

OPTIONS

Revolutionary Ideas in the War on Cancer



THE NEWSLETTER OF PEOPLE AGAINST CANCER

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Drugs, Drugs, Drugs

A Pill For Everything A Disease for One and All

Editorial

"All drug doctors are quacks."

—Benjamin Franklin

Drugs, Drugs, Drugs, they're everywhere. Wonder drugs grace the covers of major magazines. Lap dog journalists fill the morning paper with fables of the next "Great New Breakthrough!"

They're on TV—at all hours of the day and night—on every channel.

Now Congress is seriously considering a colossal give-away the size and scope of which is unparalleled in human history—Free Drugs For Seniors.

Now—there's a dumb idea if I ever heard one—prescription drugs for free.

If you give people free drugs—they'll take them—lots of them.

They'll take them when they get the sniffles. Got a little pain—no problem—Celebrex...Celebrex...Dance to the music! Unbelievable—they even bought a Rock and Roll song.

When life gets a little difficult...just ask your doctor about Prozac.

Free drugs will bankrupt both the health and finances of this nation.

Drugs are a major cause of human suffering and death! They kill millions.

Cancer drugs cause cancer.

Eli Lilly put deadly toxic mercury in their vaccines for kids. Instead of jailing them for crimes against humanity, the US government gave them a multi-billion dollar waiver of liability! Lilly was just caught sending Prozac, a psychotropic drug, to unsuspecting children in the mail.

Doctors and drug companies conspire to create a new disease. Schools then get a payoff of \$500 per child—per year—when teachers push Ritalin to our kids. In the Brave New World, the drug cartel is approved by FDA and the pushers have licenses and wear white coats. Stop the madness. ☹

OPTIONS

Options: Revolutionary Ideas in the War on Cancer is published quarterly as the Newsletter of People Against Cancer. We hope you find it both provocative and informative.



"Just Say No!"

*Legal Drugs Kill and Hospitalize
Millions...Just Say No!*

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PEOPLE
AGAINST
CANCER

Hormone Replacement Drugs Given to Millions Cause Cancer, Heart Disease and Stroke

A Parody—Sad But True

Throughout all of recorded medical history, patronistic doctors—most of who were men—told their patients—most of who were women—"Honey, it's all in your head."

The seismic shifting of the primordial maternal messengers—the massive fluctuations of hormones within the female body—the ebb and flow of womanhood itself, was simply written off by aggressive, arrogant and ignorant men.

"We didn't know anything about woman—or hormones—or health for that matter. But we were men. And we couldn't let them know that," says Frank Wiewel, the former chairman of the Pharmacological and Biological Treatments Committee at the Office of Alternative Medicine (OAM) in the National Institutes of Health (NIH).

"Women are a lot smarter than we are," says Wiewel, "we just didn't want them to know it. So we drugged them. We pretended to know—but we didn't have a clue—still don't."

Throughout most of history, women driven by the maternal instinct, were the primary care-givers and healthcare providers. They're more intuitive than men. They listen to the sick much better than men. And generally speaking, they smell better and have less testosterone—which is nice.

Everything was fine until men discovered drugs. That's when the real trouble started.

At first drugs were just potent extracts of herbs and plants. The more potent the better, because if it was dangerous we could make the case that only the

HRT cont'd on page 2

HRT (cont'd from page 1)

chemists and the doctors should be allowed to control them.

Drugs were mysterious, they came from chemistry—whatever that was—they are dangerous and toxic and you could charge a lot of money for them.

This was just what men needed to regain the upper hand.

Then came the Salem Witch Trials. Most people don't realize that the Salem Witch Trials were not really about Witches. They were about medicine—and who controlled it.

By this time men were making lots of medicine and lots of money—and the “witches” were interfering with their business.

In those days women would mix up a batch of herbs. The ones who were really good at it—who made the really effective stuff—were labeled witches. They were really just herbalists.



But throw in a little “eye of newt and wing of bat,” dress them up with a pointy hat and you have got yourself a real good target.

