

AG Fitch Announces \$188.6 Million Settlement with Boston Scientific Corporation

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**Press Release
MS Attorney
General’s Office**

Attorney General Lynn Fitch recently announced a \$188.6 million multistate settlement with Boston Scientific Corporation (Bos-

ton) to resolve allegations of deceptive marketing of its surgical mesh products for women. Mississippi will receive \$2,191,090. “Women and their doctors deserve to have all the information needed to make informed

decisions for their health,” said Attorney General Lynn Fitch. “By failing to disclose critical safety warnings about their devices, Boston Scientific subjected thousands of women to serious and often irreversible complications. This settlement makes clear that we will not allow the health and safety

of Mississippi women to be placed in jeopardy by those who put profit over patient.” Surgical mesh is a synthetic woven fabric that is implanted in the pelvic floor to treat common health conditions in women, such as stress urinary incontinence and pelvic organ prolapse. These are common conditions faced by women due to a weakening in their pelvic floor muscles caused by childbirth, age, or other factors. Although use of surgical mesh involves the risk of serious complications and is not proven to be any more effective than traditional tissue repair, millions of women were implanted with the devices and thousands of women are alleged to have suffered serious complications resulting from these devices. The complaint alleged

that Boston misrepresented the safety of these products by failing to disclose the full range of potential serious and irreversible complications caused by mesh, including chronic pain, voiding dysfunction, and new onset of incontinence. The settlement provides comprehensive injunctive relief. For certain marketing materials, Boston is required to describe complications in understandable terms and disclose significant complications, including the inherent risks of mesh. Boston is also to refrain from making certain misleading representations, such as that the inherent risk of mesh are common to any pelvic floor or other surgery not involving mesh. Boston is also to inform healthcare providers of sig-

nificant complications when providing training regarding procedures for insertion and implantation. Joining Mississippi in this multistate settlement are Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and the District of Columbia.



Living With Children

By John Rosemond
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A therapist takes a 10-year-old boy into what she calls “therapy.” The young fellow is belligerently defiant toward his parents and throws titanic tantrums when things don’t go his way. At school – virtual, going on a year – he’s distractible and doesn’t finish his work without being hovered over and harangued by his mother, a tactic that frequently precipitates more belligerence and a titanic tantrum.

After nearly a year of weekly “therapy” sessions, nothing changed. If anything, the boy’s behavior worsened. At that point, the therapist waves a divining rod over him – just kidding – and discovers that he “has” ADHD and oppositional defiant disorder. In other words, she conceals her ineptitude by claiming that something is wrong with his biology – according to her, a “biochemical imbalance.” To “seal the deal,” so to speak, she recommends he begin taking stimulant medication – one, mind you, that has not reliably outperform placebos in controlled clinical trials. To the credit of their common sense, the parents refuse to accept both the diagnoses and the medication.

I hear similar stories quite often from parents. Without exception, said parents know what has caused their kids’ problems. They did! As in this fellow’s case, the parents micromanage on the one hand and threaten charging elephants with fly swatters with the other. They delay beginning to seriously discipline until the problems in question have become habit, and their “discipline” consists of one part yada-yada and one part screaming and threatening. Excuse me? This means a child’s neuro-chemicals are out of whack? Do the therapists who dispense these absurd explanations perform physical examinations? Do they

draw and analyze blood samples, for example? No. Request brain biopsies? No. Then how, pray tell, do they come to the conclusion that these kids have bad biology and need drugs?

What the parents need is a strategy for recovering from the effects of yada-yada, threats that amount to nothing, fly-swatters, screaming, and micromanagement that leads, almost inevitably, to more screaming, more yada-yada, and more micromanagement.

“If I don’t check on him,” a mother tells me, “he won’t do his work.”

Wrong. As long as she checks on him, he’s not going to do his work. Micromanagement always, without exception, brings forth conflict, communication problems, and the worst in everyone involved.

“I should just leave him alone?” Mom asks.

“Yep, just leave him alone.” One-sentence therapy.

Nine out of ten underperforming kids, left alone, eventually get the message – YOU and YOU alone are responsible for YOUR school performance – and begin doing fine. Things usually get worse at first, which requires much hand holding with the micromanager, but per the adage, they eventually get much better. What about the tenth kid? Glad you asked. He needs some incentive. Not rewards, mind you. Rewards work on rats, not so well on humans. Number ten needs to learn, courtesy of very patient but determined people, that in the grown-up world, privilege is a function of personal responsibility. The tenth kids usually come around. Usually.

When one is dealing with the wild card of human nature, there are no guarantees.

Family psychologist John Rosemond: johnrosemond.com, parentguru.com.

CROSSWORD PUZZLE

ACROSS

- 1) Hairdos

6) Led off

11) Gridlock component

14) Alternative to bottled

15) Arctic dwelling

16) Feel regret over

17) Sellers of illegal alcohol

19) Hard to explain

20) Emulate a bunny

21) Snacked

22) "Dear" mister

23) Living in water

27) Grandeur

29) It's certainly not a show dog

30) "Happy" mollusk

32) Kind of food or mate

33) Vicksburg combatant, briefly

34) Old rail riders, stereotypically

36) Animal variety

39) It was Persia

41) Black-clad teens, often

43) Folklore monstrosity

44) 100,000 make a newton

46) Back-up sounds

48) Shoot the breeze

49) "Able to ___ tall buildings ..."

51) Edible tuber of Polynesia

52) Superlative suffix

53) Christmas tree sheddings

56) False fronts

58) Special-interest grp.

59) Crater creator, perhaps

60) Barely defeat

61) Compass reading, sometimes

62) In a disgraceful way?

68) A, in Berlin

69) Not just "no!"

70) Auto contract, sometimes

71) Knight or Nugent

72) Garbo of "Ninotchka"

73) "___ of Iwo Jima"

DOWN

- 1) Picnic discard, sometimes

2) Lady associated with the Beatles

3) "Am ___ believe ...?"

4) Jazzy Earl Hines' nickname

5) Large irregular spot

6) Above average in size

7) Coop ovoid

8) Faint flicker

9) Main arteries

10) Rhinoplasty

11) How Buddha sits

12) Attend a class for no credits

13) Remove more moisture from

18) Concluding speech (var.)

23) Bitter-tasting

24) Ask

25) Bit of modern folklore

26) One spelling for a meal on a skewer

28) 100 cents, somewhere

31) Short choral composition

35) Bundle of grain

37) Delete, as messages

38) Mortgages, e.g.

40) "No ___ to apologize"

42) Pounced

45) Preserving, as pork

47) Tea parties, e.g.

50) Author

53) Group of nine

54) A Muppet

55) Martin of comedies

57) Breathing problem for heavy sleepers

63) Allow

64) The-lower-the-better pitching stat

65) Thing acquired on a beach

66) "Acid" drug

67) "All right!"

FOUR-LEGGED RACE

By Jerry Berns

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