MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

2139

2001 SENATE HUMAN SERVICES

SB 2139

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2139

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 16, 2001

Tape Number	Side A	Side B	Meter #
1		X	49
January 23, 2001 2	X		3
Committee Clerk Signature			

Minutes:

The hearing was opened on SB 2139.

MICHAEL J. MULLEN, Senior Policy Advisor, Dept. Of Health, introduced bill and the Dept supports it. (Written testimony)

SENATOR MATHERN: What year did we enact this chapter and did we do any studies? MR. MULLEN: This chapter was enacted in April of 1979. There were no special studies taken under this chapter of code. SENATOR POLOVITZ: Does this limit the use of it? MR. MULLEN: Repealing this chapter doesn't explicitly prohibit the use of laetrile; it simply leaves it up to the Board of Medical Examiners to decide if the particular treatment utilized is going to be harmful to the patient. They evaluate that every day; that is their responsibility.

ROLF SLETTEN, Executive Director of the Medical Board of Directors, supports bill. This will clean up the books. It wouldn't change life very much for anyone. We have never tried to

prosecute anyone for using laetrile. No one has requested this sort of hearing. This would put it in the same class of all other drugs.

Opposition to SB 2139

CLAYANN ALMQUIST. Minot, opposes the bill (Written Testimony)

SENATOR LEE: Was your physician involved in your alternative treatment? MS.

ALMQUIST: Yes.

DR. BRIAN BRIGGS, Minot, opposes bill. (Written testimony)

MRS. BRIGGS: As of now the FDA has stopped the supply of laetrile. It is difficult to get.

SANDRA SUND, R.N., Bottineau, ND opposes bill (Written testimony).

SENATOR LEE: Everyone in the room wants patient's choices to still be a part of what options for treatment might be. Patient's choices are appropriate. This is so the evaluation is not needed to have a separate factor.

REPRESENTIVE FRANK WALD, Dickinson, opposes the bill with example of friend being treated. People should have a right to choose.

DON FEIMER: State board has power to determine what is harmful. Leave the thing in tact FDA is threatening.

The hearing was closed on SB 2139.

Discussion was opened on SB 2139 on January 23, 2001, Tape 2, Side A, Meter 3.

SENATOR FISCHER moved DO PASS. SENATOR KILZER seconded it. Roll call vote carried 6-0. SENATOR KILZER will carry the bill.

Date: 1/23/01

Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2159

Senate HUMAN SERVICES Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Senator Fischer Seconded By Sen Kilzer

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson	✓		Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathern	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen Kilzer

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
January 23, 2001 4:16 p.m.

Module No: SR-11-1476
Carrier: Kilzer
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2139: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2139 was placed on the Eleventh order on the calendar.

2001 HOUSE HUMAN SERVICES

SB 2139

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2139

House Human Services Committee

☐ Conference Committee

Hearing Date March 6, 2001

Tape Number	Side A	Side B	Meter #
Tape 2		X	2070 to end
Tape 3	X		0 to 2190
Committee Clerk Signature	Connie Easton		

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on SB 2139.

Mike Mullen: Senior Policy Advisor, State Department of Health. (See written testimony.) SB 2139 will repeal Chapter 23-23.1 of the Century Code which imposes requirements on the Board of Medical Examiners before they may initiate any disciplinary actions for improper use of Laetrile. Laetrile was first used to treat cancer patients in California in the 1950's. Because there wasn't proof of the safety in using Laetrile, the Food and Drug Administration banned it from interstate commerce in 1971. There was a lot of litigation as to whether they had the authority to do this and because of the uncertainty, North Dakota legalized the intrastate use of the product. In 1979 the United States Supreme Court upheld the authority of the FDA to

regulate the distribution of Laetrile in interstate commerce. There was still continuing dispute over whether or not it was an effective product for the treatment of cancer. So the Cancer Institute began a clinical study. The clinical tests showed it had failed on several accounts. Let me focus on SB 2139 - what it does and what it doesn't do.

All this bill does is to repeal Chapter 23-23.1. This appeal does not make the use of Laetrile unlawful. That is still going to be the judgment for the Board of Medical Examiners to determine on a case by case basis.

Chairman Price: So this legislation is in front of us at the department's request, not at the Board of Medical Examiner's request?

Mike Mullen: We did initiate that recommendation to do this. We were asked by the health officer to review the statutes that apply to the Department of Health. So we had some other bills that were just repealing laws that we didn't think needed to remain on the books.

Chairman Price: And this has been on the books since 1979?

Mike Mullen: That is correct.

Chairman Price: Now part of your testimony said that the board will not be required to conduct a special study - that study would have been completed years ago, or are you saying it has to be done every time there is a patient?

Mike Mullen: No, but the purpose of the law of 1979 was to limit the authority of the board and say you couldn't really exam whether treatment was appropriate or not unless you did this special study. Subsequently, other studies have been conducted so our view is we don't need to have a special study. Studies have already been conducted so the purpose of the law has been fulfilled. All we are trying to do is to repeal a law where we believe its purpose has already been accomplished.

Rep. Dosch: Has the Department of Health received any complaints about Laetrile?

Mike Mullen: No, we have not.

Rep. Weiler: If this bill passes, will the people of North Dakota be able to purchase Laetrile?

Mike Mullen: The Department of Health as no authority and no interest in pursuing this. I don't think the Board of Medical Examiners would either unless there was some evidence that patients were being harmed in some way.

Rep. Klein: Tell me how Laetrile, which I understand is Vitamin B17, can be toxic or harmful to people?

Mike Mullen: It breaks down in the body and it creates cyanide, and if the dosage is strong enough, it could cause harm.

Rep. Dosch: Has the FDA expressed any concerns with this in regards to the bill?

Mike Mullen: We were not contacted by the FDA or NIA.

Rep. Weiler: Are you aware of any natural vitamins, or mineral, or herbs that the N.D. Medical Board has ever approved for medical use by medical doctors in North Dakota?

Mike Mullen: I'm not personally aware of that, but perhaps Mr. Olson could comment on that. The National Institute of Health has established a division or office of alternative medicine. It is a much greater recognition that there are alternatives there that medical persons and others believe may be helpful in the treatment of disease. There is more flexibility and more option than there was 10 or 20 years ago.

John Olson: I am appearing for the North Dakota State Board of Medical Examiners. (See testimony prepared by Rolf Sletten, Executive Secretary, N.D. State Board of Medical Examiners.) The chapter was passed in 1979, and in 23 years no one has ever requested a hearing under this chapter. I have attached to this testimony a copy of the chapter.

Vice Chairman Devlin: If it really doesn't matter whether the chapter is on the books or not, does it hurt to leave it on?

John Olson: I guess it doesn't except for the fact that Mr. Mullen does make a good point. The laws are not there for any reason or purpose. I think it is outdated and doesn't fit for what we perceive to be our responsibility and obligations in enforcing the Medical Practices Act.

Chairman Price: Do you have any idea how much usage there is by the citizens of North Dakota?

John Olson: I have no idea. We don't have any information on that.

Rep. Kasper: I see this bill as looking for a problem that isn't there. This is really all about, in my opinion, trying to curb the freedom of the people of our state to use natural substances for their own benefit. That is why we feel this bill needs to be killed and the Laetrile section needs to be in place. By keeping the Laetrile section in place we're going to allow physicians to continue to prescribe it if this bill is passed. What will happen is Laetrile will be banned in North Dakota and then the Medical Board will have the power whether or not to determine if it can be prescribed in North Dakota. This is a big step even though it looks like an innocent bill.

Rep. Dan Ruby: I appear before you today in opposition to SB 2139 mainly because I believe the passage of this bill will eventually deny people the freedom to choose the treatment they feel is best for them. (See written testimony.)

Howard Hall: Fargo, ND. I am very opposed to the passage of this bill. (See written testimony.)

David Sliper: Cancer Free Patient. Do not pass SB 2139. (See written testimony.)

Clayann Almquist: Breast Cancer Patient. (See written testimony.) I urge each of you to vote DO NOT PASS when you consider and vote on this bill.

Rep. Klein: How is the drug administered?

Clayann Almquist: Through IVs and also orally.

Rep. Cleary: Was Laetrile the only drug that you took?

Clayann Almquist: I also did colation which cleanses and I am also on vitamins.

Ruth Schmidt: Breast Cancer Patient. (See written testimony.) I encourage each of you to vote DO NOT PASS on SB 2139.

Dan Olson: Herbalist, Fargo, ND. I don't use Laetrile or anything like that, but I am concerned about what is going on here - this process. It appears to me that there is an effort underway to circumvent due process by where the safety concerns can be addressed the public, the citizen has access. I don't see any way how this can be improved upon be eliminating this portion of the law. I dread the fact that some day this will probably happen to me in my business. People consult with me on the use of Herbs, but I suspect there will be laws and regulations that will greatly curtail how I can talk to people. Nobody is getting cyanide poisoning from Laetrile. General chemotherapy poisons the whole body and we hope the cancer is killed before the body is destroyed. Laetrile doesn't do that.

Brian Briggs: M.D. Of Minot, North Dakota. (See written testimony.) I am speaking in opposition to SB 2139. If this bill is passed, the use of Laetrile in this state will be ended. This may not seem like a major loss to some of you, but that law from 1979 still represents part of the pressure on the cancer establishment to change its ways. Then we could all work together in the prevention and cure of cancer and other chronic diseases.

Constance Briggs: I just wanted to state the fact that many unwell people are going to Mexico. There are 40 clinics alone in Tiawana, Mexico. Why should our people have to go to Mexico.

Dennis Schmidt: Husband of Ruth Schmidt. I would just like to ask for a DO NOT PASS. There were no side affects for my wife with Laetrile.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2139 A

House Human Services Committee

☐ Conference Committee

Hearing Date March 12, 2001

Tape Number	Side A	Side B	Meter #
Tape 3	X		115 to 280
Committee Clerk Signature	Connie Easton		

Minutes:

COMMITTEE WORK:

CHAIRMAN PRICE: Let's go to SB 2139.

REP. KLEIN: I will make a motion for a DO NOT PASS.

REP. METCALF: Second.

CHAIRMAN PRICE: Any discussion?

REP. CLEARY: I think this is just cleaning up the code, but it sure raised a lot of ruckus. It would probably be better just to leave it.

CHAIRMAN PRICE: Yes, I think it was just introduced for that reason. I don't see any danger in leaving it as is either.

REP. NIEMEIER: It is a vocal group, but a very small group.

CHAIRMAN PRICE: The clerk will call the roll for a **DO NOT PASS.**

14 YES 0 NO 0 ABSENT CARRIED BY REP. TIEMAN

Date: 3-12-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2139

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO NOT PASS

Motion Made By Rep. Klein Seconded By Rep. Metcalf

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier	✓	
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) ~~13~~ 14 No 0

Absent 0

Floor Assignment Rep. Tieman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 13, 2001 12:51 p.m.

Module No: HR-43-5463
Carrier: Tieman
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2139: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2139 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

SB 2139

Jan. 13, 2001

Human Service Committee
Carol Kolodejchuk
Committee Chair Clerk
Fax 701-328-2872

Ms. Judy Lee, Chairman,

It has come to my attention that Senate Bill 2139 will come before the Human Service Committee on Tuesday, Jan. 16.

I strongly urge a recommendation of "DO NOT PASS" of S.B. 2139, as it threatens my right to choose alternative medicine.

Thank You.

Peggy Sanstead
235 14th Ave SE
Minot, ND 58701
839-2029

Honorable Judith Lee
State Senator
Chairman human Services

Carol Kolodejchuk
Committee Chairman Clerk
701 328-2872

Senate Bill 2139

WE ARE OPPOSED TO THIS BILL

Ilene Allen	Shelley Hanna
[illegible]	Candace Berg
Audrey Williams	[illegible]
[illegible]	[illegible]
[illegible]	Janice Person
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
Donna Barto	Wilma Allen

8100 Sibley Drive
Bismarck, ND 58504

January 15, 2001

The Honorable Judith Lee, State Senator
Chairman, Human Services

Dear Senator Lee:

I am writing to express my disfavor of the passage of Senate Bill #2139. This bill would limit the choices that cancer victims have for treatment. It is extremely important that we preserve whatever choices these individuals have, since choice seems quite limited when our citizens are faced with this dilemma in their lives.

I believe that cancer patients should have the right to chose alternative methods of treatment for the following reasons.

- Newly diagnosed cancer patients have experienced the cancer treatment of friends and family members. They have the right to determine if they wish to live that experience toward cancer recovery.
- Individuals previously treated with standard cancer treatments have the right to determine if they wish to undergo the debilitating effects of the treatment once more. A month ago my husband's grandmother passed away from recurring cancer. She had been treated 3 years ago and been given a clean bill of health. When she began feeling poorly this summer, she kept it herself, afraid to be persuaded to undergo cancer treatments again. My concern is that because of her choice to not seek medical help, she went through unneeded pain and suffering.
- We can not overlook the "power of positive thinking" in cancer treatment. I believe that those that seek alternative methods make that decision with much thought and research. They chose that method out of great conviction and are dedicated to making it work for their bodies. I have a dear friend who has chosen the alternative approach, she is taking her cancer recovery as a way of life and is dedicated to her health and wellbeing.
- Alternative treatments are important to derive additional "standard" treatments. An uncle also lost his battle with cancer a month ago. He chose to participate in alternative / experimental treatments to pave the way for new "standard" treatments for pancreatic cancer victims.

I appreciate the opportunity to present my message to the committee. It is extremely important that the citizens of the Great State of North Dakota continue to enjoy the freedom to chose alternative forms of cancer treatment.

Sincerely,

JENNIFER C. HEGLUND

January 14, 2001

Carol Kolodejchuk, Committee Chairman Clerk

Honorable Judith Lee
State Senator
Chairman, Human Services

In June of 2000, I was diagnosed with breast cancer. On July 7, 2000, I had a mastectomy. During this period I researched the follow up-treatments available. I made the decision to use an alternative therapy, which included the use of laetrile (Vitamin B-17) as a cancer-fighting agent. I am totally convinced I made the right decision as I have been recently diagnosed as cancer free.

This is why I am absolutely against Senate Bill #2139. It should be the patients right to choose the type of treatment he or she has the most confidence in. Alternative therapies such as laetrile work, are much less expensive and do not have the terrible side effects that conventional chemotherapy causes. Also, I learned that the cancer cure rate using conventional chemotherapy HAS NOT changed in the last 35 to 40 years.

Do not restrict the patient's right to choose, please vote no on Senate Bill #2139.

Sincerely.

Clayann Almquist

Clayann Almquist
2700 74th St. NW
Minot, N. D. 58703

Phone: 701-852-1696

January 14, 2001

Attn: Carol Kolodejchuk, Committee Chairman Clerk

To: The Honorable Judith Lee
State Senator
Chairman, Human Services

This summer my wife was diagnosed with breast cancer and had a breast removed. During the time between the diagnosis and the surgery we did considerable research. This included talking to people who had undergone the medical establishments recommended treatment as well as visiting with people who had done alternative treatment.

We personally have known people who did not survive the conventional chemotherapy treatments. We are also familiar with people who underwent conventional treatment, were pronounced cancer free, only to have the cancer return later.

We found the alternative treatment to be more effective, which included the use of laetrile. Alternative therapy does not have the horrible side effects nor does it damage the body's internal organs as chemotherapy does.

This appears to be an effort by the medical community to eliminate competition, thereby forcing the public to accept the establishment's treatment, as they will have no choices.

I am therefore opposed to Senate Bill #2139. I ask that the committee vote a "do not pass" and give the public freedom of choice!

Sincerely,

R. E. Almquist
2700 74th St. NW
Minot, N. D. 58703

Ph: 701 852 1696

The Honorable Judith Lee
North Dakota State Senator
Chairman of Human Services

Attn: Carol Kalodejchuk
Committee Chairman's Clerk

Re: Senate Bill 2139

Senator Lee:

I understand the above referenced bill is coming up for attention on Tuesday, January 16, at 10:45 AM and I further understand it has to do with preventing the sale of the cancer treatment drug Laetrile, also known as Amygdalin and B17, made from related substances such as apricot kernel and almond seed.

I have been following "alternative medicine" intensely for several years and I am the beneficiary of another alternative product in clearing a suspected cancer.

When a patient is desperate and diagnosed with cancer, he or she is in a very concerned mode and will cling to any procedure that will extend their life or destroy the cancer cells. The mantra of cancer patients is "Freedom of Choice."

The tiny kingdom of Hunza bordering on China, India and West Pakistan is known for the longevity of it's people. Medical experts have found no cancer in Hunza. The average life expectancy is 85 years with exceptions living to 120 years. Why is this? Their diet contains 200 times more nitrilosides (a fraction of apricot kernels and almond seeds) then the American diet. Almost all the people own apricot trees and the most prized food is considered to be apricot seed.

If a person is dying of cancer why should any treatment be withheld? And, even if the product has no merit and if the patient believes enough, could not the "placebo effect" kick in. Many spontaneous cancer healings have been attributed to placebo.

Chemotherapy destroys the body's immune system. A vast majority of cancer patients, treated with chemo die very toxic deaths. Chemo is a horrible insult to the body. In defense of a new chemo treatment, a friends liver tumor disappeared using injection directly into the tumor. The rifle approach compared to the shotgun approach of oral ingestion or intravenous injection. An interesting observation -- the friend was sent home from Mayo's in Rochester to die, he went to Mayo Clinic in Scottsdale, Arizona where a more experimental procedure was used and in 3 weeks time was deemed cured and sent home to live.

This is not a broadside at conventional medicine or medical doctors. I am alive because of the advancements of the last several years. I am thankful that doctors and their support staffs have had the intelligence, self-discipline and awareness of newly found clinical opportunities. These advancements are expanding at just about exponential rates. And, I believe the cures for cancer will be solved by traditional medicine, but until that time comes, please let cancer patients use any means available without restrictions.

Don Hill

DONALD HILL
725 42nd ST. S.W. # 131
FARGO, ND 58103
(701) 281-2518

Attn: Carol Koledejcheck
Committee Chairman

DATE: January 15, 2001

TO: Honorable Judith Lee
State Senator
Chairman, Human Services

RE: Senate Bill# 2139

I am opposed to this bill. I am against a medical monopoly. It should be my right to choose alternative medicines. This bill will restrict my right to choose for myself.

Doris Tonneson

Doris Tonneson
1040 Chambly Ave.
Bismarck ND 58503-5513

To: Judy Lee
Chair-Human Services Committee

Attn. Carol Kolodajchuk
Committee Chairman Clerk

We are writing in regard to the effort to repeal the 1979 act which is in Chapter 23-23.1 of the North Dakota Century Code.
As much as possible we need to keep open the options for those who suffer from all life threatening diseases, but especially cancer. We have known friends and family who have been touched by the use of laterile and who had been given up by more conventional methods of treatment.
We strongly urge you to vote "NO" on Senate bill #2139.
Thank you very much for your time and consideration.

Sincerely,

Donna Marsland

Dale Marsland

3843 14St. SE
Minot, ND 58701
Telephone 701-838-7774

DATE: Jan. 14, 2001

TO: Honorable Judy Lee, State Senator
Chair of Human Services Committee

FROM: LaVon Grubb
Zona Grubb
Donelda Grubb
1829 SW 8th Street
Minot, ND 58701

RE: SB 2139

We would like to express our concern and **opposition to SB 2139** .

We have recently experienced what it is like to have a family member die of cancer. It is most important that people have the freedom to choose their own doctors and medical treatments. If this bill is passed, it would be denying those who are already hurting an avenue of hope. We would like to see alternative medicine and conventional medicine come together and benefit from each other's knowledge. The enemy is cancer; not each other.

January 14, 2001

Re: SB 2139

To: Judy Lee
Human Services Committee

Madam chair and Committee Members:

This letter is written to strongly oppose SB 2139 which would give the Medical Board authority to govern the administration of Vitamin B 17 (Laetrile). I find this bill absolutely inappropriate for the following reasons:

1) Vitamin B 17 (Laetrile) is a natural vitamin that is found in many of the foods we eat; just as Vitamin C, Vitamin A, and the other B vitamins. For what reason does the Medical Board think they should have control over who administers it? The job of the State Board of Medicine is to govern medicine not vitamins.

2) Vitamin B 17 (Laetrile) has been used in the treatment of cancer for many years and has been proven very effective. I have been a nurse for 20 years; The majority of these years have been spent taking care of terminally ill cancer patients. I have also had years of experience in Hospice nursing. I can attest to the horror and deaths from chemotherapy, but more importantly, I know several patients who have and are continuing to take Vitamin B 17 for their cancer and are doing very well.

3) PATIENT RIGHTS are an important issue in the healthcare arena. If a patient chooses to take Vitamin B 17, (Laetrile) they should be allowed to take it, just as they can take Vitamin C, or Vitamin A. If the State Board of Medicine governs the administration of Laetrile, patient rights will be violated and that is illegal.

Thank you for your consideration in this matter.

Best regards,

Sandra K. Sund, MSN, R.N.
90 Burnetts Addition
Bottineau ND 58318
701-263-4732

Sandra K. Sund MSN, RN

Paulette B. Ruby
4720 46th Ave NW
Minot, ND 58703

January 13th, 2000

Honorable Judy Lee
Senate Chairman
Health & Human Services

Dear Senator Lee,

I am asking you for a no pass on SB 2139. This pertains to the use of Laetrile for various medical treatments.

This is a pure right to choose issue. The right for a man or woman, regardless of race, religion, political persuasion or creed to demand to keep our God given right to choose what is best for our own body. The right to choose to pick our own weapon in a fight to live.

I am heartily appalled that I have a lawful if immoral right to terminate the life of another being growing in my body with total disregard for that beings "rights", yet I am threatened with removal of my freedom to choose whatever method I trust, be it conventional, western, eastern or alternative to help in a fight for survival.

If anyone has voted for the "right to choose" in connection with abortion, alternative lifestyle or any other such, how dare they take away this right to choose? How Dare They!

Thank you for taking the time to consider my thoughts and feelings on this issue.

Respectfully Submitted,

Paulette B. Ruby

Paulette B. Ruby

Fax to Carol Kolodejchuk, Committee Chairman Clerk
Human Services Committee

In Reference to Senate Bill No. 2139

To repeal North Dakota Century Code 2323.1, Section 1

Dear Human Services Committee Chairman,

I am Glory Kramlich, a registered nurse. I am asking that the Human Service Committee of the North Dakota Senate vote to not repeal 2321.1, Sec. 1, which allows the use of vitamin therapy (laetrile) for the treatment of cancer.

The citizens of North Dakota need to be allowed the use of vitamins in the treatment and prevention of disease. Laetrile is a naturally-occurring substance in apples, almonds, alfalfa, and apricots.

Please allow North Dakotans to have the choice of vitamin therapy for cancer.

Sincerely,

Glory Kramlich

January 12, 2001

Hon. Judith Lee
State Senator
Chm. Human Services Comm.

Dear Senator Lee,

I am writing to oppose SB 2139. I understand this bill would stop the use of Laetril by doctors in North Dakota. I have used alternative medicine quite a bit and found it can be of much value.

Please don't make the people of ND go out of state to use this treatment. Why make them go to the extra expense and send the business away from our state. It takes a Dr. to prescribe it so this is supervised and no one is forcing people to use form of treatment.

I want the freedom of choice to include this treatment. Please don't take this option away from me.

Sincerely,

Jeff Miller

Jeff Miller
1106 Unique Dr
Rugby, ND 58368

Testimony by Suzanne Sund regarding SB 2139

Chairman Judy Lee, Members of the Committee

I stand opposed to SB 2139. The FDA has no business in attempting to relegate authority, via the State Health Department, to the State Board of Medical Examiners with regards to giving that department authority over the administration of vitamin B17 (laetrile). This is clearly a patients' rights violation and the freedom of one to choose one's health treatment.

If, indeed, the FDA considers vitamin B17 a "controlled substance", then it has neglected the definition of "controlled substance", which only includes NARCOTICS and potentially ADDICTING DRUGS, of which vitamin B 17 is neither. Furthermore, it is not the FDA, but the DEA which regulates interstate commerce.

On a personal, and most important note, I , along with several members of my family, have studied alternative medicine for approximately thirty years. During that time, several **family members**, and friends **diagnosed with cancer**, have opted for "natural health treatment" and have obtained great results. To site two cases: **my grandfather was diagnosed with pancreatic cancer at the age of seventy-eight**. Although he was told to "get his house in order" because his "time was short", he enjoyed good health **another nine years** due to receiving vitamin B 17 treatments. The second case involves a family friend and attorney from Minot. He had **inoperable cancer of the groin** and had been doctoring in New York with no positive results, and, in fact, **was dying**. When he learned of **vitamin B 17**, he began **treatment** with Dr. Richardson in California and enjoyed life with his family **another seven years.**

Due to time constraints, this testimony does not give justice to the entire subject matter of vitamin B 17, alternative health treatment, or the regulation aspect. I ask you to consider individuals' rights with regards to one's own health when considering this bill. Thank you.