The drug dealers knew they would need to use fear. You know, like the fear of God—hell fire and damnation stuff.

So, they got on their puritan suits, beat their Bibles, called “town meetings” and churned themselves up into a witch burning frenzy. Within a few short years they had wiped out nearly all the competition.

Thus began the first chapter of “The Great Medical Monopoly Wars: A Baptism by Fire into the Religion of Drug based Medicine.”

And they knew they needed dogma if we're gonna be a real religion. So they churned out dogma—no problem.

And so they started their own kind of language and launched their own journals.

They also knew they were gonna need literature—a place they could spread their theories—someplace they could all agree on everything—and they dreamed up something very scientific and official sounding and called it “Peer Reviewed Medical Literature.”

All good religions must have litera-

ture. The Bible...The Torah...The Koran...The Vedas.

By this time, most witches had been burned—most of the homeopaths had been run out of town on a rail—and all of the medical schools had been completely monopolized.

Medical doctors organized themselves into a real genuine professional organization—an official As...so...ci...ation. They called it The American Medical Association (AMA).

The drug makers made drugs. The drug dealers pushed drugs and most people lived well into their 30s.

For many years things were looking good for the medicine man. Now if they could just get rid of the chiropractors. They never used drugs and they knew for a fact that chiropractors often used the “P” word—Prevention.

My friends you got trouble...right here in River City...with a capital T and that rhymes with C and that stands for CASH!

“Medicine Man”
Frank Wiewel

“We got a good ol’ boy out in Iowa—Dr. Doyle Taylor is his name. ‘Yes sir—he’s our man.’ He was a medical doctor and he hated chiropractors with a passion. And he’s right there in Iowa, the home of Palmer Chiropractic College. To make it official, the AMA launched ‘The Committee on Quackery’—with Dr. Doyle Taylor anointed as Chief Quackbuster.”

For years the AMA carried on “an organized conspiracy against chiropractic” as described decades later by Federal Judge Getzendamer in her landmark ruling against the AMA. But for the time being at least, everything seemed fine, after all “business was business.”

Over the years the AMA took the incomes of doctors from payments of “a few chickens a week” to nearly 10 times the average American income. The doctors had big status, big houses, big cars and big incomes.

But there was still this problem with the women. This ongoing, ever-present problem of nagging and complaining coming from the women—especially at

certain times of the month. And they wouldn’t even admit it. And—it got even worse if they were lucky enough to survive until the 50s when menopause made things really hairy. Mood swings—night sweats—some women wanted to kill themselves—or worse yet—their husbands. Something had to be done.

If we could just find a good drug.

After years of searching for ways to calm them down, the chemists discovered substances that seem to rise and fall during the course of our lives. They named them hormones. And for women the “bad guy,” the most offensive hormone, seemed to be one they called estrogen. It seemed to rise and fall every single month—and it appeared to become deficient around the age of 50.

The drug makers and the drug pushers discovered that pregnant horses were an excellent source of this hormone they called estrogen. And it was found in large quantities in the horse’s urine.



We can only imagine the debate, “Horse urine—yea—but we’ll call it medicine. And we’ll give it a fancy name—let’s see—(Pre—for pregnant), (mar—for mares) and (in—for urine). Get it. Pre...mar...in—Premarin.” And Estrogen Replacement Therapy (ERT) was born.

It was like spinning straw into gold—horse urine into medicine—expensive medicine.

The news spread far and wide. They gave it to millions of women every year. It was a colossal success—a veritable “river of gold” with profits unparralled in medical history.

For decades the medical establishment mined the “golden stream” for billions of dollars without ever having to come up with a shred of actual proof that ERT was actually safe or effective.

Doctors argued that there was no need to do scientific studies because it was obvious that ERT worked and it was perfectly safe. Or was it?

There were troubling clouds on the horizon. Estrogen alone seemed to increase the risks of certain types of cancer. And some, like cervical cancer, increased

by 500% in women who were on estrogen. Other hormones were quickly synthesized to "balance out" the nasty effects of estrogen alone. They called them progestins. This seemed to lower the risk of cancer to an "acceptable rate" of about 30% higher than women who took no estrogen.

