

February 17, 2010

Honorable House GOP Leader Senator John Boehner
Honorable Senator Chuck Grassley

Re: Complaint/Request for investigation

We are writing to formally request an investigation of:

Conspirators:

Robert Wood Johnson Foundation (Board of Trustees)
Johnson and Johnson Company (Board of Directors)

Co-conspirators:

Campaign for Tobacco-Free Kids
American Cancer Society
American Lung Association
Stanton Glantz
Stephen Schroeder

We believe the named parties should be investigated for:

- violating the RICO Act
- violating the Sherman Act
- artificial stock inflation/manipulation/insider trading
- legislative rent seeking
- income tax evasion

If you find just reason for an investigation, as we believe you will, we would like federal charges filed. It seems fines are not enough of a deterrent, as fines are just considered by some to be a cost of doing business. Serious charges should be filed. And after researching the harm created by Nicorette, we would like the product to be available by prescription only.

So that you understand the scope of how serious this complaint is, it is being filed by 21 individuals representing 9 different states. This is being filed electronically so we've included the addresses and phone numbers for the individuals filing the complaint:

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COMPLAINT

Conspirators/Co-conspirators

We've only become aware of this pattern of corruption recently. This corruption has spanned the last 18 or so years. It involves nearly every state within the United States.

Johnson & Johnson profits from laws that drives the need for their products. In some instances, they have a monopoly on these products

- Nicoderm
- Nicorette
- Splenda
- medical devices for weight reduction surgery

Robert Wood Johnson Foundation, created by the founder of Johnson & Johnson, pays "grants" to others to lobby for laws that directly benefit them (e.g., Medicare and insurance coverage for NRT products, weight reduction surgery).

American Cancer Society: recipient of many grants from RWJF including grants to lobby for Medicare coverage of NRT products. GlaxoSmithKline markets Nicoderm and Nicorette for J&J. Glaxo pays the ACS \$1.5mil¹ a year to use the ACS logo on their products. The ACS is aware the most successful way to quit smoking is COLD TURKEY², yet they advocate the use of NRT products. The ACS has lobbied for Medicaid/Medicare coverage of NRT products (RWJF grant #059341 no longer on their website). The ACS shared \$99,000,000 in grants from RWJF with the American Heart Association and American Lung Association.

American Lung Association: recipient of many grants from RWJF including grants to lobby for clean indoor air laws (smoking bans) that drive the need for J&J NRT products. The American Lung Association printed and distributed this RWJF funded publication³, listing J&J over-the-counter NRT products by name.

Tobacco Free Kids: created and funded by RWJF (see later documentation). Lobbies for clean indoor air laws, increased tax on cigarettes, gives the illusion of "legitimacy" of polls funded by RWJF on public support of increased taxes on cigarettes.

Stanton Glantz, Director Center for Tobacco Control Research & Education, UCSF: received grants from RWJF. Later documentation shows his role.

Stephen Schroeder, Director, Smoking Cessation Leadership Center, UCSF; founded with \$10,000,000 in grants from RWJF. Schroeder is ex-CEO of RWJF.

¹ http://www.staugustine.com/stories/022603/new_1352450.shtml

² <http://www.cancer.org/downloads/STT/CAFF2003PWSecured.pdf> (table 3, pg. 25)

³ <http://www.rwjf.org/files/research/helpingsmokersquit11132008.pdf>

Allegations of illegal conduct

RICO Act:

Federal RICO Act Prosecutions⁴

It is unlawful for anyone employed by or associated with any enterprise engaged in, or the activities of which affect, interstate or foreign commerce, to conduct or participate, directly or indirectly, in the conduct of such enterprise's affairs through a pattern of racketeering activity or collection of unlawful debt. [18 U.S.C.A. § 1962\(c\)](#). The Racketeer Influenced and Corrupt Organization Act (RICO) was passed by Congress with the declared purpose of seeking to eradicate organized crime in the United States. A violation of Section 1962(c), requires (1) conduct (2) of an enterprise (3) through a pattern (4) of racketeering activity.

A more expansive view holds that in order to be found guilty of violating the RICO statute, the government must prove beyond a reasonable doubt: (1) that an enterprise existed; (2) that the enterprise affected interstate commerce; (3) that the defendant was associated with or employed by the enterprise; (4) that the defendant engaged in a pattern of racketeering activity; and (5) that the defendant conducted or participated in the conduct of the enterprise through that pattern of racketeering activity through the commission of at least two acts of racketeering activity as set forth in the indictment.

An "enterprise" is defined as including any individual, partnership, corporation, association, or other legal entity, and any union or group of individuals associated in fact although not a legal entity. [18 U.S.C.A. § 1961\(4\)](#). Many courts have noted that Congress mandated a liberal construction of the RICO statute in order to effectuate its remedial purposes by holding that the term "enterprise" has an expansive statutory definition.

"Pattern of racketeering activity" requires at least two acts of racketeering activity committed within ten years of each other. [18 U.S.C.A. § 1961\(5\)](#). Congress intended a fairly flexible concept of a pattern in mind. The government must show that the racketeering predicates are related, and that they amount to or pose a threat of continued criminal activity. *Id.* Racketeering predicates are related if they have the same or similar purposes, results, participants, victims, or methods of commission, or otherwise are interrelated by distinguishing characteristics and are not isolated events. Furthermore, the degree in which these factors establish a pattern may depend on the degree of proximity, or any similarities in goals or methodology, or the number of repetitions.

Continuity refers either to a closed period of repeated conduct, or to past conduct that by its nature projects into the future with a threat of repetition. A party alleging a RICO violation may demonstrate continuity over a closed period by proving a series of related predicates extending over a substantial period of time. *Id.* Predicate acts

⁴ http://www.matlock-law.com/RICO_Act_Crimes.html

extending over a few weeks or months and threatening no future criminal conduct do not satisfy this requirement as Congress was concerned with RICO in long-term criminal conduct. *Id.*

As to the continuity requirement, the government may show that the racketeering acts found to have been committed pose a threat of continued racketeering activity by proving: (1) that the acts are part of a long-term association that exists for criminal purposes, or (2) that they are a regular way of conducting the defendant's ongoing legitimate business, or (3) that they are a regular way of conducting or participating in an ongoing and legitimate enterprise. *Id.*

When a RICO action is brought before continuity can be established, then liability depends on whether the threat of continuity is demonstrated. *Id.* However, Judge Scalia wrote in his concurring opinion that it would be absurd to say that "at least a few months of racketeering activity. . . is generally for free, as far as RICO is concerned." Therefore, if the predicate acts involve a distinct threat of long-term racketeering activity, either implicit or explicit, a RICO pattern is established.

The RICO statute expressly states that it is unlawful for any person to conspire to violate any of the subsections of [18 U.S.C.A. § 1962](#). The government need not prove that the defendant agreed with every other conspirator, knew all of the other conspirators, or had full knowledge of all the details of the conspiracy. All that must be shown is: (1) that the defendant agreed to commit the substantive racketeering offense through agreeing to participate in two racketeering acts; (2) that he knew the general status of the conspiracy; and (3) that he knew the conspiracy extended beyond his individual role.

The conspirators and co-conspirators meet this criterion. The enterprise exists, it involves interstate commerce, the illegal acts were committed by employees and this pattern of corruption has happened for over a decade involving more than one issue using the same model (e.g., smoking cessation, obesity).

Sherman Act:

Despite its name, the Act has fairly little to do with "trusts". Around the world, what U.S. lawmakers and attorneys call "Antitrust" is more commonly known as "competition law." The purpose of the act was to oppose the combination of entities that could potentially harm competition, such as monopolies or cartels. Its reference to trusts today is anachronistic. At the time of its passage, the trust was synonymous with monopolistic practice, because the trust was a popular way for monopolists to hold their businesses, and a way for cartel participants to create enforceable agreements. Innocent monopoly, or monopoly achieved solely by merit, is perfectly legal, but acts by a monopolist to artificially preserve his status, or nefarious dealings to create a monopoly, are not. Put another way, it has sometimes been said that the purpose of the Sherman Act is not to protect competitors, but rather to protect competition and the competitive landscape.

The Federal Government filed suit in 2006⁵ when Johnson and Johnson acquired a Division of Pfizer (the Division that owned Nicorette). However, the government filed on the Clayton Act, a further specifier of the Sherman Act. It did NOT address the fact when buying Pfizer OTC, it DID create a monopoly for the over-the-counter NRT products available in the United States. It ONLY dealt with these products:

14. Respondents J&J and Pfizer are the two largest suppliers of OTC H-2 blocker products in the United States. J&J is the market leader with its Pepcid® products, while Pfizer is the second leading supplier with its Zantac® products. Together, they account for over 70% of the sales in this highly concentrated market. Accordingly, the Acquisition would significantly increase the concentration levels in the United States for OTC H-2 blocker products, leaving J&J as the dominant supplier. Respondents are actual competitors in this relevant market.

15. Respondents J&J and Pfizer are the only significant suppliers of branded OTC hydrocortisone anti-itch products in the United States. Pfizer is the market leader with its Cortizone® products, while J&J is the second leading supplier with its Cortaid® products. Together, they account for over 55% of the sales in this highly concentrated market. Accordingly, the Acquisition would significantly increase the concentration levels in the United States for OTC hydrocortisone anti-itch products, leaving J&J as the dominant supplier. Respondents are actual competitors in this relevant market.

16. Respondents J&J and Pfizer are the two largest suppliers of OTC nighttime sleep-aids in the United States. Pfizer is the market leader with its Unisom® products, while J&J is the second leading supplier with its Simply Sleep® products. Together, they account for over 45% of the sales in this highly concentrated market. Accordingly, the Acquisition would significantly increase the 4 concentration levels in the United States for OTC nighttime sleep-aids, leaving J&J as the dominant supplier. Respondents are actual competitors in this relevant market.

17. Respondents J&J and Pfizer are two significant suppliers of OTC diaper rash treatments in the United States. Pfizer is the market leader with its Desitin® products, while J&J is the third largest supplier with its Balmex® products. Together, they account

⁵ <http://www.ftc.gov/os/caselist/0610220/0610220complaint.pdf>

for nearly 50% of the sales in this highly concentrated market. Accordingly, the Acquisition would significantly increase the concentration levels in the United States for OTC diaper rash treatments, leaving J&J as the dominant supplier. Respondents are actual competitors in this relevant market.

There was no mention of the monopoly of over-the-counter NRT products. According to this BBC article⁶:

US anti-monopoly authorities have approved Johnson & Johnson's \$16.6bn (£8.4bn) purchase of rival drug firm Pfizer's consumer products business.

The Federal Trade Commission said it would not oppose the deal as long as the companies sold off four drugs - Zantac, Cortizone, Unisom and Balmex.

Johnson & Johnson will now cement its position as the world's leading seller of over-the-counter medicines.

From this legal website:

INTERPLAY BETWEEN ANTI TRUST AND RICO CLAIMS⁷

There are cases in which combining federal antitrust and RICO claims in a single suit can create a powerful litigation strategy. Such situations often arise in “associated in fact” enterprises consisting of several different business entities that have engaged, or are engaging, in a scheme that defrauds consumers and at the same time restrains trade and/or fixes prices.

Complaints asserting antitrust violations usually rely on the classic underlying antitrust statute, section 1 of the Sherman Act. Since its enactment almost a century ago, this statute has provided essentially as follows: “Every contract, combination . . . conspiracy in restraint of trade or commerce among the several States, or with foreign nations, is declared to be illegal. . . .” Section 2 of the Sherman Act may also be implicated: “Every person who shall monopolize, or attempt to monopolize, or combine or conspire with any other person or persons, to monopolize any part of the trade or commerce among the several States, or with foreign nations, shall be deemed guilty of a felony”

Combinations violating the Sherman Act may also constitute an “associated in fact” enterprise, and if the combination uses the United States mail, or telephone and facsimile services, or email and/or the Internet to implement and carry out a program that defrauds consumers or other businesses, the perpetrators also commit mail and wire fraud in violation of 18 U.S.C. §§ 1341 and 1343, respectively, which are predicate acts under the federal RICO Act.

