

Corporate Ape Takes the Stand

Highlights from the Alex Gorsky deposition.

What follows is a selection of excerpts from the sworn evidence of Alex Gorsky taken on May 18, 2012 in support of a number of cases being brought against Johnson and Johnson on behalf of boys with a condition called 'gynecomastia'. Put simply these boys had grown unsightly female breasts as a result of taking Risperdal. Investigations by litigation law firms have revealed that both Gorsky and Janssen (the subsidiary company of J&J that manufactured and marketed Risperdal) knew that the gynecomastia side effect affected as many as 12.5% of the boys that took the drug in clinical trials, while they were misrepresenting the true data to the FDA so as to maintain a 'rare' listing (less than a tenth of a percent) for the side effect on the Risperdal label. Risperdal-Gynecomastia litigation continues to this day.

Readers are encouraged to read the entire deposition [here](#), though I should warn you that it can be tough going. The chief reason for this is that Gorsky's responses are more often than not so utterly meaningless and prevaricative that they add little to the reader's understanding of anything while only serving to cloud the real issues. In fact, this appears to be precisely his intention.

The Counsel for the Plaintiffs is Mr. McCormack (Q), Counsel for Gorsky is Mr. Murphy. The witness (A) is of course, Gorsky. The page reference for the deposition is listed at the end of each section. My own commentary is in blue text.

[Counsel for the Plaintiff is referring to a document titled: "Annual Report 2002: The Johnson & Johnson Center for Pediatric Psychopathology at the Massachusetts General Hospital". (This is the research centre of psychiatrist Joseph Biederman.)]

Q. Okay. Let's turn to the next paragraph, Mr. Gorsky. It says, "An essential feature of the Center is its ability to conduct research satisfying three criteria. . ." Did I read that right?

A. Yes.

Q. And if we look at the third criteria, it says "it will move forward the commercial goals of J&J." Is that correct?

A. Well, there are several other criteria mentioned before that.

Q. Right, and your counsel can ask you about that later. I'm just asking you, is one of the three criteria the fact that "it will move forward the commercial goals of J&J"?

A. Yes.

Q. So, this annual report from the Johnson & Johnson Center For Pediatric Psychopathology from 2002 admits that information and research from this supposedly unbiased research center is to benefit the business of sales for Johnson & Johnson. Is that correct?

MR. MURPHY: Objection to the form of the question. You may answer.

THE WITNESS: It states that one of the criteria among several others is to move forward the commercial goals of J&J. [Actually there were only two others, the first of which ('psychiatric care') is a contradiction in terms, and the second of which (scientific quality) failed utterly to provide even one shred of real evidence in support of Biederman's highly lucrative brain disorder/chemical solution model for mental disturbances. On the other hand, the third criteria cited here by Murphy has been a huge 'success'.]

BY MR. McCORMICK:

Q. And commercial goals would include sales of pharmaceuticals. Is that right?

A. Yes, it would.

Q. Okay. And then if we look at the next sentence from the annual report, it says "We strongly believe that the Center's systematic scientific inquiry will enhance the clinical and research foundation of child psychiatry and lead to the safer, more appropriate and more widespread use of medications in children." Did I read that correctly?

A. Yes, you did.

Q. So, one of the hopes or one of the -- strike that. One of the goals of this center's inquiry is to lead to the more widespread use of medications in children. Is that right?

A. In addition to the areas that you mentioned before, such as the safer, more appropriate and more widespread use of medication in children, yes. [Does Gorsky really expect us to believe that he could care the faintest iota for the first two qualifiers of Risperdal use he has mentioned (safety and propriety), except primarily in so far as they impact upon the third (widespread use)?]

[pp.92-94]

Q. Mr. Gorsky, let's turn to the next paragraph in paragraph 861.

A. Okay.

Q. The second sentence of this paragraph reads, "Because parents, patients and clinicians are exposed to a media that frequently questions the validity of childhood disorders, genetic and brain imaging studies are needed to show the validity of these disorders as brain disorders that respond to medication." Did I read that right?