And Hormone Replacement Therapy (HRT) was born.

But again there were problems. Advocacy organizations doggedly forced the doctors into conducting proper scientific studies.

The Women's Health Initiative Trial was a controlled primary prevention trial of 16,608 women finally conducted between 1993-1998.

The results were shocking:

- ☒ **Hormone Replacement Therapy causes breast cancer.**
- ☒ **Hormone Replacement Therapy causes heart disease.**
- ☒ **Hormone Replacement Therapy causes strokes.**

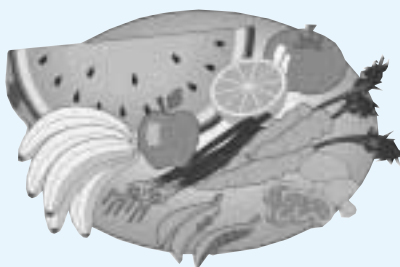
The [HRT] trial was stopped because "overall health risk exceeded the benefits." HRT remains legal and approved by the FDA.

One of the principal investigators of the Women's Health Initiative, Sylvia Wassertheil-Smoller, MD, a professor of epidemiology and social medicine at Albert Einstein College of Medicine in New York, presented shocking additional information on February 14, 2003 at the International Stroke Conference. Strokes were on the way up.

Women and their doctors have been looking for guidance on hormone replacement therapy (HRT) since last summer, when the estrogen-plus-progestin arm of this study was halted after HRT's risks—it causes breast cancer and heart disease—were found to outweigh its benefits.

Dr. Wassertheil-Smoller and colleagues did a subanalysis of the 8,506 healthy postmenopausal women, ages 50 to 79, who were given HRT as a combination of estrogen 0.625 mg and medroxyprogesterone acetate 2.5 mg, and 8,102 on placebo.

By an average follow-up of 5.2 years when the trial was halted, there had been 133 strokes in the group receiving combination hormone therapy compared with 93 strokes in the placebo arm.



Hormone Replacement Therapy ALTERNATIVES

Diet

- ☒ 70% from Organic Vegetables
- ☒ 10% from Organic Fruit
- ☒ 10% from Organic Whole Grain
- ☒ 10% from Organic Protein
- ☒ Essential Fatty Acids (Organic Oils)
- ☒ Drink Pure Water at 1 quart/50 lbs.
- ☒ Eliminate Sugar

Lifestyle

- ☒ Daily Vigorous Exercise
- ☒ Don't Smoke
- ☒ Drink only 2 oz. or less Alcohol/day

Nutritional Supplements

- ☒ Comprehensive Daily Multi-Vitamin
- ☒ Natural Vitamin E at 400-800iu/day
- ☒ Selenium at 200-400mcg/day
- ☒ Natural BetaCarotene 15,000iu/day
- ☒ Vitamin C Complex 1000-10,000mg/day
- ☒ Alpha Lipoic Acid at 200-400mg/day
- ☒ Calcium/Magnesium/D3/Boron

Saliva Testing for Hormone Balance

- ☒ Black Cohosh Herb 400-2000mg/day
- ☒ Red Clover Extract (Hoxsey)
- ☒ Natural Progesterone (Pro-gest)
- ☒ Natural Phyto-Estrogen (Plant)
- ☒ Natural DHEA if needed
- ☒ Natural 5-HTP if needed

When looked at by age, combination therapy conferred a 70% higher risk of stroke among women ages 50 to 59 compared with the placebo group, and a non-significant 26% increased risk among those aged 70 to 79.

Combination hormone therapy elevated stroke risk even among non-hypertensives, who had a 28% higher risk than did women on placebo.

Similarly, women with no prior history of heart or blood vessel disease had a 40% higher risk of stroke than controls, the study showed.

"We were astonished," Dr. Wassertheil-Smoller said in a statement. "It really shows, things that are accepted wisdom, can be turned around by clinical trials."

