

RALPH NADER RADIO HOUR EP 265 TRANSCRIPT

Steve Skrovan: Welcome to the Ralph Nader Radio Hour. My name is Steve Skrovan, along with my co-host David Feldman. Hello David, how are you?

David Feldman: Very good, good morning.

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

Ralph Nader: Hello. We're going to impose on your attention span on this one, but it's extremely relevant to your community, maybe to your tragic experience.

Steve Skrovan: That's right. On the show today, we have a health agenda and a black agenda. And I'll explain what that means. First, we're gonna talk about the opioid crisis with Dr. Sidney Wolfe, founder of and now senior advisor to Public Citizen's Health Research Group. The figures are tens of thousands of people we know die from prescription overdose deaths of opioids. Dr. Wolfe along with others is calling for the Food and Drug Administration to impose a moratorium, on all new opioid formulations. This all comes against the backdrop of lawsuits filed against the Sackler family, who for two generations have controlled Purdue Pharma. They've been the chief purveyors of the highly addictive opioid Oxy-Contin. Just ask Rush Limbaugh how addictive that is. The Sacklers have been accused of taking advantage of the opioid crisis by not only marketing the pain killers, but also selling the treatments for it. They even gave it a name, too--Project Tango. Dr. Wolfe and his coalition argue that the FDA has all along been too quick to approve these dangerous drugs that are hollowing out communities all across the country. That's just the first half of the show. In the second half, we welcome ground-breaking journalist Glen Ford, Co-founder, Producer and Host of Black Agenda Report, a radio magazine that provides stories and commentary from a black-left perspective. We hope to have a wide-ranging discussion on the issues facing black Americans both economically and socially with Mr. Ford. As always, we will take a break in between to find out what's going on in the world of corporate crime with our Corporate Crime Reporter Russell Mokhiber. But first, Dr. Wolfe is gonna tell us what he, and probably I hope you, can do to help end the opioid crisis. David?

David Feldman: Dr. Sidney Wolfe, along with Ralph Nader, was one of the co-founders of Public Citizen. He was the director of the Health Research Group from 1971 to 2013. Dr. Wolfe is an expert on issues of drug safety, health-care policy, food and drug administration, hospital oversight, OSHA, medical devices, Medicare, Medicaid and doctor discipline. Welcome back to the Ralph Nader Radio Hour, Dr. Sidney Wolfe.

Sidney Wolfe: Nice to be with all of you again.

Ralph Nader: Thank you Sid. We're gonna talk about your petition to the FDA, released March 21st. But before we do that, you also put out a warning in November to the FDA. Could you tell

us briefly about that? We're talking listeners about the loss of tens of thousands of lives every year in the United States. I mean it is now way beyond the loss of life in the combined Korean and Vietnam Wars of US soldiers--not Korean and Vietnamese.

Sidney Wolfe: And that's each year it goes beyond that total, so it's really an important one.

Ralph Nader: That's incredible. What did you warn the agency about last November? Brace yourself listeners.

Sidney Wolfe: Well, the petition that we filed a week and a half ago to put a moratorium on any new opioids or reformulations of old opioids, was really precipitated by the FDA's latest reckless approval of a super-potent opioid. Last October, an FDA advisory committee considered whether or not to approve an opioid that's ten times more powerful than fentanyl. The evidence that it is very useful was close to zero. For example, in the main study, this drug was given to people who had not terribly serious surgery, but they were in need of pain relief. And half of them got the drug and half of them got a placebo--a sugar pill. The median, or the average amount of time it took for meaningful pain relief was 54 minutes--54 minutes after they came out of the anaesthesia from the surgery. So, the idea that approving a drug like this, just in terms of how effective it is, is preposterous. No one in an emergency room or no one after surgery would like to wait for almost an hour until they have meaningful pain relief. They also talked about, it would be a wonderful thing to have on the battlefield, because the company that made it was funded partly, by the DoD to develop a miracle drug for the battlefield. Again, on the battlefield, if you were a soldier or a sailor having been seriously injured, you would not like to wait for a median--half wait longer and half wait slightly shorter--of 54 minutes. On the side of is it a good idea just in terms of effectiveness? Does it provide something that no previous opioid provided? The answer is no, no, no. But in addition, this drug, which is a little, tiny pill that you put under your tongue, was previously available intravenously. In that form, it was one of the two most abused drugs by anaesthesiologists, medical students, and residents in anaesthesia, because it was so easy in a hospital to get access to even an intravenous form. But this new form, you don't even have to start intravenous. You can put this little, tiny pellet under your tongue. It's "carefully regulated in the hospital", but emphasize that the people who are involved in regulating have chosen the same compound when it was available just in the intravenous form, to divert and abuse.

Ralph Nader: Again Sid, name of the drug?

Sidney Wolfe: Dsuvia, but the chemical name is sufentanil, indicating how close it is to fentanyl. It's a derivative, but much more potent than fentanyl, which is certainly one of the most abused drugs in its prescription form, and after the FDA approved recklessly a lot of different prescription versions of it, it became a bootleg, illegal drug being imported from China. But anyway, back to November.

