

Drugging America: The drug industry exposed

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Gwen Olsen

Washington D.C., March 27, 2011 - Pharmaceuticals are a \$650 plus billion dollar a year industry. For years the most profitable business in the U.S. has been the pharmaceutical corporations, which routinely top the annual fortune 500 list. Doctor prescribed drugs support an industry which out-earns the GNP of many nations. A core attribute to big Pharma's overwhelming 'success' lays in the liaison between the corporations and the 'symptoms management' health care industry: The pharmaceutical representative. The men and women we see meeting with physicians, walking into offices with gifts of lunch for the staff, meeting with the doctor while you wait for our appointment.

[Gwen Olsen](#) was a top level pharmaceutical rep for some of the biggest in the industry: Johnson & Johnson, Syntex Labs, Bristol-Myers Squibb, Abbott Laboratories and Forest Laboratories. Through some chilling wake up calls in her tenure, and the tragic drug-related death of her niece, Gwen has dedicated her life to making people aware of the dangers of prescription drugs and how the drug industry manipulates doctors into prescribing, and over prescribing, their drugs. She is exposing the dark, deep-rooted deception and corruption that is prevalent in this industry. Gwen Olsens words are powerful. Her message absolutely frightening. Below is a transcript of our conversation as well as a video of Gwen speaking out, including her appearance on a CBS Evening News *Eye On Your Children* news segment.

Adam Omkara: So you went into the industry with an altruistic mindset and you wanted to help people. When was it made apparent to you that the industry wasn't based on that altruism, or even healing?

Gwen: Well, it was on the 2nd stage interview with the regional manager. He asked me why I wanted to get into the pharmaceutical industry. I said 'well I really want to help people, that's what I want to do'.

He kind of laughed, smiled, and said "Well, I'm not so sure about that. If altruism is what motivates you, then you better join the peace corp." Then he smiled, turned around to his desk and started working on his calculator. He said "however, if money is what motivates you, let me tell you how you can retire a millionaire from this job young lady." He went into delineating my benefits, stock options, and it all turned into a big blur for me. I saw dollar signs. It sounded pretty good to a 26 year old. So, that's how initially I was told it wasn't altruistic.

Adam Omkara: And you said you were actually trained to misinform people- Can you elaborate on that?

Gwen: Well, initially when you start pharmaceutical sales training you are taken into the home office for a sort of 'indoctrination' that's 2-6 weeks of intensive training. **That's where the industry turns representatives into psychological profilers and people pleasers.** The reps learn how to be people analyzers, so they know how to best influence people. We were taught in training sessions called 'knee to knees' and 'toe to toes' where you have a line of reps that play the doctor and opposing lines that play the rep position. You have to learn verbatim the company's position and their marketing lines- you can't even vary from that. You practice and practice until it flows naturally and doesn't sound rehearsed. I started recognizing really that I was being trained to divert doctor's attention away from his/her concerns. So, I was learning to misinform and disinform- to counter the doctor's valid concerns. I wasn't trained to say "this drug is bad for that patient" or "watch out for this drug's interaction with that one." Any information perceived as a negative was always being candy coated. In fact many times we would be called into a meeting when a new sales piece was being introduced. Managers would ask us questions on what aspects of the piece we received the most objections on. What were the parts that raised the most concern? After we gave the marketing department that feedback, the next period they would come up with a different layout that had manipulated and minimized the objectionable data. So, it was a constant set of circumstances where I began to see that I wasn't allowed to give good information and I wasn't given good information to share. The industry knows that many of their drugs aren't safe and that they don't heal people. In fact, some drugs are designed to make symptoms worse later on. When I started becoming pro-active and began to ask too

many critically intelligent questions, management objected and discouraged me. I was frequently met with answers such as "We do it that way because we can", or "We sell more pills that way." It was apparent my inquiries were not welcomed! It was almost like being in the military, in fact, many of my ex-managers had been in the military. Many are hired because they have great work ethics and they don't ask a lot of questions. Military personnel are used to working on a 'need to know' basis.

Adam Omkara: How did you come to an awakening towards the industry. Did it all hit you all of the sudden, or was it a slow process?

Gwen: I realized early on I was in a position where I could harm people; In a position where I could literally take lives. My grand realization arrived when I started promoting a specific new drug.

The dark truth of the drug industry.

I went to a national sales meeting for this new drug launch and was told the wonders on how it was going to help people. We immediately were sent out into our individual territories to get support for the new drug with key prescribing physicians. Drug reps are given profiles of all the physicians in the territory on what their 'writing habits' are, i.e. their general personality, their prescribing habits like whether they are high volume prescribers or early adopters, or late adopters/skeptics. Reps have all this information available before making a sales call so that they know how to approach the doctor and can develop a sales strategy. So there was one doctor in my territory that was profiled as a "late adopter/skeptic." That meant he was going to be difficult for me to get him to prescribe my new drug. The marketing plan developed at launch emphasized to the sales force that as a last ditch effort, if a doctor didn't want to write prescriptions for the new product, then the rep was to ask for just one patient- the most difficult patient that the doctor had. The theory was that if the drug worked for them, then the doctor would be more likely to use it in his broader practice later. I did my presentation and the doctor told me his policy was he didn't prescribe a new drug until it's been on the market for at least a year. He had been burned on new drugs before. However, with some hesitation he agreed to try it in his most difficult patient who had failed all other therapies and I left him samples. Some time later I got a call from my district manager. I was being sent out to gather information for an Adverse Drug Reaction (ADR) report, as there has been a death in my territory from our new drug and it was a patient of that doctor. And guess what- it was his mother! She had gone into renal failure and died from complications in dialysis. I was devastated! After I went to get the ADR info, it took me almost 6 months to work up the nerve to go see that man again and look him in the eye. I was acutely aware that it had been my over-zealous and persistent marketing of the product that had influenced him to do something against his better judgment and, as a consequence, his own mother had paid with her life! I'll never forget his angry, terse remark to me, "Well, I see you all put a lot more effort into your marketing plan than you did your drug research and development!" What could I say to him after that? That was my very first clue as a young rep that my job had serious ramifications. Once this happened more and more things started falling into place. So with that awareness I began to see the job and industry with new eyes...

