

Are 'ethnic drugs' a form of race-based marketing?

By Latifa Boyce

Special to Sentinel-Voice

MINEAPOLIS (NNPA)—

A new heart medication may help African-Americans with heart failure live longer, a new study finds. If the FDA approves the drug, called BiDil, only African-Americans will be going to their pharmacies to get it.

NitroMed, Inc, the maker of the drug, is waiting for FDA approval to market the drug to African-Americans only, making it the first "ethnic" drug.

The investigators, drug maker, financial analysts, and media have already started to call BiDil the latest breakthrough and blockbuster drug.

"It works," said Anne Taylor, the African-American heart doctor, and assistant dean of the Medical School at the University of Minnesota, who led the study team.

"It saves lives. It makes quality of life better," she said.

The findings, published in November 11 issue of "The New England Journal of Medicine," are based on a study of 1,050 African-Americans with heart failure.

To determine which treatment works best in Black heart failure patients, participants were randomly assigned to receive either BiDil and the standard heart failure therapy, or just the standard therapy.

Patients who took BiDil, in addition to standard therapy, lived longer, visited the hospital less, and had an improved quality of life compared to those taking just the standard therapy, the study showed.

BiDil is made up of two generic drugs, which alone are used to treat high blood pressure and chest pain. The standard therapy includes

drugs such as ACE inhibitors and beta-blockers.

Because the results of a preliminary analysis were overwhelmingly positive, Taylor said, the study's data and safety monitoring board decided to end the trial early so all patients can be put on BiDil. Soon after, NitroMed received a second patent for the drug, and the company's stock soared.

This study is significant because it may lead to more treatment options for Blacks with heart failure, Taylor says, and may help eliminate racial disparities in death from the disease.

But some think the drug is controversial. At the heart of the debate is whether doctors and drug companies are "racial tailoring" or "racial profiling" in medicine.

"We can say it is racial tailoring, not racial profiling," said Wayne Kong, CEO of

the Association of Black Cardiologists, the organization that recruited participants for the study. "It's a good thing, not a bad thing," he said.

"We can at least segment the population and better target therapies," said Kong. "We are moving towards treating patients individually." However, critics like Jonathan Kahn, a law professor at Hamline University, call it "racial profiling."

"The question for me is not whether it works," Kahn said. "Does the end justify the means?"

"People look to this, and it's already happened throughout the media coverage of BiDil, and say, 'Look, there really are differences between the races,'" he said. "And in our country, historically, when you say races are different biologically, bad things happen."

Opponents claim using

race to decide how a patient should be treated is taking medicine in the wrong direction.

"People today making medical decisions based on race are pushing medicine in the direction of second best," said Michael Root, a professor at the University of Minnesota. "There is no need to look at race" he said. "There are better identifiers of these populations."

The central to understanding the BiDil controversy is whether race is a social or biological construct. Jay Cohn, a professor at University of Minnesota, who helped pioneer the use of BiDil, believes the latter. He, along with Taylor, and Kong, use race in medicine to get at underlying biological, or genetic, differences in disease. Cohn says it's the best method to use to determine patients who will respond or not to

BiDil.

While social factors also play a role, Kong says, we cannot dismiss the idea that race has a biological basis.

"The major difference between Blacks and Whites is history," Kong said. "African-Americans came to this country and went through 200 years of slavery, and Whites came over in a position of power. This led to differences in education, diet and health." These social factors are likely to manifest themselves biologically, Kong said.

Kahn argues there is no clear line between society and biology. "Race changes biology because discrimination changes biology," he said.

According to Root, it's misleading to say race is a biological concept. "The people that get clustered together based upon having the same skin color don't share (See *Ethnic Drugs*, Page 12)

Senator calls on U.N. General Kofi Annan to step down

WASHINGTON (AP)—The senator leading an investigation into the United Nations' oil-for-food program in Iraq is calling on Secretary-General Kofi Annan to resign.

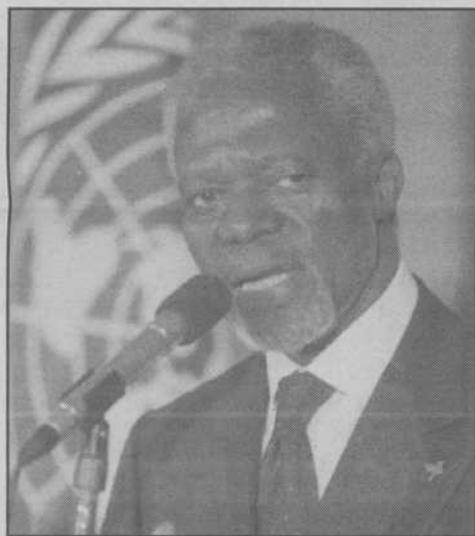
Writing in Wednesday's Wall Street Journal, Sen. Norm Coleman, R-Minn., argues that Annan should step down because "the most extensive fraud in the history of the U.N. occurred on his watch. In addition, and perhaps more importantly, as long as Mr. Annan remains in charge, the world will never be able to learn the full extent of the bribes, kickbacks and under-the-table payments that took place under the U.N.'s collective nose."