Ralph Nader: How does it compare with morphine?

Sidney Wolfe: It's about 500 to a thousand times more potent than morphine. So we attempted last fall to stop the FDA from approving it. Unfortunately, partly because they had this thing that it will be useful for the military, although there's no evidence at all that it could ever be used, usefully in terms of effectiveness or safely because of the diversion that could occur on a battlefield. The excuses they use for approving it were preposterous. In fact, the day they approved it on November 2nd, 2018, the commissioner in the process of announcing that they were approving this drug posed the following rhetorical question, "Do we really need another super-potent opioid?" The answer should have been no, but the answer was yes. That, combined with other recent, really dangerous approvals of opioids led us to say, let's close the gate on approval of new opioids. There are more than enough; there are 300 different opioids on the market. It isn't as though there's a shortage, and it isn't as though stopping new ones will cause any harm. It will actually prevent harm because the pattern of what is used by the FDA to approve an opioid is too deadly. The FDA started getting at least concerned, although they have never publicly admitted making any mistake on any opioid approval. They got a concern at the beginning of 2016, and so they asked the National Academy of Medicine, now part of the National Academies of Science, Engineering and Medicine, to help them out, to figure out a way to develop a regulatory framework for opioids.

Ralph Nader: Listen to this, listeners.

Sidney Wolfe: That would improve what they were doing before. A year later, the National Academies provided a 400-page document. The main conclusion was FDA is not paying enough attention to public health in the area of opioids. If there's any class of drugs where the whole public health, not just the user of a high-blood pressure drug or something like that is affected, it's opioids. And they gave detailed examples of how, under the existing FDA regulatory authority, they could do this, they could do this, they could, for instance in the case of Dsuvia, they could have compared the drug, not to a sugar pill, but they could have compared it to another available opioid or even a non-opioid. If they had done that, the drug would not have turned out to be any better. Since it's being touted as having some unique advantage that other opioids don't have, and that they avoided even making that kind of comparison, that whole approval process is preposterous. Anyway, the FDA was very pleased when in the summer of 2017, almost two years ago, they got this report, this is exactly what you need to do, is develop an opioid regulatory framework. As of today, there isn't any opioid regulatory framework. They have talked a lot and walked very little. They say, yeah, we should have this, we should have this. But even the day they approved this Dsuvia, the super fentanyl drug, they said, we are still working on the regulatory framework. And, last week, testifying before the Senate Appropriations Committee, Commissioner Gottlieb said, yes, we're still working on it; we're still working on it. In the meantime, the broken regulatory structure over opioids that the FDA has is just that, it's broken. Until the new structure comes in, we are very concerned that more drugs like Dsuvia or like another super potent drug that they should never have approved in 2011, that after 2.4 million people used this drug, it caused outbreaks of hepatitis, HIV and so forth, it finally came off the market. We don't want any more of that. This country has enough

devastation deaths from opioids. So, the moratorium would say, you can't approve any more opioids until you have in place the framework that was handed you on silver platter back almost two years ago. It's inexcusable. They've been too busy approving new opioids to start saying, maybe we're doing something wrong.

They sort of said they're doing something wrong, but that didn't keep them from continuing to approve new opioids, or failing to take older ones off the market.

Ralph Nader: We're talking with Dr. Sidney Wolfe with the Public Citizen Health Research Group. Sid, to put names on this petition, who did you name as a recipient of the petition? What were their ties with the drug industry before they came to the government, and who funds the Food and Drug Administration?

Sidney Wolfe: Well, before I answer those three questions, which I will in a second, the co-petitioner with me and with Public Citizen's Health Research Group on this, was the person who was for the last three years, the chairman of the FDA's own advisory committee on opioids. He was frustrated because many times he would say this shouldn't be approved and so forth, and the FDA would overrule him. So, the second question of yours.

Ralph Nader: What's his name?

Sidney Wolfe: Dr. Rayford Brown. He's a Professor of Anaesthesiology at the University of Kentucky. He's been on FDA's, essentially, opioid advisory committee for four years. I was on FDA's Drug Safety Advisory Committee from 2008 to 2012. The most common drug topic that we worked on were opioids. The FDA was basically handing over a lot of the most important details of opioid regulation to the industry.

Ralph Nader: If our listeners are wondering why this incredible situation occurs, who did you address a petition to. What were their contacts with the drug industry before they came on, and who funds the FDA?

