

THE POLITICS & ECONOMICS OF HEALTH

“The Strength Of Our Nation Is Directly Proportional To The Health Of Our People”... The Health of Our People is Directly Proportional to the Health of Our Soil and the Planetary Ecosystem... Pure Water, Clean Air, Healthy, Nutritious Organic Food is the Foundation for Biological Health”...

Despite the fact that we as a nation spend over \$1.2 Trillion on “disease care” each year, we are facing an unprecedented “health crisis.”

The modern medical establishment with its reliance on technology, dangerous drugs, unnecessary surgery and exorbitant escalating hospital costs has failed in its mission to deliver safe, effective and inexpensive medical care.

Modern medicine does well with infectious diseases and works miracles with traumatic injuries, yet it has virtually no effect on the major stress-related environmental degenerative diseases of our time...

WHAT'S WRONG WITH AMERICA'S HEALTHCARE SYSTEM?

Politics and cancer may be thought of as a contradiction in terms. Surely there can't be politics in cancer and healing; surely when breakthroughs are made, the medical profession puts them to use. That's the way it is, isn't it? It would be nice if it were that simple.

In most fields, competition usually arranges for the best product to prevail—not always, but usually. In ten stories, “The Tragic Truth about Politics and Cancer” shows that a free market in health products does not exist in the U.S. Effective products (many for cancer) have been shoved aside during most of the 20th century. Pushed forward in their stead have been “approved” therapies which did not win their spurs in the open competition of a free market. Instead, approval was dictated and administered from the top down by “Official Medicine.” Official Medicine consists of the U.S. Food and Drug Administration (FDA), the American Medical Association (AMA), the National Institutes of Health (NIH), which contain the National Cancer Institute (NCI). In addition, there are the American Cancer Society (ACS), the Memorial Sloan Kettering Hospital, the Mayo Clinic, the M.D. Anderson in Houston, Roswell Park in Buffalo, NY, and others. These organizations constitute Official Medicine, the American medical establishment. It decides, yes, pontificates what medicines and therapies will be available to Americans, and harshly disciplines doctors who venture outside its guidelines.

Politics in Healing is a collection of stories which should not have happened, stories which will not be heard from Official Medicine, stories about dark undercurrents in American medicine. Political patterns of misuse of both public and private power are seen through what happened to ten stories of little-known healers of the 20th century. Many of them produced breakthroughs of Nobel Prize quality. Most of these therapies are no longer available to help with our numerous health challenges as we begin the new millennium—not because they didn't work, but for political reasons. These stories show how governmental and prestigious private institutions have deliberately misrepresented, held back, discouraged, ignored, and suppressed important inexpensive and non-toxic healing breakthroughs. While government can be expected to be inept, the decisions and actions described in Politics in Healing were intentional and deliberate, and many people have died as a result.

Politics in Healing puts it as a postulate that there is a war going on (of which the public is largely unaware) between toxic and non-toxic therapies, and that the non-toxic ones have been getting clobbered. There has been a long attempt to sell a bill of goods that the only real medicine is strong, toxic medicine, almost always patented, and that only this should be used by doctors or paid for by health insurance programs, either public or private. Key to maintaining this status quo is the FDA, which tilts predictably and continuously against non-toxic medicines. Created in 1906 by the visionary Dr. Harvey Wiley, the FDA throughout most of the 20th century had little in common with what Dr. Wiley intended. Its original purpose was to make sure that foods are pure and drugs are safe, but it has drifted way off course. The FDA frequently appears less interested in protecting Americans from harmful drugs than from harmless ones, especially those capable of competing with prescription drugs.

Indeed, as we enter the 21st century, the fourth leading cause of death in the U.S. is from reactions to FDA-approved drugs. On April 14, 1998, the JAMA (Journal of the American Medical Association) published a shocking report, a painstaking analysis of 39 studies conducted over 30 years. The study showed that an average of 106,000 people die in hospitals each year—that's one every five minutes—from drugs approved by the FDA. The study does not include cases where drugs were mis-prescribed. When considering deaths from the same cause outside hospitals, i.e., at home, the number rises to

around 140,000 a year according to Centers for Disease Control statistics. These are not deaths from illegal street drugs; those cause only a small fraction of the deaths from FDA-approved drugs, which kill three times the number dying each year from automobile accidents.

And there's more. The fourth leading cause of hospital admissions in the U.S. is from the reactions to prescription drugs. About 2.2 million Americans suffer severe side effects from FDA-approved drugs that some are permanently disabled or require long hospital stays, reported USA Today on April 24, 1998. These side effects were estimated to have cost \$78 billion in 1997.

When ABC News Director Peter Jennings announced the JAMA study, he presented a doctor whose wife had complained that her pain medication was not taking effect. "My words have come back to haunt me," he told Jennings. "'Take another pill,' I told her. 'It won't kill you.'" But it did; the next morning she didn't wake up. Only then did the doctor learn that the drug was capable of causing heart problems.

The cost of the American healthcare system has passed one trillion dollars per year—about 1/5 of the U.S. gross domestic product. We spend more per capita on healthcare than any country on earth. Despite that, some of our statistics are embarrassing: the infant mortality rate in the U.S. is higher than that in Cuba. The number of infants who died before their first birthday is 13.3 per 1000 births in New York City but 10.9 in Shanghai (Townsend Letter, May 1998). A United Nations World Health Organization (WHO) study issued in June 2000 measured a new concept: "healthy life expectancy." The WHO found Japan leading the world, with the United States, at #20, falling behind almost every country in Europe as well as Canada, Australia, and Israel.

Perhaps its costliness results from the fact that the U.S. has one of the most beaurocratically controlled and over-regulated medical systems in the world. Manufacturers are not free to produce effective non-toxic products or to inform the public on what their products can do. Doctors are only free to prescribe for their patients what has been approved or accepted by Official Medicine.

Because of overuse of antibiotics, many strains of bacteria have developed resistance against any antibiotics. When Jim Henson, creator of the Muppets, lay dying from just such a bacterium, Official Medicine had nothing for him. In Texas in early 1998, eight people were suddenly dead from a new strain of Strep A, and doctors were helpless to save them. Old types of bacteria have mutated: new strains of the tuberculosis bacillus do not respond to existing antibiotics. Of those who go into hospitals, 14% come out with infections they did not have when they were admitted. Some don't come out—21,000 die each year from such infections (USA Today, April 14, 1998). Do effective medicines for such situations exist which could never make it out of the closet in the current over-regulated environment?

The FDA tries to control more than it needs to. It claims regulatory authority over drugs, but defines a drug as anything that is used for diagnosis or treatment of disease. Carried to the logical extreme, prune juice could be considered a drug, since it definitely affects the body. A 1997 study by Tufts University found that the cost of getting FDA approval for a new drug costs upwards of \$200,000,000 and may take ten years or longer. In May, 2000, an article in the New England Journal of Medicine stated that getting a new drug approved could cost between \$300 and \$500 million. The pharmaceutical industry is the richest in the world—yes, richer than the oil industry. However, given such rules, even the richest drug company cannot afford to introduce a new medicine without patent protection.

Consequently, more than ever before, we live in the era of Patent Medicine, once not a very complimentary term. Securing FDA approval allows a manufacturer to advertise what the approved product will do—i.e., to make health claims, which are forbidden without FDA approval. For instance, it is well established through clinical studies that the saw palmetto herb is more effective—and safer—at shrinking a swollen male prostate gland than the “approved” brands whose advertisements are everywhere (Health and Healing, June 1999). If a manufacturer of saw palmetto wished to state this known truth on its label, the FDA would haul that manufacturer into court in short order for having committed the sin of making health claims. The fact that they might be true is beside the point, for the FDA has arrogated unto itself the right to censor them. In a nation which finds it cannot censor pornography under the free speech right of the First Amendment, the FDA finds it can censor the manufacturer and prevent it from telling the public the truth about a product. On January 15, 1999, the U.S.D.C. Circuit Court of Appeals held that the FDA had violated the First Amendment of the Constitution by denying four health claims conveying information; the Court also held that the FDA cannot constitutionally deny a health claim conveying information.

Paying no attention to the Constitution or the Court, on November 30, 1999, the FDA denied a health claim concerning the herb saw palmetto’s ability to reduce a swollen prostate, stating that it considered the claim to be one requiring the filing of a new drug application. Congressman Peter DeFazio wrote the FDA a stern letter protesting its unconstitutional acts. For the FDA, if you want to make health claims the solution is simple: get in line, spend your \$200,000,000+, and in ten years or so perhaps you can do so. Since the saw palmetto herb cannot be patented, the American male consumer is out of luck at learning about that effective, harmless, and far cheaper product.

In many countries, people think that if they want the best medicine in the world, they need to come to the United States. This is certainly the case for catastrophic injuries. If you’re broken to pieces, you’ve got a much better chance of being put back together properly in the U.S. However, most Americans do not die of accidents but of degenerative diseases. One American dies of cancer every minute, 1,500 a day, 10,000 a week, 500,000 a year. This is the equivalent of three fully-loaded 747s crashing and killing everyone aboard every day, all year long. An American Cancer Society study of cancer mortality rates in 46 countries shows the U.S. as #25, just a little below the middle. The cost of the cancer epidemic has risen to 2% of the American gross domestic product (Newsweek, June 2000).

Pretty regularly, someone makes an appeal for more money for medical research. But what about the effective, non-toxic therapies already discovered which have been suppressed, discouraged, outlawed or driven out of the U.S. by Official Medicine? Politics in Healing deals with those medicines, all non-toxic and mostly not available—not because they didn’t work, but for political reasons. But if something is non-toxic, why should the government (FDA) need to “protect” us from it? Or is the protection for companies who do not want competition from inexpensive, effective, non-toxic therapies? The FDA spent eight years of effort and untold millions trying to jail Dr. Burzynski (Chapter 11), discoverer of an effective and NON-toxic cancer therapy.

The FDA’s involvement with pharmaceutical companies has been called the most notorious “revolving door” in Washington; upon retirement, about 65% of FDA employees go to work for drug companies. Upon hearing this, one person commented: “What’s wrong with this picture?”

Eight of the stories in Politics in Healing deal with cancer therapies. These may of interest to many, since one American dies of cancer every minute. Money for cancer research goes to those trying to perfect “approved” therapies such as chemotherapy and radiation, but both are very harmful. Those

researching such therapies might be out of business and have to find another way to pay the mortgage if an effective, non-toxic therapy were to come on the market. As will be seen in *Politics in Healing*, a great deal of effort has been made to make sure that doesn't happen.

The possible loss of Health Freedom in the U.S. was foreseen by one of the signers of the Declaration of Independence, Dr. Benjamin Rush of Philadelphia, one of the most famous doctors in colonial America. Rush wrote:

“The Constitution of this Republic should make special provision for medical freedom as well as religious freedom. To restrict the art of healing to one class of men and deny equal privilege to others will constitute the Bastille of medical science. All such laws are un-American and despotic.”

While every other kind of freedom is fought for by both liberals and conservatives, there's strange silence when one brings up Health Freedom—freedom for anyone to consult the doctor of their choice, to obtain any therapy of one's choice, toxic or non-toxic, and to have it paid for by one's health insurance. Our talk and preaching about free markets helped to bring down the Soviet Union. But we don't practice what we preach, for we have no free market in non-toxic therapies in the U.S.—in things which by definition can't hurt us. For a layman, it is hard to conceive that some of the most basic organizations in our health establishment would lie and cheat, but lie and cheat they have.

Political pounding befell some very remarkable medicines and their proponents, with both governmental and non-governmental institutions brazenly lying as they squelched them. The late Sen. Paul Douglas of Illinois declared on the Senate floor on December 6, 1963: “It's a terrible thing that we cannot really trust either the FDA or the NCI!” He was talking about Krebiozen (Chapter 5), one of the most shocking stories of all. People picketed the Kennedy White House in 1963 demanding to retain access to Krebiozen, lest they die. Having bemoaned listening to the “experts” after the Cuban missile crisis, the President apparently was still listening to them, for Krebiozen was lost and forgotten, and shouldn't have been. And people died. Then there is the story of Dr. William F. Koch of Detroit (Chapter 3). From the 1920s to the 1950s, he was curing cancer with one shot of Glyoxylyde, a substance he discovered.

While the cancer epidemic rages on, Dr. Koch is virtually forgotten. Persecuted relentlessly by the FDA in two trials in the 1940s, he was repeatedly denounced as a quack by the editor of the AMA's *JAMA* after he refused to sell his discovery to the AMA. Yet there are people still alive at the beginning of the 21st century who were expected to die momentarily until treated with ONE Koch shot. With one American dying of cancer every minute, many might wish that Official Medicine had not thrown away the Koch therapy and the brilliant science that produced it. The National Cancer Institute (NCI) steadfastly refused to test the Koch therapy, or the Hoxsey therapy, or Krebiozen, but did test hydrazine sulfate (HS), a very cheap non-toxic chemical which cured many terminal patients after conventional therapy had failed to do so. It might have been better if NCI had not tested hydrazine sulfate, for it cheated in the trials.

Dr. Joseph Gold, the chief proponent of HS, has warned for years that certain substances (alcohol, tranquilizers, and barbiturates) were incompatible with HS and would cancel its effect—or even make a harmful combination with it. In the Soviet Union and in four trials within the U.S., Dr. Gold's warnings were scrupulously observed, and the average results were 40-50% success in terminal cancer patients—people got better. However, the NCI maintained that the “incompatibles” were a “non-issue”

and gave barbiturates to 94% of the 600 patients it treated with HS from 1989 to 1993. Instead of the 40-50% recovery, there were more survivors of the Titanic than there were of the NCI's trials, where no one got better, all died. Penthouse magazine blew the whistle on the scandal and suggested that the families of the deceased patients should sue the NCI for genocide. As a cancer treatment, hydrazine sulfate costs about 60 cents a day. Dr. Gold estimates that the cost of one session of chemotherapy would pay for a year's supply of HS (Chapter 10). Chapter 7 on colostrum (a mother's first milk) tells how former Congressman Berkley Bedell of Iowa was cured of lyme disease, after antibiotics proved ineffective, by a colostrum "targeted" against the spirochete which causes lyme disease.

This was achieved by injecting a killed lyme spirochete into the udder of a cow three weeks before her calf was born. The cow's colostrum then contained antibodies against the lyme spirochete, and this cured the Congressman. There is no known limit to what can be produced by the targeted colostrum method; it presumably could provide a cure for TB, or for various bacteria—even protection against anthrax. It has been used successfully against cancer in animals. The NCI and the NIH have shown no interest in this method, and the FDA discourages the private sector from developing it. When a colostrum drink was shown to be effective against arthritis, the FDA squelched it. The trial of the Minnesota farmer who helped Congressman Bedell to recover is described. In fact, there is a trial in almost every chapter of the book, as the stories tell what befell the protagonists of various non-toxic, non-pharmaceutical therapies.

The lessons of the ten stories show that there are two principal impediments to non-toxic health breakthroughs: 1) the FDA, and 2) doctors' fear of losing their licenses for using unapproved medicines. There are two simple solutions: 1) remove the FDA's regulatory authority over anything no more toxic than aspirin (everything in the book would pass that test) and 2) pass the Access to Medical Treatment Act, which is already introduced in both houses of Congress. This bill was conceived by Congressman Berkley Bedell so that all Americans might have access to the sorts of unconventional therapies which he believes saved his life twice: lyme disease, as noted, and then from a threatened recurrence of prostate cancer, described in Chapter 8. The "Access" Act provides a procedure for putting on the market medicines not approved by the FDA and protects from prosecution doctors who use them.

Doctors would need to obtain the "informed consent" of a patient, who signs a statement that he/she realizes the treatment to be given is not approved by the FDA. Had these two changes been the law of the land, Politics in Healing would not have been written, for the stories that follow would not have happened. Legislating these two simple changes would permit the return of most of the therapies described except for those which have been lost. Since all were inexpensive, with their return and the appearance of other breakthroughs waiting in the wings, the costs of American healthcare would plummet. These changes would permit open competition and a free market in NON-toxic therapies. The U.S. has had a rigidly controlled market in health products, including non-toxic ones, (to "protect" us) for most of the past century. The results are a high toll from cancer, the absence of effective medicine against many bacterial infections, and the most costly health system on the planet. How could we do worse with Health Freedom?

While American emergency medicine is indeed the best in the world, most Americans do not die from accidents, but from degenerative disease. Many treatments for the latter are excluded from the market, or their capabilities censored by the FDA, which has usurped for itself the right to dictate to manufacturers what they can say about their products. Gradually, before anyone realized it was happening, the FDA clamped upon the U.S. a harsh regime of censorship and repression of anything that could com-

pete with the giant drug companies. Prescription drugs have become so expensive that it has been proposed that the government pay for them, instead of forcing the drug companies to reduce prices to the level charged in other countries such as Mexico and Canada.

But there's a better idea: let's give the drug companies some real competition by removing all governmental controls over anything non-toxic. Since this would permit truthful advertising of what non-toxic medicines (nutritional supplements, herbs, etc.) can do, it would not be surprising to see the cost of prescription drugs come down, way down, corrected in the way that free markets and open competition regularly do. We have been warned many times about socialized medicine. The problem, we're told, is that its overly centralized control stifles innovation. With too much dictation from the top down, with over-regulation by the FDA, with doctors not free to use effective non-toxic therapies, a form of socialized medicine is just what we have, functioning just as badly as we were warned to expect.

While the computer industry is free to make breakthroughs that are the envy of the world, and which happen so rapidly as to leave people breathless, no such freedom exists in the medical field. Instead, such discoveries as the antineoplaston cancer treatment of Dr. Stanislaw Burzynski in Houston are discouraged: the FDA tried very hard to put him in jail; in contrast to so many FDA-approved drugs, antineoplastons never hurt anyone, but instead put many cancers in remission. In addition, here too, the NCI cheated in trials of antineoplastons, diluting them to the point of ineffectiveness. NCI even filed for and obtained a patent on one of Dr. Burzynski's compounds when it discovered he had not patented it (Chapter 11).

Open competition and a free market in non-toxic health products will solve a multitude of problems. In such a market, wondrous things can and will appear, many returning from the oblivion to which they have been cast. How could there be politics in cancer and healing? Surely, one presumes, the best medical discoveries are adopted and the doctors use them. The tragic truth is that it is not that simple.

Daniel Haley, Author of: *Politics in Healing - The Suppression and Manipulation of American Medicine*

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Alternative Medicine and the Truth About Being “Scientific” and “Proven”

Alternative Medicine Digest **(AlternativeMedicine.com)**

Discerning citizens should demand of conventional medicine experts that they prove the science behind their medicine by demonstrating successful, nontoxic, and affordable patient outcomes. Alternative Medicine and the Truth About Being “Scientific” and “Proven”

It's time to revise the scientific method to handle the complexities of alternative medicine. The U.S. government has belatedly confirmed a fact that millions of Americans have known personally for decades-acupuncture works. A 12-member panel of medical “experts” recently informed the National Institutes of Health (NIH), its sponsor, that acupuncture is “clearly effective” for treating certain conditions, such as fibromyalgia, tennis elbow, pain following dental surgery, nausea during pregnancy, and nausea and vomiting associated with chemotherapy.

The panel was less persuaded that acupuncture is appropriate as the sole treatment for headaches, asthma, addiction, menstrual cramps, and others. The NIH panel reported that, in their view, “there are a number of cases” in which acupuncture works. As the modality has fewer side effects and is less invasive than conventional treatments, “it is time to take it seriously” and “expand its use into conventional medicine.” These developments are, naturally, welcome, and the field of alternative medicine should, by rights, be pleased with this progressive step. However, underlying the NIH's endorsement and qualified “legitimization” of acupuncture is a deeper issue that must come to light. I refer to a presumption so deeply ingrained in Western society as to be almost invisible to all but the most discerning eyes. The presumption is that the “experts” of conventional medicine are entitled and qualified to pass judgment on the scientific and therapeutic merits of alternative medicine modalities. They are not.

The matter hinges on the definition and scope of the term “scientific.” The mainstream media is continually full of carping complaints by supposed medical experts that alternative medicine is not “scientific” and not “proven.” Yet we never hear these experts take a moment out from their vituperations to examine the tenets and assumptions of their cherished scientific method to see if they are valid. They are not. Medical historian Harris L. Coulter, Ph.D., author of the landmark four-volume history of Western medicine called *Divided Legacy*, first alerted me to a crucial, though unrecognized, distinction. The question we should ask is whether conventional medicine is scientific.

Dr. Coulter argues convincingly that it is not. Over the last 2,500 years, Western medicine has been divided by a powerful schism between two opposed ways of looking at physiology, health, and healing, says Dr. Coulter. What we now call conventional medicine (or allopathy) was once known as Rationalist medicine; alternative medicine, in Dr. Coulter's history, was called Empirical. Rationalist medicine is based on reason and prevailing theory, while Empirical medicine is based on observed facts and real life experience-on what works. Dr. Coulter makes some startling observations based on this distinction. Conventional medicine is alien, both in spirit and structure, to the scientific method of investigation, he says. Its concepts continually change with the latest breakthrough. Yesterday, it was germ theory; today, it's genetics; tomorrow, who knows?

With each changing fashion in medical thought, conventional medicine has to toss away its now outmoded orthodoxy and impose the new one, until it gets changed again. This is medicine based on abstract theory; the facts of the body must be contorted to conform to these theories or dismissed as

irrelevant. Doctors of this persuasion accept a dogma on faith and impose it on their patients, until it's proved wrong or dangerous by the next generation. They get carried away by abstract ideas and forget the living patients. As a result, the diagnosis is not directly connected to the remedy; the link is more a matter of guesswork than science. This approach, says Dr. Coulter, is "inherently imprecise, approximate, and unstable-it's a dogma of authority, not science."

