

RALPH NADER RADIO HOUR EPISODE 490 TRANSCRIPT

Steve Skrovan: Welcome to the *Ralph Nader Radio Hour*. My name is Steve Skrovan, along with my co-host, David Feldman. Welcome back, David. We missed you last week.

David Feldman: Thank you. It's great to be back.

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

Ralph Nader: Hello, everybody. We got a good reaction to our new report, *The Incommunicados*, so we want to hear your stories where officials in government, at whatever levels or corporate flacks don't return your call, don't respond to you. And if you want a little detail on the report and how to get it, go to incommunicadoswatch.org.

Steve Skrovan: Very good. And we've got a great show today. On today's show, our guest for the whole hour will be Jennifer Vanderbes. We're going to talk to her about her new book, *Wonder Drug: The Secret History of Thalidomide In America and Its Hidden Victims*. Thalidomide never made it on the market in the US. No one could prove the drug was safe. No one could definitively say what the drug did. And by the time thalidomide landed at the FDA for approval, whistleblowers, journalists, doctors, and patients in Germany, Australia, and the UK were sounding the alarm about some shocking side effects. Big Pharma tried to bully their way through the FDA approval process and failed. But they hadn't waited for that official green light. Without FDA approval, without proof that the drug was effective or safe, without telling patients what they were taking, thousands of doctors across the country handed out thalidomide like it was vitamins or aspirin.

We'll talk to Ms. Vanderbes about how the medical establishment put the American public at risk and what's protecting us from the next dangerous wonder drug. As always, we'll check in with our tireless corporate crime reporter, Russell Mokhiber. But first, thalidomide was a wonder drug, as in, I wonder what it does. I wonder if it's safe. I wonder whether it has anything to do with my lingering nerve pain or my child's birth defects. David?

David Feldman: Jennifer Vanderbes is an award-winning novelist, journalist, and screenwriter. Her latest book is *Wonder Drug: The Secret History of Thalidomide In America and Its Hidden Victims*. Welcome to the *Ralph Nader Radio Hour*, Jennifer Vanderbes.

Jennifer Vanderbes: Thanks so much. It's great to be here.

Ralph Nader: Welcome indeed, Jennifer. For our listeners, this is a staggering book of heroics, corporate greed, government, surrender, got the whole package. And I think the best way to frame it, Jennifer, is to read from the flap copy of your book, which frames the thesis of your book, and then we can go into the details. So if you'll indulge me, listeners, it's only a minute or two read.

"In 1959, a Cincinnati pharmaceutical firm, the William S. Merrell Company, quietly began distributing samples of an exciting new wonder drug already popular around the world. Touted as a sedative without risks, thalidomide was handed out freely under the guise of clinical trials by doctors who believed that approval by the Food and Drug Administration was imminent. But in 1960, when the application for thalidomide landed on the desk of FDA administrator medical reviewer Frances Kelsey, she quickly grew suspicious when she learned that the drug was causing severe birth abnormalities abroad. She and a team of dedicated doctors, parents and journalists fought tirelessly to block its authorization in the US and stop its sale around the world. Jennifer Vanderbes set out to write about this FDA success story only to discover a sinister truth that had been buried for decades. For more than five years, several American pharmaceutical firms had distributed unmarked thalidomide sample pills in shoddy clinical trials, reaching tens of thousands of unwitting patients, including hundreds of pregnant women. As Vanderbes examined government and corporate archives, probed court records, and interviewed hundreds of key players, she unearthed an even more stunning discovery. Scores of Americans had likely been harmed by the drug, deceived by the pharmaceutical firms, betrayed by doctors, and ignored by the government. Most of these Americans had spent their lives unaware that thalidomide had caused their birth defects."

So that's the framework, Jennifer. Tell us first how you got interested in this story. You're a novelist and as well as a journalist. How'd you get interested in the story?

Jennifer Vanderbes: Well, I like a good story of a woman fighting against odds and a very smart woman in a man's world. And I was very entranced by the story of Frances Kelsey, who was the FDA medical reviewer who got the thalidomide application in 1960. She was interesting to me. She stayed working at the FDA through her 90s. She had had this spectacular moment of fame. In 1962, she got an award from Kennedy. She was on magazine covers and on radio and TV for being the person who purportedly saved the United States from a thalidomide catastrophe on par with what happened around the world.

She had an MD. She got one of the first PhDs in pharmacology in the country. And in her first few weeks at the FDA this stack of papers landed on her desk. And she just happens to be so smart and so thorough in her work that she actually becomes the only person in the world to refuse to greenlight thalidomide to go on the market. And she does this for a year and a half, battling the drug company in Maryland and Cincinnati that was very eager to get it on the market. So she was the hero that I wanted to write about, and I thought that's the story I was going to tell.