⁶ <http://news.bbc.co.uk/2/hi/business/6174831.stm>

⁷ <http://www.ricolawblog.com/2007/09/articles/rico-law/antitrust-and-rico-1/interplay-between-antitrust-and-rico-claims/>

The Sherman and RICO Acts provide for treble damages and an award of litigation costs and fees to the prevailing plaintiff. There are other similarities between the elements of the Sherman and RICO Acts that provide additional leverage to a plaintiff injured in his business or property by reason of the defendants' violations of these two potent federal statutes. In addition, such cases usually involve pendent state law claims, including violations of state competition and racketeering acts that can also be tried in the federal court.

This is an excerpt from the FDA's website. Not only does it advocate the use, it lists J&J products by name, because they have a monopoly on the over-the-counter products. Notice the Habitrol brand. The Habitrol website⁸ has an option for United States or Canada. When you select "United States", it takes you to Canada. One can only assume Habitrol is unavailable in the U.S., thus proving the monopoly:

Food and Drug Administration: Nicotine Replacement Products⁹

Nicotine replacement products are one type of smoking cessation product. Designed to wean your body off cigarettes, they supply you with nicotine in controlled amounts while sparing you from other chemicals found in tobacco products.

As you go about quitting smoking, you may experience symptoms of nicotine craving and withdrawal. These symptoms—which include an urge to smoke, depression, trouble sleeping, irritability, anxiety, and increased appetite—may occur no matter which method of stopping you choose.

Available over the counter and by prescription, nicotine replacement products should be used for a short time to help you deal with nicotine craving and withdrawal.

If you are under 18 years of age and want to quit smoking, you should talk to a health care professional about the potential for using nicotine replacement therapies.

OTC nicotine replacement products are sold under brand names and private labels, and as generic products. They are approved for sale to persons 18 years of age and older.

OTC nicotine replacement products include

- **skin patches** available as generics known as transdermal nicotine patches, as private-label products, and under the brand names Habitrol and **Nicoderm**. These patches are affixed to the skin, similar to how you would apply an adhesive bandage
- **chewing gum** available as a generic product known as nicotine gum, as private-label products, and under the brand name **Nicorette**

⁸ <http://www.habitrol.com/home.html>

⁹ <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm#NicotineReplacementProducts>

- **lozenges** available as generics known as nicotine lozenges, as private-label products, and under the brand name **Commit**

Artificial Stock Inflation/Manipulation/Insider Trading

Prior to the J&J purchase of Pfizer OTC, their stock per share (May 2, 2006) was \$52.86. As of February 12, 2010, the price per share was \$62.61, even in this failing economy. Johnson and Johnson (Board of Directors) and the Robert Wood Johnson Foundation was not only well aware of obtaining Nicorette but in obtaining Nicorette when *their grants* were buying laws that they *knew* would increase the need for Nicorette (and their other NRT products).

Rent Seeking¹⁰

In economics, rent seeking occurs when an individual, organization or firm seeks to earn income by capturing economic rent through manipulation or exploitation of the economic environment, rather than by earning profits through economic transactions and the production of added wealth. Most studies of rent seeking focus on efforts to capture special monopoly privileges, such as govern regulation of free enterprise competition.

Income Tax Issues:

The American Cancer Society, American Heart Association and American Lung Association all receive tax-deductible donations to their 501(c)(3)s. Yet, grants and transfers of money is common place from their 501(c)(3)s to their 501(c)(4)s, which can lobby.

For example, from the ACS CAN

Why did the American Cancer Society form ACS CAN?¹¹

Previously, the American Cancer Society had one hand tied behind its back in the advocacy arena. By becoming a member of ACS CAN, advocates can use both hands to fight back against cancer.

- ACS CAN allows for increased lobbying of local, state and federal officials.
- ACS CAN allows cancer advocates to hold lawmakers accountable for their votes and actions through voter guides and town hall meetings.
- ACS CAN provides legal protection to the Society. By forming ACS CAN, the Society is able to encourage additional advocacy efforts without jeopardizing its tax-deductible status.

¹⁰ http://en.wikipedia.org/wiki/Rent_seeking

¹¹ <http://action.acscan.org/site/PageServer?pagename=aboutus>

BACKGROUND

RWJF/J&J

The RWJF funded smoking bans have brought great wealth to the Foundation (to further continue their corruption into other markets explained later) and to the CEO and Board Members and stockholders of Johnson and Johnson. We further assert that JnJ cornered the market on over-the-counter nicotine replacement therapy products, and that many, many of their grants were and are for the sole purpose of driving the need for their products. These allegations will be outlined in further detail below. They've used the media, mail and internet to commit their blackmail and garnered laws to force practitioners to counsel and prescribe products that benefit JnJ/RWJF. They've given grants to lobby Medicaid to pay for their products. They've awarded grants to create organizations that further drive the need for their products (which again, will be explained further). In doing so, these conspirators and co-conspirators have artificially inflated the value of JnJ stock.

Please understand, our complaint is not just toward their profiteering from smoking ban laws and need for their products. The RWJF has invested half a billion dollars in "obesity" grants, using the same footprint, rhetoric and, if not stopped, will extort the need for their *other* products as they force Americans, by collaborating with law makers and insurance companies, to make healthy eating choices (which ensures the use of their product and services). Johnson and Johnson makes Splenda¹². And for the overly obese, JnJ also owns a bariatric surgery company "Ethicon Endo Surgery¹³". They don't really want the public educated on dangers of smoking or obesity. That doesn't drive the need for their products. As stated in their "*Childhood Obesity*" publication, "The Robert Wood Johnson Foundation is dedicated to changing policies, environments and social norms."¹⁴

We submit that the "non" profit foundation of JnJ **buys laws, such as smoking ban laws through grants** to various organizations including the American Cancer Society, American Lung Association and American Heart Association paid through the American Medical Association (a \$99 million dollar grant). At the time of their publication in November, 2005 titled "Taking on Tobacco: *The Robert Wood Johnson Foundation's Assault on Tobacco*", their publication lists the grantees who received a total of \$446,398,054¹⁵. Since that date, millions more in grants have been awarded. You can review their outstanding grants to determine where the next smoking bans will be.

¹² <http://www.jnj.com/connect/healthcare-products/consumer/?flash=true>

¹³ http://www.ethiconendo.com/dtcf/pages/morbid_obesity.htm?pgn=4

¹⁴ <http://www.rwjf.org/programareas/ChildhoodObesityFramingDoc.pdf> (pg. 3)

¹⁵ http://www.rwjf.org/files/publications/books/2005/chapter_01.pdf (pgs. 5&6)

Who profits and how

The Foundation

The Foundation (RWJF) was created by the founder of Johnson and Johnson. He died in 1968 and in 1972, Johnson left the foundation a 1 billion dollar endowment¹⁶.

1990: Steven Schroeder became the 3rd president of the RWJF¹⁷.

RWJF owned 24,045,700 shares of JnJ common stock fair market valued at \$1,725,279,000¹⁸ with assets of \$2,914,183,000.

2006: RWJF owned 55,983,308 shares JnJ common stock with a fair value of \$3,696,018,000 in 2006

2007: 42,343,491 shares with a fair value of \$2,824,311,000. Quite a jump since 1990. Their 2007 annual report¹⁹ states their assets increased \$628 million dollars to 10.7 billion dollars since 2006 driven by a return of 11.7% on the Foundation's endowment. Net assets increased by 5.5% or \$512 million reflecting the income and gains generated by their investment portfolio.

Johnson and Johnson (JnJ)

William C. Weldon is Chairman, Board of Directors and CEO of Johnson and Johnson. In his "Chairman's Letter To Our Shareholders"²⁰ from the 2007 annual report, he writes *"It is a business where a broadly based company with a strong vision, a culture of caring and the resources to invest in the future has the opportunity to take health and well-being to a new level for people throughout the world...and where such a company can make a profound, positive difference for its customers, patients, employees, communities, and shareholders. **Johnson & Johnson is uniquely positioned to be that company.** In 2007, we took several important steps toward that end...Johnson & Johnson delivered solid results...Worldwide sales grew to a record \$61.1 billion, an increase of 14.6 percent, with operational sales up 11.5 percent. The impact of the Pfizer Consumer Healthcare (PCH) acquisition, net of related divestitures, added 7.4 percent to our total and operational growths rates."* In 2008, J&J CEO William Weldon took home \$29.4 million.²¹

October 14, 2008, Bloomberg.com: 2008 JnJ 3rd quarter profit rose 30%²²: *"Johnson & Johnson's 3rd quarter profit rose 30 percent as international sales surged. **J&J doesn't expect the world economy to affect sales** and won't be hurt by credit default swaps or*

¹⁶ <http://www.rwjf.org/files/publications/annual/AnnualReport1990.pdf> (pg. 7)

¹⁷ http://www.rwjf.org/files/publications/books/2005/chapter_02.pdf (pg. 2)

¹⁸ <http://www.rwjf.org/files/publications/annual/AnnualReport1990.pdf> (pg. 64)

¹⁹ <http://www.rwjf.org/files/publications/annual/2007/financials.html>

²⁰ <http://files.shareholder.com/downloads/JNJ/505598636x0x171267/057640F8-B2C0-4B0F-9F54-7A24A553C3CE/2007AR.pdf> (pg. 3)

²¹ [http://www.nydailynews.com/ny_local/2009/08/21/2009-08-](http://www.nydailynews.com/ny_local/2009/08/21/2009-08-21_bitter_pill_to_swallow_bloomberg_defends_pharmaceutical_companies_then_takes_it.html)

[21 bitter pill to swallow bloomberg defends pharmaceutical companies then takes it.html](http://www.nydailynews.com/ny_local/2009/08/21/2009-08-21_bitter_pill_to_swallow_bloomberg_defends_pharmaceutical_companies_then_takes_it.html)

²² <http://www.bloomberg.com/apps/news?pid=20601087&sid=aOne2eu6TFfs&refer=home>

bank failures including Lehman Brothers Holdings Inc., said Chief Financial Officer Dominic Caruso on a conference call with investors and analysts.

J&J's drug unit, its largest and slowest-growing division, generated \$6.1 billion in sales for the quarter, 0.2 percent above a year earlier...J&J's prescription drugs have been slowing on declining demand for Risperdal and the anemia drug Procrit, which has lost sales after studies showed it may increase the risk of heart attacks and strokes. Drug unit sales sank 6 percent in the U.S. and gained 10.3 percent elsewhere...J&J's biggest percentage sales increase was its consumer products division, acquired in a \$16.6 billion deal with Pfizer in December 2006. The division, which makes Zyrtec allergy pills, Listerine and Nicorette smoking cessation products, generated \$4.1 billion in sales, a 13 percent increase from a year ago."

Honolulu Advisor, June 26, 2006²³: "In a health care equivalent of General Motors Corp. buying a division of Ford Motor Co., the acquisition at a premium price – if approved by federal regulators – would solidify Johnson & Johnson's domination of the consumer health business...Johnson & Johnson itself said it expects the acquisition costs to turn into gains per-share earnings by 2009. Some Pfizer brands will represent new markets for Johnson & Johnson, such as Nicorette for smoking.." "We are committed to leadership in the most attractive segments of healthcare, and this transaction is entirely consistent with that historic policy" (JnJ chief financial officer Robert Darretta).

The purchase of Pfizer Consumer Healthcare (PCH) is significant. With its purchase, JnJ won the Triple Crown. Nicoderm CQ, Commit Lozenges and now with the acquisition of Nicorette meant they had the U.S. market cornered on the over-the-counter nicotine replacement therapy (NRT) products and sales. In 2006, the RWJF was in the thick of getting smoking ban laws passed. Was it foresight buying this Pfizer division? Nothing intuitive about it. It was a well planned marketing strategy at a cost to the American People. This study²⁴, *linked from the RWJF*, studies the effectiveness of over-the-counter NRT products. The study was published in 2005, *prior to Johnson & Johnson's acquisition of Pfizer OTC (Nicorette)*.

Johnson & Johnson is in the unique position of knowing what laws will be passed with RWJF funding "grants" to push for laws and government payment for their products, therefore they are in the position to know when to buyback JnJ stock.

"The pharmaceutical and consumer products giant Johnson & Johnson said its board approved the repurchase of up to \$10 billion of its common shares. Under Johnson & Johnson's plan, the company, of New Brunswick, N.J., could ultimately buy back 5.5 percent of its 2.9 billion shares if the buyback is done at the current price. Johnson & Johnson shares rose 66 cents yesterday, to \$62.79."²⁵ Note this article was written 2 months after Ohio's total smoking ban went into effect.