Sidney Wolfe: Well, the petition was addressed to FDA Commissioner, Scott Gottlieb, who's leaving shortly and to the Secretary of HHS, Azar. Azar was formerly the CEO of Lilly, which is why we aren't seeing a lot of exciting progress on drug-price controls, because that's the company that tripled the price of insulin, making it unaffordable for a lot of very needy diabetics. So, it was addressed to those two people as many people do not know, even in Washington where people at least think they know a lot, starting in 1992, because of a budget problem, the government didn't think they had enough money, someone came up with the idea that why should we fund the FDA out of taxpayer dollars? Wouldn't we do better to fund it directly by cash from the drug industry? So, a law passed in 1992 called the Prescription Drug User Fee Act. It essentially says that any time a drug company submits an application to get a drug approved, they have to pay the money whether it's approved or not. They have to pay what is now like 800,000--a million dollars a year. That amount of the FDA's budget kept creeping up

and creeping up. Right now, the amount of money, just in the drug area, because it also funds review of medical devices, veterinary drugs and so forth. The amount of money this year, this operating government year--if you can call the government operating--is a billion dollars. A billion dollars of drug company money goes directly to pay for about 70% of all the work done just in the drug division of FDA alone. It doesn't include devices and so forth and so on. The FDA has a special relationship with the industry. It always had one because Washington has many drug lawyers working for companies. It used to be the second biggest lobbying industry in Washington to tobacco. It has now beaten out tobacco on that front. It is a very influential industry in terms of convincing members of Congress not to pass legislation that would not be financially beneficial and so forth. Every time this law, this user fee law comes up for renewal, which is every five years, the FDA and the industry take advantage of it and say, let's add another provision to speed up the process of reviewing drugs. Incrementally now, in the 26 years since this was passed, there have been a lot of speedups and a lot of dangerous drugs have come on the market that shouldn't have and had to be taken off the market. We published a study showing that if you compare FDA drug approvals before 1992, when the law was passed, with those afterwards, there's a significant increase in drugs so dangerous they had to be taken off the market after this law passed and there's a significant increase in new black box warnings on drugs for things that were either not disclosed or not known. There's no question that the impact on this kind of coziness, a formal, legal coziness between the industry and the FDA, it almost amounts to a fiduciary kind of responsibility. I don't like using words like that, though.

Ralph Nader: Isn't it true, Sid that Scott Gottlieb, who's on his way out as head of the Food and Drug Administration, was a lucrative consultant to the drug companies?

Sidney Wolfe: Well, he was more than that. He was certainly, from his perspective, a lucrative consultant. Thanks to Charles Grassley [U. S. Senator], and Brandeis' [U.S. Supreme Court Justice] notion that sunshine is the best disinfectant, one of the most important provisions on the Affordable Care Act was to set up a national database so you can look up any doctor in the country and find out how much money she or he got in the last four or five years from the drug companies--the name of the drug company, whether it was consultant or whatever. In the last several years, before Scott Gottlieb became FDA Commissioner, the total was something like 400,000 dollars in consulting fees et cetera, but in addition to that, he was on the board of several drug companies, and he was an official consultant. He comes to the FDA very smart, but with a background of being on the side of the industry. He'd actually been at the FDA before he became commissioner in a less-high position. He left and worked on industry kind of things and then came back. I suspect that you will not be able to catch him when he runs quickly after getting out of the FDA in the next few weeks to go back to working on the industry. You've got the addressees, your original question, are two people who are there much to the happiness of the drug industry. Dr. Gottlieb got a lot of praise because he talked about things on smoking and tobacco. He certainly talked about things on opioids. But his record on actually having done something from the public-health perspective on either tobacco or opioids, is pretty

pitiful, including signing off on this dangerous opioid, Dsuvia, which is, as we said, ten times more powerful than fentanyl.

Ralph Nader: Sid let me ask you, our listeners are probably saying, what do we use if we need a pain reliever. What works? What's the role of the medical profession? Aren't they our sentinels to say no, we're not gonna prescribe this to you? What kind of useful information can you give out before we talk about the great Worst Pills, Best Pills database that's available?

Sidney Wolfe: Yeah well, I think the answer, pain is unpleasant and there are lots of remedies for it. I mean, there are things like aspirin and ibuprofen or Advil. There are a lot of non-opioid remedies and for less severe pain, given that anyone who takes opioids regularly for a couple of weeks becomes addicted, the preferable treatments are not opioids. But even within opioids, if someone has terminal cancer and is in a lot of pain, opioids work for that. The person, may get addicted, but it's an effective treatment. Unfortunately, instead of limiting opioids, and again the FDA is complacent; the FDA is not at the level qualitatively or quantitatively as the Sackler family of Purdue. But the FDA, and that's the purpose of our petition for a moratorium, is complicit and culpable in part for the prescription opioid epidemic. So, part of the problem is the FDA will approve an opioid, not just for severe pain, but moderate pain. What is moderate pain? Well moderate pain, for most people, is something that you don't need an opioid. Unfortunately, a good chunk of the prescriptions of opioids, without being stopped by the FDA by having the label changed to say, "just severe pain," are for moderate pain. Depending on the severity of the pain, you don't need any opioid and if it's really severe, there are opioids on the market. We're not advocating taking the opioids off the market although at some point if they are found to be too dangerous, they may need to come off. But the moratorium is to say: "No more. We have enough opioids, 300 opioids. If you are someone who has pain that really needs an opioid, it's not gonna be difficult getting a doctor who knows what they are doing and has a narcotics license allowing them to prescribe opioids, to do it." The idea that pain equals opioids is something that has been planted in doctors' heads by the opioid industry. There are pain organizations, national pain organizations, doctors, many of whom get a lot of funding from opioid manufacturers. There are doctors who, using this database I mentioned, which is publicly available, you can look up a doctor, look up a drug company; you see that companies like Purdue and like Endo that made Opana ER, which came off the market after causing hundreds of deaths and diseases such as HIV and hepatitis C--these companies pay doctors to be consultants. And when they're friendly to them, the doctors preach the opioid rhetoric causing further damage, but they also get reimbursed for it themselves, which economically is good for their wallet--if the idea of damage is limited to just financial damage, then if they stop doing that, they won't make as much money. But many of these doctors are making hundreds of thousands a year. The culture has occurred, it is in no small part due to Purdue and the Sackler family, Endo, other opioid manufacturers, and to the FDA because of recklessly approving opioids. I mean, we spent some time - which I think you may remember, Ralph - about 25 years ago, going after a narcotic lollipop approved by the FDA. What was the chemical in it? It was fentanyl. So, fentanyl has been approved by FDA in something that goes in the mouth, something that goes on a patch across the skin, and a lollipop. The idea was limiting it to