And then what very quickly happened and as you mentioned, the story that has come down since this celebration in 1962 of our great American heroine who kept the drug off the market is that only nine American babies were harmed by thalidomide that was distributed from companies in the United States. And in fact, when I eventually looked at the records, I realized three of those babies were either stillborn or died shortly after birth. So there were supposed to be six possibly living victims of thalidomide in the United States. About a year into my research, just in a late night Googling session, you get into one of these projects and you never know what's going to pop up. And I find a very strange blog post by a woman in Minneapolis, and she is trying to raise funds to go meet other American thalidomide survivors in Atlanta. And I'm thinking, what? Who's

meeting? Who are these people, So I reach out to her, and this becomes a huge dramatic turn in the entire story for me.

She is part of a pending lawsuit. She's connected with some of the other plaintiffs, and she starts telling me that there are others. And I start gathering names. I start going to meet people, and suddenly I realize that this number that everybody has taken at face value for decades is completely wrong. And at that point in the story, I thought there were dozens. Right now, I think there are probably at least 100 living victims, and there were probably double that in terms of victims who did not make it. So it was supposed to be a victory story, and it just became a lot more complicated.

Ralph Nader: Much more complicated. And to give some quantitative significance here, as you say on page 307, quote, "By 1962, thalidomide was thought to have damaged approximately 10,000 babies in West Germany alone, about half dying shortly after birth. Since that time, estimates for the drug's worldwide victims have risen as high as 150,000, accounting for unreported miscarriages in internal organ damage not initially recognized as thalidomide damage," end quote. Listeners should know this was a German developed drug by a major drug company, which we'll talk about shortly. It was promoted as a sedative without side effects. And it was more widely used in places like England, Italy, and around the world. These pills were sent everywhere, and it never got FDA approval. So tell us the rigor that you went through, because the best investigative reporters in America didn't uncover this story until you put it together in a book, because it took unbelievable energy, curiosity, travel, interviewing the survivors, going to their homes. And the most recent development, which was incredible, that didn't get national TV and radio coverage, was the gathering for the first time of thalidomide victims in San Diego. Now please, for our listeners, describe what thalidomide did to these infants.

Jennifer Vanderbes: So thalidomide causes a lot of damage if taken within the first trimester of pregnancy. The first presentation that people noticed in Germany—as you said, where the drug was developed, so it was on the market there earlier and more widely—is a condition called phocomelia, which basically harms the development of the arms and legs. And phocomelia also is referred to as seal limbs. So you get truncated limbs. You had babies born and it would almost look like their hands were sprouting out of their shoulders. They were missing forearms, upper arms, and depending on exactly the moment when the pregnant mother took the drug. It's a condition that is so rare that most obstetricians will never see a single case in their entire practicing lives. So you can imagine, of course, once the drug goes on the market, you have obstetricians around the world in this strange circumstance where there are hospitals and one baby, another baby, another baby, these babies are born and their limbs are damaged in a very particular way.

So that is what the drug does. What's interesting about the research for this story and the how... I was very surprised to be looking through materials that were so at odds with what had been reported, that in many ways this became to me a story about what can happen when the media accepts at face value a certain spin on the story. The FDA was very dependent initially on what the drug firms were telling it, and then the press was depending on what the FDA was telling it, and then everybody moved on. It was also a happy story that people wanted to believe. We were the one wonderful country that had stopped this drug. The paper trail of where this story was spread out around the country in a lot of archives of some of the people who had been working at the time

and were very suspicious of these drug firms and were trying to record what they were finding. Frances Kelsey for example, for years has been reported as having stopped the drug. But when you actually look at her paperwork in the Library of Congress and her personal archives in the FDA, what you see is that she was talking to hospitals in Cincinnati where they would say, Oh yeah, we did have six phocomelic babies born (absent an extremity with hand or foot attached directly to the body trunk).

And yes, there was a doctor here who was one of the doctors that the drug firm was sending the thalidomide to for clinical trials, but those were not the women who got the drug.

These bizarre cases of denial seem so statistically implausible, but everyone is working on the honor system. If the doctors say they weren't giving it out, if the hospital says these women with these babies didn't get that drug, everybody walked away from it. And what was heartbreaking to me in this story was that there were these individuals that had spent their lives deeply suspicious that they were in fact connected to this drug, and many of them their own doctors. So these are people with often very typical thalidomide injuries. They were able to grow up, and by the time Google was around, look at pictures of thalidomide victims in Germany and think to themselves, Well, that's odd, I look an awful lot like that, my injuries are very similar. And yet, they would visit doctors in the United States who would tell them that their injuries could not possibly be from thalidomide because the drug was never available here. And you get this weird space where these words become very important. Available, while commercially available, no one bought it, but it was widely available. And so people are lost in the language that the drug firm at the time stood behind. They kept saying the drug was never commercially available; the drug was never commercially distributed. And all they mean is no one paid a cent for it. It didn't mean that the drug wasn't widely available.

Ralph Nader: Okay, let's talk about another framework here and it's from page 334 in your book. "To this day, the United States remains the world's sole developed nation to refuse support to a single thalidomide victim. Canada, Britain, Spain, Ireland, Germany, Sweden, Denmark, Australia, New Zealand, Japan, Italy—every other country where the drug was distributed has subsidized survivors' care costs. The US government absolved Merrell, the drug company, of any criminal accountability and essentially dodges any responsibility of its own on a technicality. That is, the millions of offending tablets were given out for free, not sold." Just to be clear, this drug attacked pregnant women's fetuses. There's no evidence yet that it harmed people who took it who were not pregnant. Is that correct?