A. Yes, you did.

[Quite apart from the fact that the 'media', especially the mainstream garbage, does *not* largely support the above view but on the contrary, in so many ways subtle and not so subtle, continually advocates and disseminates Biederman's spiritually bankrupt view of human consciousness as originating entirely in the brain, it is worth noting here that four years and two million Johnson&Johnson dollars later, Biederman's center *utterly failed* to find *any* evidence that so-called 'psychiatric disorder' is brain disorder, despite the most sophisticated neuro-imaging and genetic research equipment employed for the purpose. Consider the following statements of Harvard medical school psychiatrist Joseph Glenmullen:

"[While there has been] no shortage of alleged biochemical explanations for psychiatric condition....not one has been proven. Quite the contrary. In every instance where such an imbalance was thought to have been found, it was later proven false."

"No claim for a gene for a psychiatric condition has stood the test of time, in spite of popular misinformation."

In short Biederman's lavishly funded centre failed to find even one biomarker (biological indicator) to confirm or validate any of the so-called 'psychiatric disorders' it was investigating. They remain today what they have always been, mere ideological concoctions - including Biederman's own personal favourite 'pediatric bipolar'. Of course that hasn't stopped quacks like Biederman and gorillas like Gorsky from prescribing, advocating, marketing and selling powerful psychotropic drugs as if the theoretical fantasies of materialistic psychiatrists had already been confirmed by sound science.....]

Q. I presume that one of these medications would be Risperdal. Is that correct?

MR. MURPHY: Is your presumption correct?

BY MR. McCORMICK:

Q. Mr. Gorsky, is one of these medications that would be used to treat these childhood disorders Risperdal?

A. I think it could have been, along with others.

Q. Okay. And then two sentences down the annual report states that "Without such data, many clinicians question the wisdom of aggressively treating children with medications, especially those like neuroleptics, which expose children to potentially serious adverse events." [Not without good reason. The report being quoted here was written in 2002. According to the New York Times from 1993 through the early months of 2008, 1,207 children who were given Risperdal suffered serious problems, including 31 who died. Among the deaths was a nine-year-old who suffered a fatal stroke 12 days after starting 'therapy' with Risperdal.] Is that right, or did I read that correctly?

A. Yes, you read that correctly from the paragraph.

[pp.98-99]

Q. This paragraph appears to be setting forth one of the goals is for Johnson & Johnson, through this center, to be able to prove objectively with a test that a child has some sort of brain disorder or mental illness.....

Q. I think besides the treatment, one of the things that -- one of the goals here was to find some sort of objective diagnostic test to diagnose these mental disorders, right?

A. Yes, I think it was referred to here several times about the importance of improving the diagnostic criteria to differentiate these diagnoses and, you know, ultimately to ensure that physicians understood what they were treating.

Q. Right. But besides the actual recognition of the disorder, I think what we're looking for, what they were looking for here was to see if there was just one objective test, one way to figure out whether this mental disorder or this illness existed. [Exactly. And they failed.] Is that right?

MR. MURPHY: Is that his understanding of a goal?

MR. McCORMICK: Yes.

MR. MURPHY: Do you understand the question?

THE WITNESS: That's not my understanding. [Actually Gorsky has no real understanding of anything except how to make money.] I think usually these diseases are very difficult and lie along a continuum. I'm not a full expert in the area, but from my exposure it was actually a constellation of diseases that had a lot of different inter-patient variability. [The key word here is 'constellation' – as in the money Gorsky had in mind to rake in from peddling Risperdal. In plain English his answer means that in the absence of a truly valid, objective test for psychiatric disorders (which has never been found) just about any kind of behaviour can be interpreted as some kind of disorder treatable by brain-damaging, life-threatening and highly lucrative Johnson&Johnson drugs.]

[pp.100-102]

Q. Well, let's look up at the two bullet points above that. We talked about the validity of screening tests, and it says it "will alert physicians about disorders that exist which Risperdal --

A. Excuse me, but where are you?

Q. I'm sorry, the second bullet point, where it says --

A. Where it says "Developing. . .

Q. Yes. And then if you look at the second sentence it says, "Once appropriately validated" -- there is that word, "validated"; I think that's important [sure is!] -- "the use of these screening tests will alert physicians about disorders that exist which RISPERDAL and CONCERTA might treat." Do you see that?

A. Yes. [The valid screening tests referred to here were the goal of psychiatrist Joseph Biederman's research centre. As we have seen, four years and two million Johnson&Johnson dollars after the opening of the centre, Biederman came up with exactly nothing. The centre was not re-funded and quietly disappeared in 2005.)]

