Recommendation to the President of Harvard University on the Proposal to Dename the Arthur M. Sackler Building and Arthur M. Sackler Museum

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Introduction

In October 2022, a group called the Harvard College Overdose Prevention and Education Students submitted a proposal to dename the Arthur M. Sackler Building and Arthur M. Sackler Museum. The proposal was considered under the University's procedures* for handling denaming requests. Under the procedures, once a proposal has cleared initial administrative review, a committee is formed to undertake a substantive review and make a recommendation to the President to take no action, dename, or keep the name but contextualize it.

It should be noted that there is a gift agreement which places certain obligations on Harvard with respect to the Arthur Sackler naming. However, for a variety of reasons—including interpretive issues under the gift agreement, the broad community interest in this matter, the thoughtful and well-supported presentation put forward by the proposing group, and the depth of the ongoing public tragedy involving opioids—the committee decided not to assume that the gift agreement completely forecloses the possibility of denaming.

This report is organized as follows: First, it provides biographical information about Arthur Sackler. Second, it presents the primary arguments of the proposal. Third, it describes the principles that guided the committee's evaluation of the proposal. Fourth, it evaluates the proposal's arguments. Fifth, it provides a recommendation to the President, with several additional observations.

1. Who was Arthur Sackler?

This section summarizes relevant elements of the life of Arthur Sackler, an influential figure in psychiatric research, pharmaceutical advertising, medical publishing, art collection and philanthropy. He was especially known as an innovator of aggressive pharmaceutical marketing techniques. He and his brothers co-founded the pharmaceutical company known as Purdue Frederick, the predecessor to Purdue Pharma. The company was not his primary focus, and his death preceded the opioid crisis by many years. Still, his connection to Purdue Pharma which, under the control of his brothers and their family members, marketed OxyContin using aggressive techniques he had developed to market other drugs, is the principal reason why he is remembered today and must be acknowledged in any consideration of his impact and legacy.

Arthur Sackler was born in 1913 and grew up in Brooklyn.[1] He attended medical school at NYU.[2] After graduation he developed an interest in psychiatry and worked at a psychiatric hospital in New York.[3] With his physician brothers, Mortimer and Raymond, Arthur conducted research in psychiatry and published more than 100 research papers.[4]

To finance his medical studies at NYU during the Great Depression, he worked as a copywriter with a pharmaceutical company, Schering.[5] He later worked for Schering as a researcher and on its advertising staff.[6] In 1942, he was hired by the William Douglas McAdams advertising agency,[7] later becoming its principal owner.[8] At the time, direct-to-consumer advertising of drugs was restricted,[9] so Sackler targeted his advertisements to physicians. His strategies included placing ads in medical journals and employing "detail men" who visited physician offices to make personal appeals.[10] Among other notable drugs, he marketed the broad-spectrum antibiotic Terramycin for Pfizer[11] and the tranquilizers Librium and Valium for Roche.[12] In 1979, fellow medical advertisers gave him an award reciting that "[n]o single individual

* The proposal was considered under the University rather than Faculty of Arts and Sciences denaming procedures because the Arthur M. Sackler Museum is a University entity and because the naming involves a gift agreement.

did more to shape the character of medical advertising," and noting his success in "bringing the full power of advertising and promotion to pharmaceutical marketing."[13]

In 1960, while running his advertising company, he started the biweekly *Medical Tribune*, a medical publication which eventually circulated to 600,000 physicians[14] and had offices in 11 countries.[15]

In 1952, the Sackler brothers bought a small pharmaceutical company, Purdue Frederick, each reportedly taking a one-third share. With Arthur engaged in his advertising and publishing ventures, Mortimer and Raymond Sackler ran the company,[16] which was the predecessor to Purdue Pharma.[17]

Arthur developed an interest in art, becoming one of the leading collectors and supporters of art in the country.[18] He eventually donated much of the art to the Smithsonian Institution, the Metropolitan Museum of Art, and Beijing University. Harvard was not among the institutions that received works of art from Sackler's collection. He also made gifts in the sciences to institutions including Long Island University, Clark University, Tufts University, New York University, Tel Aviv University and other institutions. Many of these institutions constructed galleries or facilities bearing his name.[19]

His 1982 gift agreement provided funding for Harvard's construction of the Arthur M. Sackler Museum, originally located at 485 Broadway. In 2014, the Arthur M. Sackler Museum moved to 32 Quincy Street, to join the other components of the Harvard Art Museums in interconnected facilities. The building at 485 Broadway is now known as the Arthur M. Sackler Building.