²³ <http://the.honoluluadvertiser.com/article/2006/Jun/27/bz/FP606270321.html>

²⁴ http://www.rwjf.org/files/research/OTC%20NRT%20paper_6_20_05.pdf

²⁵ <http://www.nytimes.com/2007/07/10/business/10buyback.html?scp=9&sq=johnson+and+johnson&st=nyt>

Johnson and Johnson must also be aware of the damage Nicorette has caused consumers. This drug used to be by prescription only. It is now an over-the-counter medication. As seen in Appendix A (just a very, very short list of problems by users), the problems arise from the serious addictions caused by years and years of use. This product needs to be regulated and Johnson & Johnson needs to be held accountable for the damage it's caused.

American Lung Association:

The American Lung Association receives numerous federal grants in addition to grants paid by RWJF to the ALA. The American Lung Association profits from the *Freedom From Smoking*® Program. They push the NRT products from which their grant funding source profits.

Why Use Freedom From Smoking²⁶

Since it was first introduced almost 30 years ago, the American Lung Association's *Freedom From Smoking*® program has helped over a million Americans end their addiction to nicotine and begin new smokefree lives. *Freedom From Smoking*® was ranked the most effective smoking cessation program in a study by Fordham University Graduate School of Business.

Freedom From Smoking® is based on the proven addiction and behavior change models. The program offers a structured, systematic approach to quitting. It has a positive focus, with an emphasis on the benefits of better health. Because no single cessation technique is effective for all smokers, the program includes a comprehensive variety of evidence-based cessation techniques.

Evaluation studies have shown that individuals who participate in *Freedom From Smoking*®:

- Experience immediate health benefits.
- Learn to address the physical, mental, and social aspects of their addiction.
- Are six times more likely to be smokefree one year later than those who quit on their own.
- When used in combination with smoking cessation medication, up to 60% of participants report having quit smoking by the end of the program.

The benefits of providing the *Freedom From Smoking*® program at your workplace include:

- Reduced long-term smoking-related illness, disability and associated costs.
- Decreased absenteeism.
- Access to the knowledge and support of the American Lung Association.

Federal²⁷

²⁶ <http://www.lungusa.org/stop-smoking/how-to-quit/freedom-from-smoking/why-use-freedom-from-smoking-1.html>

The American Lung Association advocates for a variety of tobacco control policies at the federal level in our fight to reduce tobacco-related disease and death.

FDA Authority over Tobacco Products

Legislation recently enacted into law gave the Food and Drug Administration regulatory authority over tobacco products. [» More](#)

Federal Cigarette Tax

Increasing cigarette taxes is one of the most effective ways to reduce tobacco use, especially among youth. [» More](#)

Cessation Coverage

Many smokers want to quit, but need help to do so. The federal government can help by providing coverage through Medicare and Medicaid. [» More](#)

Framework Convention on Tobacco Control Treaty

Tobacco use is a global problem which requires a global solution. [» More](#)

States & Communities²⁸

The American Lung Association advocates for a number of tobacco control policy issues at the state and community level as part of our mission to reduce tobacco-related lung disease.

- **Smokefree Air Challenge** – Smokefree workplace laws protect workers and patrons from toxic secondhand smoke and help smokers quit. The Lung Association has issued our Smokefree Air Challenge calling on all states to pass to comprehensive smokefree laws. [Learn more...](#)
- **Tobacco Taxes** – Increased cigarette and tobacco product taxes help reduce tobacco use especially among youth. [Learn more...](#)
- **Cessation Coverage** - Smokers need help quitting. State governments, insurance companies, and employers can all help by covering cessation treatments through public and private insurance plans. [Learn more...](#)
- **Funding for State Tobacco Control Programs** – State tobacco control programs help prevent people from starting to smoke and help current smokers quit. [Learn more...](#)

The American Lung Association lobbies for laws from which they profit and from which a large funding source profits. They lobby for higher tobacco taxes and lobby for coverage of NRT products.

²⁷ <http://www.lungusa.org/stop-smoking/tobacco-control-advocacy/federal/>

²⁸ <http://www.lungusa.org/stop-smoking/tobacco-control-advocacy/states-communities/states-communities.html>

Update: Tell Congress - Medicaid Cessation Coverage Works²⁹

On November 18, Massachusetts [released](#) a study showing that their comprehensive cessation programs have saved lives and money. This study comes at a time when the U.S. Senate is debating health care reform, including whether or not to cover smoking cessation for Medicaid recipients. This report makes it clear that Medicaid should cover comprehensive cessation services, and your Senators need to hear from you about it!

Since 2006, the Massachusetts Medicaid program has provided all seven FDA-approved cessation medications and the three types of counseling recommended by the U.S. Public Health Service to all its members. The study released by Massachusetts found that in the two years since this coverage has been in place, 26 percent of smokers on Medicaid quit - that's 33,000 fewer smokers in Massachusetts! The study also found a decrease in the number of hospitalizations for heart attacks, emergency room visits for asthma, and claims for maternal birth complications.

Right now, most states are not doing as well as Massachusetts in helping smokers on Medicaid quit. Earlier this month, the American Lung Association released a [study](#) finding that only 6 states, including Massachusetts, provide all of the cessation treatments they should.

Your Senators can fix this by including comprehensive smoking cessation coverage for all Medicaid recipients in health care reform legislation. The House of Representatives has already passed a health care bill that includes smoking cessation coverage in Medicaid. Now it is time for the Senate to act. Please take a moment to send a letter to your Senators, urging them to require smoking cessation coverage in Medicaid as part of health care reform

2009 Grants from the Federal Government³⁰

Subcommittee on Labor, HHS, Education and Related Agencies Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires nongovernmental witnesses to disclose to the Committee the following information. A nongovernmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:

Albert A. Rizzo, MD

Speaker, Nationwide Assembly

American Lung Association

1301 Pennsylvania Avenue NW Suite 800

Washington DC 20004

²⁹ <https://secure3.convio.net/ala/site/Advocacy?cmd=display&page=UserAction&id=3640>

³⁰ http://appropriations.house.gov/witness_testimony/lhhs/AlbertARizzo.pdf

202-785-3355

1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

American Lung Association

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2006?

Yes No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

American Lung Association

CDC: Asthma Friendly Schools Initiative \$606,506

CDC: Breathe Well, Live Well \$290,000

EPA: Comprehensive Childhood Asthma Management \$1,200,000

CDC: Asthma Policy Conference \$60,000

EPA: Controlling Cockroaches in Your Home Video \$9,600

Signature: Date: March 16, 2009

Please attach a copy of this form, along with your curriculum vitae (resume) to your written testimony.

American Cancer Society:

Besides the various grants the ACS gets from RWJF, they also get tens of millions of dollars in grants from the Federal Government, which they then turn around and use their 501(c)(4) to lobby the government for more money, for increased taxes against consumers and for laws which drive the need for more J&J over-the-counter products. They also run their own smoking cessation program.

Additionally, the ACS "sold" their name annually for \$1,000,000 to endorse Nicorette and Nicoderm even though the ACS has never conducted any of its own research into the NRT products for cancer implications.

Excerpts from this 2005 article³¹:

Many critics of the American Cancer Society are quick to suggest its "vested interest" in the cancer industry, especially in chemotherapy and pharmaceutical treatments. Dr. Samuel Epstein, former head of a Congressional committee on cancer, has accused the ACS of foul play for years. Epstein claims that the ACS' "longstanding conflicts of interest with a wide range of industries, coupled with a systematic discrediting of evidence of avoidable causes of cancer" preclude many powerful life-saving initiatives.

In a debate this year, Dr. Michael Thun of the American Cancer Society did not deny the agency's connection to corporate interests. "The American Cancer Society views relationships with corporations as a source of revenue for cancer prevention," said Dr. Thun. "That can be construed as an inherent conflict of interest, or it can be construed as a pragmatic way to get funding to support cancer control."

So it is in fact true that the ACS' 22-member board was created in 1990 to solicit corporate contributions. It's also true that board members include Gordon Binder, who is the CEO of Amgen, a biotechnology company that sells chemotherapy products. Another board member, David R. Bethune, is president of Lederle Laboratories, a multinational pharmaceutical company and a division of American Cyanamid Company. In fact, many board members seemingly stand to make more money by *treating* cancer than *preventing* it.

But as Thun said, these relationships are "pragmatic" ways to garner funding. Money, according to The Chronicle of Philanthropy, is the name of the ACS' game. The Chronicle of Philanthropy is a watchdog organization that monitors major charities. After analyzing the ACS' budgets and programs, they concluded the agency is **"more interested in accumulating wealth than saving lives."**

Epstein argues that the ACS's financial ties with industry also skew its policies pertaining to environmental causes of cancer. In his new book, *Cancer-Gate: How to Win the Losing War Against Cancer*, Epstein claims the agency is willfully suppressing information about the environmental causes of cancer. Carcinogens can be found in pesticides, industrial pollution, materials used in plastic or reconstructive surgery, the water supply and many other everyday materials.

Corporations – some of which contribute to the American Cancer Society – profit handsomely while they pollute the air, water, and food with a wide range of carcinogens, endangering the lives of millions of people. Why is the ACS silent? **Epstein says they are more interested in inflating their budget than waging war against industrial pollution.**

In the past few years the ACS has taken corporate "sponsorship" money. Here's how it works: Sponsors pay the ACS to have the society's logo donned on certain products. SmithKline Beecham, producer of NicoDerm CQ and Nicorette* anti-smoking aids, paid the ACS \$1 million for the right to use the American Cancer Society name.

³¹ http://www.naturalnews.com/010244_cancer_American_Cancer_Society_the_ACS.html

**(note: this was prior to J&J purchasing Nicorette) I reviewed a box of Nicorette today and found no ACS logo or sponsorship so this practice may have been discontinued).*

But does taking money from these companies decrease the number of cancer fatalities caused by smoking? Given the already exorbitant price of anti-smoking aids in addition to the amount Beecham pays for the rights to the ACS logo, few smokers (who are statically lower-income) are enticed to quit smoking. These sponsorships also create an even more startling question: Does the ACS endorse these products? The American Cancer Society says no, claiming that the use of their logo represents a "partnership," although representatives of the ACS seem slow to articulate just what a partnership is. No extra ACS money goes into research for these products, nor are Beecham's products part of a long-term anti-smoking initiative.

Freshstart is the American Cancer Society's quit smoking program. It consists of four one-hour sessions held during a two-week period. All of the methods and activities contain the most effective elements for success.

What will happen to me in *Freshstart*?

The **Freshstart** program is designed to help you stop smoking in two weeks. **Freshstart** emphasizes that smoking cessation is a two-part process: (1) **stopping** and (2) **staying stopped**. Because individuals differ as to which part is most difficult for them, **Freshstart** addresses both processes: the group and your facilitator will help you stop smoking as quickly as possible and learn new techniques for ending your physical and psychological need to smoke. The four meetings you attend will be conducted as work sessions. Your **Freshstart** facilitator will begin each meeting by asking for questions or individual reactions from group members.

Quitting cold turkey, use of the nicotine patch, fighting urges to smoke, addressing physical symptoms of withdrawal from smoking, and highlighting all of the benefits of not smoking are completely discussed throughout the two weeks.

According to the American Cancer Society's website, page titled, "Guide for Quitting Smoking"³², the ACS is well aware that it's not cigarettes that "hooks smokers". By their own admission, "nicotine" is the very thing that "hooks smokers". Nicotine is what hooks users on Nicorette gum. See their "How nicotine hooks smokers" article. Substitute "Nicorette" for the word "cigarettes" and "chew" for the word "smoke":

How nicotine hooks smokers

Nicotine causes pleasant feelings that make the smoker want to smoke more. It also acts as a kind of depressant by interfering with the flow of information between nerve cells. Smokers tend to increase the number of cigarettes they smoke as the nervous system adapts to nicotine. This, in turn, increases the amount of nicotine in the smoker's blood. In fact, nicotine inhaled in cigarette smoke reaches the brain faster than drugs that enter the body through a vein (intravenously or IV).

After a while, the smoker develops a tolerance to the drug. Tolerance means that it takes more nicotine to get the same effect that the smoker used to get from smaller amounts. This leads to an increase in smoking over time. The smoker reaches a certain nicotine level and then keeps smoking to maintain this level of nicotine.