Even if an approach hardly works at all, it's kept on the books because the theory says it's good "science." On the other hand, practitioners of Empirical, or alternative medicine, do their homework: they study the individual patients; determine all the contributing causes; note all the symptoms; and observe the results of treatment. Homeopathy and Chinese medicine are prime examples of this approach. Both modalities may be added to because physicians in these fields and other alternative practices constantly seek new information based on their clinical experience. This is the meaning of empirical: it's based on experience, then continually tested and refined-but not reinvented or discarded-through the doctor's daily practice with actual patients. For this reason, homeopathic remedies don't become outmoded; acupuncture treatment strategies don't become irrelevant.

Alternative medicine is proven every day in the clinical experience of physicians and patients. It was proven ten years ago and will remain proven ten years from now. According to Dr. Coulter, alternative medicine is more scientific in the truest sense than Western, so-called scientific medicine. Sadly, what we see far too often in conventional medicine is a drug or procedure "proven" as effective and accepted by the FDA and other authoritative bodies only to be revoked a few years later when it's been proven to be toxic, malfunctioning, or deadly.

The conceit of conventional medicine and its "science" is that substances and procedures must pass the double-blind study to be proven effective. But is the double-blind method the most appropriate way to be scientific about alternative medicine? It is not. The guidelines and boundaries of science must be revised to encompass the clinical subtlety and complexity revealed by alternative medicine. As a testing method, the double-blind study examines a single substance or procedure in isolated, controlled conditions and measures results against an inactive or empty procedure or substance (called a placebo) to be sure that no subjective factors get in the way. The approach is based on the assumption that single factors cause and reverse illness, and that these can be studied alone, out of context and in isolation.

The double-blind study, although taken without critical examination to be the gold standard of modern science, is actually misleading, even useless, when it is used to study alternative medicine. We know that no single factor causes anything nor is there a "magic bullet" capable of single-handedly reversing conditions. Multiple factors contribute to the emergence of an illness and multiple modalities must work together to produce healing. Equally important is the understanding that this multiplicity of causes and cures takes place in individual patients, no two of whom are alike in psychology, family medical history, and biochemistry. Two men, both of whom are 35 and have similar flu symptoms, do not necessarily and automatically have the same health condition, nor should they receive the same treatment. They might, but you can't count on it.

The double-blind method is incapable of accommodating this degree of medical complexity and variation, yet these are physiological facts of life. Any approach claiming to be scientific which has to exclude this much empirical, real-life data from its study is clearly not true science. In a profound sense, the double-blind method cannot prove alternative medicine is effective because it is not scientific enough. It is not broad and subtle and complex enough to encompass the clinical realities of alterna-

tive medicine. If you depend on the double-blind study to validate alternative medicine, you will end up doubly blind about the reality of medicine. Listen carefully the next time you hear medical “experts” whining that a substance or method has not been “scientifically” evaluated in a double-blind study and is therefore not yet “proven” effective.

They’re just trying to mislead and intimidate you. Ask them how much “scientific” proof underlies using chemotherapy and radiation for cancer or angioplasty for heart disease. The fact is, it’s very little. Try turning the situation around. Demand of the experts that they scientifically prove the efficacy of some of their cash cows, such as chemotherapy and radiation for cancer, angioplasty and bypass for heart disease, or hysterectomies for uterine problems. The efficacy hasn’t been proven because it can’t be proven.

There is no need whatsoever for practitioners and consumers of alternative medicine to wait like supplicants with hat in hand for the scientific “experts” of conventional medicine to dole out a few condescending scraps of official approval for alternative approaches.

Rather, discerning citizens should be demanding of these experts that they prove the science behind their medicine by demonstrating successful, nontoxic, and affordable patient outcomes. If they can’t, these approaches should be rejected for being unscientific.

After all, the proof is in the cure.

Let's Get Fiscal About the Cost of Health Care
Burton Goldberg
Alternative Medicine Digest (AlternativeMedicine.com)

The bottom line on the conventional medicine venture is bankruptcy. If I were Uncle Sam, I'd be tearing my hair out over this incredible failure of American medicine to be cost efficient and I would be cancelling the unlimited expense budget of organized medicine today. There are effective alternatives. Get results, or get out!

As a lifelong businessman, when I think about that \$1 trillion, I have to ask: "are we getting our money's worth? Does all this make fiscal sense?" The sad fact is that it doesn't make sense at all. This isn't health care-it's sickness care. Conventional medicine keeps coming up with new drugs and high tech procedures, yet none of this heals or cures disease. At best, it deals with symptoms, and, too often, it either suppresses symptoms or makes a person unwell from the "side-effects."

Take cancer research. The National Cancer Institute (NCI) spends about \$2 billion of American taxpayer's money every year to look for "cures," as long as they don't come from alternative medicine, even though all the breakthrough discoveries in healing chronic diseases are coming from this source. Think about it: The NCI has a \$2 billion a year expense account; but, after 40 years, mainstream cancer researchers are no closer to a cancer cure than NASA is to colonizing the Moon. Or take what we spend our research dollars on. Out of \$12 billion allocated every year by Congress to the National Institutes of Health, only spare change-about \$5.4 million-goes to the Office of Alternative Medicine to look into the claims of some 50 therapies. Meanwhile, almost everybody knows by now that about one-third of Americans visit an alternative physician at least once a year and spend nearly \$12 billion of their own money, not insurance company reimbursements, doing it.

As a businessman, I want to see the bottom line before I spend more money on a venture. The bottom line on the conventional medicine venture is bankruptcy. If I were Uncle Sam, I'd be tearing my hair out over this incredible failure of American medicine to be cost efficient and I would be cancelling the unlimited expense budget of organized medicine today. There are effective alternatives. Get results, or get out! It's about time we ran our national health care as a real business. And how about the insurance companies? By and large, it's the insurance companies that shell out most of the \$1 trillion dollars. Surely, if they sat down and studied the statistics, the outcome costs, the side-effects cost, the iatrogenic costs (the cost of patients being injured by the medical treatment or hospital itself), they would scratch their heads and ask if there weren't a less expensive way to go. How much of conventional medicine do you suppose would still have a financial leg to stand on after this kind of rigorous financial review?

Insurance companies will find that cost-effective way if they look at the costs and outcomes from alternative medicine. They could actually make more money by backing alternative medicine than by putting all their chips behind the high tech gamblers of conventional medicine. Why gamble with the unproven and toxic when you can depend on the affordable alternative? Showing people the value of alternatives, as you know, is what my work as publisher of AlternativeMedicine.com is all about. I know I'm not alone in experiencing this daily outrage at the cost of medical care in America. Saving money on medical costs is on the minds of many Americans and, for that goal, prevention is the way to go. Research shows that an ounce of prevention is worth a pound of cure. For every \$1 we spend on prevention today, we'll save \$30 on treatment tomorrow. Heart disease, for example, is one of the most preventable chronic degenerative diseases, yet we're still spending \$9 billion for 300,000 coronary artery

bypass graft surgeries every year.

In a previous issue (Digest No. 6), one of our physicians explained that chelation therapy, if used as a preventive measure for heart disease, could save us an estimated \$8 billion a year in health care costs. Is anybody taking this advice? No. Instead, the California medical authorities are doing their best to get chelation therapy outlawed and to arrest and harass respectable M.D.s merely for practicing chelation.

Also, in the last Digest you read the amazing story of Cheryl Wilkens who used the metabolic nutritional program of Dr. Nicholas Gonzalez, M.D., to successfully treat her metastasized lymph cancer at a cost of about \$4000. She is cancer-free today-for \$4000. In this Digest, you'll read the equally amazing-and almost tragic-case of Debi Erin, R.N. For 10 years, she was the victim of a mental health establishment that still doesn't have a clue how to treat schizophrenia. When Erin finally found her "clue," it was from a doctor of alternative medicine who prescribed a \$20 bottle of essential fatty acids and she was cured. Today, Erin is schizophrenia-free, for pennies. In this issue, you'll also read about Mary, a woman who eliminated 8 years of back pain, intestinal discomfort, headaches, and hypoglycemia, with \$700 worth of chiropractic treatment.

Also, in this Digest you'll read about Jay Holder who is both an M.D. and chiropractor. Dr. Holder's bold new approach to treating addictions is to use chiropractic and amino acids. At a cost of about \$870 per client per year, Holder's chiropractic approach is getting astonishingly high recovery rates-100% of addicted patients receiving chiropractic finish their 30-day treatment program. This is a key indicator of whether they'll stay drug-free in the future. Who can argue that this is money well spent-and it's not that much money in the first place! The field of alternative medicine is full of stories like these, of patients who suffered the unnecessary pain and extravagant expense of conventional medicine only to find a lower-cost, safer, and more effective treatment from alternative medicine. Don't you think this is where we should be spending our tax dollars, investigating and supporting these life-saving alternatives?

A new poll of San Francisco Bay area residents showed that 41% consulted an alternative medicine doctor last year and that 80% said they'd do it again. What's the solution? Let's get fiscal about the cost of health care and support all the safer, cheaper, more effective alternatives and pocket the difference. As Dr. Guylaine Lanct, M.D., says in *The Medical Mafia* (reviewed in this issue), the patients-that great, powerful, but too silent majority of about 256 million Americans-hold the purse-strings on the \$1 trillion health care budget. "The only one who has the ultimate power to change the system is the patient," says Dr. Lanct?? One practical way to exercise your patient-power is to keep informed of legislative events and to urge your elected officials to allow alternative doctors to practice openly, without harassment. Meanwhile, the Digest will keep you up-to-date on everything you need to know about the most cost-effective alternatives in medicine. That way we can all show some fiscal care for our health.

CONCERNING HEALTH CARE COSTS

- The number of fully industrialized countries other than the U.S. that do not guarantee minimum health care to every single citizen - 0
- U.S. rank among nations in per capita expenditure for medical care - 1st
- U.S. rank among nations in medical malpractice suits - 1st
- U.S. rank among nations in infant mortality - 25th
- Percentage of nations in Western Europe whose infant mortality rates are lower than in the U.S. - 100%
- Percentage of birth attended by midwives in Western Europe - 75%
- Percentage of births attended by midwives in the U.S. - 4%
- Average cost of a midwife-attended birth in the U.S. - \$1,200
- Average cost of physician-attended birth in the U.S. - \$4,200
- Health care savings obtainable annually by using midwifery care for 75% of pregnancies in the U.S. - \$8.5 billion
- Average cost of a cesarean birth in a U.S. hospital - \$8,000
- U.S. cesarean rate in for-profit hospitals compared with nonprofit hospitals - nearly double

Concerning The Cancer Industry

- Percentage of cancer patients whose lives are predictably saved by chemotherapy - 3%
- Conclusive evidence for the vast majority of cancers that chemotherapy exerts any positive influence on survival or quality of life - none
- Percentage of oncologists who said if they developed cancer they would not participate in chemotherapy trials because of the “ineffectiveness of it and its unacceptable toxicity” - 75%
- Percentage of people with cancer in the U.S. who receive chemotherapy - 75%
- Company that accounts for nearly half of the chemotherapy sales in the world - Bristol-Meyers Squibb
- Chairman of the board, Bristol-Meyers Squibb - Richard L. Gelb
- Richard L. Gelb's other job - vice chairman, board of overseers, board of managers,

Memorial Sloan-Kettering Cancer Center.

- Director, Ivax, Inc. (a prominent chemotherapy company) - Samuel Broder
- Samuel Broder's other job (until 1995) - executive director, National Cancer Institute.

Concerning Tobacco And The AMA

- Year it was learned that 96.5% of patients with lung cancer had been smokers - 1950
- Year the U.S. surgeon general announced that smoking caused not only lung cancer but also heart disease and emphysema and was costing the country tens of billions of dollars a year in health care costs - 1964
- Public statement by AMA president Edward R. Annis in 1964 regarding surgeon general's report - "The AMA is not opposed to smoking and tobacco"
- Position of the AMA when the American Cancer Society, Public Health Service, and Federal Trade Commission supported health warnings on cigarette packages - opposition
- Year the AMA Member Retirement Fund was discovered to have millions of dollars invested in tobacco securities - 1981
- Year the New England Journal of Medicine published a special article analyzing the campaign contributions made by the AMA to congressional candidates - 1994
- Conclusion of the New England Journal of Medicine report - the AMA gave significantly more money to legislators supporting tobacco-export promotion than those who opposed it

Concerning People Making Health Care Decisions For You

- World's largest private cancer treatment and research center - Memorial Sloan-Kettering Cancer Center
- Chairman, Memorial Sloan-Kettering's board of overseers, board of managers - John S. Reed
- John S. Reed's other job - director, Philip Morris
- Health insurance companies heavily invested in tobacco stocks - Travelers, Prudential, Cigna, MetLife, Aetna
- How much health insurance companies typically pay for a heart patient's bypass surgery - \$30,000
- How much health insurance companies typically pay for a patient's balloon angioplasty - \$7,500

- How much health insurance companies typically pay for a heart patient's nutrition and stress-management education - \$150
- How much health insurance companies pay for teaching a well person how to eat well, stay healthy, and prevent heart disease - \$0

Concerning Kids & Attention Deficit Hyperactivity Disorder (ADHD)

- Primary treatment for U.S. schoolchildren diagnosed with attention deficit hyperactivity disorder (ADHD) - Ritalin
- Potential side effects from Ritalin - anxiety, hair loss, convulsions, nausea, insomnia, headaches, weight loss, slowed growth, compulsive nervous behavior
- Number of well-designed studies in which Ritalin has been shown to enhance long-term learning - 0
- Percentage of hyperactive children who improved when artificial colorings, flavorings, and sugar were eliminated from their diet - 79%
- American Academy of Pediatrics position on medication and drug treatment of children with ADHD - endorsement
- Number of words about nutrition in American Academy of Pediatrics position paper on ADHD - 0
- Sponsors of American Academy of Pediatrics nutrition video for children - the Sugar Association, Inc. and the National Live Stock and Meat Board
- In a fact sheet promoted by the American Dietetic Association that focuses on ADHD, "Questions Most Frequently Asked about Hyperactivity," answer given to the question "Is there a dietary relationship to hyperactivity? Should I restrict certain foods from my child's diet? - No
- Source of fact sheet promoted by American Dietetic Association - the Sugar Association, Inc.

From the book: Reclaiming Our Health: Exploding the Medical Myth and Embracing the Source of True Health, ©1996 by John Robbins. Reprinted by permission of H.J. Kramer, P.O. Box 1082, Tiburon, California, 94920. (Reprint, Body Mind Spirit Magazine, Special Issue 1997)

MEAT EATING'S \$80 BILLION PRICE TAG

A new report released by the Physicians Committee for Responsible Medicine, a vegetarian advocacy group in Washington, D.C., calculated the medical costs of meat consumption. The assumption in their calculations is that high levels of meat consumption have been proven to be linked to the development of serious medical conditions.

In terms of treatment costs, doctors' fees, drugs, and hospitalizations, hypertension costs up to \$8.5 billion; heart disease, \$9.5 billion; cancer, \$16.5 billion; diabetes, \$17.1 billion; gallbladder disease, \$2.4 billion; obesity-related musculoskeletal problems, \$1.9 billion; and food-borne illness, \$5.5 billion.

In other words, the price tag for American-style meat-eating accounts for as much as \$61.4 billion in direct health care costs each year. "It is time to stop scratching our heads about the nation's exploding health care costs," the report stated.

"We can cut those costs by eliminating subsidies for livestock feed and dairy products, and scrapping out-of-date diet guidelines that encourage traditional, meat-based diets."

EDIFYING FACTS

Human population of United States: 275,000,000

Number of human beings who could be fed by the grain and soybeans eaten by U.S. livestock: 1,300,000,000

Percentage of protein wasted by cycling grain through livestock: 90

Pounds of grain and soybeans needed to produce 1 pound of feedlot beef: 16

Number of children who starve to death every day: 40,000

Number of pure vegetarians who can be fed on land needed to feed 1 meat-eating person: 20

Number of people who will starve to death this year: 60,000,000

Number of people who could be adequately fed by the grain saved if Americans reduced their intake of meat by 10%: 60,000,000

User of more than half of all water used for all purposes in the United States: Livestock production

Water needed to produce 1 pound of wheat: 25 gallons

Cost of hamburger if water used by meat industry was not subsidized by U.S. Taxpayers: \$35/pound

Number of U.S. medical schools: 125

Number of U.S. medical schools with a required course in nutrition: 30

Training in nutrition received by average U.S. physician during 4 years of medical school: 2.5 hours

How frequently a heart attack strikes in U.S.: every 25 seconds

How frequently a heart attack kills in U.S.: every 45 seconds

Most common cause of death in U.S.: Heart attack

Risk of death from heart attack by average American man: 50%

Risk of death from heart attack by average American pure vegetarian man: 4%

Amount you reduce heart attack risk by reducing consumption of meat, dairy products and eggs 50%: 45%

Amount you reduce heart attack risk by reducing consumption of meat, dairy products and eggs
100%: 90%

Rise in blood cholesterol from consuming 1 egg per day: 12%

Rise in heart attack risk from 12% rise in blood cholesterol: 24%

Hollywood celebrity paid by Meat Board to tout beef as “Real food for real people”: James
Garner

Medical event experienced by James Garner in April 1988: Quintuple coronary artery bypass
surgery

Pesticide residues in the U.S. diet supplied by meat: 55%

Pesticide residues in the U.S. diet supplied by dairy products: 23%

Pesticide residues in U.S. diet supplied by vegetables, fruits, and grains: 11%

Percentage of U.S. mother’s milk containing significant levels of DDT: 99%

Percentage of chlorinated hydrocarbon pesticide residues in American diet attributable to meats,
dairy products, fish and eggs: 94%

Percentage of total antibiotics used in U.S. fed routinely to livestock: 55

Percentage of staphylococci infections resistant to penicillin in 1960: 13

Percentage of staphylococci infections resistant to penicillin in 1988: 91

Response by European Economic Community to routine feeding of antibiotics to livestock: Ban

Response by American meat and pharmaceutical industries to routine feeding of antibiotics to live-
stock: Full and complete support

Facts excerpted from Diet for a New America (1987). ©1987 by John Robbins, Stillpoint Publishing, Walpole, NH \$10.95

THE \$35 BILLION BOONDOGGLE

Reviewed by Irene Alleger

At a time when health care costs are threatening to bankrupt the nation, too little attention has been paid to procedures and treatments that have failed to show benefits, and not surprisingly, are some of the costliest medical interventions around. There is so much talk about unproven treatments and quackery, aimed at the alternative medical practices, that few people ever stop to question or investigate the efficacy or even safety, of high-tech medical procedures.

Even research that shows that over 80% of bypasses and angiogram being recommended are not necessary, has failed to change the lucrative methodology of cardiologists. Since heart disease accounts for a major portion of our health care dollars, it is a perfect example of how vested interests manipulate the public and bury any criticism of the methodology, in the name of profit. In *Heart Frauds*, Dr. Charles McGee documents the statistics, studies, and hidden failures surrounding the treatment of heart disease, particularly angiograms and bypass surgery.

Although one-third of the population now prefers some alternative medical care, when it comes to heart attacks, the scare tactics used to sell these procedures are almost fool-proof. Doctors tell the frightened heart attack patients they have a “widow maker,” referring to a blocked artery, or that they are living with a “time bomb.” Coronary bypass surgery and angioplasty are said to be absolutely necessary to get them through the next few days alive.

Few people in this situation (usually drugged, as well) can mount an intelligent argument against these “specialists.” If alternatives are discussed at all, such as the recent publicized results of diet and lifestyle changes, they are shrugged off by the cardiologist as too time-consuming, difficult to comply with, and haven’t really been proven to work. Specialists, particularly, have made medicine into business, and in business, as any American can tell you, it’s only the bottom line that counts.

Dr. McGee uses satire and humor in his presentation of an appallingly unethical use of balloon angioplasty as “the invasive cardiologist’s claim to a lifestyle of the rich and famous.” Ironically, the bypass surgeons saw the cardiologists using angioplasty as enemies initially (to their bank account) but soon learned that there was a big enough pie for all to share. As more angioplasties were performed, the number of Coronary Artery Bypass Grafts (CABG), referred to routinely and affectionately as cabbage, also increased. “Surgical procedures on the heart resembled a bottomless pit . . . if more physicians begin to divide up a medical pie, doctors can increase the size of the pie simply by recommending more procedures.” In 1990 cardiologists performed about 285,000 balloon angioplasties and cardiac surgeons cracked 380,000 chests.

“It is not unusual to see patients who have had 3 or 4 balloon procedures followed by a ‘cabbage,’ all within 4 or 5 months and all failing to help.” Dr. McGee cites the studies done on these procedures in detail, and it is clear that the public has been kept in the dark; in three major controlled studies, bypass surgery was shown not to extend survival rates past 11 years, and that “early surgery is unlikely to increase the prospect of survival.” In an editorial that accompanied one study, Eugene Braunwald, professor of medicine at Harvard Medical School pointed out that an increasing number of patients were being operated upon, not because of the presence of intractable angina, but because of the hope, “largely without objective supporting evidence at present, that coronary bypass surgery prolongs life.” He further stated that “this rapidly growing enterprise is developing a momentum and constituency of

its own, and as time passes, it will be progressively more difficult and costly to curtail it materially ...” He wrote “I believe that this operation should and increasingly will be restricted to patients in whom intensive medical therapy has failed, or in whom improved survival after surgery has been unambiguously demonstrated, rather than as a panacea for coronary artery disease.”

These remarks were made in 1977 and his fears that this “enterprise” would become more difficult to curtail were fully realized in the decade following. Although angiography and bypass surgery are the most high-profile and costly abuses in the treatment of heart disease, Dr. McGee shoots down the cholesterol theory, too, as another failed approach to treating heart disease. The pharmaceutical drugs to “treat” high cholesterol have not only failed to show efficacy, but are known to be dangerous as well. Perhaps the worse consequence of these hyped treatments is that patients do not get better, as they might on the diet and lifestyle change programs.

