant. He won a MacArthur Genius Grant, and was fearless in his advocacy. But what was most singular about him professionally was his passion for advancing health justice. There was a distinctive fierceness and fury to his work. Everyone who knew or even encountered Sid, allies and adversaries alike, experienced his intensity."

He was fierce, but he rarely raised his voice, and he was under full control of his rational arguments. But his tone was one of great urgency, wasn't it?

Robert Weissman: Absolutely, and I hope everybody reading that, as you're reading it, Ralph, appreciates that I'm talking about his passion around issues of injustice, right and wrong, life and death. As a human being, as you know, and was true for you as well, he was a dear friend and very gentle and soft and funny and with widely diverse interests.

And also for many people who knew him, especially here at Public Citizen, he was a doctor. So some of the commentary about him over the years was he didn't maintain a practice of treating patients, which was true as far as it went. But if you called Sid and said, "I have a problem," he would attend to you, and all of the sharp edges dropped away. He was the kindest doctor with a bedside manner from 100 years ago, and would spend so much time with folks here at Public Citizen and in his social network and made fundamental differences in people's lives in this organization and among our friends and networks, as a doctor in a way that you really can't get from any doctor you might go to in a practice.

Ralph Nader: He was amazing. He never turned a request down. You'd go to him and you'd say, "Look, this person is really ill, and the person's pretty well-known in the field and is doing great work for humanity." He'd say, "That doesn't matter to me, whether he's doing great work for humanity, whether he's well-known or not. What only matters is that the person is a human being." That's something he was very insistent on.

Tell us about the Health Research Group's [Health Letter](#), and its publications, especially the "Outrage of the Month" that Sid devised.

Robert Weissman: Among the just remarkable things about Sid is he invented a whole new way of doing advocacy. And he understood very much, as he learned along with you, Ralph, that it wasn't just about marshaling the facts. In the consumer health space, you had to both mobilize but also educate people. He was able to, not just do original research on drug safety, but found ways to communicate to people in clear and understandable language, information that they could act on in their day-to-day lives.

So he, with colleagues, published first a large book called [Worst Pills, Best Pills](#), which was a compendium of drugs on the market and telling you which ones were safe or which ones you should exercise caution about and which ones you should avoid. It was just an invaluable tool. Over time, the multiple editions of that book sold 2.5 million copies, promoted in significant part

by Sid's appearances on the *Phil Donahue Show*, where he was able to represent what we're discussing—his ability to communicate complicated information in ways that were understandable and clear and that people could trust.

And so people saw Sid on the *Donahue Show*, trusted him, and then bought this low-price book that was quite impactful in their lives. He created a newsletter along with that, [Worst Pills, Best Pills](#) newsletter, which at its peak, had 150,000 circulation. He published monthly *the Health Letter* just looking at public health issues. And, as you said, that included the “Outrage of the Month.”

Outrage may have been Sid's catchphrase, because he saw so much outrageous in the health field, precisely because he knew that things were being put on the market that shouldn't be, or services were being withheld from people that shouldn't be, not because of any lack of information, but because of the improper influence and political and economic power of Big Pharma and the for-profit health insurance industry.

And he was outraged about that because he understood it, rightfully, as a matter of life and death, to bring it full circle to what you were saying, Ralph—life and death for real human beings, people he may not know, but real human beings were going to be affected by this. And he found that as outrageous as if it were affecting someone he did know.

Ralph Nader: Well, he put out two bestsellers called *Pills That Don't Work* and then *Over-the-Counter Pills that Don't Work*. And within 15 years, hundreds of these drugs were taken off the market, because they were ineffective and/or unsafe, which was against federal law. But until the people found out about this by brand name or whatever, the FDA just sat and did nothing. So that's another consequence of his advocacy.

Tell us a story that Sid always liked to tell about our first venture together with the Abbott Labs' contaminated intravenous fluids.

Robert Weissman: I should really be asking you, but as I understand the story, Sid got a tip that Abbott Labs was selling intravenous fluid around the country that was impure and killing people. The FDA knew about it, but made a decision that it couldn't remove it from the market because intravenous fluids are so important.

So, with you, he wrote a letter to the FDA, I think at your suggestion, saying, "Hey, this is happening" and released that letter to the press. It became big news. I've got copies of the original stories that came out in response to that letter. Then within a few days, the product had been removed from the market.

