

**Candidacy for a Seat on the Council of the  
Conterganstiftung für behinderte Menschen  
Personal Profile for  
Andreas Meyer**

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**CV**

I was born in Bad Oeynhausen on 17 October 1960. In 1965, my parents moved to Cologne, where I attended school from 1967 to 1984 and earned the “Abitur” (A-Level equivalent). I enrolled as a student of Law at the university in Cologne in the winter semester of 1984. In addition to my studies in Law, I also took courses in Ethics, Propositional Logic and Scientific Theory. I was forced to discontinue my studies in Law for health reasons – on the basis of a medical certification and not due to compulsory expulsion, as some hostile voices have claimed in several forums for reasons unknown to me.

I have devoted myself since 1977 to research on the background and the history of the thalidomide scandal. The knowledge I have acquired from original documents and statements by contemporary witnesses encompasses the period from with the development of the effective ingredient thalidomide to its removal from the market, the entire Contergan trial, the dismissal of the case, the settlement process, the passage of the Foundation Act (“Stiftungsgesetz”), including all supplemental materials, the files submitted by the Grünenthal company during the trial for the purpose of enforcing the Foundation Act against us and the court proceedings regarding the millions owed to us in settlement from 1974 to 1979 as well as events as they have unfolded up to the present day.

In 1981, I joined with other thalidomide victims to found the “Föderation Contergan behindertter und deren Freunde e.V.” (Federation of Disabled Victims of Thalidomide and their Friends, “Federation”), which took on the mission of supporting the efforts of thalidomide victims and other victims of pharmaceutical negligence to assert their rights. The Federation was the first advocacy group for thalidomide victims founded by victims themselves. Its board of directors was composed solely of victims of thalidomide. The Federation was also the only national advocacy group for thalidomide victims which was supported by the WDR (West German Broadcasting Company) and the producers of the movie about thalidomide in the legal dispute with the Grünenthal company and its attorney in both the media and the courtroom.

In 1981, I filed suit against Grünenthal for perjury. The proceedings lasted until 1987 and ended, as expected, in a ruling in favour of the defendant. The basis for this suit was a document which had been available until that time only in an abbreviated version and which an overzealous chief public prosecutor produced from the secret files of the Federal Ministry of Justice in court of honour proceedings initiated by Grünenthal against our attorney (Dr. Dr. Rupert Schreiber). Among other things, the full version of this document provided proof that Grünenthal had obtained a promise of support from the Federal Ministry of Justice during the proceedings relating to the millions in settlement promised to us conducted between 1974 and 1979 for the purpose of enforcing the Foundation Act. Grünenthal's primary goal, which was achieved by a ruling of the Federal Court of Justice in 1979, was to prevent us from filing further claims for compensation for damages from Grünenthal on the basis of the Foundation Act.

Through my many years of service on the Board of Directors of the Cologne Chapter and the State Association for NRW (North Rhine-Westphalia), I am very well aware of the corruption and betrayal of interest that prevails within the Bundesverband Contergangeschädigter e.V. (National Association of Thalidomide Victims "Bundesverband"). Thus with the enthusiastic support of other honest members, I was also involved in exposing various financial scandals within the Bundesverband. The predecessor of Ms Hudelmaier, former Bundesverband Chairman Hans-Helmut Schleifenbaum, was involved in one of the scandals uncovered by our group. Following his resignation, Mr Schleifenbaum initiated recall proceedings against me, which ended in a ruling in my favour. Schleifenbaum had evidently been upset by a statement published in the *Kölner Stadtanzeiger*: "Meyer hopes, however, that Schleifenbaum's departure marks the end of an 'era of persistent corruption.'" The subject of the article was a gathering organized by the Bundesverband on the occasion of Schleifenbaum's resignation, to which, in addition to other honourable guests – and with the tacit approval of the current National Chairwoman, Ms Hudelmaier! – Herbert Wartensleben, the former Director of Legal Affairs at Grünenthal, was also invited.