Arthur was married three times and had four children. He died in 1987. His third wife, Jillian Sackler, survives him.[20]

Reportedly, over the years, Arthur grew distant from his brothers and by the time he died they were barely on speaking terms.[21] After his death, Raymond and Mortimer bought his estate's one-third share in Purdue Frederick for $22 million.[22]

In 1991, Purdue Pharma, the successor to Purdue Frederick, was founded by Mortimer and Raymond Sackler.[23] In 1996—nine years after Arthur's death—Purdue Pharma introduced the opioid painkiller OxyContin.[24] Abuse of OxyContin and other opioids (significantly fentanyl) is reported to have led to nearly 645,000 overdose deaths between 1999 and 2021.[25] Purdue Pharma and the Sackler family members who controlled it (Mortimer and Raymond and some of their descendants) have been widely blamed for playing a role in the epidemic and have been sued by thousands of parties including states, local governments, tribes, and individuals.[26] As the Massachusetts Attorney General charged in one such lawsuit:

> Purdue Pharma created the epidemic and profited from it through a web of illegal deceit. First, Purdue deceived Massachusetts doctors and patients to get more and more people on its dangerous drugs. Second, Purdue misled them to use higher and more dangerous doses. Third, Purdue deceived them to stay on its drugs for longer and more harmful periods of time. All the while, Purdue peddled falsehoods to keep patients away from safer alternatives. Even when Purdue knew people in Massachusetts were addicted and dying, Purdue treated doctors and their patients as targets to sell more drugs. At the top of Purdue, a small group of executives led the deception and pocketed millions of dollars.[27]

2. Arguments Made by the Proposal

The denaming proposal sets forth three principal grounds for denaming:

First, although Arthur Sackler died in 1987, nine years before Oxycontin was introduced, the proposal argues that he bears some responsibility for the opioid epidemic, alleging that he was "instrumental in creating the unethical marketing practices that Purdue Pharma and the rest of the Sackler family used to push OxyContin onto physicians and patients."

Second, the proposal asserts that even if Arthur Sackler bears no personal responsibility for the opioid crisis, his association with the Sackler name supports denaming: "To be clear, even if Arthur Sackler were personally blameless, his name should still be removed from our campus on the grounds that the association of his family with the opioid crisis is strong enough to be painful for our community members."

Third, the proposal contends that, independent of opioids and his family name, Arthur Sackler's conduct still weighs in favor of denaming: "[O]pioids aside, a man known to bribe doctors and governmental officials, to underplay the addictive potential of drugs like Valium, and to peddle drugs with falsified endorsements should not be glorified by association with Harvard University."

3. Principles and Process

The following principles, stated in the University procedures for handling denaming requests, informed the committee's process and work:

- Because this is an academic institution dedicated to research and teaching, all efforts should be grounded in historical inquiry and in careful deliberation and investigation.
- The decision to remove a name should not be undertaken lightly. It should be informed by deep examination and learning, and the process leading to the decision should be characterized by reason, persuasion, and discussion that is robust, respectful and generous.
- The judgment about whether to initiate a review should rest primarily on the completeness of the submission, not the number of identified proponents or the strength of their convictions.
- The process should reflect compassion for the members of our community and a commitment to their full participation in our mission.
- The process should approach our history with humility, in recognition of the imperative to remember but with the courage to reckon with past actions or beliefs that were flawed.
- Community consensus is not a prerequisite to acting on a request, but there is an expectation that any request that moves forward to review will allow for the solicitation of views from stakeholders.

The committee considered the proposal in the light of the principles in the report of the Committee to Articulate Principles on Renaming (or as we refer to it in this report, the Denaming Principles Committee) which stated that denaming "may be appropriate" where the named individual's "beliefs and actions" are "profoundly antithetical" to Harvard's values. The Denaming Principles Committee found that the case for removal is "strongest" in each of the following circumstances:

- The name creates a harmful environment that undermines the ability of current students, faculty, or staff to participate fully in the work of the University.
- The behaviors now seen as morally repugnant are a significant component of that individual's legacy when viewed in the full context of the namesake's life.

The Denaming Principles Committee found that the case for removal is "stronger" in each of the following circumstances:

- The entity in question is central to University life and community and to the identity and experience of students, staff, or faculty.
- The namesake's actions or beliefs we now regard as abhorrent would have been regarded as objectionable in the namesake's own time.

The Denaming Principles Committee also stated that the possibility of retaining a name and contextualizing it as a symbol of the complexity of Harvard's past should be part of a consideration of denaming. It also noted that legal restrictions related to gifts may limit the possibility for denaming; indeed, as the University's gift policy provides, namings reflect the source of a donation and, like the act of accepting gifts, should not be understood as a judgment of the donor's character or conduct.