The first half of Heart Frauds is a careful examination of the rationale and results of this “standard of Care,” and Dr. McGee has no problem documenting the failure of these treatments to benefit heart patients. Although it may take some time to dislodge the “enterprise,” in the second half of the book, ample evidence is given of the alternative, non-invasive (and inexpensive) treatments that have shown efficacy in the treatment of heart disease. The diet and nutritional approach to treating coronary artery disease is documented by many recent studies, especially Dr. Dean Ornish’s program, and Dr. McGee brings them all together, showing the consistent success of this approach. Interesting studies are cited showing the long-term effects of the introduction of refined carbohydrates into our diet, for instance, EDTA chelation therapy is given top billing as well, for its documented ability to reverse artery disease.

An important aspect of these approaches is that they prove that coronary heart disease can be reversed, and that the body will heal itself if we will do just two things: remove the things that make us sick, and augment the things our bodies are lacking. Nutrients are examined in detail, citing studies that show the anti-oxidants, in particular, to be greatly preventive of heart disease, and some of the more widely studied nutrients associated with heart disease. Other risk factors such as lack of exercise, and chlorinated water, are explored as well. Dr. McGee speculates that the cholesterol theory is so well established now (as part of the “enterprise”) that it will take time for the oxidative theory of the development of atherosclerosis to replace it, despite the plethora of new studies on anti-oxidants.

However, as you may have noticed, change is the watchword of the day; old institutions and old ideas are changing rapidly at the end of this century and especially in the area of nutrition and lifestyle. Heart Frauds is a well-documented expose’ of the waste of approximately \$35 billion a year in the standard treatment of heart disease, wasted because these approaches to treating heart disease are not shown to be beneficial, yet take a huge chunk out of the health care dollars. Dr. McGee acknowledges that the basic problem is politics and commercial interests - putting profit ahead of the welfare of the patient. Becoming informed with the help of books like this one, is the first step towards changing the standard of care, both for patients and doctors alike.

Reprint, Townsend Letter for Doctors, April, 1994 Heart Frauds: The Misapplication of High Technology in Heart Disease by: Charles T. McGee, MD Medipress, 1717 Lincoln Way, #108, Coeur d’Alene ID 838141993.

PHARMACEUTICAL DRUGS: YOUR MONEY AND YOUR LIFE

**Alternative Medicine Digest
(AlternativeMedicine.com)**

It takes several years and an average of \$313 million to bring a prescription drug to market. But this is nothing compared to their real human and economic costs in suffering, sickness, and death.

The price of prescription drugs continues to wildly outpace inflation, and the number of deaths attributed to their use is rising even more rapidly. Both of these stories made front-page news, but the media failed to connect the two and see the bigger—and more ominous—picture. According to The New England Journal of Medicine, the percentage of the personal health care dollar spent on prescription drugs has grown faster than any other segment, including doctor and hospital bills, partly because the prices of prescription drugs have risen an average of 17 percent a year in the last few years. That is over 1,000 percent higher than the 1998 inflation rate of 1.6 percent.

Meanwhile, prescription drug sales in the U.S. have risen from \$37.7 billion in 1990 to \$122 billion in 1998. It is no wonder that Fortune magazine ranked pharmaceuticals as the most profitable of all industries when measured by returns on equity, sales, and assets. A lead story in USA Today asked, “Why does the allergy drug Claritin cost almost \$2 a pill in the United States but only 41 cents in Great Britain?”

The newspaper conducted a survey that found that the most popular drugs often cost up to four times as much in the United States as in other industrialized nations. Even when cheaper generic drugs are taken into account, Americans pay about one-third more for prescription drugs than people in other wealthy nations. The reason for this is that the United States is the one industrialized nation that doesn't have some form of price controls on prescription drugs. “Pharmaceutical companies use the U.S. as their safety valve,” said Alan Sager, of Boston University's School of Public Health.

“If other countries negotiate or regulate to win lower prices, drugmakers raise their prices on the hapless American consumer.” U.S. consumers are therefore literally subsidizing drug costs for the rest of the industrialized world to insure the pharmaceutical industry's profits. Responding to this apparent price-gouging, Richard Jay Kogan, Chairman and CEO of Schering-Plough Corp., manufacturer of Claritan, stated that drug companies must make handsome profits on blockbuster drugs because so much research goes for naught. “Bringing a drug to marketplace takes 12 to 15 years and costs up to \$500 million,” he reported. Only one in 5,000 compounds tested becomes a product; only three in ten drugs that do make it to market make back their R&D investment.

Pharmaceutical companies invest more into product development than any other industry—over \$20 billion dollars in 1999. Responding to congressional criticism of its pricing, Gerald J. Mossinghoff wrote in the Wall Street Journal that, rather than being focused only on short-term profits, “the research-based pharmaceutical industry prefers to take the longer view...that if we keep on investing in R&D and keep on pushing the bounds of medical knowledge we will someday come up with effective treatments for AIDS, cancer, Alzheimer's, and other diseases that cost billions of dollars and untold grief and pain. When these treatments are developed, manufacturers will profit—but the benefits to society will be priceless.” Noble-sounding sentiments, indeed, but the reality of the situation is that the pharmaceutical drugs themselves cost billions of dollars and untold grief and pain. A report by

the National Academy of Sciences stated that 98,000 Americans are killed every year by “medical errors,” the vast majority of which were mistakes in prescribing, mixing, or administering drugs. The report put the price on this at \$9 billion. Another report by the University of Arizona Department of Pharmacology calculated the cost at 119,000 deaths and \$75.6 billion dollars per year. Of the \$75.6 billion, \$47.4 billion was the result of 8.8 million drug-related hospitalizations, representing 28% of all hospitalizations.

But even that is only half the story, because these figures related to incidents where mistakes were made. A 1998 study published in the Journal of the American Medical Association estimated that 106,000 hospital patients die and 2.2 million are injured each year by adverse reactions to prescription drugs, not including cases where errors are involved. In other words, another 100,000-plus patients die from the normal side effects of prescription drugs, even when properly prescribed and administered. Estimates of the concomitant cost approach \$140 billion dollars annually. Thus, when the total number of deaths is calculated, the use of prescription drugs is this country’s third leading cause of death, behind only heart disease (number one) and cancer (number two).

And looking at the real cost of pharmaceutical drugs, for every dollar spent buying them, we spend at least another dollar—up to two dollars—attempting to repair the damage they cause. The tragedy of this is that the degenerative diseases that plague our society are never going to be cured by pharmaceutical drugs. They do nothing to address the cause of disease; they only mask or suppress symptoms and, in so doing, create new problems. These are artificially manufactured, unnatural substances that poison and weaken the body. There are many natural remedies that work even more effectively, with no side effects and at a fraction of the cost.

I urge you to study alternative medicine and establish your own vibrant good health as the ultimate in disease prevention. But if you do get sick, employ effective, nontoxic remedies with which, when you spend a dollar, you won’t have to spend two dollars more recovering from the medicine that is supposed to heal you.

THE GULF WAR SYNDROME

A Wholistic Medical Perspective

In order to protect Gulf War soldiers from insect born diseases (such as malaria and leishmaniasis), and biological/chemical warfare agents, U.S. troops were given a combination of the pesticides DEET and Permethrin, and the anti-nerve gas agent Pyridostigmine Bromide (PB)... While any one of these chemicals on its own is considered harmless, animal research at Duke Medical Center confirms that PB, in combination with the above mentioned pesticides, is highly toxic...

In addition, to make matters worse, U.S. troops were vaccinated with botulism and anthrax vaccines... The result being that many of our troops, prior to entering into the gulf war region, were neurological-ly and immunologically compromised (sick)...

While in the desert, U.S. troops were inadvertently exposed to pathogens from the secretions of locusts, that were buried beneath the sands of these hot desert regions... Intense troop movements stirred up the sands, disrupted the eco-system, and allowed for the air-born transmission of locust-born pathogens...

Furthermore, our troops were subjected to extreme psychological stress, environmental poisons from burning oil fields, radioactive anti-tank ammunition made of depleted uranium-238 (D.U.)•, intense heat, and electro- magnetic radiation from radars, microwaves and other communications equipment... Hence, The Gulf War Syndrome...

American Gulf War Veterans Association
www.gulfwarvets.com

Captain Joyce Riley's site provides information and services available for veterans and others suffering with chronic fatigue/GWS related symptoms.

GULF WAR SYNDROME-MILITARY MADE?

Outrageous U.S. Germ Warfare Program Backfires While Military Media Stage Cover-up A cover-up of immense proportions is under way in the U.S. Defense Department, with the complicity of the media. It's about the origin of Gulf War Syndrome (GWS), a disease similar to chronic fatigue syndrome and with 31 different symptoms. GWS has already taken the lives of at least 6,000 U.S. soldiers and infected an estimated 100,000 more of those who fought in the 1991 Gulf War.

It may also be entering the general civilian population, but the media are conspicuously silent on the true source of GWS. While the Pentagon is now finally admitting that the destruction of an ammunition dump in southern Iraq in March 1991 may have exposed 15,000 U.S. soldiers to toxic nerve gas and chemical agents, possibly producing GWS, the reality may be far worse. Evidence suggests that our soldiers were poisoned by our own germ warfare agents developed by the U.S. military and sold in the 1980s to the Iraqis, who then used them against us in the Gulf War. These conclusions sound unbelievable yet they are supported by testimony and documents presented during U.S. Congressional hearings on the investigation of GWS by the Senate Committee on Banking, Housing, and Urban Affairs.

Senator Donald W. Riegle, Jr. (D-Michigan), who led the investigation, submitted his report to the Senate on February 9, 1994. The Riegle Committee, with actual shipping invoices, batch numbers, company names, and inventories in hand, proved that during the 1980s the U.S. government provided Iraq with 28 different germ warfare agents for use against Iran in their nearly decade-long conflict. Senator Riegle's 2-year investigation showed that U.S. forces destroyed 12 biological and 18 chemical facilities in Iraq during the war, releasing into the air huge amounts of toxic substances which subsequently drifted over the troops. It is now known that up until 2 weeks before Iraq's invasion of Kuwait in August 1991, U.S. trained experts were working with Iraqi scientists in Baghdad to develop biological agents as weapons.

The Riegle Committee further established that the U.S. military installed 14,000 chemical alarm monitoring units in the battle areas to alert soldiers to the presence of biological agents, but when too many such alarms went off, the military disabled them. Under oath, Army Sergeant Randall Vallee told the Riegle Committee that he was ordered to ignore the alarms. From the beginning, Pentagon officials have denied that any germ warfare agents were used in the Gulf. Their use would be in direct violation of the Geneva Biological Weapons Convention of 1972, signed by both the U.S. and Iraq, prohibiting experimentation with and sale of biological weapons. Yet on May 1, 1996, Major General Ronald Blanck, senior physician at Walter Reed Army Hospital, told the President's Panel of Gulf War Illnesses that chemical and biological weapons had been used in Operation Desert Storm and that this probably led to low-level exposures.

Evidence also exists that the Iraqis painted SCUD and Frog missiles with biological agents including anthrax, botulinum, "yellow rain" (a lethal fungi), and others, so that toxic infections would be spread through the air on explosion. Soldiers who were never in the Gulf but who came in contact with military clothing or aircraft returning from the war, and domestic airline attendants on flights which transported Gulf soldiers, have now developed GWS. If all this is true-the evidence supporting it is solid, much of it given under oath-we need no longer worry about Nature producing new diseases.

Now it seems our own government is creating toxic threats to human health, at taxpayer expense, and often with taxpayers as the test subjects, on a scale far more life-threatening than anything Nature can "cook" up.

A key piece of the puzzle comes from Garth L. Nicolson, Ph.D., former chairman of the tumor biology department at the M.D. Anderson Cancer Center at the University of Texas in Houston. Dr. Nicolson's genetic analysis of the GWS microbe shows it to be the result of genetic engineering. It combines a gene from the HIV-1 virus and genetically altered anthrax genes with a mycoplasma (a tiny biological life form without a cell wall, normally harmless).

The result is a new, highly infectious and deadly microbe not previously found in Nature. The GWS microbe acts as a silent, undetectable pathogen that slowly kills a person from the inside, starting with cell nuclei, and leaving almost no trace of its presence, Dr. Nicolson explains. Not only were U.S. soldiers exposed to Iraqi germ warfare, the U.S. military may have used them as guinea pigs to test experimental vaccines. According to Dr. Null's research, about 100,000 U.S. troops (plus those of other nations) who were to fight in the Gulf against Iraq received multiple vaccinations against suspected Iraqi biological agents.

However, some of the vaccinations were against germ warfare agents the Iraqis were not known to possess.

Dr. Null claims that, in fact, U.S. soldiers were the unwitting test subjects for experimental, genetically engineered biological agents as part of a germ warfare research program. For example, the Pentagon strong-armed the FDA into approving the use of pyridostigmine bromide (PB) tablets ostensibly to protect soldiers against Iraqi biological attacks. PB is only given for the treatment of a chronic muscle weakness disorder called myasthenia gravis. Now evidence suggests that PB and the other experimental vaccines themselves may have contributed to GWS. According to Dr. Null, the U.S. Defense Department is proceeding with its cover-up of GWS because the real story is appalling. Not only were U.S. soldiers exposed to multiple biological agents, but it is probable that these agents, now released, can no longer be controlled and that they are capable of mutating into more virulent forms. It is certain that they are airborne and contagious.

The spouses of Gulf soldiers are showing symptoms of GWS at the rate of 78%, according to the Riegle report which polled 1,000 servicemen. In addition, there has been a dramatic increase in birth defects in these military families-30% according to one study cited by Dr. Null. The infection rate of GWS may grow exponentially, to 1 million infected within a few years, warns Dr. Null. Who's to blame for this? At all levels of government there is the predictable denial of responsibility or knowledge. For one, the FDA, this so-called watchdog of public health, approved the use of experimental vaccines on U.S. soldiers even though there was no proof of their safety or effectiveness-the very criteria FDA's charter empowers it to ensure.

According to Dr. Null's research, over 2,000 studies demonstrate that upwards of 10 million American citizens (soldiers, children, the elderly, and those in psychiatric wards or prisons) have been secretly used as test subjects in a 50-year program of germ warfare research. GWS is apparently only the latest in a heinous succession of experiments.

The fact that infectious disease is now the third leading cause of death in the U.S. (whereas 50 years ago it wasn't even in the top 15) may turn out to be the result of the deliberate, systematic, and unpardonable poisoning of the American population by its own government in the interests of national "defense." I ask the American public to demand of the Pentagon an answer as to why Iraqi leader Saddam Hussein was left in power in Iraq.

Could it be our “heroic” generals know that Iraq has insulated itself against further military inroads by a germ warfare shield? Could it be that they knew in 1991 that germ warfare was involved in the Gulf War?

Let's demand that they answer this. The outrageous facts about U.S. military use of germ warfare and its disastrous consequences for our own soldiers are in the public record. Yet the U.S. government and nearly all the media continue to stonewall the truth.

This cover-up must be thoroughly unmasked in the interests of our national health security without which we have nothing.

THE GOOD NEWS

The Solution to The Gulf War Syndrome lies in the implementation of safe and effective naturopathic/homeovitic protocols which serve to detoxify the body of various viral, bacterial, fungal, chemical and metallic toxins while restoring neuro-immunological competence to the individual (patient)...

HVS Labs, MAXAM Labs. APEX Energetics.
The Nation, May, 1997

RESTORING CARE TO HEALTH CARE

For-profit health care is essentially an oxymoron. The moment care is rendered for profit it is emptied of genuine caring. The moral contradiction is beyond repair.

Bernard Lown, MD

It is no surprise to say that a crisis in health care has been brewing for many years. What is surprising is how quickly the meltdown has occurred. Much of the reason lies in the extraordinary control corporations now have in the system.

Patient dissatisfactions is at an all-time high. Health care is not a coherent system, but a hodgepodge of corporate fiefdoms whose central aim is to maximize profit for the benefit of investors. To achieve this objective, time-honored clinical decision making by doctors is being curtailed.

Arbitrary regulations, supervised by a burgeoning bureaucracy for technocrats, have now invaded every precinct of clinical judgement, whether the question involves a drug prescription, the need for a specialist, the propriety of an emergency room visit, or the advisability of hospitalization. Far worse than de-professionalizing doctors, the current system of managed care is depersonalizing patients.

The industrialization of medicine requires two elements: the standardization of the product and the interchangeability of its parts. It must be said that this process preceded Wall Street's takeover of health care. It relates also to the long-standing marriage of medicine to reductionist science and to evermore sophisticated technology.

In the modern medical paradigm, each patient is a statistic similar to any other patient with the same illness. Science, in accounting for endlessly diverse biological phenomena, ignores individual uniqueness in order to abstract the underlying operating mechanisms.

What modern medicine proclaims as decisive are the biologic commonalities, while individual differences are given short shrift. If all patients have similar and interchangeable parts (organ- transplant programs sanction such a simplistic notion), the field is rendered ripe for corporate control.

How did we get to this point?

The crisis began in the very heartland of medicine. Doctors were seduced by financial incentives.

At first, unquestioning third-party payers provided an open till. Care was fragmented among super-specialists, with multiplication of mindless procedures, encouragement of uncalled-for office visits, and exposure of patients to a glut of unnecessary surgical interventions. Each test or procedure was converted into a profit center.

Yet, while America was spending far more for health care than any other industrialized country, over a sixth of the population was denied even rudimentary health care.

Someone was needed to control and manage doctors. The logic presented to the public was that only competitive, investor-owned health maintenance organizations (HMOs) - working to generate profit by cutting costs - possessed the financial discipline to stem inflation of health-care costs. Implicit in this

corporate logic was that sickness could be regarded as a commodity, and that a patient can behave as a sovereign and knowledgeable consumer of health- care services. Neither assumption is correct.

Consequently, HMOs amplified and aggravated the many inhumanities that prevailed in the fee-for-service system. There are many highly skilled and caring doctors trying to practice humane medicine, but it is becoming extraordinarily difficult to do so. Many doctors are losing heart.

In market-driven medicine, the primacy of the patient yields to the perverse accountability of investors, bureaucrats, insurers, and employers. For-profit health care demands that the doctor perform as gate-keeper to ration or deny care. In these circumstances the patient-doctor relationship is undermined by suspicion that any advice is determined by the corporate bottom line.

For-profit health care is essentially an oxymoron. The moment care is rendered for profit it is emptied of genuine caring. This moral contradiction is beyond repair.

The elusive properties of mind and spirit that account for each person's uniqueness find scant sympathy in the current state religion that worships business efficiency. Nor do these properties enter the scientific equation.

After all, empathy, kindness, altruism, benevolence, insight, joy, suffering, sadness, tragedy are outside the purview of molecular biology and accounting.

Patients will not acquiesce to the ultimate alienation of being reduced to standardized objects. No one will accept for long being merely identified by their illness, or seen as nothing but an assemblage of broken down biologic parts.

Patients crave a partnership with physicians who are as sensitive to their aching souls as to their malfunctioning anatomy. They yearn not for a tautly drafted business contract, but for a covenant of trust between equals earned by the doctor while exercising the art of caring.

A few years ago, shortly before his death, the essayist Anatole Broyard wrote:

"I wouldn't demand a lot of my doctor's time. I just wish he would brood on my situation for perhaps five minutes, that he would give me his whole mind just once, be bonded with me for a brief space, survey my soul as well as my flesh... Without some such recognition, I am nothing but my illness."

Bernard Lown is professor emeritus of cardiology at the Harvard School of Public Health and chairman of the Lown Cardiovascular Research Foundation in Brookline, Mass. He is also the co- recipient of the 1985 Nobel Peace Prize, which he accepted on behalf of the International Physicians for the Prevention of Nuclear War.

(Reprint, The Christian Science Monitor, March 4, 1999 edition)

NIH AND ALTERNATIVE MEDICINE

Under the urging of former Congressman Berkley Bedell and Senator Tom Harkin, Congress appropriated two million dollars last year and an additional two million this year for the creation of an Office of Alternative Medicine, under the auspices of the National Institutes of Health (NIH). In June and September, meetings were held near Washington, DC in which both practitioners of Alternative Medicine and the public made recommendations on how the Office should be set up and what it should study. In attendance were representatives from many disciplines, including nutritional therapy, alternative cancer therapy, energy medicine, psychoneuroimmunology, and structural therapies.

Although some individuals involved in the Alternative Medicine movement believe they have been unfairly treated in the past by NIH and other conventional medical institutions, it appeared to most attendees that the attitude of NIH toward the new Office was one of support, rather than sabotage.

A \$2 million budget pales in contrast to the multibillion dollar annual NIH budget. Nevertheless, this type of seed money can set some important wheels in motion. Preliminary recommendations from the Office are that some of the funds be used to support "site visits" to clinics where promising treatments are being undertaken. If objective evidence shown that better-than-usual results are being obtained, then recommendations for further study will be made. In addition, individuals or clinics interested in conducting research on various aspects of Alternative Medicine may apply for a \$50,000 research grant. Approximately ten such grants will be available in the present fiscal year.

Along with Townsend Letter editor, Jonathan Collin, M.D. and columnist Tori Hudson, N.D., I have been fortunate to be a member of the advisory panel concerned with diet, nutrition and lifestyle. We are in the process of writing a report which describes nutritional medicine and how it can be successfully incorporated into the medical mainstream. Emphasis will be placed on the cost effectiveness of specific treatments, a point which will hopefully catch the eye of a cost-conscious government.