Q. And Risperdal is a Janssen drug, right?

A. That is correct.

Q. And Concerta is manufactured by who?

A. Concerta was at that time sold by McNeil.

Q. And McNeil is a Johnson & Johnson company, right?

A. Yes, it was; yes, it is.

[106]

Q. And it says -- and this is interesting -- "Showing how pediatric mania evolves into what some have called mixed or atypical mania in adulthood will provide further support for the chronic use of RISPERDAL from childhood through adulthood." Do you see that? [i.e. get them young and they're hooked for life. Like McDonalds.....]

A. Yes, I do.

Q. So, one of the specific goals of the center is to show that pediatric mania will evolve into mania in adulthood, which will then require the chronic use of Risperdal from childhood to adulthood. Is that right?

MR. MURPHY: Objection to form of the question, mischaracterizes the document, but you may answer.

THE WITNESS: Again, I'm speculating on the conclusion, but I think that the attempt here was to understand the course of the disease; that there were many in the field who believed that if this disease was left untreated during a child and adolescent stage, it could evolve into a much more serious disease; therefore, better understanding treatments earlier on could have a profound positive effect on them. So, I think if that was the goal as outlined, that was a reasonable research objective. [Note Gorsky's repeated use of the term 'disease', the second time with qualifier 'serious'. He is deliberately using these terms to create a false impression of validity where there is none. The 'diseases' he is referring to do not exist as objective scientific reality but only as vague collections of subjectively derived symptomatology that have been literally voted into a kind of existence-by-consensus by a panel of psychiatrists. As such they are continually changing to suit the ideological mode du jour.]

BY MR. McCORMICK

Q. And that may have been the research objective of MGH, but this collaboration also required J&J to have some goals. And I would assume J&J's goal would be that, once you get somebody on Risperdal or being treated with Risperdal in childhood, they would continue that through adulthood. Wouldn't that be a goal of Johnson & Johnson?

MR. MURPHY: Objection to the form of the question. You may answer.

THE WITNESS: Our goal at Johnson & Johnson is to try to help patients live better, longer and healthier lives. And if they could be treated and their symptoms resolved earlier, that's our absolute goal. And of course, you know, we're a company that also makes money, but

our first goal is outlined in the credo that we talked about earlier, was to help patients. [Ah, mere rhetoric over plain facts: the last refuge of a scoundrel. It would be laughable if it wasn't so tragic....and revolting.]
[pp.107-109]

Q. Let's move to the end of this page. Do you see the heading at the bottom, "Clarifying The Biological Basis Of Childhood Psychopathology," that heading?

A. Yes, I do.

Q. And then underneath there is a paragraph that describes "One of the main obstacles to the medical treatment of childhood disorders is the myth that they simply reflect problems of family and culture rather than dysfunctions of the brain." Is that right?

A. Yes, that's correct.

[Is anyone seriously going to contend that family relationships and cultural context does not play a significant role in one's psychological development?]

Q. And we talked about that theory a little bit this morning. That's one of the things that Johnson & Johnson and Dr. Biederman wanted to debunk, that myth. Is that right?

A. I don't agree that it's just Johnson & Johnson and Dr. Biederman. I believe that there are a number of people in the field who had similar opinions.

[And they *still* have nothing more than opinions as we have seen. Johnson&Johnson and Biederman utterly failed to prove their Godless and inhuman 'dysfunction of the brain' theory. This warrants repeating, again and again, because its significance has apparently gone largely ignored. On the other hand, many psychiatrists, like Loren Mosher for instance, have demonstrated that non-chemical therapy is much more effective in helping people with mental disorder than any chemical approach. And that is just the professionals - they are really quite ineffective relatively. The true healers are *never* professionals. They *never* take any money for what they do. Nor do they seek recognition. And, with the power of the Holy Spirit, they have been quietly transforming lives for millenia.]

Q. But for purposes of this Johnson&Johnson Center For Pediatric Psychopathology Annual Report, we're talking about Johnson & Johnson and Dr. Biederman, right?

A. I'm assuming Dr. Biederman and his physicians who may or may not be affiliated with him at the institution.

Q. The next sentence says "We will help dispel these myths using genetic and neuroimaging studies," right? That's what the statement says, right?