The committee formed to consider the Arthur Sackler denaming proposal was chaired and coordinated by the Office of the Provost and included representation from faculty and senior University officials. The committee considered the proposal in a series of meetings extending over many months. As part of its work, the committee conducted its own factual review of certain aspects of the proposal, consulting subject matter experts and reviewing original and secondary sources. Beyond the proposal itself, the committee considered objections to the current name that have been expressed by other members of the Harvard community (including a group of Museum affiliates in a separate submission) and by members of the public. The committee considered the views expressed by Museum leadership and by University development officials. The committee was aware of decisions that other institutions have made regarding their own Arthur Sackler namings. The committee weighed many viewpoints, but regarded its foremost responsibility as being to evaluate objectively the historical evidence against the University's standard for denaming. While committee meetings featured varying perspectives and robust discussion, ultimately, all committee members agreed with the recommendations of this report.

4. Evaluating the Proposal's Arguments

The committee evaluated the proposal's three principal arguments as follows:

a. *Argument: "Even if Arthur Sackler were personally blameless, his name should still be removed from our campus on the grounds that the association of his family with the opioid crisis is strong enough to be painful for our community members."*

The committee was not persuaded by this argument. Respect for one's individual identity is a fundamental tenet and part of the ethos of our society. The committee believes that individuals should be judged by their own actions, inactions and words, not by the actions, inactions and words of others, whether or not they are family members.

Thus, the committee concluded that the denaming decision should be based only on the actions, inactions or words of Arthur Sackler.

b. *Argument: Denaming is warranted because Arthur Sackler bears some responsibility for the opioid crisis as he was "instrumental in creating the unethical marketing practices that Purdue Pharma and the rest of the Sackler family used to push OxyContin onto physicians and patients."*

The committee was not persuaded by the argument that culpability for promotional abuses that fueled the opioid epidemic rests with anyone other than those who promoted opioids abusively. Arthur Sackler did not himself promote OxyContin, as he died in 1987, nine years before it was introduced. There is no certainty that he would have marketed OxyContin—knowing it to be fatally addictive on a vast scale—with the same aggressive techniques that he employed to market more benign drugs.

The committee was not prepared to accept the general principle that an innovator is necessarily culpable when their innovation, developed in a particular time and context, is later misused by others in ways that may not have been foreseen originally.

c. *Argument: Arthur Sackler's unethical conduct warrants denaming, even if he bears no responsibility for the opioid crisis*.

In support of this argument, the proposal makes and cites a number of claims:

- Arthur Sackler "enlisted prominent doctors to endorse his products." "Drug companies cited scientific studies (which had often been underwritten by the companies themselves) as evidence of the efficacy and safety of each new drug." (Keefe, 2021)
- Arthur Sackler "started one company to plant drug promotions, disguised as articles, in popular newspapers and magazines, … hired and co-opted a director of the F.D.A.'s antibiotics division to support unproven medical ideas favorable to the industry … [and] used fake doctors to promote precarious combinations of antibiotics." (Singer, 2020)
- He "refined the art of wooing physicians with direct appeals, enticing them with lucrative speaker fees, dinners and trips. In exchange, doctors used the medications sold by companies for which he worked." (Mann, 2021a)
- He created advertisements that "emphasized [Valium's] benefits for educated women experiencing 'psychic tension,' a phrase that does not appear in its Food and Drug Administration-approved label." (Rowland, 2019) And he "encouraged doctors to prescribe Valium to people with no psychiatric symptoms whatsoever," running a campaign that stated "[for] this kind of patient – with no demonstrable pathology – consider the usefulness of Valium." (Keefe, 2017)
- He and the company who produced Valium never ran a single study evaluating the potential of Valium to cause addiction or abuse. Nevertheless, they assured regulators and physicians that Valium was non-addictive and would not be abused. Even when evidence was presented to the contrary – showing that the drug had addictive potential – Valium continued to be sold and marketed without change. (Keefe, 2021)
- The situation grew so severe that the Senate convened hearings on "a nightmare of dependence and addiction." (Keefe, 2017) According to Jillian Sackler, Arthur Sackler's wife, however, Arthur Sackler maintained throughout it all that "Valium was a safe drug and that people who overdosed had mixed it with alcohol or cocaine." She continued that Arthur "didn't express sorrow or regret about Valium or its overuse." (Rowland, 2019)
- While selling an antibiotic for Pfizer, Arthur Sackler's agency produced a pamphlet containing endorsements of the product by eight doctors. In that pamphlet, and others, however, the doctors were entirely fictitious, and the names, addresses and phone numbers did not exist. Worse, evidence "started being uncovered" that Pfizer and Arthur Sackler had bribed an FDA official, the head of the Division of Antibiotics. (Keefe, 2021)

To assess the accuracy of these claims and understand them in their proper context, the committee performed its own inquiry, consulting subject matter experts and reviewing original and secondary sources. The committee's findings include the following:

Debate over pharmaceutical promotion to physicians

- There has long been debate over the proper role of marketing and advertising of pharmaceuticals to physicians. As noted by Jeremy Greene and David Herzberg, advertising to physicians was not originally subjected to governmental regulation because the physician's "unique expertise" was thought to make such regulation unnecessary:

> When the Federal Trade Commission (FTC) was created in 1914 to regulate interstate advertising, journal advertising to physicians was exempted in deference to the unique expertise that medical professionals were understood to bring to the interpretation of pharmaceutical promotion[…] Ethical houses, unlike patent medicine companies, continued to enjoy few restrictions on their marketing as long as it remained restricted to medical journals, direct mail to physicians, and office- and hospital-based "detailing" of physicians by sales representatives.[28]

- In the 1950s and 1960s, however, critics such as Harry Dowling, Maxwell Finland, and Charles May raised objections to the practices used by pharmaceutical advertisers to reach physicians. They argued that, in its elevation of style over substance, pharmaceutical promotion had come to resemble promotion of consumer goods such as cars and soap.[29] (As Dowling wrote in an influential 1957 essay, the advertising of drugs to physicians had become "flamboyant," "incessant" and "confusing," creating a "deafen[ing] … din" that leads to the "bewildered physician [who] prescribes by suggestion and not from information."[30]
- Arthur Sackler defended his practices by emphasizing advertising's salutary role in reducing "the time lag between the discovery of a new and useful drug and the application of that discovery by medical practitioners to the patient's benefit….[T]he time gap has been closed, in good measure, by promotional initiative and investments in conveying new ideas and new discoveries in the field of therapy to physicians."[31]
- Arthur Sackler also argued that physicians and consumers were too smart to be fooled: "In this area the doctor and the consumer need no advocate" because "[n]either is so obtuse as to be deceived for long by claims which are even inferentially incorrect."[32] A colleague of Arthur Sackler's, DeForest Ely, testified similarly to Congress in 1960 (while sitting with Arthur Sackler at the witness table):

> What about the … criticism … that ethical drug advertising is so effective that it unduly influences the American medical profession? To ascribe such effectiveness to advertising leaves out of all account the training, ability, and professional practices of the American physician…. All that successful advertising can do is call the doctor's attention to a number of significant facts about a drug, which that drug must then proceed to demonstrate in his hands.[33]

- Notwithstanding the arguments by Arthur Sackler and his colleague, and similar arguments by others,[34] the critics' efforts eventually carried the day, with the passage of the Kefauver-Harris Amendments of 1962 (discussed further below), which required that drug efficacy be demonstrated through "well-controlled" studies as a condition of FDA approval.[35] No longer would individual physicians, targeted by pharmaceutical promoters, be relied upon as the primary evaluators of drug efficacy.

- Pharmaceutical promotion to physicians nevertheless has continued into present times, as has the debate over its merits, as Stuart Schweitzer and John Lu assert in their article "Pharmaceutical Marketing" in 2018:

> There are two ways of viewing pharmaceutical advertising to providers. One looks at it with concern because these advertisements are at best self-serving, one-sided, and incomplete, and at worst misleading and fraudulent. Drug promotions "persuade" rather than "inform" or "educate" physicians, according to this viewpoint. Furthermore, this view espouses the belief that drug promotion will lead to higher price [sic] and increased spending without a corresponding improvement in patient outcomes or quality of care. Inevitably, this view argues for increased scrutiny and strong regulation of drug promotion of all kinds.
>
> Another view regards advertising as a way for manufacturers to "inform" potential prescribers of the merits of their products. Advertisements are a private good, paid for by the sponsoring organization, so one would hardly expect them to provide comprehensive comparative data on all competing products. If more comparative data are desired by healthcare providers, perhaps the fault lies not in advertising per se but rather in the fact that there are few other sources of information in the marketplace, and those that do exist are not utilized as fully as would be ideal. Therefore, an appropriate medium should be developed to produce and distribute this information as a sort of public good. Alternatively, the healthcare market should put greater responsibility on the physician to become better informed about therapeutic options. Advertising might serve a useful purpose in reminding physicians to consider particular products, but physicians then have a responsibility to their patients to do the necessary research to compare the advertised products to one another and to other non-advertised alternatives. If physicians do not do this on their own, the response might be regulatory in nature, utilizing existing requirements for continuing education for physicians in all states.[36]

Committee conclusion: Whether the marketing of drugs to physicians is beneficial or detrimental to society has long been debated. Whether (and to what extent, and under what circumstances) the aggressive marketing of drugs to physicians is beneficial or detrimental to society is an extension of the same debate. The issue is nuanced, and the committee is unable to form a definitive judgment.