"The new results show that combined hormone replacement therapy [HRT] has no place in the primary prevention of cardiovascular disease," she concluded.

But all is not lost. There are many safe natural alternative solutions which include changes in diet, lifestyle, nutritional supplements, herbal extracts and special substances which promote the bodies own natural balance of hormones.

Additionally it is now possible to take a simple saliva test to determine the proper balance of hormones in the body. This will assure that proper hormonal balance is achieved.

Suggested Additional Reading:

Natural Hormone Replacement for Women Over 45 by Jonathan V. Wright, MD and John Morgenthaler, Smart Publications (ISBN 0-9627418-0-9), \$10 softcover.

What Your Doctor May NOT Tell You About Menopause by John R. Lee, MD, Warner Books (ISBN 0-446-67144-4), \$15 softcover.

What Your Doctor May Not Tell You About Breast Cancer by John R. Lee, MD, Warner Books (ISBN 0-446-52686), \$26 hardcover.

For more information on alternatives to HRT and Breast Cancer Prevention: People Against Cancer
PO Box 10, Otho, IA 50569
Phone: 515-972-4444, 10-5pm CDT
Fax: 515-972-4415, 24 hrs./7 days
Email: Info@PeopleAgainstCancer.com
www.PeopleAgainstCancer.com ☒

Drug Sales Bring Huge Profits, and Scrutiny, to Cancer Doctors

Among cancer doctors, it is called the chemotherapy concession. At a time when overall spending on prescription drugs is soaring, cancer specialists are pocketing hundreds of millions of dollars each year by selling drugs to patients—a practice that almost no other doctors follow.

The cancer specialists can make huge sums—often the majority of their practice revenue—from the difference between what they pay for the drugs and what they charge insurers and government programs. But some private health insurers are now studying ways to reduce these profits, and the issue is getting close attention in Congress.

Typically, doctors give patients prescriptions for drugs that are then filled at pharmacies. But cancer doctors, known as oncologists, buy the chemotherapy drugs themselves, often at prices discounted by drug manufacturers trying to sell more of their products, and then administer them intravenously to patients in their offices.

The practice also creates a potential conflict of interest for these doctors, who must help patients decide whether to undergo or continue chemotherapy if it is not proving to be effective, and which drugs to use.

Cancer specialists have successfully resisted most government efforts to take the drug concession away, arguing that they need the payments to offset high costs in the rest of their practices. An attempt by the Clinton administration to change reimbursement practices was strongly opposed by doctors, and by George W. Bush, who was then governor of Texas, among others. But support for change is growing, and some changes are beginning to take place.

"This has gotten out of hand," said Dr. William C. Popik, the chief medical officer for Aetna, which is exploring different approaches to the concession, including taking it away in some regions.

Health insurers say they can

buy these drugs much less expensively themselves and have the drugs shipped directly to doctors' offices. Some also want to keep better track of how the drugs are used.

Critics say the money these doctors make from selling medicine is contributing to the nation's high health care bills and adding to the waste and inefficiency in the health care system.

Medicare, which does not cover most prescription drugs, does pay doctors about \$6.5 billion a year for drugs they personally administer, largely cancer drugs. Under the current system of determining what the appropriate prices for these drugs are, the government is paying, by some estimates, more than \$1 billion over what the drugs actually cost. Many private insurers say they are also overpaying for these drugs.

In some cases, patients may even be paying a much larger co-payment for the drug than a cancer doctor is paying to buy it. Some patients paid about \$150 out of pocket for Toposar while doctors appear to have paid closer to \$60 after various discounts from Pharmacia, the manufacturer, according to the Minnesota attorney general, who is suing Pharmacia, accusing it of pricing fraud.

The General Accounting Office, which studied federal payments for cancer drugs in late 2001, discovered that doctors, on average, were able to get discounts as high as 86 percent on some drugs (see chart on next page).

"We think it's a bad system that creates bad incentives that creates bad medicine," said Robert M. Hayes, president of the Medicare Rights Center, a consumer group, who testified before Congress last fall on the issue.