Nicotine withdrawal symptoms can lead quitters back to smoking

³² http://www.cancer.org/docroot/PED/content/PED_10_13X_Guide_for_Quitting_Smoking.asp

When smokers try to cut back or quit, the lack of nicotine leads to withdrawal symptoms. Withdrawal is both physical and mental. Physically, the body reacts to the absence of **nicotine**. Mentally, the smoker is faced with giving up a habit, which calls for a major change in behavior. Both the physical and mental factors must be addressed for the quitting process to work.

Those who have smoked regularly for a few weeks or longer, and suddenly stop using tobacco or greatly reduce the amount smoked, will have withdrawal symptoms. Symptoms usually start within a few hours of the last cigarette and peak about 2 to 3 days later when most of the nicotine and its by-products are out of the body. Withdrawal symptoms can last for a few days to up to several weeks. They will get better every day that you stay smoke-free.

Withdrawal symptoms can include any of the following:

- dizziness (which may only last 1 to 2 days after quitting)
- depression
- feelings of frustration, impatience, and anger
- anxiety
- irritability
- sleep disturbances, including having trouble falling asleep and staying asleep, and having bad dreams or even nightmares
- trouble concentrating
- restlessness or boredom
- headaches
- tiredness
- increased appetite
- weight gain
- constipation and gas
- cough, dry mouth, sore throat, and nasal drip
- chest tightness

These symptoms can lead the smoker to start smoking cigarettes again to boost blood levels of nicotine back to a level where there are no symptoms.

The American Cancer Society is well aware of how addictive nicotine is, yet all their publications, website and brochures promote the use of alternative nicotine, which addicts them to the alternative nicotine. This ensures the profit of their funder, the Robert Wood Johnson Foundation via Johnson and Johnson profits.

ACS Financial

The following information is based on the Society's audited financial statements for the fiscal year ended August 31, 2008.

Source of Funds

Contributions received through affiliates	342,795,000
Contributions raised by national home office	50,225,000
Interest and dividends, net	15,153,000
Exchange transactions, net	14,265,000

Grants and contracts from government agencies/affiliates	12,761,000
Other revenue	893,000
Unrealized gains on perpetual trusts, net	162,000
Realized/unrealized investment losses, net	-3,134,000
Total Income	

The ACS get federal grant money which it, in turn, uses to lobby the government for even MORE federal money which gets used to lobby "their legislative agenda".

Lobbying

(Excerpts from ACS CAN web pages).

ACS CAN campaigns led by volunteers and staff across the nation have³³:

- Led to 32 states as well as Washington, DC and Puerto Rico to go smoke-free
- Supported a 62-cent increase in the federal cigarette tax, preventing 1.9 million children from becoming lifelong tobacco users
- Helped secure U.S. Food and Drug Administration regulation of tobacco products
- Increased federal cancer research funding for the National Institutes of Health

ACS CAN Is Winning the War on Cancer

ACS CAN will defeat cancer by:

- Funding aggressive grassroots, lobbying and media campaigns to make every state smoke-free and to increase tobacco taxes and funding for cancer research. We advocate for early detection programs such as mammograms and colon cancer screenings
- Educating the public and media directly by supporting sophisticated training programs for volunteers to strengthen our movement and ensure that our voices are truly heard in the halls of government;
- Hosting debates and producing voter guides, candidate forums, and advertising to get every lawmaker and candidate on the record in support of laws and policies that help people fight cancer and save lives.

These efforts produce policies, laws, and regulations that further the overall mission of both the American Cancer Society and ACS CAN.

The American Cancer Society Cancer Action Network³⁴ is engaged in many federal legislative campaigns to help eliminate suffering and death from cancer. Click on any of the below issues to learn more about some of these campaigns. Check this page throughout the year to learn more about these issues and many others as, together, we engage Members of Congress and ask them to support **our legislative agenda**.

³³ <http://action.acscan.org/site/PageServer?pagename=aboutus>

³⁴ <http://action.acscan.org/site/PageServer?pagename=Campaigns>

Health Care Reform

[Learn More About This Issue](#) | [Take Action](#)

More Funding for Cancer Research

Support life-saving research by increasing funding for the National Cancer Institute.

[Learn More About This Issue](#) | [Take Action](#)

Protect Kids From Big Tobacco

Legislation authorizing FDA to regulate tobacco products and marketing was signed into law on June 22, 2009. ACS CAN will continue to be a strong advocate for enforcing the law and ensuring that our kids are protected from Big Tobacco. [Learn More About This Issue.](#)

Miscellaneous ACS items

ACS Reports Success at Lobbying Congress for Health Initiatives³⁵

35

http://www.cancer.org/docroot/NWS/content/NWS_5_1x_ACS_Reports_Success_at_Lobbying_Congress_for_Health_Initiatives.asp



Smith said the network also will work to highlight the positions of candidates in targeted congressional districts in its continued drive to elevate the importance of cancer research and prevention in political campaigns throughout the country. For instance, the group's polling shows that 60 percent of voters would be more likely to support lawmakers' reelections if they voted to create a new national cancer fund.³⁶ (Daniel Smith of ACS CAN)

Other organizations who have "issues" with the ACS

Cancer Prevention Coalition

http://www.preventcancer.com/losing/acs/wealthiest_links.htm

³⁶ <http://www.politico.com/news/stories/0508/10284.html>

Johnson & Johnson's pattern of corruption

J&J Paid Kickbacks to Omnicare, U.S. Says in Suit³⁷

The U.S. said **Johnson and Johnson** and two subsidiaries paid millions of dollars to induce Omnicare, the largest U.S. pharmacy for nursing home patients, to buy and recommend J&J drugs including Risperdal. The government alleges that J&J knew doctors accepted Omnicare pharmacists' recommendations more than 80 percent of the time.

"Kickbacks such as those alleged here distort the judgment of health care professionals and put profits ahead of sound medical treatment," said **Tony West**, assistant attorney general for the Justice Department's civil division. The drugmaker viewed Omnicare's pharmacists as "an extension of (J&J's) sales force," the U.S. said, quoting an internal document.

From 1999 to 2004, **J&J used various forms of kickbacks** "including market share rebate payments conditioned on Omnicare engaging in 'active intervention' programs for **J&J drugs**," the U.S. said in its complaint filed today in federal court in Boston. These payments "were ostensibly for the purchase of Omnicare data, and **various 'grants'** and other payments, all of which J&J intended to induce Omnicare to purchase and to recommend J&J drugs."

Artificial-Joint Makers Settle Kickback Case³⁸

The other companies involved included the DePuy Orthopedics unit of Johnson & Johnson. The inquiry began in March 2005 when Mr. Christie's office sent subpoenas to the companies, requesting documents related to their consulting and "professional service" agreements with doctors from 2002 on. Later, the inquiry expanded backward into relationships with doctors starting in the late 1990s and included matters like the terms of **research grants**.

J&J Sued by Texas in Whistleblower Case on Marketing³⁹

Dec. 28 (Bloomberg) -- A **Johnson & Johnson** unit misled Texas health officials about the risks of an antipsychotic drug to increase prescriptions, according to a whistleblower lawsuit joined by the state attorney general.

The suit claims that J&J's Janssen Pharmaceutica unit caused **Texas to overspend on Risperdal**, the world's second-best-selling schizophrenia drug last year. The case is one of several against makers of antipsychotics and stems from Texas prescribing guidelines directing state-funded doctors to give priority to newer, more expensive drugs.

The guidelines and deceptive marketing techniques boosted sales of Risperdal, raising costs for Texas and endangering patients, according to the complaint, which was secret

³⁷ http://www.bloomberg.com/apps/news?pid=20601103&sid=a_WgLiPgVGqc

³⁸ http://www.nytimes.com/2007/09/28/business/28devices.html?_r=2&oref=slogin

³⁹ <http://www.bloomberg.com/apps/news?pid=20601202&sid=a2mpCNBojB2I&refer=healthcare>

until it was unsealed Dec. 15. The state is seeking unspecified damages. Risperdal sales were \$10 billion in the U.S. from 2001 through 2005, according to IMS Health Inc.

“This is a case about sales and marketing trumping medical science,” said **Thomas Melsheimer**, an attorney for the original plaintiff, in a Dec. 19 phone interview. “The basic allegation is that Janssen promoted Risperdal use not for sound medical reasons but for economic reasons.”

Drug Makers Near Old Goal: A Legal Shield⁴⁰

For years, **Johnson & Johnson** obscured evidence that its popular Ortho Evra birth control patch delivered much more estrogen than standard birth control pills, potentially increasing the risk of blood clots and strokes, according to internal company documents. More than 3,000 women and their families have sued Johnson & Johnson, asserting that users of the Ortho Evra patch suffered heart attacks, strokes and, in 40 cases, death. From 2002 to 2006, the food and drug agency received reports of at least 50 deaths associated with the drug.

Documents and e-mail messages from Johnson & Johnson, made public as part of the lawsuits against the company, show that even before the drug agency approved the product in 2001, the company’s own researchers found that the patch delivered far more estrogen each day than low-dose pills. When it reported the results publicly, the company reduced the numbers by 40 percent.

How J&J's Foundation benefits

Johnson & Johnson

Founder creates the Robert Wood Johnson Foundation, funding it with shares of Johnson & Johnson stock.

Robert Wood Johnson Foundation (RWJF)

As of last on-line financial report, RWJF owned 42,343,491 shares of J&J stock.⁴¹

The more J&J's stocks increase, the more money and power RWJF has, the more "studies" they fund, the more "advocacies" they create, the more laws they get created to sell more of their products. It's perpetual.

⁴⁰

<http://www.nytimes.com/2008/04/06/washington/06patch.html?ex=1293854400&en=bc7a8ebb98b43fb4&ei=5035&partner=MARKETWATCH>

⁴¹ <http://www.rwjf.org/files/publications/annual/2007/notes-investments.html>

Additional Information on Co-Conspirators

The American Cancer Society, American Lung Association and **American Heart Association** all shared a \$99,000,000 grant from RWJF, administered by the American Medical Association. Each one of these groups lobbies on behalf of RWJF for smoking cessation. For example, RWJF Grant #059341, removed from their website, paid a \$71,000 grant to the American Cancer Society to lobby for Medicaid coverage of NRT products. See this American Lung Association publication, FUNDED by RWJF, in which the ALA *lists* Johnson & Johnson over-the-counter NRT products, among others, by name. Here are the over-the-counter brands listed.⁴² (pg. 3).

<u>Common Name</u>	<u>U.S. Brand Names</u>	<u>Availability</u>
Gum	Nicorette, Nicorelief, Nicotine Polacrilex	Over the counter
Patch	Nicoderm CQ, NTS, Nicotrol	Over the counter & prescription
Lozenge	Commit	Over the counter

The American Lung Association, RWJF FUNDED publication, advocates Medicaid coverage and insurance coverage for NRT products (pgs. 19-23). On the last page:

This report is supported by a grant from
the Robert Wood Johnson Foundation
in Princeton, New Jersey.

Tobacco-Free Kids

RWJF created The Campaign for Tobacco-Free Kids, funded by the RWJF @ \$84,000,000 initially; more money followed⁴³.

From RWJF:

The Campaign for Tobacco Free Kids

Grant Results 03/26/2009

Reports

RWJF established the National Center for Tobacco-Free Kids in
1995 and has provided continued support for CTFK since that
time⁴⁴.

⁴² <http://www.rwjf.org/files/research/helpingsmokersquit11132008.pdf>

⁴³ <http://www.rwjf.org/grants/product.jsp?id=40868>

⁴⁴ <http://www.rwjf.org/pr/product.jsp?id=40868>

How the Smoking Cessation Scam Works

RWJF creates and funds "advocates".

RWJF anthology, Chapter 1⁴⁵, *"The Robert Wood Johnson Foundation's Assault on Smoking"* (note the hundreds of millions of dollars in grants pgs 5 and 6)

RWJF anthology, Chapter 2⁴⁶, *SmokeLess States® Program*

Excerpts: In their proposals for an implementation grant, applicants needed to demonstrate an understanding of the policy environment within the state, to provide details of other efforts in the state to reduce tobacco use, and to explain how the Foundation's support would complement those efforts. They had to present a policy plan and show that financial resources from other organizations, **including unrestricted funds that could be used for lobbying**, would be available. They were also required to address how they would carry out program activities while complying with the Foundation's terms of grant. Some state coalitions, including many that had been grantees in the program for years, had difficulty adapting to a policy-only approach to reducing tobacco use. Many tried hard to continue their past efforts that were more educational in nature, such as holding health fairs and distributing brochures on the harm caused by tobacco. In a few states, the department of health had grown to rely on the coalition to implement many of its programs and to garner public support for tobacco-prevention and cessation initiatives. While this remained an important role in the field, it was no longer the objective of the Foundation-funded program. Moreover, the close connection between the coalitions and the state health departments complicated the coalitions' ability to do policy-related work, since governmental agencies are prohibited from taking an active role in making policy. The program relied heavily on the three major health voluntary organizations—the American Cancer Society, the American Heart Association, and the American Lung Association—to provide financial support, particularly funds that could be used to support lobbying efforts the Foundation could not and did not support.