Arthur Sackler as innovator

- One of Arthur Sackler's characteristic moves was to describe a large range of potential uses for a drug, to gain the widest market possible. He first employed this strategy for Pfizer's antibiotic Terramycin, starting in 1950.[37] But he was not the first to seek a wide market for an antibiotic by describing its potential uses expansively. Lederle Laboratories did so in its campaign for its own antibiotic, Aureomycin, which preceded Terramycin.[38]
- Techniques used by Arthur Sackler to reach physicians included direct mailings and journal advertisements, and sending "detail men" to physicians' offices bearing gifts, article reprints and free drug samples.[39] But Arthur Sackler's firm, McAdams, was not the only one employing aggressive pharmaceutical promotional techniques during this period. As written in *Fortune* magazine years later, describing Lederle's campaign for Aureomycin: "The company originated the now familiar 'blitz' technique of marketing new drugs."[40] During this period, Parke-Davis likewise aggressively marketed its own antibiotic, Chloromycetin.[41] These tactics became common practice and remained so for decades.
- This is not to deny Arthur Sackler's role as an innovator in pharmaceutical advertising. As noted earlier in this report, according to fellow medical advertisers, "[n]o single individual did more to shape the character of medical advertising" than Arthur Sackler."[42]
- The committee is not convinced, however, that Arthur Sackler's contribution was so vital that, without it, pharmaceutical advertising would have developed in a markedly different way. The post-war period was characterized by a "rapid expansion in the therapeutic landscape brought on by the sudden boom in the number of new drug compounds and the increased pace of growth in the American pharmaceutical industry," which "fomented an increased competitiveness within the pharmaceutical field."[43] During this period, direct-to-consumer advertising of drugs was restricted and governmental regulation of drugs was still evolving.[44] In retrospect it seems inevitable that, out of this milieu, aggressive techniques for marketing drugs to physicians would have emerged.

Committee conclusion: While Arthur Sackler was a prominent innovator of aggressive pharmaceutical marketing strategies, he was not alone in developing such strategies, which would likely have emerged regardless of his contribution.

Arthur Sackler's role in certain scandals of the day

- The use by the McAdams firm of fictitious doctor testimonials in promoting Pfizer's combination antibiotic, Sigmamycin, was regarded as scandalous at the time, and one of the catalysts for Senator Estes Kefauver's hearings into the pharmaceutical industry.[45] These hearings—a "watershed event in twentieth century therapeutics"—resulted in the Kefauver-Harris Amendments of 1962,[46] which required that drug efficacy be demonstrated through "well-controlled" studies as a condition of FDA approval.[47] The McAdams firm was owned by Arthur Sackler, and while one may surmise that he was at least aware of the use of fictitious doctor testimonials in the Sigmamycin campaign, the committee has seen no conclusive evidence of that. (Indeed, Arthur Sackler was not pressed on the issue at the Kefauver hearings.)
- The proposal states that "evidence started being uncovered that Pfizer and Arthur Sackler had bribed an FDA official, the head of the Division of Antibiotics." This is a reference to the Welch scandal, where the head of the FDA's Division of Antibiotics, Henry Welch, served as editor for MD Publications, a publishing house run by Félix Martí-Ibáñez, whose journals relied on reprint and advertising revenue from pharmaceutical companies. Although he claimed only to be receiving a small "honorarium" from MD Publications for his editorial work, in truth Welch also

received a percentage of the reprint and advertising revenue. Welch thus effectively was receiving compensation from companies whose drugs fell under his regulatory purview—a blatant conflict of interest. When the full nature of this arrangement was publicly revealed, Welch was forced to resign.[48] Together with the scandal involving fictitious doctor testimonials, the Welch scandal helped propel the reform movement, leading to the "watershed" Kefauver hearings and Kefauver-Harris Amendments of 1962.[49]

- Arthur Sackler, however, was not publicly implicated in the Welch scandal at the time. Patrick Radden Keefe, in *Empire of Pain*, argues that Arthur Sackler probably was a silent partner in MD Publications and thus "had helped to underwrite" Welch's "compromise"[50], but the committee has seen no conclusive evidence of that. (Again, Arthur Sackler was not pressed on the issue at the Kefauver hearings.)

Committee conclusion: Arthur Sackler may have been complicit in these scandals, but the evidence is not conclusive.