Oncologists Sell C

The Average Oncologist Makes o

Dr. Thomas J. Smith, an associate professor of oncology at the Medical College of Virginia Commonwealth University, has estimated that oncologists in private practice typically make two-thirds of their practice revenue from the chemotherapy concession.

The concession echoes the system in Japan, where doctors make money by dispensing drugs. Drug spending per capita in Japan is among the highest in the world, higher than in the United States.

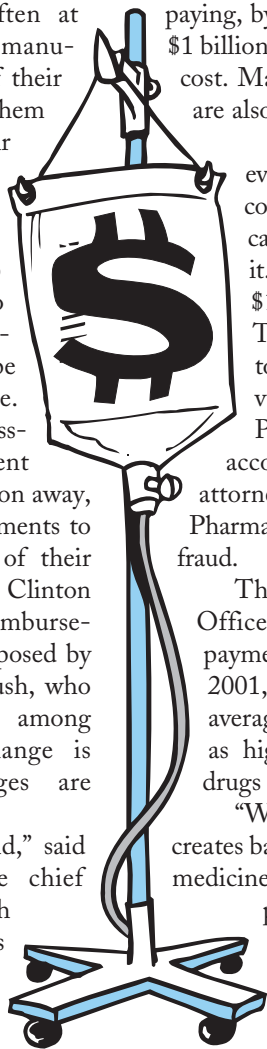
"This is our little corner of Japan," said Joseph P. Newhouse, a health policy professor at Harvard, who has been asked by the government to look into how the Medicare reimbursement system may affect how doctors prescribe chemotherapy.

The concession may also lead some doctors to recommend chemotherapy when patients may not benefit. In a 2001 study of cancer patients in Massachusetts, conducted by a team of researchers led by Dr. Ezekiel J. Emanuel of the National Institutes of Health, the authors found that a third of those patients received chemotherapy in the last six months of their lives, even when their cancers were considered unresponsive to chemotherapy. Those findings strongly suggested overuse of chemotherapy at the end of life.

"We know there is not all appropriate use," said Dr. John Gillespie, medical director of Blue Cross Blue Shield of Western New York.

But oncologists say they are only trying to respond to their patients' wishes. And they say they need the profits from the drugs to make up for high costs in the rest of their operations. They say they spend enormous sums to have the facilities and employees that enable patients to receive chemotherapy outside a hospital, under close supervision.

"It seems to be a wash right now," said Dr. Larry Norton, an oncologist at Memorial Sloan-Kettering Cancer Center in New York and a former



Chemo for CASH

Over \$300,000—But it isn't Enough!

president of the American Society of Clinical Oncology. He and his colleagues argue that oncologists treat patients who demand more care and therefore have higher expenses.

"We're just trying to break even," Dr. Norton said.

Oncologists also argue that patients may suffer if doctors do not buy chemotherapy drugs directly. They point to a case in Kansas City, Missouri, in which a pharmacist was sentenced in December to 30 years in prison for diluting chemotherapy drugs he then sold to doctors who administered the drugs in their offices. Dr. Norton argued that the case illustrated why he and his colleagues were worried. "Some potential problems could arise," he said.

The health plans, and some of the specialty pharmacies that sell to both doctors and insurers, say this concern is unfounded.

Earlier this month, Representative Pete Stark, Democrat of California, introduced legislation that would slightly increase what Medicare pays oncologists for their services but pay doctors closer to what the drugs actually cost. The government is also looking into how the concession is affecting prescribing patterns.

Oncologists began selling drugs directly more than a decade ago, after they persuaded insurers that it would be less expensive to administer the drugs in their offices than in hospitals. This was part of a trend of doctors' being paid much more to perform services and treatments in their offices than in hospitals. (Some other specialists, like urologists, also profit from chemotherapy drugs, but they administer them only to some of their patients.)

Over the course of the 1990's, oncologists have been able to rely on the sale of chemotherapy drugs as an important source of revenue. They are now among the best-paid doctors, surpassing obstetricians and general

surgeons, according to data from the Medical Group Management Association. In 2001, the median compensation for an oncologist in a large practice was \$274,000. While compensation for specialists has increased 19 percent on average, since 1997, oncologists' compensation has risen slightly more than 40 percent.