Further details on all of these matters are provided at [www.gruenenthal-opfer.de/Bundesverbands\\_Skandale](http://www.gruenenthal-opfer.de/Bundesverbands_Skandale).

On 4 December 2005, I joined other thalidomide victims to found the "Bund Contergangeschädigter und Grünenthalopfer e.V. (Federation of Victim's of Thalidomide and Grünenthal, BCG). The BCG took up the work and the objectives of the Federation and sought to compete with the Bundesverband, and not only in matters of self-help. We recognized the need to create a new national organization for thalidomide victims which, unlike the Bundesverband, would represent the interests of thalidomide victims at the national level as an autonomous organization independent of the influence of Grünenthal GmbH, the producers of thalidomide, and its henchmen. On the occasion of the 50<sup>th</sup> anniversary of the introduction of thalidomide to the market, the BCG presented itself to the public within the context of a vigil during the night of 30 September to 1 October 2007. At that time, the BCG also appealed to the public to boycott the products of the other subsidiaries of the Wirtz Group, the owners of Grünenthal, namely Dalli Werke, Mäurer & Wirtz and 4711. On 24 February 2009, these

companies obtained a temporary restraining order against the BCD and me, personally, in response to this appeal for a boycott. The Regional Court of Cologne lifted these temporary restraining orders against the BCG and me in its ruling of 24 June 2009.

I have appeared continually in the media as an advocate of the victims of thalidomide since 1981. My commitment to the cause has focused on the following objective for the past 30 years:

**The victims of thalidomide must receive compensation from Grünenthal that is sufficient to cover all health-related damages (€ 8 billion).**

My interests and hobbies include classical music, opera, art, literature, philosophy, good food and the other sensual pleasures of life.

## **How will I work on your behalf as a member of the Foundation Council?**

### **General remarks**

If elected, I will devote all of my energy to the interests of every thalidomide victim – regardless of his or her nationality, personal standing or affiliation with any interest group. I am by nature a person who seeks harmony. But I cannot accept false compromises. My commitment and my actions are consistently guided by my sense of right and wrong. Those who vote for me can be assured that my decisions will not be influenced by supposed prospects of short-term, superficial success. I will always keep all relevant interests in mind and act with integrity, foresight and all of the knowledge at my command.

### **Protecting our interests while avoiding conflicts of interest**

I will ensure that no member of the Foundation acting on our behalf has ties to the Wirtz family, the owners of Grünenthal. Only in this way can we be certain that Grünenthal exercises no influence on the decision-making bodies of the Foundation and that our medical data is not passed on to Grünenthal. The family of Dr. Jan Schulte-Hillen, currently a member of the Medical Commission, is known to have direct, personal ties to the Wirtz family. His aunt, Irene Schulte-Hillen, sits with Grünenthal owner Michael Wirtz on the Board of Directors of the Gesellschaft zur Verleihung des Internationalen Karlspreises zu Aachen e.V. (Society for the Award of the International Karls Prize of Aachen). His father, Karl-Hermann Schulte-Hillen, has been a close friend of Herbert Wartensleben, the former Director of Legal Affairs at Grünenthal, since the Foundation Act took effect in 1972. The Wartensleben family were close neighbours of the Wirtz family for many years and still maintain ties of friendship with them today. The Wirtz and Wartensleben children attended school together. The children of the Wartensleben and Karl-Hermann Schulte-Hillen families used to play together in the garden

(article in *Der Spiegel*, no. 47 / 2006). Attorneys Karl-Hermann Schulte-Hillen and Herbert Wartensleben each held chairmanship positions on Foundation commissions for decades. Dr. Jan Schulte-Hillen, a thalidomide victim and a member of the Medical Commission, was recommended for appointment to the Foundation Medical Commission by the Board of Directors of the Bundesverband under the chairmanship of the current National Chairwoman, Margit Hudelmaier, and subsequently received the appointment. Within the context of the resignation of attorney Wartensleben from the Foundation, evidence was produced showing that Mr Wartensleben arranged to have Foundation Council members' expenses, hotel accommodations and meals paid for by Grünenthal. One can only speculate as to the extent to which all of this influenced the actions of commission members in their capacity as expert witnesses at the time. Therefore, it seems best to me to ensure that this kind of thing is not possible in future. Future and current holders of positions in the Foundation must be required to sign affidavits attesting that they have no direct or indirect personal ties to the Wirtz family, the Wirtz Consortium or persons close to them, and should be subject to severe contractual penalties for failure to comply.