Below are some examples included in the report:

Benign Prostatic Hypertrophy (Prostate enlargement)

Conventional Therapy: Surgery; medication; Proscar

Estimated Annual cost of conventional therapy: \$2 billion for surgery (400,000 operations at \$5,000 per operation - surgical fees and hospital costs) \$1,080,000 for medication (2,000,000 men receiving treatment at \$540 per person-year)

Alternative therapy: Oral capsules of an extract of *Serenoa repens* (saw palmetto berries). Double-blind studies have demonstrated effectiveness. This treatment is commonly used in Europe and costs 60% less than Proscar. Research suggests *Serenoa repens* is more effective with fewer side effects than Proscar.

Annual cost of therapy: \$100-200 (median \$150) Estimated annual cost savings with alternative treatment:

Total savings: \$2.78 billion per year

\$780 million saved by using Seronoa repens instead of Proscar. \$2 billion saved by reducing surgical procedures by 50%.

Reference: Campault G, et al. A double-blind trial of an extract of the plant Seronoa repens in benign prostatic hyperplasia. Br J Clin Pharmacol 1984;18:461-462.

Peptic Ulcer

Conventional therapy: Medications: Tagamet, Zantac, Pepcid, Prilosec, Carafate.
Estimated annual cost of conventional therapy: \$2 billion for medication

Alternative therapy: Extract of licorice root (deglycyrrhizinated licorice, or DGL). Studies have shown that DGL is as effective as Tagamet or Zantac, in healing peptic ulcers and in preventing recurrences. Side effects are less with DGL than with conventional therapy.

Cost of alternative therapy: Approximately one-third that of standard anti-ulcer drugs.

Estimated annual cost savings with alternative treatment: Approximately two-thirds of \$2 billion, or about \$1.33 billion.

Recommended study: Large-scale comparative of DGL and standard therapy.

Reference: Glick L. Deglycyrrhizinated liquorice for peptic ulcer. Lancet 1982;2:817.

Atherosclerosis (hardening of the arteries)

Conventional therapy: Medication, coronary artery bypass, balloon angioplasty, carotid artery bypass, femoral artery bypass, amputation.

Estimated annual cost of conventional therapy: \$30 billion

Alternative therapies: Dietary modification: Nutritional therapy including vitamin C vitamin E, vitamin B6, magnesium, chromium, carnitine, Coenzyme Q10. These nutrients are often of value in the treatment of angina and congestive heart failure. Chelation therapy - An alternative to bypass surgery and angioplasty. It involves the intravenous infusion of EDTA, a drug which improves arterial blood flow.

Clinical observations and medical journal reports indicate that the need for surgery is eliminated more than half of the time, and the number of prescription medications can be frequently reduced with chelation therapy.

Cost of alternative therapy: Variable, depending on the nature and severity of the condition. However, as an example, the average cost of chelation therapy is around \$3,000, compared to more than \$30,000 for coronary artery bypass.

Estimated annual cost savings with alternative treatment: Estimates are difficult, but a saving of 30%, or \$9 billion annually would be likely if all patients were offered alternative therapy.

Recommended study: Outcome comparison of alternative therapies and conventional therapy.

Acute Myocardial Infarction (heart attack)

Conventional Therapy: Fibrinolytic (“Clot-busting”) drugs such as tissue plasminogen activator (TPA) or streptokinase.

Estimated annual cost of conventional therapy: TPA costs \$2,300 per dose, streptokinase \$280 per dose. Approximately \$500 million to \$1 billion spent annually on these drugs.

Alternative therapy: Intravenous magnesium. Controlled studies show that magnesium reduces the death rate from acute myocardial infarction as much as or more than the fibrinolytic drugs and has fewer side effects. Magnesium costs about \$5 per dose.

Estimated annual cost savings with alternative treatment: The cost of magnesium is negligible, so approximately \$500 million to \$1 billion would be saved annually if doctors used magnesium instead of fibrinolytic drugs.

Reference: Shekter M, Hod H, Marks N, Behar S, Kaplinsky E, et al, Beneficial effect of magnesium sulfate in acute myocardial infarction. *Am J Cardiol* 1990;66:271-274.

Osteoarthritis

Conventional therapy: Nonsteroidal anti-inflammatory drugs.

Estimated annual cost of conventional therapy: \$2-4 billion, including cost of medications and cost of treating complications of the medications (such as peptic ulcer and kidney failure)

Alternative therapy: Niacinamide, an inexpensive B-vitamin, ameliorates osteo- arthritis in at least 50% of cases, and is particularly effective against osteoarthritis of the knees. Side effects are negligible, although occasional monitoring of liver function tests is recommended. Identification and avoidance of allergenic foods. Approximately half of individuals with osteoarthritis will have improvement with specific dietary modifications. Using the above two approaches, at least half of individuals can control osteoarthritis without prescription medication.

Estimated annual cost savings with alternative treatment: Estimates are difficult, but the savings from less prescription medication and from fewer complications of these medications would probably be in excess of \$1 billion annually.

Recommended studies: 1) Comparative study between niacinamide and standard anti-inflammatory medications; 2) Outcome study on the effect of food allergy elimination in individuals with osteoarthritis of the knees.

Reference: Kaufman W. Niacinamide therapy for joint mobility. Therapeutic reversal of a common clinical manifestation of the “normal” aging process. *Conn State Med J* 1953;17:584

Recurrent Ear Infections

Conventional therapy:

Antibiotics. Tubes in ears if condition persists

Estimated annual cost of conventional therapy: \$650 million (10 million ear infections annually at cost of \$50 for office visit and medication and 100,000 children with tubes put in ears at \$1,500 per procedure).

Alternative therapy: Allergy elimination diet with individual food challenges to identify allergenic foods. This approach eliminates recurrent ear infections and eliminates the need for tubes in the ears at least 75% of the time.

Estimated annual cost savings with alternative treatment: \$487.5 million by reducing the incidence of recurrent ear infections by 75%

Recommended study: Outcome study on the effect of food allergy elimination in children with recurrent otitis media.

Asthma

Conventional therapy: Medications

Estimated annual cost of conventional therapy: At least \$10 billion, including doctors' visits, hospitalizations, medication.

Alternative therapy: Elimination diet with individual food challenges to identify allergenic foods. This approach produces significant improvement in at least 75% of asthmatic children and in about one-third of adults. Nutritional supplements including vitamin C, vitamin B6, magnesium. These supplements often reduce the frequency and severity of asthma attacks.

Estimated cost savings with alternative treatment: At least \$3 billion annually in terms of fewer hospitalizations, emergency room visits and doctors' visits.

Recommended studies: Controlled studies on the effect of a combination of nutrients (vitamin C, B-complex, magnesium) on childhood asthma.

References:

- Rowe, A.H., Young, E.J., Bronchial asthma due to food allergy alone in ninety-five patients. JAMA 1959;169:1158

- Ogle KA, Bullock JD. Children with allergic rhinitis and/or bronchial asthma treated with elimination diet: a five-year follow-up. Ann Allergy 1980;44:273.

- Collipp PJ, Goldzier S III, Weiss N, Soleymani Y, Snyder R. Pyridoxine treatment of childhood bronchial asthma. *Ann Allergy* 1975;35:93-97.

It is hoped that the Office of Alternative Medicine of NIH will be a catalyst for more widespread dissemination of the type of information presented above and for a shift in research priorities toward evaluation of more cost effective treatment approaches.

Alan R. Gaby, M.D.

Reprint, *Townsend Letter for Doctors*, February/March, 1993

HEALTH CARE: A LOOK BEYOND

The rising cost and sometimes invasive nature of medical technology, combined with an increasingly savvy public, have sparked what is being called the Health Care Revolution. Are we on the threshold of an exciting new era in medicine? When we talked with the leading pioneers in mind-body medicine who have paved the way for public awareness of a more holistic and person-centered form of medical treatment, one message became abundantly clear: This revolution is powered by the collective vision of each and every one of us. As we take responsibility for our own health care and the kind of medical treatment we want, the health care system will follow.

VISIONARIES OF THE YEAR 2000

Discontent with our present health care system is being felt not only by the individuals it serves, but also by health care professionals doing their best to work with the often unreasonable cost-cutting measures imposed by managed care. People are outraged by insurance costs that have reached unprecedented highs, forcing 42 million Americans to go without coverage, while insurance reimbursements for medical care have become so restrictive that patients, doctors, and hospitals suffer under the strain. Mistrust and suspicion abound as the public becomes better informed about the hidden agendas fueling insurance providers' policy decisions (which often ignore patient welfare) and the high profits motivating pharmaceutical companies and medical-technology industries to dominate the treatment market.

Along with feeling frustrated by the policies and politics of a health-care system gone awry, patients are frightened by the invasive medical procedures, which Dr. Deepak Chopra says are responsible for 36 percent of the deaths in this country each year. Taking charge of their health care, individuals are spending unprecedented amounts of their own money to find alternative holistic treatments that are less invasive and, in many cases, more effective. In their attempt to bring public dollars back into the system, insurance companies are mandating treatment options that often are as indiscriminately prescribed as drugs and surgery.

If revolution promises change, which direction will that change take? To find the answer, we turned to the experts in mind-body medicine, who collectively stand on the cutting edge of this medical revolution. The public has applauded the efforts of these pioneers - seen by many as the visionaries of modern medicine - to transform our health-care system into a more humanistic and spiritual practice that promotes health and personal responsibility. In recent interviews with Body Mind Spirit, best-selling authors Deepak Chopra, Larry Dossey, John Robbins, Christiane Northrup, Bernie Siegel, Dean Ornish, Herbert Benson, Joan Borysenko, Caroline Myss, Andrew Weil, Edward Taub, and Michael Samuels, shared their visions on the future of health care in this country.

“In the next five years we will have diagnostic precision through technology such as we’ve never known. We will be able to predict future illnesses and diagnose even the slightest chemical imbalance in its earliest stages.” - Deepak Chopra, MD

“Courses in spirituality and healing are now in place in eleven major medical schools in this country. These are historic developments, and they will continue. The research documenting these effects is so abundant that it will not go away. We’re going to have to deal with it, and it will find an honored place in medicine of the future.” - Larry Dossey, MD

“I want to undermine people’s blind faith in the medical establishment in order to restore their faith in themselves, in the remarkable healing powers they possess, and in the power of their intentions, their purpose, their choices, and their lifestyles... We often act as though health comes from the doctor or the drugstore or the hospital. We approach our physicians with a mixture of terror and worship. We view them as experts whose authority we dare barely question, rather than as collaborators, supports, and resources... M.D. does not mean ‘Medical Deity’.” - John Robbins.

“The ability to heal is an innate part of every human being and everything in nature. And when we align with that power, approximately 90 percent of what we currently call health care will not be necessary.” - Christiane Northrup, MD

“If we want to see medicine change, we have to change how doctors are educated.” - Bernie Siegel, MD

“It’s so much less expensive to pay for a lifestyle-change program than it is to pay for bypass surgery, angioplasty, or a lifetime of cholesterol-lowering drugs.” - Dean Ornish, MD.

“Self-care includes alternative methods people can learn to do on their own, such as the relaxation-response, meditation, visualization, expressive art therapy, nutrition, exercise, and stress management. Right now . . . most people depend primarily on pharmaceuticals and surgical procedures. We must balance . . . by adding . . . things people can do for themselves.” - Herbert Benson, MD.

“What we really need in health care is a total paradigm shift, where energy is seen as primary and the physical body is seen as secondary . . . We’re energy bodies as well as physical bodies, and the two work synergistically.” - Joan Borysenko, Ph.D.

“As energy practitioners, we have to work with our colleagues. We have to work to respect each other, to evolve into a mutual future that serves us both. Because we are not suddenly going to be able to meditate our way out of viruses. And we are not suddenly going to be able to energetically set a broken bond . . . we have to look at the fact that we need that world, and find some way that these two worlds can work together.” - Caroline Myss, Ph.D.

“I believe that a lot of hospitals will go bankrupt. My hope is that they will be resurrected as healing centers . . ., where people go for a week or so and learn how to eat, exercise, and use their minds to access their own healing power. This kind of treatment would be paid for by insurance. - Andrew Weil, MD

“. . . our body and our mind are a complete and total ensemble - what affects one immediately affects the other. Our body-mind ensemble is infused with spirit - the divine essence that is the absolute and infinite source of all life. Plato, Aristotle, Lao-Tse, Buddha, Maimonides, Muhammad, and Jesus taught us that divinity is in every living thing - that wherever we look, there is the face of God . . . We have a healing force in each of our trillions of cells that is equivalent to the presence of God. This healing force is able to reverse disease, shatter addictions, cause us to lose weight, and allow us to manage stress. - Edward A. Taub, MD.

“I believe that art and healing are one. They cannot be separated. I think that everyone is an artist and everyone is a healer. Through art, people can get to a place of luminosity, of pure spirit within themselves, where they can expand - change in time and space. This allows them to merge the two sides of

their spirit. As the two sides of the spirit merge, people become open to their deepest truths; and by seeing and accepting those truths, inner healing can begin.” - Michael Samuels, MD

(Reprint, Body Mind Spirit, Special Issue 1997), Did You Know That.

**AN INTERGRAL SOLUTION TO RESOLVING
TODAY'S HEALTH CARE "CRISIS"**
Getting Alternative Medicine Covered by Medical Insurance
Burton Goldberg, Alternative Medicine Magazine

Insurance pays over \$100 billion every year for ineffectual or even harmful conventional medical treatments. It is time to make proven alternative therapies affordable and available to everyone.

Would you join me in helping to rectify one of the great inequities of our time? This is the disparity between medical insurance coverage of alternative therapies compared with conventional treatments.

I receive thousands of e-mails, letters and phone calls every year from people asking all kinds of questions about alternative medicine. One of the questions I am asked most frequently does not have anything to do with how to treat any one particular health condition: it is how to get medical insurance to cover alternative therapies.

Every day I learn about exciting advances in alternative medicine, and hear inspiring stories of patients who have been cured of diseases conventional medicine calls "incurable." But what good are these medical miracles if people do not have the money to pay for them? Therefore, to make alternative medicine available to more people, I have started a not-for-profit foundation with the purpose of getting every state in the U.S. to pass legislation that requires insurance companies to cover alternative treatments on an equal footing with mainstream medicine.

In general, alternative medicine costs less than conventional treatments. It is more than ironic that it is more expensive to individuals because they must pay for it out-of-pocket: It is a tragedy. To see why, we have to look no further than the number one and two killers in this country: heart disease and cancer.

If you get cancer, your medical insurance or Medicare will pay for tens and hundreds of thousands of dollars of surgery, radiation and/or chemotherapy—whatever is the standard of practice for your particular kind of cancer. This in spite of the fact that after spending more than \$2 billion annually for research over the last quarter century, the medical literature reveals that the incidence and mortality for most kinds of cancer remains unchanged—or continues to rise.

However, if you want to get treated at an alternative clinic where the success rate is upwards of ten times higher than conventional treatments—with the subsequent quality of life also immeasurably better—the cost could run \$5,000 per week for a one- or two-month in-patient program. This is still less than the cost of conventional treatment—for which hospitalization can cost upwards of \$5,000 per day—but again, this would all have to come out of your pocket. And presently, it might have to occur out of the U.S., because many therapies that have proven effective abroad are not allowed to be practiced within our borders.

With heart disease, if you have a blocked artery, you can be one of the half-million or so people in this country every year who have a bypass operation that costs between \$50,000 and \$100,000—and it will cost you little, if anything, because it is probably covered by your HMO, PPO or Medicare.

However, it is an entirely different story if you want to prevent or reverse coronary heart disease by going to an alternative physician. He or she would likely prescribe lifestyle changes, supplements and chelation therapy (see Quick Definition on page 13). A full examination, follow-ups, all lab work and a year's complete treatment could cost between \$5,000 and \$7,500. This is a fraction of what conventional treatment costs, but again, the chances are that you would be responsible for paying for all of it. That is, if you are lucky enough to live in one of 11 states in which a doctor can perform chelation therapy without risk of losing his or her medical license.

Yet, according to the federal government's General Accounting Office, less than 10% of bypass operations are necessary; and studies in mainstream medical literature show no significant difference in the death rates between heart attack victims who receive bypass surgery and those who do not. Still, approximately \$4 billion dollars is spent on bypass surgery every year.

Here, of course, is where the difficulty lies. The people to whom these billions of dollars are being paid do not want a change in the status quo.

Those industries and occupations that have the most to lose include insurance carriers. Insurance companies make their money as a percentage of their gross revenues. From a business point of view, insurance companies would be most profitable insuring lots of sick people employing ineffective, expensive medicines.

Also threatened by alternative medical insurance coverage would be dyed-in-the-wool conventional doctors. There are, unfortunately, a significant portion who don't want to go back to school to learn an entirely new medical paradigm, and others who don't want to face the fact that in their ignorance or arrogance they have let many of their patients suffer or die unnecessarily. The public now makes more visits to alternative practitioners than to primary care conventional doctors, and spends more out-of-pocket for alternative services than they do for hospitalization services. Without the insurance "subsidy," conventional doctors would lose even more of their patients.

Pharmaceutical companies would be the biggest losers. Expensive patented drugs that only suppress symptoms and have toxic side effects would only be used in the rarest circumstances in alternative medicine. If there was a major shift in this country from sick-care to real healthcare, the drug giants would have to do what the tobacco companies have done to survive: Once it became common knowledge that their main product was poison, they had to diversify into entirely different businesses.

Quick Definition

Chelation Therapy: The intravenous administration of substances which bind to heavy metals, toxins and metabolic wastes in the blood stream, allowing them to be eliminated through the digestive tract. Common chelating agents are DMPS (2-3-dimercapto-1-propane-sulfonate) to remove mercury and EDTA (ethylenediaminetetraacetic acid) to remove other excess metals such as calcium, iron, lead, copper and arsenic.

There is formidable opposition, then, to getting alternative medical therapies covered by insurance—the pharmaceutical and insurance industries are among the very top political contributors on the national and state levels, with physicians' trade organizations major players, also. The monetary stakes are huge: \$37 billion dollars are spent annually on direct medical costs for cancer treatment and an

equivalent amount is spent treating heart disease. Conventional medicine in this country is an industry with annual revenues of hundreds of billions of dollars.

On the other hand, much of the public—and many doctors—do want more access to alternative medicine. The following statistics were compiled and documented by health activist Monica Miller of Healthlobby.com:

- 80% of medical students want training in complementary and alternative therapies (“CAM”);
- 70% of family physicians want training in CAM;
- 69% of Americans use nonconventional medical therapies;
- 67% of HMOs offer at least one form of CAM care;
- 64% of U.S. medical school offer courses in CAM;
- 60% of physicians have referred patients to CAM practitioners;
- 56% of Americans surveyed believe their health plans should cover alternative therapies;
- 29 health insurers and HMOs already cover some CAM therapies.

So, it is possible to get alternative therapies covered by medical insurance—in fact, it has been done in one state. In 1993, Washington passed a state law requiring insurance policies to provide coverage for treatments and services by every category of licensed health care providers, starting in 1996. Washington currently licenses naturopathic doctors, acupuncturists, chiropractors, certified dietitians and nutritionists, massage therapists and midwives. A coalition of insurance providers immediately initiated a legal challenge to the legislation, but the law was upheld in a ruling earlier this year by the Washington Supreme Court.

Washington is the exception, however. And before we can get medical coverage for alternative therapies, we have to make alternative therapies themselves available! Presently, only eleven states have laws that protect patient access to alternative therapies from licensed physicians: Alaska, Colorado, Georgia, Massachusetts, New York, North Carolina, Ohio, Oklahoma, Oregon, Texas and Washington. Further, individual states vary widely in the licensing of health care practitioners other than M.D.s—providers such as naturopaths, acupuncturists, homeopaths, etc., must also be recognized and their services included in insurance coverage. In addition, wording in insurance law and policies has to be defined by statute, so that, for example, “medical necessity” is something determined by the physician on a case-by-case basis, instead of by an insurance underwriter.

There is much work to do, and we are just getting started. To find out how you could help by volunteering your time or contributing to the foundation, please e-mail me at foundation@alternativemedicine.com.

Making alternative medicine available for everyone is more than a matter of money—it is no exaggeration to say that it’s a matter of life and death.

CANCER

Cancer researchers, John Bailar and Elaine Smith, published in the May 1986 issue of the New England Journal of Medicine, that the “war” on cancer is being lost. They cited data from the National Center for Health Statistics indicating that from 1962 to 1982, deaths from cancer increased by 8.7%.

Perhaps equally important when focusing on causation is the statistic that from 1973 to 1981 the age-adjusted incidence rate of the disease increased by 8.5%. Their colleague at the Harvard School of Public Health, cancer expert John Cairns, put it more forcefully. In Science Magazine, the publication of the American Association for the Advancement of Science, Cairns was quoted as saying that “there has been no significant gains in survival from any of the major cancers since the 1950’s and that “the cancer data are so discouraging that it is difficult to discuss them in public.”

Given these trends, Bailar and Smith write “the major conclusion we draw is that some thirty-five years of intense effort focused largely on improving treatments must be judged a qualified failure.” They renew a call for a “shift in emphasis from research on treatment to research on prevention, essential if substantial progress against cancer is to be forthcoming.”

These findings substantiate a prophetic statement I made in 1976 in the book I authored entitled “Medicine Today, Healing Tomorrow”, “In time we will come to recognize that the cure for cancer lies in its prevention.”

CANCER FACTS & BETRAYALS

Burton Goldberg
Alternative Medicine Digest
(AlternativeMedicine.com)

Like many American taxpayers, until recently I believed that the Office of Alternative Medicine (OAM), within the National Institutes of Health in Washington, D.C., was there to provide citizens with information about alternatives in disease treatment.