children with terminal cancer who had a lot of pain. But the message was, “Hey fentanyl is a powerful drug; people like it, particularly if they unfortunately get addicted to it and have a need for more of it.” And, it sort of set an example, I would have to say, for the illegal opioid industry to thrive, to create new versions of fentanyl and bring them in from China or whatever other country. The FDA has been itself, complicit with the opioid industry in bowing and scraping to them. And I think that some of that has increased since ‘92, since they are clients. I mean when you talk privately, as I do from time to time, to people who work at the FDA, they say, once you have this user-fee going on, the drug industry is our client. We thought their client was the public in this country, and it still is up to a point, but increasingly it is not.

Ralph Nader: We’re talking with Dr. Sidney Wolfe of the Public Citizen Health Research Group. Sid, what are people to do? Can they trust their doctor? How do they find doctors that aren’t part of the payola or the ignorant context that often the medical profession is afflicted by on these matters?

Sidney Wolfe: The question is, who do you go to if you want a good doctor? If you live in a town, you’ve lived there for a while, going to the medical school which exists in most large towns, and asking patients who have gone to a doctor, someone who’s going to a doctor for a long time, and who will answer the question, how many prescription drugs does your doctor have you on? If it’s someone 75 or 80, the answer on the average is seven or eight. But if it’s someone 75 or 80 who doesn’t go to a doctor that hands out prescription drugs like water, it may be one or two, or it may be none, which if you don’t have any kind of chronic disease, you shouldn’t be taking any drugs at all. So the answer, who is a good doctor is not easy to do, particularly because the medical boards, which we monitor as often as we can, don’t take away the licenses or even put sanctions on doctors already found to have had five or ten malpractice pay outs, or having been thrown off the staff of a hospital. So, the regulatory structure for doctors is not very good. We’re talking mainly about the regulatory structure for drugs. There’s no easy answer to that question other than common sense, and at least we believe most, if not all the drugs available over the counter, are safer than the prescription drugs because a lot of them had been on the market for decades as prescription drugs and only were switched to over the counter when enough was known about them to say, you’re not gonna get in trouble. Not surprisingly, there aren’t over-the-counter opioids.

Ralph Nader: Well, let’s talk about the kind of concrete information that people can get about hundreds of prescriptions drugs that you have divided with estimable accuracy over the years--Worse Pills Best Pills. They’re approved by the FDA. Some have bad side effects, some have less side effects. Do you want to describe that? I think that’s the best consumer deal with a consumer group I’ve ever seen, and how we can get access to this database.

Sidney Wolfe: Let me just give you some examples. This year is the 25th year since we started Worse Pills Best Pills news. It comes out every month. The main idea of it is to distinguish between the worst pills and the best pills. So, a new drug comes on the market. If we have any kind of concerns about it, we will read the hundreds of pages of briefing materials