RWJF cut off funding to states who did not move from tobacco education to tobacco "control" (bans). Their grant money went to organizations to free up the organizations' money to lobby for RWJF's ultimate goal: smoking bans and smoking cessation (NRT products from which *they* profit from the sales).

"Grants" are awarded for various methods to push smoking cessation/NRT products. This grant, #63261⁴⁷, titled *"Evaluating an innovative communications campaign designed to increase consumer demand for tobacco dependence treatment by*

⁴⁵ http://www.rwjf.org/files/publications/books/2005/chapter_01.pdf

⁴⁶ http://www.rwjf.org/files/publications/books/2005/chapter_02.pdf

⁴⁷ <http://www.rwjf.org/programareas/grant.jsp?id=63261&pid=1141>

Medicaid recipients" was for \$99,316. Grant #63263⁴⁸ is titled " ***Individual- and policy-level influences on the use of various cessation strategies and abstinence from cigarettes among adult smokers***". It states " *Increasing consumer demand for effective smoking cessation therapies is an important goal of tobacco control, especially as adult smoking prevalence has leveled off at 21percent in 2004, 2005, and 2006. This project would merge data from the Assessing Hard Core Smoking Survey (AHCSS) (a national cohort study of smokers aged > 25 years conducted from 2004 to 2006) with tobacco control policy data on smoke-free laws, cigarette prices, and state-level tobacco control funding. The analyses would assess factors that influence making a quit attempt..*" In other words, RWJF paid to see what studies what it takes to make people quit smoking, using "cessation strategies", which pushes J&J products from which they profit financially. And finally, these grants⁴⁹ totaling \$2.2 million dollars to "*focus on five key policy areas known to decrease tobacco use and promote quitting. Those areas include comprehensive clean indoor air laws; increases in local or state tobacco taxes; **increases in public funding of tobacco prevention and cessation programs, in those states receiving Master Settlement Agreement funds or revenues from tobacco taxes; public and private cessation coverage*** for populations most affected by tobacco.." RWJF invested \$2.2 million to get grantees to work with states to increase funding for cessation programs from the MSA and public and private cessation coverage *to profit from J&J product sales*. And this grant, #63362⁵⁰, for \$100,000 titled "***Disseminating novel approaches to understanding the consumer perspective on tobacco cessation***" which was a grant from RWJF to study how to market Nicotine Replacement Therapy products.

You see the same players, banding together, to "advocate" for laws that drive an even further need for NRT. To further force people to quit smoking, RWJF funded this⁵¹: *All tobacco products—including spit and chew tobacco and flavored little cigars—are addictive and harm health, and should be taxed at the same rate as cigarettes in Ohio, according to a radio advertising campaign launched today by a coalition of public health organizations. **The ad campaign is funded by the Robert Wood Johnson Foundation** in cooperation with the Tobacco-Free Youth Coalition, American Lung Association, American Heart Association, American Cancer Society, and Campaign for Tobacco-Free Kids.*

What better way to assure NRT products get used? Fund a study⁵² on the "Effectiveness of state and federal government agreements with major credit card and shipping companies to block Internet cigarette sales"

Or that NRT products get into the Stimulus Package, put out by the Federal Government?

⁴⁸ <http://www.rwjf.org/programareas/grant.jsp?id=63263&pid=1141>

⁴⁹ <http://www.rwjf.org/pr/product.jsp?id=21733>

⁵⁰ <http://www.rwjf.org/programareas/grant.jsp?id=63362&pid=1141>

⁵¹ <http://www.rwjf.org/publichealth/product.jsp?id=41368>

⁵² <http://www.rwjf.org/programareas/grant.jsp?id=61103&pid=1141&gsa=1>

RWJF funded fellows program:⁵³ "Fellows begin the program in September, and undergo an intense three-month orientation, meeting top administrators of agencies responsible for health activities, congressional committee staff members, representatives of major health interest groups, officials of the Office of Management and Budget, and key White House advisors."

How about program funding for "Legislators Groomed to Become Strong Policy-Makers in Critical Health Issues"⁵⁴?

"In the early 1990s, substantial turnover in most state legislatures, including the departure of key legislators in the health field, threatened to leave the responsibility for health policy decisions in inexperienced hands — at a time when pressure for health reform was settling on the states, and state governments had taken on more responsibility for the development, financing, and management of alcohol, drug abuse, and tobacco programs.

The second phase of the project (ID#s 020033, 030342), transferred to the National Conference of State Legislators (NCSL) after IHPP ended its affiliation with George Washington University, was designed to help IHPP identify and train a new generation of health-care leaders in state legislatures and state health policymakers.

Specifically, IHPP planned to recruit two legislators from every state to participate in a forum on health policy issues.

IHPP expected that this concentration of education and other resources would contribute to the evolution of a more effective cadre of state health leaders. In addition, IHPP was to expand the focus of its drug policy newsletter, *State ADM Report*, to cover tobacco policy issues and community substance abuse programs. Also, IHPP staff members were to present Foundation personnel with quarterly briefings on developments in state health policy."

The cost to "groom legislators"?

Funding

RWJF supported this project through six grants totaling \$2,416,662 to two organizations:

- Three grants totaling \$1,177,986 to George Washington University.
- Three grants totaling \$1,238,676 to the National Conference of State Legislatures.

If you really want to control a future agenda, pay for scholarships for future Epidemiologists. It's only \$5.3mil.

"Young Epidemiology Scholars (YES) Program: A National Effort to Attract the Attention of Young Scholars to the Health of the Public"

Summary:

The Foundation's Young Epidemiology Scholars Program: A National Effort to Attract the Attention of Young Scholars to the Health of the Public, was designed to attract the best and the brightest high school students to become the public health leaders of the future. This grant provides continued support to manage the annual scholarship competition for four years (2007-2010) for high school students based on their epidemiological research to identify solutions to

⁵³ <http://www.rwjf.org/pr/product.jsp?id=21699>

⁵⁴ <http://www.rwjf.org/reports/grr/037549.htm?gsa=1>

important health problems. The project will advance the Foundation's strategic objective of enhancing public health leadership by increasing the visibility and understanding of public health.

Grant Details:

Approved award: \$5,332,662

Awarded on: Aug 15, 2006

Time frame: Jun 1, 2007 - May 31, 2010

Grant number: 047845

Grantee:

College Entrance Examination Board

<http://www.collegeboard.org>

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Tobacco control is "all about the money". It's funded by the non-profit of big pharma, who in turn gives money to other "non" profits who lobbies federal and state governments for more money to lobby for laws that makes them all rich. That is NOT what should happen in this country and that is why we have laws like the RICO Act and the Sherman Act. These "non" profits should be forced to spend more of *their own money* rather than growing their endowments and acquiring land. They should be forced to spend it on what gives them the benefit of tax exempt status. It should be DIRECT support. For example, the ACS needs to get back to "finding a cure in our lifetime", instead of the waste and abuse of donations they currently have. According to their 2008 Consolidated Division 990s, they spent \$390,305,361 on salaries, pensions, benefits and payroll taxes while spending a mere \$4,406,038 on research. They spent more than 4 TIMES the research amount attending conferences (\$18,158,259).

THE TRUTH ABOUT NICOTINE REPLACEMENT THERAPY

What is a well guarded secret is NRT is *not* the most successful way to quit smoking, and it is harmful to many who use NRT. Johnson & Johnson knew full well their products were ineffective but when they don't work, the guilt and blame falls on the "weak" smoker, bringing them back time after time to repurchase J&J's products.

Ineffective

The American Cancer Society is aware of the ineffectiveness of NRT in quitting. Their own publication⁵⁵ states that 91.4% of former smokers quit cold turkey, and yet the ACS has lobbied to have Medicaid pay for NRT products (RWJF grant #059341 no longer on their website)

This PLoS (Public Library of Science) study⁵⁶ published this month (February, 2010)

Press release: Nicotine replacement therapy is over-promoted since most ex-smokers quit unassisted⁵⁷

Health authorities should emphasize the positive message that the most successful method used by most ex-smokers is unassisted cessation, despite the promotion of cessation drugs by pharmaceutical companies and many tobacco control advocates. The dominant messages about smoking cessation contained in most tobacco control campaigns, which emphasize that serious attempts at quitting smoking must be pharmacologically or professionally mediated, are critiqued in an essay in this week's *PLoS Medicine* by Simon Chapman and Ross MacKenzie from the School of Public Health at the University of Sydney, Australia. This overemphasis on quit methods like nicotine replacement therapy (NRT) has led to the "medicalisation of smoking cessation," despite good evidence that the most successful method used by most ex-smokers is quitting "cold turkey" or reducing-then-quitting. Reviewing 511 studies published in 2007 and 2 008 the authors report that studies repeatedly show that two-thirds to three-quarters of ex-smokers stop unaided and most ex-smokers report that cessation was less difficult than expected.

The medicalisation of smoking cessation is fuelled by the extent and influence of pharmaceutical support for cessation intervention studies, say the authors. They cite a recent review of randomized controlled trials of nicotine replacement therapy (NRT) that found that 51% of industry-funded trials reported significant cessation effects, while only 22% of non-industry trials did. Many assisted cessation studies—but few if any unassisted cessation studies—involve researchers who declare support from a pharmaceutical company manufacturing cessation products.

The authors conclude that "public sector communicators should be encouraged to redress the overwhelming dominance of assisted cessation in public awareness, so that some balance can be restored in smokers' minds regarding the contribution that assisted and unassisted smoking cessation approaches can make to helping them quit smoking."

⁵⁵ <http://www.cancer.org/downloads/STT/CAFF2003PWSecured.pdf> (table 3, pg. 25)

⁵⁶ <http://www.plos.org/press/plme-07-02-chapman.pdf>

⁵⁷ http://www.eurekalert.org/pub_releases/2010-02/plos-nrt020410.php

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Funding: National Health and Medical Research Council (Australia) Project Grant 2006□
#401558. The funders had no role in the decision to submit this manuscript or in its preparation.

Competing Interests: SC was a member of the Australian Smoking Cessation Consortium that received research funding from GlaxoSmithKline in 2001♦.

Study from the British Medical Journal:

*"Effectiveness and safety of nicotine replacement therapy assisted reduction to stop smoking: systematic review and meta-analysis"*⁵⁸

Dr. Michael Siegel's rapid response⁵⁹ to this study:

An Effective Intervention?		5 April 2009	
<p>Michael Siegel, Professor Boston University School of Public Health, Boston, MA, USA, 02118</p> <p>Send response to journal: Re: An Effective Intervention?</p>	<p>It appears to me that the conclusions of this paper are highly slanted. With a long-term smoking cessation percentage of only 1.6%, one can hardly call NRT treatment an "effective" intervention in this situation. Even though the 1.6% abstinence rate is better than the 0.4% achieved with placebo, how can one call the 1.6% success rate with NRT to be "effective?"</p> <p>In fact, the logical conclusion from this paper is that NRT was a dismal intervention. The overwhelming majority of smokers - 98.4% - failed to achieve long-term sustained abstinence with NRT treatment.</p> <p>Given the presence of a financial conflict of interest with a pharmaceutical company that manufactures nicotine replacement products, it certainly has the appearance that this conflict has biased the interpretation of the findings and the study conclusion.</p> <p>I can't quite think of another intervention for which a 98.4% failure rate would be considered a success.</p> <p>Competing interests: None declared</p>		

⁵⁸ http://www.bmj.com/cgi/content/full/338/apr02_3/b1024

⁵⁹ http://www.bmj.com/cgi/eletters/338/apr02_3/b1024

HARMFUL TO USERS

Little has been published about Nicotine Replacement gum. However, there is a website calls AskAPatient⁶⁰ where patients post about problems they are having with over-the-counter and prescription drugs. What 65 printed pages tells me is that the FDA is *not* doing their job! Appendix A shows just a *few* of the most recent posts listing the many, many problems users are having with Nicorette.