A. Yes, it does.

[How utterly sure of themselves they were, these clowns! Or was that just the sales pitch to get Gorsky and other J&J gorillas to fork out the cash for Biederman's futile and utterly destructive attempt at self aggrandisement. Do they have the humility now to accept that they may be wrong? Or to admit that the only 'myths' that need 'dispelling' are their own? Let's call a witness from among psychiatry's own ranks against them, Dr. David Kaiser:
"It has occurred to me with forcible irony that psychiatry has quite literally lost its mind, and along with it the minds of the patients they are presumably supposed to care for."

"Psychiatry [makes] ... unproven claims that depression, bipolar illness, anxiety, alcoholism and a host of other disorders are in fact primarily biologic and probably genetic in origin....This kind of faith in science and progress is staggering, not to mention naïve and perhaps delusional."]

Q. And we're back to the point of trying to find some sort of objective study or test that will show mental disorder. Is that correct? [Psychiatry's eternal exercise in futility.....]

MR. MURPHY: Objection to the form of the question. You may answer.

THE WITNESS: I'm not sure what conclusion I can draw just from those couple of sentences. [No? Then how about drawing one from the plain facts: there *is no* objective test for any so-called 'psychiatric disorder' and therefore there is no scientific basis for the peddling of your vile drugs....]

[pp.116-118]

Q. Mr. Gorsky, I've handed you a document that's been marked as Exhibit 21. It is a 2001 Risperdal Base Business Plan. Can you take a minute to glance through it? Then I'll direct you to certain pages to ask you questions.

A. Okay. I haven't had a chance to review the entire document. I can certainly take -- if we're going through it in detail, I can. . .

Q. No, I'll direct you to certain pages. Mr. Gorsky, can you turn to page 260, which is the executive summary of the base business plan for 2001?

A. Yes.

Q. And this business plan is Risperdal only. It's not any other drug in the CNS franchise, right?

A. I haven't had a chance to look at it entirely. But I'm assuming, based upon the title, that that's the case.

Q. In the first paragraph, about the sixth line, it says -- the fifth line: "Overall growth in the schizophrenia segment in the market is flat." Is that correct?

A. That's correct.

Q. And that would have been a problem for Risperdal in 2001?

A. I don't know what you mean by your conclusion that it's a problem. [Oh yes he does.....]

Q. Well, the overall growth in the schizophrenia segment of the market is flat: That means that Risperdal is not going to be selling more prescriptions for schizophrenia, right?

MR. MURPHY: Objection to the form of the question. You may answer.

THE WITNESS: No, I believe what it was referring to is that the schizophrenia portion of the market tended to be a fairly well-defined segment; therefore, it was not growing as fast as others, but there still would be shifts in share among the various agents that would be used in that category. [Gorsky is deliberately misleading the court. He knows perfectly well that 'shifts in share' of the schizophrenia market were never going to be anywhere near large enough to accommodate his extremely ambitious and well-documented sales goals for Risperdal at the time. To accomplish these goals a shift into whole new markets arenas was required, namely children and the elderly; both of which were 'off-label' populations. 'Off-label' populations means those for whom the drug is not approved by the FDA -- it is illegal for drug companies to market their drugs to off label populations. In fact, a study later published by the Journal of the American Medical Association listed the off-label percentage of Risperdal sales at an astonishing *66 percent* in 2001 -- the height of Gorsky's sales frenzy. The poor and the helpless, many of them captive populations in state-run mental hospitals, were also targeted in schemes to defraud Medicaid.]

BY MR. McCORMICK:

Q. The next sentence says, "Although the RISPERDAL Base business is rooted in the Schizophrenia marketplace, another fast-growing portion of this market is in children and adolescents. The child/adolescent anti-psychotic segment (19 years and under) is growing at a rate of 17% and is currently valued at approximately \$340 million. Use of RISPERDAL in this segment has grown 50% in the past two years [now what could possibly account for that kind of rapid growth Gorsky?], and prescriptions in this category account for 20% of overall

RISPERDAL use." Did I read that right?

A. Yes, you did.

[pp.154-156]

Q. Turn to the top of the next page, please, page 261. See where it says "RISPERDAL use in the child/adolescent population is exploding"? Is that correct?

A. That's what it says, yes.

Q. Then down below it says, "Key Base Business Goals -- well, strike that. I'm sorry. "RISPERDAL use in the child/adolescent population is exploding," [Gorsky knows better than anyone else why that was happening....] but in this time frame, 2001/2002, Risperdal is not indicated by the FDA for any pediatric use, is it?