Jennifer Vanderbes: Well, there was actually another side effect and this becomes another piece of what I would call FDA irresponsibility, which is that the drug also causes a condition called peripheral neuritis. This was the first thing that actually came to the attention of doctors in Germany were patients—a lot of elderly patients who were taking thalidomide long term started to have very painful tingling in their extremities, in their feet and hands. And in fact, in Germany, where there was a trial held against Grünenthal, the company that first patented and started to license the drug around the world, that trial also represented victims of peripheral neuritis. This is one of the many ways I take issue with how this situation was handled by the FDA. When the press broke in 1962 that thalidomide caused birth defects, which is absolutely true, they also had

information that if taken long term, it would cause this other very painful condition. And that never reaches the media here whatsoever. So in addition to the babies who were born from women who got it, I would posit that there were several thousand people who were taking the drug on these sloppy trials long term, who potentially suffered these nerve conditions and were never told that it could have been related to this drug.

Ralph Nader: Let's talk about the drug companies themselves, the German company and the major distributor in England, The Distillers Company that produces Johnnie Walker, and Dewar's and other alcoholic beverages. They first offered totally measly settlements. In one case, they offered a few hundred dollars. Describe what led to their escalation of offers.

Jennifer Vanderbes: Not only were the offers paltry, but in fact the German company Grünenthal, which still exists—and tramadol is one of their big current moneymakers, they're still a pharmaceutical firm in operation—when they were brought to trial in Germany, it wasn't that they were just refusing to pony up and pay survivors. They had a theory that thalidomide didn't cause these birth defects. One of the most interesting storylines they presented was that thalidomide had saved babies who were already damaged and it had simply allowed babies that were not going to survive to be born. That was something that was actually brought into court. You can imagine, Ralph, with that as their starting point, they were very resistant to take financial responsibility. That case in Germany, eventually ended without a verdict.

There's a negotiated pile of money that goes to the families—in the United Kingdom, you had journalists — the *Sunday Times of London* was essential in bringing to light what had happened. The drug was widely distributed for sale in England and Australia. And you have the media there taking it upon themselves to try to put pressure on distillers to give enough money to these families to support very specific and very challenging care costs of raising children who might need wheelchairs for their entire lives, need accessibility modifications in all ways. None of this happened. There was no, "Oh, gosh, we're sorry, let's take responsibility." Every cent that has been surrendered along the way from these drug firms has been a long battle for survivors and their families. And it has often not just enlisted the courts, it has enlisted the press. I know you were very passionate when this was playing out in the United Kingdom and The Distillers Company people were trying to hold them to task and saying, "You have to help these kids." You were threatening a boycott of all those products and trying to generate as much pressure on those firms as possible.

None of the families have received any settlements from the drug firms. These victims and survivors are now approximately 60 years old. They're aging at an accelerated rate. Their bodies, they've been very smart and creative and deft at figuring out how to manage life with differently shaped limbs that puts a lot of wear and tear on the body, on the joints, when you start using your limbs in ways that they weren't built to be used. And they need a lot of help that they haven't received specifically in the United States. because most of those victims, those mothers were never told that they got thalidomide. They were never told after the fact by the doctors. I will say it did not shock me in researching this story, Ralph, that the pharmaceutical firms operated with their focus on profit and that allowed for cutting corners. What did shock me in my research was realizing that the doctors uniformly gaslit these patients. And it was stunning to me that you didn't have any of these physicians who had given the drug to pregnant women who realized, "Oh my

god, we now know what thalidomide does." They never told these women that's what caused your child's birth defect. This was an act of God. They stepped away from it.

Ralph Nader: Well, going back to England, we have to give credit where credit is due. There was a media blackout on what was going on with thalidomide and Distillers in England until Harold Evans, the editor of the *Sunday Times*, broke the story. And the pharmaceutical company immediately went to court to try to block him from writing other stories exposing the whole thing. But once he wrote those stories, it became easier for the media to start reporting it. And when Distillers made its first offer, as I recall, to the thalidomide victims and their families, it was about 30 some thousand dollars in the early '70s. And David Mason, who was the father of Louise, a thalidomide survivor who just recently passed away, organized the families like I've never seen before. He was a real dynamo. He contacted us and we said, "Come on over, we'll have a press conference and say that if Distillers didn't up their offer very, very substantially, we'd call for a boycott of its whiskeys," all of which had popular brand names.

So that went off quite well. The media covered it. Mason continued the pressure, and they increased their offer maybe by tenfold or so, as I recall. But that was for a lifetime of care, Jennifer, and the money ran out. So the families and the thalidomide victims continued to pressure Distillers. They were buoyed a few years ago by a litigation victory in Australia by tort lawyers. So they're still struggling to pay for their expenses. And David Mason is now in his 90s. These are real heroics. There's been a longstanding litigation by a leading tort firm in Seattle, Washington representing a number of the thalidomide survivors. This has been a torturous path for the law firm as well as for the survivors. Give us a capsule of when this started and how far it's gone and what the present status is.