Adam Omkara: And no one seems to question this? Why don't you think there is more of this awakening or questioning? Representatives, psychiatrists, doctors, managers? Is there some desensitization process that comes into play that's very effective? Where does the disconnect come into play and how is it sustained?

Gwen: Yes, there is definitely a desensitization process. **A re-programming if you will.** The indoctrination is usually done at the home office during the initial training and is similar to how they do boot camp in the military. **They tear you down physically and psychologically, reps are kept up late nights studying for exams, preparing presentations, filming videos, deprived of sleep, deprived of good nutrition, required to dress to the nines and constantly compete with one another as they are being watched and evaluated in the corporate fish bowl. It's a very psychologically grueling, but effective grooming environment.** Then when they release you back into your sales territory, you have this false sense of bravado feeling like you're someone special who is going to go out and help the world. It's literally a brainwashing process. What they are effectively doing is trying to weed out the mavericks and break the weak ones. The one's who can't handle the job long term and, therefore, will be a wasted investment.

Adam Omkara: Do you know if the same basic training policy is upheld for other companies?

Gwen: I worked for five different companies and it happened in every single one. And I was no flunkee who lost my job and then started bashing the industry. I was the best of the best and performed at the top 3% in each company that I worked for full time. Usually, as soon as a rep starts asking too many questions or makes unnecessary waves with management they are easily dispensed of and told there are plenty more eligible people behind them waiting to take their job. The only reason I was tolerated was because of how valuable I was to them. I always made my district and managers look good at the bottom line.

Adam Omkara: And what about the psychiatrists and that industry? Do they not question?

Gwen: You really want me to be honest? The pharmaceutical industry makes so much fun of the psychiatric profession that it's not even funny. They actually refer to psychiatrists as 'drug whores.' The reason they call them that is because they have no loyalty to any one company or product, it's whoever is paying them at the time. I was told in the initial training I received to sell antipsychotic drugs that most psychiatrists got into the field of psychiatry in order to figure out why they were so screwed up. There were definitely some very odd birds! So yeah, they were not held in very high regard. My colleagues and I looked down on them as though they were a 'lower class' quasi-physician. Because we knew that they didn't do anything scientifically, it was all subjective diagnosis in nature, dependent on third-party observation of symptoms. So they were easy to sell drugs to. Most psychiatrists are so ego-driven they would literally recommend anything when given the appropriate sales pitch! In this day and age, most psychiatrists don't use talk therapy anymore- just 15 minute appointments, what are your symptoms, try this and come back in a month. You're lucky if you can get counseling these days (under coverage) and children rarely get it. So, you can see there is a huge incentive to continue the psychopharmacologic-based treatment paradigm. Because if this huge house of cards actually implodes there will be all these doctors that have no way to practice in psychiatry anymore. Without drug therapy, how would they practice?

Parents Beware: Children have become the largest demographic for the Pharmaceutical Industry.

Adam Omkara: So what are you working on now?

Gwen: I'm presently contributing to an anthology of works, called "Drugging our Children: How Profiteers are Pushing Antipsychotics on our Youngest," coming out this fall. A Medco Health Solutions Report in 2009 showed children to be the largest growth demographic for the pharmaceutical industry. Prescriptions in kids grew at 4X the rate of the general population. Antipsychotics were the #1 drug category in both 2008 and 2009 making \$14.6 billion each year. Furthermore, there are 1100 people who enter the social security disability rolls on a daily basis because of mental illness. Of that number, 250 are kids.

Adam Omkara: Do you have a message for the parents?

Gwen: Yes, my campaign is one of informed consent. I'm not anti-drugs, but I am anti- misinformation, and parents have been sorely misinformed, if not straight out lied to in many circumstances. My message is for parents to be pro-active. Stop taking people's words for things- start doing your own due diligence and research when it comes to drugging your kids. Remember that it not only takes a village to raise a child, it takes a village to protect one. We all have to do our part!

Adam Omkara: Thank you very much Gwen

This eye opening accurate information gives you a peek into an industry that doesn't want you or your family to be well. If Gwen 's account does anything, please let it give you the realization that you should take your own health into your own hands. 'Let thy food be thy medicine', laugh, love, forgive, move, and get plenty of rest. Do your own due diligence and research, if you do get ill. Let this simple motto and plan keep big Pharma from ever manipulating and profiting off you and your loved one's again.