When I recently inquired what OAM had on alternative cancer treatments, I was shocked to discover that all they offer is party-line conventional methods courtesy of the National Cancer Institute (NCI) which seems to exist solely to spend billions of taxpayer dollars on unproductive research and the suppression of effective alternatives. Until earlier this year, OAM sent out a free copy of the “Cancer” chapter from our *Alternative Medicine: The Definitive Guide* to those who needed information on alternative cancer treatments. This has stopped abruptly.

Now OAM sends out a 3-page statement that dismisses “unconventional” treatments as being essentially worthless and unproven. Here’s what their “Cancer Facts” sheet says:

First, “Many proponents of unconventional methods of cancer treatment make claims that are not or cannot be scientifically confirmed.” The proof is in the clinic. Ask the patients who have been healed; study the medical reports of the doctors who have produced these healings. Science is based on real observation, not abstract theory. Alternative physicians observe their patients and adjust accordingly. I ask the NCI: where is the scientific proof for the claims that chemotherapy, radiation, and surgery are effective in treating cancer? The proof does not exist.

Second, “Practitioners of unconventional treatments are held to the same research standards as those of any scientist.” This means they must be evaluated in controlled double-blind clinical trials. This is impossible and inappropriate given the way alternative therapies work. They are based on a multifaceted treatment; very often an “unconventional” cancer doctor uses several dozen substances and therapies at the same time to get the best combined effect.

There is no single magic bullet in the alternative approach; conventional research standards are worthless with respect to proving what works in our kind of medicine. Further, each patient is different and needs a different dosage and combination of remedies. There is no single boilerplate recipe for treating cancer.

Third, the OAM paper advises readers that “because treatments for cancer must be very powerful, they frequently have unpleasant side effects.” This is shameful. Of course chemotherapy and radiation are powerful: like a nuclear bomb, they kill everything in sight. The side effects are not “unpleasant;” they are always toxic and sometimes fatal. There are almost always no “side effects” in alternative cancer approaches; there are only healing effects because the remedies and therapies actually work with the body, not against. Fourth, OAM states that if you use unconventional methods this “may result in the loss of valuable time and the opportunity to receive potentially effective therapy.” This “consequently reduces a patient’s chances for cure or control of cancer.” Since when does conventional oncology ever talk in terms of “cure”?

The alarming fact is that the reverse is true: If you rely on conventional methods, you are much more likely to lose time and possibly your life than if you gave the alternatives a chance. Many people with cancer die because of their misplaced trust in chemotherapy and radiation.

Fifth, “No one genuinely committed to finding better ways to treat a disease would knowingly keep an effective treatment a secret or try to suppress such a treatment.” This is an amazing piece of contortionist propaganda. OAM offers this in defense of the claim by alternative doctors that the mainstream medical community tries to keep their alternative treatments from the public. The fact is that medical alternatives are suppressed, so we must conclude that the OAM, NIH, and NCI, by their own statement, are not genuinely committed to finding better ways to treat disease because they actively suppress information about these treatments.

For complete information on the bills in Congress pertaining to alternative medicine and more political perspectives on medical care, see The Politics of Medicine at: www.alternativemedicine.com/issue10/10066R00.shtml

These are the cancer facts.

The betrayals come next. The OAM was set up a few years ago at the instigation of a few well-intentioned members of Congress. Granted, they gave OAM only a few million dollars to work with to investigate the claims and successes of a burgeoning medical field, but the project was launched with a good measure of enthusiasm, integrity, and promise.

However, the fatal mistake was placing OAM within the NIH. This is like asking the fox to guard the chicken coop. How can NIH, dedicated to conventional methods, objectively oversee the investigation of alternatives? What NIH can oversee quite skillfully is the adulteration, perversion, and ruin of a publicly-funded office that was supposed to fairly inform the taxpayer about new and alternative treatments for disease. From what I've heard through the Washington grapevine, the OAM has been sanitized and made submissive by NIH, so that it is now an obedient and unproductive bureaucracy. People who know about alternative medicine are being forced out while people who are indifferent to it or lack any working knowledge of it are pushed to the forefront. Projects are being derailed, funds are wasted, and public information activities are staffed by people unsympathetic to alternative medicine.

Now, information available to the public is restricted to only those alternative treatments with the NIH seal of approval. We might as well have the FDA running the show for all the legitimate attention alternative therapies will receive in this climate of lying and betrayal of the public trust. But as NIH, NCI, and OAM are financed by our tax dollars-my money and yours-I am not willing to settle for this betrayal. I hope you're not either. We're paying for it. We must demand better because they're supposed to be working for us. The life you save may be your own.

The cancer fact is this: cancer is treatable and reversible using alternative therapies. The betrayal is in OAM's refusal to tell the public and in their NIH-inspired lie that unconventional methods are medically suspect. I challenge OAM Director Wayne Jonas, M.D., to talk with our alternative cancer doctors and examine their results. We have seen cancer reversed; we have talked with the patients and taken their testimonials. The public has a right to learn this, especially when it is funding a government office supposedly chartered for precisely that purpose. OAM must be allowed to operate independently

of NIH's party line. The lies and betrayals of the conventional medicine establishment are coming to light. We must all use our citizen's right to call, fax, complain, demand, and vote until we have a medical system able to serve our health needs.

The American Medical Association (AMA) recently approved a resolution to "encourage its members to become better informed regarding the practices and techniques of alternative or unconventional medicine." A representative of AMA's Council of Scientific Affairs urged members to reduce their use of negative language, such as "quackery," and to remain open to information about alternatives.

THE POLITICES OF CANCER REVISITED

Samuel S. Epstein, MD
East Ridge Press, USA, 1998

There has been an ongoing battle lasting for over a century around all aspects of cancer, from our fear of it, through the diagnosis of it, its treatment and aftercare. This battle between the cancer establishment and those with a dissident view has even, at its most ferocious, rarely made the headlines. Despite fierce opposition, the medically orthodox cancer industry has always remained in control of every aspect of cancer. It has shaped with incredible exactitude the public perception of the illness.

As a result, whenever a dissident cancer researcher, academic or therapist comes of age they are ruthlessly sidelined: denied access to data, left uninvited to conferences, their papers unpublished. Dissident doctors in Europe and America who discuss results of new treatments are visited or reviewed by self selected vigilante groups of cancer 'experts'. Dissident practitioners are professionally ridiculed. When patients choose alternative therapies, they are labelled resisters, patronised, pressurised or ignored and their personal choice of treatments written out of the cancer statistics.

If the above is true, you might be saying to yourself, why has it not been written about? It has. There are two classic books about the cancer industry: Ralph W. Moss's *The Cancer Industry*, and

Samuel Epstein's *The Politics of Cancer* two books which, together with the people based organisations which their authors have helped set up in America, represent with great adequacy the history, the present and the future seeds of the growing movement against the cancer industry.

Samuel Epstein wrote *The Politics of Cancer* in 1979, and now, 20 years later, he has updated it with a second part in *The Politics of Cancer Revisited*. Epstein appears at first sight to be an unusual academic. Despite being Professor of Occupational and Environmental Medicine at the University of Illinois, he never shrinks from involvement with the campaigning fringe. Unlike many academics, he does not simply flirt with the grassroots but is deeply committed to building an alternative environmental movement in the area of cancer. He has been a key expert in the investigations and enquiries which led to the banning of such hazardous products as DDT, Aldrin and Chlordane, and he is currently Chairman of the nationwide American Cancer Prevention Coalition.

The original version of *The Politics of Cancer* presented a complete critique of the cancer industry. It first examined the impact of cancer in modern society, and then reviewed the evidence which has emerged from research about the causes. In three further chapters, it then examined chemical case studies from the workplace, consumer products and the general environment. Finally, it worked to construct a meta language for cancer dissidents: around the improvement of data on industrial carcinogens; government policies; non governmental policies and finally a personal instruction as to how readers might work towards preventing cancer in themselves and carcinogens in their environment.

At the book's core was the idea that both our occupational and domestic environment were becoming increasingly affected by untested and unregulated carcinogenic chemicals. Some time in the future, it was postulated, cancers caused by chemicals and environmental carcinogens would outstrip the cancers caused by previously well publicised cancercausing agents such as cigarettes. Cancer, the book said, was

mainly a public health threat, and could best be tackled by placing the emphasis on prevention, cutting back on the scientists' obsession with genetic and cell research, and linking research into carcinogens to efficient regulatory mechanisms.

The Politics of Cancer argued that because the cancer establishment had flunked the major social issues involved in the regulation of chemical carcinogens and environmental and occupational cancer prevention programmes, the entirety of its public message about cancer had become skewed. Orthodoxy clung and still clings to two principal causes of cancer: on the one hand, genetic disposition and on the other, lifestyle, involving personal choices over diet, exercise, sexual and recreational habits, with particular emphasis on smoking.

Epstein and other dissidents argue that while these ideas might represent the beginning of a preventative philosophy, they are just the tip of the iceberg. What is more, responsibility for diet, smoking and sexual activity can all easily be turned back upon the cancer sufferer who, it can be suggested, is responsible for their own predicament. Why, Epstein argues, has the cancer industry and especially cancer research, adamantly refused to look at the unregulated production of carcinogens by industry, at work, in the home and in the general environment?

The original edition of The Politics of Cancer brimmed with the searching and critical ethos of the 1970s. It reiterated over and over again the idea that much cancer is not only personally, but socially and politically, preventable. It began to hand back power to people and to communities so that they could begin their own investigations.

The Politics of Cancer Revisited republishes the original book, adding to it in Part 11 what is tantamount to another book The Politics of Cancer 1998. The new work has a harder edge, and it identifies more clearly than did the first book what it is within the cancer industry that has turned against the people.

There are new and extensive chapters on the personalities of the cancer establishment in America and Britain, and a ten page chapter on the American Cancer Society, the world's wealthiest 'nonprofit' institution. The track record of the National Cancer Institute, America's primary governmental cancer agency, is dissected in detail, and there are appendices which look scathingly at the truth behind cancer research cure claims and their use of statistics.

Added to the profiles of all the usual industrial carcinogenic suspects are new sections on the threats of growth enhancing hormonal treatment of beef and dairy cattle, threats from the use of Hormone Replacement Therapy and carcinogenic components in an increasing number of foods and domestic products.

In the strategic conclusions, the book has 'what you can do yourself' sections on political action, lists of activist groups and resources and, perhaps most welcome of all, a section by Ralph W. Moss on clinical trials and alternative treatments. This latter section takes the reader on a sceptic's journey through conventionally perceived cancer, its finding, diagnosis and treatment; opening a door for any reader who might be interested in alternative treatments.

The new additions to The Politics of Cancer undoubtedly add political, strategic and informational value to the book, turning it from what was previously only a book to what might now be described as a handbook. Professor Epstein has previously published the ultimate handbook on hazardous domestic

products, *The Safe Shoppers Bible*, and this form is evidently one which he considers useful and one which is becoming increasingly prevalent in the US. I have some concerns about this difficult form, mainly from an aesthetic rather than political perspective. *The Politics of Cancer Revisited*, which is 770 pages long in large format, could well defeat its purpose as a 'handbook', being too large and costly to be passed about by activists or lay people. At the same time, its large format and technical style neither invite good prose from its contributors nor encourage its readers.

Another concern with 'compendium' type books is with their structure. A book such as this, which has a number of diverse contributions, must contain a lucid and embracing overview to make it work. This overview is present in *Revisited* because the original book is there but structurally the new book only just survives like many compendium handbooks, it teeters on the brink of disintegration.

These criticisms of the book's form might appear churlish when considering its epic and ground breaking content. However, most particularly in the field of cancer, the form of our message is of vital importance. If the laity are to play a larger part in the understanding, prevention, treatment and control of their own illnesses, the accessible presentation of material is almost as important as the material itself.

Martin J. Walker

THE “CURE FOR CANCER”
“Cancer Cures” in the Pacific Sun dated May, 1994
Letter to the Editor

In the 1930's, Dr. Otto Warburg was awarded a Nobel Prize for discovering the “cure” for cancer. He discovered that lack of oxygen (ischaemia) was responsible for the transmutation of healthy cells into cancerous ones. On a biochemical level, the cure for cancer is related to the proper oxygenation of cells, along with the efficient elimination of toxins. Any or all processes which decrease the oxygen flow to tissues and/or increase the build-up of toxins will, over a period of time, lead to cellular degeneration... Dis-ease... Cancer and/or “Death”...

Speaking on a spiritual and/or psychological level, the root cause of all dis-ease is fear (unaccommodated stress). Unaccommodated stress creates a decreased flow of oxygen to the tissues; as well as the excessive build-up of free radicals, which further serve to destroy the integrity of the cell. The wholistic medical model, which defines wo/man as a psycho-physiological being, animated by spirit, sees cancer as a classic auto-immune dis-ease.

I am in complete agreement with Mr. Lerner's statement in THE PACIFIC SUN cover story “Cancer Cures” (April, 1994) that one must differentiate “cure” from “healing.” As Mr. Lerner clearly states, “Healing is essentially an inner process of becoming whole, which has physical, mental, emotional, and spiritual dimensions.” In addition, he states his belief, “that every human being must find their own unique path in their efforts to recover from cancer.” As a wholistic Physician, and Medical Director of The San Francisco Medical Research Foundation, I am of the understanding that aging, degeneration and dis-ease are processes which through knowledge may be understood, controlled and reversed... Healing is the art and/or science of positively effecting a transformation of mind. Real healing leads to self-actualization, a spiritual experience, which allows for the progressive expression and manifestation of our infinite potential.

In response to Mr. Lerner's conclusions that, “ ...there is no clear cut cure for cancer among the complementary therapies” we emphatically disagree. There is a wealth of scientific material which clearly demonstrate, through various non- allopathic approaches, that cancer is an eminently reversible and treatable condition. The same is also true of AIDS, arthritis, heart dis-ease and other degenerative auto-immune dis-eases.

A recent book, “Alternative Medicine - The Definitive Guide” (Future Medicine Publishing, Tiburon, CA) is a compilation of 350 leading edge physicians who clearly explain their effective treatments for a wide variety of conditions, including cancer. Any and all treatments which encourage hope, increase the oxygen capacity of the blood, provide optimal nutrition to the cells and serve to eliminate excessive toxins from the system are effective in improving the quality of life.

Dis-ease (cancer) is not something to be feared, but to be understood. The Good News is that the cure for cancer already exists! It exists within ourselves (our cells). It is my understanding that as we grow in the understanding of ourselves (our cells), in our relationship with nature, in our appreciation and gratitude for life, and in the implementation of safe, effective and inexpensive wholistic protocols, we will individually and collectively realize and experience our Freedom from Dis-ease.

To summarize, today's self-induced health care "crisis" provides an unprecedented opportunity for all of us to change our focus from disease care to preventive care. In the process of refocusing our attention, we are called to individually examine our lifestyles, make the necessary changes, and encourage ourselves and each other to choose to go to health.

In Health,

Da Vid, MD, Medical Director
The San Francisco Medical Research Foundation

SOY NUTRIENT GIVES NEW HOPE TO CANCER PATIENTS

Donna Sage, M.S.S.A.

The “Soy Nutrient Reverses Cancer Cell Growth” article in the January/February 1999 issue of the Well Being journal introduced a fermented soy product named Haelan. Many readers have called the editors of the journal asking for more information.

The following article includes a summary of some of the working principles of Haelan and recent updates to several stories of healing mentioned in the previous article. The article below also includes two new stories Of healing attributed to the use of Haelan, one of a confirmed cancer case and one of a pre-cancerous condition.

THE HEALTH BENEFITS of consuming soy are continually being confirmed by science, including the prevention or elimination of cancerous cells, heart disease, diabetes, kidney problems, osteoporosis, high blood pressure, and gallstones. Indeed, isoflavones found in soy have been shown to inhibit angiogenesis, the growth of blood vessels used to supply a cancer tumor with nourishment for growth. Protease inhibitors in soy have been proven to prevent the activation of genes that cause cancer, and can actually change a cancerous cell back to its healthy precancerous state.

Agents for companies that market soy supplements often do not mention that soy is a difficult food to digest, therefore very few of these amazing and powerful anticancer agents ever get the opportunity to see a cancer cell. On the other hand, what makes the soybased Haelan formula so powerful is its processing, which basically predigests the soybean.

Remarkably, starches and sugars from the soybean are eliminated in the painstaking fermentation process. This is a crucially significant point, as cancer loves sugars and starches. There is no yeast present in the final product. The soybean is then hydrolyzed, broken down to smaller molecules that become bioactive, freeform amino acids and isoflavones. Finally the substance is nitrogenated (nitrogen molecules are attached to the soy components).

These last two steps are vital to the effectiveness of Haelan. When in the free form, the isoflavones are more readily used by cells, since they are no longer attached to other compounds such as proteins. Cancer cells seek high levels of nitrogen. The nitrogenation process of Haelan is a pivotal step because the nitrogen molecules attached to the isoflavones during nitrogenation act as “bait” to delude cancer cells into ingesting not only the nitrogen but also the anticancer agents. Soy powders, drinks, and tofu do not produce the same health benefits as Haelan.

Not only do they lack the concentration of isoflavones, protein, vitamins, selenium, antioxidants, and protease inhibitors found in Haelan, they are not in a usable form and do not have the bound nitrogen molecule that baits the cancer cells to ingest nutrients that can ultimately diminish the ability of the cancer to survive.

Beyond the chemistry of why Haelan can greatly improve the quality of life in cancer patients, there is a sense of hope and relief associated with its use. A greater sense of well being and peace is evident in users, which is distinctly different from the emotional state of cancer patients who use more aggressive

immunosuppressive treatments. It is well documented that individuals who feel more in control of their own health care are better able to manage their condition and often experience cancer remissions. Knowing about such nutritional supports as Haelan provides hope.

As documented in my first story, there are those who have, at the very least, experienced decreased suffering. The facts about Haelan, as well as the amount of hope that it provides cancer patients, together lead to perhaps some of the most healing events that can occur.

STORIES OF HEALING USING HAELAN

CAITLIN is a beautiful little girl who will be celebrating her second birthday on March 7, 1999. For her parents, Robin and Michael Guerra, Caitlin is a miracle baby. When Caitlin was around three months of age, Robin noticed that her daughter's right eye had started to bulge a little, and she made an appointment for a routine checkup in July, 1997. In her own words, "I took her in for her four-month checkup and asked the doctor to check her eye." The routine checkup turned into a day that will never be forgotten. After consulting two doctors, Robin and Michael had received a preliminary diagnosis: Caitlin had a tumor surrounding her optic nerve. Never had they suspected that their daughter had cancer. Angry and confused, they proceeded with more and more tests. One week later, Caitlin was further diagnosed as having visual pathway glioma a type of astrocytoma, and her parents were told she was not expected to survive; in fact, the doctors gave her only a 71/2% chance of living to her first birthday. Caitlin had three large, fastgrowing cancerous tumors connecting, from her eye to the base of her spine.

Robin and Michael were bewildered. The doctors said that most likely Caitlin had this cancer even while she was in the womb, and they were unable to determine its root cause. She has a healthy four-year-old brother, Spencer, who has no reported health problems. Caitlin was immediately admitted into the hospital to commence with chemotherapy. After six days in the hospital, Robin had learned how to change dressings and care for the IV that had been placed in Caitlin's chest for chemotherapy. Knowing the toxic effect of chemotherapy, Robin was worried about her daughter. She says, "I felt like I was poisoning my baby; it hit me really hard," but adds that they felt it was the best thing to do given the circumstances. Caitlin survived six months of chemotherapy, and during this time, the family was asking for prayers and searching for a better way.

Just as the doctor was reducing the chemotherapy due to neutropenia, Caitlin's great-aunt Alice learned about Haelan, and soon Caitlin was drinking 1/2 a bottle per day. Robin mixes the Haelan with maple syrup and a natural banana flavoring in her baby bottle. Fortunately, Caitlin has never been a picky eater. In addition to supplementing with Haelan, other nutritional interventions were implemented. Caitlin was breast fed until she was 11 months old, and she now eats only organic baby food, as the family strives to "keep things natural" so she can use her energy to heal. She has also taken Thymus Protein A intermittently and has just begun to take MGN3, a mushroom-based immune system stimulant. As an immunocompromised baby, Caitlin does not receive any vaccinations.

Alice has been an alternative health advocate, and she says, "There is no doubt in my mind that she wouldn't have made it without the alternatives." Alice describes Caitlin as a happy-go lucky little girl who has a hot temper, flexible mood, and lots of energy. She is a small child weighing only 21 pounds, but her mom is also very small, weighing 97 pounds. Developmentally, Caitlin had a slow start. She began crawling at 11 months, but she has been catching up quickly and her verbal skills are also

improving. Caitlin does not look like a cancer baby; in fact, she has a full head of hair and rosy cheeks. To date, the tumors have stopped growing and have reduced in size, and they now seem to be encapsulated. "Out of all the things we do for Caitlin, I think the soy is giving her the energy. I do anything I can. I'll add to her plan, but I won't take away the soy," says Robin.

A Well Being journal reader contacted me with his own story, of using Haelan to help eliminate a precancerous skin condition. He was raised in Arizona and at the age of eight was told by the family physician he had a cancerous mole that should be removed (it ultimately healed itself). He has a family history of skin cancer, including melanoma. Avoiding the sun, as well as being on a careful nutritional program, has helped keep his cancer risk at bay. A year ago, however, a skin lesion about 1/8 inch in diameter appeared on his cheekbone, and his doctor diagnosed it as possible a precancerous skin lesion. Having learned of Haelan, he obtained eight bottles and drank a bottle a day for the first four days and then drank only one ounce per day for the next 32 days. He noticed that the redness significantly decreased during this time.

