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Science + Corporate Bucks = Health Revolution?

By Jennifer Baumgardner

The medical profession has not traditionally shone on the gender-equity front. During a century that has brought us great technological leaps in the treatment of disease, women have been ignored, fed Valium, told it's all in their heads, and routinely dispensed birth control methods laden with side effects. Health activists, therefore, have rightly focused on liberating women from the medical establishment. Speculums in hand, feminists have fought back via *Our Bodies, Ourselves,* package inserts on birth control pills, and the creation of women's health centers.

But finding women-friendly physicians or making yogurt douches doesn't address one enormous impediment to women's health: research, or the lack of it. Since Hippocrates, medical testing has been done almost solely on men. In 1988, Congresswoman Pat Schroeder caught wind of the medical gynephobia—she wisecracks that researchers wouldn't even use female rats for fear the rodents' hormonal fluctuations would skew results. Schroeder wrote and pushed through the Clinical Trials Fairness Act, legislation that requires women to be included in government-sponsored research.

The newest and perhaps most comprehensive effort to study our health is the year-old Partnership for Women's Health at Columbia University. The partnership's director, Marianne Legato, M.D., is a proponent of what she calls "gender specific medicine"—health care based on the understanding of how women's and men's unique biologies play out in the manifestation and treatment of disease—a discipline that she believes will incite the next women's health revolution. Legato's dream is to lead the way to a time when every doctor, beginning at medical school, employs and understands both female and male models of disease—whether that doctor is a heart surgeon or a general practitioner.

To that end, the ambitious mission of the partnership is to gather all existing data on the relationship between gender and biology; to identify gender-specific health issues that need further research; and to initiate and fund studies that will shed light on the differences in female and male biology and health.

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"I began," says Legato, "by asking, 'Are there enough differences between men and women, apart from reproductive biology, to really justify our doing a systematic exploration of women? Or are men and women interchangeable?'" Some of the many gender-specific differences that trip off Legato's tongue:

- Diabetes and hypertension, two common ailments in midlife women, can have a strangely protective effect on their bones that is not shared by men with either disease. One theory derived from this observation is that since women who are diabetic or hypertensive are often also heavy, perhaps it's the estrogen stored in fat that, in turn, prevents bone loss.
- While men's brains are bigger, women's brains have more neurons.
- Women complain of heart palpitations much more frequently than men do and, thus far, there are no known, safe preventive drugs for the female heart. Aspirin, for example, was recommended across the board as preventive cardiac care after an influential study of 22,071 subjects in 1988 indicated its beneficial effects. Zero women were included in the study, and it's still unknown whether aspirin has any benefit for them.

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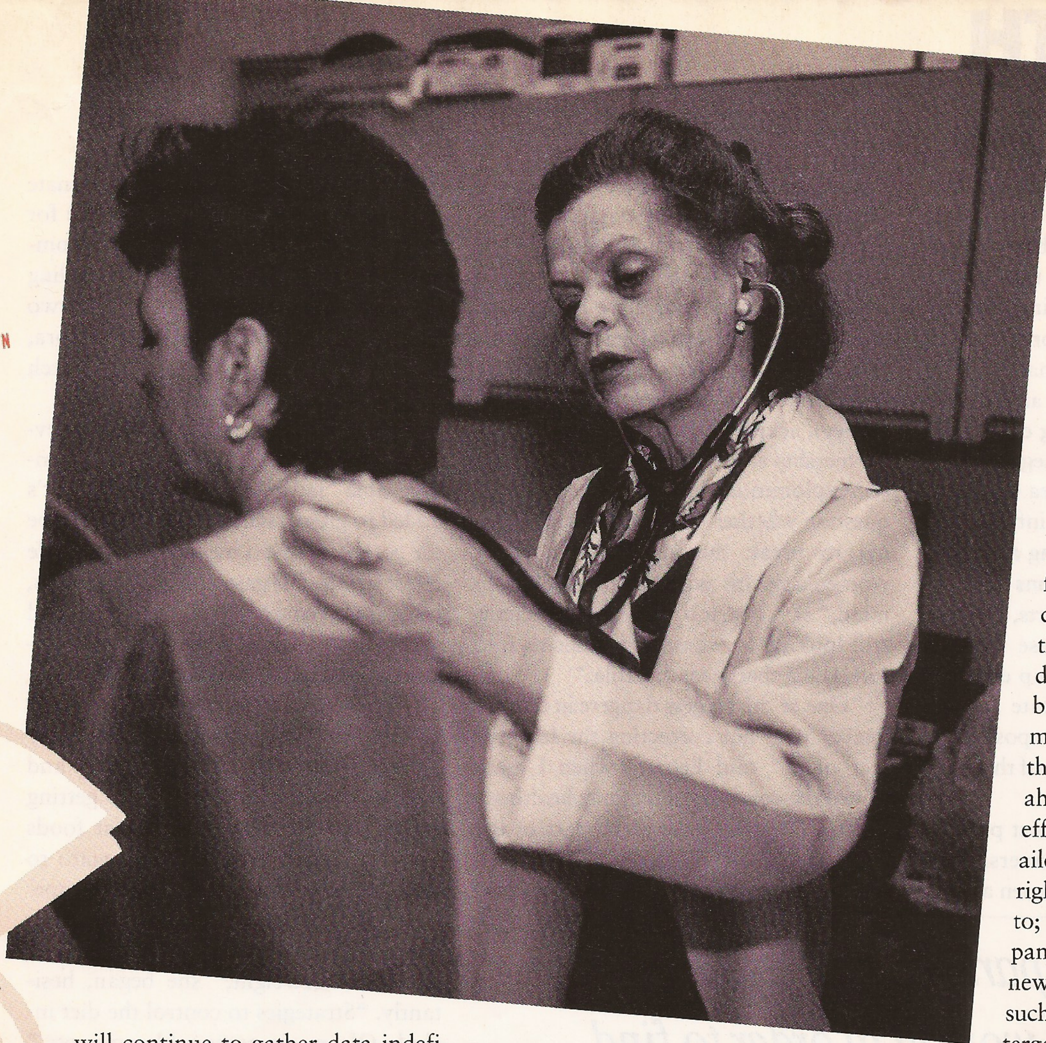
The first step in creating female disease protocols is to figure out what is already known. "The data about gender and its impact on both normal human function and on the physiology of disease is scattered throughout the whole of medical literature," says Legato. "No one has ever gotten it together in one cohesive, accessible mass or database."