Suzanne Sund
1111 Maridan St
Bismarck 58501

Testimony on SB 2139
To Repeal Special Requirements Regarding Regulation of the Use of Laetrile
before the
Senate Committee on Human Services
by
Michael J. Mullen, Department of Health
January 16, 2001

Good Morning Senator Lee and members of the Committee, I am Michael J. Mullen, Senior Policy Advisor, state Department of Health. I am pleased to present this testimony in support of SB 2139 to repeal chapter 23-23.1, which imposes on the Board of Medical Examiners special requirements before the Board may initiate disciplinary action for the improper use of laetrile. Let me begin with a little background about Laetrile and the regulation of its use.

Laetrile was developed by Ernst T. Krebs, Sr., MD, and his son Ernst T. Krebs, Jr., and was first used to treat cancer patients in California in the 1950s. Laetrile (amygdalin) is a cyanogenic glycoside (a poisonous chemical found in the kernels of some fruits and nuts, including apricots and peaches) that was proposed for cancer treatment on the basis that it would be broken down by an enzyme in cancerous tissue to liberate cyanide which would "kill the cancer." *See* Benjamin Wilson, M.D., "The Rise and Fall of Laetrile" and the National Cancer Institute "CancerNet" at http://cancernet.nci.nih.gov/cam/laetrile.htm.

Because there was a lack of any proof of safety and efficacy, the Food and Drug Administration banned laetrile from interstate commerce in 1971. However, several state legislatures including North Dakota, reacting to a concern that the FDA was acting precipitously, legalized the intrastate sale and use of the product.
In 1977, after an extensive review of information about Laetrile, then FDA commissioner Donald Kennedy concluded, "This review has affirmed my conviction that Laetrile is a major health fraud in the US today (and) that there is no evidence of its safety and effectiveness." In the 23 years since Commissioner Kennedy wrote those words, the only new evidence concerning Laetrile has demonstrated its toxicity and lack of efficacy even more convincingly. The American Cancer Society concurs in this judgment.

The efforts of the FDA to regulate the use of Laetrile resulted in litigation. Eventually, the United States Supreme Court held that the use of Laetrile was subject to the federal Food, Drug, and Cosmetic Act requirement that a new drug be found "safe and effective" before general use. As a result Laetrile cannot be shipped interstate commerce until it has been found safe and effective for cancer treatment. United States v. Rutherford, 442 U.S. 544 (1979).

The debate over the efficacy of Laetrile continued following the Supreme Court's decision in *Rutherford*, and in 1981, the National Cancer Institute began a clinical study of laetrile in terminal cancer patients.

The clinical tests showed that laetrile failed on four counts: it did not make cancer regress; it did not extend the life span of cancer patients; it did not improve cancer patients' symptoms; and it did not help cancer patients to gain weight or otherwise become more physically active. Laetrile and natural products containing it, such as apricot pits were thus found in the Study to be "ineffective as a treatment for cancer." A detailed report on this study was published in *The New England Journal of Medicine,* January 28, 1982, volume 306, number 4.

Let me next focus on what this legislation, SB 2139 does, and does not do. All this bill does is repeal chapter 23-23.1. Thus, the North Dakota Board of Medical Examiners will not be required to conduct a special study of Laetrile to determine if Laetrile is harmful to patients. A physician's decision to use Laetrile or any other procedure or treatment will be evaluated by the Board of Medical Examiners in the same manner and subject to the same standards that are used to evaluate any other procedure or treatment. It seems unnecessary and redundant to require the North Dakota Board Medical Examiners to replicate the 1978 FDA and 1981 NCI federal studies, the second of which was completed after chapter 23-23.1 was enacted. On the other, hand this repeal does not by itself make the use of Laetrile unlawful -- as I just stated, it simply places the judgement about appropriate medical treatments (including laetrile) in the hands of the Board of Medical Examiners, where it generally resides.

Prior to submission, a copy of the draft legislation was furnished to the North Dakota Board of Medical Examiners and the North Dakota Medical Association. These organizations indicated to the Department that it should proceed with the introduction of this measure as a pre-filed bill.

The purpose of chapter 23-23.1 – special studies of the efficacy of laetrile – has been accomplished; the law is no longer needed. For this reason, we urge the Committee to approve SB 2139.

Madame Chairman this completes my testimony. I would be pleased to answer any questions you or your Committee members have regarding this legislation.

# # #

Clare Ann Almquist

Testimony before the Senate Human Services Committee January 16, 2001 – Red River Room – **Senate Bill 2139**

Chairman Lee and members of the Senate Human Services Committee, I am pleased that I am able to testify here today. In June of last year I was diagnosed with breast cancer. On July 7, 2000 I had a mastectomy. Today I am cancer free and able to lead a normal life once again thanks to my treatment.

During the period between diagnosis and surgery I researched the follow-up treatments available. I made the **CHOICE** to use an alternative therapy rather than traditional radiation and chemotherapy treatments. This alternative treatment included the use of **LAETRILE** (which is vitamin B 17) as a cancer fighting agent. I am totally convinced I made the right **CHOICE** for me. As I said earlier, I have been recently diagnosed cancer free.

This is why I am absolutely opposed to **SENATE BILL 2139**. It should be patients, not representatives of the FDA or any special interest group, which determine the **CHOICES** for treatment. Patients must have and retain the right to choose the treatment options in which they have the most confidence.

Alternative therapies such as laetrile work. Laetrile is less expensive than many other alternatives and does not have the debilitating and terrible side effects that conventional chemotherapy induces.

The cancer cure rate using conventional chemotherapy treatments has remained static over the past 35 to 40 years. This is not a record the medical community should be proud of nor should it become, by legislation, one of the few cancer treatments available to men or women.

I find it ironic that drugs such as RU-486 have been approved by the Food and Drug Administration, despite its known severe side effects and unproven safety. This drug has such severe side effects not a single pharmaceutical company in the free world is willing to produce it. The only country in the world producing and distributing it is China. RU-486 has been brought to market in the name of **WOMEN'S CHOICE**.

Yet, today a drug – **LAETRILE** – which has **NO** known adverse side effects is being attacked by the same Food and Drug Administration and if **SENATE BILL 2139** is passed will be prohibited for use in North Dakota,

If **SENATE BILL 2139** is passed, everyone, including women, will be denied the **RIGHT** to this drug. Not only would this bill deny me the right, it would deny every doctor in North Dakota the right to legally prescribe this drug for his or her patients, regardless of need, the safety or the desire of his or her patients.

I urge each of you to vote **DO NOT PASS** when you consider and vote on this bill and when it reaches the Senate floor to vote **NO** on **SENATE BILL 2139**.

I again thank you for taking time to listen to me this morning and would be happy answer any questions you may have.

Clayann Almquist

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January 16, 2001

Chairperson: Judy Lee
Human Services Committee

Re: Senate Bill 2139

Chairperson Lee, members of the Committee, and concerned visitors!

I am Dr. Brian E. Briggs of Minot, ND. I am appearing here to speak against Senate Bill 2139. I was a witness for the Laetrile Bill when it was first submitted to the N.D. Legislature in 1977 – when it was defeated. The following day I was called by a Minot doctor and told that if I did not shut up, I would be hurt. Within one year I was forced out of the hospital where I had been Chief of Staff for three years running. The overall cost to me and my family was staggering.

Since I didn't know what the arguments for this Bill might be before this meeting, I put together a packet of information for each member of the Committee so that they can have information from several different perspectives. The Laetrile Bill of 1979 was an effort to obtain some Freedom of Choice in Medical Treatments for those people with cancer who did not want to be subjected to the hazards of radical surgery, chemotherapy, and radiation. Any effort to repeal that law automatically becomes a Freedom of Choice issue.

This Bill, however, is more than just an effort to limit patients' choice, because the Laetrile program for treating cancer involves much more than just the administration of the apricot pit extract by mouth or parenteral routes. . It involves detoxifications, diet, supplements, exercise, and life style modifications. I see this as an effort to remove any alternatives to the standard care of establishment medicine.

If you will look at Page 4 in your packet, you will see that the opening statement is that most cancer patients do not survive much longer than they did 25 years before – AMA News of September 5, 1977. Page 5 presents the essence of a big scientific meeting in Houston in 1978 regarding the cancer problem. Their primary conclusion was that treatment has little impact on death rates. It sounded then like we needed different treatments with more consideration given to the cause of cancer which they said is 80-90% environmental factors.

The next two pages are editorials from well-known newspapers which reviewed the history (recent) of laetrile and concluded that it was a freedom of choice issue. Pages 8 & 9 make references to two scientists – one Dr. Harold Manner of Loyola in Chicago. He proved that the laetrile program works in mice with spontaneous tumors; and the other, Dr. Charles Moertel of the Mayo Clinic, who "proved" that laetrile was no good even though his patients remained stable as long as they were receiving laetrile injections. I had two encounters with Dr. Moertel. One was before my Minnesota experience when he told me as a fellow physician that they (The Mayo Clinic) were going to do a study on laetrile that would prove it was no good.; and, second, after the trials when he came to testify against me in Minnesota for using alternative methods for treating cancer patients. He was a chain smoker then, which habit no doubt contributed to his early death a few years later from cancer.

Page 10 & 11 are copies of an article from the January 1985 News Review of the UND Medical School. The article on Medical Ethics says that the physician chooses a right healing action that will restore health, contain established disease, or prevent new disease. This choice is to be done for this person and in this life situation. The right

choice is the one that is good for this person (patient) - not patients in general, nor what is good for physicians, for science, or even for society as a whole. The rest of the article is equally revealing. Page 2 is bareiy legible, for which I apologize, but you can probably see in the abstract of article which appeared in a 1986 issue of The New England Journal of Medicine, that Dr. BailarIII of Harvard University, says... "We are losing the war against cancer"and then below says that we need to have open debate on what to do next. The article states that no progress has been made and that all treatments used over the past 40 years have to be considered a qualified failure. Page 13 gives a shocking record of "Doctor-caused Fatalities" from The Journal of American Medical Assn., July 26, 2000, Vol. 284 483-485, indicating that the number of these tragedies may be as high as 240,000 per year. This has been going on for many years. Part of the reason is that doctors in general refuse to consider any method of prescribing medicine than on a trial and error basis. The FDA is largely to blame for these deaths due to their position on food colors which are made from coal tar.

Probably the most important book available today concerning the epidemic of cancer is this one I have here with me - The Politics of Cancer Revisited published in 1998. A summary of the book is printed for you on pages 15 and 16, front and back, Dr. Sam Epstein, Professor of Occupational and Environmental Medicine at the University of Illinois Medical Center in Chicago. His first book on the subject, The Politics of Cancer, came out

in 1978 and stated that the incidence of cancer was increasing and the treatment remained ineffective. His present book (1998) states that we are still losing the war against cancer and tells why. He says that cancer should be preventable and curable by focusing intensely on the known environmental causes to decrease and/or remove them. He also recommends the investigation of alternative treatments that do not damage the human defense system. If you read this book your approach to life would change. My concern is that his book only makes one insignificant reference to electromagnetic fields which are increasingly a threat to our immune systems (see page 17) and also are carcinogenic agents.

There are many so-called alternative treatments out there in the world with reports of use in humans who have had their cancers stabilized or cured. There are also powerful forces at work in our country that want desperately to preserve the status quo by government edict. We will not serve the public by eliminating alternative agents such as laetrile. We need instead to send a message to Congress demanding that alternative treatments be given serious investigations. That may require the shifting of money used to develop patentable agents-that we now know have had very little impact on cancer death rates going back 50 years-to prevention of all chronic diseases including cancer.

PLEASE VOTE NO ON SENATE BILL NO. 2139.

Respectfully submitted

Brian E. Briggs, MD

RESEARCH BULLETIN

INSTITUTE OF NUTRITIONAL RESEARCH
(A NON PROFIT RESEARCH FOUNDATION)
5175 HOLLYWOOD BLVD.
HOLLYWOOD, CALIFORNIA 90027

CANCER – AND LAETRILE

Besides being a dreadful disease, cancer is also a peculiar disease. Cancer behaves as if it were an independent parasite that entered a body from the outside. Yet most scientists believe it arises from the cancer patient's own body cells. Could these scientists be wrong? Some very knowledgeable scientists think so. In any case it is safe to say that whether or not cancer is an organism that is biologically independent of its host, it surely behaves as if it were.

Like any organism independent of the host it infests, cancer does behave differently. It has some properties that are quite different from those of other tissues of the body, three in particular: (1.) cancer cells are vulnerable to cyanide, (2.) cancer cells possess an enzyme that will split off cyanide from organic compounds containing it, and (3.) healthy cells do not do this. Can we take advantage of these differences between cancerous tissue and non-cancerous tissue to prevent or control cancerous growth? We believe we can.

Some thirty or forty years ago it was found that cancer is more readily poisoned by cyanide than is normal tissue. Using cyanide in the form of hydrocyanic acid (Prussic acid) or potassium cyanide, the dose of poison necessary to kill the cancer was too close to the amount that would also kill the patient. Therefore cyanide in those inorganic combinations is too dangerous to be at all practical to use. If we could somehow put our hands in the body of a cancer patient and carefully deposit a small amount of potassium cyanide in the cancerous growth, but not anywhere else in the body, the cancerous growth could be destroyed without harming the patient. Obviously, we cannot do this. But we can approach doing so in a roundabout way by using a certain type of organic compound of cyanide known as a cyanogenetic, i.e. cyanide containing glucocide, and administering it by mouth or by vein. Except under very special conditions, it is difficult to split off the cyanide from this compound. Therefore, most cyanogenetic glucocides are harmless when injected or ingested.

One cyanogenetic glucocide that is readily available is known as Amygdalin. Amygdalin is harmless. It, as well as other cyanide containing glucocides, is present in a large number of edible plants, such as kernels of the fruits of the rose family, apricots, apples, cherries, plums, peaches, and bitter almonds (NOT sweet almonds), in lima beans, in the seeds of many grasses, such as millet and sorghum, and in the meat of animals which feed in green pastures. Long ago civilized man incorporated in his diet many amygdalin–containing foods, but does so no longer. Since most of our meat now comes from animals fed on prepared diets, this otherwise important source of the cyanide–containing glucocides is no longer available to us.

We can say that if the cyanide containing glucocides can protect man against cancer, they can be classified with other vitamins which protect man from other diseases. It is for this reason that amygdalin has been called B-17, since it can be extracted from plants along with those vitamins that make up the B-complex.

The cyanide contained in amygdalin can be split off only by a special kind of enzyme. Fortunately, cancerous growths possess such an enzyme, thus making cancer cells vulnerable to the poisonous cyanide. Furthermore, cancer tissue does not possess a certain protective enzyme which is found in normal, non-cancerous tissue. This enzyme transforms cyanide into a relatively harmless substance. Although cyanide is very poisonous it is not destructive to non--cancerous tissue in small doses as it is converted by the body's protective enzyme into a substance which is harmless to man. Therefore the cancer cell is poisoned by even small amounts of cyanide, while the healthy tissues are unharmed. Circulating through the body is this enzyme. It must have sulphur present in a form the body can use. Where the body is deficient in sulphur, it can be supplied by taking a very small amount of sodium thiosulphate. So little of the protective enzyme is present at any one time that cyanide compounds still remain a dangerous poison unless administered very slowly. Cancer tissue, fortunately, having none of this protective enzyme is very vulnerable and the cyanide is extremely poisonous to cancer tissue, even in small amounts, and no matter how slowly the cancer is exposed to the cyanide.

To summarize: (1.) In cancerous growths an enzyme is present which can split off cyanide from a cyanide--containing glucocide. The amount of cyanide released is small but effective. (2.) This small amount of cyanide can destroy the cancerous growth because the growth does not have the protective enzyme which renders the cyanide harmless to healthy tissue. (3.) The other tissues of the body do have the protective enzyme present. As a result the body is not harmed when a cyanide--containing glucocide, such as amygdalin is administered.

A person suffering from cancer should take not less than a gram per day of amygdalin by mouth in tablet form. Since amygdalin is dispensed in ½ gram (500 milligram) tablets two such tablets should be taken daily. Where this program is being followed regularly, it is thought advisable to take also one 100 milligram tablet of sodium thiosulphate with each amygdalin tablet. This completely nutralizes any cyanide that may have escaped the protective enzyme normally found in the body.

For those persons who are interested in cancer prevention it has been calculated that 100 milligrams per day of amygdalin taken by mouth in tablet form should be sufficient to act as a cancer preventative in a person weighing 125 pounds. Larger persons may require slightly larger amounts. When this dosage is taken as a preventative, it is not necessary to take sodium thiosulphate.

Since amygdalin is really a dietary supplement or a vitamin, all efforts to control cancer with it should also include the proper kind of diet.

The usual commercial name of amygdalin is Laetrile.

Edited by Emory W. Thurston, Ph.D., Sc.D.
June 1972
INSTITUTE OF NUTRITIONAL RESEARCH
a non-profit corporation.

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RIVERSIDE, ILL. 60546

DEAN BURK·FOUNDATION, Inc.
4719 Forty-Fourth Street
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LAETRILE FACT SHEET

December 22, 1976.

LAETRILE IS ON THE HEW-FDA GRAS LIST
(*Generally Recognized as Safe" Food List)

On GRAS List. Page 320 of the 1976 edition of the FDA Code Regulations, Title 21 CFR 121.101(e)(2) , and earlier editions, place amygdalin (laetrile) on the GRAS list, under the heading of natural extractive from bitter almond, apricot, or peach kernels (syn. seeds, nuts), with the only specified proviso that it be " free from prussic acid."

No Prussic Acid. Amygdalin itself contains no ordinarily measurable quantity of prussic acid (syn. hydrocyanic acid, hydrogen cyanide, HCN), and indeed no quantity of acid greater than 1 part in 10,000,000 when amygdalin is dissolved in neutral water (pH 7), as has been established by many chemists. Opinions of a limited number of affiants testifying in recent court cases that amygdalin is not generally recognized as safe are rendered moot and inexpert by the FDA GRAS listing with respect to this prussic acid-free extractive, as well as by many more informed sources going back over 100 years

Not Food Additive. Being on the GRAS list prevents amygdalin from being classified as a food additive, and also provides a strong deterrent to classification as a "new drug" in addition to its being in any event simply a food universally acknowledged as such, even by the FDA, as well as by Federal statute definition. The FDA regulations for marketing a food additive or a new drug are, of course, far more stringent than for marketing a food.

"New Drug" Issue Remanded by Court to FDA. The Federal 10th Circuit Court of Appeals on October 12, 1976 remanded the question of amygdalin being also a new drug back to the FDA for preparation of a necessary "administrative record" of support for such new drug status, which it has so far failed to do.

Amygdalin in any event "Grandfathered" as "Old Drug." Even if the FDA were able to establish some sort of new drug status for amygdalin, nevertheless amygdalin could still, without IND/NDA procedure intervention, be marketed in interstate commerce legally as a "drug" ("old drug") under either of two "grandfather clauses" in the Congressional Food, Drug, and Cosmetic Act of 1938 as further amended in 1962 by the Harris-Kefauver Act. Even FDA publicationsconcede that amygdalin was sold for the treatment of cancer prior to 1962 (cf. DHEW Publication No. (FDA) 76-3007).

Amygdalin as a Vitamin Therefore not a Drug. Amygdalin has further been shown to be a vitamin (B-17), as summarized in the well-known monograph, " A Brief on Foods and Vitamins," by Dean Burk, and published by the McNaughton Foundation in June 1975. Recent contrary opinion advanced by David Greenberg (Wester Jour. Medicine, 122, 345-348, April 1975) and by Thomas H. Jukes(JAMA, 236, September 13, 1976)can be defaulted scientifically as not addressing the specific lines of positive evidence adduced in this monograph. As a vitamin, amygdalin cannot be classed as a new drug in view of the new congressional law 94-278 (Proxmire Amendment) signed by the President April 22, 1976, and also in view of the August 74 decision of the 2nd Circuit Court of Appeals upheld by the U.S. Supreme Courtby virtue of denial of certiorari).

Current Supply and Usage of Amygdalin . Amygdalin will thus almost certainly remain a food chosen for such purposes by the user, of whom there are now some 50,000 Americans consuming over 1000 kilograms a month, as obtained from a wide variety of sources foreign and domestic.

You Can Join the Battle for Freedom

Now you can fight "city hall" on the issue of health choice. There's already a case you can join.

EXCLUSIVE TO THE SPOTLIGHT

BY THE SPOTLIGHT STAFF

Cancer victims who feel deprived of their freedom by the powerful cancer establishment now have an opportunity to join a class action lawsuit against the National Cancer Institute (NCI) that is being organized under the direction of New York publisher Bob Guccione.

The Guccione publishing empire is pursuing the lawsuit on behalf of patients who were deprived of the inexpensive, but effective drug hydrazine sulfate.

More and more doctors are turning to alternative healing to fight the ravages of cancer.

The SPOTLIGHT has learned that the patients of Dr. Stanislaus Burzynski have contacted the Guccione group. The Burzynski patient organization would like to join the lawsuit on behalf of Burzynski's drug regimen which has proved safe and effective but is being held back from needy patients by the actions of the FDA, the state of Texas and the cancer establishment.

Guccione's wife, Kathy Keeton, recently died following a brave and public battle against breast cancer and the cancer establishment. Her death was due to complications from surgery and not the cancer, which was in remission thanks to her use of hydrazine sulfate.

Ms. Keeton was the force behind *Longevity* magazine, one of the Guccione publications, and over the past decade Guccione publications have featured stories on hydrazine sulfate.

Guccione supported the work of Dr. Joseph Gold, innovator of the use of hydrazine sulfate, in helping stop the "wasting away" phenomenon associated with many cancers.

The NCI tested hydrazine sulfate and said it was not effective, but the way the tests were conducted made it a foregone conclusion that the drug would fail. This is the basis of the lawsuit.

Gold discovered that hydrazine sulfate could block an enzyme in the liver and thereby prohibit malignant cells from parasitizing the host body. Many cancer patients die of the "wasting"—starvation caused by the cancer robbing the body of sugar and protein.

***Penthouse* publisher Bob Guccione and longtime lover and associate Kathy Keeton are shown in a photograph from 1977. Ms. Keeton recently died after a long battle with cancer after showing improvement on the "banned" drug hydrazine sulfate. Guccione has filed a class action lawsuit you can join.**

Russian research on hydrazine sulfate indicated the drug was all Gold claimed and more.

Burzynski was recently acquitted of serious charges filed by the FDA. The first trial ended in a hung jury and the second trial saw the jury acquit him. Nevertheless, the state of Texas is now suing him.

Dean Mouscher, head of Burzynski's research programs, said the FDA knows full well that "antineoplaston therapy" is both safe and effective, but the cancer establishment is on a "vendetta" against the independent researcher.

Both hydrazine sulfate and Burzynski's antineoplastons should be widely available to all cancer patients since they both proved their value and their lack of toxicity more than a decade ago.

NO EXCUSES

There are no excuses for keeping these cancer remedies away from the people. Now, led by a grieving husband, Guccione, and a vociferous group of patients who defeated cancer thanks to Burzynski, the people may finally mount a successful challenge to the dogmatic and arrogant cancer establishment of America

Anyone wishing information on the lawsuit and how to participate may write to: Class Action, GMI, 277 Park Ave, 4th Flr., New York, N.Y. 10172.. ♥

'Stealth' Health Legislation Maneuvered Through House

Once again, Congress has slipped freedom-robbing legislation into law without allowing dissent.

BY RON PAUL

A lot of people ask me if I believe that Congress has gotten past the late-night, no-warning legislative maneuverings which for so long characterized both the House and the Senate. I would really like to say it had, but [recent] events proved otherwise.

Out of nowhere, came the stealth "Prescription Drug User Fee Reauthorization and Drug Regulatory Modernization Act of 1997." This bill was passed not only without opportunity for responsible debate, but even without a recorded vote.

According to its supporters, this FDA-strengthening bill was more than three years in the making—a so-called compromise between industry, the Clinton administration, and a bipartisan coalition in Congress, we are told. Yet, despite the fact the legislation encompassed 177 pages long, making broad changes to an administrative agency and its powers, the House leadership did not see fit to warn members of Congress that this bill was coming to the House floor for a vote.

When I decided to draw attention to the broad-sweeping nature of the bill—and the process by which it had come up for consideration—I was told by the bill's proponents that "there is no time available to speak about the bill." Instead, Congress and C-SPAN viewers were treated to a "love-fest" during which each of the bill's supporters commended one another for doing a fine job of bestowing on the American citizenry yet one more blow to liberty in favor of corporatism and internationalism.