### **Transparency of the Foundation's business affairs**

Every person entitled to benefits must receive an annual report from the Foundation detailing income and expenditures as well as the minutes of all meetings of the Foundation Council and the Board of Directors. Those entitled to benefits must also be given access to the Foundation reports which have been kept secret for the past 30 years as well as the minutes of all meetings of the Foundation Council and Board of Directors during that period. The data-protection rights of applicants and those entitled to benefits must be protected in this context.

### **Majority representation by thalidomide victims on the Foundation Council**

As the purpose of the Foundation is now defined in Art. 2 of the Conterganstiftungsgesetz (Thalidomide Foundation Act) as representation of the interest of victims of thalidomide, the majority of the members of the Foundation Council should be thalidomide victims. In view of the fact that various federal ministries still have far-reaching decision-making powers with respect to important decisions rendered by the organs of the Foundation under the most recent version of the Thalidomide Foundation Act, there is no reasonable justification for limiting the number of thalidomide victims on the Council to 2 or requiring parity representation.

### **Appointment of thalidomide victims to various positions within the Foundation**

Most positions within the Foundation, such as the Director, the Chairman of the Medical Commission and the members of the Medical Commission, are occupied by individuals who are not victims of thalidomide, although there are plenty of experts with appropriate training and professional experience among the circle of thalidomide victims, all of whom are qualified to fill these positions.

## **Expansion of the field of expertise of the Medical Commission to include consequential dental damages**

The fields of expertise represented by members of the Medical Commission currently include Human Genetics, Internal Medicine, Orthopaedics, Ophthalmology, ENT, Endocrinology and Neurology. There is currently no specialist in consequential dental damages on the Medical Commission. Evidence shows, however, that many victims with missing or shortened upper extremities have suffered massive tooth wear as the result of using the mouth as an extra grasping tool. Consequential dental damages also result from the fact that many victims cannot clean their teeth in keeping with traditional standards of dental hygiene due to the absence of deformation of their upper extremities. The same applies to oral hygiene in general.

## **Inclusion of consequential dental damages in the table of point values in the guidelines**

The extent of damages suffered by an individual victim is determined more or less precisely on the basis of the table of point values in the guidelines. These values are used to determine the amounts of annuities and lump-sum capital payments and to reclassify cases within the benefits system of the Foundation Act in response to applications for reclassification due to the worsening of a victim's condition. For further explanation please refer to the preceding section.

## **Increase in annuity benefits to match the level of compensation for damages and compensation for pain and suffering in accordance with currently applicable pharmaceutical product liability laws (approx. € 7000 per month in individual cases).**

Debating with government representatives on the issue of needs during negotiations on the new version of the Foundation Act was a serious mistake. We are indeed victims of pharmaceutical products. Proof of our specific needs cannot be the only criterion applied in this context. The crucial issue is that we have suffered concrete damage caused by a pharmaceuticals manufacturer. Thus those involved in deliberations on the new Foundation Act should have made an effort to determine the scope of compensation for damages and pain and suffering which victims of pharmaceutical negligence with health impairments comparable to ours would receive from the liable party today. According to currently applicable pharmaceutical product liability laws, monthly annuities of between € 2,000 and € 3,000 in compensation for pain and suffering would be quite common for many thalidomide victims in cases of fault-based and non-fault based liability on a scale comparable to that of the thalidomide scandal. Furthermore, compensation for damages would also encompass lost wages from gainful employment in a suitable occupation in cases of occupational disability, calculated from the first day of such disability. In some occupations, persons with normal career expectations in the upper wage range can expect to earn net wages/salaries of € 4,000 and above. If a victim is unable to pursue such a career due to health impairment, compensation for wages lost as a result should be awarded in the form of equivalent monthly payments. Thus in individual cases, compensation for damages and pain and suffering could amount to € 7,000 per month. The same principle applies, for example, in cases in which a