A. Again, we did not have the specific indication, as we discussed earlier, until 2006. [In fact the FDA's decision in 2006 to allow a pediatric indication was based on a *fraudulent* and illegal submission by Janssen. As part of their decision making process the FDA had, in a May 2005 letter to Janssen, specifically addressed their concerns about the long term effects on children of Risperdal's tendency to elevate levels of the hormone 'prolactin'. Despite this, Janssen at no time saw fit to furnish the FDA with a table of data from an important study known as RS-INT-41, showing a clear correlation between risperidone-induced hyperprolactinemia and a condition known as 'gynecomastia' in which boys grow large unsightly breasts. On the contrary Janssen assured the FDA that no evidence for such a relationship had ever been found in clinical trials. This illegal withholding of essential table data from the FDA was referred to in a deposition of Dr. Denis Daneman, who was responsible for co-authorship of the medical journal article based on the RS-INT-41 data, in which the above mentioned table had been omitted in the final draft and in which the same false claim about the prolactin-gynecomastia relationship had been made. Daneman admitted that the article had been incorrect and inaccurate in that regard. More recently in February 2015, Janssen developmental executive, Ivo Caers, admitted under oath (here, p.114) in a Risperdal-Gynecomastia litigation case that Janssen had not included the RS-INT-41 table of data in the submission to the FDA that resulted in the new Risperdal label indication of 2006. Caers also conceded that in determining how many boys developed gynecomastia when taking Risperdal the Janssen statisticians had pooled together data from 18 studies, most of which were not sufficiently long term enough to be truly relevant - gynecomastia was known to develop most often only in longer term trials. Despite these revelations, the 2006 label indication stands to this day. (For more on this click here and scroll down to the sub-section titled: 'Wow!')

In any case, the drug companies had got what they wanted – a legitimate foot in the pediatrician's door. After years of wearing down the FDA with a continual barrage of nauseatingly self-serving applications and court actions (brought by drug company lobbyists with practically unlimited budgets for such purposes), the FDA, to their discredit, and on the basis of a fraud, finally caved in, permitting a limited pediatric indication for Risperdal in 2006, to treat irritability associated with 'autistic disorder'. Soon afterwards the drug was further approved for 'schizophrenia' and 'bipolar' in children over the age of 13 and 10 respectively.

This was more than enough as far as the drug companies were concerned. They are well aware that the completely subjective nature of psychiatric diagnosis is, of course, no *real* limit to the furtherance of their interests, and since it is actually *the doctors* and not the children that are the customers, the age of the children indicated by the FDA matters just as little; it is the doctor's decision, a decision he is legally permitted to make at his own

discretion, even contrary to FDA indications (though subject to possible civil action). Nonetheless Gorsky (like psychiatrist Joseph Biederman in his deposition a few years earlier), makes a point a number of times throughout his deposition of specifically referring to the 2006 indication. The tacit implication is that while he may have been *legally* culpable for the marketing of Risperdal to children prior to 2006, he is at least morally vindicated by the new FDA indication. Of course this is nonsense. Quite apart from the hideous fraud on which the new indication is based, and quite apart from the fact that under Gorsky's leadership, Risperdal was aggressively and repulsively marketed to children of *all* ages and for all kinds of 'conditions' (it was in fact prescribed to dozens of toddlers that were proven to have died as a result), the only real consideration for this US military-trained corporate hyena, truth be told, regarding the FDA indication (prior or post 2006) was in terms of its ability to impede or propel his own single-minded ambitions of attaining pre-set sales targets. Rhetoric to the contrary is simply to be understood in the context of that one over-riding goal – a necessary skill to be honed well if one is to reach one's objective. There are no human and hence truly moral considerations for such an agent. There is a level of hyper-competitiveness that blinds one to all other considerations save that of winning, attaining and acquiring. In fact, the moral question here is an entirely separate issue requiring a proper understanding of the very basis on which *all* psychiatric drugging rests (not just the drugging of children and the elderly) that is, *the fraud that mental disorder is brain dysfunction*. For Gorsky this essential fraud is a non-issue, (presuming that he can even understand it) since its full significance is not a factor in the decision making of any parties (including the FDA) that might be perceived by him to be a real and present threat to the attainment of predetermined objectives.]