When a 177-page bill comes to floor with practically nothing more than one-hour notice, one can very safely assume that buried not-to-deeply in those pages there is oppressive, freedom-depriving regulation about to be forced upon the citizens. And sure enough, this measure was no different.

The now-passed FDA bill requires that the U.S., through various international agreements, "harmonize regulation . . . and seek appropriate reciprocal arrangements" with foreign regulatory agencies. Opponents of this harmonization language correctly argue "internationalizing" is very likely to greatly limit the availability of food supplements by requiring prescriptions for dispensation as is the case in certain parts of Europe. Remember, much of what the FDA does is already an unconstitutional usurpation of states rights, now this measure allows foreign governments to usurp the rights of American consumers.

WAR ON VITAMINS

Perhaps with such "harmonization," we will not only have a federal war on drugs, but a federal war on riboflavin, folic acid, and bee pollen. Soon, all Americans will be safe because we will have a federal police force dedicated to ending the use of alfalfa.

Food supplement availability may be the least of concerns among those who still revere states' rights and acknowledge the continued existence of the 10th Amendment, but one section of the legislation, "prohibits states and subdivisions from regulating food, drugs or cosmetics . . ." The bill permits the FDA to set national standards for cosmetics but it does permit states to issue warning labels and take defective products off the shelves.

To the dismay of medical privacy advocates, the bill goes so far as to authorize the FDA to track patients who use certain medical devices for up to 36 months, and even to conduct post—market surveillance of these patients. Just think, a once overweight patient may now have to be tailed by an FDA agent to make sure he doesn't regain the weight a few years later.

The bill also limits the speech of manufacturers who claim health benefits on their product labels without the "approval" of a "scientific agency of the federal government." Where in the Constitution is the federal government authorized to do this? Nowhere. And remember, it has been the federal government which has conducted bizarre experiments on the health of men and women in this century, but now they are going to be the final judge for all medical procedures? The bill makes provisions for such "Scientific Advisory Panels," saying they are to be made up of "persons who are qualified by training and experience . . . and who, to the extent feasible, possess skill in the use of, or experience in, the development, manufacture, or utilization of . . . drugs or biological products." The politically well-connected corporations which contribute to the campaigns of lawmakers will be able to fill these panels with their corporate cheerleaders. They will be able to prevent new products from being brought forward by less-politically-connected inventors; all done in the name of the federal government protecting the people and speeding up the process.

RON PAUL (R-Tex.)
. . . Blows the whistle.

SHOULDN'T HAVE HAPPENED

A bill effecting a major change to the Food and Drug Administration should never be slipped through the Congress with no dissent permitted.

Unfortunately, the names and faces of the leadership may have changed in Congress, but there is reason to doubt the way Congress operates has really changed at all. Until we have members of Congress dedicated to preserving liberty and following the Constitution, we can expect more of this to occur. ▼

This story is excerpted from Rep. Ron Paul's (R-Texas) Legislative Report. Call toll-free 1-888-322-1411.

St. Paul Pioneer Press

Wed., Dec. 7, '77 The Voice of Minnesota

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Editorial Page

Victory for Laetrile supporters

A U.S. District Court judge's ruling this week was welcome news for thousands of terminally ill cancer patients who have literally bet their lives on the controversial drug, Laetrile. We also applaud the ruling.

Judge Luther Bohanon ruled that the Food and Drug Administration's (FDA) ban was "arbitrary" and "capricious" and placed a "needless hardship and expense" on cancer patients. Furthermore, he said, Laetrile has been in use for more than 25 years, making it exempt from the FDA's "new drug" regulation.

It appears likely FDA attorneys will file additional appeals and requests for a stay of the decision. In the meantime, cancer patients are assured of a legal supply of the controversial drug.

Laetrile may or may not help a victim fight the ravages of cancer. The evidence is far from conclusive, and there's even a sharp difference of opinion at the famed Memorial Sloan-Ketterling Cancer Center in New York. The center's assistant public affairs director was recently discharged because he helped write a report charging that the center's research on Laetrile was incomplete and scientifically invalid.

Ralph W. Moss, the discharged employee, later released a paper which alleges that a negative report released by the center last summer omitted some experiments that indicated the drug might be effective in treating cancer. Center officials deny the claim, saying it's "absurd." The controversy remains unsettled.

Judge Bohanon, warning against any "snake oil salesmen," explained that the FDA still is empowered to fully enforce federal rules against false advertising claims.

Laetrile opponents continually allude to the "quackery" involved in marketing the controversial drug, but the fact that not a few doctors now support Laetrile seriously weakens that claim.

We don't know if the drug works. Very few things work against cancer. We do feel that patients should be permitted to make decisions in regard to treatment on their own. The FDA, in the meantime, should continually weed out false advertising claims, medical research into the cancer-fighting abilities of the drug should certainly continue, and cancer victims should be fully informed of any and all findings. We hope that is the type of cooperation Judge Bohanon's ruling fosters.

AMA News — Sept 5, 1977

Cancer data grim in NCI report

Most cancer patients are not surviving much longer today than they did 25 years ago.

That grim fact is spelled out in the latest survey by the National Cancer Institute (NCI), which compared mortality data from 1950-1959, 1960-1965, and 1966-73. The statistics are broken down separately for whites and blacks because of sharp differences in survival.

Of the 10 most common cancers, only bladder and prostatic have seen more than a 5% increase in the percentage of white patients surviving five years. For blacks, breast, bladder, prostate, and rectal cancer all showed more than a 5% gain in patient five-year survival.

Because of the increased relative frequency of lung cancer, however, and its continued low survival rate (9% five-year survival in whites, 6% in blacks), the average survival rate for all cancer patients has remained virtually unchanged since the 1950s.

Forty-one percent of all white cancer patients, and 32% of blacks survived five years in the latest measuring period, compared to a 39% five-year survival for whites, and 29% for blacks in the 1950s.

The NCI report, called "Cancer Patient Survival," was based on 453,467 cases drawn from the California Tumor Registry, the Connecticut Tumor Registry, Charity Hospital in New Orleans, and University Hospitals in Iowa City, Iowa.

One bright spot in the cancer statistics is the latest report on Hodgkins Disease. Five-year survival averaged 54% for the period 1965-1969, up from 30% in the 1950s.

Acute lymphocytic leukemia, despite much publicity on treatment successes, has not shown the dramatic improvements that many have hoped for. Three-quarters of patients with the disease are surviving one year, an enormous improvement from 1950 when the figure was only one in 10. Five-year survival is still dismal, with only 6% of the patients (for the last reporting period 1965-1969) living five years after diagnosis of the disease.

Patient Five-Year Survival Rates

	Blacks		Whites	
	1950-59	1967-73	1950-59	1967-73
Breast	43%	51%	61%	69%
Bladder	27	34	54	63
Prostate	38	54	47	59
Rectum	23	31	40	44
Uterine	45	47	72	77
Cervix	49	53	60	58
Colon	31	35	43	46
Stomach	9	14	12	12
Lung	5	6	7	9
Pancreas	1	1	1	3

Source: National Cancer Institute

CONFERENCE REPORT

Carcinogenic agents—they're literally all around us

MARTHA ROTH

■ HOUSTON—Cancer is the second or third leading cause of death in the United States, depending on age group.

- Treatment has little impact on death rates from cancer.
- Eighty to 90% of cancers are environmentally caused.

These challenging statements were made repeatedly at a recent conference on environmental carcinogenesis held in H

cinogens to produce neoplasms in susceptible individuals. A problem common to both epidemiology and occupational medicine also was stressed: Neither discipline takes into account "life-style factors"—diet, smoking, and intercurrent disease.

These are factors of concern to primary physicians, though, and several participants spoke about

PB Post-Bulletin Editorial

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Tuesday, April 19, 1977

Charles Withers - Editor

Robert Withers - Publisher

More on Apricot Kernel Gang

By JAMES J. KILPATRICK
Washington Star Columnist

WASHINGTON — More than a year has passed since I last reported on the Great Apricot Kernel Gang. It's time for an update. There's good news and bad news.

The good news is that the federal courts increasingly are getting to the heart of the issue.

The bad news is that the Food and Drug Administration continues to exhibit an obstinacy embedded in steel and concrete.

Kilpatrick

Meanwhile, the gang is getting some help from several state legislatures.

For those who came in late, the Great Apricot Kernel Gang is composed of several thousand men and women, including quite a few certified doctors of medicine, who cling to the notion that there is or may be, some therapeutic value for cancer patients in a substance identified as amygdalin.

Chemically speaking, amygdalin is a member of the class of substances known as cyanogenetic glycosides. Amygdalin occurs widely in nature, but can be extracted most readily from apricot kernels, peach pits and bitter almonds. In its refined and purified form, amygdalin is marketed under the trade name of Laetrile.

But it is not marketed legally in the United States. It can be obtained in a dozen other countries, notably Mexico, but the FDA regards Laetrile as an unlawful drug and the Bureau of Customs regards it as contraband. In the FDA's view amygdalin is therapeutically worthless, which it may well be, though the testimonial evidence is getting to be impressive.

Our government's position is unbelievably pompous, dictatorial and hoity-toity.

Imagine, if you will, a patient who falls victim to cancer. The patient goes through every treatment recommended by the medical establishment: radical surgery, radium therapy, chemo-therapy. Nothing works.

The patient is dying. His body is riddled with cancer. In desperation he says, "I have heard of other cancer victims who seemed to get relief from pain, and sometimes remission, from Laetrile. Please, may I now try that?"

Our government's response, to put the matter plainly, is precisely: "Go to hell. Die! We say Laetrile is worthless, therefore you can't have it, and we will prosecute any doctor or supplier who tries to make it available to you."

This is the government's stuffy rationalization, from the Federal Register of February 18: "The availability and use of drugs that have not been demonstrated to have objective value make no contribution to cancer management. Such use can, in fact, interfere with the measures that are known to save lives because swift appropriate diagnosis and prompt effective treatment are delayed. The consequence of delay may be needless and untimely death. For this reason, the Commissioner is of the opinion that a drug intended for use in cancer which lacks scientific evidence of effectiveness cannot be regarded as safe."

U.S. District Judge Luther Bohanon, in Oklahoma City, has flatly rejected this specious reasoning. He has ordered Laetrile made available to petitioning patients.

Judge Bohanon has company. On April 7, Federal Judge Mark Constantino in New York ruled "decidedly" in favor of providing Laetrile for a 69-year-old retired carpenter, Joseph Rizzo, who is suffering from inoperable cancer of the pancreas.

In response to such court orders, the FDA has scheduled a hearing for May 2 in Kansas City, but it is a stacked and rigged proceeding.

The FDA's hearing notice is a grudging, resentful, sulky affirmation of its fixed position. Plainly, the FDA will not budge. Appeals in the name of freedom of choice leave the government unmoved.

State legislatures are demonstrating better sense.

Indiana just the other day passed a bill defying the FDA's autocratic rule. Alaska adopted such an act last year.

Efforts to legalize Laetrile continue in Hawaii, Illinois, Iowa, Kansas, Louisiana, Massachusetts, Michigan, New Jersey, New York, North Carolina, Mississippi, Ohio, Oklahoma, Minnesota and Washington. The efforts may be futile, for the FDA's preemptive powers under the Commerce Clause may be supreme, but the movement has meaning all the same.

The gut issue here is freedom. By every rational indication, amygdalin is harmless.

Members of the Apricot Kernel Gang eat it all the time.

This being so, in the name of a free society, why can't a free people have it if they want it?

Chicago Researcher

Laetrile Touted as Cancer Cure

By Stevenson O. Swanson
A Member of the Staff

The effectiveness of Laetrile in the treatment of cancer has been shown in laboratory experiments, a Laetrile researcher at Loyola University in Chicago said here Wednesday.

"My research leads me to believe cancer is curable and preventable," Dr. Harold Manner, head of the university biology department, said.

Manner, speaking to about 500 people at the Acres USA Conference at the Hilton Plaza Inn, said most of the controversy about the substance, which is extracted from apricot kernels, has been unscientific.

"I found out when I entered this field that this was anything but a scientific arena," he told members of the Kansas City-based agriculture group. "I saw little scientific documentation."

He said his tests with mice with breast cancer resulted in cures in 90 percent of the mice in four to six weeks. The remaining mice were in states of remission, he said.

Manner said he has received the records of 17 breast cancer patients who have been successfully treated with Laetrile, vitamin A and animal enzymes.

"These were women who heard of my treatment and demanded it of their doctors," Manner said. "The doctors called me and asked for my treatment. I make no charge except I ask that they send me a copy of the results."

The treatment also has been effective against other types of cancer, he said. When he gets 100 reports, he will go to Washington, "and the whole issue should be over."

He told the audience, which gave him a standing ovation at the end of his speech, that he first became interested in Laetrile treatment when he read a reference to the treatment in a book called "World Without Cancer."

"I almost laughed to think something so simple could cure such a sophisticated, complicated disease like cancer," Manner said. "But there was enough truth in the theory to justify a laboratory test."

Manner said he had trouble getting Laetrile to use in tests because the Food and Drug Administration requires an affidavit with each order stating that the extract will not be used on humans. The FDA later required a second affidavit swearing that he not use Laetrile on animals outside the laboratory.

His first tests with Laetrile were to establish whether the substance was safe. He said the test mice appeared "healthier than the control mice" which did not receive Laetrile.

He was puzzled, he said, by test results from institutions showing Laetrile to be worthless in fighting cancer. He studied the experiments and realized they were not accurate tests of the extract's effectiveness.

"First, the mice were getting massive shots of cancer cells to contract cancer," Manner said. "I know of no human who gets cancer that way, so I ordered mice who had a high incidence of cancer and waited for them to develop the disease naturally."

Also, he said, the researchers were testing Laetrile by itself. After visiting doctors around the world who treated cancer patients with Laetrile, he found that none used Laetrile by itself but as part of a complete treatment.

The treatment involves a diet of natural fruit, unprocessed flour and sugar, little meat, and animal enzymes as well as Laetrile.

After he redesigned the experiments, he achieved the results that have led him to believe cancer is curable and preventable.

He said the FDA has been "vicious" in its opposition to Laetrile. "I've seen cases where FDA men have almost turned over shelves in health food stores looking for bottles of apricot kernels," he said.

Also, he said, the FDA has said in legislative hearings around the country that Laetrile in unsafe because it contains the poison cyanide. "But lima beans and buckwheat contain cyanide. It's not a poison if it is bound in the compound."

Manner said he does not have a good answer for why the FDA and the American Medical Association are opposed to Laetrile. He said: "I suppose there are cartels and pressures."

Manner said he would have been out of Laetrile research if he were a younger man because of the risk to his career and the harassment to which he has been subjected. "People usually ask me, when they ask me to speak, if I need protection, and I say no, but when I'm on talk shows in Chicago, where they know when the show is over, I go with a couple of big fellows."

Also, he makes a copy of each treatment record he gets. "I'm a loyal American, but I'm afraid of the Gestapo-like tactics I've heard of, so I keep that copy in a safe deposit box in Canada."

FOR YOUR INFORMATION

THE VOICE OF MEDICAL FREEDOM

A Special Edition of HEALTH WORLD NEWS July 1981

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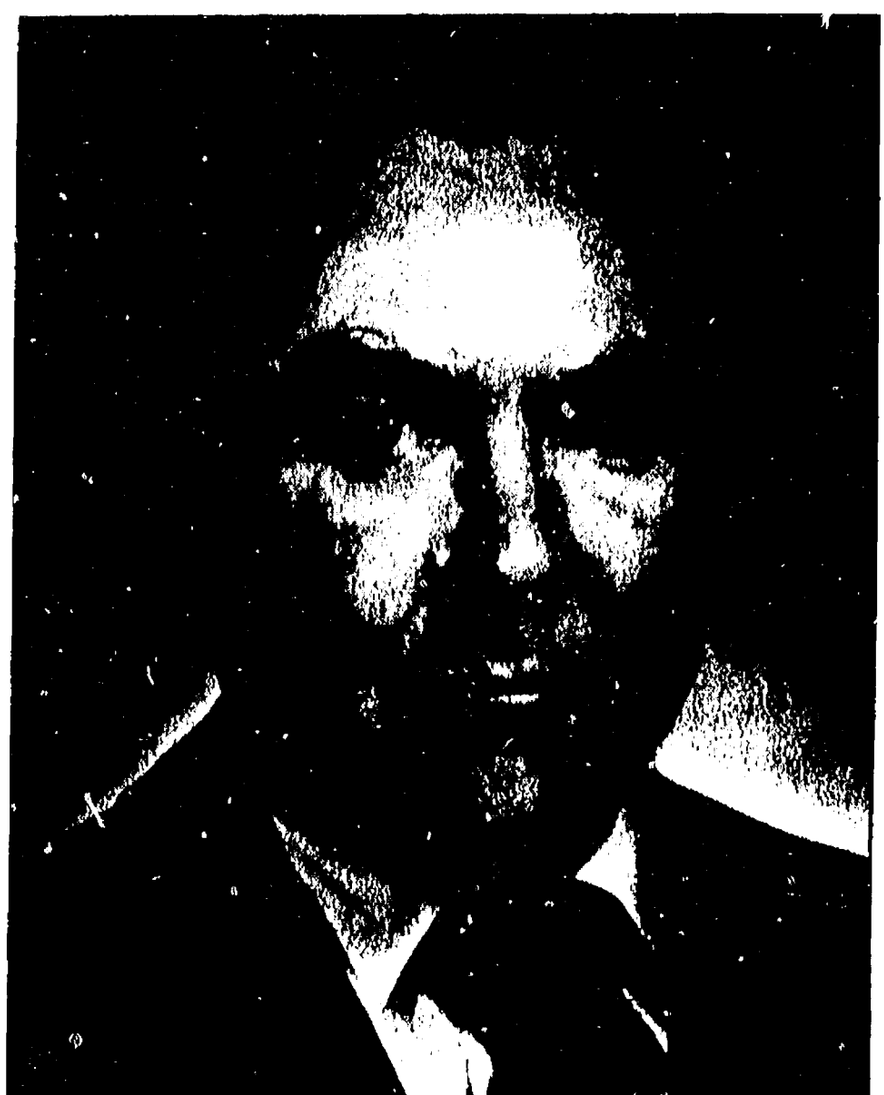
MAYO CLINIC PROVES LAETRILE IS EFFECTIVE



Dr. Charles Moertel of the Mayo Clinic, which was a major participant in the National Cancer Institute's Laetrile tests, revealed that 70 per cent of their "terminal" cancer patients remained stable as long as they were receiving Laetrile injections. (Story on page 1.)

January 14, 2001

Re: SB 2139

To: Judy Lee
Human Services Committee

Madam chair and Committee Members:

This letter is written to strongly oppose SB 2139 which would give the Medical Board authority to govern the administration of Vitamin B 17 (Laetrile). I find this bill absolutely inappropriate for the following reasons:

1) Vitamin B 17 (Laetrile) is a natural vitamin that is found in many of the foods we eat; just as Vitamin C, Vitamin A, and the other B vitamins. For what reason does the Medical Board think they should have control over who administers it? The job of the State Board of Medicine is to govern medicine not vitamins.

2) Vitamin B 17 (Laetrile) has been used in the treatment of cancer for many years and has been proven very effective. I have been a nurse for 20 years; The majority of these years have been spent taking care of terminally ill cancer patients. I have also had years of experience in Hospice nursing. I can attest to the horror and deaths from chemotherapy, but more importantly, I know several patients who have and are continuing to take Vitamin B 17 for their cancer and are doing very well.

3) PATIENT RIGHTS are an important issue in the healthcare arena. If a patient chooses to take Vitamin B 17, (Laetrile) they should be allowed to take it, just as they can take Vitamin C, or Vitamin A. If the State Board of Medicine governs the administration of Laetrile, patient rights will be violated and that is illegal.

Thank you for your consideration in this matter.

Best regards,

Sandra K. Sund, MSN, R.N.
90 Burnetts Addition
Bottineau ND 58318
701-263-4732

News Review

University of North Dakota School of Medicine

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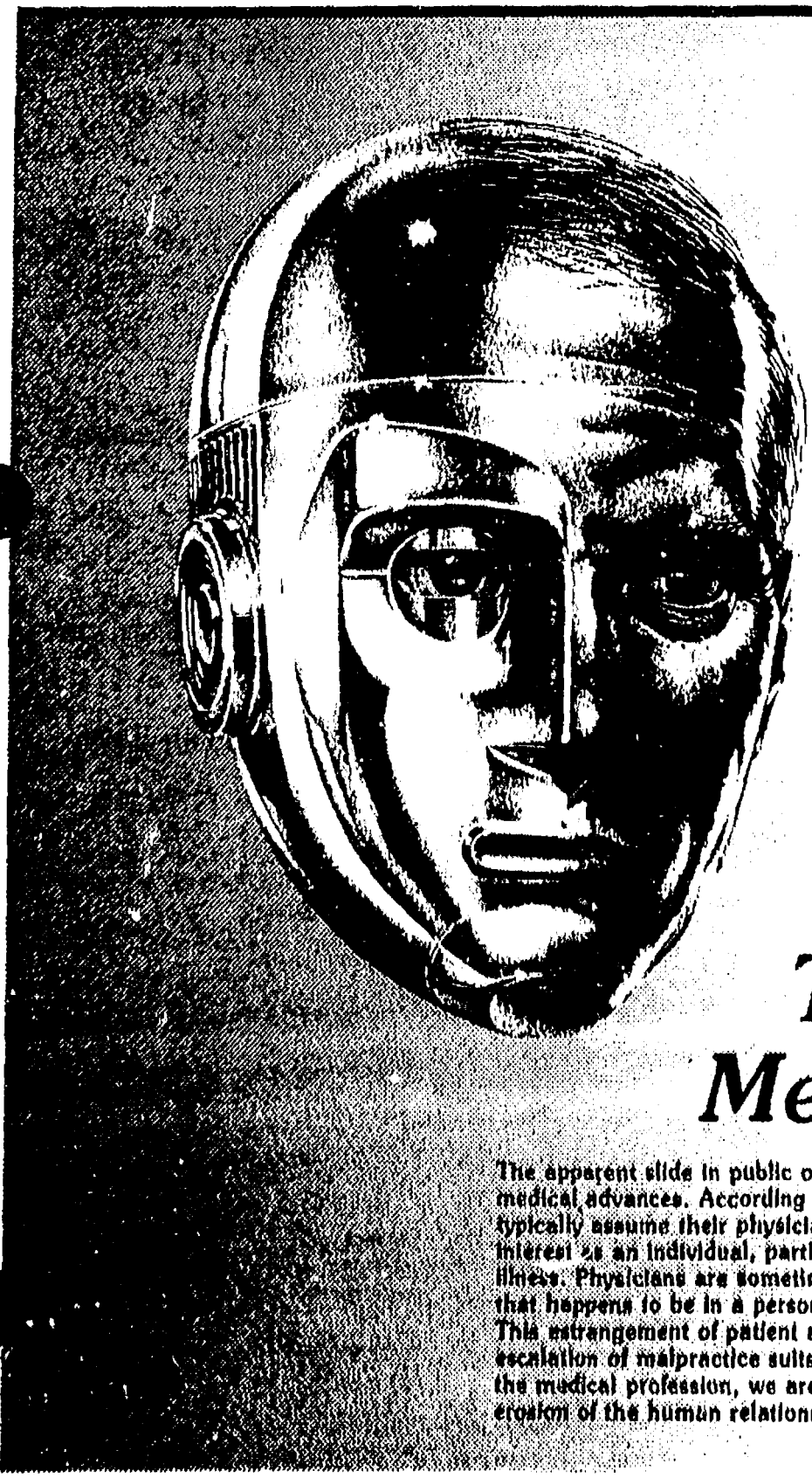

Please Return
BGB

Dear Student,

Teaching Medical Ethics

The apparent slide in public opinion of physicians has coincided with remarkable medical advances. According to a recent New England Journal of Medicine, patients typically assume their physicians are technically competent, but look for warmth and interest as an individual, particularly in the presence of a frightening or debilitating illness. Physicians are sometimes criticized for being more interested in a disease that happens to be in a person, than in the person who happens to have a disease. This estrangement of patient and physician is responsible, some say, for the jolting escalation of malpractice suits. As a medical school, seeking to prepare people for the medical profession, we are attempting to address the core of these concerns, the erosion of the human relationship.

If this is correct, why is Dr. Briggs being forced into doing what is "right" (the usual and customary things)

Teaching Medical Ethics

"Physicians have a medical education, an M.D. degree, a set of skills, knowledge, prestige, titles. They possess many things by which they mistakenly identify themselves and their profession. Many of the health professions — medicine included — confuse the possession of packets of knowledge, a white coat, or a technique with being a physician or healer."