victim was able to work for a certain period of time but is compelled to retire prematurely or work only part time due to the consequential damages of health impairment. The damages in question would then equate to wages lost, which would have to be paid in monthly compensation benefits. In view of the fact that thalidomide victims have never received full compensation for lost wages in the form of annuities in cases processed in accordance with the Foundation Act and that monthly annuities paid to date do not come close to matching the level of monthly annuity payments in compensation for pain and suffering commonly awarded today, the annuity benefits paid by the Thalidomide Foundation must be adjusted accordingly. (I would remind readers that the preceding description has been simplified significantly in the interest of making the underlying thought process easier to understand.) The basic principles of such a process were first discussed by attorney Harro Schultze in his presentation on "Schadenersatz wegen Conterganschäden" (Compensation for damages suffered by victims of thalidomide) at the BCG conference on 7 February 2009 entitled "Contergan - Schäden und Entschädigungslösungen aus medizinischer, sozialwissenschaftlicher und juristischer Sicht" (Thalidomide damages and compensation schemes viewed from the perspectives of medicine, social science and jurisprudence). However, the necessary in-depth explanation of the constitutional issues involved was not provided within the framework of this presentation.

### **Real dynamic annuity growth keyed to the inflation rate**

Within the context of the revised Foundation Act, government representatives celebrated the new system of regular adjustments to annuity benefits paid by the Foundation based on increases in benefits under the statutory pension system as a "dynamic growth" process. Yet in view of the fact that inflation has often offset increases in statutory pension benefits in the past, I regard this as no more than an illusion of dynamic growth. Real dynamic growth in annuities paid to thalidomide victims will be achieved only when increases are keyed to actual inflation rates.

### **Payment of annuities and lump-sum capital payments following enactment of the previous version of the Foundation Act (Foundation Establishment Act, 31 October 1972)**

Annuity and lump-sum capital payments are still made only after receipt of a corresponding application. Art. 12, paragraph 2 of the Thalidomide Foundation Act provides for an additional exception in cases previously affected by the exclusion period specified in Art. 13 of the Establishment Act. In these cases, applications for payment of annuities and lump-sum capital benefits cannot be filed until 1 July 2009. I regard this as discriminatory treatment in favour of those victims whose parents applied for Foundation benefits on time. For as we all know, many victims were unable to apply for their Foundation benefits on time due to unfortunate circumstances. These cases also involve an additional disqualification of victims for benefits to which they should have been entitled. Therefore, annuities and lump-sum capital benefits should be made payable effective on the date on which the previous version of the Foundation Act took effect (Establishment Act, 31 October 1972).

### **Rescission of the limitation on annuity capitalization to 5 years beginning at age 60**

According to Art. 13, paragraph 3, p. 2 of the Thalidomide Foundation Act and Art. 74, paragraph 3, p. 1 of the Bundesversorgungsgesetz (Federal War Victims Relief Act), our annuities can only be capitalized for 5 years beginning at age 60. I regard this as a massive curtailment of our benefits. Experience to date has shown that the individual needs of thalidomide victims increase significantly and may change abruptly with advancing age. In view of the fact that, according to the prevailing view, compensation by Grünenthal has allegedly been replaced by the benefits paid by the Thalidomide Foundation, I regard this limitation on capitalization as unacceptable.