April 22, 2009

'Cancer risk of nicotine gum and lozenges higher than thought'⁶¹

Nicotine chewing gum, lozenges and inhalers designed to help people to give up smoking may have the potential to cause cancer, research has suggested.

Scientists have discovered a link between mouth cancer and exposure to nicotine, which may indicate that using oral nicotine replacement therapies for long periods could contribute to a raised risk of the disease. A study funded by the Medical Research Council, led by Mui-Teck Teh, of Queen Mary, University of London, has found that the effects of a genetic mutation that is common in mouth cancer can be worsened by nicotine in the levels that are typically found in smoking cessation products.

⁶⁰ <http://www.askapatient.com/viewrating.asp?drug=18612&name=NICORETTE&page=1>

⁶¹ http://www.timesonline.co.uk/tol/life_and_style/health/article6143744.ece#cid=OTC-RSS&attr=797084

RE(A)WARDS FOR ALLIES

Those who profited from RWJF "grants" and/or "awards".

Stanton Glantz, Director of Tobacco Control, University of California, San Francisco Substantial contributor to the 2006 Surgeon General Report. Much of what he reported was the "no financial loss to bars and restaurants" from smokefree policies. This has been proven to be false, that bars *do* suffer great harm financially. Glantz created a website called "TobaccoScam"⁶². Its purpose: to say smoke free policies do not hurt bars and restaurants and that the people who say it does are funded by or are Big Tobacco. Who paid Glantz grants in the amount of \$1,077,819 for "TobaccoScam"? RWJF, who funded it from 2001-2007. Says Glantz, "If we had done it for only a year, it wouldn't have worked," says Glantz. "You need to be willing to do it for a while, to be out there like dripping water." Note, the project was called "Educational Campaign for Restaurant Owners on Smoke-Free Restaurants", however Glantz lumped bars in this even though statistics show restaurants outnumber bars 5:1, while restaurant employees outnumber bar employees 10:1. This is a deliberate trick of those in tobacco-control to **hide the real harm** to bar businesses^{63 64 65 66}. RWJF was in on spreading the lies about no harm to bar businesses. They funded this publication⁶⁷ for SmokeFree Wisconsin (pg. 7, upper left hand corner).

Reward: Glantz was a 2000 Innovators Combating Substance Abuse⁶⁸ award winner⁶⁹. Award given by RWJF, which comes with a \$300,000 "grant". (see Michael Fiore for link to grant awards).

Glantz recently published a study in PLoS Medicine (Public Library of Science) and did not declare his competing interests. We declared them for him⁷⁰. (see "competing interests of Glantz must be declared")

⁶² <http://www.nytimes.com/2002/08/07/business/media-business-advertising-campaign-tell-restaurant-owners-that-smoke-free.html?scp=1&sq=robert+wood+johnson+foundation&st=nyt>

⁶³ <http://www.stlouisfed.org/publications/re/2008/a/pdf/smoking-ban.pdf>

⁶⁴ http://www.daytondailynews.com/o/content/shared-gen/blogs/dayton/taste/entries/2009/01/15/ohioans_drinking_more_liquor_a.html

⁶⁵ <http://www.blip.tv/file/2913452/>

⁶⁶ <http://opponentsofohioabans.com/Documents/Seitz%20Ltr%20to%20Klein%20-%20study%20on%20indoor%20air%20act%20laws%205%2029%2009.pdf>

⁶⁷ <http://www.rwjf.org/files/research/20090211wistavernmailer.pdf>

⁶⁸ <http://innovatorsawards.org/aboutus>

⁶⁹ <http://www.rwjf.org/pr/product.jsp?id=46155>

⁷⁰

<http://www.plosmedicine.org/article/comments/info%3Adoi%2F10.1371%2Fjournal.pmed.0050178;jsessionid=BF068DDBD7E078A1CF3EEA234893D33D>

Michael Fiore, wrote the first guideline, the *1996 Smoking Cessation Clinical Practice Guideline No. 18*, was sponsored by the Agency for Healthcare Policy and Research (AHCPR, now the Agency for Healthcare Research and Quality [AHRQ]), U.S. Department of Health and Human Services (HHS). That Guideline reflected scientific literature published between 1975 and 1994. The second Guideline, published in 2000, *Treating Tobacco Use and Dependence*⁷¹, was sponsored by a consortium of U. S. Public Health Service (PHS) agencies (AHRQ; Centers for Disease Control and Prevention [CDC]; National Cancer Institute [NCI]; National Heart, Lung, and Blood Institute [NHLBI]; National Institute on Drug Abuse [NIDA]) as well as the **Robert Wood Johnson Foundation (RWJF)** and the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI). The 2008 updated Guideline was sponsored by a consortium of eight Federal Government and private nonprofit organizations: AHRQ, CDC, NCI, NHLBI, NIDA, American Legacy Foundation, **RWJF**, and UW-CTRI. This is the guideline to push smoking cessation and the NRT products.

"Spending \$5 billion a year on tobacco cessation for 25 years would profoundly improve the health of Americans," said Michael Fiore, M.D., M.P.H., author of the article and the government's expert tobacco-cessation witness in the Department of Justice trial. The cessation plan presented at the trial included offering free medications and counseling to the 33 million smokers who want to quit (70 percent of current smokers) with the goal of helping one million additional smokers quit each year (*see figure*), at a cost of \$5.2 billion per year to be paid by the tobacco companies. The program, to continue for an estimated 25 years, was based on *The National Action Plan for Tobacco Cessation* prepared for and approved by the Department of Health and Human Services' Interagency Committee on Smoking and Health in February 2003. The plan was generated by a 15-member committee which worked for six months gathering information and conducting hearings in Chicago, Denver and Washington, D.C. Fiore, who is professor of medicine and director of the University of Wisconsin Center for Tobacco Research and Intervention, chaired the committee. "Some people can quit smoking on their own, but treatment increases the odds of lasting success, which increases the odds of lasting health," said Jack E. Henningfield, Ph.D., professor of behavioral biology and director of the Robert Wood Johnson Foundation's *Innovators Combating Substance Abuse Awards Program* at the Johns Hopkins University School of Medicine. "If the nation were to fully fund the program Dr. Fiore outlined, both the human and financial tolls of tobacco would be dramatically reduced." Like Fiore, Henningfield served as an expert witness for the government in the DOJ trial. Both are **recipients of the Innovators Award**.

Reward: **Innovators Combating Substance Abuse**⁷² is a national program of the Robert Wood Johnson Foundation that recognizes and rewards those who have made substantial, innovative contributions of national significance in the field of substance abuse. Each award includes a **grant of \$300,000**, which is used to conduct a project over a period of up to three years that advances the field. "Shortly before he received his Innovators award, Fiore had chaired a federal committee that developed the National Action Plan

⁷¹ http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

⁷² <http://innovatorsawards.org/media/file/Fall%202004%20Issue.pdf>

for Tobacco Cessation in 2003. The National Action Plan made six key recommendations to reduce tobacco use.

Fiore used his Innovators award to help implement key components of the National Action Plan for Tobacco Cessation. **The award freed up his time** to work with federal, state and local policy-makers to strategize ways to implement aspects of the national plan and other tobacco-cessation activities"

Michael Fiore also co-authored the study below⁷³, based on "long term" quit rate of 6 months. What the authors did not do was conduct this "long term" study on quitting 1 year or longer, as more smokers go back to smoking between 6 - 12 months, thus claiming the success on availability of over-the-counter NRT products. What does not get measured is the lack of success of quitting after 6 months and the ineffectiveness of over-the counter NRT products.

Does over-the-counter nicotine replacement therapy improve smokers' life expectancy?

1. William F Lawrence^a,
2. Stevens S Smith^b,
3. Timothy B Baker^b,
4. Michael C Fiore^b

DESIGN A decision-analytic model was developed to compare the policy of over-the-counter (OTC) availability of nicotine replacement therapy with that of prescription (R) availability for the adult smoking population in the United States.

MAIN OUTCOME MEASURES Long-term (six-month) quit rates, life expectancy, and smoking attributable mortality (SAM) rates.

CONCLUSIONS Compared with R availability of nicotine replacement therapy, OTC availability would result in more successful quitters, fewer smoking-attributable deaths, and increased life expectancy for current smokers.

James Repace, conducted "Ventilation In Bars, Casinos Doesn't Control Health Risk For Hospitality Workers But First Study of Indoor Air Before and After a Smoking Ban Finds Carcinogens Eliminated by Smoke-Free Laws. "This research clearly shows that it is far worse for your health to be a bartender or casino dealer in a smoking-permitted establishment than it is to be a turnpike toll collector," says James L. Repace, MSc., the study's author. "These workers breathe an average of 90 percent cleaner air after a smoke-

⁷³ <http://tobaccocontrol.bmj.com/content/7/4/364.abstract>

free workplace law." Repace, a health physicist, is visiting assistant clinical professor at Boston's Tufts University School of Medicine and a secondhand smoke consultant based in Bowie, Md. In 2002, Repace received a Robert Wood Johnson Foundation *Innovators Combating Substance Abuse* award for his ground-breaking work on the effects of secondhand smoke. Funds from the award helped make this study possible.

Reward: In 2002, Repace received a Robert Wood Johnson Foundation *Innovators Combating Substance Abuse* award⁷⁴ for his ground-breaking work on the effects of secondhand smoke. **Funds from the award helped make this study possible.** Mr. Repace is also the person who came up with the "5,000 lung cancer deaths from passive smoking" figure. Interestingly, Stanton Glantz' university did a study that said the source of funding for a study

Steven Schroeder⁷⁵, who from 1990-2002 was the CEO of RWJF and the brainchild of the *SmokeLess States Program* and the *Robert Wood Johnson Foundation Assault on Tobacco*. He left to go to the UCSF to head up the **Smoking Cessation Leadership Center**⁷⁶, funded of course by the Robert Wood Johnson Foundation, \$9,871,538, payback to the RWJF pushing smoking "cessation"⁷⁷, the funding for which put Schroeder as leader of the Center. "In 2003 Schroeder returned to UCSF and serves as Distinguished Professor of Health and Health Care in the Department of Medicine. He heads the Smoking Cessation Leadership Center, a project funded by the Robert Wood Johnson Foundation designed to work with health professionals and organizations to "narrow the gap between what should be done to help smokers quit, and what is currently done." For more information on the center see <http://smokingcessationleadership.ucsf.edu>."

⁷⁴ <http://www.rwjf.org/programareas/resources/product.jsp?id=21651&pid=1135&gsa=1>

⁷⁵ <http://history.library.ucsf.edu/schroeder.html>

⁷⁶ http://www.rwjf.org/publichealth/grant.jsp?id=47139&type=690&npo=SAS&NPO_FUND_ID=55124

⁷⁷ http://smokingcessationleadership.ucsf.edu/FS_WhatWorks.htm

LOBBYING

RWJF states they do not lobby, however they've given grants to the American Cancer Society, *funded* Tobacco-Free Kids and given grants to American Heart Association. These groups all lobby for increased cigarette taxes, coverage for NRT products, clean indoor air, etc. Whether RWJF directly paid for lobbying is a matter of geography, they provided money to these groups who lobby. For example⁷⁸, "**Funding** RWJF provided \$1,057,959 for this project. Montana also received four grants from the program's Special Opportunities Grant Fund. Other sources — including the Campaign for Tobacco-Free Kids, the American Heart Association and the American Cancer Society — contributed over \$500,000 to support lobbying and other activities; no RWJF funds were used to support lobbying

According to this just released Reuters press release on TFK's pressure to raise tobacco taxes⁷⁹, "*The report was released by the Cancer Action Network, the advocacy arm of the American Cancer Society, the Campaign for Tobacco-Free Kids, American Heart Association, American Lung Association and the Robert Wood Johnson Foundation*" Interpretation: The ACSCAN lobbies for RWJF.