Jennifer Vanderbes: So you mentioned this recent case in Australia, which was a big win for survivors and it began to recognize people in Australia who had not been previously considered thalidomide survivors. The awareness of how many types of injuries the drug can cause had expanded. There were a lot of new documents discovered by the UK Thalidomide Trust that cast even more suspicion and doubt on the behavior of Grünenthal. So it was a great victory in Australia and that became of interest to an American firm here, Hagens Berman. They began looking for American thalidomide survivors. By 2011, they'd gathered about 50 names and they filed a case in a Philadelphia court.

This whole case hinges, and it's very interesting, on our statute or concept of statute of limitations, which generally exists to make sure that victims themselves have to behave with some, responsibility. And the idea is you're allowed a reasonable amount of time to do your research, figure out what happened to you and ask for civil compensation or justice. The story of the US survivors does not fit in any box that has preexisted about the notion of statute of limitations. These are people who were injured before they were born. Their parents were not given information as to what happened to them. They grow up basically hearing this story that thalidomide never harmed people in the US. Their doctors tell them their injuries can't be thalidomide related and it takes them decades to piece together the story. This case lands in a court and it's a head scratcher because what do you do, And to circle back, the amount of research that I had to do to be able to detail where the misinformation started, why it was so hard for these individuals to piece together their story, all was dug into and surfaced for the book which was just published. This is not something

that they had walking into this court case. The law firm did a lot of research on their own, of course, but this case has been stalled. There's been what is just uniformly described as strange inaction. Some of the individual cases were dismissed because some record was discovered of those survivors naming thalidomide as the likely cause of their injuries prior to filing the case and they were dismissed for that. But there's still a significant number of cases sitting in this court.

And the real question is, what's going to happen? And how do we address the statute of limitations when you have to account for misinformation on the part of doctors, misinformation on the part of the government, misinformation on the part of the media? Add to that, discrepancies in class and education that play into the story, where you start to understand why a very small number of American victims had the wherewithal to figure out what had happened and bring this to court and why the majority of the victim and survivors of this drug, if you look at the numbers, I would say the majority of victims and survivors of this drug did not piece it together, did not know they had a right to take legal action. And so what is reasonable?

Ralph Nader: We're talking with Jennifer Vanderbes, author of the book just out, *Wonder Drug: The Secret History of Thalidomide In America and Its Hidden Victims*. Why don't you tell us just briefly the tactics that the corporate lawyers have been using on behalf of their drug company clients against the tort firm and its clients.

Jennifer Vanderbes: My favorite exhibit in the court case were the defendant's list of media items and articles that they presented to the judge that was supposed to make the case on their behalf, that it was so widely known that thalidomide was distributed, that these cases should be kicked out. Again, that these individuals and their families just did not do their due diligence. And it looks a little impressive when you glance at it. But if you take the time and you actually look at each item, and again, this is all very time-consuming, but this whole story is about smoke and mirrors and sound bites and people saying, "Oh, it was only here in small clinical trials and, oh, it only happened this way." And you just have to pull back the curtain and dig a little bit, and you start to realize, well, if you read that article — it was like on page B27 and the last paragraph says that there was a small number of clinical trials, and by the way, with most of the American victims, the clinical trial doctors gave it to their colleagues who gave it to their colleagues. They were not in clinical trials. They were just women who walked into their doctor and were handed an envelope of pills. Even if they had seen that page B27, bottom paragraph that said, this drug was here administered in clinical trials, would they reasonably have made the connection that they were participants in that clinical trial when their doctor never said a thing about it? Absolutely not.5sm

Their number one tactic is to not even argue the merits of the case, but get them dismissed on the basis that all these people should have known. And I would say six years of my life in this book is about an examination of how incredibly reasonable and understandable it is that these individuals did not know, they were not given the information and our government was quite complicit. We had, Ralph, families of victims calling the FDA and saying, "Can you give me the names of the doctors who were distributing? My nephew in Texas has these injuries." And the FDA, that knows the drug was handed from doctor to doctor, has this information; it's all documented yet they don't tell the families. The mother's doctor might not be on this list, and he might have given thalidomide. They don't say that; they don't share that information. They just say, "He isn't on this list. Thank you very much. Have a nice day."

So they get the door slammed in their face at every turn, and obviously, the drug firms from day one worked very hard. If you look at the paperwork of the Merrell Company in the United States and the way that they spun the story, sadly, a lot of the press took their version at face value, and that's what got reported, that's what the FDA believed for a while. And by the time the FDA stopped believing them and actually... an interesting piece of the story is that about a year after this news breaks, the FDA has realized, uh oh, actually, this firm behaved criminally, and we want to bring criminal charges. They take it to the Justice Department (JD) and the media has lost interest at that point. The Justice Department does this insane thing, which sadly, of all the archives and files I went to, I went to the national archives in tears trying to get this last file released, because I thought there might be information as to why the Justice Department refused to bring charges. The JD said there's one letter that exists, and in that letter they said there was only one American victim of the drug, which isn't even in sync with what the FDA that was doing the investigation reported. It's down to one. No information beyond that as to why the Justice Department said one. They decide there's no victim tally whatsoever, so why even discuss criminal charges? And that's the end of it.