Annan's office declined to comment Tuesday night.

The humanitarian oil-for-food program, which began in 1996, allowed Iraq to trade oil for food, medicine and other necessities that became scarce under strict U.N. economic sanctions imposed after the Gulf War. The program was credited with preventing widespread starvation.

Two weeks ago, Coleman's Permanent Subcommittee on Investigations said it had uncovered evidence that Saddam Hussein's government raised more than \$21.3 billion in illegal revenue by subverting U.N. sanctions against Iraq, including the oil-for-food program.

"Mr. Annan was at the helm of the U.N. for all but a few days of the oil-for-food program, and he must, therefore, be held accountable for the U.N.'s utter failure to



SECRETARY-GENERAL KOFI ANNAN detect or stop Saddam's abuses," wrote Coleman.

The subcommittee's ranking Democrat, Carl Levin of Michigan, has worked closely with Coleman on the investigation, but said Tuesday night he didn't see a need for Annan to resign.

"While I believe that one or more specific individuals working with the oil-for-food program at the U.N. may have acted improperly, I have seen no evidence of impropriety whatsoever on the part of Kofi Annan," Levin said in a statement issued to The Associated Press.

In a telephone interview Tuesday night, Coleman said: "Any private company would have asked for his (Annan's) resignation. But

the members of the board, in this case Security Council members China, Russia and France, have all benefited from Saddam being in power."

Coleman said another factor in asking for Annan's resignation was the secretary-general's refusal to give his subcommittee access to the U.N.'s 55 internal audits and interviews with U.N. staff members. Annan has argued that doing so would interfere with an internal investigation by former Federal Reserve Chairman Paul Volcker.

Coleman stressed that in calling for Annan's resignation, he wasn't coming to any conclusions about his involvement in the oil-for-food program.

"I'm not Kofi's boss," Coleman said.

He called Annan's resignation "inevitable," especially in light of this week's rev-

elation that Annan's son, Kojo Annan, received \$30,000 a year for over five years from a Swiss-based company under investigation in connection with suspected corruption in the oil-for-food program.

Coleman stopped short of saying he would move to cut U.S. funding for the U.N. if Annan stays on.

"I'm not prepared to say we need to step back from our (financial) commitments to the U.N.," he said. "But ultimately, if our efforts are thwarted, I think that issue does come into play. The consequence of the path we're on right now is not a good path for the United Nations."

Coleman said he didn't ask any other senator to join his call for Annan's resignation, but said he had "no doubt" that many senators will support the effort.

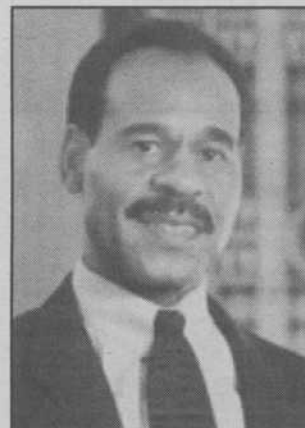
CBC

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month, House Republicans rewrote a Republican-crafted rule requiring indicted leaders to step down, to protect Majority Leader Tom Delay, who faces possible indictment for campaign finance violations in Texas. Senate Republicans voted to broaden Majority Leader Bill Frist's powers in awarding committee assignments, a whip that may be used to prod recalcitrant Democrats and Republicans into action.

Opportunities for cooperation between Democrats and Republicans will be "slender indeed," Ifill predicted, "unless some Republicans become disenchanted with the blatant power grab."

But even that is "not much (for Democrats) to pin their hopes on," Ifill said, since, "those Republicans may be



Rev. Emanuel Cleaver

afraid of the retribution that the right wing will be able to exact."

Despite the increase in Black representation on Capitol Hill, issues important to the African-Americans like joblessness, failures in the public school system, economic parity and racial criminal injustice could likely be ignored, both Bosisis and Ifill

agree.

"(Blacks) should expect some frustration," Bosisis said.

The ability of African-Americans to mobilize has been "undermined, especially since Republicans own the South, which continues to be the place where the majority of African-Americans live," Ifill said. "African-Americans are continually being forgotten."

Congresswoman Brown said, however, that even with the majority Republican Congress the CBC would still wage effective campaigns on behalf of their constituents. "We've had a Republican majority for 10 years now but the CBC will always remain the conscience of the Congress and the country."

Zenitha Prince writes for the Afro Newspapers.

Trauma

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at King/Drew.

Instead of a complete closure, Ludlow recommended reducing the trauma patient load in half, or to roughly 1,200.

He also suggested the county hire three dozen critical care nurses by Feb. 1, which would help answer accrediting agencies' call for more nurses countywide. Ludlow said that at any given time, approximately eight to 10 emergency room patients await admission to

inpatient beds which generally require a nurse to patient ratio of one-to-one or one-to-two.

The councilman also called for the creation of a full-time graduate medical education advisor from either UCLA or USC who would oversee Charles R. Drew University's residency programs.

Following the vote, Knabe called for a 5-minute recess after the room erupted into chants of "Save King/Drew."

Kevin Herrera writes for the Wave