EthiconEndo, J&J's bariatric surgery company, funded nursing grants⁸⁰ for nursing assistants in and around the Navajo Reservation

Grant from Ethicon Endo-Surgery⁸¹ to Crownpoint Institute of Technology Supports Nursing Assistant Program

<u>American</u>	<u>Indian</u>	<u>College</u>	<u>Fund</u>
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Tuesday, 1 April 2003

Ethicon Endo-Surgery, Inc., a subsidiary of the Johnson & Johnson Family of Companies, today made a grant of \$15,000 to the Crownpoint Institute of Technology (CIT) in Crownpoint, N.M., to support the institution's nursing assistant program for the 2003-2004 academic year.

The award will go toward scholarships to increase the number of nursing assistant graduates who are filling badly needed healthcare positions in and around the Navajo Reservation.

Coincides nicely with this RWJF grant⁸²

⁷⁸ <http://www.rwjf.org/programareas/resources/product.jsp?id=16932&pid=1141&gsa=1>

⁷⁹ <http://www.reuters.com/article/idUSTRE6194SD20100211>

⁸⁰ <http://www.charitywire.com/charity4/04060.html>

⁸¹ http://www.ethiconendo.com/dtcf/pages/press_room_4.htm

⁸² <http://www.rwjf.org/pr/product.jsp?id=21909>

Tobacco Policy Change is cultivating a new and diverse mix of partners who are well suited to engage communities around the tobacco challenges of the 21st century. This inclusive and broad-based network of advocates focuses on policy changes that have been shown to reduce tobacco use, including comprehensive clean indoor air laws, increased tobacco taxes, public funding and insurance coverage for tobacco treatment programs, and restrictions on tobacco advertising, product placement and other tobacco industry promotion activities .

The funding announced today marks the third year of *Tobacco Policy Change* grant awards, which range from \$75,000 to \$150,000

One of the grantees:

Black Hills Center for American Indian Health / Implementation of a Comprehensive Tobacco-Free Policy on the Navajo Nation

Rapid City, SD

Patricia Henderson, (605) 348-6100

pnhenderson@bhcaih.org

This ties into J&J's pattern of awarding grants, even using another of their companies, to push agendas that move Johnson & Johnson products.

OBESITY

RWJF is a huge proponent of combating against the "epidemic of childhood obesity". They've awarded half a billion dollars in obesity grants. RWJF President and CEO testified at Congressional Hearing on Childhood Obesity⁸³.

Numerous grants have been awarded on the issue of sugar and high fructose corn syrup. Grant #66659, \$334,846 "Examining the history, politics and health effects of sugar and high-fructose corn syrup"⁸⁴

Grant#66955, \$98,121 " Examining the effect of providing lower income black adolescents with caloric information on their sugar-sweetened beverage (SSB) purchases"⁸⁵

Who pushed for taxing pop with sugar and corn syrup? RWJF⁸⁶.

Why RWJF's obsession with sugar and high-fructose corn syrup in pop?

Johnson and Johnson owns Splenda⁸⁷.

Study: **Obesity Surgery** is Called Cost Effective⁸⁸ (Wall Street Journal Article)

From the article: The cost of the most common type of weight-loss surgery, which typically runs between \$17,000 and \$26,000, is offset within two to four years by medical cost savings, according to a new study.

The findings, published in the September issue of the American Journal of Managed Care, may increase pressure on health-insurance companies to cover gastric bypass surgery. Some insurance plans specifically exclude weight-loss surgery, despite medical evidence of its effectiveness as a treatment not just for obesity, but also for related conditions including diabetes, high blood pressure and sleep apnea.

"The most cost-effective treatment for obesity is bariatric surgery. If you do that, within two to four years, you will get your money back," said the study's lead author, Pierre-Yves Crémieux, a health economist and principal at Analysis Group Inc., an economic consulting firm in Boston. "We have identified the break-even point for insurers," he added.

Some policy makers and analysts are likely to question the findings because the study was paid for by Johnson & Johnson's Ethicon Endo-Surgery unit, a maker of surgical devices and instruments used in weight-loss surgery.

⁸³ <http://www.rwjf.org/childhoodobesity/product.jsp?id=53271>

⁸⁴ <http://www.rwjf.org/grants/grant.jsp?id=66659>

⁸⁵ <http://www.rwjf.org/grants/grant.jsp?id=66955>

⁸⁶ <http://www.rwjf.org/files/research/20090731ssbbrief.pdf>

⁸⁷ http://www.splenda.com/page.jhtml?id=splenda/pressctr/tate_lyle.inc

⁸⁸ <http://online.wsj.com/article/SB122082794026608293.html>

RWJF funded a study, conducted by the University of California, San Francisco, that concluded the source of the funding impacts the outcome of the study⁸⁹ when it comes to ETS. Then the same holds true of the source of funding when it's paid for by RWJF.

⁸⁹http://www.rwjf.org/reports/grr/024783.htm#int_grantinfo

SUMMARY

In August 2006, the U.S. Federal Court ruled that the major domestic cigarette manufacturers were guilty of conspiracy to deceive the American public about the health risks of smoking. They were convicted under the RICO Act.

RICO

Johnson & Johnson and their "non" profit Robert Wood Johnson Foundation are guilty of the same thing. They've bought laws with grants to push their products. Worse yet, the NRT products are harmful and the Foundation has paid grants to have federal guidelines written to include NRT, they've gotten NRT products into the Economic Stimulus Package, they have deceived the American public about the risks of their products and they've bilked Master Settlement Money and Medicaid funds to cover the products, knowing full well the best way to quit is without drugs, COLD TURKEY.

RENT SEEKING

In economics, rent seeking occurs when an individual, organization or firm seeks to earn income by capturing economic rent through manipulation or exploitation of the economic environment, rather than by earning profits through economic transactions and the production of added wealth.

Most studies of rent seeking focus on efforts to capture special monopoly privileges (J&J holds a monopoly on over-the-counter NRT products), such as government regulation of free enterprise competition.

While there may be few people in modern industrialized countries who do not gain something, directly or indirectly, through some form or another of rent seeking, rent seeking in the aggregate can impose substantial losses on society.

ARTIFICIAL STOCK INFLATION

J&J, using their Foundation, bought Pfizer in 2006 to gain Nicorette while knowing full well their Foundation was pushing legislation to garner smoking bans in more and more states. They not only had insider information, thus obtaining Nicorette, but they artificially drove their stock prices with the laws their Foundation pushed through "grants", a practice Johnson & Johnson has been found guilty of and fined for in many cases. Unfortunately, Johnson & Johnson has considered this "a cost of doing business".

SHERMAN ACT

The law attempts to prevent the artificial raising of prices by restriction of trade or supply. In other words, innocent monopoly, or monopoly achieved solely by merit, is

perfectly legal, but acts by a monopolist to artificially preserve his status, or nefarious dealings to create a monopoly, are not. Put another way, it has sometimes been said that the purpose of the Sherman Act is not to protect competitors, but rather to protect competition and the competitive landscape.

As citizens of the United State of America, we ask that an investigation be conducted.

We believe Johnson & Johnson and their Foundation to be driving policies at the Federal level, while profiting from the very policies they advocate. And we believe, as U.S. citizens, we are entitled to file this complaint and to be assured it will receive the serious level of concern it deserves.

Johnson & Johnson responsible parties should be prosecuted. Johnson & Johnson Company should be fined heavily, not like has been done in the past. To them, conducting business like this and paying fines is just a cost of doing business. It has not yet deterred them and likely won't, unless they *really* feel the penalty.

The Robert Wood Johnson Foundation should be legally required to divest themselves of Johnson & Johnson stock, with the legal stipulation that they *never* again advocate for laws from which the Foundation profits.

This recent list⁹⁰ released by the White House showing White House visitors puts Risa Lavizzo-Mourey, CEO of the Robert Wood Johnson Foundation, as a *seven* time visitor, over twice the number of White House visits of Hillary Clinton. RWJF has been a huge force in not only health "reform"⁹¹ but they've been behind the End of Life⁹² project as far back as 2005, the highly volatile mandatory counseling of the elderly portion of the health care bill? This grant⁹³ is for \$5,000,000. It has their handwriting all over it. They've recommended^{94,95} to "policy makers" how to spend the Economic Recovery money.

These people have been given way too much power and that power was derived from their vast amounts of wealth, wealth obtained by using *their* political influence and ill-gotten profits from laws they "influenced" with grants while becoming richer and more powerful from their stock gains. The Association of American Physicians and Surgeons⁹⁶ has been concerned about the RWJF since 1997. This MUST stop. We not only respectfully request an investigation, we're entitled to one as American Citizens.

⁹⁰

http://msnbcmedia.msn.com/i/msnbc/Sections/NEWS/PDFs/white_house_visitors_release_2009_10_30.pdf

⁹¹ <http://www.rwjf.org/healthreform/>

⁹² <http://www.rwjf.org/grants/grant.jsp?id=53976>

⁹³ <http://www.rwjf.org/grants/grant.jsp?id=55713>

⁹⁴ <http://www.rwjf.org/pr/product.jsp?id=41328>

⁹⁵ <http://www.rwjf.org/files/research/20090407lhcecontable.pdf>

⁹⁶ <http://www.aapsonline.org/testimony/parwjf.html>

Appendix A

Rating	Reason	Side Effects	Comments	Sex	Age	Time Taken and Dosage	Date Added
▼ ▲				F M	▼ ▲	▼ ▲	▼ ▲
Change sort order by clicking arrow under column heading.							
3		My husband was diagnosed with Mantle Cell Lymphoma after 12 years on this stuff. His hair never really came back from the treatment. He has all kinds of mouth problems. He is irritable if he doesn't have a piece in his mouth at all times. He is totally addicted to this crap. After all he has been through with cancer, he is still chewing with no plans to quit. What a shame!		M	55	14 years 4 mg 1X H	2/4/2010
4	stop smoking		The gum is HIGHLY addictive. It has caused serious dental problems...TMJ, tooth erosion	M	57	7 years	1/20/2010
3	nicotine replacement therapy	Hair loss, stomach upset, weight loss, mouth sores, teeth grinding.	While this product has proven excellent as far as making tobacco unnecessary, I used it far too long due to the addictive properties. I am resolving to quit as of yesterday, because going bald at age 21 is freaking me out.	M	21	1.5 years	1/18/2010
1	quit smoking	Huge addiction and hair loss	It really helped to quit smoking but if I'd only knew the damage it can do, I wouldn't start using it at all. I smoked 10 years and after that used nicorette for 7 years. I stopped using nicorette about 2 weeks ago after reading this site. I couldn't imagine that the hair loss that I have suffered for years could be connected to nicorette.	F	33	7 years	1/15/2010

2	To quit smoking	Had to have lots of dental work done, developed hernias	I heavily used Nicorette in the late 1980's. I would chew it and hiccup, so I was swallowing the nicotine. Periodically through my life I have substituted it for cigarettes. I had to have several dental fillings replaced and then get root canals/crowns. I also have about 4 hernias and I know it is because the nicorette ate up my stomach lining.	F	57	10 years	1/10/2010 Email
1	Quit smoking	Significant hair loss and jaw deformation.		M	28	14 months	1/6/2010
4	to quit smoking	I am addicted to Nicorette for 10 years. I have severe stomach issues.		F	47	10 years	1/3/2010 Email
1	I was foolish	Bone loss in the area where I used to store the nicorette in my mouth	PLEASE READ AND LEARN: I just quit nicorette after 22 years, yes, 22 years!!! I never noticed any side effects from chewing it... I loved it. A few months ago, I noticed a lump on my gum (in the area that I used to store the nicorette). I went to a dentist, periodontist, endodontist and oral surgeon. I ended up having multiple bone grafts because there was no bone left in that area. If the latest graft is not successful, I will need to have my healthy tooth removed and get an implant. I believe these problems are a result of the \$300+/month habit I had for so long. I hope my experience helps someone that wants to break this horribly addicting drug! I also hope Nicorette is discontinued... I feel I would have been better off smoking!	F	44	22 days	12/29/2009 Email