### **Abolition of discounting of capitalized annuities**

Art. 10, paragraph 2 b of the Foundation Act in force since 1 January 2009 reads as follows: “The lump-sum capital payment is the amount that would ensure the monthly annuity for the entire period covered by the benefit at an annual interest rate equivalent to the return on listed federal bonds (Series WT 0115) published by the Deutsch Bundesbank for the last exchange day of the respective preceding September. This interest rate shall apply from 1 October of a given year until 30 September of the following year and is applicable to all applications for lump-sum capital benefits received during that period.” According to the Bundesverband, the interest rate of **4.01 %** corresponds to the current yield on federal bonds on 30 September 2008. According to Art. 10, paragraph 2 b of the newly revised statutes, this interest rate will remain in effect until 30 September 2009. If an individual wishes to capitalize his or her annuity, the lump-sum capital payment will be reduced by the interest rate indicated above. If, in accordance with the currently prevailing view, the Foundation Act replaces compensation by Grünenthal, the discounting of capitalized annuities is not acceptable.

### **Presentation of all associations and organizations outside the Bundesverband in the form of a 30-page brochure at the expense of the Foundation**

Up to now, most of those concerned are familiar only with the Bundesverband Contergangeschädigter e.V., by virtue of his historical monopoly status, which it has expressly affirmed in recent statements. Yet a number of associations and organizations have now been established outside the Bundesverband. In order to enable thalidomide victims to make their own decisions as to which of these associations and organizations are best equipped to represent their interests, the Foundation should offer all associations and organizations outside the Bundesverband the opportunity to present themselves in the form of a 30-page brochure. The same right would be granted to the Bundesverband. The brochures are to be printed at the Foundation’s expense and sent to all thalidomide victims – also at the Foundation’s expense.

### **With which candidates for a seat on the Foundation Council could I imagine having a fruitful working relationship?**

I should make it clear at the outset that I can imagine working with any of the candidates in question. In the interest of democracy and transparency, however, I feel that the candidates specifically appointed by the Bundesverband should not be elected by the voters in this election. The Bundesverband has occupied its designated seats on the Foundation Council and the Board of Directors with individuals nominated by the respective relevant ministries for the past 30 years. Some time ago, the majority of the general membership of the Bundesverband rejected a petition that would have required the Foundation to submit its annual reports to member associations for review of information purposes. If the new Foundation Act, which provides for the election of individuals to seats on the Foundation Council, had not been adopted, it would still be impossible to establish transparency in the Council's business activities today. The fact that National Chairman Margit Hudelmaier allowed Herbert Wartensleben, the former Director of Legal Affairs at Grünenthal, to hold the position of Chairman of one of the Foundation commissions for years speaks volumes. Nor did she protest the fact that attorney Karl-Hermann Schulte-Hillen, served as Chairman of the other Foundation commission although he or his family maintained direct or indirect personal ties with the Grünenthal company (see above). The same applies to the physician Dr. Jan Schulte-Hillen. As the general membership of the Bundesverband supported the tolerance of the National Chairman in these matters in the past and probably continues to do so today, it is likely that the lack of transparency and the existing conflicts of interests will persist. Such a partisan disproportion in representation should be prevented by electing fresh, unbiased members to the Council.

In this sense, I can easily imagine working with new people who also recognize the dangers posed by the circumstances described above to the effective representation of the interests of thalidomide victims within the Foundation without influence by outside interests.

I do not know all of the people who have applied as candidates for the Foundation Council. I am familiar with 6 or 7 candidates, and am better acquainted with 2 or 3 of them. I also find the profiles and programmatic principles of one or two others appealing. Considering the candidates with whom I am best acquainted and those whose profiles and programmatic principles I find attractive, I come up with 2 people with whom I could imagine having a particularly fruitful working relationship:

Candidates **Bianca Vogel** and **Udo Herterich**.

Supposedly, the election rules, which have not yet been released, provide that each eligible voter has 2 votes, each of which can be cast for a candidate of his/her choice.

If that is the case, I would ask those who vote for me to cast their second votes for one of the two candidates cited above.

**Acknowledgements**



In conclusion, I wish to thank everyone who recommended me or wanted to recommend me as a candidate for one of the seats on the Foundation Council.

I also wish to apologize to all those to whom I have been unable to respond promptly because of the turbulent events of the past several months.

Best wishes to you all.

Andreas Meyer