Dr. Norton dismisses the notion that cancer doctors' compensation has risen faster because of income from chemotherapy drugs. "Oncologists are extremely busy," he said, because more people have cancer and more treatments are available.

But the idea that these doctors make money from the drugs worries some. "All the evidence suggests that doctors do respond to money," said Dr. Susan D. Goold, an associate professor at the University of Michigan Medical School. Some oncologists acknowledge that the current system creates a perverse incentive. The potential for conflicts of interest "is troubling," said Dr. Edward L. Braud, the president of the Association of Community Cancer Centers, whose members treat more than half of the nation's cancer patients.

In several prominent cases, drug companies have also been accused of using discounts to influence doctors. For example, in the Minnesota lawsuit brought last year, Pharmacia is accused of having "induced physicians to purchase its drugs, rather than competitors' drugs, by persuading them that the wider 'spread' on the defendant's drugs would allow the physicians to receive more money, and make more of a profit, at the expense of the Medicaid program and Medicare beneficiaries."

Pharmacia said it could not comment because the matter was still in litigation.

But others say doctors are solely motivated by what their patients want—a chance, no matter how slim, of living longer or suffering less. Dr. Norton, for one, dismissed the idea that oncologists

would be motivated to give too much care or the wrong kind, and said undertreatment is a much greater risk.

Some insurers are getting oncologists to forgo profits from chemotherapy drugs, often by paying the doctors more for administering them. While oncologists may not make as much under the new system, and some have objected vehemently, it is "palatable," said Dr. Abraham Rosenberg, an oncologist in South Florida, where the new system is prevalent.

Last year, inspired by Florida's example, the Blue Cross plan in western New York began negotiating new contracts with oncologists.

The United Health Group is also in discussions with doctors in New York and expects to begin a pilot program this year. It plans to give oncologists a choice: they can allow United Health to buy the drugs at a lower price and pay the doctors for administering chemotherapy, or they can accept a lower payment for the drugs if they continue to buy them. They are also talking with doctors in cities including Cleveland and Dallas.

Aetna is trying different approaches. In the Northeast, the insurer wants to reimburse doctors at prices that are much closer to what the doctors are actually paying, while in the Southeast and Southwest, it is looking to buy the drugs directly.

Richard H. Friedman, the chief executive of the MIM Corporation, which operates a specialty pharmacy that supplies chemotherapy drugs to doctors, predicted that the chemotherapy concession may not last. The health plans, he said, "are all starting to take a much harder look."

Oncologist Profit Per Single Dose:

Rituximab PRICE to Doc: \$387;
Cost to Patient*: \$455; MARGIN: \$68
Docetaxel PRICE to Doc: \$245;
Cost to Patient*: \$298; MARGIN: \$53
Pacitaxel PRICE to Doc: \$146;
Cost to Patient*: \$172; MARGIN: \$26
D. mesylate PRICE to Doc: \$16;
Cost to Patient*: \$43; MARGIN: \$27
Leucovorin PRICE to Doc: \$3;
Cost to Patient*: \$18; MARGIN: \$15

*Source: General Accounting Office
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The War on Cancer: A Fraud and a Failure

Cancer—the very word strikes fear into the hearts and minds of most people. Most Americans fear cancer more than any other disease—and rightly so.

One out of every two American citizens will face cancer in their lifetimes.

Critics now charge America's "war on cancer" is a fraud and a failure.

As we enter the 21st Century seismic shifts of unprecedented proportion now call into question the very constructs upon which all of modern medicine is built.