5	QUIT SMOKING	STOMACHE ACHES, EXTREMELY SORE TONGUE & MOUTH, GUMS BLEEDING	Only chewing between 4 - 6 pieces of the 2mg a day. The pain inside my mouth started the day I switched to the cinnamon flavour. I find it odd since I have chewed the cinnamon before. My plan was to wean myself off the nicorette pretty soon and I will definately make sure that I do now, although, with the excrutiating pain in my mouth (I can hardly eat or talk my tongue hurts so badly)I haven't even really wanted to chew a piece of the gum. I even went to the doctor's yesterday wondering if I had an infection.	F	42	6 weeks	12/28/2009
1	To stop smoking	Sore gums,Diabetes,liver function problems,high blood pressure.	I have just found this site and used to think that it was just me getting ill with age. I started chewing Nicorette 15 years ago.I was fit and healthy dispite being a smoker. 12 years ago I was diagnosed with insulin intolerance today I take 3 drugs for Diabetes.No matter what weight loss I have managed, my Diabetes is getting worse. After reserching I am begining to suspect it is my addiction to Nicorette.I now have to inject myself with Victosa and have noticed my diabetes control is not based on my food intake but the amount of gum I am chewing. Has anyone else had these problems?	M	45	15 years	12/28/2009 Email
4	smoking addiction	swollen gums, swelling of hands and feet. nicotine addiction to the gum itself for 7 years in increasing doses.	i was better off smoking	M	54	7 days	12/9/2009
1	originally to quit smoking	At the beginning, none. But over time, started to get more and more	Its effects remind me of the ring's effects on Gollum in Lord	F	48	12 years	12/3/2009 Email

		addicted and need higher and higher doses (up to 20 4mg per day.) Urine smelled awful. Have had abnormal liver function test results (ALT levels). Lost interest in things that once gave me pleasure - Nicorette became the most important thing.	of the Rings: ' my preciousss...'. It insidiously hooks you and eats away at you from the inside. I used it to give me energy and see me through stressful times but it ended up being the most important thing in my life. Have finally given up - feeling exhausted and still craving but will NEVER touch another piece of gum.				
1	smoker	Hair loss, mouth soreness, receding gums, bleeding gums, sensitive teeth	This product does more harm than good for me. The potential for addiction to the gum is huge, and the gum's side effects are terrible - worse than smoking for me. Perhaps I have a sensitivity to the gum because after only 12 weeks my mouth health has taken a severe slide.	F	42	3 months	11/30/2009
5	Stopped smoking 12 yrs ago	Mouth sores are unbelievable! Every day I have them. Can't eat when I have them. Ruined Thanksgiving for me.	Using 2mg, and was only using 4 pieces per day. I sold my house and moved, the stress got to me, so I'm up to 7-10 pieces per day. I've cut back to 7 pieces, with regular gum in between. Will gradually get back to 4 pieces per day, with the hope of giving it up all together. I don't want these horrendous mouth sores any longer. AND, my tongue looks like leather. I'm very concerned about mouth cancer using the nicotine gum. I quite smoking 12 years ago and started using Bandits. I quite the Bandits in June '09 and started using the Nico gum. Geeze Louise - can anyone be more addicted to nicotine???	F	58	6 months	11/27/2009

3	For quitting smoking	Periodical mouth and throat irritation and constant hair losing	I'm starting to think that the severe hairs lose I've experience from some moths ago is due to my 16 months nicorette addiction (at least I stopped smoking, but now I find myself having another addiction problem...). I chew about 10-2 mg gums/day. I'm glad to see that I'm not the only one having this suspicion about hair lose and nicorette. I'll try stopping it hopping that hair will return...	M	47	16 months	11/27/2009
2	Help with quitting smoking	I've been having a huge amount of hair loss. If anyone else has experienced this after just using the gum for a few months please contact me. I'd like to compare notes.	I used to have really thick hair and suddenly it comes out in clumps. I've had complete blood work done and everything is fine. All I can think of that's doing this is the gum. I'm qu	F	44	4 months	11/12/2009 Email
1	Stop smoking	Depression, anxiety, hair loss, weight loss, nausea	Nicorette has done nothing good to me, my moods have been horrible and losing my hair at age 20 in a family that has no history of baldness does not seem normal to me. Also, I was very thin to begin with, but losing 15 pounds has put me to an unhealthy weight that I can't seem to gain back no matter how many calories I intake. I'm going back to smoking.	F	20	6 months	11/11/2009
5	Stop Smoking	Hiccups, headaches, sore throat and loose teeth	I'm on my 7th year. I quit chewing the gum in April '09 until September '09. I gained 15 pounds in about two weeks so then I started again because I was going crazy without the nicotine. I switched to 2 mg and the hiccups and headaches stopped. Bubble gum is not a good substitute. I'll try again to quite next summer.				

1	to quit smoking	severe hair loss	I smoked for approximately 35 years. I have been addicted to nicorette and committ for almost 4 years. I have experienced severe hair loss. Today I am quitting nicorette and committ and pray my hair grows back. I would have never even used these products had I know the horrible side effects.	F	52	4 years	10/12/2009 Email
1	Wanted to quit smoking.	Severely addicted to Nicorette gum for 12 years. Extreme hair loss, wearing down of porcelain crowned teeth, general mailaise and not feeling well.	This stuff should carry the same warning as cigarettes have to. It is a nicotine product that is even more addicting than cigarettes, and can make a person much sicker than cigarettes ever could. I'm disgusted that this company seems to be enticing young people with their candy flavored gums. Young people need to be educated about this drug just like they are about cigarettes. There is no reason that the FDA should approve of this drug for any reason whatsoever.	F	60	12 days	9/29/2009
2	smoking cessation	severe addiction, hair loss,	This product should not be available without a prescription	M	51	12 years	9/26/2009
4	To quit smoking.	I quit, 19 years ago. But I became addicted to the gum. In last year I was chain-chewing, perhaps 40 pieces a day. I have been loosing more hair than I think normal for many years. But aside from the hair loss (which I did not connect to nicotine until I found this Board), cankers (hard to get rid of when chewing gum), I thought all was ok. Now I just got back mildly abnormal liver function tests (ALT in particular), an ultrasound that showed an echogenic liver and an					

		elevated ferritin test (which has something to do with iron stores). And strangely, I notice that elevated ferritin is associated with hair loss. I don't know what is wrong with my liver yet. But, I am wondering if other heavy gum users have encountered liver problems.					
3	To stop smoking	After 3 years on not smoking, I'm now addicted to Nicorette gum. It's ruining my teeth and my hair is falling out! Didn't realize it was the Nicorette until I started reading the experiences of others. I think my increased blood pressure and overall body aches and pains is also attributed to Nicorette. Big question: how to I now break the gum addiction and remain smoke free?	After 3+ years of chewing this gum, I find myself addicted to it. How do I break this addiction and remain smoke free? Help!!	F	48	3.7 years	8/21/2009 Email
2	to quit smoking	itchy skin,severe hair loss,dental problems, flushed face, felt very unhealthy..felt like I was ageing rapidly and extremely high blood pressure very very addicted 4mg 10-12 times a day	grateful to be off cigs but not worth the side effects.found this sight because I was curious about side effects of the gum felt very unhealthy I'm hoping to regrow my hair and keep it Haven't chewed the gum for three days..I'm done..	F	49	18 months	8/20/2009
	TO GIVE UP SMOKING		MY HUSBAND IS TOTALLY ADDICTED.HE HAS TRIED EVERYTHING TO GIVE UP AND SPENDS MORE MONEY ON GUM THAN HE EVER DID ON CIGARETTES.IT CAUSES HIM TO LIE AS HE WON'T ADMIT HOW MUCH MONEY HE SPENDS. IT IS DESTROYING OUR ONCE HAPPY MARRAIGE.	M	51	8 years	8/15/2009
1	To resist social smoking	Addiction, also likely related: tooth sensitivity, soft gums and gingivitis,	This drug is addictive and the whole point of	M	36	4 years	8/14/2009

	relapse	mouth and tongue sores, gas, bloating, and farting, GERD/Reflux, chronic nasal drip type cough, asthma, sinusitis, sleep disturbances when taken late at night, acne, increased sebum production, irritability, depression.	flavoring it now is to get new customers, making this market as bad or worse than the cigarette market. Drug dealing is drug dealing, whether you're "protecting us" from carbon monoxide or not.				
3	To quit smoking	None	I was able to quit smoking right away with Nicorette. I was also addicted to it right away. I chew 30 + pieces of 4mg daily. At one point I used Zyban to break the gum chewing habit and it worked for approximately 8 months. Ended up back on the gum and have been chewing it ever since. Since I have found it for \$16 dollars for 105 pieces, I don't have any incentive to quit and have never experienced hair loss or tooth decay. Would love to quit though, don't like the control that it has over me.	F	43	14 years	8/7/2009
1	to quit smoking	mood swings, intense addiction, panic attacks,unexplained minor strokes	This is not the person taking the gum but his wife writing this to you. The mood swings got worse, He started getting panic attacks more and more, He has now suffered two slight strokes which the doctors can't understand why because he doesn't have the markers to have them. I think the FDA should find people to run it that actually care about people not what drug company is going to throw money their way. I strongly urge people not to ingest this substance it could cost you your life. I am puting his gender, age,and years ingesting this crap.	M	53	12 years	8/7/2009
1	TO stop my cigarette	Anxiety, sleeplessness, the red acne like things	I have been chewing 2mg for past 7 years-	F	39	7 years	8/5/2009

	smoking	on my face, hig blood pressure,	Initially I was happy with the results of no longer being a smoker, ut at this point i am not ableto stop the addiction to the gum.				Email
1	to stop smoking	Loss of tooth enamel,anxiety,nausea. Highly addictive.	Initially used to stop smoking. Now have been using on and off for 20 years plus. Constantly reassured self it was less harmful than smoking so OK. Consider NRT an unregulated, expensive scam. As hard to quit gum as smoking - have stopped now for 2 days and am determined to keep going - 20 years ingesting this poison has been too long.	F	52	20 years	8/2/2009
4	to stop smoking	I am hopelessly hooked on it. I am trying to quit the gum and having all the classic signs of drug withdrawal through the day. My teeth which were quite healthy until the last couple of years are starting to crack and break from the chewing.	Nicorette is great in the fact that it does help you quit smoking but it is just as easy to get addicted to the gum as it is the cigarettes. Only difference is that the cigarettes are more destructive to your health. I have been on it since 2003.	F	56		7/29/2009
2	quit smoking	heart palpitations, rapid heart rate, constipation.	Substituting one substance for another is misleading. Yes, I finally quit smoking - but I wholeheartedly believe I could have successfully done so without the Nicorette... It is merely a mental-crutch. And an expensive one at that! If you choose a nicotine replacement - set up a quit date for the replacement as well.	F	35	13 months	7/29/2009
4	stopped smoking	It seems to accelerate tooth decay		M	48	366 days	7/28/2009
1	to quit a smoking habit	hair breaking off; hair thinning; (and don't give me the crap about post-menopause); two bouts of 2.5 months of severe	The question on this website for Nicorette Gum is "DID IT WORK?" The Answer we have all given is an	F	59	15 months	7/24/2009

explosive gastritis;
weight loss; rapidly
receding gumline,
sensitive teeth and
pulling of one tooth;
addiction to the GUM.

unequivocal:
"NO". What THE
GUM did
accomplish was the
expensive
replacement of one
addiction (nicotine
from smoking) with
the same addiction
(Nicotine in the
Gum). And the FDA
approved this scam.
The tiny warning
print on the
pamphlet inside the
packaging is not
acceptable - I got out
a magnifying glass
and read the warning
after I was well past
the 3 months of
taking Nicorette and
I read it because my
normal good health
was becoming
compromised...this
product MUST go
back to being
prescribed by your
Doctor. It is far too
dangerous when
taken for more than
a few months and
likely more
dangerous than
cigarettes if the FDA
would bother to look
into the known side
effects. When you
visit your Dr. and
have tests taken to
try to figure out what
is causing rapid
onset of hair
breakage/loss, severe
gastritis, dental
issues, etc.,
NOTHING SHOWS
UP IN THE TESTS
and blood work. The
only item that
changed in my life
was taking the
NICORETTE and
NOT SMOKING
CIGARETTES, so I
know it's the
Nicorette poison
upsetting many areas
of the body.
Certainly doesn't
make sense to ingest
nicotine in gum form
in an attempt to cure
an addiction to
nicotine in cigarette
form. Our issues are
too similar and
consistent with

			Nicorette use. Quit NOW. The pharma's are making a killing off this product and likely causing more health issues than the damn smoking was causing.				
1	To quit cigarettes	Addicted to nicotine gum	face spasms for last 2 months; am now prediabetic (doesn't run in my family, I eat healthy, weight in normal range, exercise/walk at least 5 hours a week); always tired and achy; suicidal; feel and look like I've aged 10 years in the last 2 years.	F	56	2.6 years	7/23/2009