Valium's risks

- During the 1960s and into the 1970s, it was not settled that "minor tranquilizers" like Valium were addictive—or if they were, that their addictive qualities were actually a significant problem. Prescription drug abuse through the 1960s was considered rare and largely limited to abuse of amphetamines prescribed for weight loss. When minor tranquilizers were first introduced—Miltown in 1955, Librium in 1960 and Valium in 1963—"there was little reason to suspect that these drugs would produce dependency even when taken over long periods or at excessive doses. 'People weren't as cynical about new drugs as they are now,'" reported a scholar in an interview with *Newsweek* magazine in 2009.[51]
- During this time, few well-controlled studies examined addiction and abuse of minor tranquilizers. Questionable studies abounded, many of which found no evidence of dependency. "A 1976 survey of existing literature on Valium, for example, found that literally dozens of clinical trials through the years had reported no habituation to the drug, but the vast majority of them had failed to establish protocols for measuring withdrawal, or even to identify any criteria by which to determine its presence or absence."[52]
- In 1973, a widely cited JAMA article indicated that abuse of Valium and other benzodiazepines was rare.[53] "In treating minor emotional states with mixtures of anxiety and depression, the benzodiazepines are as effective as any other sedative drug, they have no overdose potential; tolerance, abuse, and abstinence are very rare; and they have remarkably few side effects."[54]
- Pharmaceutical companies and some physicians "at most … allowed [that] addiction might result when 'dependence-prone' people refused to follow physicians' instructions."[55]
- And even if dependency did result, some authorities at the time distinguished between "physical dependence and the problem of drug addiction," arguing that dependence "was a medical condition and became true addiction only when it began to cause social harm." As one observed, "[t]here is no evidence that a serious problem has been created for society by the infinitesimally few abusers of [minor tranquilizers like Valium]."[56]
- In 1975, after a prolonged regulatory process, Valium and other benzodiazepines finally were classified as controlled substances for purposes of the Controlled Substances Act, under Schedule IV ("low potential for abuse relative to the drugs or other substances in Schedule III[†]…. Abuse

[†] Schedule III substances have a "potential for abuse less than drugs or other substances in schedules I or II…. Abuse…may lead to moderate or low physical dependence or high psychological dependence."

… may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III"). By comparison, opioids are classified as controlled substances under Schedule II ("high potential for abuse…[which] may lead to severe psychological or physical dependence").[57]

- In the late 1970s, a number of high-profile cases of Valium dependency led to a "Valium panic" and sharp decline in use of the drug. Regarding the reports that drove the panic, David Herzberg notes:

> Most drug experts were dubious…. [E]ven during the decade-long debate over regulating Valium, not even antidrug crusaders had claimed that addiction to the tranquilizer was an actual, existing problem. Valium had been "scheduled" by the Drug Enforcement Administration because of its pharmacological potential, with the explicit caveat that actual abuse had rarely been observed and was not anticipated. Most of the eminent figures in psychopharmacology continued to defend their creations, dismissing fears of widespread addiction as sensational nonsense. Even the epidemiologists whose surveys of national drug use fueled the panic argued that Valium and other mood medicines were actually *under*prescribed—in part owing to the irresponsible media.[58]

- Still, Valium is not risk-free; it "can cause dependence if used regularly for long enough."[59] The overdose risk from benzodiazepines is highest when they are abused in conjunction with opioids: in 2021 there were 1,507 overdose deaths in the United States involving benzodiazepines without any opioid, and 10,992 overdose deaths involving benzodiazepines with an opioid.[60] Overdose risk has prompted calls to reconsider the classification of Valium and other benzodiazepines.[61] (By comparison, in 2021 there were 80,411 overdose deaths involving any opioid.[62])

Committee conclusion: From its introduction through the beginning of the "Valium panic" of the late 1970s, Valium was not widely recognized to be dangerously addictive. Today, it is understood that while there are risks associated with Valium (or its generic, diazepam), it is not as dangerous as opioids. Valium/diazepam remains a commonly prescribed treatment for anxiety.

Summary of Findings

Based on its inquiry, the committee finds that Arthur Sackler played a leading role in developing aggressive, controversial pharmaceutical marketing strategies which he used in promoting drugs (most prominently Valium) to physicians, and there is reason to believe that he may have been complicit in the scandals involving fictitious physician testimonials and the ethical compromise of the head of the FDA's antibiotics division. However, the committee also finds that Arthur Sackler was not the only one who aggressively promoted pharmaceuticals at the time; the strategies he employed would likely have emerged regardless of his contribution; the appropriateness of the strategies is still subject to debate; the risk of serious harm—including death—from Valium/diazepam is far less than for opioids; and Arthur Sackler's role in the aforementioned scandals has not been conclusively established.

In short, Arthur Sackler's legacy is complex, ambiguous and debatable.

5. Conclusion and Recommendation to the President

The committee was not persuaded by the proposal's arguments that denaming is appropriate because Arthur Sackler's name is tainted by association with other members of the Sackler family or because

Arthur Sackler shares responsibility for the opioid crisis due to his having developed aggressive pharmaceutical marketing techniques that others misused after his death.