Ralph Nader: Well, it's amazing how the invocation of tort law by victims, the law of wrongful injury, is so dependent on the media. Look at all the media that sexual harassment cases have received recently. Not sexual assault, just sexual harassment, settling for millions of dollars. Look what Fox has paid out. And for a toxic workplace, bad words being used, misogynistic behavior, they just paid \$13 million to one of the plaintiffs in settlement. And yet, these thalidomide victims are not being covered adequately in the media. And in fact, their plight would not have been focused on much at all, other than the great journalist, Morton Mintz of the *Washington Post*, who broke the Frances Kelsey denial of FDA approval of thalidomide in the early 1960s. And you located Morton Mintz when he was 95 in Washington, D.C. He's now 101. Tell us about that search for his documents in his basement.

Jennifer Vanderbes: Yes. I can't remember if I found his email or his phone number, but I found contact information and I just cold called him. A lot of the research for this book was randomly reaching out to people and then pleading my case. He, living in D.C., I said, "Look, I'm working on a project about Frances Kelsey and thalidomide." I didn't know the full scope of the project when I first spoke to him, but I said, "Can I come down and speak to you?" He is, as you know, one of the great investigative reporters of all time, and has always had a reputation for being unafraid of going after big bad guys. And so he lit up at the prospect that there might be something new reviving this story.

And I met with him many times, and yes, what was magical about it, he too was someone who had always been referenced in about three sentences of connection to the story. He opened up his home, his photo albums, his musty basement full of boxes of papers of all his work and just gave me free permission to prowl, which was thrilling. And I was able to locate a lot of extra papers that were connected to the story through that. What was interesting about his role at the *Washington Post* is that he did not cover science and healthcare. This was not supposed to be his beat. He had such a reputation at the paper of being someone who got riled up about injustice and certain kinds of stories would just set him on fire with a passion to go after them. And so his editor apparently held

it for a few days from the reporter who traditionally should have covered this story, until that guy went on vacation to give Mintz the tip to dive in. And of course, he was absolutely the right person.

What's interesting about him in that story to back up even further, the media's role in this story, the media has a tremendous amount of power in deciding what stories are important and which victims matter. Before Mintz, there was an American reporter named Elinor Kamath who was a foreign correspondent in Germany. She was living in Germany when news broke of thalidomide's dangers, and that was in November of 1961. She realizes this is a massive story. She knocks on the door of every foreign correspondent she knows socially in Germany to get them to cover the story, and she is rebuffed. Major papers could have had this story. By December 1961, this news could have been widely in the United States. The idea that this drug that was purportedly harming or targeting women and babies did not seem, for whatever reason, to rise to the occasion of the immediate attention it deserved.

We're still in that situation, as you mentioned. We have American thalidomide survivors. This is huge news that the story has been wrong. This success story was wrong. Here they are; they're fighting for justice. And how do you get the media to decide that they matter, that these individuals are worth reporting on, it's worth covering the story to the end? It's a story that matters to everybody, I would say, because the question of statute of limitations, I don't think ends with thalidomide. This is a much broader question that everybody should be concerned about where our science is moving quickly, our drugs are moving quickly, a lot of things are moving very quickly. And this idea that you have a very small window of time to piece things together, especially when it comes to children, could be problematic in a lot of other ways. That's something that their story represents more broadly that we have to look at societally.

Ralph Nader: I guess some of our listeners want to know the answer to this question. The German company that developed it, Grünenthal, is continually criticized within the thalidomide community. Quoting from your book, "Victims now in their early 60s and grappling with prematurely aging bodies speak of a drug company that got away with murder. To this day, the Wirtz family still helms Grünenthal. The son of Hermann Wirtz, Dr. Michael Wirtz, serves as the firm's chief executive and the Wirtzs have maintained stunning wealth and political influence in Germany despite their well-documented wrongdoing and a sizable body count from their products. But they did finally try their version of an apology. Tell us about that and when did it occur?"

Jennifer Vanderbes: There's been continuous pressure on Grünenthal, which stunningly was able to maintain operating as a pharmaceutical firm, generating billions of dollars a year, not even changing its name from the name of the company that created thalidomide. The pressure — there have been protests, there have been letters, there has been a decent persistent media shaming overseas. In 2012, they decide that it's probably not a great idea in this new age of reputations and media to keep cold shouldering and saying nothing. So they issue an apology. And it's not an admission of guilt or wrongdoing. It's almost an apology for not having said anything for 50 to 60 years on the matter. And the response of the survivors worldwide was, "We don't need words. What we need is support for the physical damage that was caused."