That might have been a false indicator of the success that was to come. It's pretty good. You write a letter, you get the product removed, you save hundreds of lives, so you're pretty inspired to go forward. And Sid knew at the time, and as he would discover through 50 years of work, success wasn't usually that fast. But he had a lot of success building on that model over the many decades to come.

Ralph Nader: When he graduated from Case Western Reserve Medical School, he went to work at the National Institutes of Health in the area of alcoholism, where he was very highly regarded as a scientist. He had already gotten a chemical engineering degree from Cornell.

He would often call me up and I would say, "What about this drug, or what about this device?" And if there wasn't any evidence, he would say, "There's no data. There's no clinical data." So he wasn't at all knee-jerk—it was all what the data was, what the studies showed in the medical journals and other professional scientific outlets. He would read all these journal articles and keep up-to-date. His desk was piled with materials, and he loved his work.

He had that emotional intelligence that went with his cognitive intelligence, which makes all the difference, Robert, in terms of whether someone just knows something and bewails it, or someone just knows something and connects it to action that saves people's lives and prevents injuries.

On your narrative on the website for Public Citizen, listeners, you can get the whole description of Sid's career and the work he did with his colleagues at Public Citizen by going to citizen.org. But you point out some of his and his colleagues' accomplishments.

One was he forced 28 dangerous medications off the market, limiting the use of 10 more, and adding strong warnings to dozens of others. These are medications taken by millions of people. Millions of people today are living or are not as sick because of the work of the Health Research Group led by Dr. Sidney Wolfe.

He pushed OSHA to set more than a dozen worker protective health standards. He was particularly hard on silica and the horrible effects on workers' respiratory systems. He testified before hundreds of FDA advisory committees, urging against FDA approval of dangerous drugs and medical devices, and for limited use, and strong warning labels of others. The list of his accomplishments just goes on and on.

He went after Red Dye No. 2 in your food supply because of its connection to cancer. He helped children survive Reye's syndrome by requiring a warning on aspirin bottles. He won access by public citizens to safety and efficacy information for products being considered for approval by the FDA. And he was very early in condemning drug companies for marketing dangerous opiates, which last year took over 120,000 American lives.

When he'd put out a lot of warnings, and nothing was done for years and years, that just fueled his indignation. What do you see for the future of the Health Research Group, Rob, since you're president of Public Citizen?

Robert Weissman: As we're mourning him and spending a lot of time inside the organization, remembering him and grieving, I think we're also trying to not just appreciate him, but learn from and be inspired by the example of his humanity and his passion, and the specific kinds of advocacy approaches he invented, but also the spirit of being constantly creative in that way. Of course, the only true way to honor him is to lean into the work, to continue doing it.

As you know, Sid was 86. Before he got the brain tumor, he had no intention of slowing down. He was confident that he had another 10 years of work left to do. Not that he thought it was going to be done in 10 years, but he was planning on continuing the work. So we're doubly duty-bound to do exactly that and keep trying to carry forward that mission in the areas that he was working on and in areas related.

And as you're alluding to Ralph, he was deep in what he was doing, but the breadth of topics that he took on, it's really hard to wrap your head around with everything from—besides what we've already talked about everything from mental healthcare and county jails to tobacco and on and on. So there's a lot more for us to do, and we intend to do it.

Ralph Nader: And he never got jaded in confronting injustice. He was as indignant at 80 years of age as he was at 30 years. A lot of people get tired and burnt out. He had that inner energy because of his authenticity, and we're going to miss him terribly. Thank you very much, Robert Weissman.

Robert Weissman: Thanks, Ralph. It's an honor to be with you to talk about a great man.

Steve Skrovan: We've been speaking with Robert Weissman. We will link to his work at ralphnaderradiohour.com.

[Music: “Stand up, Stand up, you’ve been sitting way too long!”]

Our final guest today is Dr. Peter Lurie. David?

David Feldman: Dr. Peter Lurie is President and Executive Director of the Center for Science in the Public Interest. Dr. Lurie previously worked with the Food and Drug Administration and Public Citizen's Health Research Group, where he co-authored their [*Worst Pills, Best Pills*](#) consumer guide to medications.

Welcome back to the *Ralph Nader Radio Hour*, Dr. Peter Lurie.

Peter Lurie: Thank you for having me.