So writes Edmund D. Pellegrino, M.D., in "To Be a Physician" in the journal, Medical Ethics. "Whatever else it may be, medicine comes fully into existence only in the moment of clinical truth, in the act of making a clinical decision. In this act, the physician chooses a right healing action, one that will restore health or contain established disease or prevent new disease. Among the many things that can be done, the focal point on which all medical activity converges is a choice of those that should be done for this person, at this time, and in this life situation. The right decision is the one that is good for this patient — not patients in general, nor what is good for physicians, for science, or even for society as a whole.

"As soon as we introduce the word 'right' with respect to action and 'good' with respect to an end, we introduce morality — some system of strongly held beliefs against which behavior is to be judged as good or bad. Medicine is, therefore, at the root a moral enterprise because values enter into every decision. The physician's art and science are necessarily shaped by the special human relationship between a vulnerable person seeking to be healed and another professing to heal."

In an effort to introduce medical students to that special human relationship and to the tremendously complex ethical issues which their profession will present, Dean Tom M. Johnson of the UND School of Medicine has been working toward strengthening the teaching of medical ethics.

Spearheading this effort is Dr. Edward Waldron, director of the school's Office of Ethics and Humanities who, two years ago, drew together a small band of people with a professed interest in ethics and humanities to advise the school on how it might best include learning experience of this kind. Committee members are: Art Johnson, chaplain for the St. Luke's Hospital, Fargo; Dr. Ed Olmstead, clinical professor of internal medicine, Grand Forks; Dr. John Martsolf, associate professor of pediatrics, Grand Forks; Dr. David Todd, associate professor of surgery, Fargo; Dr. Tom Akers, professor of physiology, Grand Forks; Dr. Robert Lewis, professor of English, Grand Forks, and Dr. Lynn Lindholm, chairwoman and associate professor of philosophy, Grand Forks.

This Advisory Committee on the Role of Ethics and Humanities first devoted its energies to drafting a proposal which advocates "the development of experiences in ethics and the humanities in the educational structure of UNDSM which will help keep before medical students two central concepts:

"(1) that there are other considerations in the treatment of human beings who are ill than the purely scientific ones, and

"(2) that there is always at the center of a physician's practice a human being who is unique and deserving of respect and attention."

"To be a physician is freely to commit oneself to the moral center of the relationship with the patient and to do so with one's whole person — that is the only condition for freedom, as Bergson so rightly observed," Pellegrino writes, "This is neither too harsh nor too simplistic a judgment. The malaise of medicine — the moral desuetude so many see in us and the bewilderment of our students about what we are is rooted in our failure to sense the dimension of being a physician.

"Without this dimension, even the idea of service can become degraded into mere performance of a function. Many of us function, but few serve. To transform functions into service, we need what Marcel called attachment: 'dedication to the intrinsic quality of what is done, its adaptation to the needs of the person served and personal accountability for its quality.'

"We cannot distinguish having from being without the capacity for critical self-examination. This is what the humanities — philosophy, history, literature at best — have always taught [illegible] man. These studies are, [illegible] to that intellectual and [illegible] which gives the lie to self-[illegible]ance and forces a constant reexamination of motives and values. There is no more effective antidote to the overweening pride that can so easily beset the physician."

The rationale for including ethics and humanities experience within the medical school curriculum, according to the committee's proposal, is:

•That medical education, especially in the [illegible] two years, unfortunately removes [illegible] student's concern the fact that [illegible] toward which he or she is working involves interaction with human beings who have certain expectations (and rights) concerning that interaction

•That the dehumanization of the patient in the course of a medical student's education, while perhaps necessary, does little to prepare the student for working with patients as people later

•That pressures inherent in medical education do not guarantee a sense of respect for the patient as a human being with his or her own set of values and beliefs and a right to be involved in decisions concerning the treatment of his or her illness, and

•That decision-making which involves ethical issues requires formal education.

What we propose is designed to enhance the art involved in the art and science of being a physician, the proposal states.

"The question before the committee was how material on ethics and humanities could be introduced into the curriculum and other experiences at all [illegible] Waldron said.

[illegible] they came up with was a set of recommendations concerning premedical requirements, formal discussions and

means of infusing ethics and humanities into the four years of undergraduate medical education and residency training.

During Phase I, the first two weeks of the freshman year, students in small groups receive their first exposure to cases presenting an ethical dilemma. They face situations they may not have been aware existed:

•Babies born with severe physical deficiencies -- should physicians always do everything possible to sustain life? Do parents have any rights to decide what is or is not done? Who decides on care? Students discuss the controversial Baby Jane Doe case, in which Bloomington, IN, parents, won a court suit to deny their newborn food.

And if the law requires rescue of all handicapped infants, will parents be required to support and care for them? Or should society be obliged to provide institutional care?

•A physician goes to court to force a pregnant woman by court order to stop taking drugs that will affect her 7 month fetus and to have urinalysis to insure she is complying with the order

Should government health agencies set prenatal health standards against harmful habits like drinking, smoking, drug use? Should physicians then be required to report to authorities pregnant patients who break the rules in the way they must now report cases of VD?

A few decades ago, mental patients and retarded women were routinely given abortions and sterilized by doctors on court order because they were deemed [illegible] parents likely to produce defective offspring, the lesson reads. Later, this practice was exposed as a scandalous violation of human dignity and of civil rights, now enforced sterilization is severely regulated or barred altogether. Or, does this woman's case show that in some cases, parenthood must be denied or restricted?

•A 68-year old man who has suffered severe injury in a car accident refuses surgery for internal hemorrhage saying he wants to be "left alone to die." Physicians learn he was diagnosed three weeks earlier as having carcinoma of the tongue, for which he refused surgery and asked his own physician not to tell his wife that he has a fatal disease

The hospital physicians believe that he will die without surgery for the hemorrhage, and they call a psychiatric resident to evaluate the patient. The resident interviews him and finds him coherent, rational and alert. The patient describes himself as a man who values independence. He feels that he has had a good professional life as an engineer and a good personal life with his wife and two children. He expresses some sadness at his situation, but says, "I have had a good full life and now it's over."

The resident suggests, and the patient does not deny, that the auto accident was a deliberate suicide attempt. What should the resident recommend? That the patient's refusing immediate surgery be accepted as the act of a rational person? That the refusal not be honored, and a court order sought on the grounds that a presumed suicide attempt is per se evidence of mental illness?

Spirited disagreement and lively exchange accentuated discussion of these cases. Evaluation by students after Phase I revealed that they enjoyed bending their thoughts in other than scientific patterns and requested more opportunities for these kinds of experiences

Students have gained an "early introduction to (ethical) problems and found that there really are no easy answers," said Dr. David Lambeth, associate professor of biochemistry and molecular biology. "It's been a very valuable experience."

"We were pleasantly surprised" at students' enthusiasm for the topic and desire for more, Waldron said, but understood that since these issues bombard the public daily it is little wonder students are very interested.

After this introduction, the first case presented in the freshman Focal Problems class, small group discussion class in the freshman and sophomore year, centers on an ethical issue.

"We used a case in which a couple learns their son has leukemia but they refuse treatment, choosing instead to take him to a faith healer," Waldron said. Other focal problems during the first and second year also present ethical issues, but they are not the primary thrust of the problems.

In addition, Waldron has offered a mini-course, Images of the Surgeon, showing how the surgeon has been portrayed in literature, including sources such as the Atlantic Monthly and the film and TV series, M.A.S.H., and hopes to offer more electives.

For several years, the behavioral science course, lead by Dr. Joy Query and Dr. Sharon Wilsnack, has explored issues surrounding medical sociology and medical ethics.

"We hoped to lay the groundwork for the first two years (of medical school) and work with them in the second two years when they begin to experience patient care firsthand," Waldron said. "The problem is getting the third and fourth year students together — they're spread out in four locations."

On the drawing board for clinical science years, three and four, is introduction of ethical issues discussion in grand rounds, beginning, it is hoped, with pediatrics. If this plan works well, it will be "used as a model for what we can do in other areas," Waldron said.

Another problem that poses the most serious obstacle is attempting to add material to a curriculum that is already overcrowded. According to Dr. David Lambeth, head of the school's curriculum committee and associate professor of biochemistry, "No one would disagree on the importance of teaching (ethics and humanities), we have taken a position of strengthening what we now have and looking at opportunities to teach it that are being missed."

"There is no conflict between the scientific method and the need in the medical curriculum for subjects that deal with human values," states Norman Cousins on the value of the humanities in medical education in the introduction to The Physician in Literature. "Values constitute a moral system that transcends change. When values are strong enough and good enough, changes in science can be fitted into the lives of people, making it unnecessary to fit people into change.

"The way people are dealt with as patients can be as important as all the other treatment they receive in an attempt to ease or cure their ills. That is, the effectiveness of the doctor as scientist is tied to his or her qualifications as artist and philosopher — to those intangible credentials that have to do with character and personal dimensions."

Strengthening the teaching of ethics and humanities in medical school is "an on-going process," Lambeth said. It will be accomplished by working with various course directors," building it in where appropriate.

The curriculum committee has stopped short, however, of recommending ethics and humanities *requirements* for medical school admission, preferring to stress advising students of the need for a well-rounded education.

"Historically, medical schools' admission committees have backed off on what's expected (in the sciences) — we've backed off a little bit on sciences — putting more emphasis on humanities."

Medical schools are constantly pressured to demand more or less of this subject or that, depending on the special interest group. Internally, they feel the same pressure, he said, "we never do as well in any one area as people in that area believe we should; biochemists never believe students graduate with enough biochemistry, anatomists enough anatomy, etc."

"We have 30 hours per week of class and lab experiences — and they're filled. A special required course would mean cutting back elsewhere."

Dean Tom Johnson agreed. "There is so much material to be learned — and it's not improving one iota. What do you do about ethics and humanities?

"The future conflict between quality of care and cost of care will be a fundamental issue. The rationing of medical care will be ethically based. 'Orders of do not resuscitate' will present tough questions.

"We have to prepare our students for 40 to 50 years of practice in an increasingly complex field. They need to be versed in communication — spoken and written, computers, humanities — to have a certain understanding of the human condition, and an introduction to ethics.

"I don't see this as in any way devaluing the sciences we require."

Cousins: "We are seeing a new breed of scientific humanist and humanistic scientist. The separation of the two intellectual worlds is giving way to a realization that they are both dependent on the conditions of creativity and on the need to accept responsibility for their work. The trend has been moving away from scientists who make public proclamations about the morally antiseptic nature of their calling and the real division is . . . between those who attach primary importance to human life and those who consider such discipline as sovereign."

"What do you do about ethics and humanities?" Johnson asks. "The question is not if they're important — that's not debated. But when and how we can best present it to students at the points they need to learn it."

'Doctor-caused' fatalities:
Third Cause of US Deaths

Data released this year in the major publication of organized standard (allopathic) medicine make it clear:

Iatrogenic – that is, "doctor-caused" – disease is the third leading cause of disease in the United States, trailing only cerebrovascular ("heart") disease and cancer.

The *Journal of the American Medical Assn. (JAMA)* made estimates ranging from 235,000 to 284,000 deaths per year due to doctor-related causes. The figures were considered conservative in some circles and, in terms of side effects due to correctly prescribed legal drugs, somewhat lower than those earlier reported by the Institute of Medicine (IOM).

Critics of the report noted that the figures were derived from studies of hospitalized patients and address only deaths rather than disabilities and other side effects from medical errors.

The July 26 (*JAMA*, Vol. 284) account reports 12,000 deaths from "unnecessary" surgeries per year, at least 7,000 medication errors in hospitals, 20,000 other kinds of hospital errors, some 80,000 infections picked up in hospitals, and 106,000 negative effects from drugs allegedly correctly prescribed and administered (earlier estimates in this area have been as high as 140,000).

Noted Joseph M. Marcola DO in *Townsend Letter for Doctors and Patients* (October 2000):

"These statistics prove very clearly that the system is just not working. It is broken and in desperate need of repair."

office

Side effects linked to medicines with coloring

LONDON – Many drugs contain coloring and preservatives are known to cause adverse reactions in some patients, a study has shown.

However, the head of the study, Dr. I. Pollock from St. George's Hospital, London, said bright and stable colors were important for drug identification and so, too, was a reasonable shelf life.

Dr. Pollock and colleagues carried out a postal survey among pharmaceutical companies in Britain to obtain information on drug formulations.

They found that out of 2,204 medicines, 42% contained an additive implicated in adverse reactions. There were 419 different additives employed and of these, 52 were known to cause adverse reactions.

Tartrazine was the fourth mo.. commonly occurring coloring.

Dr. Pollock, reporting his findings in the *British Medical Journal*, called for doctors to be able to easily obtain details of the additives contained in particular drugs.

Samuel S. Epstein, M.D.
(with an Introduction by Congressman John Conyers, Jr.
and a Foreword by Congressman David Obey)

THE POLITICS OF CANCER *Revisited*

In this book, world-cancer-expert Dr. Samuel Epstein indicts the National Cancer Institute and the American Cancer Society for responsibility in losing the cancer war —

We are not winning the war against cancer. We are losing the war. The number of Americans getting cancer each year has escalated over recent decades, while our ability to treat and cure most common cancers has remained virtually unchanged.

Dr. Epstein states: "The National Cancer Institute and the American Cancer Society have misled and confused the public and Congress by repeated false claims that we are winning the war against cancer — claims made to create public and Congressional support for massive increases in budgetary appropriations."

The Politics of Cancer *Revisited* will make headlines as Dr. Epstein again comes head-to-head with the cancer establishment, disputing their claims with thorough documentation, clarifying misleading statistics, exposing budgetary shell games, and defining the political and economic reasons, rather than lack of scientific information, for the losing cancer war.

For the first time, the American public will find out the truth behind the much-acclaimed "War Against Cancer" in a thoroughly documented exposé of the policies and priorities of the cancer establishment — the National Cancer Institute (NCI) and the American Cancer Society (ACS). The Politics of Cancer *Revisited*

(continued on back cover)

(continued from front cover)

challenges misleading claims that we have "turned the tide against cancer" and shows how the establishment is largely responsible for losing the winnable war against cancer. With equal accuracy and vigor, the book provides vital information — long ignored or trivialized by the cancer establishment — on a wide range of avoidable causes of cancer and on how readers and their families can protect themselves against cancer.

Backed by meticulously detailed documentation, The Politics of Cancer *Revisited*, which follows the author's landmark book of 20 years ago, is a scorching indictment of the cancer establishment sure to stun readers with its revelations. They will learn:

- That in spite of over $20 billion expenditures since the "War against Cancer" was launched by President Nixon in 1971, there has been little if any significant improvement in treatment and survival rates for most common cancers, in spite of contrary misleading hype by the cancer establishment — the National Cancer Institute (NCI) and American Cancer Society (ACS).

- That the cancer establishment remains myopically fixated on damage control — diagnosis and treatment — and basic genetic research, with, not always benign, indifference to cancer prevention. Meanwhile, the incidence of cancer, including nonsmoking cancers, has escalated to epidemic proportions with lifetime cancer risks now approaching 50%.

- That the NCI has a long track record of budgetary shell games in efforts to mislead Congress and the public with its claim that it allocates substantial resources to cancer prevention. Over the last year, the NCI has made a series of widely divergent claims, ranging from $480 million to $1 billion, for its prevention budget while realistic estimates are well under $100 million.

- That the NCI allocates less than 1% of its budget to research on occupational cancer — the most avoidable of all cancers — which accounts for well over 10% of all adult cancer deaths, besides being a major cause of childhood cancer.

- That cancer establishment policies, particularly those of the ACS, are strongly influenced by pervasive conflicts of interest with the cancer drug and other industries. As admitted by former NCI director Samuel Broder, the NCI has become "what amounts to a governmental pharmaceutical company."

- That the MD Anderson Comprehensive Cancer Center was sued in August, 1998 for

(continued on inside flap)

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(continued from back cover)

making unsubstantiated claims that it cures "well over 50% of people with cancer."

- That the NCI, with enthusiastic support from the ACS — the tail that wags the NCI dog — has effectively blocked funding for research and clinical trials on promising non-toxic alternative cancer drugs for decades, in favor of highly toxic and largely ineffective patented drugs developed by the multibillion dollar global cancer drug industry. Additionally, the cancer establishment has systematically harassed the proponents of non-toxic alternative cancer drugs.

- That, as reported in *The Chronicle of Philanthropy,* the ACS is "more interested in accumulating wealth than saving lives." Furthermore, it is the only known "charity" that makes contributions to political parties.

- That the NCI and ACS have embarked on unethical trials with two hormonal drugs, tamoxifen and Evista, in ill-conceived attempts to prevent breast cancer in healthy women while suppressing evidence that these drugs are known to cause liver and ovarian cancer, respectively, and in spite of the short-term lethal complications of tamoxifen. The establishment also proposes further chemoprevention trials this fall on tamoxifen, and also Evista, in spite of two published long-term European studies on the ineffectiveness of tamoxifen. This represents medical malpractice verging on the criminal.

- That the ACS and NCI have failed to provide Congress and regulatory agencies with available scientific information on a wide range of unwitting exposures to avoidable carcinogens in air, water, the workplace, and consumer products — food, cosmetics and toiletries, and household products. As a result, corrective legislative and regulatory action have not been taken.

- That the cancer establishment has also failed to provide the public, particularly African American and underprivileged ethnic groups with their disproportionately higher cancer incidence rates, with information on avoidable carcinogenic exposures, thus depriving them of their right-to-know and effectively preventing them from taking action to protect themselves — a flagrant denial of environmental justice.

It should be recognized that Dr. Epstein's charges against the cancer establishment have been supported by some 65 leading national public health and preventive medicine experts, including past directors of federal agencies.

SAMUEL S. EPSTEIN, M.D., Professor of Occupational and Environmental Medicine at the School of Public Health, University of Illinois Medical Center at Chicago, is an internationally recognized authority on the toxic and carcinogenic effects of environmental pollutants in air, water, and the workplace, and of ingredients and contaminants in consumer products — food, cosmetics, and household products. He is author of 260 scientific articles and ten books, including the prize-winning *The Politics of Cancer* (1978), and The Politics of Cancer *Revisited* (1998), and co-author of *The Legislation of Product Safety: Consumer Health and Product Hazards* (1976), *Hazardous Wastes in America* (1982), *The Safe Shopper's Bible* (1995), and *The Breast Cancer Prevention Program* (1998), besides numerous editorials in leading national newspapers.

Dr. Epstein's activities in the interface between science and public policy include: consultant to the U.S. Senate Committee on Public Works; frequent invited Congressional testimony; and membership on key federal agency advisory committees, including the Health Effects Advisory Committee of EPA and the Department of Labor Advisory Committee on the Regulation of Occupational Carcinogens. He was the key expert involved in the banning of hazardous products and pesticides, including DDT, Aldrin, and Chlordane, and is the leading international expert on the public health hazards of biosynthetic bovine growth hormone (rBGH) used for increasing milk production, and of sex hormones used for fattening cattle in feedlots.

Dr. Epstein is past chairman of the Air Pollution Control Association Committee on Biological Effects of Air Pollutants; President of the Society of Occupational and Environmental Health; Founder and Secretary of the Environmental Mutagen Society; President of the Rachel Carson Council, Inc.; and advisor to a wide range of organized labor, public interest, and citizen activist groups. He is currently Chairman of the nationwide Cancer Prevention Coalition.

Dr. Epstein has extensive media experience, involving numerous invited appearances on the major national TV networks, including Sixty Minutes, Face the Nation, Meet the Press, McNeil/Lehrer, Donahue, Good Morning America, and the Today Show. He has also had frequent appearances on Canadian, European, Australian, and Japanese TV.

EM Field Cancer Link

Swedish studies point to a link between high-tension power lines—specifically, the electromagnetic fields they emit—and cancer among those who live near them.

FROM THE PETROLEUM ECONOMIST

Two recent scientific studies published in Sweden have established the long suspected correlation between low electromagnetic fields and cancer.

The National Board for Industrial and Technological Development, in Stockholm, is studying a wide range of options to protect people exposed to the impact of weak electromagnetic radiation generated by overhead power lines. The board is particularly worried about the incidence of childhood leukemias. Measures under consideration include a ban on new housing development in affected areas.

In the absence of international agreement about the danger posed by electricity transmission lines, scientific opinion tends only to suggest that levels of human exposure to low electromagnetic radiation be limited as a precautionary measure. The U.S. Environmental Protection Agency considers electromagnetic fields as "a possible but unproven" cause of cancer.

ACTION UNDERWAY

The UN World Health Organization is taking an active interest in the studies. The International Radiation Protection Association has established a working group, the Non-Ionizing Radiation Committee, to collect documentation on the protection of exposed populations.

Sweden's two new groundbreaking studies are therefore likely to attract considerable interest.

The first study by Maria Feychtng and Anders Ahlbom, of the Karolinska Institute, in Stockholm—analyzes census records related to the corridors beneath the national network of high-power electricity transmission lines and identifies a dramatically high incidence of cancer in these areas. The study provides evidence, including a clear dose-response correlation, linking childhood leukemias with electromagnetic radiation.

The second study—conducted by Birgitta Flodorus, of the division of occupational medicine at Sweden's National Institute of Occupational Health, in Solna—concludes that people exposed to electromagnetic fields at work are more likely than others to develop cancer. The study says the connection is most obvious for chronic lymphatic leukemia—with the risk trebled for a group exposed to fields stronger than 0.29 microtesla.

The Karolinska scientists report that of the 500,000 residents exposed to high power transmission lines in the quarter century between 1960 and 1985, 142 children developed cancer and 39 of them had leukemia. ●

TV segment 2 wks ago on Today Show regarding the hazards of cell phones.

TV segment 1 wk later with report from JAMA that EMF's are no problem.

Disinformation that is destructive!

HEALTH MATTERS

Be prudent with electric blankets

By PETER H. GOTT

DR. GOTT

DEAR DR. GOTT: Would you comment on a recent report showing a higher incidence of breast cancer in women who used electric blankets?

DEAR READER: At a recent meeting of the Society of Epidemiologic Research, investigators reported a slightly increased risk of breast cancer in women who repeatedly used electric blankets throughout the night. The reason for this surprising finding is not known but may be related to the effects that chronic exposure to electromagnetic fields have on the body's immune system.

This finding fuels an ongoing controversy among scientists who have yet to agree on whether electromagnetic radiation causes health problems. In this column, I have previously reviewed evidence that suggests a higher incidence of illness, such as leukemia, in families who live close to high-tension wires or electrical transformers.

Moreover, some authorities believe that electromagnetic fields around such common devices as television sets and personal computers can adversely affect our immune systems, leading to birth defects and cancer. As yet, there is no consensus about these effects. But they are certainly thought-provoking.

Before any general recommendations can be made, the electric blanket-breast cancer relation will have to be investigated and confirmed by other researchers. While the experts argue, it's probably prudent for most of us to warm the bed with the electric blanket, then turn it off and use conventional covering while sleeping.

Dr Briggs - It was great talking with you. Let us stay in touch! - Alec Cochran

Minnesota Natural Health Legal Reform Project
3236 17th Ave. S, #1
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612 721-3305

Health News June 8, 2000

VENTURA SIGNS MINNESOTA'S HEALTH FREEDOM BILL

In a world looking for freedom to access to alternative health care, Minnesota has found an answer. Governor Jesse Ventura signed the Complementary and Alternative Health Care Freedom of Access bill into law. With that signing, Minnesota protected freedom of access to health care as a basic freedom that people enjoy, along with freedom of speech and freedom of the press. Few choices are so fundamental and important as is the choice of how we shall recover from illness or improve health.

Freedom of Access The successful reform caps a grassroots campaign, waged over several years, to better assure consumer access to the kind of health care that is wanted. The bill's enactment marks a step forward for protecting consumer access not only in Minnesota, but also throughout the land. The bill has been hailed as a bellweather signaling a long overdue recognition of freedom to practice for alternative health care practitioners as well. A consumer's freedom of access is dependent on the practitioner's freedom to practice, of course, much as the public's freedom of access to information rests on the writer's freedom to write freely and without suppression by state laws or actions. For many, the unfair suppression of health care practices is just as troubling and unacceptable as would be the state's censorship of books or of free speech.

How the Movement Started The health freedom movement in Minnesota was galvanized in the mid-90s by high profile legal actions taken against the state's most prominent alternative health care practitioners, both licensed and unlicensed. One case involved St. Paul naturopathic doctor Helen Healy, who was charged with "practice of medicine" without a license. Despite the absence of consumer complaints and even despite the absence of any allegations of patient harm, the state's Medical Board sought to shut down Healy's practice immediately and permanently. The public outcry helped save Healy from being shut down; she settled out of court before her trial. But it also helped spur a new thirst for greater protection of consumer freedom of access and a desire to affirm the practitioner's right to practice with fairer treatment under the law. A citizen 'legal committee" that researched the legal obstacles to health freedom eventually became the nonprofit Minnesota Natural Health Legal Reform Project, which spearheaded the legal reform effort.