Until now. The heart of the partnership's work is the creation of a computer-based medical archive called GenCite, which will gather together the aforementioned studies. It will be housed at Columbia University but will be publicly accessible via the Web by this fall. The partnership's researchers have almost finished assembling the data on bone, and they have begun to tackle nutrition. They



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Dr. Marianne Legato in her New York City office

will continue to gather data indefinitely, and the information they get will, in turn, help them identify new areas of research to pursue.

Which leads to the other major project of the partnership: working with scientists and doctors at other esteemed research universities. In the year since the partnership was formed, Legato has focused on developing relationships with researchers at Georgetown, Harvard, Yale, the University of Colorado, and the University of California at San Diego. These scientists will consult, perform research, write papers, and develop education programs for the partnership. At this point, only two projects are off the ground (one at Columbia is looking at the influence of gender on normal heart function, and at UCSD researchers are working on ways to teach gender-specific medicine to doctors and nurses working in hospitals).

A mandate this expansive requires a lot of money—and you find pockets that deep on the pants of corporate giants. Therefore, the partnership was created as a marriage of Columbia University's scientists and Procter & Gamble's money.

Dr. Legato is a 62-year-old researcher who has practiced internal medicine in New York City for 12 years, before which she was a full-time academic researcher. While she was studying the treatment of coronary artery disease at Columbia, where she also teaches, she discovered research showing that the gold standard indicator for heart disease in men—the cardiac stress test—often elicited incorrect results from women. Further, she noticed that men were treated aggressively to ward off an attack while women were treated less aggressively, or "protected." These insights became the basis of her award-winning 1991 book, *The Female Heart,* which not only raised national consciousness about cardiovascular disease as the number one killer of women, but revealed the sometimes fatal inequities in health care between the sexes.

The book launched Legato into the spotlight, and soon her work caught the eye of T. George Harris, a San Diego-based health journalist. Harris was a consultant for Procter & Gamble, and he introduced Legato to Craig Wynett, the young, innovative director of P&G's Corporate New Ventures. Loath to be just another highly paid consultant, Legato pitched the Cincinnati-based multinational corporation her hypothesis—that gender-specific treatment protocols were most likely needed not just for heart disease, but for every disease. She also stressed that the ways in which disease and drugs played out in the female body were an untapped commercial resource; whoever had the information would be ahead of the game in designing effective products for whatever ailed women. Wynett was the right man to pitch this huge idea to; he sets as a goal for the company the creation of at least one new "megabrand"—top sellers such as Crest toothpaste, Tide detergent, and Pampers diapers—a year. The frontier of women's health products was fresh territory for megabrands. After three years of meetings, the partnership was born—ostensibly, a win/win relationship.

In one sense, the partnership is built on the legacy of women's health activism—from the rebellious seventies' collectives to the eighties' legislative muscle. In another sense, the partnership is the result of aggressive corporations zeroing in on the next big market. Attempting to please these strange bedfellows makes Legato, the brilliant frontwoman, responsible for maintaining credibility with activists while delivering product-oriented data to P&G.