Ralph Nader: Thank you. Peter. Before we get into the Food and Drug Administration and the work that Sid, you, and others did on that agency before you became an associate commissioner of it, tell us a bit about your experience working with Sid.

Peter Lurie: Sid is a person who changed the direction of my life, without question. I first met him when I was a medical student when I applied for a job. I'd gotten thoroughly fed up with medical school and how irrelevant what they were teaching us appeared to be, and went down to Washington, had an interview with Sid. He hired me on the spot, and I took a year with him, and it changed my life. That was in 1984. I worked on and off with him for a 25-year period after that.

You'll get this from lots of people, but he's a one-of-a-kind person, and that is just irrefutable. He created an entirely new approach to advocacy in the medical world that simply did not exist before. Yes, some people had worked on the side advocating for the public health, but I don't know any physician who took it on full-time in the way that Sid did.

And in so doing, he created a model for a small number of privileged people like myself, to follow. Most people don't have the time nor are set up in such a way that they can do it, but Sid created it out of nothing. Public interest lawyers existed, yes, for years, but public interest doctors were unheard of. He was the first, and it'll be impossible to replace him.

Ralph Nader: But one of the areas he concentrated on was trying to get the Food and Drug Administration to be a real enforcement agency and not a toady or a procrastinator on behalf of the swarming drug industry lobbyists that worked the agency over.

Could you tell us what approach you all took to the Food and Drug Administration, and what were some of the problems that you had to deal with? Sid was particularly upset when Congress established this fee system where they required the drug companies to fund the regulatory work of the Food and Drug Administration. He felt that was an inducement to conflicts of interest and corruption. Give us a review of what you all were working on with the FDA.

Peter Lurie: I'd like to return to the previous theme for a moment while answering this question, Sid was a pioneer in the methods for influencing the Food and Drug Administration. He was one of the first people to take advantage of the public session in an advisory committee meeting, where you can show up as an ordinary member of the public and have your say.

He was one of the first people to take advantage of the citizen petition process, to put issues before the agency in a way that they had to respond to. And when the agency either didn't respond to us or took too long to do so, or sometimes responded in a way that we didn't like, then he was one of the first people to turn to the courts and to Public Citizen's internal litigators to be able to hold the agency's feet to the fire.

So he used these mechanisms that were there and that are now commonplace in advocacy, including in the medical setting, for the very first time. He showed all of us how to harness those tools. And when he did that was always based on science and data. Very few people would show up in a public session or write a petition that was more technically precise, more correct, frankly, than Sid.

Plenty of people are using those petitions now, but the Public Citizen ones were ones that always made the agency pay attention. I can tell you this from working on the inside. Even when they weren't welcomed, people knew that he was onto at least something. It was always, here's a person with credibility, with sincerity, who does not have a conflict of interest, who has put a lot of time into thinking about this, who has combed through the medical journals to know the issue well, and he will have put it together on a piece of paper right for you, and with that, he drove the agenda for the agency.

Ralph Nader: One of Sid's regrets was that he was raising the alarm about antimicrobial resistance because of the overuse by doctors and hospitals of antibiotics. And he took the available data that over 40 years ago was available—every year, about 100,000 people would die because the antibiotics they took didn't work, because of the microbes mutating from the overuse of these antibiotics.

You worked on this at the FDA when you were associate commissioner for public health strategy. Give us a little capsule/history of this constant struggle to control the use of antibiotics and why it has mostly not succeeded.

Peter Lurie: Yeah. Well, I can remember working with Sid on that in '84 or '85, when he was invited to testify before some congressional committee and put together this testimony. He had some kind of insider. God, I don't know where, but he had some person who, every year, would send us these enormous volumes, each of which were maybe three inches thick, packed full of detailed information about prescribing.

You had to pay thousands and thousands of dollars to get hold of these, and we at Public Citizens clearly couldn't do that. But he had somebody who sent it to him. And every year it would come, and there'd be this moment where it would come in the door and everybody knew that the Xerox machines had to be set free because it all had to be copied for the year.