The Overly Broad Definition The crux of the problem for all unlicensed practitioners, including Helen Healy, is the overly broad definition of the "practice of medicine." The sweeping definition includes anyone who undertakes to diagnose, correct, treat or even prevent any disease, illness, pain or infirmity by any manner or means; such people are practicing medicine, according to existing law, and must be licensed medical doctors. Nurses, dentists, chiropractors and other licensed health professionals escape charges of practicing medicine without a license because they have an exemption to the overly broad statute. But there is no such protection for the unlicensed alternative health care practitioner; they can be charged with practice of medicine whenever a complaint gets the medical board's attention. The fallout of this legal vulnerability is far-ranging: it includes a fear of becoming too prominent, a fear of being too commercially successful, a fear of being the innovator and a fear of being seen as outspoken in criticizing the more commonly used methods of treatment. As a result of the fear and intimidation, consumers can tend to be deprived of the benefits of the most honest discussions that they could have with their practitioners, and of the most innovative treatment methods. The practitioners themselves may be forced into early retirement or they and their treatment option could be difficult to find.

Licensure and Turf Battles If the state of Minnesota deems it desirable to regulate an occupation, it is state policy to only regulate the occupation with the least restrictive manner and only when an occupation would pose an imminent risk of harm to the public. In view of that, legislative health committees have declined to allow licensure for currently unlicensed modalities such as naturopathy to go forward. A registration bill for massage therapists has also been tabled. Licensure and registration approaches have other drawbacks; they seem to set up battle lines among practitioners, between those that would be allowed to practice under the proposed licensure and those that would be excluded. Minnesota's new approach to affirming health freedom avoids stirring up those kind of turf battles.

Minnesota's Freedom Solution. To assure consumer access to as many practitioners as possible, the state of Minnesota has set up a new office to provide government oversight to unlicensed practitioners. In turn, the practitioners practicing under the new statute will be exempt from criminal charges of practice of medicine without a license. The office will oversee those who are practicing "the broad domain of complementary and alternative healing methods and treatments." Naturopathy, homeopathy and herbalism are just a few of the therapies listed in the statute as examples of practices that the new chapter of law deals with. A set of 24 rules of ethical conduct is given for the new office to oversee. The office will receive consumer complaints, investigate them, and enforce the ethical rules. The ethical rules include prohibitions against fraud, false or misleading advertising, sexual contact with a client, and inability to practice "with reasonable safety ... to the client." The rules of conduct are clearly not intended to allow suppression of therapies on the grounds that they are new or different from conventional practice. "The fact that a ...practice may be a less customary approach to health care shall not constitute the basis of a disciplinary action per se," the new law states.

The new law takes effect July 1, 2000.

How They Did It A statewide grassroots lobbying effort by the reform project helped move the health freedom bill through the tougher committee battles. A core of about eight leaders meet one night a week for three years to drive the effort forward. Serving as the reform project's legal consultant was Diane Miller who, supported by a volunteer legal team, formulated the freedom approach behind the bill. Miller along with citizen-turned-lobbyist Jerri Johnson, a local homeopath, led the lobbying work at the capitol, and helped to navigate the bill through 15 committees.

Consumers in all parts of the state – outstate as well as metro – played a role in reaching their elected officials. They gathered with their legislators in their districts to share their stories of the personal importance of alternative care options and to demand active reform. After a while, it was obvious that, for the people of Minnesota, this reform bill had very broad support.

The chief author in the house was state Representative Lynda Boudreau, a republican. Her leadership in moving the bill through key house policy committees was crucial. With the help of supportive colleagues, Boudreau was able to move the bill through intense amendment discussions, meet the committees' concerns and produce a bill that would meet broad support.

Then it was largely the senate's turn, with the committee deadline clock ticking. State Senator Twyla Ring, a new democratic senator, dramatically piloted the bill through three hearings in one week. Senator Ring had agreed to take up the senate authorship after the death of a previous senate author, Senator Janet Johnson, last August. Elected in a special election to fill the vacancy left by Johnson's death, Sen. Ring, had been a personal friend of Johnson's. Sen. Ring became strongly committed to helping finish the senate journey for health freedom that her friend Janet had begun. With the help of many of her senate colleagues, she did just that.

After going through a conference committee, final passage in both houses was by strong margins. On May 1st, the House approved the bill by 110 to 23, following a final, lively debate. The final senate approval for the bill on May 4th was by a 58 to 1. The freedom train had arrived.

Governor Ventura's policy advisors supported the health freedom bill and the governor's office was deluged with calls from citizens urging that he sign the bill. Without fanfare, Ventura signed the bill May 11th. Although the governor doesn't grant photo opportunities when signing bills, he is meeting later this month to meet and do photos with some of the citizens who were behind the landmark health freedom reform in Minnesota.

Contacts:
Leo Cashman, organizer 612 721-3305 See also, web site www.minnesotanaturalhealth.org

January 16, 2001

SENATE BILL NO. 2139

Fifty-seventh Legislative Assembly
of North Dakota

Introduced by Human Services Committee
At the request of the State Department of health

LAETRILE, KEMDALIN, AMYGDALIN, NITRILOSIDE, VITAMIN B17
are synonyms.

This substance, which is extracted from the apricot seed, is also found in many foods I have included a partial list of foods containing B17. These "nitrilosides" (Vitamin B17) are impressively abundant in nature " a ubiquity virtually unmatched among nutrients other than Vitamin C.

"Whatever their names, the compounds have in common one or more sugars attached to benzene or acetone "rings" and carry a "cyanide radical" that is, they are cyanide-bearing sugar compounds. They are so widespread in nature that the Krebses the earlier McNaughton Foundation, first in Canada and then in California, as a research apparatus for the development of laetrile, and the late Dean Burk, PHD, the peppery biochemist who for years headed the cytochemistry division of the National Cancer Institute (NCI), decided that altogether they constituted one or a complex of B vitamins - which they agreed should be the 17th in order of definition: Vitamin B17.

"They argued that ubiquity in nature of such compounds was a proof, but not the only proof of their vitamin nature. Their essential non-toxicity and solubility in water are other characteristics... laetrile and its breakdown products are involved in a host of other metabolic processes."(from Medical Armageddon, update 2000 by Michael L. Culbert, DSc.

Mr. Culbert informed me there are 40 cancer treatment centers in Mexico, most of them using laetrile, Vitamin B17. Many of our citizens are going to Mexico for this. Why not keep these people here in our country? This appears to be a move to eliminate laetrile in the U.S.

Since 50% of all patients are going to alternative doctors and many medical schools are including alternative medicine in their curriculum, why does it appear there is this effort to remove access to alternative efforts in our state?

Respectfully,

Barbara A. Boyd

A PARTIAL LIST OF FOODS
CONTAINING VITAMIN B-17 (NITRILOSIDES)

SEEDS OF:

apricots
prunes
nectarines
plums
apples
pears
peaches
blackthorns
cherries
pulses (seeds of leguminous crops)

BERRIES:

raspberries
elderberries
choke berries
strawberries
cranberries
wild blueberries
lingonberries
blackberries
blackberries

GRAINS:

millet
barley
brown rice
sesame seeds
buckwheat
rye
oat groats
corn
maize
sorghum plant
cassava
wheatberries

LEGUMES:

scarlet runners
burma beans
broad beans
mung beans
lima beans
rangoon beans
lentils
acacia & its pods
chick peas' pods

HERBS & GRASSES:

wheatgrass
aquatic grass
velvet grass
lettuce (home grown)
mustard greens (home grown)
beet greens (home grown)
bamboo shoots
alfalfa sprouts
bean sprouts
clover
flaxseed
linseed
vetch grass
chick peas
sesame
Barley Green

NUTS:

bitter almonds - apricot kernels
macadamia nuts
cashews
walnuts
chestnuts

Judy Lee Chairperson of the human services Committee Regarding Senate Bill 2134.

In Dec of 1997 I found out that I had Bladder cancer. Docters in Aberdeen wanted to remove my Bladder - Prostate and everything else that is assoiated to that part of the body, they also said that if I don't have that surgery, I'd be dead within 9 months.

Well, with a surgery like that I chose rather to die, Then go though life a half a man and wearing a bag.

I then heard about Alternative medicine and started with Kealation treatment with Laetrile to Buildup my Ammune system. after about 38 treatments of Kealation with Laetrile I decided to try some other herbs, that are to Kill parasites.

In the Last week of August in 98 I went to see another Doctor in Bismark for a checkup and to his surprize it was not life threatening anymore.

Dr Rainwater then gave me some BCG Treatments and it Healed it ok, But Remember this is 10 month lather and I was suppose to have been in my coffin.

Dr Rainwater told me theres something I should I'm doing. And keep taking my vitamin - Herbs

I'm free from cancer as of today, and feel just great.

I'm against the removel of Laetrile which is a herb and vit B17.

Your truly

Charles J. Abeln

Trail City, S. Dak.
Box 166 57657
Tel. 605 845-2203

North Dakota State
Board of Medical Examiners

ROLF P. SLETTEN
Executive Secretary and Treasurer

LYNETTE LEWIS
Administrative Assistant

TO: MEMBERS OF THE HOUSE HUMAN SERVICES COMMITTEE

FROM: ROLF P. SLETTEN, EXECUTIVE SECRETARY & TREASURER

DATE: MARCH 6, 2001

RE: SENATE BILL NO. 2139

The North Dakota Board of Medical Examiners supports Senate Bill No. 2139 for the following reasons:

1. This statute was passed into law in 1979. In twenty-two years no one has ever requested a hearing under this chapter.
2. The Century Code does not contain chapters devoted to healing with crystals or magnets or aroma therapy. There is no need for a chapter devoted to this particular substance.
3. If the Board of Medical Examiners was ever going to bring a disciplinary action against a physician for using laetrile (and that possibility has not even been discussed for years and years) we would need to prove that this substance is harmful or at least useless, whether the statute exists or not. In other words, this chapter serves no useful purpose. It is academic.
4. Sec. 23-23.1-03, NDCC, provides that any person may petition the Board to convene a hearing "to determine the effects of the use of amygdalin and to

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promulgate rules and regulations...as to its use and administration". There is no requirement that the Board grant such a petition. Employing expert witnesses to appear at such a hearing would be an exceedingly expensive undertaking. The Board would almost certainly not grant such a petition unless it was contemplating a disciplinary action against a physician for the use of laetrile. As stated above, that possibility has not even been discussed for a very, very long time.

CHAPTER 23-23.1

LAETRILE

23-23.1-01. Use of laetrile authorized. No hospital or health facility may interfere with the physician-patient relationship by restricting or forbidding the use of amygdalin when prescribed or administered by a licensed physician and requested by a patient unless the substance as prescribed or administered by the physician is found to be harmful by the state board of medical examiners in a hearing conducted pursuant to chapter 28-32.

Source: S.L. 1979, ch. 322, § 1.

Federal Regulation.

The U.S. Supreme Court has reversed a tenth circuit holding that terminally ill cancer patients seeking to use laetrile were not subject to the federal Food, Drug and Cosmetic Act requirement that a new drug be found safe and effective before general use; the Supreme Court held Congress intended the Act to apply to terminally ill patients, with the result that laetrile cannot be shipped in interstate commerce until it is found safe and effective for cancer treatment. United States v. Rutherford (1979) 442 US 544, 61 LEd2d 68, 99 SupCt 2470.

23-23.1-02. Disciplinary action for administering or prescribing laetrile subject to finding of harmfulness. No physician may be subject to disciplinary action by the state board of medical examiners for prescribing or administering amygdalin to a patient under his care who has requested the substance unless the board, in a hearing conducted pursuant to chapter 28-32, has made a formal finding that the substance is harmful.

Source: S.L. 1979, ch. 322, § 2.

23-23.1-03. Hearing of board on effects of laetrile — Rules. Any person may petition, or the board on its own motion may convene, a public hearing to determine the effects of the use of amygdalin and to promulgate rules and regulations pursuant to chapter 28-32 as to its use and administration.

2139
Health & Human Services Committee
March 6th, 2001

Good afternoon Madam Chairman and members of the House Human Services committee. For the record I am Representative Dan Ruby from District 38. I appear before you today in opposition to Senate Bill 2139 mainly because I believe the passage of this bill will eventually deny people the freedom to choose the treatment they feel is best for them.

I would like to give you some recent history of what happened with this bill when heard in the Senate. There was considerable testimony from concerned citizens stating that they feared Senate Bill 2139, repealing chapter 23-23.1 of the Century Code, would ban the use of Laetrile. The citizens were told repeatedly, by members of the committee, that they did not see this bill as a ban on the prescribing or use of Laetrile. They were technically correct. This bill does not ban the use of Laetrile **but** if you read chapter 23-23.1 you can plainly see that to eventually ban the use of Laetrile you would have to remove this chapter first. This is where the uncertainty and distrust originates for the people opposing this bill. If the Department of Health does not intend to regulate Laetrile out of existence or to ban it all together then they should leave this chapter alone.

In their testimony before the Senate they made the point that this bill is no longer needed because the purpose of chapter 23-23.1 was for special studies of the efficacy of laetrile. I don't see language pertaining to studies, only a public hearing. The other provisions, of this chapter, are the very protection physicians have had for more than twenty years.

You and I could debate the pros and cons of alternative medicines and treatments all afternoon because that is a subject all on its own and if you have any questions pertaining to the use, benefits or success of using these alternative treatments, I encourage you to ask the people who have come to give personal testimony of their experiences. With that said, if you still doubt the effectiveness of alternative treatments I will simply ask, how many of you know someone who has died after subjecting themselves to the devastating effects of conventional methods? Thankfully there are some who survive cancer using those methods but I know there are people who have survived cancer using alternative methods as well.

As we all know there is a growing trend, among many people, to limit the amount of toxins in their bodies whether through diets or limiting their exposure to chemicals. This life style priority also extends to medical treatment for these people. The growing trend to use natural substances for health benefits and treatment should not be infringed. So I respectfully ask you to listen to the people who use or prescribe this vitamin and ask any questions you may have and rather than deciding if you would use these natural methods or the conventional methods, please consider the most important issue of personal rights and freedoms.

With that Madam Chairman and members of the committee I will make time for others to testify or answer any questions you may have of me. Thank you

Howard Hall

To: House Committee

Subject: SB 2139

Objective: Do Not Pass SB 2139

Reasons: Preserving the rights of ND citizens

- Protecting our freedom of choice.
- Define Laetrile – Apricot seed - Vitamin B17 – Laetrile is a vitamin therapy (reference the immoral banning of Vitamin B17 = Cancer News Journal. Jan/Apr 1971 which indicates it is **NOT A DRUG**)
- Other sources of B17 are bitter almond, apple seed, cherry, peach and plum, grasses sorghum millet, linseed Can we ban all of these?
- Is our next step banning apples?
- 1961 FDA states amygdalin (Vitamin B17) is not toxic. Ad Hoc Committee Aug 1961
- Effectiveness established back in 1905 (page 83).
- Tomatoes – lycopene is known to switch on a mechanism that normally tells cells to stop growing a mechanism that goes wrong in cancer cells. Shall we ban tomatoes?
- Aspirin tablets are twenty times more toxic than equivalent amounts of laetrile (B17). Each year in the United States 90 people die from aspirin poisoning. No one ever has died from B17.
- **PROBLEM** – No money for drug companies.

To: House Committee

Subject: SB 2139

Objective: Do Not Pass SB 2139

Reasons: Preserving the rights of ND citizens

TESTIMONY

In March of 1990, David Sliper was rushed to the emergency room and the doctor found that I had a tumor in the colon. Three days later surgery was done and 34 cm were removed from the colon. Three days after that, the doctor indicated there would be several people coming down to talk to him about chemo. The doctor instructed me to tell them you were not interested because of the percentage of recovery was only 14% effective, and to go home and do vitamin therapy.

The chemo doctors told me that I would be dead in 5 years if I didn't do it there way. Well guess what, I am still alive and it has been **11 years**. The Mayo Clinic has declared me **colon cancer free.**

In November of 1999, David Sliper was diagnosed with prostrate cancer. Five probes were clean and one probe had cancer in it. Again, I choose to go to a different type of vitamin therapy. The types of therapy I used was:

Apricot Seed
Pumpkin Seed
Coral Calcium
Cesium Salt
Poly MVA

I have been declared **CANCER FREE** in all areas as of December 2000.

Quotes by **Senator William Proxmire**:

> "The FDA and much, but not all, of the orthodox medical profession are actively hostile against the manufacture, sale and distribution of vitamins and minerals as food or food supplements. They are out to get the health food industry and to drive the health food stores out of business. And they are trying to do this out of active hostility and prejudice."

Quotes by **Dr. Hardin B Jones**, a professor of medical physics and physiology at the University of California and Assistant Director of the University of Donner Laboratories in Berkely:

> "When a woman takes the life of her unborn child on the theory that she may do what she wishes with her own body, she receive the sanction of the Supreme Court. But if she purchases Laetrile in an attempt to save a life, either her child's or her own, she has participated in a criminal act.

Quote by **Thomas Edison**:

> "The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause of prevention of disease."

TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE
MARCH 6TH, 2001 - FORT UNION ROOM - SENATE BILL 2139

[redacted] Chairman and members of the House Human Services Committee: I am honored to be able to testify before this committee in this free country today. On October 9th of last year, I found a lump in my breast. The next day I went to my doctor and she did an exam, mammogram, ultrasound and biopsy. The diagnosis was that the lump in my breast was cancerous. She recommended two surgeons and I was instructed to make appointments with them, visit with them and choose the one I felt most comfortable with.

I researched the doctors, surgery and other treatment. I made the CHOICE of doctor and surgery. I also made the CHOICE to use "alternative" therapy, rather than traditional radiation and chemotherapy. This alternative treatment included the use of LAETRILE (which is Vitamin B17) as a cancer-fighting agent.

On October 24th, 2000, following weeks of alternative therapy to help shrink the cancerous tumor, I had a lumpectomy, and as I continue on with my alternative treatment, I have been recently diagnosed as "cancer-free"!! Do you have any idea how wonderful those words are?

This is why I'm testifying here today. I am absolutely OPPOSED to SENATE BILL 2139. It should be the patient themselves, NOT representatives of the FDA or any special interest group, who determine the best CHOICES for treating each patient.

Not everyone will agree on the options and which one is best, but patients MUST be allowed to choose the best course of action for their individual needs.

We can liken this to modes of travel. Most of us drive cars. And, driving a car is often a fast, efficient way to get where you're going. However, the availability of cars does NOT mean that walking is a bad option. Nor does it mean that flying or riding the bus or taking the train is a bad option. We certainly wouldn't want someone to tell us that it's now illegal to walk to work, just so that the car manufacturers and gasoline sellers can make more money, do we? Of course not.

This is the same idea. Someone, other than the patient, is telling the patient HOW to get where they're going. And, it's not right.

Alternative therapies (if they should even be called "alternative," after all, natural vitamins have been around a lot longer than mechanized medicines have) such as laetrile do work. Laetrile is less expensive than many other alternatives and does not have the awful side effects that conventional chemotherapy has.

If Senate Bill 2139 is passed, everyone, including women like me who have had breast cancer, will be denied the CHOICE to use this medicine. Doctor's will no longer be allowed to legally prescribe this medicine and patient's will be denied one of their many options. Chemotherapy and radiation work for many, many people. Surgery works for many. AND, alternative therapy works for many, too. Sometimes the best CHOICE is a combination of the options.

I encourage each of you to vote DO NOT PASS on Senate Bill 2139. Help keep as many options for patients in need, as possible. I'm certain NONE of you wants to be told you have to take a taxi home, when you were planning to ride your bicycle. Keep the CHOICES available for all of us.

Again, I am thankful for this opportunity to share my story and I thank you for taking the time to listen. I will be glad to answer any questions you may have.

Ruth Schmidt
401 First Avenue West
Sawyer, ND 58781

Phone (701) 624-5364
E-Mail ruden@~~nd.com~~ NDAK.NET

Regarding Senate BI11 No. 2139

House of Representatives Human Services Committee
Hearing. March 6, 20001 2:30 PM

Clara Sue Price, Chairperson,and committee members:

We all know that America is world reknown for its "Freedom".

I believe this bill, Senate Bill NO. 2139 is a threat to our "Freedom of Choice" in healthcare. It removes the protection provided in the N. D. Century Code of 1979.

More than 50% of the United States citizens are seeking help from other than the mainstream medical community. Why should our state go backwards?

Trying to stop this movement is nothing new. It has been an ongoing struggle since before the limeies were told the cause of scurvy is lack of vitamin C. Change comes hard! These powers have been trying to obstruct the use of laetrile ever since its value in cancer treatment.

We have been told nothing will change if this bill is passed. WHY NOT LEAVE WELL ENOUGH ALONE? PLEASE!

Why must our American citizens go to Mexico to one of the 40 Tijuana cancer clinics?

Sincerely,

Constance R. Briggs

Constance R. Briggs

"Janeen Pollman" <janeen@utma.com>
03/05/01 07:48 PM

To: <jkasper@state.nd.us>
cc:
Subject:

March 4, 2001

Re: SB 2139

Representative Kasper:

This letter is written to strongly oppose SB 2139 which would give the Medical Board authority to govern the administration of Vitamin B 17 (Laetrile).

I find this bill absolutely inappropriate for the following reasons:

1) Vitamin B 17 (Laetrile) is a natural vitamin that is found in many of the foods we eat; just as Vitamin C, Vitamin A, and the other B vitamins. For what reason does the Medical Board think they should have control over who administers it? The job of the State Board of Medicine is to govern medicine not vitamins.

2) Vitamin B 17 (Laetrile) has been used in the treatment of cancer for many years and has been proven very effective. I have been a nurse for 20 years; The majority of these years have been spent taking care of terminally ill cancer patients. I have also had years of experience in Hospice nursing. I can attest to the horror and deaths from chemotherapy and it is a well known fact that when patients die of cancer it is not the cancer that kills them, it is the side effects of chemotherapy. The same cannot be said for patients taking Laetrile. I know several patients who have and are continuing to take Vitamin B 17 for their cancer and are doing very well.

3) PATIENT RIGHTS are an important issue in the healthcare arena. If a patient chooses to take Vitamin B 17, (Laetrile) they should be allowed to take it. Research on Laetrile has been ongoing for the past thirty years with wonderful results and many other countries incorporate its use into their medical regimen; why? because it saves lives and is that not the mission of healthcare providers? To allow this bill to pass would be like personally telling our patients that they have no choice and that would be in violation of their rights.

Thank you for your consideration in this matter.

Best regards,

Sandra K. Sund, MSN, R.N.

90 Burnetts Addition/Bottineau ND 58318/701-263-4732

Testimony by Suzanne Sund Klundt re: SB 2139

Madam Chair, Members of the Committee ;

I implore you to vote NO on SB 2139. The way the Century Code stands now has no negative impact on ANYONE and allows some protective measures for those of us, patients & providers, who practice alternative and/or integrated health care. However, to repeal section 23-23.1 would open a door that could negatively impact EVERYONE who wants the freedom to choose one's own health treatment.

In this day & age, when achieving optimal health includes many more proven options than ever before, let us in North Dakota allow for individual freedom to choose without the burden of unnecessary govenment interference.