It was not enough — it was surprising to me that this firm could continue operating under the same name. The American companies had been gobbled up by larger companies. Marion Merrell Dow

is now Sanofi, Smith, Kline & French is GlaxoSmithKline. There have been some name changes that you could plausibly say the reputations could be shifted or morphed around where people don't make the association. Grünenthal, as I said, is a massively currently profitable company that has not accepted any responsibility for any wrongdoing in this story. I will say personally, I went to visit my mother in assisted living recently and saw a bottle of tramadol, which is a Grünenthal product, on her nightstand and just said, "Mom, that's a Grünenthal drug." I had a very visceral reaction to being disturbed by this company's history and disturbed by their refusal to take any more responsibility financially for what the drug thalidomide did internationally and the number of deaths and injuries that were caused by it.

Ralph Nader: The larger significance of the thalidomide story, Jennifer, is obvious to others who've studied the drug companies; it's that they're pouring out these new drugs. In many countries, they don't have even the level of regulation that we have with the FDA, modest as it is. And these new drugs are often for lifestyle purposes. They're not drugs designed for serious ailments. And they're passed out in free clinical trials all over. People trust their physicians. And it's only a matter of time when we're going to see a widespread drug much more devastating than thalidomide and basically before it's discovered in terms of the connection between the drug and the physical damage, hundreds of thousands or millions of people, including children could be affected. So this book by Jennifer Vanderbes called *Wonder Drug: The Secret History of Thalidomide In America and Its Hidden Victims* is a clarion call for all of us.

And so when you hear about people who are very, very suspect of pharmaceuticals and they don't have adequate evidence to further their suspicion, just remember one thing—if there's too much complacency, if there's too much faith in the FDA and the drug companies, they're going to abuse it. They're going to lower their safeguards. They're not going to have adequate clinical trials. They're not going to reveal the data publicly, even to the government. But in your book, you do properly focus on breaking the story open in the United States. I want you to describe for our listeners the life of Jean, a thalidomide survivor. In your book, before you describe the meeting in San Diego of thalidomide survivors and the incredible spirit and zest for life that they have experienced through their own willpower and the support of their families and relatives. Give a biographical sketch of Jean. And listeners, when you hear this, you can't but be humbled.

Jennifer Vanderbes: So I met Jean in 2018, and she intrigued me, because there was something very interesting in this list I was accumulating of thalidomide survivors around the country. She was born in Cincinnati, which is where the Merrell Company was headquartered. She was born in August of 1962, which is actually after *Life* magazine did a whole exposé on thalidomide. And she had somehow lived the majority of her life being told that she couldn't possibly be a thalidomide survivor. So Jean's mother goes into the Jewish hospital in Cincinnati in August of 1962. She's an excited, expectant mother. They've got everything set up at home. The baby's born, and the doctors act very strange. They immediately tell Jean's mother and father that their baby girl is missing arms and legs and they should put her in foster care.

This is a complete shock to the couple. They take the doctor's advice. They don't know what else to do. They don't see Jean. She's sent off to foster care for a year. But the dad goes back home and he's very curious, and he decides he wants to sneak visits. He's not able to just completely disconnect. And he starts visiting the foster home and realizing, yes, she has a condition. Her limbs

are truncated, but she's adorable, and she seems to be thriving. And he eventually tells his wife that their baby actually seems to be okay. And they make a decision to go back and get her out of foster care and bring her home. That is the start of Jean's life, the prognosis of doom—she's not going to live, give her up.

And Jean just thrives. She's a very precocious child. She's a precocious teenager. She's mainstreamed. The family moves from Cincinnati to the East Coast. She ends up at a mainstream public school. She sees some kids with spina bifida who are racing cars, and she decides she wants to learn to drive. At every turn, she looks for what's the thing that she can do rather than the thing that she can't do. She eventually gets prostheses for her legs, so she's able to walk. She goes to college. She's at university. She's able to walk across the campus. She very quickly learns that she has a flair for art. So Jean studies art at the Rochester Institute of Technology, graduates summa cum laude. She's an incredibly talented artist who goes on to launch a career in graphic design. She's a super talented artist and designer. And she's able, with her truncated arms and the way that her fingers are organized, she finds her own way to create art, and it's pretty stunning.

So she leads a very thriving life. She gets married. She ends up having four children, and she's busy. She would describe herself as a busy working mother, much more so than as a victim—she's a busy working mother who went about trying to lead her life and build the best life she could without examining or thinking about what had caused her injuries. She gets involved in this child amputees network to become a volunteer. And that's when she starts seeing pictures online of thalidomide victims and realizing that she looks a lot like them. That leads her on this journey to start connecting herself with the drug thalidomide and these strange pills that her mother was given.

Jean had never met another thalidomide survivor. She hadn't thought of herself as one. She had no community for the bulk of her life with anyone who had similar injuries. When I met her in 2018 for the book, I flew to her home, I had dinner with her, her husband and her kids. And I said, "Listen, there are a lot of you guys. And I've just been to visit two women born in the same hospital, and they're going to be having a meeting in San Diego, and I think you should come. I'm going to be there. I think this would be a pivot point for you." She agrees. And so she flies in 2019. She'd never been to California before. She flies with her daughter Sarah. Sarah helps her on the plane and gets her to the airport, and they get to the hotel. And this is just a life-changing moment for her to roll into a hotel lobby filled with people who have the same origin story, who look like her, who have the same practical challenges throughout their day with her. And it's this incredibly — I try to describe it in the book because one can get caught up thinking about the physical conditions of all of these amazing people and in reality, I would describe this as a wild hotel conference. People were having a great time, exuberant at this newfound community and just enjoying each other's company so much and realizing that they could turn a corner and start organizing and doing something and asking for something and for help with each other collaboratively. These are people who do not want to be considered victims. They very much prefer the word survivor. And that's understandable because when you—Jean is one of many examples of people who have overcome a lot of physically challenging obstacles to lead an incredibly rich life.