A scheduled trip out of the country left him without Haelan for three weeks. While he was abroad, a friend gave him some Hyssop oil that seemed to help, but the redness and itching resumed upon his return home. He began taking the Haelan at one ounce per day again and within three days noticed the spot was not only getting less red but was also decreasing in size. Experimenting, he chose to take a break from the Haelan and do an extensive body cleanse that lasted three weeks. During this time, he ate only alkaline foods, large quantities of spirulina and chlorella, as well as the necessary herbs. The red spot began to increase again. After completing the cleanse, he resumed Haelan at one ounce per day and within five days saw improvements in the spot including decrease in redness, itchiness, tenderness, and size. Currently, the area has almost totally returned to a normal skin tone; rather than being an irritated, abraded patch of skin, it is smooth and healthy looking. This reader attributes his improvements to Haelan: "I absolutely know that when I drank the Haelan, it [the precancerous lesion] decreased ... the only thing I did differently was take Haelan."

UPDATES ON PREVIOUS HEALINGS WITH HAELAN

As noted in my previous article, Sherman Sanders had stage four cholangiocarcinoma liver cancer, and was diagnosed in September, 1995. Sherman began drinking a bottle (8 oz) per day of Haelan almost immediately after beginning chemotherapy, and he continued for two years. It was easy to feel his smile and vibrant energy through the phone connection in my followup interview with Sherman (initial interview September 22, 1998). He was excited and he wanted to know if his story was helping other people. He said that he was feeling great and that he had seen his doctor in December, 1998. "[He] told me to call back in six months for a checkup and said for me to keep doing what I am doing. They did not find any cancer." Although Sherman admits he does not have the energy he had before liver cancer, he sounds very content with being alive and describes having a high quality of life.

He now drinks two ounces of Haelan daily for health maintenance, and he takes vitamin supplements. He is enjoying the retirement he was forced to accept when faced with cancer in 1995. A carpenter by trade, he enjoys spending time out in his workshop making things and tinkering with mechanics. His wife Lydia has returned to volunteering in the community now that Sherman's health has improved. They are planning a vacation, and they look forward to traveling together. In the last few months, two great-grandchildren were born; this totals thirteen grandchildren and great-grandchildren so far. "I thank the Lord for letting me stay alive to see my great-grandchildren," says Sherman, adding, "I would put

Haelan up against any cancer treatment. It is a life saver. If it is held back, lots of people will die.” He describes himself as “one of the lucky ones” who found out about Haelan in time to save his life, and he hopes that others can learn about it as well.

Nina Presniakov has advanced breast and bone cancer, and she is now called a survivor. Nina was diagnosed in 1996 with advanced breast cancer, which had metastasized to her clavicle, hips, and spine. In 1996, the doctors offered surgery only as a symbolic effort against the cancer. Nina elected not to have any kind of surgery, radiation, or chemotherapy. She made significant lifestyle changes, and after six months she also began drinking a bottle a day of Haelan. Three months later, she surprised her doctor by returning to his office with no signs of cancer. Her son Alexander reported to me in our most recent conversation (January 14, 1999) that Nina is currently doing “magnificently.” Followup mammograms a few days earlier illustrated that the cancer was still “in remission.”

The only evidence that the cancer was ever there is some shadowing in her breasts described as “scar tissue.” Essentially, this scar tissue is the dead tumor that is being reabsorbed and eliminated from her body. Alexander tracks changes in this scar tissue through the mammograms his mother receives. Nina currently takes approximately 1/2 bottle of Haelan daily to support the elimination of the scar tissue. “The scar tissue is traveling up and out of her system. I can actually see small striations moving out of the breast, and the Haelan is a potent means of extracting this tissue by cleansing the body,” Alexander notes.

Alexander excitedly explains, “I have seen my [eightyyear old] mother come full circle. Her cancer is gone, she has lost excess weight, and she is more physically active and energetic. I feel her overall constitution has greatly improved. People have started to notice she has regained her vigor, her skin looks rejuvenated, and she has rosy cheeks!” Nina is scheduled for further testing (thermography) to confirm that the cancer is gone.

Interestingly, Alexander’s father, who has suffered from severe Parkinson’s disease, began taking two tablespoons of Haelan per day. He has experienced a 90% reduction in tremors. He used to fall down daily, and he has not fallen since beginning the Haelan supplementation.

Obviously there are many facets to Haelan technology and the lives it touches. Remember, Haelan is much more than just tofu or soy food. It is special because of its processing and its concentration of usable anticancer agents. Also, because of its seeming usefulness in treating cancerous illness, its history alone sends a message of hope to those who are seeking to be healed.

Donna Sage, M.S.S.A. is a holistic health consultant specializing in nutritional support for the cancer patient. With degrees in psychology and social work, she is especially interested in the benefits of whole food nutrition and soy. She can be reached toll free at 8776554433, or visit her web site at www.sagePartners.com.

QUESTIONING CHEMOTHERAPY

Ralph Moss

Equinox Press, 144 St. John's Place, Brooklyn, New York 11217. USA

This book by Ralph Moss is profoundly different from its predecessors. In my opinion, it is of great importance in the history of medicine as it describes with extreme precision the caesura in the field of medicine which has become obvious everywhere. This is clearly exemplified by the sweeping failure of the orthodox, "toximolecular" school of medicine in treating diseases.

The disaster involving toxic chemotherapy in the treatment of cancer, which has now become apparent, is the most important example of this failure of the orthodox, mechanical and unbiological school of thought in medicine. In a few years there will be a similar rude awakening in the field of chronic heart and circulatory diseases as well as decalcification diseases, resulting in far-reaching changes in these areas as well.

I have known Ralph Moss for more than 24 years from my repeated visits to the Sloan-Kettering Cancer Institute in New York, one of the leading institutes in the world. For years Ralph was the research spokesman for this Institute. His immense expertise and at the same time his detailed knowledge and integrity qualified him for this position. One of the great experienced experimental researchers in that Institute was Kanematsu Sugiura. He found that substances made of bitter almonds and apricot pits, the so-called mandelonitriles, prevented lung metastases in experiments with animals. This knowledge did not fit into the concept of oncological "orthodox medicine" in the United States or in Germany, since it sabotaged their crusade against using "Laetrile," an 1-glucose mandelonitrile made from the pits of certain rare apricots.

When the order from higher-ups was issued to suppress the Sugiura results, Ralph Moss left the Institute and bluntly revealed these cover-up practices in cancer research in one of his books. Today, the Sloan-Kettering Institute is only a shadow of what it was 25 years ago. Biologically-oriented researchers such as President Robert Good and vice-presidents Chester Stock and Lloyd Old have left the Institute or are retired.

The whole affair started by Ralph Moss is not without some tragic irony: Today's research, which gives absolute priority to the so-called gene-reparative, non-toxic agents for treating cancer, deals predominantly with the so-called "functional aldehydes," of which Laetrile - damned by the orthodox school of medicine - was one of the first.

When all is said and done, Ralph Moss had already begun the persistent dismantling of unbiological orthodox inflexibility in clinical oncology over 20 years ago, without those involved having taken notice.

This book by Ralph Moss, *Questioning Chemotherapy*, is a masterpiece of global importance in the history of medicine. The reason for this being because it dissects the enormously complex problem areas of the treatment of cancer with toxic chemotherapy by providing a very simple, clear and indisputable panorama of facts. The results show that treatment of cancer with toxic chemotherapy makes sense in some cases, but that as a hopeful solution to the whole problem of cancer treatment, it is one

of the greatest disillusion in the history of medicine.

About eight years ago, Ralph Moss and I had a short discussion about the value of the well-known chemotherapeutic drug cyclophosphamide (Cytosan). In 1956 I had worked with this new cytostatic substance in experiments at the Druckrey Laboratory in Freiburg: It was possible to heal various tumors grafted onto test rats with this substance. However, it was also possible to damage the animals - with small doses! - to such an extent that the take of the tumor rate was greatly improved. Unfortunately, this delicate balancing act between a healing and a damaging effect continues in the clinical reality of cancer patients. This applies to all toxic or non-orthomolecular chemotherapeutic drugs.

Moss also sketches the stubborn mentality of the orthodox supporters of the exclusive use of toxic chemotherapy. In my books I have on occasion predicted that the day of reckoning for the orthodox, unbiological school of medicine and its failure would be precipitated not by scientific discussion but simply by money. The tremendous explosion of costs, which threatens to destroy health care programs worldwide, are caused mainly by the errors made by the orthodox, unbiological school of medicine, based on toximolecular (instead of orthomolecular) therapies. Ralph Moss seizes on this subject in particular. The question is not only how good therapy results against cancer can be achieved, but also how much they cost.

Toxic chemotherapy, namely, does very poorly with regard to costs, cost efficiency, long-term results and usefulness in the early stages of preventive therapy. It is not unusual to encounter enormous bills for treatment: \$200,000 - \$600,000 for breast cancer (Moss), \$84,000 (ovary cancer, Orlando), \$220,000 for breast cancer (Boston), 325,000 German marks for breast cancer (Heidelberg). "It cost us 300,000 marks to kill the patient within 10 months after first diagnosing a non- Hodgkin lymphoma" (anonymous call from a doctor at a medical university). The rate of improvement after such extreme treatment is minimal, the suffering of the patients under toxic chemotherapy often very severe. Only children and adults with relatively rare tumors profit without doubt from such aggressive therapy.

If it can be foreseen that a boat is liable to sink - as in the case of toxic chemotherapy - then some thought should be given to finding a life boat. The latter can surely be found in those therapeutic procedures which aim to repair the genetic and plasma-membrane derailments of the cancerous cell. This is also the way in which Mother Nature protects her charges from cancerous derailment. The research funds have already been provided by the Creator, all we have to do is to identify His products and multiply them. Just as was the case with penicillin.

This book by Ralph Moss is recommended reading for every doctor and in particular every oncologist, preferably before his patient has read it.

(Reprint, Townsend Letter for Doctors & Patients - February/March 1997 edition)

DEFINITIVE GUIDE TO CANCER
W. John Diamond, MD. and W. Lee Cowden, M.D.
Future Medicine Publishing

The single most important, lifesaving book on cancer ever published - 37 top physicians explain their proven, safe, nontoxic, and successful treatments for reversing cancer.

From W. John Diamond, M.D., director of the Triad Medical Center in Reno, Nevada, and W. Lee Cowden, M.D., cardiologist and consultant to the Conservative Medicine Institute in Richardson, Texas, comes the book that finally tells you how to be cancer free for life.

The book guides you through the safest and most effective treatment alternatives known today. Learn how leading practitioners use herbs, nutrition and diet, supplements, oxygen, enzymes, glandular extracts, homeopathic remedies, plus specialized substances such as Ukrain, Essiac, Carnivora, Iscador, 714X, shark cartilage, and many others to prevent and reverse cancers. Learn why the mammoth U.S. cancer industry does not want you to know about these successful alternatives.

See the proof of treatment success in 55 documented patient case histories demonstrating how alternative approaches to cancer can make the difference between life and death.

RADIATION POISONING

Baby Teeth Studies Reveal Childhood Radiation Exposure

Joni Praded

Some Washington University researchers were cleaning a musty old ammunition bunker at Missouri's Tyson Research Center last spring. There they stumbled across a bizarre find— 85,000 baby teeth. Stumped university administrators nearly discarded them.

Luckily, they didn't; the cached teeth turned out to be a scientific treasure trove. Over the next few years, they will give researchers the rare chance to measure how radiation levels in children's bodies affect their health in later life. The teeth were unused specimens from the St. Louis Baby-Tooth Survey, a massive public health study mobilized by scientist and anti-nuclear activist Barry Commoner from 1958 to 1970. The United States had been conducting above-ground nuclear weapons tests, setting off about 100 bombs in the American West in the years following World War II. Radioactive fallout was increasingly detected in milk supplies and in the environment, and the public was growing uneasy about its effects. Researchers working on the survey collected some 300,000 baby teeth from children in the St. Louis area. They found that the amount of strontium-90 (a carcinogenic radioactive agent) in those teeth rose dramatically during bomb-test periods, and fell dramatically after testing ceased. This helped spur the U.S. to sign the 1963 treaty banning atmospheric bomb tests.

Tracking the Babies

But what happened to those St. Louis children later in life? Did their exposure lead to high cancer rates or other illnesses? No one knows, but Joe Mangano and his colleagues at the New York-based Radiation and Public Health Project (RPHP) are trying to find out. The teeth have been shipped to RPHP's lab, the only place in the U.S. currently measuring the level of radiation in people's bodies. (The U.S. government hasn't funded such research in nearly 20 years.) These modern-day tooth fairies test fallen teeth from children born near nuclear power plants, and their aim is to find out how much strontium-90 resides in these children's bodies and what impact it has on them. Says Mangano, the St. Louis teeth have provided an opportunity to follow the medical histories of thousands of people with known levels of childhood radiation exposure.

For countless boomers who strolled around in the 1950s and '60s wearing "I Gave My Tooth to Science" pins, the news of the tooth discovery has revived old questions. Many of them began contacting Mangano. "So far, 2,150 people have called to fill out health questionnaires," says Mangano. RPHP's task is to match teeth with owners, analyze radiation levels and health histories, and begin to assess the impact the Cold War fallout had on public health.

"It's not an idle look into the past," says Mangano. "It's about the present and the future." And the reason why should pique the interest of every parent, because many of the teeth from today's children show strontium-90 levels as high as those found in St. Louis children at the height of the atmospheric bomb tests.

What Radiation?

But where is today's radiation coming from? Not from residual bomb fallout, say nuclear experts— strontium-90 from the bomb tests would have decayed to fairly low levels by now. According to RPHP studies, the radioactive agent appears to be highest in children born near nuclear power plants. Strontium-90 enters human bodies through cow's milk, water and produce grown in soil exposed to

radioactive runoff or contaminated rain. Since it mimics the calcium needed to form teeth and bones, it easily permeates growing bodies. Once there, it can disturb bone marrow— where the white cells that fight cancer and germs are made. This, postulate researchers, puts exposed children at risk of leukemia, cancer and infectious diseases.

Over the past few years, Mangano and his fellow researchers have released their findings on some 2,000 teeth from children born near reactors in five states. In some regions, the researchers have shown that radiation levels and death rates from childhood cancers have grown at an almost identical pace. They have also found that when reactors close, area infant and senior citizen cancer mortality rates improve dramatically.

So far, teeth from children born in Miami-Dade County and other southeastern Florida counties have the highest concentrations of strontium-90 in the U.S., which might be explained by the fact that two nuclear reactors there emitted 10.39 trillion picocuries of radioactivity into the air between 1970 and 1987, an amount equal to about three-fourths of all the radioactivity released during the infamous Three Mile Island accident. In the same region, cancer rates for children under 10 rose 35.2 percent from the early 1980s to the early 1990s, compared to a 10.8 percent rise nationwide, according to one RPHP report.

Childhood cancer rates jumped 75 percent in the San Louis Obispo, California area after a reactor opened there. In Pennsylvania, the baby tooth researchers tracked a rise in childhood cancers that corresponded with a reactor opening. “We think it is strong evidence for a cause-and-effect relationship,” says Mangano.

A Call to Action

As startling as they are, RPHP findings haven’t yet translated into public policy. Little more than a year ago, most pundits were predicting a gradual phase-out of nuclear power in the U.S. But now the Bush Administration wants to license new nuclear power plants, and many of the 103 nuclear power plants soon up for relicensing may get a previously unexpected extended lease on life. Victor Sidel, past president of the American Public Health Association, says, “The [RPHP] studies are certainly cause for others to be done. If the findings are the same, then that’s cause for social policy to be based upon them.” The odds of other studies getting underway, though, do not appear high. The baby-tooth researchers have had to rely on private grants for funding and direct-mail appeals and volunteers to solicit teeth.

Connecticut nurse Agnes Reynolds is one of those volunteers. The mother of a nine-year-old boy battling leukemia, Reynolds doesn’t know what caused her son’s illness. But she does want to know why childhood cancer rates are soaring among children living near nuclear power plants, as her family does. So she asks parents to donate their children’s teeth to the project. She wants people “to pay attention” to the risks around them. That’s a lesson she says she may have learned the hard way. Unless the government taboo on studying radiation-caused health risks is broken, say researchers, countless others will, too.

INFANT DEATHS & CHILDHOOD CANCER DROPS DRAMATICALLY AFTER PLANT CLOSES

Long-term health benefits provide another reason to end experiment with nuclear power

[New York, NY] - Dramatic declines in local infant death and childhood cancer rates occurred soon after the closing of eight nuclear power plants, according to a new report announced by New York State Assemblyman Richard Brodsky, Radiation and Public Health Project, and the STAR Foundation. The study documents a 17.4% reduction in infant mortality in the downwind counties within 40 miles two years after reactor closing, compared to a national decline of just 6.4%. Large declines occurred in all eight areas near closed reactors, and remained above national trends for at least six years after closing. The information appears as an article published in the March/April 2002 edition of Archives of Environmental Health.

“We finally have reliable peer-reviewed accurate data attaching the nuclear power plants to death and injury in the host communities, this is a sobering and significant scientific study and we all need to take it seriously,” stated New York State Assemblyman Richard Brodsky. “It is critical that more studies of this type be performed, so that we fully understand the risks posed by nuclear reactors,” added Westchester County legislator Thomas Abinanti.

“Nuclear power is a failed experiment that is expensive and dangerous,” said Scott Cullen, Executive Director of STAR. “This study confirms the best of public health principles: that when you remove a known cause of illness, health improves,” said Cullen. “What is gratifying about the research is that it showed childhood health measures increasing so dramatically and quickly after the reactors closed and provides good news that we can strive towards.”

In three of the eight areas with available data, cancer diagnosed in children less than five years of age declined 25.0% in the seven years after reactor closing, compared to a 0.3% increase nationally. Children exposed to radiation are of increased risk for cancer, says Joseph Mangano, MPH MBA, the principal author of the study who is affiliated with the New York research group Radiation and Public Health Project.

This study is most relevant to New York City because over 8% of the nation's population lives within 50 miles of the Indian Point reactor. Counties downwind and within 40 miles of Indian Point include the Bronx, Dutchess, Manhattan, Nassau, Putnam, Queens, and Westchester in New York, and Fairfield County in Connecticut. Over 8.5 million persons live in these counties, where 110,000 babies are born each year.

HEART DISEASE

Heart disease... our nation's #1 health problem. The cost of cardiovascular disease, of which coronary artery disease constitutes 60%, is estimated to be \$108.9 billion per year.

CAUSE

Unaccommodated stress, improper diet and lack of exercise.

SOLUTION

Prevention through education and the implementation of programmed life-style changes which support health as outlined in The Human Ecology Program and the enlightened medical community. Currently billions of dollars are being spent on coronary artery bypass surgery as an attempt to reconstitute the arterial integrity of the heart.

This extraordinarily expensive (\$40-60,000 per operation), painful and dangerous procedure is now being questioned regarding its efficacy. It is estimated that approximately 500,000 Americans will undergo this questionable procedure (bypass surgery) in 1995.

For those with advanced arteriosclerotic heart disease we highly recommend chelation therapy, a safe, non-invasive, inexpensive technique, which dramatically reduces atherosclerotic plaques in the arteries...

Today, there are oral chelation therapies, scientific detoxification and nutritional protocols which address and resolve (heal) arteriosclerotic heart disease as well as carotid artery disease, the primary cause of strokes...

CHELATION THERAPY

New Hope For Victims of Atherosclerosis & Age-Associated Diseases

Elmer M. Cranton, M.D.

Intravenous chelation therapy, a simple office procedure using ethylene diamine tetraacetic acid (EDTA) reverses and slows the progression of atherosclerosis and other age-related and degenerative diseases. Symptoms affecting many different parts of the body often improve, for reasons that are not yet fully understood. Blood flow increases in blocked coronary arteries to the heart, to the brain, to the legs, and all throughout the body. Heart attacks, strokes, leg pain and gangrene can be avoided using this therapy. Need for bypass surgery and balloon angioplasty often disappears after chelation. Published research also shows that chelation therapy acts as a preventive against cancer.

The free radical theory of disease (caused by free oxygen radicals) provides one scientific explanation for the many observed benefits following chelation therapy. Many scientific studies drcranton.com/edtabib.htm published in peer reviewed medical journals provide solid clinical evidence for benefit. This non-invasive therapy is very much safer and far less expensive than surgery or angioplasty.

Chelation therapy is a safe and effective alternative to bypass surgery or angioplasty and stents. Hardening of the arteries need not lead to coronary bypass surgery, heart attack, amputation, stroke, or senility. There is new hope for victims of these and other related diseases. Despite what you may have heard from other sources, EDTA chelation therapy, administered by a properly trained physician in conjunction with a healthy lifestyle, diet, and nutritional supplements, is an option to be seriously considered by persons suffering from coronary artery disease, cerebral vascular disease, brain disorders resulting from circulatory disturbances, generalized atherosclerosis and related ailments which can lead to senility, gangrene, and accelerated physical decline.

Clinical benefits from chelation therapy vary with the total number of treatments received and with severity of the condition being treated. On average, 85 percent of chelation patients have improved very significantly. More than 90 percent of patients receiving 35 or more chelation infusions have benefited enough to be grateful for this therapy—even more so when they also followed a healthy lifestyle, avoiding the use of tobacco. Symptoms improve, blood flow to diseased organs increases, need for medication decreases and, most importantly, the quality of life becomes more productive and enjoyable.

When patients first hear about or consider EDTA chelation therapy, they normally have lots of questions. Undoubtedly you do, too. Here are the answers to those most commonly asked questions, explained in non-technical language.

What is “Chelation”?

Chelation (pronounced KEY-LAY-SHUN) is the process by which a metal or mineral (such as lead, mercury, iron, arsenic, aluminum, calcium, etc.) is bonded to another substance—in this case EDTA, an amino acid. It is a natural process, basic to life itself. Chelation is one mechanism by which such common substances as aspirin, antibiotics, vitamins, minerals and trace elements work in the body. Hemoglobin, the red pigment in blood which carries oxygen, is a chelate of iron.