Respectfully submitted,

Suzanne Sund Klundt
1111 Mandan St.
Bismarck, ND 58501

Early in 1974, the California medical board brought formal charges against Stewart M. Jones, M.D., for using Laetrile in the treatment of cancer patients. It was learned later, however, that Dr. Julius Levine, one of the members of that board, *himself* had been using Laetrile in the treatment of his own cancer. When Dr. Jones' case came up for review, the political pressures were so great that Dr. Levine felt compelled to resign from his post rather than come out openly in support of Dr. Jones and his patients.[2]

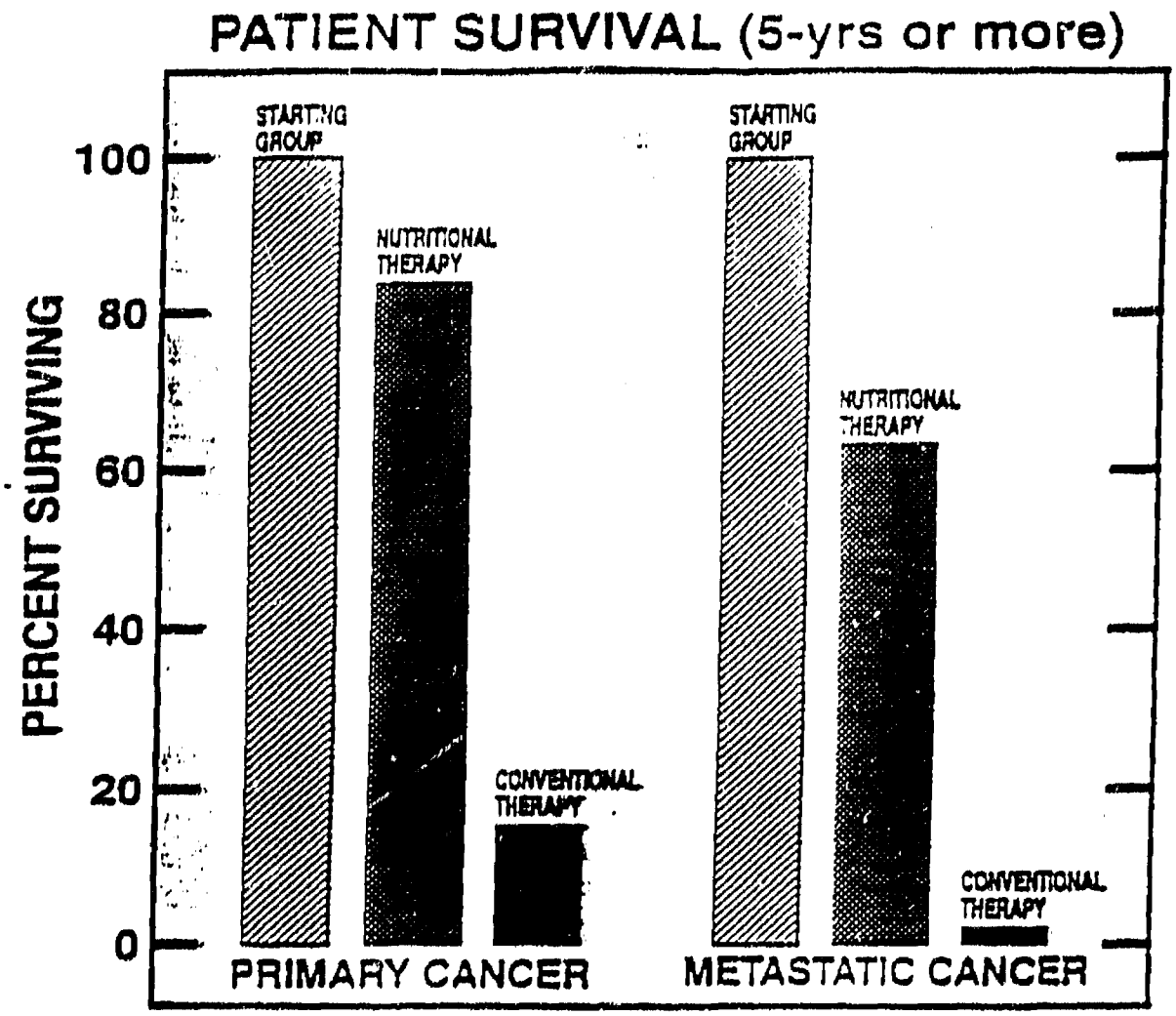
This is happening in a land which boasts of freedom and whose symbol is the Statue of Liberty. For the first time in our history, people are being forced to flee *from* our shores as medical emigrants seeking freedom-of-choice and sovereignty over their own bodies. Laetrile has been available in Australia, Brazil, Belgium, Costa Rica, England, Germany, Greece, India, Israel, Italy, Japan, Lebanon, Mexico, Peru, the Philippines, Spain, Switzerland, the U.S.S.R., Venezuela, and Vietnam—but it is not allowed in the "land of the free."

In the remote recesses of the Himalaya Mountains, between West Pakistan, India, and China, there is a tiny kingdom called Hunza. These people are known world over for their amazing longevity and good health. It is not uncommon for Hunzakuts to live beyond a hundred years, and some even to a hundred and twenty or more. Visiting medical teams from the outside world have reported that they found no cancer in Hunza.

Although presently accepted science is unable to explain *why* these people should have been free of cancer, it is interesting to note that the traditional Hunza diet contains over two-hundred times more nitriloside than the average American diet. In fact, in that land where there was no such thing as money, a man's wealth was measured by the number of apricot trees he owned. And the most prized of all foods was considered to be the apricot seed.

One of the first medical teams to gain access to the remote kingdom of Hunza was headed by the world-renowned British surgeon and physician Dr. Robert McCarrison. Writing in the January 7, 1922, issue of the *Journal of The American Medical Association*, Dr. McCarrison reported:

> The Hunza has no known incidence of cancer. They have ... an abundant crop of apricots. These they dry in the sun and use very largely in their food.



In addition to the clinical results obtained by these physicians in the treatment of humans, there have been at least five carefully controlled experiments on mice that have shown definite Laetrile anti-cancer action. These include: (1) the experiments done by Scind Laboratories of San Francisco in 1968, (2) the studies completed at the Pasteur Institute (Paris) in 1971, (3) those at the Institute von Ardenne (Dresden, Germany) in 1973, (4) the experiments at the Southern Research Institute in 1973, and (5) numerous trials at Sloan-Kettering from 1972 to 1977. In spite of all this, spokesmen for orthodox medicine still proclaim there is no evidence that Laetrile works. The evidence is everywhere.[1]

While the use of Laetrile alone has proven to be effective in many instances, even better results usually are obtained

1. "See How They Lie, See How They Lie," by Dr. Dean Burk, *Cancer News Journal*, Vol. 9, No. 3 (June, 1974), p. 5.

Photo by author

Photo by author

Dr. Dale Danner (left), a terminal cancer victim himself, at first had no faith in Laetrile. On the brink of death he self-administered a massive dose as a last resort and was amazed to experience a release from pain and a return of appetite. Three months later he was able to return to work.

In 1967, cancer victim Joanne Wilkinson (bottom left) was told that it would be necessary to remove her leg, hip, bladder, and one of her kidneys. When she chose Laetrile instead, her irate physicians warned her that she could not possibly live longer than twelve weeks. This photo was taken many years afterward. Mrs. Wilkinson has enjoyed a healthy and productive life.

Alicia Buttons, wife of the famous actor-comedian Red Buttons (below), had been given up as hopeless by practitioners of orthodox medicine. After a few months of Laetrile therapy, however, her cancer had completely disappeared. The couple is shown here at the 1973 Cancer Control Convention in Los Angeles. Alicia was still going strong twenty-three years later.

Photo from *The Tatler*

Chapter Eight

THE LAETRILE "QUACKS"

The names, professional standings, medical achievements, and clinical findings of some of the more prominent doctors who endorse Laetrile; the beneficial side-effects produced by its use; a suggested anti-cancer diet; and a brief description of vitamin B_{15}.

"Laetrile is goddamned quackery!"

Such was the pronouncement of Helene Brown, president of the American Cancer Society of California.[1]

As early as 1974, there were at least twenty-six published papers written by well-known physicians who had used Laetrile in the treatment of their own patients and who have concluded that Laetrile is both safe and effective in the treatment of cancer.[2] In addition, there are the voluminous private records of physicians who have used it clinically but have never published their findings except in letters to their colleagues or in public lectures or interviews. The American Cancer Society and other spokesmen for orthodox medicine would have us believe that only quacks and crackpots have endorsed this conclusion. But the doctors who conducted these experiments and those who share their conclusions are *not* quacks. Here are just a few of the names:

In West Germany there is Hans Nieper, M.D., former Director of the Department of Medicine at the Silbersee Hospital in Hanover. He is a pioneer in the medical use of cobalt and is credited with developing the anti-cancer drug, *cyclophosphamide*. He is the originator of the concept of "electrolyte carriers" in the

1. "The Pain Exploiters: The Victimizing of Desperate Cancer Patients," *Today's Health*, Nov., 1973, p. 28.
2. A complete list of these papers is contained in *The Laetriles/Nitrilosides*, *op. cit.*, pp. 84, 85.

prevention [redacted]rdiac necrosis. He was formerly the head of the Aschaffenb[redacted] Hospital Laboratory for chemical circulatory research. He is listed in *Who's Who in World Science* and has been the Director of the German Society for Medical Tumor Treatment. He is one of the world's most famous and respected cancer specialists.

During a visit to the United States in 1972, Dr. Nieper told news reporters:

> After more than twenty years of such specialized work, I have found the nontoxic Nitrilosides—that is, Laetrile—far superior to any other known cancer treatment or preventative. In my opinion it is the only existing possibility for the ultimate control of cancer.

In Canada there is N.R. Bouziane, M.D., former Director of Research Laboratories at St. Jeanne d'Arc Hospital in Montreal and a member of the hospital's tumor board in charge of chemotherapy. He graduated *magna cum laude* in medicine from the University of Montreal. He also received a doctorate in science from the University of Montreal and St. Joseph's University, an affiliate of Oxford University in New Brunswick. He was a Fellow in chemistry and a Fellow in hematology, and certified in clinical bacteriology, hematology and biochemistry from the college. He also was Dean of the American Association of Bio-Analysts.

After the first series of tests with Laetrile shortly after it was introduced, Dr. Bouziane reported:

> We always have a diagnosis based on histology [microscopic analysis of the tissue]. We have never undertaken a case without histological proof of cancer....
>
> In our investigation, some terminal cases were so hopeless that they did not even receive what we consider the basic dose of thirty grams. Most cases, however, became ambulatory and some have in this short time resumed their normal activities on a maintenance dose.[1]

In the Philippines there is Manuel Navarro, M.D., former Professor of Medicine and Surgery at the University of Santo Tomas in Manila; an Associate Member of the National Research Council of the Philippines; a Fellow of the Philippine College of Physicians, the Philippine Society of Endocrinology and Metabolism; and a member of the Philippine Medical Association, the

1. "The Laetrile Story," *op. cit.* p. 3. Also *Cancer News Journal*, Jan./Apr., 1971, p. 20.

Philippine Cancer Society, and many other medica[redacted]ups. He has been recognized internationally as a cancer re[redacted]ter and has over one-hundred major scientific papers to his credit, some of which have been read before the International Cancer Congress. In 1971 Dr. Navarro wrote:

> I ... have specialized in oncology [the study of tumors] for the past eighteen years. For the same number of years I have been using Laetrile–amygdalin in the treatment of my cancer patients. During this eighteen year period I have treated a total of over five hundred patients with Laetrile–amygdalin by various routes of administration, including the oral and the I.V. The majority of my patients receiving Laetrile–amygdalin have been in a terminal state when treatment with this material commenced.
>
> It is my carefully considered clinical judgment, as a practicing oncologist and researcher in this field, that I have obtained most significant and encouraging results with the use of Laetrile–amygdalin in the treatment of terminal cancer patients, and that these results are comparable or superior to the results I have obtained with the use of the more toxic standard cytotoxic agents.[1]

In Mexico there is Ernesto Contreras, M.D., who, for over three decades, has operated the Good Samaritan Cancer Clinic (now called the Oasis Hospital) in Tijuana. He is one of Mexico's most distinguished medical figures. He received postgraduate training at Harvard's Children's Hospital in Boston. He has served as Professor of Histology and Pathology at the Mexican Army Medical School and as the chief pathologist at the Army Hospital in Mexico City.

Dr. Contreras was introduced to Laetrile in 1963 by a terminal cancer patient from the United States who brought it to his attention and urged him to treat her with it. The woman recovered, and Dr. Contreras began extensive investigation of its properties and use. Since that time he has treated many thousands of cancer patients, most of whom are American citizens who have been denied the freedom to use Laetrile in their own country.

Dr. Contreras has summarized his experiences with vitamin therapy as follows:

> The palliative action [improving the comfort and well-being of the patient] is in about 60% of the cases. Frequently, enough to be

1. Letter from Dr. Navarro to Mr. Andrew McNaughton, The McNaughton Foundation, dated January 8, 1971, published in the *Cancer News Journal*, Jan./April, 1971, pp. 19, 20.

significant, I see arrest of the disease or even regression in some 15% of the very advanced cases.[1]

In Japan there is Shigeaki Sakai, a prominent physician in Tokyo. In a paper published in the October 1963 *Asian Medical Journal*, Dr. Sakai reported:

> Administered to cancer patients, Laetrile has proven to be quite free from any harmful side-effects, and I would say that no anti-cancer drug could make a cancerous patient improve faster than Laetrile. It goes without saying that Laetrile controls cancer and is quite effective wherever it is located.

In Italy there is Professor Etore Guidetti, M.D., of the University of Turin Medical School. Dr. Guidetti spoke before the Conference of the International Union Against Cancer held in Brazil in 1954 and revealed how his use of Laetrile in terminal cancer patients had caused the destruction of a wide variety of tumors including those of the uterus, cervix, rectum, and breast. "In some cases," he said, "one has been able to observe a group of fulminating and cauliflower-like neoplastic masses resolved very rapidly." He reported that, after giving Laetrile to patients with lung cancer, he had been "able to observe, with the aid of radiography, a regression of the neoplasm or the metastases."

After Guidetti's presentation, an American doctor rose in the audience and announced that Laetrile had been investigated in the United States and found to be worthless. Dr. Guidetti replied, "I do not care what was determined in the United States. I am merely reporting what I saw in my own clinic."[2]

In Belgium there is Professor Joseph H. Maisin, Sr., M.D., of the University of Louvain where he was Director of the Institute of Cancer. He also was President Emeritus of the International League Against Cancer which conducts the International Cancer Congress every four years.

And in the United States there are such respected names as Dr. Dean Burk of the National Cancer Institute; Dr. John A. Morrone of the Jersey City Medical Center; Dr. Ernst T. Krebs, Jr., who developed Laetrile; Dr. John A. Richardson, the courageous San Francisco physician who challenged the government's right

1. *Cancer News Journal*, Jan./April, 1971, p. 20. We must bear in mind that these are *terminal* patients—people who have been given up as hopeless by orthodox medicine. Fifteen percent recovery in *that* group is a most impressive accomplishment.
2. *Cancer News Journal*, Jan./April, 1971, p. 19.

to prevent Laetrile from being used in the United States, Dr. Philip E. Binzel, Sr., a physician in Washington Court House, Ohio, who has used Laetrile for over twenty years with outstanding success; and many others from over twenty countries with equally impeccable credentials.

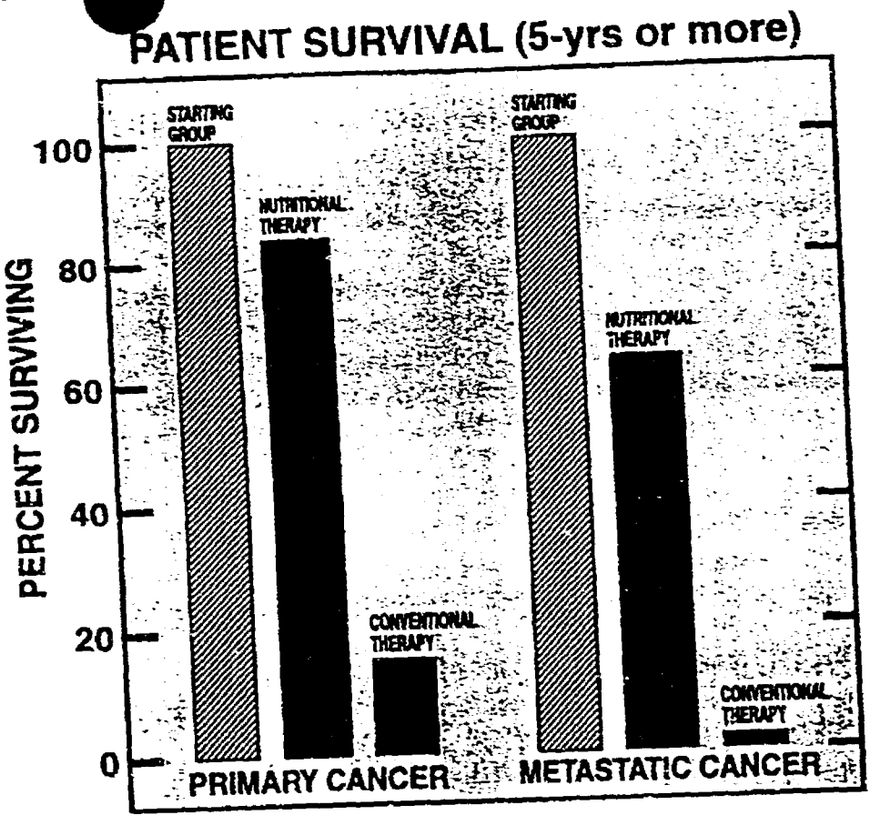
Most of these practitioners have reported independently that patients usually experience several important side effects. These include a normalizing of blood pressure in hypertensive patients, improved appetite, an increase in the hemoglobin and red blood cell count, the elimination of the fetor (which is the unpleasant odor often associated with terminal cancer patients), and above all, a release from pain without narcotics. Even if the patient has started Laetrile therapy too late to be saved, this last effect is a merciful blessing in itself.

One must not conclude that the only value in Laetrile is to improve the quality of life as the patient is dying. Extension of the *length* of life is the grand prize for many patients. Dr. Binzel, in his book, *Alive and Well*, compared the long-term survival statistics of his own cancer patients with the survival rates of those who undergo orthodox therapies. His study involved 108 patients representing 25 different types of cancer. This is what he reported:

> This means that out of 108 patients with *metastatic* cancer, over a period of 12 years, 76 of those patients (70.4%) did not die of their disease. Again, even if I concede that the 9 patients who died of "cause unknown" did, indeed, die from their cancer, I am looking at ... 62.1% [long-term survival]....
>
> If you consider only those patients who have survived five years or more, this means that my results were 287% better than those reported by the American Cancer Society for the treatment of *metastatic* cancer by "orthodox" methods alone.[2]

The following graph, taken from Dr. Binzel's book, *Alive and Well*, shows his comparison between nutritional and conventional therapies. *Primary Cancer* represents patients with only one cancer location. *Metastatic Cancer* represents patients whose cancer has spread to multiple locations.

1. See John A. Richardson, M.D., and Patricia Griffin, R.N., *Laetrile Case Histories; The Richardson Cancer Clinic Experience* (Westlake Village, CA: American Media, 1977).
2. Philip E. Binzel, M.D., *Alive and Well: One Doctor's Experience with Nutrition in the Treatment of Cancer Patients* (Westlake Village, CA: American Media, 1994), p. 113.



In addition to the clinical results obtained by these physicians in the treatment of humans, there have been at least five carefully controlled experiments on mice that have shown definite Laetrile anti-cancer action. These include: (1) the experiments done by Scind Laboratories of San Francisco in 1968, (2) the studies completed at the Pasteur Institute (Paris) in 1971, (3) those at the Institute von Ardenne (Dresden, Germany) in 1973, (4) the experiments at the Southern Research Institute in 1973, and (5) numerous trials at Sloan-Kettering from 1972 to 1977. In spite of all this, spokesmen for orthodox medicine still proclaim there is no evidence that Laetrile works. The evidence is everywhere.[1]

While the use of Laetrile alone has proven to be effective in many instances, even better results usually are obtained with

1. "See How They Lie, See How They Lie," by Dr. Dean Burk, *Cancer News Journal*, Vol. 9, No. 3 (June, 1974), p. 5.

supplemental therapy as well. The late John Richardson, M.D., of San Francisco achieved one of the highest recovery rates among Laetrile practitioners in the entire world. Here, in his own words, is the advice he gave to his patients:

> *Vegetable Kingdom*: In the vegetable kingdom eat anything and everything that is edible and for which you have no idiosyncrasy. Eat everything whole. Eat all of the edible parts of the food—especially the roughage. This food is preferably eaten raw; but when you cannot tolerate it raw, cook the food just sufficiently to make it tolerable.
>
> *Animal Kingdom*: Eat any or all fish as fresh as possible and lightly cooked in the absence of animal fats (vegetable oils may be used). Eat the skin-free meat of poultry. Whatever does not fall within this formula, forget it. Don't eat it. The formula is all-inclusive, so it's not necessary to mention: no dairy products, beef, mutton, pork, bacon, ham, etc.
>
> The liver is to neoplastic diseases what the heart is to circulatory diseases. The liver is central.
>
> Adequate liquid intake with fresh juices plain or carbonated.
>
> *Vitamin Supplements:* Vit. C, 1500 mg to 5000 mg; 800 – 1200 International Units of d-alpha tocopherol (vitamin E) plus a good brand of therapeutic multi-vitamins, preferably of organic or natural derivatives.
>
> Toxins of all kinds to be avoided including tobacco, alcohol. Discourage coffee, tranquilizers, sedatives, analgesics. Antibiotics OK. Rest is important while exercise should spare the affected area....
>
> You should include Vitamin B15 (pangamic acid) which detoxifies the liver as a transmethylating agent, and increases the oxygen uptake potential of the tissues, and since trophoblast lives by the fermentative process, the rationale for the B15 is obvious.
>
> *Pancreatic Enzyme Supplementation:* We find dessicated pancreas substances to be an effective supplement.[1]

The dietary restrictions prescribed by Dr. Richardson are for those who have cancer. It is not recommended for healthy persons because it is unnecessarily restrictive. For those who do not have cancer, a general diet containing foods rich in nitriloside content should be adequate.[2] Here is what Dr. Krebs suggests:

1. Open letter to interested doctors dated Nov. 1972, revised 1974; Griffin, *Private Papers, op. cit.*
2. Again, we highly recommend June de Spain's *The Little Cyanide Cookbook, op. cit.*

greens and seaweed. Carbohydrates were almost completely lacking.

Suddenly, all of that changed. Dr. Schaefer reports:

> When the Eskimo gives up his nomadic life and moves into the settlement, he and his family undergo remarkable changes. His children grow faster and taller, and reach puberty sooner. Their teeth rot, his wife comes down with gallbladder disease and, likely as not, a member of his family will suffer one of the degenerative diseases for which the white man is well known.[1]

There are many other peoples in the world that could be cited with the same characteristics. The Abkhazians deep in the Caucasus Mountains on the Northeast side of the Black Sea are a people with almost exactly the same record of health and longevity as the Hunzakuts. The parallels between the two are striking. First, Abkhazia is a *hard* land which does not yield up a harvest easily. The inhabitants are accustomed to daily hard work throughout their lives. Consequently, their bodies and minds are strong right up until death, which comes swiftly with little or no preliminary illness. Like the Hunzakuts, the Abkhazians expect to live well beyond eighty years of age. Many are over a hundred. One of the oldest persons in the world was Mrs. Shirali Mislimov of Abkhazia who, in 1972, was estimated to be 165 years old.[2]

The other common factor, of course, is the food, which, typically, is low in carbohydrates, high in vegetable proteins, and rich in minerals and vitamins, especially vitamin B_{17}.

The Indians of North America, while they remained true to their native customs and foods, also were remarkably free from cancer. At one time, the American Medical Association urged the federal government to conduct a study in an effort to discover why there was so little cancer among the Hopi and Navajo Indians. The February 5, 1949, issue of the *Journal* of the AMA declared:

> The Indian's diet seems to be low in quality and quantity and wanting in variety, and the doctors wondered if this had anything to do with the fact that only 36 cases of malignant cancer were found out of 30,000 admissions to the Ganado Arizona Mission Hospital.

1. *Nutrition Today*, Nov./Dec., 1971, as quoted in "Modern Refined Foods Finally Reach The Eskimos," *Kaysers Health Research*, May, 1972, pp. 11, 46, 48.
2. "The Secret of Long Life" by Sula Benet, (N.Y. Times News Service), *L.A. Herald Examiner*, Jan. 2, 1972, p. A-12. Also "Soviet Study Finds Recipe for Long Life," *National Enquirer*, Aug. 27, 1972, p. 13.

> In the same population of white persons, the doctors say there would have been about 1,800.

Thirty-six cases compared to eighteen hundred represents only two percent of the expected number. Obviously, *something* is responsible.

Dr. Krebs, who has done exhaustive research on this subject, has written:

> I have analyzed from historical and anthropological records the nitrilosidic content of the diets of these various North American tribes. The evidence should put to rest forever the notion of toxicity in nitrilosidic foods. Some of these tribes would ingest over 8,000 milligrams of vitamin B_{17} (nitriloside) a day. My data on the Modoc Indians are particularly complete.[1]

A quick glance at the cancer-free native populations in tropical areas, such as South America and Africa, reveals a great abundance and variety of nitriloside-rich foods. In fact, over one-third of all plants native to these areas contain vitamin B_{17}. One of the most common is cassava, sometimes described as "the bread of the tropic." But this is not the same as the sweet cassava preferred in the cities of western civilization. The native fruit is more bitter, but it is rich in nitriloside. The sweet cassava has much less of this vital substance, and even that is so processed as to eliminate practically all nitrile ions.[2]

As far back as 1913, Dr. Albert Schweitzer, the world-famous medical missionary to Africa, had put his finger on the basic cause of cancer. He had not isolated the specific substance, but he was convinced from his observations that a difference in food was the key. In his preface to Alexander Berglas' *Cancer: Cause and Cure* (Paris: Pasteur Institute, 1957), he wrote:

> On my arrival in Gabon in 1913, I was astonished to encounter no cases of cancer. I saw none among the natives two hundred miles from the coast.... I can not, of course, say positively that there was no cancer at all, but, like other frontier doctors, I can only say that, if any cases existed, they must have been quite rare. This absence of cancer seemed to be due to the difference in nutrition of the natives compared to the Europeans....