So, somebody would copy it. Then he would comb through these very dense that he used for the testimony, and it was very effective. I remember when he pulled out the number of antibiotics that were said to be prescribed for the cold. That correct number is zero. But, of course, that wasn't the number that appeared in the database at all. There were hundreds of thousands of such prescriptions. And he had a few other very simple examples of clearly irrational behavior that doctors were engaging in. And that was the part that I did with him

The other part of it was always the animal side. We were able to show, when I was at FDA, that the majority of antibiotic use actually is in animals, not in humans, because animals fed in vast numbers on feedlots. At the time that I was at FDA, it took some action that has actually reduced antibiotic use in that way.

Overall, Ralph, you're right. This remains a critical problem going forward. There are estimates of millions of people who will be dying, as a consequence of this, in the not-so-distant future. But it's a very difficult problem in that the causes are multiple and the problems are diverse, so it's been very hard to get a proper handle on it. But Sid was right.

Ralph Nader: He wanted to educate patients about antibiotics. Could you tell our listeners what the proper approach of a patient should be when the patient has a cold, mostly viral? Explain what they should be alert to if a doctor tries to automatically prescribe an antibiotic to make the patient feel good.

Peter Lurie: Right. So that's something Sid did on a general level. He would always try to empower people, partly through our book and newsletter, [*Worst Pills, Best Pills*](#), to equip people

with the right questions to ask doctors. And the *Worst Pills, Best Pills* even had a section 10 questions to ask your doctor.

Whenever somebody prescribes you an antibiotic, a perfectly good question to the doctor is, do you need to do that, doc? That's a fair question, because a lot of the time doctors aren't so sure themselves, but they've talked themselves into it. They're doing it because they're afraid of what might happen if they don't prescribe the antibiotic. So, it's a kind of insurance for the doctors themselves. And so if you push them even a little, that might be enough for the doctor to change their mind and take an appropriate antibiotic-free approach, which is the one that should be the practice for any cold. If the person says, "I really think this is a cold," the doctor is going to be hard-pressed to come up with a good justification for prescribing.

Ralph Nader: Let's go back to the Food and Drug Administration. What do you think people should know about what this federal agency is doing and not doing?

Peter Lurie: Sid was the person who really held their feet to the fire and held us, or even me when I was there, accountable. He raised the impertinent questions. He was the person who asked why you couldn't do more, or he was the person who asked why you did what you had done. And all of those were appropriate to do, and all of those questions challenged the agency in healthy ways even when unwelcomed by the agency.

I went back and took a look at some of the drugs we worked on together. God, what a list we have. And that's just the ones that I worked on, to say nothing of the many people who came through the health group and were trained by Sid over the years. Botox [1989 FDA approved/2009 black box warning issued], Iressa hormone replacement therapy [2003 FDA approved/removed from market in 2010], statins [1987 FDA approved/2023 warning label issued, a drug called Orflex, Rezulin [1997 FDA approved/removed 2000], Orlistat [FDA approved 1999/2010 safety review] and other weight loss drugs, Viagra [1998 FDA approved/issued warning 2023]... you name it.

Sid was involved in all of it. He had something to say about just about every major drug that ever came through. And most of the time he was concerned about whether the data were strong enough to justify approval. Were they strong enough to prove that the drug worked? Because sometimes, in his view, and I think often correctly, the data didn't support FDA approval or were the data strong enough to require a warning to alert doctors and patients to fully understand the risk-benefit ratio for the drug.

It was all about science-based advocacy, and holding the agency accountable, and calling them out when he saw them making a mistake.

Ralph Nader: And how is the FDA right now, in terms of its leadership, in terms of its public information, in terms of getting bad or ineffective drugs off the market and medical devices?

Peter Lurie: Well, I think there are some reasons for concern at the moment that a number of drugs have come on the market with rather feeble supporting evidence in recent years. There's been a couple of Alzheimer's drugs for which that's true, a drug for Duchenne muscular dystrophy

as well. And these are well-publicized. Some of them are instances in which internal people at FDA recommended against approval, others are ones in which FDA's advisors from the outside world recommended against approval, and yet the agency found a way to approve them anyway.

Sid is the person who articulated that point of view. In recent years, he took some roles advocating for drugs that were effective and clearly useful. A couple of those were Narcan for the treatment of opioid overdose, which he and I worked a little bit on together, and I worked on a lot while at FDA. Another was the vaccines for COVID. Those were breakthrough products, no question.

Sid and I, both testified before one of those FDA advisory committees on the COVID vaccines. And it was kind of funny to have both of us in completely separate rooms, of course, during the pandemic, advocating at the same meeting. It was ironic, and in its way, a very enjoyable experience.