Ralph Nader: And we must remember that these are the survivors who prevailed over enormous odds. And there are a lot of thalidomide victims who never made it. Many of them died at birth or after a few months or they went through hell trying to accommodate to a world that discriminated against them in so many ways and was so unhelpful. When she was a youngster, preteen, tween, teenager, her peer group must have given her some pretty awful experiences—staring at her, backing away, snide comments. How did she handle all that?

Jennifer Vanderbes: Jean has, like many of the survivors, lived a life of having to accept that when people see her for the first time, one of the first things they notice is that her limbs are differently shaped. And obviously, the most traumatic period for all of the survivors was childhood. Kids are truly the worst at knowing how to not stare, navigate, comment. Jean has such a gregarious, sunny personality. It's very hard—within 10 seconds of speaking to her, you become much more aware of her spirit, her sense of humor, her wit, her kindness. And I think that's the survival skill that got her through childhood. Jean is a very popular person. I think she was a very popular kid. She has a fantastic personality that makes people gravitate towards her.

Jean and all the survivors have talked about that particular pain of being looked at in ways. And I will say that one of the things that has happened, since they didn't just have differently shaped bodies, they had no story to explain it, so they couldn't even tell staring kids, "Oh, I'm a thalidomide victim; I'm this way because..." Sometimes you can end a conversation and move forward with an answer, but they didn't have a factual answer. There was this big question mark— what happened to you? I don't know. One of the many reasons that this new moment for them is so powerful and validating is having answers. And they're very proud of the book. They're sharing it with their families, people that they grew up with, people in their social circles. To have an answer that redirects the conversation to more of what you're asking— tell us about your life rather than your condition. We can move past the condition and the why it happened and get on to talking about people like Jean for their full personalities and professional accomplishments and family accomplishments and the rich lives they've led. I was struck by this book. It tackles a lot of injustice and frustrating material. But for me, it was the stories of people like Jean Grover and the inspiration of people like Jean and what they've been able to do with their lives given the situation in which they started. It is so moving and transporting to see that even in this dark episode, the best of the human spirit, I think, came through.

Ralph Nader: David?

David Feldman: Circling back to American victims not knowing their legal remedies, which countries, courts and governments were the most responsive to the needs of the victims and which were the least responsive? How does America stack up against, say, Australia, Germany or Great Britain?

Jennifer Vanderbes: Well, the United States is hands down the worst. Second to that, I think might be Malta, which just compensated victims. And as it turns out, that's related to the fact that they actually kept the drug on the market, I believe, through 1965. Quite a long period of time thalidomide was available there long after the drug's dangers were known. The United States is simply... because the story of the United States is that no one was harmed, so if there are no victims, who are you compensating? It's an outside-the-box story in terms of worldwide

thalidomide justice, because if there's supposed to be essentially zero people who were harmed, there's no conversation about how to help them.

So this new, just starting conversation, based on new information, is wait a second, no, we've got scores of people who were harmed. US thalidomide survivors are going in September—I'll be there with my kids, with them—to visit Congress and to try to start this conversation to say, what can the US government do now to make sure that these people who are aging and in need get some support because the courts are boxing them out. They've been at this for over a decade and nothing has happened using the normal tort law, normal civil court proceedings. —It's as though the courts don't even know what to make of this story.

David Feldman: By the way, did you mention that thalidomide was for morning sickness and nausea?

Jennifer Vanderbes: That was one of its uses. Also, one of the stories that have been passed down was that thalidomide was a morning sickness drug. It was actually mostly a hypnotic and sedative. Most people who took it were taking it as some chill-pill relaxant. Morning sickness was one of the many uses it was given out for. So in fact, what you have are women who will adamantly say, "I couldn't have been given thalidomide because I never had morning sickness." Well, but they were anxious during pregnancy and so their doctor gave them something for anxiety and it turns out that that was thalidomide.

Ralph Nader: Hannah?

Hannah Feldman: Thank you, Jennifer. That actually leads perfectly into my question. It didn't seem like it did anything. Why were people so obsessed with trying to make thalidomide happen?

Jennifer Vanderbes: Coming out of the World War II, pharmaceuticals just started booming as an industry and the idea that medicine was just for medical ailments was a thing of the past. There was a new appetite for pills that pep you up, calm you down. Barbiturates become this massive market of relaxants, but they have a huge problem, which is that you can overdose on them. So it's a wonderfully calming drug that people are very fond of, but everybody knows it's dangerous. Anyone could take too many by accident or on purpose. So when thalidomide comes around — and possibly the one selling point you could maybe still make about thalidomide is you cannot OD on it. It doesn't mean it works for anything. It's maybe like consuming bulk flour or something. It's not going to kill you.

