

FOREWORD

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Women's Health and Corporate Marketing: Our Bodies, Their Business is a much-needed, updated review of the many ways that women's health is compromised by corporate interests whose primary objective is maximizing profits. As an organization committed to protesting those instances where the health and well-being of our communities is sacrificed at the altar of the "bottom line," Our Bodies Ourselves welcomes evidence-based critiques of marketing and sales tactics like those in this book.

In an age of escalating commercialism in all sectors of our lives, it is especially apt that we repeatedly underscore the Precautionary Principle of Public Health, which reminds us that the "Absence of Evidence of Harm is not the Same as Proof of Safety." If we don't ask probing questions and don't insist on adequate safety research, we are much more likely to expose ourselves and our communities to avoidable harms. As much of our experience demonstrates, we cannot depend upon corporate interests to take on this critical role. Often, there can be effective collaborations between community groups and government agencies whose mission it is to protect the public's health, and this sometimes entails a "watchdog" function when corporations don't behave responsibly.

A first step in setting out any agenda for evidence-based advocacy is to gather accurate information like the content of this book. Over the years, Our Bodies Ourselves has worked closely with academics and researchers who have helped us identify instances where the profit motive has had a particularly negative impact on women's health. They were often key to developing effective educational campaigns to alert the public, and we see *Women's Health and Corporate Marketing: Our Bodies, Their Business* as a valuable resource in such ongoing efforts of non-profit public interest organizations.

As we reflect back on five decades of educational and advocacy work, the following examples demonstrate well the value of collaborations with academics like those who have authored chapters in this book. We offer these in the spirit of encouraging more such cooperation in the future.

Breast implant safety. The rush to market breast implants—especially silicone-gel implants—well before adequate safety studies were done has resulted in much harm to women. And without the organizing efforts of multiple women’s organizations and health groups over many years, it is not clear that any of the more recent actions and warnings of the U.S. Food and Drug Administration (FDA) (for example, the new black-box warning about breast implant-associated anaplastic large cell lymphoma) would have come about. Scientists who worked on exposing these harms were essential to the successful advocacy work of many women’s and public health organizations over several decades. (Some of this story is told in the excellent documentary *Absolutely Safe*.)

Pervasive payment incentives in childbearing. Many analyses have pointed to the damage done by the misuse and overuse of routine obstetrical interventions, often encouraged by reimbursement practices in this country. And even after some technologies were determined to be harmful if used routinely—like the internal fetal heart monitor—it took years for mainstream practice to catch up with the evidence. Many factors influence the unacceptably high rate of cesarean section in this country, for example, and the business model governing most systems that offer childbearing services often makes it difficult to align care with best practices. Despite the evidence demonstrating improved birth outcomes with greater access to midwifery care in all settings, it is still difficult to access such care in most communities across the country. And despite clear evidence supporting the benefits of offering VBAC (vaginal birth after cesarean), women seeking an appropriate VBAC often find that this option is totally unavailable in their community.

The multi-billion-dollar fertility industry. Fertility centers and clinics have engaged in potentially harmful practices that go well beyond the appropriate purview of providing good-quality medical care for those people needing services to support family formation. As a result of the insidious role played by the profit motive and dysfunctional reimbursement practices, we now see serious problems with the following: Unethical payment incentives and inadequate informed consent for younger women providing eggs for fertility purposes; far too many implantations of multiple embryos (rather than single-embryo transfers, now pretty much the standard of care in all other industrialized countries); inadequate informed consent, unethical recruitment tactics, and unethical restrictions on gestational mothers (“surrogates”) that have led to documentable harms, including deaths; and a public discourse that hides the realities of transnational commercial surrogacy. The work of scholars/colleagues in the assisted

reproduction field has been essential to the advocacy work of groups like the Center for Genetics and Society (see www.surrogacy360.org for more history).

Inappropriate drug marketing. Back in the 1970s, groups like the National Women's Health Network and Our Bodies Ourselves protested the unscientific marketing of estrogen products to women of perimenopausal age. Later, the New View Campaign led a major effort to expose the ineffective and potentially harmful drugs promoted for female sexual dysfunction, a term often defined in misleading and inaccurate ways. Despite clever marketing campaigns by the drug industry (e.g., the "Your Voice, Your Wish" website), advocates exposed the distorted "statistics" ("43% of women suffer from some form of sexual dysfunction") and secured warning ads for at least one drug that did finally get FDA approval (flibanserin). This campaign was remarkably successful in raising awareness about flibanserin-related problems and its marginal efficacy.

Since the 1990s, those in the United States have watched direct-to-consumer advertising for prescription drugs proliferate at a rapid pace. In such ads, benefits are often overstated while risks are typically understated. FDA warning letters, if issued, appear *after* the ads run, and corrective ads are rarely required. Withdrawal of an ad is the only penalty for misleading the public this way, so *caveat emptor* now prevails. Chapters in this book continue to alert the public to this persistent challenge. When the public sees ads with famous people claiming that a particular drug helped them, when the scientific evidence doesn't support such claims, information like that found in *Women's Health and Corporate Marketing: Our Bodies, Their Business* will help people achieve a more balanced view.

In her book *The Rise of Viagra: How the Little Blue Pill Changed Sex in America*, sociologist Meika Loe examined the confluence of cultural anxiety, profit motive, and mega-marketing that has made Viagra a bestseller (this and similar drugs are now used by millions of men of varying ages since the drug's introduction in 1998). Books like this helped non-profit organizations such as ours be more effective in our public outreach efforts. Misleading marketing to both consumers as well as medical providers will likely be with us for years to come, so we are grateful to authors like those featured in this book for the resources and insights they offer. We also encourage teachers and advocates who will use *Women's Health and Corporate Marketing: Our Bodies, Their Business* in their course selections to inject some humor whenever they can.