

Alexander Cockburn 1941-2012

By Fred Gardner

The most incisive political journalist of our time, Alexander Cockburn, died on July 19, 2012

We were friends for many years. Shelacked on a file cabinet in the garage is a photo of Alex preparing to photograph a gravestone in Trinidad, California. We were on our way to or from the Redwood Summer protest in Samoa.

Schanubelt's widow had put up a stone that said "Murdered by Capitalism." Alex himself may have been murdered by Capitalism (in which case Capitalism could claim self-defense). We're all being massively bombarded by radiation and exposed to carcinogens in the air, the water, the food, the upholstery, the receipt at the gas station... and it's all in the pursuit of profit. America's "war on cancer" does not mean identifying and eliminating the causes of cancer but a "search for the cure." The corporados don't want to stop the plague by closing their nuclear power plants and eliminating cancer-causing chemicals in their production processes. That would cut into profits. They want to fight the war on cancer inside our bodies. That generates profits.

In 1994 Cockburn and I had collaborated on a piece about the marketing of Prozac. In one of our last exchanges I told him I was planning to use it as the introduction to *The O'Shaughnessy's Reader* and he replied "Go for it," which was a relief.

Alex believed that smoking marijuana had precipitated his beloved nephew Henry's break with reality, and he was never into smoking it himself (even in his dire hour of need). But he was open-minded, tolerant, and liberal in the old John Stuart Mill sense. And he well understood why our Prozac piece would make a relevant prelude to a book about medical marijuana.

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Everybody who knows the history of the medical marijuana movement knows that Dennis Peron started the San Francisco Cannabis Buyers Club in the midst of the AIDS epidemic. Forgotten is that we were also in the midst of the Prozac epidemic. In the early 1990s Eli Lilly's pervasive marketing campaign had changed the way Americans defined "depression" and what constituted the "medical use" of drugs.

In this period Dennis said with amused astonishment, "Half the people I talk to are on Prozac! I can always tell because they get so chatty. People who used to never say a word, suddenly they're talking talking... 'Are you on Prozac?' 'I was but now I'm on Paxil...'"

U.S. doctors were writing millions of prescriptions for SSRIs —Selective Se-

rotonin Reuptake Inhibitors— to treat depression, "social anxiety," and a growing list of "clinical disorders." It was in this context that Dennis declared, "In a country that pushes Prozac on shy teenagers, all marijuana use is medical." It was a brilliant line that simultaneously questioned and exploited the definitions of illness that Big PhRMA and the medical establishment were promoting.

Dennis's detractors snipped off his prefatory clause and then mocked him for making an absurd overstatement. Dennis being a rascal, instead of protesting, started using the shorter version, "All marijuana use is medical!" just to drive them nuts. Which wasn't a long drive.

The medical marijuana movement/industry has been the accidental beneficiary of Big PhRMA's campaign —which Cockburn and I helped expose, but which triumphed nonetheless—to vastly expand the definition of the "medical use" of drugs. Goals of that campaign, we wrote, included "convincing the American people that there is a medical illness called clinical depression that results from a chemical imbalance in the brain and that is treatable by drugs. The campaign is advanced by the psychiatric establishment and the federal government. Its goals include encouraging physicians to diagnose clinical depression more frequently and keeping the American people convinced that the spreading mass misery is just so many individual cases of 'chemical imbalance,' correctable by drugs."

Eli Lilly was flooding the media with quizzes to identify depression. Five yesses meant you were depressed and should see your doctor. What adult American could answer these questions honestly and not come up with fives yesses? We made rich sport of the way the symptoms were rigged to maximize customers for Prozac.

1. "Changes in appetite and weight" is vague, contradictory, and all embracing. It could mean gaining weight or losing weight.

2. "Disturbed sleep" is similarly vague, contradictory and all-embracing —sleeping too much and sleeping too little. In any case, it's a common symptom of aging.

3. "Motor retardation or agitation" is contradictory, vague and all-embracing.

4. "Fatigue and loss of energy." Fatigue results from overwork and/or lack of sleep. Loss of energy is usually the result of a sedentary lifestyle —which most Americans are forced into by the nature of our work, which is "increasingly remote from physical effort," as psychoanalyst Joel Kovel points out, "and more and more a matter of supervising technical processes, watching over the sales, distribution and wasting of commodities, and dealing with human interaction itself."

5. "Depressed or irritable mood" To say that feeling depressed is a defining symptom of clinical depression is a syllogism. And even when the real-world



ALEXANDER COCKBURN PREPARING TO TAKE A PICTURE OF A GRAVESTONE IN TRINIDAD, CALIFORNIA. The stone said:

E.B.Schnaubelt
Born April 5, 1855, Died May 22, 1913
Murdered by Capitalism

Alex had heard about Schnaubelt's gravestone and wanted to pay homage. He later wrote (in *The Golden Age is in Us*), "E.B. had set up a lumber mill as a workers' co-op but then the big companies cheated him out of the land where the mill stood, though he still owned the plant. One night Schnaubelt, living nearby, thought he heard someone messing with his machinery. He went to investigate and a watchman hired by the companies shot him dead. His widow put up the stone and moved away."

causes of a patient's "depressed or irritable mood" may be very obvious —loss of a job, a relationship on the rocks, kid trouble, etc.— the resultant diagnosis, "Clinical Depression," will imply that his or her internal psychological condition was causal. Is there such a thing as a double syllogism?

Frederick Goodwin, formerly the U.S. government's top psychiatrist, said in an interview for this story that an episode of major depression is one of "relentless duration —week after week. You can have a grief reaction that can be every bit as intense as a clinical depression. But it doesn't last. Depressions stick around..." A key to defining depression, he reiterated, was "duration, measured in weeks and months rather than days."

Two weeks? Is that 'relentless duration' in your world, doctor? In our world grief reactions last for years, decades, lifetimes, generations!

6. "Loss of interest or pleasure in usual activities" This can be associated with physical aging and/or deteriorating quality of life. For example, you may no longer take pleasure in swimming at a beach after you've noticed raw sewage bobbing in the waves. You may not find driving as pleasurable now that there's bumper-to-bumper traffic and the commute that once took 20 minutes takes an hour.

7. "Feelings of worthlessness, self-reproach, excessive guilt" Such feelings are the lot of millions in an economy characterized by "downsizing." Men who can't afford to provide for their families tend to feel worthless; women who leave their infants in day care tend to agonize over the decision and feel self-reproach; people living from pay-check to pay-check tend to

feel hopeless about the future.

8. "Thoughts of suicide or death" A suicide attempt is obviously a sign of major depression; but "thoughts of suicide" is a vague term. Does it apply to everyone to whom the thought of ending it all has ever occurred? Who hasn't had thoughts of death now and then?

9. "Difficulty thinking or concentrating" The DSM-IV adds, "—or making decisions." This is another function of the speed and stress of corporate-run society.

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People exist —thrive or suffer— in families and other groups. "Clinical depression" is almost always rooted in some form of loneliness and/or insecurity. To oversimplify (but not by much): happiness is a function of having friends, family and meaningful work. By taking a pill that leaves more serotonin in their synapses, some individuals may achieve a substitute "happiness" without changing the conditions or even the circumstances that made them miserable.

Loneliness and economic insecurity can be eliminated only by political means. If we had a system that didn't encourage so much moving around, millions of people wouldn't feel isolated. If the economic goal was to produce life's necessities in a sustainable way, millions of people wouldn't be impoverished and hopeless.