But what they did in the testing was find, that unlike barbiturates, you could give megadoses to animals, you could give megadoses to humans and no one was going to die. So this becomes a massive marketing angle. And at the time, the marketing of pharmaceuticals has taken off and they know that people want these drugs to relax. And there's a robust market for a drug that isn't related to a medical condition because medical conditions circumscribe your target audience. But everybody might need to sleep, everybody might need to relax. So they look at these things as possible take it like vitamins, take it like aspirin. They're going to be mega earners. And in fact, thalidomide was. When it goes on the market in Germany, it's massively profitable and popular.

Whether that's because it was wildly effective or people just believed it to be, the data on its ability to actually help people sleep or do what it was supposed to do is questionable. A lot of the experiments did not show that it had this particular hypnotic or sedative effect, but it didn't necessarily need to. People were willing to buy these things and trust in all ways, trust its safety, trust what it was supposed to be effective for.

As Ralph mentioned, at that point in time, you didn't have to prove a drug was effective for anything to bring it to a market. That actually changes in 1962, after thalidomide. It was an issue that people were talking about when they were looking at drugs. People were selling bottled water and calling it a cancer cure. The degree to which things were being sold that were so disconnected from the medical claims they were making were intense. But when thalidomide becomes this massive... throws back the veil on how dangerous drugs can be, they also at the same time say, well, we don't just want to test for safety, but we want to make sure that if anyone's putting anything in their bodies for a purpose, that it actually accomplishes that goal. But it was going to be the biggest seller for all these firms that were licensing it.

Ralph Nader: Before we close, we have to bring the thalidomide story up to date. It's coming back for other purposes, like cancer. Can you describe that briefly? Is this happening in the US and other countries, and are there approvals by the government?

Jennifer Vanderbes: Yes, thalidomide, in a derivative of thalidomide, is now, after many decades, approved by the FDA. It started out — interestingly, doctors as early as the '60s realized that the thing that causes limbs not to grow in utero is the same mechanism by which you could stop the growth of tumors and leprosy lesions. So the drug undergoes a few decades of people saying, "Well, okay, we don't want to use it for that, but does it have another application?" They discovered that it does. And what's very interesting about the current story of thalidomide, as far as I know, it is effective in its treatments for multiple myeloma. I have no evidence to suggest that that's not true, although it's no longer considered effective for leprosy. However, and it has been given for lots of the off-label use of — the current derivatives of thalidomide are its own story.

But it was an old drug and it was very hard to figure out how to patent it, and thus how to have any one drug firm make it profitable. So what's interesting is that Celgene, which decides to bring it to the FDA for approval, patents its safety system. The drug itself becomes protected by, I think, a dozen-plus patents that involve making sure pregnant women take pregnancy tests. And it gets the exclusive right to sell this old drug that was once as cheap as aspirin and eventually has it on the market. I think it's ballpark \$10,000 a month to treat multiple myeloma patients because they have a patent on it. And they just started some negotiations to allow generics, but those are very constricted in terms of how much time the generics can be available. Suffice it to say that the new version of thalidomide, the cheap pill that you once bought like an aspirin is now wildly expensive and being used for something entirely different. And I will say the FDA has expressed lots of concerns with the off-label use, and Congress has expressed issues with the pricing.

Ralph Nader: But we're out of time. We have been speaking with Jennifer Vanderbes, the author of the new book by Random House, *Wonder Drug: The Secret History of Thalidomide In America and Its Hidden Victims*. Thank you very much, Jennifer, and good luck on your future media

interviews. And we hope to have you back on a virtual event at the American Museum of Tort Law, open to anybody in the world to participate in. Thank you.

Jennifer Vanderbes: Thank you, Ralph. It's been great to be here.

Steve Skrovan: We've been speaking with Jennifer Vanderbes. We will link to her book, *Wonder Drug* at ralphnaderradiohour.com. Now, 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, July 28, 2023. I'm Russell Mokhiber.

Corporate crime enforcement is down under the Biden Justice Department, with fewer major corporate crime cases being brought in the first two years of the Biden Administration than during the first two years of the Trump Administration. Major corporate crime cases settled with deferred non-prosecution agreements and declinations with disgorgement were down from 56 under President Trump to 31 under President Biden. Major corporate crime cases that resulted in guilty pleas or verdicts were down from 33 under Trump to 24 under Biden. That's according to a new analysis of the Violation Tracker corporate crime database for the *Capitol Hill Citizen*. Other groups that track corporate crime concurred with the *Capitol Hill Citizen's* analysis that corporate crime prosecutions are down under Biden.

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

Steve Skrovan: Thank you, Russell. That's our show. I want to thank our guest again, Jennifer Vanderbes. For those of you listening on the radio, we're going to cut out now. 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: 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* when we'll welcome sociologist Sherry Turkle to discuss the Internet and children. Thank you, Ralph.

Ralph Nader: Thank you, everybody. And remember, the new edition of *Capitol Hill Citizen* is out. Go to capitolhillcitizen.com to get a first-class mailed copy.