The missionary and medical journals have recorded many such cancer-free populations all over the world. Some are in

1. Letter from Dr. E.T. Krebs, Jr. to Dr. Dean Burk of the National Cancer Institute, dated March 14, 1972, Griffin; *Private Papers, op. cit.*
2. *The Laetriles/Nitrilosides, op. cit.*, pp. 9, 10.

tropic regions, some in the Arctic. Some are hunters who eat great quantities of meat, some are vegetarians who eat almost no meat at all. From all continents and all races, the *one* thing they have in common is that the degree to which they are free from cancer is in direct proportion to the amount of nitriloside or vitamin B_{17} found in their natural diet.

In answer to this, the skeptic may argue that these primitive groups are not exposed to the same cancer-producing elements that modern man is, and perhaps *that* is the reason they are immune. Let them breathe the same smog-filled air, smoke the same cigarettes, swallow the same chemicals added to their food or water, use the same soaps or deodorants, and *then* see how they fare.

This is a valid argument. But, fortunately, even that question now has been resolved by experience. In the highly populated and often air-polluted State of California there are over 100,000 people comprising a population that shows a cancer incidence of less than fifty per cent of that for the remaining population. This unique group has the same sex, age, socioeconomic, educational, occupational, ethnic and cultural profile as the remainder of the State's population that suffers twice as high an incidence of cancer. This is the Seventh Day Adventist population of the State.

There is only one material difference that sets this population apart from that of the rest of the State. This population is predominantly vegetarian. By increasing greatly the quantity of vegetables in their diet to compensate for the absence of meat they increase proportionately their dietary intake of vitamin B_{17} (nitriloside).[1] Probably the reason that this population is not totally free from cancer—as are the Hunzakuts, the aboriginal Eskimos, and other such populations—is that (1) many members of this sect have joined it after almost a lifetime on a general or standard dietary pattern; (2) the fruits and vegetables ingested are not consciously chosen for vitamin B_{17} content nor are fruit seeds generally eaten by them; and (3) not *all* Seventh Day Adventists adhere to the vegetarian diet.

1. There are other substances found in vegetables that also have shown an anti-cancer effect—such as beta-carotine and a group of chemicals known as saponins which are found in a wide variety of vegetables and legumes. Nitrilosides, however, appear to be the most potent. See "Vegemania, Scientists Tout the Health Benefits of Saponins," by Richard Lipkin, *Science News*, December 9, 1995, pp. 392–3.

Another group that, because of religious doctrine, eats very little meat and, thus, a greater quantity of grains, vegetables, and fruits which contain B_{17}, is the Mormon population. In Utah, which is seventy-three percent Mormon, the cancer rate is twenty-five percent below the national average. In Utah county, which includes the city of Provo and is ninety percent Mormon, the cancer rate is below the national average by twenty-eight percent for women and thirty-five percent for men.[1]

In the summer of 1940, the Netherlands became occupied by the military forces of Nazi Germany. Under a dictatorial regime the entire nation of about nine-million people was compelled to change its eating habits drastically. Dr. C. Moerman, a physician in Vlaardingen, the Netherlands, described what happened during that period:

> White bread was replaced by whole-meal bread and rye bread. The supply of sugar was drastically cut down and soon entirely stopped. Honey was used, if available. The oil supply from abroad was stopped and, as a result, no margarine was produced any more, causing the people to try and get butter. Add to this that the consumer received as much fruit and as many vegetables as possible, hoarding and buying from the farmers what they could. In short: people satisfied their hunger with large quantities of natural elements rich in vitamins.
>
> Now think of what happened later: in 1945 this forced nutrition suddenly came to an end. What was the result? People started eating again white bread, margarine, skimmed milk, much sugar, much meat, and only few vegetables and little fruit.... In short: people ate too much unnatural and too little natural food, and therefore got too few vitamins.[2]

Dr. Moerman showed that the cancer rate in the Netherlands dropped straight down from a peak in 1942 to its lowest point in 1945. But after 1945, with the return of processed foods, the cancer rate began to climb again and has shown a steady rise ever since.

Of course the experience in the Netherlands or among the Seventh Day Adventists or Mormons is not conclusive for it still leaves open the question of the *specific* food factor or factors that were responsible. So let us narrow the field.

Since the 1960s, there has been a steadily-growing group of people who have accepted the vitamin theory of cancer and who

1. "Cancer Rate for Mormons Among Lowest," *Los Angeles Times*, Aug. 22, 1974, Part II, p. 1.
2. "The Solution of the Cancer Problem" (m.s., 1962) p. 31.

have altered their diets accordingly. They represent all walks of life, all ages, both sexes, and reside in almost every advanced nation in the world. There are many thousands in the United States alone.[1] It is significant, therefore, that, after maintaining a diet rich in vitamin B_{17}, *none* of these people has ever been known to contract cancer.[2]

In the summer of 1973, it was learned that Adelle Davis, one of the nation's best-known nutritionists—a woman who was considered to be an expert on the relationship between diet and cancer—herself was stricken with one of its most virulent forms. In May of the following year she passed away. It seemed that this was to be the end of the nutritional theory of cancer. But, upon closer investigation, in none of her many books or lectures did she ever treat nitrilosides as a vitamin or even as an essential food substance. She did mention that Laetrile was, in her opinion, an effective treatment for cancer *after* it was contracted, but she apparently failed to consider it, in its less concentrated and more natural form, as vital to one's daily nutrition. Even after her cancer had been diagnosed, she apparently still did not see the full connection. The author had corresponded with her on this very question, and her reply was, in part, as follows:

> Since carcinogens surround us by the hundreds in food preservatives, additives, poison sprays, chemical fertilizers, pollutants and contaminants of air and water, the statement that cancer is a deficiency disease is certainly inaccurate and over-simplified.[3]

It should be stated for the record that this lady was an excellent nutritionist. She had helped thousands of people regain their health through better diet and more healthful cooking. But it

1. Dr. Dean Burk, in a letter to Congressman Lou Frey, Jr., on May 30, 1972, stated that he had been contacted by at least 750 persons, "including many M.D. physicians," most of whom were "using it merely with prevention of development of cancer in view." See *Cancer Control Journal*, May/June, 1973, p. 1. Likewise, the author has been in contact with literally thousands of Laetrile users over the past two decades.

2. Since writing those words in the 1974 edition of this book, the author has met two people who claimed they contracted cancer after routinely ingesting apricot kernels. *Two!* It is unknown how many kernels they ate or what else was in their diet (in one case the diet was known to be atrocious), or how faithful they were to the program, or what their prior health was, or to what kind of carcinogens they may have been exposed, including medical X-rays and smoking. Nevertheless, these cases prove that the vitamin concept of cancer control is not 100% perfect. Would you accept 99%?

3. Note from Adelle Davis to G. Edward Griffin dated August 1, 1973; Griffin, *Private Papers, op. cit.*

is plain that she did not agree with those mentioned previously who have altered their menus to include rich nitriloside foods; and so the unfortunate fact that she contracted cancer is *not* a disproof of the effectiveness of Laetrile.

So let us repeat the reality. While their fellow citizens are suffering from cancer at the rate of one out of every three, not one in a *thousand* who regularly ingests nitrilosides has been known to contract this dread disease.

For many persons, the logic of all these facts put together is so great that it would be easy to close the case right here. But, in view of the powerful opposition against this concept, let us not content ourselves with the *logic* of the theory. Let us reinforce our convictions with the *science* of the theory also, that we may understand *why* it works the way our logic tells us that it must.

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February 13, 2001

Testimony for SB 2139 at House hearing

Madam Chairman, members of the Human Service Committee, and visitors:

I am Brian E. Briggs, MD of Minot, ND. I am speaking in opposition to SB2139. I was present to testify for the laetrile bill in 1977 when it lost. I was also present and testified for the laetrile bill when it passed in 1979. The last hearing was attended by several hundred people including a contingent from the American Cancer Society. The law which was passed became Chapter 23-23.1 of the North Dakota Century Code. That law limited the power of the government agencies, including the Board of Medical Examiners, to interfere with the doctor-patient relationship regarding the use of laetrile in the treatment of cancer. Therefore, it was a freedom of choice victory for the people and loss of power for government. When this Bill 2139 was heard in the Senate Human Services Committee, the proponents stated that their primary concern was simply to eliminate the requirements for testing the toxicity of laetrile. I can agree that the testing of laetrile has been done and has proved that there is a potential toxicity to laetrile when it is accidentally or intentionally taken in excessive amounts, but compared to other prescription drugs, the toxicity of laetrile is negligible as I will show you in a few minutes. To remove all references to required testing would not change the essence of the law which prohibits the interference with this doctor-patient relationship in regard to the use of laetrile. It is that control over all health matters which the people do not want the medical doctors or the government to have. Therefore, this one sentence bill is a stealth bill like that on your page 3 where Representative (Republican from Texas)

Ron Paul is reporting the passage of the "Prescription Drug Fee Reauthorization and Drug Regulatory Modernization Act of 1997." It passed without a recorded vote and, according to Representative Paul, will likely lead to making vitamins and other supplements available only by prescription, a freedom of choice issue.

In regard to laetrile itself you have in your packet pages 5, 6, & 7 where you will find that a Research Foundation found laetrile to be harmless" (paragraph 3) and that laetrile was on the GRAS (generally regarded as safe), page 7, until the Cancer Industry decided to have any competition destroyed by the FDA. The FDA responded (page 9) with an eight-page bulletin exposing the "horrible" toxicity of laetrile. They reviewed the world literature and found 37 cases of poisoning and 17 deaths -- three of which occurred in the USA. Very impressive, you might think, until you find the FDA's report on propoxyphene, a pain medication. You will see that they only took 1 page to report the unfortunate situation in which 1000 to 2000 deaths are caused by this drug <u>each year.</u> Their solution is to ask doctors to be more careful. The drug is still on the market 20 years later.

Page 13 is the official report on a drug you have heard about -- Viagra -- which has caused at least 70 deaths. Still on the market? Page 15 is a report taken from The Journal of American Medical Association. Their July 26, 2000 issue indicates that at least 106,000 deaths <u>per year</u> are caused by prescribed drugs and more than 100,000 deaths due to other doctor error.

Now think for a minute about whether or not we need to have our vitamins controlled by these same people. Many meds are colored (see the next page), but rarely will you find artificial colors in health food stores.

Many doctors today do not want to get involved with natural therapies because they believe those practices are not scientific. But how scientific are theirs? Page 19 is the title of a report given to Congress by the Office of Technology Assessment in 1978. See the next page -- only 10 - 20% of all procedures done by doctors have been shown to be of benefit by controlled clinical trials. Turn back to page 18 and see that there is also <u>fraud</u> in medical research with no plan to correct the situation. Then turn a few pages to page 22. In another article from the NEJM a survey found that people want natural treatments done by their own medical doctors.

There are regular doctors out there who would be willing to help patients under those circumstances, but they are afraid of disciplinary actions against them.. Still, they could use their medical training to integrate these types of therapy in a way to improve care over all..

Why then are we talking about laetrile? Laetrile challenges the monopoly of the cancer industry which at one time succeeded in getting a law passed in California that made any treatment for cancer other than surgery,radiation and chemotherapy illegal. Why would anyone object to that? Go to to page 10 where the FDA, in a second paragraph, states that the

major hazard of laetrile in the treatment of cancer is a diversion of cancer patients away from effective therapy (surgery, radiation, and chemotherapy).. Dr. Sam Epstein of the University of Illinois has written two books regarding the failure of Orthodox therapy -- one in 1978The Politics of Cancer and the second in 1998 entitled, The Politics of CancerRevisited. (see page 27 - 30). Dr. Epstein states in the first paragraph of the summary that we are losing the war against cancer. The number of cases is increasing rapidly while the treatment remains unchanged and has made no progress in the last 50 years. He says change is necessary.

If this Bill 2139 is passed, the use of laetrile in this State will be ended. This may not seem like a major loss to some of you, but that law from 1979 still represents part of the pressure on the cancer establishment to change its ways. Then we could all work together in the prevention and cure of cancer and other chronic diseases.

Please vote to defeat this Bill #2139.

Repectfully,

Brian E. Briggs

Brian E. Briggs, MD

BEB:crb

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Volume 7 Number 5

FDA drug bulletin

November - December 1977

Information of importance to physicians and other health professionals

TOXICITY OF LAETRILE

bulletin
November - December 1977

TOXICITY OF LAETRILE

This update on Laetrile is intended to alert health professionals to new hazards associated with the product and to report on the changing status of issues discussed in the January-April 1977 issue of the *Drug Bulletin*.

Diversion of cancer patients from effective therapy remains the major hazard in the promotion and use of Laetrile. Tragic results of its use are seen in patients who could have been helped had they continued or undertaken effective therapy. Case reports on such unfortunate patients were uncovered during the court ordered FDA review and public hearing and during the California Board of Medical Examiners hearing which resulted in a license revocation.[1] Since more and more of these tragic cases are surfacing as malpractice cases are being filed and coming to trial, the *FDA Consumer* published an article on this subject.[2]

Hazards in the Use of Laetrile

While a great deal of controversy surrounds the actual identity of Laetrile,[3] proponents of the drug as well as the scientific community generally agree that material known in the US as Laetrile is actually amygdalin. This glycoside contains cyanide, a potent and rapidly acting respiratory enzyme poison.

Although the fact that Laetrile contains cyanide has long been known some of the older cases of cyanide poisoning from amygdalin and related cyanogenetic glycosides have only recently been collected and reported together with several new cases of cyanide poisoning and other adverse reactions from the drug. Some 37 poisonings and 17 deaths, mostly from ingestion of apricot or other fruit kernels, have now been recorded in the foreign and American medical literature.[4] Excellent summaries of both acute and chronic cyanide toxicity produced by ingestion of amygdalin and related glycosides appear in a recent comprehensive medical review.[5]

The precise mechanism of cyanide release is unclear in many situations. We do know that its release from amygdalin occurs in the presence of hydrolyzing β-glucosidase enzymes which are present in some raw fruits and vegetables. Lettuce, mushrooms, certain fresh fruits, green peppers, celery, and sweet almonds all contain these enzymes. Thus ingestion of any of these uncooked foods with amygdalin can produce cyanide intoxication. Whether or not the bacterial flora of the gastrointestinal tract contain the enzymes is unknown. Intracellular hydrolysis of amygdalin probably does occur, however, in the intestinal mucosa and within the liver, where the β-glucosidases occur as lysosomal enzymes. Work to elucidate these mechanisms is in progress.[6]

Acute Toxicity

When released in the gastrointestinal tract, cyanide is rapidly absorbed and promptly inhibits cellular respiration by reacting with cytochrome oxidase. The resulting cytotoxic hypoxia produces dizziness, nausea, vomiting, hypotension, shock, stupor, coma, respiratory failure, and death. When given by intravenous injection the fate of amygdalin is obscure but it is less toxic than when ingested. However, some of the findings described above, may also follow parenteral administration.

The first reported case of cyanide poisoning from Laetrile in the US was the death of an 11-month-old girl in Attica, New York, in June 1977.[7] She accidentally ingested up to 5 tablets (500 mg/tab) of Laetrile. Clinical and postmortem examinations confirmed cyanide intoxication in this case. A preliminary report suggests a fatal overdose also in a 17-year-old girl in California following ingestion of the contents of several ampules (approximately 10.5 grams) of Laetrile for injection.[8]

Because health professionals have only recently become aware of the potential for cyanide toxicity from amygdalin, testing for cyanide levels in cancer patients receiving Laetrile or at post mortem has been rare. Indeed, some deaths ascribed to cancer, particularly in debilitated patients, may have been either due to or accelerated by cyanide from the drug. Further studies should be undertaken to determine whether this is true or not. Meanwhile, clinicians should be alert to the signs and symptoms of cyanide intoxication.

The most comprehensive clinical data on chronic cyanide intoxication appearing in the medical liter-

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FDA bulletin

February · March 1979

Information of importance to physicians and other health professionals

Fatalities Due to Propoxyphene

Update on Estrogens and Uterine Cancer

Use of Syrup of Ipecac in Accidental Poisonings

Clinical Implications of Surgeon General's Report on Smoking and Health

FDA Drug Bulletin

February · March 1979

CHANGE OF ADDRESS: Address changes for those labels marked with a "Q" should be sent to FDA *Drug Bulletin*/HFI-20, Rockville, Md. 20857. If your label is not identified with a "Q" send address changes to the professional association to which you belong, i.e.: American Medical Association, American Osteopathic Association, American Dental Association, American Nurses Association, American Pharmaceutical Association, American Podiatry Association, or the American Student Pharmaceutical Association. FDA *cannot* change any address taken from a professional association mailing list, so check your mailing label before requesting an address change.

Fatalities Due To Propoxyphene

FDA calls to the attention of physicians, dentists, pharmacists, and other health professionals several serious risks associated with the use of propoxyphene (sold as Darvon, Darvon Compound, Darvon-N, Darvocet-N, other brand names, and under the generic name).

Propoxyphene products are widely used prescription analgesics in hospitals, clinics, and out-patient settings. Darvon products are the most frequently prescribed brand name analgesics, with over 30 million prescriptions written in 1978.

The major hazards associated with propoxyphene use are:

- An estimated one to two thousand deaths a year are associated with propoxyphene alone or in combination with other drugs, FDA estimates. The majority of these appear to be suicides. Propoxyphene ranks second only to the barbiturates as the leading prescription drug associated with drug fatalities.
- The possibility of accidental death associated with propoxyphene has been recognized more recently and is of growing concern (see *FDA Drug Bulletin*, March-April 1978). Some of these deaths have occurred among drug abusers using propoxyphene in high doses with other drugs or alcohol to get a "high." Other deaths, however, appear to have occurred among people who are not habitual drug abusers and who apparently took propoxyphene in conjunction with tranquilizers, alcohol, or sedatives without understanding the danger.
- There is increasing concern that some of these accidental deaths with multiple drugs may have occurred at propoxyphene doses only slightly higher than the upper limits of the recommended dose.
- Propoxyphene, when taken for an extended period of time, produces physical and psychological dependence of the morphine type. This may occur with as little as 500 to 800 mg. per day of the propoxyphene hydrochloride or 800 to 1200 mg. per day of the napsylate salt of propoxyphene (or about 8 to 12 tablets/capsules per day). Because of this dependence liability, propoxyphene was placed in Schedule IV of the Controlled Substances Act in 1977.

The usual cause of death associated with propoxyphene overdosage appears to be respiratory depression, a typical action of narcotics. Some researchers have suggested that cardiac toxicity due to norpropoxyphene, the major metabolite, may also be a factor in some propoxyphene-related deaths, but this is not known to be a frequent mechanism in accidental deaths.

FDA is now reevaluating all propoxyphene products, including propoxyphene HCl, propoxyphene napsylate, and combinations of these with aspirin, acetaminophen, and APC. The purpose of the reevaluation is to determine whether there is a need for additional warnings in the labeling, for a change in the scheduling of the drug under the Controlled Substances Act, or for withdrawal of the drug from the market.

An additional issue to be addressed during the reevaluation is the effectiveness of propoxyphene. Propoxyphene is prescribed most often (about 80 percent of the time) in combinations also containing aspirin, acetaminophen, or APC. Several new studies suggest that the contribution to overall effectiveness of the propoxyphene component in these combinations is minimal. As a single ingredient, propoxyphene in doses of 32 mg to 65 mg is approximately two-thirds as potent as codeine and is no more effective – and may be less effective – than the usual doses of aspirin or acetaminophen.

One part of the FDA reevaluation of propoxyphene will be an open hearing on April 6 at which health professionals and other interested persons can present their views. The hearing will seek additional information on the effectiveness and risks of propoxyphene. Future issues of the *Drug Bulletin* will report on FDA's reevaluation.

Health professionals can do much to reduce the number of fatalities associated with propoxyphene.

- Doctors and dentists are advised before prescribing propoxyphene to consider whether the patient may be suicidal, abuse prone, or addiction prone.
- Health professionals are advised to discuss with patients the abuse potential of propoxyphene and the possibility of its being dangerous if taken with alcohol, tranquilizers, or sedatives.
- Pharmacists are advised to warn people orally and on prescription drug labels not to take propoxyphene drugs with alcohol, tranquilizers, or sedative-hypnotics.

Update on Estrogens and Uterine Cancer

FDA has reviewed three recent studies on estrogen use, and the Agency concludes the new research affirms that menopausal and postmenopausal women who take estrogens have an increased risk of endometrial cancer. Although one of the studies[1] criticizes research linking estrogen therapy and cancer on methodological grounds, others[2,3,4] have attempted to address the objections.

The new data also strongly support estrogen label

B E Bryan 19

ASSESSING THE EFFICACY AND SAFETY OF MEDICAL TECHNOLOGIES

SEPTEMBER 1978

1-202-224-8996

OTA CONGRESS OF THE UNITED STATES
Office of Technology Assessment

Page 94

Questions of efficacy have been raised recently regarding a number of medical technologies currently in use (72,124,162,179,223). As mentioned earlier, White has stated that only 10 to 20 percent of all procedures used in present medical practice have been shown to be of benefit by controlled clinical trials; many of the other procedures may not be efficacious (426). In fact, many technologies in use have had their efficacy and safety questioned, including oral drug treatment for diabetes (64,236), respiratory therapy (19,24), oral decongestants (207), thermography for diagnosing breast cancer (248), ergotamine for migraine headache (410), immune serum globulin for preventing hepatitis (303), intensive care for pulmonary edema (152), coronary care units (233), and radical mastectomy (228).

Such widely used technologies as tonsillectomy, appendectomy, and the Pap smear have not been completely assessed for efficacy (see chapter 3, cases 1, 9, and 10). Others, such as electronic fetal monitoring (EFM) and coronary bypass surgery, have been diffused rapidly before careful evaluation (see chapter 3, cases 7 and 8). Concern about risks has led to questions regarding the use of mammography and skull X-ray (see chapter 3, cases 4 and 6).

The above are only examples. Others could be listed. The systems for assessing efficacy and safety have made the compilation of such a list possible. However, the same systems were not able to provide early and adequate information in order to prevent or delay the spread of technologies until their effects had been predicted more clearly. Further, since these examples can be cited, there are probably many others. Although perfect information on efficacy and safety can never be attained, shortcomings in assessment systems may be impeding a closer approximation of that goal. The status of efficacy and safety information cannot be exactly determined, but the combination of long lists of examples of technologies inadequately assessed and shortcomings in assessment procedure processes may indicate that improvement is possible.

Changing Health Care Attitudes

According to recent studies conducted by The New England Journal of Medicine, the following are what the public desire from their doctors:

- **77%** would prefer natural effective treatment rather than prescription drugs
- **59%** would change doctors if they could find one who would treat them naturally first and then, only if needed, with drugs
- **69%** feel that Americans are increasingly interested in natural non-drug treatments from their own doctor
- **82%** still rate their personal doctor's ability to treat from good to excellent

The study goes on to determine what health strategies patients do for themselves

- **65%** presently use vitamins and supplements
- **69%** use natural supplements when they can
- **51%** have been using supplements for six or more years
- only **21%** stated vitamins or natural supplements were doctor recommended

CONFERENCE REPORT

Carcinogenic agents—they're literally all around us

MARTHA ROTH

According to reports at a recent meeting on environmental causes of cancer, researchers are uncovering more than suspicious links between cancer and myriad substances, from industrial chemicals to food to drugs. And, of course, tobacco

■ HOUSTON—Cancer is the second or third leading cause of death in the United States, depending on age group.

- Treatment has little impact on death rates from cancer.
- Eighty to 90% of cancers are environmentally caused.

These challenging statements were made repeatedly at a recent conference on environmental carcinogenesis, held in Houston under the joint sponsorship of the American Association of Cancer Institutes, the American Cancer Society, the Chemical Industry Institute of Toxicology, the National Cancer Institute (NCI) and the National Institute of Environmental Health Sciences, and the Society of Toxicology.

William W. Shingleton, MD, director of Duke University's Comprehensive Cancer Center and one of the program chairmen, declared in his keynote remarks: "Industry and science must cooperate or else they will be working at cross-purposes."