Legato emphasizes that P&G is supportive of her vision: without even insisting on a contract, P&G CEO John Pepper wrote Legato a one million dollar check, thus sealing her fealty. Then he invited the pharmaceutical company Pfizer, the cereal company Kellogg's, and other corporations to put their trust and money into the partnership. While Pfizer's role is yet to be determined, Kellogg's

and P&G each have a say in the partnership's research agenda, and each has "adopted" a part of the database. For instance, Kellogg's is funding the "Nutrition" section and will have first dibs and a 90-day embargo on any proposals or data that come out of that part of GenCite. "I think that this is an idea that is so compelling that the big companies are getting behind it," says Legato.

Agreed, but why is the idea of amassing gender-specific health information compelling? Because knowing about the unique aspects of the functions of women's bodies is, as Legato asserts, an intellectual imperative, or because GenCite will be the largest focus group ever created and P&G (and corporate friends) will have first look at any proposals and breakthroughs that come out of this medical archive?

Given its obligation to assist product development, could the partnership be primarily about targeting women as consumers for osteoporosis medicines and hormones? "There is no question that women's health is a rapidly emerging market and that that fact is fueling much of the current research," says Susan Love, M.D., a feminist breast cancer researcher and author of *Dr. Susan Love's Breast Book* and *Dr. Susan Love's Hormone Book*. "Women make most of the medical decisions, and they are being marketed to by HMOs and pharmaceutical companies."

Legato firmly believes that it's possible to use corporate dough to get the research done without getting baked in the P&G pie. "New idea here: pharmaceutical companies are facing the correctness of the idea that to focus on women is to develop better and more focused therapies for the treatment of disease. They're not simply courting the women customers for propaganda," says Legato, and she freely admits that products are the carrot keeping the companies behind the research.

But where does the benefit end and the exploitation begin? "I have no idea," says Dr. Love. "A difficult question—and one that needs open discussion."

Cindy Pearson, executive director of the National Women's Health Network (a group known for having an extremely strict policy about accepting corporate money), acknowledges that, thus far, the partnership seems to be walking the benefit/exploitation line adroitly. "But I question whether [the partnership] is going to break the mold and look at women's health with race and class in mind," says Pearson. "The partnership is still looking at women in order to find something that is marketable."

"One of the biggest dangers in this endeavor is in not correcting the feminist fear of it," said Legato, when I mentioned the concerns of feminist health activists. "Women have to be part of the solution to these questions. We are functioning on six cylinders when there could be 12. Our purpose is to show the importance of women to better health for everyone. That's my aim," she says. "That and not having the women's health movement blow up in our face." Rather than shooting new projects down, Legato believes women need to get involved, participate in studies, and, in general, grab the medical profession by the horns. Yet she's careful to acknowledge the work of health activists. "I wouldn't be sitting in this chair if it wasn't for their vision and courage to demand something better. The partnership is providing the intellectual paradigm for that spirit."

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So then, what is Procter & Gamble and how much can we trust its commitment to women's health? P&G is a 120-year-old company that does $35.8 billion in sales per year from products as diverse as Crisco and Cover Girl, Ivory Soap and Pepto-Bismol. P&G is currently developing a bisphosphonate (a substance that inhibits bone loss) for treatment of osteoporosis that will compete, they hope, with Merck's best-selling Fosamax. P&G also makes at least two hormone replacement patches—Alora, an estrogen, and a testosterone patch currently in development.

The big product on the roster, however, is Olean (a.k.a. olestra), P&G's nondigestible "fat-free" fat, which, once it's added to greasy snack foods, may just be the company's next megabrand. The side effect of Olean is gastrointestinal distress, including "abdominal cramping and loose stools"—surely the most unfortunate words ever to adorn a bag of chips.

Olean is clearly not a health food—it simply addresses Americans' decidedly unhealthy desire to eat tons of crap and not gain weight. Americans are getting fatter, and the advent of nonfat foods hasn't changed this. I asked Legato to weigh in on olestra's health effects, especially given women's complicated issues with food. "I think Americans are, in general, overweight," she began, hesitantly. "Strategies to control the diet include Olean—in reasonable amounts." Then she said, "Look, it puts me in a very bad position—I really try to keep away from saying that P&G products are good or bad." Legato is mapping the terrain of women's health, but clearly this corporate alliance does limit her ability to comment candidly, as a physician, on products that affect women.

Olestra, a fat that doesn't add to your fat intake, reminds me of the position that the partnership is in if it fails to retain autonomy—moving a mass of knowledge through the bowels of medicine with no substantive effect on women's health. The side effects of the partnership going awry exceed that of olestra's gastrointestinal distress: a misstep with this alliance could condemn a woman's heart, breasts, brain, and bones to having dollar signs stamped on them before they're deemed worthy of study. Whether the partnership is the site of a revolution in health care, or women's health is the next megabrand, rests on Legato's shoulders. Ms.

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