The committee conducted a factual inquiry to assess the proposal's argument that, setting aside any opioid responsibility, Arthur Sackler's conduct still warrants denaming. In light of these findings, set forth above, the committee evaluates the proposal's argument against the factors articulated by the Denaming Principles Committee as follows:

- *The case for removal is strongest where the name creates a harmful environment that undermines the ability of current students, faculty, or staff to participate fully in the work of the University.* Generally, the committee believes that this factor should be based on an objective assessment of the namesake's legacy, grounded in the historical record. To the extent that negative perceptions of the namesake's legacy are not borne out by the assessment, the committee believes that the appropriate step, to mitigate harm, is to cast light on the historical record. Here, the committee concludes that the naming does not create a harmful environment, given its finding that Arthur Sackler's legacy is not necessarily deplorable but rather is complex, ambiguous and debatable, which the committee recommends be communicated to the Harvard community through public release of this report and efforts to contextualize the naming as described below.

- *The case for removal is strongest where the behaviors now seen as morally repugnant are a significant component of that individual's legacy when viewed in the full context of the namesake's life.* Perhaps the most dubious parts of Arthur Sackler's record are his alleged roles in the scandals involving fictitious physician testimonials and the ethical compromise of the FDA official. However, even if he did play a role in these scandals (which is not certain), the committee does not find that these lapses by themselves necessarily represent a sufficient degree of moral transgression to warrant name removal, in the context of his full life.

- *The case for removal is stronger where the entity in question is central to University life and community and to the identity and experience of students, staff, or faculty.* The Arthur M. Sackler Building and Arthur M. Sackler Museum are important components of the University and integral to the University experience of many students, staff and faculty.

- *The case for removal is stronger where the namesake's actions or beliefs we now regard as abhorrent would have been regarded as objectionable in the namesake's own time.* The committee does not find that Arthur Sackler's actions necessarily were abhorrent.

  Furthermore, in his own time, although he received some criticism, the committee does not find that his actions were broadly regarded as objectionable. It is only in recent years, with the public reckoning of the role of other Sackler family members in the opioid crisis, that his actions have been widely scrutinized. Indeed, were it not for the modern-day tragedy of opioids, there is no reason to believe that the naming would now be questioned.

On balance, the review of factors articulated by the Denaming Principles Committee does not support denaming.

The committee therefore recommends to the President that the Arthur M. Sackler Building and Arthur M. Sackler Museum not be denamed.

The committee makes several additional observations:

- In reaching this conclusion, the committee wishes to emphasize that its recommendation not to dename should not be interpreted as an exoneration of Arthur Sackler or an endorsement of his actions. As the University's gift policy states: "[N]amings reflect the source of a donation and, like the act of accepting gifts, should not be understood as a judgment of the donor's character or conduct." Some of Arthur Sackler's actions may have been unethical, including his alleged roles in the scandals involving fictitious physician testimonials and the ethical compromise of the FDA official. More generally, the societal value of the aggressive pharmaceutical marketing techniques that he developed can fairly be questioned. The committee's inability to conclude that Arthur Sackler's actions warrant denaming is not a judgment that his actions were, on balance, meritorious.

- The committee also recognizes the significant harm and loss caused by the opioid epidemic and took seriously the arguments for denaming the Arthur M. Sackler Building and the Arthur M. Sackler Museum. Based on its review of the historical record, however, the committee was unable to conclude that the University's standard for denaming was satisfied.

- One result of this process has been an enhancement of our historical understanding of Arthur Sackler's complex life and legacy. The committee recommends that an effort be made to communicate this understanding to visitors and others who interact with the building and museum. Through such contextualization, people will be allowed to form their own judgments about Arthur Sackler and the naming. This could take the form, for example, of explanatory text displayed on the museum's website and in prominent locations within the museum and building.

Notes

[1] Patrick Radden Keefe, *Empire of Pain* (New York: Anchor Books, a division of Penguin Random House, LLC, 2021), 1.
[2] Keefe, *Empire,* 21.
[3] Keefe, *Empire,* 28.
[4] Keefe, *Empire,* 36-37.
[5] Keefe, *Empire,* 23
[6] Keefe, *Empire,* 28
[7] Keefe, *Empire,* 42
[8] Keefe, *Empire,* 46
[9] Keefe, *Empire,* 63
[10] Keefe, *Empire,* 45
[11] Keefe, *Empire,* 44
[12] Keefe, *Empire,* 63, 66-67
[13] Keefe, *Empire,* 46-47
[14] Patrick Radden Keefe, "The Family That Built an Empire of Pain," *The New Yorker,* October 23, 2017, https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain
[15] Grace Glueck, "Dr. Arthur Sackler Dies at 73; Philanthropist and Art Patron," *The New York Times*, May 27, 1987, https://www.nytimes.com/1987/05/27/obituaries/dr-arthur-sackler-dies-at-73-philanthropist-and-art-patron.html
[16] Keefe, *Empire,* 60
[17] Keefe, *Empire*, 4, 210
[18] Glueck, "Arthur Sackler"
[19] Glueck, "Arthur Sackler"
[20] Glueck, "Arthur Sackler" and Keefe, "The Family"
[21] Keefe, *Empire,* 160
[22] Keefe, *Empire,* 199
[23] Keefe, *Empire,* 210
[24] Keefe, *Empire,* 5
[25] "Understanding the Opioid Overdose Epidemic," Centers for Disease Control and Prevention, last reviewed August 8, 2023, https://www.cdc.gov/opioids/basics/epidemic.html
[26] Abbie VanSickle, "Supreme Court Appears Split Over Opioid Settlement for Purdue Pharma," *The New York Times,* December 4, 2023, https://www.nytimes.com/2023/12/04/us/politics/fame-court-purdue-pharma.html
[27] Commonwealth v. Purdue Pharma, L.P., No. 1884CV01808 (Mass. Super. Oct. 8, 2019) https://www.mass.gov/files/documents/2019/07/11/43_01%20First%20Amended%20Complaint%20filed%2001-31-2019_0.pdf
[28] Jeremy A. Greene and David Herzberg, "Hidden in Plain Sight: Marketing Prescription Drugs to Consumers in the Twentieth Century," *American*