At sessions on the mechanisms of chemical carcinogenesis and laboratory detection of carcinogenic potential, listeners were reminded of the importance of "co-carcinogens," those environmental or genetic factors that act in concert with chemical carcinogens to produce neoplasms in susceptible individuals. A problem common to both epidemiology and occupational medicine also was stressed: Neither discipline takes into account "life-style factors"—diet, smoking, and intercurrent disease.

These are factors of concern to primary physicians, though, and several participants spoke about the clinician's role in cancer detection and prevention. Robert W. Miller, MD, chief of the Clinical Epidemiology Branch of NCI, asked for "alert practitioners" to notify the NCI about cancer-causing poisons in the environment and cancer-prone patients.

Dr. Miller cited conference participant Dr. Arthur L. Herbst, the discoverer of the link between diethylstilbestrol and vaginal adenocarcinoma, as one such "alert practitioner," and he mentioned other clinicians responsible for identifying environmental carcinogens like mustard gas and vinyl chloride.

More than chance

Other chemical agents besides stilbestrol may prove to be transplacental carcinogens, said Dr. Miller. He showed slides of children whose mothers took phenytoin for epilepsy in pregnancy. The drug acts as a mild teratogen—the children all had characteristic facial hyperplasia and hypoplasia

Continued on page 27

Martha Roth is managing editor of Modern Medicine.

Perhaps practitioners should begin asking their patients, "What was your father exposed to in his work?"

or aplasia of fingernails and toenails—and probably as a carcinogen, because several of the affected children have neuroblastomas. "The possibility still exists," said Dr. Miller, "that these are due to chance. But it gets a little harder to believe that, as more cases are described. One rule of thumb I have is that in such rare occurrences if one finds three of them, that's presumptive evidence of a relationship.

"A startling recent observation," he continued, "has been the development of 'mesothelioma' in children of asbestos workers. As children, they were exposed to asbestos in their fathers' work clothes, and 30 to 50 years later these children of asbestos workers showed the tumor typical of asbestos exposure—mesothelioma.

"This illustrates the possibility that, at least with regard to some tumors, one should ask the patient not only 'What is your occupation?' but also 'To what was your father exposed in his work?' "

The discovery of these environmental causes illustrates the "retrospective" epidemiologic approach, said Dr. Miller, and he called his own work on the development of cancer in survivors of the Hiroshima and Nagasaki nuclear bombings "prospective" epidemiology. "But," he added, "the long-term gains in understanding of the cancer process in man may come more from studying the host than from studying the environment," and he called for further work in "laterospective" epidemiology.

"It's not described in any textbook," he said, but the laterospective approach consists in "looking sideways for collateral disease, the concurrence of which may suggest the cause of the cancer that is associated with it. What did the patient have before he or she developed this cancer?"

Clues in children

As examples of laterospective epidemiology Dr. Miller discussed the recognition of pediatric syndromes, particularly enlargement of one side of the body, or hemihypertrophy, in children with Wilms' tumor. The kidney tumor, renal cortical tumors, and liver cancer all are associated with the syndrome, which includes umbilical hernia as well as hemihypertrophy and is called the "visceral cytomegaly syndrome," or generalized enlargement of organ cells.

The alert practitioner who spots environmental associations to cancer in children or adults, as well as laterospective observations of disease clusters in cancer patients, should report them directly to the Epidemiology Branch of NCI, said Dr. Miller.

Dr. Richard C. Adamson, chief of the Laboratory of Clinical Pharmacology at NCI, told the conference that cancer chemotherapeutic agents may themselves be among the causes of cancer. Antitumor and immunosuppressive drugs have been associated with a second primary neoplasm in patients who receive them as adjuvant therapy to surgery or irradiation; even more worrisome, these drugs are increasingly being used to treat patients with other conditions: psoriasis, arthritis and other collagen diseases, and organ transplants. Cancer rates in these patients show a 5- to 10-fold increase over the general population.

The association between these drugs and neoplastic change is still not clear-cut, declared Dr. Adamson, but he said a national second-tumor register would clarify it and quantify the risk to patients of treatment with alkylating agents, antimetabolites, antitumor antibiotics, and other cancer chemotherapeutic drugs.

Lawyers join in

Dr. Ernst L. Wynder, president of the American Health Foundation and editor of *Preventive Medicine*, chaired a session on education and information that included two attorneys, Peter Hutt of the Washington, DC, firm of Covington & Burling and Anita John-

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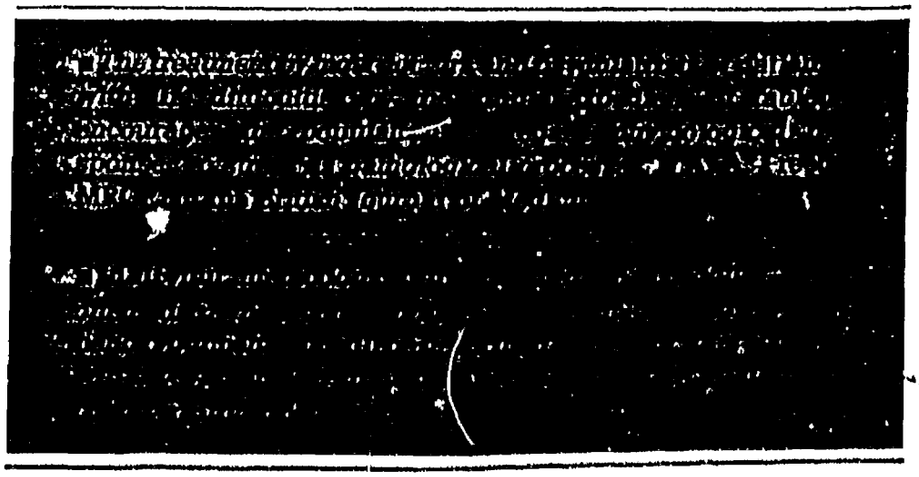

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"If 90% of cancers are preventable, then diet and smoking are responsible for most of them"—Dr. Wynder

son of the Health Research Group, along with Dr. Arnold Brown of the Mayo Clinic's department of experimental biology and Dr. Wynder himself.

Mr. Hutt pointed out that governmental regulation of carcinogens, like that of other toxic substances, is haphazard. The Food and Drug Administration, the Environmental Protection Agency, the Occupational Safety and Health Act, the Department of Agriculture, and other statutes and bodies have different standards for permissible exposures, different tests for determining hazards, and different powers of enforcement.

This crazy quilt of regulations has blurred some important distinctions, like that between deliberate "life-style" exposure—as from sunbathing or smoking—and unwitting exposure to cancer risk—as from asbestos fibers in the public water supply. A single regulatory agency is desirable, said Mr. Hutt, to combine the jurisdictions of all existing agencies and have some real powers of enforcement.

The 'Willie Sutton system'

Dr. Wynder declared that effective cancer prevention doesn't depend on exact understanding of carcinogenesis. "If 90% of cancers are preventable," he challenged the audience, "diet and smoking are responsible for most of them," and alcohol and occupational exposure for the rest. Yet physicians don't practice prevention, he said, and he criticized what he called the "Willie Sutton system of medicine: Doctors go where the status and money are—to disease, not prevention.

"Prevention must begin in childhood," continued Dr. Wynder, "with habit modification." He described a program that his foundation has developed for use in grade schools called Know Your Body. Health "passports" are issued to schoolchildren, who learn early to keep track of their blood pressure, weight, cholesterol levels, and other health data.

He emphasized that modifying habits early by the use of such a technique can prevent coronary disease as well as cancer, because the risk factors are similar. In one group of 4,000 public schoolchildren in New York, said Dr. Wynder, "40% were found to have at least one risk factor for coronary disease by the age of 10 or 12."

Attorney Anita Johnson described her work in occupational health and safety. Her legal group has filed class-action suits on behalf of workers in the chemical and agricultural industries. Dangerous substances too often are used, she said, without strict regard for workers' safety, partly because penalties are slight; it's cheaper for employers to pay fines than to make working conditions safer.

In some cases, employers prevent workers from showing their work medical records to private physicians; in others, workers handle unlabeled substances and are denied the right to know what they are. Her group has won suits in both categories.

Tobacco's the villain

By the end of this education session, tobacco had emerged as a major villain. A proved environmental carcinogen, tobacco has been implicated in epidemiologic studies of cancer of the lung, esophagus, larynx, pharynx, mouth and nasal cavity, bladder, and pancreas, said Dr. Wynder. Yet, as Mr. Hutt's summary of the government's attempts at legal control of cancer-causing agents showed, the political influence wielded by tobacco growers is so great that legislators don't dare ban it. Ms. Johnson said her group's research into the economics of the tobacco industry has shown that, although lobbyists claim small farmers in the tobacco-growing districts benefit from government subsidies, it is in fact the large corporate growers who receive them. She told the conference that last year tobacco subsidies totaled $60 million, while federal information programs on the hazards of tobacco received only $90,000.

Closing the conference, Rulon W. Rawson, MD, chief of the extramural programs division of Texas Medical Center, reminded participants of the scientist's responsibility to be "as honest, objective, and dispassionate" in communicating with the public as in working in the laboratory. "We have no place for the advocate in science," he said.

He called again for fuller cooperation between science and industry to achieve future goals, which he listed as (1) better tests for carcinogenic activity, (2) more effective government control of environmental hazards, and (3) the frequent and intelligent use of clinical epidemiology, by all practicing physicians, to detect and prevent the dread group of diseases called cancer. ■

PHONE CONVERSATION WITH MICHAEL CULBERT, DSc., PhD (Hon.)
on February 5, 2001

Mr. Culbert related to me several pertinent facts related to the subject of laetrile and S. B. 2139:

FIRST, that the Federal Drug Administration is the likely instigator of this present interest in removing laetrile, hydrazine sulfate and other natural and unpatentable compounds from the cancer treatment scene as they were in the 60's, 70's, and 80's. Earlier this year U. S. distributors of these supplements were raided and their supplies confiscated. Their trials are soon to begin.

SECONDLY, that Glen Rutherford, now age 84, one of the first patients treated in Tijuana with laetrile and "metabolic" therapy for ano-rectal carcinoma in the 1970's is still alive and well. There were 4 such clinics in Tijuana then. There are now approximately 40 and most of them are still using laetrile because of its benefits.

THIRDLY, and perhaps most importantly, a Reuters News Agency has reported in the fall of 2000 that the Imperial College in London (from a presentation to the British Association Festival of Science by Dr. Mahendra Deonarain (sp) has discovered the much-feared poison cyanide may well have a role as a powerful cancer- killer. They have found the cancer cells are very sensitive to the cyanide molecule while normal cells appear to be protected by some enzyme system. The cyanide can be obtained from some common fruits and vegetables. Their findings almost exactly reflect the claims made by investigators promoting nitrilocides going back to the 1920's. If the essence of these plant extracts could be synthesized and retain the "healing" properties, it could be marketed under a patent such as was done with Taxol. But the synthesizing of these plant extracts seldom retain the same healing properties.

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Reaching health-freedoms organizations and thousands of readers worldwide . .

THE ICHF NEWSLETTER

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January 2, 2001

Letters to the Editor
Los Angeles Times
202 W. 1st St.
Los Angeles CA 90012

There they go again. ("They" refers to the constellation of vested interests in the multi-billion-dollar cancer research/treatment industry we call "Cancer Inc.")

On Jan 1, an article ("Laetrile by any other name is still bogus") by none other than the "chief of integrative medicine" at Memorial Sloan-Kettering Cancer Center, NY, uses the new-found popularity of laetrile (why, it is "featured" in 2,000 Websites, who stunningly reports) to rekindle the decades-old attack on the apricot kernel (not "pit") derivative.

Ms. Cassileth seems as outraged as others in medical orthodoxy that laetrile — which led a major socio-political revolt in the 1970s which became the greatest challenge to drug-based standard or orthodox medicine in this century — just won't go away, however much they wish it would.

As the former president of the nation's major pro-laetrile, pro-medical freedom of choice group and current founder/president of the International Council for Health Freedom (ICHF) and as author of three books and contributor to numerous articles over the past quarter-century on laetrile, I claim at the very least as much knowledge on this subject as she does.

And, yes, I am information officer for one of those Tijuana hospitals (International BioCare Hospital and Medical Center) which, over 26 years, has probably administered more laetrile (and many other things) to more cancer patients than any other hospital in the world, save Dr. Ernesto Contreras' pioneering Oasis Hospital, which has seen well over 100,000 patients from all over the world.

Perhaps there are an alleged 2,000 Websites on laetrile — along with thousands more on the whole area of so-called "alternative medicine" — for the simplest of reasons:

The US has so far lost the vaunted, multi-billion-dollar "war on cancer." Depending on which set of figures is used one more American drops dead of the Big C every 45 to 50 seconds, adding up to more than 1500 deaths per day, during which time another 3 to 4 thousand diagnoses are made.

With more than a million deaths per year from malignancy and more reported cases than ever before and affecting every age level, the massive failure-prone cancer industry in the USA can point to little more than improved diagnostics as a payoff for the money spent, publicly and privately, on Western civilization's second-biggest medical killer.

No wonder informed Americans opt for laetrile, shark cartilage, aloe vera, 714X, poly-MVA, the Hoxsey herbals, and/or go to Mexican or other foreign clinics in order to try to save their lives. (All of the above, of course, are perceived threats to Cancer Inc. because of what they really represent — essentially natural, non-toxic, unpatentable, and usually much cheaper approaches.)

And, make no mistake about it — more and more Americans *are* informed about the futility and fallacies of Cancer Inc.-USA style, and that's why they seek "alternatives" or "go south."

Orthodox medicine's response to failure is always to kill the messenger. The fringe-area US "quackbusters" who began attacking Mexican laetrile-using clinics in the middle-1980s are less and less heard from today. And why not? When they started their noisy campaign against south-of-the-border clinics there were exactly four "alternative" operations in the Tijuana area. Today there are more than 40 — servicing a mostly-American population. Not all use laetrile, but many do. Their continued existence points not to the existence of Mexican banditry but rather the abject failure of Cancer Inc. to cure or prevent most of cancer.

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CANCER FACTS

1. 76,000,000 living Americans will eventually contract cancer.
2. Every 62 seconds, someone in America dies of cancer.
3. Cancer will strike 2 out of every 3 families.
4. More children aged 3-14 die of cancer than of any other disease.
5. More than 1,000,000 Americans will contract cancer this year.
6. Improper diet causes more cancer deaths every year than cigarette smoking.

Dr. Julian Whitaker's

Health & Healing®

TOMORROW'S MEDICINE TODAY

August 2000
Vol. 10, No. 8

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In This Issue:

Dear Reader,

A few weeks ago I flew to Sacramento to testify in favor of California Senate Bill 2100, legislation that would allow doctors to offer alternative and nutritional medical treatments for cancer and other diseases without fear of prosecution. It is a good bill, with clauses to protect the public by requiring full disclosure of the risks and benefits of treatment options.

This legislation is long overdue. According to a recent study, Americans make more visits to alternative practitioners and pay more out of pocket for these services than they do to conventional physicians. What is considered unconventional medicine is actually more conventional than what is considered conventional!

The bill has passed two major hurdles: approval by both house and senate policy committees. Its success is primarily the result of the efforts of one volunteer, Frank Cuny of California Citizens for Healthy Freedom. Although he has been up against highly paid professional lobbyists representing mainstream medicine, Frank's tenacity over the past seven years has paid off, and this bill is well on its way to becoming law.

Eleven other states have passed similar laws protecting medical practitioners from harassment by state medical boards, and bills are in various stages in another dozen or so states. Of course, this is not going to change the way the majority of physicians practice medicine or the direction of drug-oriented medical research. But it will certainly open up access to the inexpensive, safe, natural therapies that patients so obviously desire.

In this issue we will discuss three of the least expensive, most readily available therapies you'll ever come across. Don't dismiss them for their simplicity, for it is these small, simple steps you take every day that can result in giant strides towards optimal health.

WATER

Drink More Water!

Health & Healing subscriber Bob Butts of Moosic, Pennsylvania, is a man with a mission: to let the world know about a remarkable therapy for our most common health problems. Over the past six years he has spent $300,000 of his own money on 12,000 radio, TV and newspaper spots to get the word out. He has pledged another $100,000 to entice customers at his auto parts business to give this therapy a try — anyone who does not improve after trying it for 30 days will get $25 in free auto parts.

Bob's cure-all is not a drug or a high-tech medical device. It's water.

Hospitals Welcoming Alternative Medicine

New York (AP) — Beth Israel Medical Center, a large New York teaching hospital, last month opened a funky-looking facility — complete with pastel-colored walls and a waiting room with fluffy couches and a redwood bench — where physicians work alongside chiropractors and practitioners who specialize in homeopathy and clinical imagery.

At Cedars-Sinai Medical Center, one of the most prestigious hospitals in Los Angeles, cardiac patients can receive acupuncture or massage therapy after coronary bypass surgery.

At the University of Pittsburgh Medical Center, known for its innovative organ transplants, psychiatrists prescribe herbal medicines to help patients overcome depression.

Hospitals, the bastions of Western medicine and high-tech gadgetry, are increasingly using procedures such as aromatherapy and tai chi to try to attract patients by tapping into one of the hottest trends in health care.

Although the medical profession remains skeptical about the effectiveness of alternative therapies, hospital administrators say they can no longer escape the reality that millions of Americans routinely use them to complement — or even replace — traditional medicine.

About 83 million Americans are spending some $27 billion a year on alternative care, according to a recent report in the Journal of the American Medical Association.

With these patients and dollars in mind, about 13 percent of U.S. hospitals provide alternative therapies, according to a survey of about 1,000 hospitals by the consulting firm Deloitte & Touche. The figure is 25 percent for inner-city hospitals and 32 percent for hospitals with at least 500 beds.

A decade ago, it would have been almost unheard of for hospitals to offer such services, industry analysts say. That's changing fast.

"It would be silly for doctors and hospitals to ignore something that will be a large part of health care for years to come," said Dr. Matthew Fink, a neurologist who is president and chief executive of Beth Israel Medical Center.

But doctors and the practitioners of alternative care don't always mix well.

> *"It would be silly for doctors and hospitals to ignore something that will be a large part of health care for years to come."*
>
> **Dr. Matthew Fink**
> Beth Israel Medical Center president

Many doctors still are suspicious of alternative therapies and consider chiropractors and acupuncturists to be quacks. Health insurers are reluctant to pay for most alternative procedures.

At the State University of New York at Stony Brook, a move to affiliate with a group of alternative-care practitioners prompted a firestorm of criticism from faculty members before the program got off the ground.

Still, support among physicians is growing.

Dr. Gregory Fontana, a cardiothoracic surgeon at Cedars-Sinai, uses acupuncture to relieve the neck pain he develops from surgery.

Seeing first hand how the therapy works for him — and concerned that his own patients were not receiving effective treatment for pain — Fontana recently led a group of physicians to start a pilot program to test acupuncture, massage therapy and guided-imagery relaxation techniques on cardiac bypass patients.

Early results on about 100 patients indicate that nearly all reported some relief from the services, he said.

"As my practice evolved, I saw the frustrations of my patients and came to the realization that Western medicine does not have all the answers," Fontana said.

Central Iowa Health Systems last year opened the Center for Health and Well Being in West Des Moines. The center, which treats allergies with Chinese herbs and back pain with acupuncture, hopes the hospital name and logo will attract patients who are hesitant to give these alternative services a try.

Dr. Julian Whitaker's

Health & Healing

TOMORROW'S MEDICINE TODAY

October 2000
Vol. 10, No. 10

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In This Issue:

Dear Reader,

My wife, Connie, and I are just winding up the first four weeks of our bodybuilding program of aerobic exercise, weight training, and diet. We are right on track, motivated and very pleased with our progress. Although I've often written in *Health & Healing* about the benefits of diet and aerobic exercise, for most of my professional career I ignored the value of weight training. I regret it. I now know that weight training is essential for physical health and vitality, because only with this form of exercise can you become stronger.

After a month of adhering to this program, the benefits of increased strength are apparent to me every time I walk up stairs, get out of a chair, climb into a car, open a tight jar, or lift a suitcase. And the mild but nonetheless annoying back pain that plagued me for years has completely disappeared now that my back and abdominal muscles have grown stronger.

We are testing this 12-week program as a model for the upcoming *Health & Healing* 2001 Challenge — a step-by-step program of aerobic exercise, weight training, diet and supplemention geared to vigorously attack your health problems. By participating in the 2001Challenge, you will not only feel, look and function better, but it is my sincere hope that you will be able to walk away from serious disease. We will be unveiling the program in the January issue. Look for it.

Exercise, diet and other non-drug approaches are powerful therapies for the prevention and treatment of disease. However, they are largely ignored, for we live in an increasingly drug-polluted world — and I'm not talking about illegal drugs, as this first story will demonstrate.

DRUGS

Just Say No to Drugs

***Iatrogenesis:** Any adverse mental or physical condition induced in a patient through the effects of treatment by a physician or surgeon.*

Taber's Cyclopedic Medical Dictionary

According to an article published in *The Journal of the American Medical Association* (*JAMA*) in July 2000, at least 225,000 Americans die each year from iatrogenic conditions. Twelve thousand preventable deaths are attributed to unnecessary surgery, 27,000 to medication and other treatment errors in hospitals, 80,000 to infections contracted in hospitals, and an astounding 106,000 to non-error adverse effects of drugs (meaning these drugs were used as prescribed by physicians). Other than heart

disease and cancer, nothing — not stroke, diabetes, pulmonary disease, AIDS, accidents, murder, or illegal drugs — kills more people than the medical industry. And the worst culprit is FDA-approved drugs.

Americans give millions of public and private dollars to organizations that seek cures for cancer, heart disease, diabetes and other killers. A significant portion of our taxes fund highway patrol officers, firefighters, safety inspectors and others devoted to curtailing accidents. Billions of dollars have been spent on the "war on drugs." Yet for reasons which I cannot fathom, one of the most significant threats to our health — the real drug problem in this country — is ignored altogether.

There is no public uprising to get to the bottom of these unnecessary and preventable drug-related fatalities. Instead of being vilified, the entities behind the third-leading cause of death in our country are the heroes of the evening news, the darlings of Wall Street, and the chums of congressmen. Furthermore, the FDA, the government agency entrusted with regulating this industry, ignores blatant conflicts of interest, turns a blind eye to fraudulent testing, and approves record numbers of new drugs — many of which are subsequently pulled from the market because they maim and kill people.

Why Do We Ignore the Obvious?

The multibillion-dollar drug companies have penetrated our society to such a degree that we've come to look to drugs as the answer for everything that ails us. Although much of the blame lies with physicians and the pharmaceutical companies that court them to the tune of $13,000 per doctor per year, patients don't get off scot-free. We want those magic bullets that absolve us of taking responsibility for our health.

This trend has accelerated now that the pharmaceutical industry has been given the FDA's blessing to advertise drugs directly to consumers. By glorifying their products with slick marketing campaigns, glossy magazine ads and prime-time commercials, they create a false impression that prescription drugs are panaceas with an unblemished history of success and safety. And we swallow every word of their advertising hype. Thanks to this relatively new and ominous development, patients themselves have begun asking their doctors for the latest drugs by name, and doctors usually oblige by writing a prescription.

A Witch's Brew of Drugs

The result is that we are taking more and more drugs and placing ourselves at greater risk of serious harm. More than three billion prescriptions were written in the U.S. last year. In 1998, Americans between the ages of 65 and 75 received an average of 11 prescriptions; those over 75 received an average of 13.

Folks, this is the makings of a virtual witch's brew! There are no studies to demonstrate what occurs when several drugs are mixed, and no one — and I mean no one — can predict what will happen in the long run. Yet patients are rarely told about the potential problems of polypharmacy (the use of multiple drugs to treat several health problems at the same time). On the contrary, they're often told that the many drugs they are taking are the only things keeping them alive.

Take Charge of Your Health

One of my patients told me a story that dramatically illustrates this point. Several years earlier this woman had a number of health problems, including heart disease and hypertension, for which she was taking several prescription medications. She felt sick all the time and had absolutely no energy. Furthermore, she was lonely, depressed, anxious, living in a retirement community and separated from her family. After much deliberation she decided to commit suicide and came up with what she thought was a fail-proof plan.

Julian Whitaker, M.D., has practiced medicine for over 25 years, after receiving degrees from Dartmouth College and Emory University. Dr. Whitaker has long been an advocate of living a healthy life. He was instrumental in the creation of Healthy Directions, the nutritional supplement company that manufactures his exclusive product formulations, and continues as a compensated consultant on the formulation and development of new products based on the latest patient-tested medical and nutritional research. He is the author of eight major health books: *Reversing Hypertension*, *The Memory Solution*, *Shed 10 Years in 10 Weeks*, *The Pain Relief Breakthrough*, *Reversing Heart Disease*, *Reversing Diabetes*, *A Guide to Natural Healing*, and *Is Heart Surgery Necessary?*

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