that are handed out at least a couple of days before an advisory committee; if it's that dangerous, try and stop its approval, and sometimes we are able to do that. But we tell you in the monthly newsletter, do not use this drug, or this is a safer alternative. Most of the safer alternatives have been around for decades. The reason they've been around for decades is they actually are safer. And, once a drug comes off patent, it is likely that there's as much or almost as much known about it as there will be. For example, I'll give you some specific examples. And the two-year figures will be when we first warn people in Worst Pills Best Pills News. The website is just Worstpills, one word, worstpills.org. There is some free information on the website. You can find out how to subscribe to the print version. Here's an example: Vioxx, everyone has heard about Vioxx. It was this dangerous pain killer, not an opioid, that was taken off the market in September, 2004. We warned people not to use this drug three and a half years before that because of data available that we looked at and it was clear this drug was too dangerous. Why did it stay on the market? Because Merck, the manufacturer, convinced FDA it really wasn't as bad as that study showing it caused a big increase in heart attacks. Finally, another study and it came off the market. So, that's three and a half years that at least people who read Worst Pills Best Pills News didn't take that drug because it's hardly the only pain killer. There are other ones on the market much longer that are much safer. Another example is what was the first one of these statin drugs like Crestor, a drug that's a do not use drug, or another in this class called Baycol and it caused hundreds of cases of life threatening, and in some cases fatal reactions because it caused muscle damage, and the muscle damage released chemicals that went to the kidney, and caused kidney failure. We warned people, don't use Baycol in March of 1998. It was not taken off the market until three and a half years later. This is the kind of information that we provide. We have an excellent staff. We review published articles. But the main information comes from unpublished data that is available if you know how to find it, because the user friendliness of the Food and Drug Administration's website is not very high. So, we use information, based on studies that the companies did. But if the results are too bad, they don't have to publish them. The FDA gets the studies, and gets to consider them when they decide whether to approve a drug, but in the case of this super opioid Dsuvia, they didn't pay a lot of attention to the studies. They paid attention that the military might like it and they approved it. The fact that FDA approves a drug doesn't mean that it's safe and effective. Again, worstpills.org will get you a monthly publication. Each month there are three or four drugs discussed. In the course of a year, there are dozens of drugs--some new, some old--that we say, do not use. We get lots of mail from people saying, I was taking this drug; I read the article and it said do not use; I brought the article to my doctor. Some doctors don't like to have patients be informed, but we think patients need to be informed because too many of their doctors are misinformed, because they get their information from the drug industries.

Ralph Nader: When our listeners get a doctor to prescribe something, they can go to your database and see whether it's a worst pill; do not use, or a better pill--do use. How much does this subscription cost? That's what people are probably asking right now.

Sidney Wolfe: The subscription a year for the print version, which at least a lot of people in our generation like to have a print version. I think we used to put three whole punches. But people in our generation who, in many cases, use way too many drugs can get this.

Ralph Nader: How much?

Sidney Wolfe: \$20 for a whole year. There's I think a reduction if you're over 65, an age that is so-called senior citizens.

Ralph Nader: It can save your life, or save a lot of harm and aggravation. Next year you're coming out with a new edition of the famous Worse Pills Best Pills book [Worst Pills, Best Pills: A Consumer's Guide to Avoiding Drug-Induced Death]?

Sidney Wolfe: Maybe next year; it may take longer than that. We have had to spend so much time on the FDA itself, we are somewhat behind in finishing that book. The first four editions came out about four or five years apart. The last edition came out 14 years ago, so there are two or three times more new drugs that we have had to review in it. It will be a while. But in the meantime, all the new things that we find are put on a monthly basis in Worst Pills Best Pills News at worstpills.org.

Ralph Nader: We're out of time Sid, unfortunately, but we'll have you back obviously. Thank you very much. We've been talking with Dr. Sidney Wolfe with the Public Citizen Health Research Group.

Sidney Wolfe: Wonderful talking with you all again.

Ralph Nader: Thank you again.

Steve Skrovan: As Ralph said, we've been speaking with Dr. Sidney Wolfe. We will link to his work on opioids at ralphnaderradiohour.com. Now we're gonna take a one-minute break. When we come back, we're gonna welcome for the first time on the show, journalist, Glen Ford of Black Agenda Report. But first, let's get a better bead on the corporate agenda with our Corporate Crime Reporter, Russell Mokhiber.

Russell Mokhiber: From the National Press Building in Washington, D.C., this is your Corporate Crime Reporter "Morning Minute" for Wednesday, April 3, 2019. I'm Russell Mokhiber. Is Poland Spring water from a spring? Not one drop, claims a lawsuit moving forward in federal court. That's according to a report in the New York Times. The class action lawsuit contends that Nestlé's water's marketing and sales, advertising it as 100% natural spring water, has been a colossal fraud perpetuated against American consumers. "Not one drop of Poland Spring water actually qualifies as spring water", the lawsuit says. It is common ground water that has been illegally mislabelled in order to "reap massive undue sales". The result is that "Poland Spring water has become the dominant brand in a market in which it does not even

belong”, the lawsuit says. The company insists that its product is 100% natural spring water. For the Corporate Crime Reporter, I’m Russell Mokhiber.

Steve Skrovan: Thank you Russell. Now let’s talk to someone who for decades has been one of the most significant and influential voices in radio for the African American community. David?

David Feldman: Glen Ford has had a long and wide-ranging career as a broadcast journalist. He has served as Capitol Hill, [U.S.] State Department, White House correspondent and Washington Bureau Chief for the Mutual Black Network and produced and hosted America’s Black Forum, the first nationally syndicated black news interview program on commercial television. Mr. Ford also co-founded BlackCommentator.com, a weekly journal, which quickly became the most influential black political site on the net. Now, Mr. Ford hosts and produces the radio magazine Black Agenda Report. Welcome to the Ralph Nader Radio Hour, Glen Ford.

Glen Ford: Thanks for having me.