Journal of Public Health 100, no. 5 (May 2010): 794 https://doi.org/10.2105/AJPH.2009.181255

[29] Jeremy A. Greene and Scott H. Podolsky. "Keeping Modern in Medicine: Pharmaceutical Promotion and Physician Education in Postwar America," *Bulletin of the History of Medicine* 83, no. 2 (Summer 2009): 346-47 https://doi.org/10.1353/bhm.0.0218

[30] Harry F. Dowling, "Twixt the Cup and the Lip," *AMA Arch Intern Med.* 100 no. 4, (1957): 532 https://doi.org/10.1001/archinte.1957.00260100013002

[31] U.S. Congress, Senate, Committee on the Judiciary, *Drug Industry Antitrust Act: Hearings Before the Subcommittee on Antitrust and Monopoly of the Committee on the Judiciary*, 87th Cong., 1st sess., 1961, 3068-69, https://books.google.com/books?id=4aITAAAAIAAJ

[32] Greene and Podolsky, *Keeping Modern,* 353 (quoting from an unpublished Arthur Sackler manuscript.)

[33] Senate Judiciary Committee, *Drug Industry Antitrust Hearings*, 3073-3074

[34] Greene and Podolsky, *Keeping Modern,* 357-362

[35] Scott H. Podolsky, *The Antibiotic Era* (Baltimore: The Johns Hopkins University Press, 2015), 72

[36] Stuart Schweitzer and Z. John Lu, "Pharmaceutical Marketing," chap.10 in *Pharmaceutical Economics and Policy: Perspectives, Promises, and Problems*, 3rd edn (New York: Oxford Academic, online edn., May 24, 2018), https://doi.org/10.1093/oso/9780190623784.003.0011

[37] Podolsky, *Antibiotic Era,* 29

[38] Podolsky, *Antibiotic Era,* 19

[39] Podolsky, *Antibiotic Era,* 22-27 and Keefe, *Empire,* 44-45

[40] Podolsky, *Antibiotic Era,* 19

[41] Podolsky, *Antibiotic Era,* 22-27

[42] Podolsky, *Antibiotic Era,* 25

[43] Greene and Podolsky, *Keeping Modern,* 337-338

[44] Keefe, *Empire,* 63 and Jeremy Greene and David Herzberg, "Hidden in Plain Sight," 793-799

[45] Podolsky, *Antibiotic Era,* 69-72

[46] Podolsky, *Antibiotic Era,* 73

[47] Podolsky, *Antibiotic Era,* 72

[48] Richard E. McFadyen, "The FDA's Regulation and Control of Antibiotics in the 1950s," *Bulletin of the History of Medicine* 53 no. 2 (Summer 1979): 168

[49] Podolsky, *Antibiotic Era,* 71-73

[50] Keefe, *Empire,* 102-103, 110

[51] John J. Coleman, "The Regulatory History of Benzodiazepines in the Age of the Dark Web and Other Threats," in *The Benzodiazepines Crisis*, ed. John Peppin et al (Online edition: Oxford Academic, 2020), 162 https://doi.org/10.1093/med/9780197517277.001.0001

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[53] David Herzberg, *Happy Pills*, 138

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[55] David Herzberg, *Happy Pills,* 106

[56] David Herzberg, *Happy Pills* 117

[57] "Schedules of Controlled Substances," 21 U.S.C. 812(b) and "Drug Scheduling," United States Drug Enforcement Administration, last updated July 10, 2018. https://www.dea.gov/drug-information/drug-scheduling

[58] David Herzberg, *Happy Pills*, 122-123 (emphasis in original)

[59] David Herzberg, *Happy Pills,* 145

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[61] John J. Coleman, "Regulatory History," *The Benzodiazepines Crisis*, 181-182

[62] NIH, "Drug Overdose Death Rates."