Ralph Nader: We've been talking with Dr. Peter Lurie, who is the president and executive director of the Center for Science in the Public Interest that puts out this wonderful newsletter, *Nutrition Action*, which I give as a gift to people now and then. It sort of couples itself with the [*Worst Pills, Best Pills*](#) newsletter that is produced by the Public Citizen's Health Research Group (PSRG). You can't do better than subscribe to both of those.

Peter, you're supervising 65 people in the Center for Science in the Public Interest, one of the largest citizen groups in Washington, D.C. Does Sid's intensity, emotional intelligence, and level of evidence-based indignation have something worthwhile to have your staff dig into and absorb? Too often people get jaded, they get tired, they burn out, and to have an example like Sid Wolfe tends to produce a resurgence, a revitalization, a self-renewal, at the optimum. Isn't it worth bringing Sid's career to the attention of your staff there and other people you know, and other citizen groups?

Peter Lurie: Well, certainly so. And this program will do that, no question. It is remarkable what Sid accomplished with a much smaller staff than I have. Going back and looking at all the stuff that we put out, and just how he did it is almost unimaginable, and how quite productive it all was.

One of the things that I learned from him, we did a project to put a warning label, a box warning label on the box of aspirin. Sid asserted correctly, as it turns out, that children with chickenpox or the flu who were fed or given aspirin to control their fevers were at more risk of a fairly rare but very serious condition called Reye's syndrome, so Sid wanted to get a box warning on it and was resisted by FDA and resisted by the industry, which created these front groups and affected the Reagan Administration, such that a warning that seemed on the cusp of happening got pulled back.

Sid was the person who fought that. Ultimately, he pushed the National Academy of Sciences to do a study that proved it beyond any measure of doubt. And the warning is there. What ended up happening is that people don't use aspirin for children very much anymore, which is, frankly, even better than a box warning.

The thing that I learned from that was that you could win. I didn't think, personally, that you could actually win in this life. I thought that all I could do was tilt at windmills for the rest of my life, fight the good fight, maybe be an honorable person, maybe my kids would appreciate it. That's all I thought would happen.

But what Sid showed me was that if you picked the right project, if you picked the project that was the right size, that involved a question that was being posed to a regulatory agency, and by the way, he was always more interested in the regulatory agencies than the Congress, which I think itself was an insight, especially for a science-based person like him. If you picked that right-sized project and you brought the right data to bear, you actually could win. You could get that warning on the box.

And if you won the first time, that told you that you could win a second and a third and a fourth time. And that is what keeps you going. That's the important element of psychological reward that people need to keep in the work. If you set your sights in ways that are too expansive, you'll just lose incessantly and eventually you'll give up. But Sid understood how to find that project that was not so small that it didn't matter, but not so massive that you stood no chance of making a difference. And he found that sweet spot over and over and over again.

Ralph Nader: Listeners should know that there never was over 12 full-time people at the Public Citizen Health Research Group. That's what a dozen people were able to do. The whole budget was just a fraction of what one CEO makes of a major company a year. And people should take heart from that.

Also, our listeners should know that if they're on any prescription drugs, or they're taking over-the-counter medications, they can learn about whether they should be taking them, whether they're safe, whether they're effective, or whether they're designated as "do not use" by the Health Research Group [Worst Pills, Best Pills](#) database.

And you can get access to that database that's kept up to date regularly 24/7 by just sending in \$15. Go to Health Research Group at Public Citizen. You can enter it through the website citizen.org, and sign up. So whenever you have a bad side effect, or a friend or relative or neighbor, you can check it out and see whether that dizziness, that nausea, that fall, that gastrointestinal bleeding, or other side effects were connected to the medication that the person was taking. It's one of the best deals in the consumer world, the [Worst Pills, Best Pills](#) database. There's also a print newsletter that you can get.

What else would you like to say, Peter?

Peter Lurie: We've talked a lot about Sidney's work and all of his many accomplishments, and importantly, the way he changed the lives of people like myself and created new generations of activists who can in turn train more activists and so forth. But Sid was—and this is an overused phrase, and it's true for very few people to whom it is applied—in fact, Sid was a renaissance man—a person who worked hard as hell. Except for maybe you, Ralph, I don't know anybody who worked harder than Sid.