[p.157]

Q. Look down at the heading that says "Key Base Business Goals and Objectives." Do you see that?

A. Yes.

Q. And the fifth of the Key Base Business Goals says "Grow and protect share in child/adolescents." Is that right?

A. Yes, that's correct.

Q. My question is, how can Johnson & Johnson grow a share in a child and adolescent market when the drug isn't even indicated for use in the child and adolescent market? [Ah, nothing like a good question is there?]

A. Well, my interpretation of that is, this is in fact a marketing plan, not a selling plan. [Gorsky means to imply that a marketing plan may in fact be distantly prospective in nature rather than imminent. There is however ample evidence to show that Risperdal was not only marketed during the period in question but aggressively and repulsively so; and tragically, most effectively. But perhaps Gorsky can explain how he intended to grow the share in the child and adolescent market *without* the use of marketing?]

[p.158]

Q. Okay. Even if a doctor can prescribe Risperdal for an off-label use and create a market share, you still cannot or Janssen still cannot market the drug to that doctor, a pediatric doctor, for use, can you?

A. To the best of my knowledge, we did not promote the use of Risperdal in that patient vis-a-vis direct promotional programs. [In 2013, Johnson and Johnson paid \$1.72 billion to settle charges that included the illegal marketing of Risperdal to children. Does Gorsky

really expect us to believe that as head of sales and marketing for Risperdal during the entire period in question, that he had no knowledge of such activities?]

Q. Okay. Even though it says grow the share in child and adolescents on this bullet point as a key base business goal, right?

A. Yes -- again, this was a marketing document, not a sales-direction guideline. [More meaningless sophistry. To market Risperdal to pediatricians at that time was illegal. We ask again: how did Gorsky intend to grow the share in children without specific and imminent plans and strategies to market and sell it?]
[pp.159-160]

Q. Looking at this one-year marketing objective that we just looked at and went over a couple of times --

A. What page are you referring to?

Q. Page 269. I believe you're still there?

A. Yes.

Q. It was the fourth bullet point underneath "One-Year Marketing Objectives" on page 269. Would you agree with me that a goal to increase market share in a population with no indication is off-label marketing?

A. I can't answer that question the way you've phrased it.

Q. Why not? [Because it's far too clear...]

A. Because in this context, again, I don't know what time frame we're talking about, nor do I understand the full intent of the statement in a marketing-plan context different from being a selling context.

Q. Let me just ask you generally, then: Would you agree with me that a goal to increase market share in a population with no indication, having nothing to do with Risperdal, is off-label marketing?

A. If that was the sales direction to our sales representative, then that would be inconsistent with our policy.

Q. Inconsistent with your policy because it would be off-label marketing, correct?

A. It would be off-label promotion.

Q. Off-label promotion, okay. You can put that aside.

[pp.171-173]

Q. And according to this slide, "Hallucinations and Aggressions are the leading symptoms treated in child and adolescent patients." Do you see that? [Keep in mind that 'hallucinations' can mean (and often does) any perspective contrary to politically correct ideology. And 'aggression' can mean (and often does) any kind of real and active resistance to the imposition of politically correct ideology on an individual's right to think for himself. And for lazy and irresponsible parents it can all too often be a convenient excuse to make 'difficult' children more 'manageable' while absolving themselves of any responsibility or duty to be a real parent (which of course would mean cleaning up their own act wouldn't it?)]

[p.195]

Q. I want you to look at Dr. Berry's email to Ramy, the third line, the sentence that starts out "I attempted to include only positive data so that the data cannot be used against us. My hope is to communicate that PRL [the hormone prolactin] is not correlated with side effects and that the 'special properties' of Risperdal that cause high prolactin probably also render risperdal superior to olanzapine in other domains." Do you see that sentence?

A. Yes, I do.

Q. And do you see the title of the subject line of the email is "PRL Poster"?

A. Yes, I do.

Q. Would you say that attempting to include only positive data in a poster presentation is meeting Janssen's responsibilities to doctors and nurses?

MR. MURPHY: Objection to the form of the question, lack of foundation, but you may answer.

THE WITNESS: I can't tell that from this email. We would want to reflect all the data in a balanced and appropriate manner in the posters that we were generating. I'm not sure what was meant by this email. I've never seen it before, that I can recall. [What part of the email can this infernal ass be possibly unsure about?!, except perhaps how he going to manage to whitewash something so utterly and obviously black with more of his hackneyed and meaningless corporate rhetoric.]

[pp.197-198]