Ralph Nader: Welcome indeed Glen. I want to put a little bit of historic context in discussing the Congressional Black Caucus on Capitol Hill and what your views have been on their performance. I remember back when I was a law student in Harvard in 1950s and we were engaged in the civil rights movement, and Orville Faubus’s foibles, Governor of Arkansas and all that, and we’d be sitting late at night at a cafeteria and we’d say, you know, once African Americans get the vote, they will elect African Americans to the Congress and after a while, these elected African Americans are going to become chairs of important committees; that’s when things will really start changing. In 2011, the New York Times had an elaborate article showing how the Congressional Black Caucus, not only at its large gala annual meeting at the Washington Hilton in Washington, D.C., but throughout the year, receives a lot of money from corporations, corporate foundations, oil industry, drug industry. And the article pointed out that they’re getting their money’s worth. I know I have had a lot of trouble, with the exception of one or two members of the Black Caucus, in getting them to do anything in terms of hearings on black poverty; in terms of the exploitation as consumers, the rackets; even when they were chairs of important committees that had jurisdiction. We all know that Barbara Lee stood out as the only member to oppose Bush/Cheney going to war in Iraq. We know John Lewis’s heroics that continue in civil rights. But, by and large, it’s a disappointment, because at times there were almost 50 members of the Congressional Black Caucus in the House alone. With that background and frustration, can you talk about, in some detail, what you have seen in terms over the years?

Glen Ford: Yeah, well your assessments of the Caucus and the Times assessment is accurate. But I’d like to give some historical perspective to this. The caucus used to be within House, democratic terms, a reliably, progressive body; it called itself the conscience of the Congress. I don’t think it ever lived up to that, but it could be counted on to vote with whatever progressives there were in the House. But all that changed, and it changed dramatically and

rather quickly, around the turn of the century. Before the year 2000, there was only one member of the Congressional Black Caucus who could fairly be called a conservative by black political standards. There are two spectrums of politics in this country. The black political spectrum does not in reality, conform to the white political spectrum. Black folks who call themselves conservative are really on issues to the left of lots of white folks who call themselves liberal. But all that gets kind of evened out within the confines of the Democratic Party, and they start looking more and more alike. But again, the Black Caucus was concentrated on the left wing of the Democratic Party until around the turn of the century. What intervened was money, and the crucial election cycle was 2002. That's when all this corporate money, for the first time, got deployed in a powerful sense, at the precinct level in big-city democratic politics, where it had not previously been a big factor. The Congressional Black Caucus members used to get the bulk of their money, the money they could rely upon, from the unions. And, since Congressional Black Caucus seats were fairly safe, they were safer than the average democratic seats, incumbents could confidently seek re-election with modest amounts of money that were provided by the unions. But the intervention around the turn of the century by big capital, changed all of that. In 2002, we saw these big-money folks, often unknown, coming into black congressional races, and deposing Earl Hilliard in Alabama, who was a very progressive member of the Caucus, and Cynthia McKinney in Georgia. That was really just the tip of iceberg. They also attempted in 2002 to elect one of their own, a black conservative, Cory Booker, to the City Hall in New Jersey. He was barely turned back, but that didn't discourage them because they had two big victories in Alabama and Georgia. They realized that it was possible to elect very right-wing black Democrats in majority black districts. And they kept on applying the money. By 2005, just three years after that seminal 2002 cycle, the Congressional Black Caucus, when it came to the telecoms, was voting more with the corporations, the telecoms, than the Democratic Caucus as a whole. By 2005, the Congressional Black Caucus could no longer call itself the conscience of the Congress, and was no longer reliably a block on the left side of the Democrats in the House. And it's been all the way downhill from there.

Ralph Nader: And the redistricting by Republicans in various states gave these black members of Congress very safe seats in order to elect more whites, from other districts and so they didn't fear primary challenges from progressive black Americans, did they?

Glen Ford: That's right. Not in these very, very black districts. But money still talks in those very black districts. Even though the corporate money didn't dramatically unseat that many members, although the fear of that money was instilled as far back as 2002 with Earl Hilliard's and Cynthia McKinney's unseating, it put the fear into all of them. You could see it in the change of complexion in their voting behavior, if not in the actual people who were sitting there.

Ralph Nader: We're talking with Glen Ford. You have specifically written about the votes of most of the Congressional Black Caucus on military budget, on Wall Street. Can you elaborate on that? It's pretty stunning, compared to the public opinion polls of where black Americans are on these issues.

Glen Ford: That's right. Well, you know, one of the first things we tried to do when we established the Black Commentator and then Black Agenda Report, is to establish that there really did exist, and I think still exists--a black public political consensus on issues of social justice and of peace, and that it is a bonafide left constituency--the most left-leaning constituency in the country. But that's not reflected in the votes, certainly not in the votes in the last two decades of the Congressional Black Caucus, which goes further and further to the right.

Ralph Nader: What you're saying is, the majority in Black Caucus in Congress is more to the right by a measure of significance, than the black Americans back in their districts who vote for them. Supporting massive military budgets and not going hard after the Wall Street collapse on the economy, on unemploying eight million workers and ripping apart savings.