But at the same time, he played the piano, and he ran. I remember going on a run with him 35 years ago and he was still sprinting 200 meters, and he had me timing him. He was mad for every kind of culture that he could get his hands or ears or eyes upon, be it painting, music especially, jazz in particular. He just had a thirst for life, an ability to embrace things, to try everything, just a kind of breadth that you don't often find in people. That is something rare and something that I was lucky to come into contact with.

Ralph Nader: He had a zest for a full life is another way to put it. Steve?

Steve Skrovan: You just answered the question that I was going to ask you about, his range of interests. So I'm going to defer to David and Hannah at this point.

David Feldman: What is the difference between being indignant and angry? Sid has been described as indignant but not angry. What's the difference?

Peter Lurie: I think the word that you probably would use is “outraged.” That was always the word that people used. He had a column called “Outrage of the Month” when we first put together the [Health Letter](#), which was a kind of predecessor to *Worst Pills, Best Pills*, he said, we need a column called “Outrage of the Month.”

And I remember thinking to myself, "God, are we going to have to come up with something every month? We'll never be able to fill that." Good God, are you kidding me? It was a piece of cake. There was never a problem. There's always something. Sid was just full of outrage all the time.

But the difference really, and the main point is there's a difference between being angry, and as a result, being rendered immobile. And there's a person who takes anger and uses it as a spur to action. That's the important distinction. And Sid understood that better than anybody.

Ralph Nader: We could go on and on about your work with Sid on worker exposure to beryllium and other hazards in the workplace, but we're unfortunately out of time.

We've been talking with Dr. Peter Lurie, who is the president and executive director of the Center for Science in the Public Interest, which has a heavy focus on food safety and food safety regulation and nutrition, among other issues that the Center works on. Thank you very much, Peter.

Peter Lurie: Thank you for having me. It's a sad time, yet a pleasure to think back about all of the positive things that Sid was able to bring to this world.

[Music: “Stand Up, stand up, you’ve been sitting way too long.”

Steve Skrovan: We've been speaking with Dr. Peter Lurie. We will link to his work at ralphnaderradiohour.com.

I want to thank our guests again, Dr. Steffie Woolhandler, Dr. David Himmelstein, Robert Weissman and Dr. Peter Lurie.

For those of you listening on the radio, that's our show. For you podcast listeners, stay tuned for some bonus material we call "The Wrap Up". A transcript of this program will appear on the *Ralph Nader Radio Hour* Substack site soon after the episode is posted.

David Feldman: Subscribe to us on our *Ralph Nader Radio Hour* YouTube channel. And for Ralph's weekly column, it's free, go to nader.org. For more from Russell Mokhiber, go to corporatecrimereporter.com.

Steve Skrovan: The American Museum of Tort Law has gone virtual. Go tortmuseum.org to explore the exhibits, take a virtual tour, and learn about iconic tort cases from history.

David Feldman: We have a new issue of the [Capitol Hill Citizen](http://capitolhillcitizen.com). It's out now. To order your copy of the *Capitol Hill Citizen*, "Democracy Dies in Broad Daylight," go to capitolhillcitizen.com.

Steve Skrovan: And remember to continue the conversation after each show, go to the comments section at ralphnaderradiohour.com, and post a comment or question on this week's episode.

David Feldman: The producers of the *Ralph Nader Radio Hour* are Jimmy Lee Wirt and Matthew Marran. Our executive producer is Alan Minsky.

Steve Skrovan: Our theme music, "Stand Up, Rise Up", was written and performed by Kemp Harris. Our proofreader is Elisabeth Solomon. Our associate producer is Hannah Feldman. Our social media manager is Steven Wendt.

David Feldman: Join us next week on the *Ralph Nader Radio Hour*. Thank you, Ralph.

Ralph Nader: Thank you, everybody.

As we recorded this, listeners, be very alert for a possibility of a wider war in the Middle East. Israel has taken its weapons into Lebanon by drone, which analysts in this country and Israel are viewing as an escalation, which could involve a broader war, engaging US soldiers and sailors. And who knows what the repercussions will be on the world at large and our own country. We have to have a ceasefire. We have to have peace negotiations. And Joe Biden's got to put some strength his backbone and begin to tell Netanyahu to stop trying to goad us into a wider conflict.