What is Chelation As A Medical Therapy?

Chelation is a treatment by which a small amino acid called ethylene diamine tetraacetic acid (commonly abbreviated EDTA) is slowly administered to a patient intravenously over several hours, prescribed by and under the supervision of a licensed physician. The fluid containing EDTA is infused through a small needle placed in the vein of a patient's arm. The EDTA infusion bonds with unwanted metals in the body and quickly carries them away in the urine. Abnormally situated nutritional metals, such as iron, along with toxic elements such as lead, mercury and aluminum are easily removed by EDTA chelation therapy. Normally present minerals and trace elements which are essential for health are more tightly bound within the body and can be maintained with a properly balanced nutritional supplement.

Is It Done Just Once?

On the contrary, chelation therapy usually consists of anywhere from 20 to 50 separate infusions, depending on each patient's individual health status. Thirty treatments is the average number required for optimum benefit in patients with symptoms of arterial blockage. Some patients eventually receive more than 100 chelation therapy infusions over several years. Other patients receive only 20 infusions as part of a preventive program. Each chelation treatment takes from three to four hours and patients normally receive one to five treatments each week. It is the total number of treatments that determine results, not the schedule or frequency. Over a period of time, these injections halt the progress of the free radical disease. Free radicals underlie the development of atherosclerosis and many other degenerative diseases of aging. Reduction of damaging free radicals allows diseased arteries to heal, restoring blood flow. With time chelation therapy brings profound improvement to many essential metabolic and physiologic functions in the body. The body's regulation of calcium and cholesterol is restored by normalizing the internal chemistry of cells. Chelation has many favorable actions on the body.

Chelation therapy benefits the flow of blood through every vessel in the body, from the largest to the tiniest capillaries and arterioles, most of which are far too small for surgical treatment or are deep within the brain where they cannot be safely reached by surgery. In many patients, the smaller blood vessels are the most severely diseased, especially in the presence of diabetes. The benefits of chelation occur simultaneously from the top of the head to the bottom of the feet, not just in short segments of a few large arteries which can be bypassed by surgical treatment.

Do I Have To Go To A Hospital To Be Chelated?

No, in most cases chelation therapy is an out-patient treatment available in a physician's office or clinic.

Does It Hurt? What Does It Feel Like To Be Chelated?

Being "chelated" is quite a different experience from other medical treatments. There is no pain, and in most cases, very little discomfort. Patients are seated in reclining chairs and can read, nap, watch TV, do needlework, or chat with other patients while the fluid containing the EDTA flows into their veins. If necessary, patients can walk around. They can visit the restroom, eat and drink as they desire, or make telephone calls, being careful not to dislodge the needle attached to the intravenous infusion they carry with them. Some patients even run their businesses by telephone or computer while receiving chelation therapy.

Are There Risks or Unpleasant Side Effects?

EDTA chelation therapy is relatively non-toxic and risk-free, especially when compared with other treatments. Patients routinely drive themselves home after chelation treatment with no difficulty. The risk of significant side effects, when properly administered, is less than 1 in 10,000 patients treated. By comparison, the overall death rate as a direct result of bypass surgery is approximately 3 out of every 100 patients, varying with the hospital and the operating team. The incidence of other serious complications following surgery is much higher, approaching 35%, including heart attacks, strokes, blood clots, mental impairment, infection, and prolonged pain. Chelation therapy is at least 300 times safer than bypass surgery.

Occasionally, patients may suffer minor discomfort at the site where the needle enters the vein. Some temporarily experience mild nausea, dizziness, or headache as an immediate aftermath of treatment, but in the vast majority of cases, these minor symptoms are easily relieved. When properly administered by a physician expert in this type of therapy, chelation is safer than many other prescription medicines. Statistically speaking, the treatment itself is safer than the drive in an automobile to the doctors office.

If EDTA chelation therapy is given too rapidly or in too large a dose it may cause harmful side effects, just as an overdose of any other medicine can be dangerous. Reports of serious and even rare fatal complications many years ago stemmed from excessive doses of EDTA, administered too rapidly and without proper laboratory monitoring. If you choose a physician with proper training and experience, who is an expert in the use of EDTA, the risk of chelation therapy will be kept to a very low level.

While it has been stated that EDTA chelation therapy is damaging to the kidneys, the newest research (consisting of kidney function tests done on 383 consecutive chelation patients, before and after treatment with EDTA for chronic degenerative diseases) indicates the reverse is true. There is, on the average, significant improvement in kidney function following chelation therapy. An occasional patient may be unduly sensitive, however, and physicians expert in chelation monitor kidney function very closely to avoid overloading the kidneys. Chelation treatments must be given more slowly and less frequently if kidney function is not normal. Patients with some types of severe kidney problems should not receive EDTA chelation therapy.

What Types of Examinations & Testing Must Be Done Prior To Beginning Chelation Therapy?

Prior to commencing a course of chelation therapy a complete medical history is obtained. Diet is analyzed for nutritional adequacy and balance. Copies of pertinent medical records and summaries of hospital admissions may be sent for. A thorough head-to-toe, hands-on physical examination will be performed. A complete list of current medications will be recorded, including the time and strength of each dose. Special note will be made of any allergies.

Blood and urine specimens will be obtained in a battery of tests to insure that no conditions exist which may be worsened by chelation therapy. Kidney function will be carefully assessed. An electrocardiogram is usually obtained. Noninvasive tests will be performed, as medically indicated, to determine the status of arterial blood flow prior to therapy. A consultation with other medical specialists may be requested.

Is Chelation Therapy New?

Not at all. Chelation's earliest application with humans was during World War II when the British used another chelating agent, British Anti-Lewesite (BAL), as a poison gas antidote. BAL is still used today in medicine.

EDTA was first introduced into medicine in the United States in 1948 as a treatment for industrial workers suffering from lead poisoning in a battery factory. Shortly thereafter, the U.S. Navy advocated chelation therapy for sailors who had absorbed lead while painting government ships and dock facilities. In the years since, chelation therapy has remained the undisputed treatment-of-choice for lead poisoning, even in children with toxic accumulations of lead in their bodies as a result of eating leaded paint from toys, cribs or walls.

In the early 1950's it was speculated that EDTA chelation therapy might help the accumulations of calcium associated with hardening of the arteries. Experiments were performed and victims of atherosclerosis experienced health improvements following chelation—diminished angina, better memory, sight, hearing and increased vigor. A number of physicians then began to routinely treat individuals suffering from occlusive vascular conditions with chelation therapy. Consistent improvements were reported for most patients.

Published articles describing successful treatment of atherosclerosis with EDTA chelation therapy first appeared in medical journals in 1955. Dozens of favorable articles have been published since then. No unsuccessful results have ever been reported (with the exception of several recent studies with very flawed data presented by bypass surgeons in an attempt to discredit this competing therapy). There have also been a number of editorial comments of a critical nature made by physicians with vested interests in vascular surgery and related procedures.

From 1964 on, despite continued documentation of its benefits and the development of safer treatment methods, the use of chelation for the treatment of arterial disease has been the subject of controversy.

AIDS

AIDS: A Wholistic Perspective: The XI International Conference on HIV/AIDS

14,000 delegates and the press from all over the world gathered to learn and share their experiences regarding HIV/AIDS... Over the course of 4 days, 5,600 scientific papers were presented, exploring the various spiritual/psychological and physiological aspects of the AIDS epidemic.

Since this Conference was sponsored by the major pharmaceutical companies, the primary emphasis of the Conference was to report on the efficacy of current AZT therapy... In addition, the World Press was tantalized by a possible biotechnological pharmaceutical breakthrough, as a solution to HIV/AIDS... The Triple Pharmaceutical Cocktail (proteases inhibitors and reverse transcriptases) designed to dramatically remove the HIV from the system, and/or slow its growth...

Leading medical researchers, who have been heavily funded by the pharmaceutical industry, urged cautious optimism to a world waiting for a potential cure... Early clinical trials seem promising... All well and good, however, the immediate problems to this conventional allopathic/biotechnological approach is its exorbitant price, systemic side effects, and a strong possibility that the HIV virus will mutate and become drug resistant... Since HIV/AIDS is mainly concentrated in the Third World developing nations, there was considerable "angst" amongst the health care officials from these nations... After all, 15 - 20 Thousand dollars per treatment protocol, is a bit steep for people from nations who median income is somewhere between \$200 - \$1,000 per year.

To further dampen Glaxo-Wellcome's, Bristol-Myers Squibb's, Hoffmann-LaRoche's, Roxanne Laboratories, Chiron Corporation's, Agouron's, Merck's, and Abbott Laboratories enthusiasm regarding their potential biological breakthroughs, was intense protests from San Francisco's Act Up, a gay activist group, who consistently and vehemently voiced their profound opposition to the latest allopathic biotechnological solution(s) to HIV/AIDS...

"This entire AIDS conference was bought and paid for by the pharmaceutical industry as a way to hype their deadly drugs," commented AIDS dissident Todd Swindell, "These companies create expensive products; fund and execute clinical trials that generate fraudulent data to support using these products; and buy off mainstream AIDS organizations and conferences to then push these unproven drugs down the throats of a people with AIDS. The entire AIDS treatment approach is murderously misdirected and must change now!"

In support of Act Up's perception and realization, is a growing awareness amongst the enlightened international medical community, and the lay public, that the current treatment may indeed be worse than the dis-ease... So what else is new?...

One only needs to explore the current and still in vogue allopathic (drug based model) for the treatment of cancer... 40 years of intensive scientific inquiry and experimental drug protocols has not resulted in a "cure", nor has it made any significant impact on the mortality/morbidity rates in regards to cancer... What is going on here!... It sure looks like another repeat performance down another blind alley, as the World Press, and people, still anxiously await for the magic bullet to materialize... A hi-tech cure... Perhaps a vaccine!... Rather unlikely though...

The plot thickens... As Dr. Leonard Horowitz, a Harvard graduate in Public Health and independent researcher, presented an abstract based on his book, "Emerging Viruses: AIDS & Ebola: Nature, Accident or Intentional?" To an amazed, shocked and at times incredulous press, Horowitz definitively and brilliantly presented the theory of HIV/AIDS being a man-made virus... The product of a Cold War biological/germ warfare program initiated in the USA during the late 1960's, early 1970's...

To further compound these horrific revelations, Horowitz in Emerging Viruses clearly indicts, through painstaking and responsible research, that those most plausibly responsible for the outbreak of the virus, are the very same individuals and institutions who are profiteering from its treatment... These institutions have largely monopolized the media, spreading fear and dis-information, in the process of creating an enormous financial empire... Could this be the biggest conspiracy/cover-up of the 20th Century?... Dr. Horowitz leaves you, the reader, to draw your own conclusions...

After hearing this convincing presentation, one heads for the nearest bar to have a few stiff drinks, or worse... Kidding aside, Dr. Horowitz, in my mind, deserves a Pulitzer Prize for his courage, integrity and meticulous exposure of our shadow self... The insidious workings of the Medical/Military/Industrial Complex...

The sad truth is that many people, particularly in the African-American community, already believe that the HIV/AIDS epidemic was intentionally created, and was specifically targeted against both the gay and black communities, both here and in Africa... This being the case, we do indeed have a serious, and needless to say potentially incendiary situation, which calls for immediate honest disclosure of the truth, and cooler heads to prevail...

Most importantly, we need to bring to public awareness THE GOOD NEWS regarding HIV/AIDS...

Advanced scientific medical research clearly indicates that:

1. HIV/AIDS is a multifactorial auto-immune disease, in which HIV's role is unclear, and may not be decisive... Being HIV Positive Is Not A Death Sentence... It simply means that one has developed an antibody to a virus which, in the orthodox medical community, has been declared lethal... Many do not share this view, nor this prognosis... There are many individuals who were and are diagnosed as HIV positive, who are enjoying healthy and productive lives... (My own intuition regarding this vitally important point, is that the HIV virus, which exists throughout the biosphere of our planet, will soon be put in the same category as the flu and cold viruses... Non lethal pathogens which co-exist in nature and in ourselves - our cells... We will all soon discover and realize that our general health is a reflection and manifestation of the health of the earth's biosphere and our own awareness, spiritual, mental, emotional and biochemical... As we heal the earth, we heal ourselves... As we heal ourselves, we heal the earth...)
2. People with HIV can and are preventing, and even reversing, the onset of symptoms through the use of low cost protocols, lifestyle changes, and nutritional awareness, as clearly explained in The San Francisco Medical Research Foundation's "**Project HOPE**"... **Honesty, Optimism, and Progressive Education**, as a solution to the HIV/AIDS pandemic...
3. Medical research from all over the world has provided scientific proof that there are many inex-

pensive, non-toxic treatment protocols which show great promise, and are quite effective in eradicating the HIV virus from the blood... A dramatic example, which was presented at this conference by a Russian physician, demonstrated the use of laser therapy to virtually eliminate the virus from the blood... Also, many people in the wholistic medical community are quite aware of the use of ozone as a means to eradicate HIV/AIDS... Obviously, we have much to learn from the “alternative” medical community, whose remarkable work and scientific breakthroughs in regards to AIDS and other degenerative dis-eases, warrant deep consideration by the media, the orthodox medical community and national governments...

4. Through the exciting new science of psychoneuro-immunology (PNI), science is now confirming the intimate connections between the mind and body... PNI is confirming the ancient and eternal wisdom, as incorporated in naturopathic and homeopathic medicine, that our thoughts, feelings, attitudes, and beliefs are of critical importance in the course of any dis-ease/healing process... The will to live is a subjective, non-quantifiable factor in the prognosis for any and all individuals who are dealing with an apparent catastrophic illness... The power of the mind can never be underestimated, nor can the power of the physician/healer to do no harm, determine the happy outcome for one who is seeking healing...

To summarize, this endemic global health “crisis” has a silver lining contained within it... “The AIDS Pandemic” is a clarion call for greater compassion and humility; as well as new scientific inquiries into the mysteries of nature... Additionally, this man-made pandemic provides an unprecedented opportunity for developing greater spiritual, psychological and biological knowledge of our selves as human beings...

After having attended the XI International AIDS Conference, One World, One Hope, it is my heartfelt prayer and conviction that we, humanity, can turn and are turning, this global pandemic into an extraordinary opportunity for spiritual renewal, and profound personal and planetary healing...

Let The Healing And Celebration Begin, As We Empower Each Other To Move From The Frequency Of Fear Into the Frequency Of Freedom; While Taking Greater Responsibility For Ourselves, Our Cells, The Earth, And Each Other!...

Through this process of healing and awakening, we will individually and collectively realize that “Life is not a terminal affair, but rather a glorious, infinitely beautiful, mysterious and eternal affair...”

HIV AND AIDS: MYTHS VS. MEDICINE

On the Edge with Burton Goldberg

While Western medicine has spent \$50 billion in research futilely focusing on a virus that by itself does not cause the disease, alternative physicians have quietly made tremendous progress in treating AIDS.

A little more than two years ago, the leader of an African nation was universally attacked in the world press for being an “enemy of the people,” espousing a policy of “genocide” and letting “babies die in pain.” Was this a monster supporting terrorists, experimenting with weapons of mass destruction or waging war on minorities in his country? No, it was Thabo Mbeki, president of South Africa. His “crime” was suggesting that his country review the safety of AIDS drugs.

Then, adding fuel to the controversy, in March 2000, President Mbeki invited about 30 HIV-AIDS researchers to his presidential AIDS panel in Pretoria, including two American biochemists, Peter Duesberg and David Rasnick. These two Ph.D.s from the University of California at Berkeley are vocal dissidents of conventional thinking about HIV and AIDS. It is obvious that Mbeki is no monster, but is he misinformed and misguided to question the safety of AIDS drugs and the absolute equation HIV = AIDS?

It was April 23, 1984, when Robert Gallo, M.D., of the National Cancer Institute, announced that he had found the “probable cause of AIDS.” It was, he said, a new retrovirus that he named HTLV-III (human T-cell lymphotropic virus III), which was later renamed HIV. Gallo’s evidence for this claim was not the actual isolation of a virus, but the detection of antibodies in most but not all AIDS patients that he and his colleagues had analyzed. (It turned out that Luc Montagnier, M.D., of the Pasteur Institute in Paris, had provided Gallo with sample virus evidence the previous year, and is now given credit as the “co-discoverer of HIV.”)

So great was the horror and hysteria surrounding AIDS that this announcement was immediately greeted not as a probable hypothesis but as fact by the media and public. There were protests from the very outset over this leap of faith, however, voiced by some very prominent researchers. One of them was Kary Mullis, Ph.D., who received the 1993 Nobel Prize in chemistry for the invention of the Polymerase Chain Reaction test, a mainstay of AIDS research technology.

In 1992 he stated, “Nobody in their right mind would jump into this thing like [Gallo et al.] did. It had nothing to do with any well-considered science. There were some people who had AIDS and some of them had HIV not even all of them. So they had a correlation. So what?” Actually, scientists from prestigious institutions all over the world pointed out many inconsistencies and contradictions in the “HIV = AIDS” theory.

But, as Mbeki himself stated in a letter he wrote to then-President Clinton, there was a “campaign of intellectual intimidation and terrorism” akin to “medieval book-burning” to keep alternative theories about the causes of the disease from being heard. There are two so-called AIDS tests the ELISA (enzyme linked immunosorbant assay) and the Western Blot test. Neither of these tests detect the virus; they detect antibodies that the body can produce in response to a number of stimuli.

False HIV positives have been caused by at least 66 documented unrelated health conditions, medica-

tions and other factors, including food allergies, vaccinations, blood transfusions, proteins on test filter paper and a host of other viruses, bacteria and parasites. Note also that antibodies are not a sign of an active infection or disease they are only a sign that at one time our body produced an immune response to an antigen. There were and are other cogent technical arguments against the HIV = AIDS theory, coming from internationally renowned pathologists and virologists.

There are, for example, human populations who test HIV positive but never develop any symptoms of AIDS. Dr. Mullis references a United Nations study: "The World Health Organization studied prostitutes in a little coastal African country above Liberia. They found that 75% of the prostitutes were HIV-positive and predicted that five years later half of them would be dead. In five years they came back and there were no bodies to count. Still the positives are HIV positive, according to their tests." Further, in animal studies, there are more than 125 chimpanzees that were inoculated with the AIDS virus more than 15 years ago who have never developed AIDS.

The HIV = AIDS theory violates the fundamental standards used to determine whether a particular organism causes a specific disease. These rules are called "Koch's Postulates," and were established over 100 years ago by German bacteriologist Robert Koch (pronounced "Koke"), who determined the causes of tuberculosis, anthrax and other diseases. These rules are 1) The suspected organism has to be present in each and every case of the disease, and in sufficient quantities to cause disease; 2) The agent cannot be found in other diseases and 3) After isolation and propagation, the agent can induce the disease when transmitted to another host.

HIV fails all three postulates: It is not present in every AIDS-like disease; it is not found in one but in 30 distinct diseases; and chimpanzees inoculated with HIV have consistently failed to develop AIDS, even after as long as 15 years. What this points to is that there are cofactors other than HIV that are necessary to cause AIDS that HIV by itself does not cause AIDS. Even Dr. Montagnier, the co-discoverer of HIV, stated at the Sixth International Conference on AIDS in 1990 that he no longer believed HIV by itself could cause AIDS without the help of one or several cofactors.

Yet all conventional medical research has focused on killing or preventing the replication of HIV. And, as President Mbeki observed, no vaccine has been developed and no cure has been found, nor is one even in sight. Some may argue that with highly active combination antiretroviral therapy (HAART) the famous AIDS cocktail of protease-inhibiting drugs that suppress the replication of HIV life expectancies have dramatically increased. Isn't this proof that HIV causes AIDS? One must ask, however, is the general delay in the onset of AIDS symptoms following HIV infection due to these drugs, or are other factors at work? In fact, some alternative physicians who have success treating AIDS use anti-HIV drugs extremely judiciously both to minimize toxicity and to avoid creating resistance and use drugs not as the primary modality but as an adjunct to other therapies.

Jon D. Kaiser, M.D., of Marin County, California, is one such physician. He has treated HIV infections and AIDS patients in his private practice for 15 years. Dr. Kaiser's latest book, published in 1999, is *Healing HIV: How to Rebuild Your Immune System*. Dr. Kaiser does believe that HIV is substantially involved in AIDS, but he uses antiviral drugs with the lightest touch possible. He practices what he calls a comprehensive healing program, which consists of customized recommendations from each of seven categories:

- 1) diet;
- 2) vitamins and nutritional supplements;
- 3) herbs and acupuncture;
- 4) individualized exercise programs;

- 5) stress reduction;
- 6) hormone balancing, and
- 7) medical therapies (including antiviral and anti-HIV drugs).

How successful is Kaiser's program? Kaiser boldly states that "the progression of HIV disease in my practice is an extremely rare event." During the past five years, he says, caring for 500 HIV-positive patients, not one patient who came to see him with a CD4 (T cell) count of greater than 300 cells per cubic millimeter of blood has progressed to below that level, and not one patient who came to him with a CD4 count of greater than 50 has become seriously ill or died from an HIV-related illness. Dr. Kaiser says that many of his patients "feel better now than they ever have during their entire lives. This holds true whether they are taking antiviral drugs or not." Most people with HIV, he says, can now hope to live normal, healthy lives for what amounts to a normal lifespan.

How is this possible? One important thing to remember is that people don't die of AIDS: They die of any of 30-odd conditions to which AIDS makes them susceptible by degrading their immune systems. All these diseases existed before the term AIDS was coined and HIV was discovered. If someone dies who has one or more of these conditions and is HIV positive, their death is called an AIDS fatality. However, if someone with one or more of these conditions dies who is not HIV positive, then that death is ascribed simply to the condition itself. Among HIV-positive people, the onset of AIDS and the manifestations of the disease vary enormously but do show distinct patterns that correlate strongly with lifestyle.