Glen Ford: On the military budget, there is virtually no difference between the Black Caucus's behavior and the Democratic Caucus as a whole. That has been erased. Nobody's conscious there; they're just regular Democrats. I think another seminal point in history in moving on that curve was 2005. That was the year of Katrina, which was a huge catastrophe, of course for the black folks of New Orleans, but psychologically for black America. That is, there was hardly a single black organization that didn't set up some kind of fund, at least on paper, to aid Katrina. This was a time to reassess black politics with the abandonment of hundreds of thousands of black folks in New Orleans, and a clear plan among the local and national powers that be to ethnically cleanse New Orleans and to make it a kind of model for a disaster capitalism of the kind that Naomi Klein described, taking place first in New Orleans, and then we see attempts to replicate that disaster capitalism in Detroit, and generally in Black America. So, this was a huge date, a very important period. But Nancy Pelosi, the Democratic leader anticipating that the Democrats stood a good chance of retaking the House in 2006, ordered the Congressional Black Caucus not to attend, not to call for any hearings of its own on Katrina. The Democratic leadership didn't hold any hearings on Katrina. And Pelosi ordered that none of the Congressional Black Caucus members, no Democrats, attend the Republican hearings on Katrina, unless they represented districts that were directly affected like in Alabama and Louisiana. Cynthia McKinney, who by this time was back in Congress having regained her seat, was the only member of the Congressional Black Caucus to defy Pelosi's order and attend the Republican hearings, and do some very good work at those hearings. For that, she was demonized and isolated by the Democratic leadership with the cooperation and collaboration of most of the rest of the Caucus. They gave her no moral support as she was again eased out of her seat in Congress.

Ralph Nader: That was a real shameful chapter, Glen. They went after her because she defended Palestinian rights as well.

Glen Ford: That's right. Well, that's why she had gotten on the corporate money's hit list back in 2002. That's why Hilliard was kicked off as well. These were lessons to any up and coming, aspiring Congressional Black Caucus member, as to how to behave once they get in Congress.

That's why it is heartening to see some members of this new crowd, not having imbibed the lessons. We'll see how long that lasts.

Ralph Nader: Before we name some of the good guys, so to speak, in your opinion. Listeners, you can get more detail by going to blackagenda.com. Glen Ford is the Executive Editor and he can be contacted at glen.ford@blackagenda.com. You're talking about fearless recitation of facts here. He has, for example, in one of his articles, why only 30% of the Black Caucus, a pitiful 13 members, voted against a monstrous Pentagon funding measure that will starve the social arms of government, and prime the pumps for more war. And then you had the roll call, that 29 members of the Black Caucus supported this monstrous Pentagon funding. Trump gave the Pentagon 84 billion dollars more than the generals even asked for. And 13 "no's." Name some of the more progressive members of the Black Caucus by your standards.

Glen Ford: Well certainly, Conyers was a stalwart, but of course he's no longer there. Of course, Barbara Lee and Maxine Waters are, on bread and butter issues as well. In fact, except for her infatuation with Russiagate, Maxine Waters has been, again, a stalwart on the left side of the Caucus.

Ralph Nader: Who are the new ones that you like? There are some really good ones just elected and are members of the Black Caucus.

Glen Ford: Well, certainly the sister from Massachusetts, [Congresswoman Ayanna Pressley] who many of us had not heard of before, has been performing quite well. But in general, the newer members of the caucus are not encouraging. In fact, before this new batch, and remember, they haven't had much time to prove their actual political mettle. But the crop that came in the last two cycles before--there were five additions to the Congressional Black Caucus previously--every single one of them is a troglodyte. Every single one of them voted for an act last year that was called the Protect and Serve Act of 2018. This was a bill that made police a protected class. That is, if you strike a police officer, and we all know that when police beat you up, they always charge you with assault--that will be defined as hate crime with the additional penalties. They voted, I'm talking about 29 of the Congressional Black Caucus members, that's 75% of them, voted to make police a protected class even though police are of course the most protected class in the United States for having more impunities from the law than any other class. Only four years before, in 2014, and this is only two months before Michael Brown was shot down in Ferguson, Missouri. In June of 2014, 80% of the Congressional Black Caucus, 32 members voted to continue the infamous 1033 Pentagon Program to transfer military weapons to local police departments. And so, we have a Congressional Black Caucus that in 2014, votes to continue the militarization of the police. Then in 2018, four years after the Black Lives Matter Movement emerges, that same caucus votes 75% to make police a protected class. Clearly, they didn't learn anything from the Black Lives Matter Movement.

Ralph Nader: You know, before we get to this very touchy subject of blackface, you stated "Imperialism permeates US culture infecting most American brands of leftism and even

socialism". You can find more about this at blackagenda.com. Let's pick up on this blackface. The horrific conditions on the ground of black people--the mass incarceration, the brutalization in the jails, the prejudicial aspect of law enforcement, the poverty, the payday-loan rackets, the rent-to-own rackets, the deprivation of municipal services in poor areas, the redlining, the blockage and prejudice all across the board, which the media, I don't think pays enough attention to. You have all that, and then suddenly the governor of Virginia is discovered when he was a medical student 30 years or more ago that he used blackface in a play playing the role of Michael Jackson. And all havoc broke loose in Virginia. People said you have to resign. Then all kinds of articles on blackface and how basically tormenting it is, and almost nothing about infant mortality, lead-based poisoning of children, inadequate health insurance; I can't believe that you're buying into this blackface mania.