Drs. Duesberg and Rasnick, for example, claim that recreational and pharmaceutical drug use is a common denominator for more than 95% of all American and European AIDS patients. Further, their data shows that different drugs seem to cause distinct AIDS-related diseases. For instance, they claim that nitrite inhalants ("poppers," extensively used by gay men in the '70s and '80s) cause Kaposi's sarcoma (cancerous skin lesions only rarely seen in heterosexuals); cocaine causes weight loss; and AZT causes immunodeficiency, lymphoma, muscle atrophy and dementia.

There are doctors and researchers who believe that antiretroviral drugs can also do more harm than good. "I have a large population of people who have chosen not to take any antiretrovirals," says Donald Abrams, M.D., director of the AIDS program at San Francisco General Hospital. "They've watched all their friends go on the antiviral bandwagon and die." A study published in the *New England Journal of Medicine* in 1995 showed that one of the things that long-term AIDS survivors had in common was that they didn't take antiretroviral drugs. Leanna Standish, N.D., Ph.D., coeditor of *AIDS and Complementary and Alternative Medicine: Current Science and Practice*, disputes this, citing improvements in antiviral therapies since 1996. While definitely an alternative-minded physician, she emphatically states, "Highly active combination antiretroviral therapy has made it possible for many desperately ill men and women with AIDS who are also HIV-seropositive [feel] well enough to get up from their wheelchairs and sickbeds."

Whether alternative doctors use antiretroviral drugs as part of their therapy or not, addressing drug use and the immune system damage it causes is as important or even more important than addressing the HIV itself. This is a fundamental difference between conventional and alternative medicine. Conventional medicine treats the symptoms of disease, while alternative medicine treats the patient. The disease syndrome we now call AIDS first came to our attention as an epidemic in the gay community. It was, in fact, originally called GRID Gay-Related Immune Deficiency. The HIV virus was spread through sexual contact (and also among intravenous drug users who shared needles). Many gay

men in the '70s and '80s practiced a lifestyle that included frequent recreational drug use and multiple sex partners with the concomitant sexually transmitted diseases and use of antibiotics. (Semen itself is antigenic [provoking an immune-response], and when received in quantity is immunosuppressive.) All of these factors severely compromise the immune system, leaving individuals with few natural resources to control infections.

AIDS in Africa, however, is an entirely different story. There, HIV is epidemic throughout the entire population. The immunosuppressive agents for Africans are not drugs or promiscuity but malnutrition and the presence of bacteria and parasites, widespread because of a lack of public health sanitary measures. Thus, HIV-positive Africans develop AIDS at a different rate than Americans or Europeans. Duesberg states that in Africa, one AIDS case is diagnosed for every 300 HIV positives, while in the United States the ratio is one AIDS case for every 20 HIV positives. He ascribes American HIV positives' 15-fold greater AIDS risk to Western's medicine's reliance on toxic anti-HIV drugs. Neither do Africans usually die of the same AIDS-related illnesses as Americans and Europeans do, such as pneumocystis pneumonia. In Africa, AIDS usually manifests as a wasting disease, consistent with the diarrheal infections and malnutrition present there.

Thus it was that President Mbeki was not inclined to combat his country's AIDS epidemic by meekly purchasing millions of dollars' worth of AZT. Instead, he insisted that the basic issue for South Africa was one of poverty, which caused malnutrition and sanitation problems. In a meeting with President Bush in June 2001, Mbeki repeated his assertion that "in many instances, these are diseases which are not only caused by poverty, some of them, but also cause poverty."

I have been aware of these facts for many years. In 1994 I published a book with Leon Chaitow, N.D., D.O., *You Don't Have to Die: Unraveling the AIDS Myth*. In its preface we stated, "We do not believe, based on the evidence we have seen and which we will outline, that HIV is a sufficient single cause of AIDS. Nor do we believe that being HIV-positive leads inevitably to AIDS, or that AIDS is necessarily irreversible. We do believe that enhancement and modulation of immune function presents an opportunity for recovery of health. We sincerely believe that this approach will be increasingly adopted as the HIV myth is discredited, and that we will look back and wonder why billions of dollars have been wasted in HIV-oriented research."

Currently, approximately 7,000 people worldwide die of AIDS every day. At least their deaths are attributed to AIDS. In reality, they had tested positive for HIV and died of any of 30 AIDS-related diseases. Given the acknowledged unreliability of HIV testing, however, this number could be wildly off. Nevertheless, 7,000 people die each day of something that conventional medical treatment couldn't help or quite possibly helped bring on. We do have the knowledge and techniques to prevent this from happening, but not if we stay with the bankrupt thinking that AIDS is one disease with one cause that will be cured with one drug. In looking for the origin of AIDS in Africa, researchers found that large populations of apes and wild cats were infected with "AIDS-like" viruses that had the potential to destroy their immune systems. The animals' blood was full of these viruses, killing significant numbers of blood cells, but they never manifested any disease symptoms. What does this tell us about the nature of these retroviruses, which many researchers claim could never wreak all the damage that is ascribed to them?

HIV is simply a virus, like hundreds of other viruses we've lived with for as long as humanity has been on the planet. Most people have been exposed to influenza viruses, cytomegalovirus, herpes and

Epstein-Barr. It is all but impossible to eradicate these infections; they can only be controlled. They do their damage when our immune systems are not up to the task. Trying to cure diseases by focusing on the development of toxic pharmaceutical drugs aimed at killing the viruses associated with them will ultimately make us all more vulnerable to new diseases. President Bush recently pledged an additional \$200 million in AIDS funding over the next two years. Global activists think that the U.S. should contribute \$2.5 billion. Without a paradigm shift in the way we approach AIDS, however, this money will not only be wasted, but could do more harm than good.

A DISSENTING VIEW ON AIDS POLICY

**South African President Thabo Mbeki deserves praise for
questioning `official' beliefs about cause of disease
Michael P. Wright Wednesday, May 24, 2000**

AS A FORMER AIDS research grant recipient, I wish to praise South African President Thabo Mbeki for his courage in having publicly declared his willingness to listen to scientists who challenge AIDS orthodoxy. Mbeki arrives today in San Francisco, where he will address a joint meeting of the Commonwealth Club and the World Affairs Council, as part of his first state visit to the United States since succeeding Nelson Mandela as president last year.

The 33-member AIDS panel that Mbeki appointed includes researchers who have postulated that HIV does not cause the disease. This is in conflict with the official viewpoint established within South African governmental health agencies. For nine years beginning in 1987, I was involved professionally in AIDS/HIV research. During the 1990s, I was awarded two federal grants for this work by the Small Business Innovation Research program of the U.S. National Cancer Institute. By the end of this period, I had become skeptical about official beliefs concerning AIDS.

My project was to design computer software that assessed risk for current HIV infection. After computing the probability of infection by incorporating the anonymous user's answers into a detailed history interview conducted in privacy, the software makes a recommendation about whether the individual should have an HIV-antibody test.

In order to win these grants, I had to review the epidemiologic literature to arrive at plausible measures of HIV transmission risk for different kinds of sexual conduct and at reasonable estimates of HIV-infection prevalence within various U.S. population groups.

From this research, I concluded that there was absolutely no reason to fear a heterosexual HIV epidemic sustained by the practice of vaginal sex in the United States.

Although numerous studies have demonstrated the enormously low possibility of a heterosexual HIV epidemic, the Centers for Disease Control chose to ignore them and launched a fraudulent campaign of fear to convince the majority of the American public that sexually active people are at significant risk of contracting HIV.

The scare campaign was initiated in the late 1980s, and was nothing more than a political strategy to stir up popular support for elevated government spending for various AIDS programs, including pursuit of the elusive dream of miracle cures. Pharmaceutical companies have enjoyed handsome benefits from this endeavor, and now seek to expand their enterprises in South Africa and other Third World nations. There is a large body of literature which supports the conclusion that the possibility of a heterosexual HIV epidemic is enormously low. For brevity's sake, I shall offer only a few examples:

- In December 1987, the CDC issued a publication which recognized that those at high risk for HIV infection are mostly gay and bisexual males, intravenous drug users, and their sex partners. Members of the U.S. population not belonging to any of the listed groups were classified by the CDC as "heterosexuals without specific identified risk," and the CDC estimated the size of this population to be 142 million. The agency estimated the HIV infection rate for this group

- the vast majority of American adults and adolescents — to be 2 in 10,000 (.02 percent) compared to 20 to 25 percent for homosexual males. Thus, for gay males the infection rate was 1,000 times greater compared to heterosexuals outside of specific risk groups (Source: CDC, Morbidity and Mortality Weekly Report, Dec. 18, 1987, Vol. 36/No. S-6, Table 14).
- The infection rate for this same heterosexual population has declined from the 1987 level and was estimated to be 1.5 per 10,000 (.015 percent) in 1992 (Source: CDC, National Serosurveillance Summary, Vol. 3 (HIV/NCID/11- 93)).
- At a 1987 AIDS conference, epidemiologist Nancy Padian and colleagues presented a paper in which they demonstrated that the odds were 1,000 to 1 against transmitting HIV in a single act of unprotected vaginal sex between an infected male and an uninfected female (Source: Abstract THP.3-48: 171, presented at the Third International AIDS Conference, Washington, D.C., June 1987).
- In a 1988 publication, researchers demonstrated that the odds were 5 million to 1 against a new HIV infection taking place in a single act of unprotected vaginal sex between members of that population which the CDC had earlier recognized and labeled as “heterosexuals without specific identified risk” (Source: Journal of the American Medical Association, April 22/29, 1988, Vol. 259/No. 16, pages 2428-2432).

In one of the more honest moments of reporting by the mainstream American press, the Wall Street Journal exposed the political nature of the scare campaign in a long article published May 1, 1996. The Journal described the creation of the CDC’s “marketing campaign” to spread the belief in universality of risk for AIDS. The article reported that federal funding for AIDS-related medical research grew to \$1.65 billion in 1996 from \$341 million in 1987 while the CDC’s prevention dollars grew to \$584 million from \$136 million.

Interestingly, as shown by the CDC’s own published numbers, the HIV prevalence within the vast population they were intending to frighten was actually declining as the scare propaganda was escalated.

As I observed the growing credibility gap between the perception manufactured by the scare campaigners and the reality described in the scientific press, I became open to arguments attacking other elements in the officially promoted belief system about AIDS. In plain terms, one might ask: If they would lie as shamelessly as they have about heterosexual risk, could they be trusted to be honest about other aspects of AIDS? Robert Root-Bernstein, a Michigan State physiologist and author of “Rethinking AIDS” (Free Press, 1993) was the first skeptical writer to influence me to begin questioning the view that HIV is the sole cause of AIDS.

In a Wall Street Journal guest editorial (March 17, 1993), he pointed out that AIDS had remained within specific risk groups: gay men and “an ever-growing population of urban, drug-addicted, poverty-ridden, malnourished, hopeless and medically deprived people.”

Root-Bernstein further emphasized that those who suffer from AIDS “have many additional immune-suppressive factors at work for them that predispose them to disease.” His list of examples included semen-induced autoimmunity following unprotected anal sex, blood transfusions, multiple concurrent

infections, both recreational and pharmaceutical drug use, malnutrition and anemia. His opinion was that HIV does not explain AIDS in the absence of a co-factor. It follows that eliminating the other risk factors is the plausible strategy for combatting AIDS, instead of treatment with toxic antiviral drugs.

In the forward to ``Inventing the AIDS Virus'' (Regnery Publishing, Inc., 1997) by prominent AIDS dissenter Peter M. Duesberg, Nobel laureate Kary Mullis reports his failure to discover a single scientific publication demonstrating that HIV is the cause of AIDS. I suggest that the very hypothesis that HIV causes ``AIDS'' is scientifically nonsensical. It makes no sense to attempt to explain something which has not been adequately defined for scientific discourse.

The official definition of ``AIDS'' has been an evolving political drama whose script has been written by bureaucratic operatives scheming on maximizing advantage for their agencies. In the United States, there have been four official AIDS definitions since 1983. Duesberg says, ``Every time the CDC needs higher rates of new AIDS cases, it expands that definition once again, and more diseases are reclassified into the syndrome.''

In Africa, an altogether different definition is used. Created by the World Health Organization, it does not even require that presence of HIV be detected in order to diagnose an ``AIDS'' case.

Given this state of affairs, a more plausible statement of a tenable scientific hypothesis would be: what factors explain serious illness and mortality in those who have been labeled ``AIDS'' patients? Are there, on published record, any cases of such patients for whom all proposed causes of immunosuppression, other than HIV infection, have been contradicted by evidence?

Before giving Western pharmaceutical companies a free hand to peddle their toxic products in his country, President Mbeki should demand that defenders of HIV orthodoxy answer this question.

Michael P. Wright is an independent researcher and writer living in Norman, Okla. AIDS dissent information is available at these Web sites: duesberg.com, sumeria.net, aliveandwell.org, and rethinkingaids.com.

©2000 San Francisco Chronicle: A Dissenting View on AIDS Policy

HIV DOES NOT CAUSE AIDS

As an expert pathologist and toxicologist, Dr. Mohammed A. Al-Bayati evaluated the published literature on the world-wide AIDS epidemic and has found that HIV does not cause AIDS. This book scientifically confirms what many enlightened physicians and holistic health professionals have known for years. In his recently published book entitled “Get All The Facts: HIV Does Not Cause AIDS” Dr. Mohammed A. Al-Bayati describes the multifactorial causes of AIDS in the world, explains the pathogenesis of AIDS in different risk groups, and presents recommendations for treatment for patients with “AIDS”. Briefly, the review of the medical literature revealed the following facts:

- 1) The HIV-hypothesis is not supported. HIV is a harmless virus both in the in vivo and the in vitro settings.
- 2) AIDS in drug users and homosexuals in the USA and Europe is actually caused by the heavy ancillary use of glucocorticoids and other immunosuppressive agents to medically treat the wide range of the chronic serious illnesses of the respiratory system, gastrointestinal system, and other organs, malnutrition, release of endogenous cortisol, and opportunistic infections in these persons. The appearance of “AIDS” in the USA and Europe has coincided with the approval of the use of glucocorticoid aerosols in 1976, the timing of the introduction of crack cocaine, the use of heroin by inhalation, and with the use of alkyl nitrites by homosexuals to enhance sexual activities.
- 3) AIDS in people receiving blood and/or tissue is related to the use of glucocorticoids to prevent reactions of transfusion, tissue rejection, and to treat other illnesses. AIDS in infants and children is caused by their exposure to drugs and corticosteroids in utero and their exposure to corticosteroids after birth used to treat their chronic illnesses
- 4) AIDS in Africa is caused by malnutrition, release of endogenous cortisol, and by opportunistic diseases. Atrophy in the lymphoid tissue in people suffering from malnutrition has been known since 1925. Malnutrition causes severe atrophy in the thymus and lymphoid organs and impairs the function of the T cells. These changes are reversible by feeding. The size of thymus in malnourished children increased from 20% of normal to 107% of normal, following nine weeks of feeding.
- 5) Kaposi's sarcoma (KS) and lymphoma are induced by the use of steroids and drugs, and the release of endogenous cortisol. It is not caused by a slow virus. KS is reversible upon the termination of the treatment with immunosuppressive agents prior to metastasis.
- 6) I have found that the medications currently used to treat patients with AIDS such as AZT, protease inhibitors, and glucocorticoids are highly toxic. They can even cause AIDS in asymptomatic patients, and make the disease worse in patients with AIDS. These drugs do not have any therapeutic value and their use must be discontinued immediately.
- 7) Damage to the immune system is rapidly reversible after removal of the true insulting agent or treatment of the true causes. For examples: a) The CD4+ T cells of 1075 HIV+ pregnant women increased from 426/ μ L to 596/ μ L in six months by giving these women a balanced diet. This also improved the outcome of their pregnancy; and b) The reduction in CD4+ T cells in HIV+

homosexuals was also reversed by the cessation of treatment with glucocorticoids.

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THE AIDS CRISIS:

The Other Side

(Reprint from Townsend Letter for Doctors, January 1995 issue)

In April 1984, U.S. Health and Human Services Secretary Margaret Heckler announced to the world at a press conference that an American scientist, Dr. Robert Gallo, had discovered the “probable cause” of Acquired Immune Deficiency (AIDS): the retrovirus subsequently named Human Immunodeficiency Virus (HIV).

Since this announcement, the AIDS epidemic and our understanding of it has been fought on a politicized landscape.

Margaret Hockler, a politician, made this announcement before one single American study on HIV had been published. In addition, no discussion, review or debate of its merits occurred in any medical or scientific journals. This process of science by press release violated conventional scientific procedures and customs.

The political decision to credit Gallo with the discovery of HIV failed since subsequent investigations have established that HIV was discovered in 1983 by Dr. Lue Montagnier of France, who sent a sample of his discovery to Gallo! The retrovirus Gallo claimed to have discovered was the same retrovirus he had received from Montagnier.¹

Immediately following Heckler’s announcement, Gallo published four articles in Science (May 1984) that showed correlations between HIV and AIDS. These articles, which are the basis for the current hypothesis that HIV is the sole and direct cause of AIDS, were proved fraudulent on many counts critical to their scientific validity by recent investigations conducted by the National Institute of Health and the National Academy of Sciences.²

Since the April 1984 news conference, there has not been a single scientific research publication that purports to prove that HIV causes AIDS. In addition, there’s been a lack of discussion and debate both outside and within the scientific community specifically addressing the contradictions and inconsistencies which the current HIV AIDS hypothesis and the epidemiological research on which it is based. To compound this, the current HIV-AIDS hypothesis has been entirely unproductive in terms of public health benefits, including AIDS prevention, treatment, and even in predicting the course of the disease within each individual or the course of the epidemic within the general population.

Even though we don’t know the exact mechanisms by which viruses cause disease, the current HIV-AIDS hypothesis claims that HIV lies dormant in these T-cells for up to 15 years. Then, by way of some unknown mechanism, HIV is activated to destroy additional T-cells. This latency period is unexplainable by the scientific community since no known virus or retrovirus takes 10-15 years or more to cause disease,⁴ and contradicts other long established principles of virology.¹³

In spite of its political notoriety, HIV is scientifically a run of the mill retrovirus. It is genetically so similar to other non- pathogenic retroviruses that no one within the scientific community can explain or show that HIV exhibits any characteristics that would distinguish it from any of the other retroviruses.⁴ There are approximately 100 retroviruses in the human germ line. After over 20 years of intensive

research on retroviruses, (Nixon's War on Cancer), none has ever proven to cause disease.⁴ To date, there has been no scientific evidence that explains why this retrovirus should be an exception.

Epidemiological Evidence

Because no one knows of a mechanism by which HIV could perform all the destructive activities associated with full-blown AIDS, the HIV-AIDS hypothesis has always depended solely upon epidemiological evidence.

Epidemiology is a branch of medicine studying the course a disease takes in a population. In short, epidemiology is a "soft science" based on survey research. The main reason for believing that HIV causes AIDS is statistical correlation: Most persons suffering from AIDS also test positive for antibodies to HIV. This correlation is much less impressive than at first appears. Indeed, to a large extent it is a product of the HIV hypothesis itself. AIDS is defined as prior HIV infection plus symptoms like T-cell depletion and diseases like Kaposi's sarcoma, pneumonia, candidiasis and so on. In many cases, HIV is presumed where the indicator diseases have been diagnosed, even though the HIV test has not been performed.

The statistical correlation of HIV and AIDS is thus built into the definition of AIDS. If the epidemiological evidence is evaluated without a pre-existing bias in favor of the HIV hypothesis, however, many facts emerge which cast doubt on HIV as the sole and direct cause of AIDS.

Current State of Affairs

Currently 1 billion dollars is spent on AIDS research each year by the U.S. government alone. This money is devoted almost solely to projects based on an unproven and so far, entirely unproductive hypothesis with mounting inconsistencies and contradictions. Specifically, most of the research dollars are spent on vaccines and anti-virals which may be of little value considering; A) Antibodies to HIV have already vaccinated the blood of PWA's, and B) Such minuscule amounts of HIV are found in the blood of PWA's that anti-virals would have little efficacy.

In consideration of the evidence presented, The HIV Connection? calls on our AIDS establishment to immediately reassess the current HIV-AIDS hypothesis and to encourage research into other possible causes of AIDS. The group hopes this reassessment will lead to a more productive AIDS hypothesis in terms of public health benefits including AIDS prevention, treatment and prediction of the course of the epidemic within the population at large, and the course of illness within each individual.

Organizations:

Cure Now P.O. Box 29386, Los Angeles, CA 90029, Jerry Tarranova, (213) 660-7563, Quarterly Bulletin \$4.

Project AIDS International, 8033 Sunset Blvd., #2640, Los Angeles, CA (213) 467-3352

The Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis, Charles Thomas (619) 272-3884

Rethinking AIDS, Quarterly Bulletin, 2040 Polk Street, Suite 3221, San Francisco, CA 94109 (A. James Trabulsi, Publisher)

Articles:

AIDS: Why is Science Failing? B. Elswood, Dr. R. Striker & W. Neves, San Francisco Sentinel Newspaper, May 14-28, 1992, (415) 281-3745 ext.11, ask for Tina Louise, please.

AIDS & The Media, Spin Magazine, October 1992

Fatal Distraction, Celia Farber, Spin Magazine, May 1992

The Role of Drugs in the Origin of AIDS, P.H. Duesberg, Department of Molecular and Cell Biology, 229 Stanley Hall, University of California, Berkeley, CA 94720, 1992

AIDS Criticism in Europe, John Lauritsen, New York Native, June 15, 1992

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20 Sunnyside Avenue, Suite A-156
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