Glen Ford: Well it's quite safe and it's looking at institutional racism in a cosmetic fashion. These are safe ways to speak about racism, ways to address racism on a cosmetic basis that doesn't touch the institutional factors. Therefore, it doesn't touch the entrenched powers that be that profit from racism.

Ralph Nader: Do you think it's a distraction? That it's an easy lead in an article or on a radio and TV show to avoid facing the grim realities of what's going on in black communities?

Glen Ford: Sure, it's a cheap way of showing that you're still black. But again, these are people who can't resist the Fraternal Order of Police pressure, and therefore hope to make police a protected class. They can't resist the military-industrial complex, which then pushes its excess arms into the black community.

Ralph Nader: We're talking to Glen Ford of Black Agenda Report. What is the effect of more black police officers in urban police departments? Does that have any contrary effect at all, or are they on the defensive, too?

Glen Ford: Well, first of all, it must be said that survey after survey has shown that black police officers are less liable to commit acts of brutality against black citizens than white police officers are as a group. However, black police officers are always complicit in some numbers in the commission of brutalities against black folks. So simply increasing the number of black police does not correct the problems of the community's relationship with the police, which is inherently an oppressive one. That is, as everybody knows by now, one of the lessons that became general to the American public, with the Black Lives Matter Movement is the understanding that policing, as an institution in the United States, is inextricably linked to slavery and Jim Crow. Those are the institutions that shaped policing and that legacy continues. Until the institutional relationship between police and the black communities that they patrol is changed, there is not going to be a fundamental difference in that relationship just because you inject more and more black police into that environment, even if black police are, to some degree, less liable to be brutal. What the black leadership class's - they coined that term - their

approach to all things racial, is that the more black faces you have in the place, well, that's progress with no consideration of the institutional environment at all.

Ralph Nader: You know, I was just talking with someone who knows a lot about police training in various countries. He said something quite interesting I wasn't aware of. He said in places like England, France, Germany, Lebanon, the police are trained to shoot to injure--to disable in emergency situations; where in this country, they are trained to shoot to kill.

Glen Ford: Yes, and every policeman will tell you that that's almost a biblical law, that you "shoot for the trunk". The idea is to bring the subject down. You have already made the decision of life and death, in favor of death, when you considered using your gun. That is doctrine.

Ralph Nader: They should use more rubber bullets and other less lethal instruments, because a lot of the innocent victims who are killed by excessive police force met that fate because of this kind of training that is not undergone in other countries.

Glen Ford: It's not really about the training Ralph, it's about the mission. The mission clearly is to contain and control and to treat as potentially insurgent the population--the whole population. We saw that this oppressive relationship, that is historical between police and black folks in this country, was intensified at the end of the 60's as a reaction to the black power movement. It was as if they're developing consensus among the rulers. Okay, you black folks won't stay in your place, a place we made for you in Jim Crow, but we've got another place for you and that's the prison. That's when we see the modern rise of mass black incarceration.

Ralph Nader: Well documented, too. Well thank you very much Glen Ford. We've been talking with Glen Ford who says it like it is. He's the Executive Editor of blackagenda.com. You should really go to that website, listeners. You'll see a rare display of documented truth infused with moral considerations. Glen Ford may be the last person in America to censor himself. And we thank you, Glen, for coming on the program and hope to have you on in the future, too.

Glen Ford: Thanks a lot for the opportunity Ralph.

Steve Skrovan: We've been speaking with Glen Ford, co-founder of Black Agenda Report. We will link to that at ralphnaderradiohour.com. That's our show. I want to thank our guests again, Dr. Sidney Wolfe, and of course Glen Ford. For those of you listening on the radio, we're gonna cut out right now. But for you podcast listeners, we've got some great stuff in the "Wrap Up" continuing to converse with both Dr. Wolfe and Glen Ford. A transcript to this show will appear on the Ralph Nader Radio Hour website soon after the episode is posted. For Ralph's weekly column, it's free, go to nader.org. For more from Russell Mokhiber, go to corporatecrimereporter.com. Ralph has got two new books out, the fable, How the Rats Re-Formed the Congress. To acquire a copy of that, go to ratsreformcongress.org. and TO

THE RAMPARTS: how Bush and Obama paved the way for the Trump presidency and why it isn't too late to reverse course. We will link to that also.

David Feldman: Join us next week on the Ralph Nader Radio Hour when we speak with Professor Sheldon Krimsky about his new books, *GMOs Decoded* and *Conflicts of Interest In Science*. Thank you Ralph.

Ralph Nader: Thank you Jimmy, Steve, David. If people want to know how to organize Congress Watchdog Groups, there's a great instruction on ratsreformcongress.org. Without Congress Watchdog Groups back home, you're gonna get the same Congress you've been getting.