☒ **Do drugs really cure illness at all—or do they just treat symptoms?**

☒ **Does chemotherapy help people to live longer and feel better—or is it completely useless in most cancers?**

☒ **Is radiation treatment really beneficial—or does it do more harm than good?**

☒ **Did hormone replacement therapy actually help women—or was it a deadly hoax?**

☒ **Has modern medicine really helped people at all—or are people living longer because of the basic improvements in sanitation, food and shelter?**

☒ **Is modern medicine just a cruel hoax which threatens to bring down the economy of the greatest civilizations the world has ever known?**

Modern medicine—once held in the highest esteem—now teeters on its lofty pedestal. The wizards have been discovered. The potions revealed. And the house of cards is falling.

The Failure of the War on Cancer

Only a year ago, in 2002, the National Cancer Institute (NCI), the government agency in charge of cancer, and the American Cancer Society (ACS), in charge of raising money, joyously declared that we were "winning the war on cancer." For the first time since cancer statistics were first kept, it was proclaimed that fewer people were being diagnosed and fewer people were dying.

The NCI could demand and get more public money—because they were making progress!

The American Cancer Society could sell more daffodils on "daffodil days" and trot out the next great new breakthrough with unprecedented fanfare. Everything seemed wonderful in "cancerland." Or was it?

It turned out to be a "grand illusion." The hope and the hype were short lived.

Just when they thought they had pulled off the scam, investigators uncovered unquestionable evidence of massive misconduct and outright fraud on the part of government officials and leaders of the cancer establishment.

There are lies, damn lies and statistics.

—Mark Twain

Why were the statistics looking better? Because NCI "cooked the books." Investigators found evidence that many who died of cancer were mysteriously but systematically dying of something else—at least on the death certificates.

Death Certificates Forged

The investigators, Drs. Welch and Black of Dartmouth Medical School, argued in the *Journal of the National Cancer Institute (JNCI)* (2002;94:1066-70) that cancer mortality should include not only deaths from cancer but also deaths caused by treatment for cancer.

Their study has doomsday implications for cancer statistics, success in treating cancer, and early detection. We are reminded of the cooking of the books in corporate America.

Investigators discovered 41% of deaths after treatment for cancer were actually attributed to another cause:

- ☒ 54% of bladder cancer patients; and,
- ☒ 24% of ovarian cancer patients; and,
- ☒ 42% of colorectal cancer patients; and,
- ☒ 34% of lung cancer; and an incredible
- ☒ 75% of prostate cancer patients.

Amazingly, some doctors actually defended the practice. Dr. Colin Begg, chairman of the department of epidemiology at the Memorial Sloan-Kettering Cancer Center in New York, said, "Reporting deaths is not an exact science, as we've known for many years...If all deaths after cancer surgery were recorded as cancer deaths," he said, "that would screw up the statistics for other diseases."

"The outrageous claims of progress against cancer are a lie—a big fat ugly lie," says Frank Wiewel who headed the Pharmacological and Biological Treatments Committee at the Office of Alternative Medicine (OAM) in the National Institutes of Health (NIH) in Washington. "Researchers who testified in front of my committee warned of this sort of deception."

Wall Street Journal Publishes The "Exposé" and the NCI Director Resigns

Despite the misrepresentation and fraud, they actually might have gotten away with it if it hadn't been for the *Wall Street Journal* who got wind of the story and published an exposé. Often something as arcane and obscure as biostatistics never reach the general public. Apparently, after decades of failure and the prospect of reported still more dismal statistics, they began a systematic and deceptive program of changing the cause of death. They didn't like the way things looked so they changed the causes of deaths and the way the statistics are reported—so they could show progress—instead of failure. The director of the NCI resigned.

The Icons of Cancer Disappear Before Our Very Eyes

In a year that saw the exposé of the failure of the war on cancer, still more disappointments were to come for the cancer establishment. Exposés have been published about the failure of chemotherapy, breast self-examination, mammograms and the entire concept of early diagnosis. The very Icons of Cancer—the gold standards—were falling one by one. Self-examination for breast cancer was shown to be worthless. The great Icon of mammograms were shown—not only to be useless—but dangerous.

Self-Examination Exposed

Researchers published studies which clearly showed that breast self-examination, which was long recommended as the first line of defense against breast cancer, was actually useless.

Mammograms Useless and Dangerous

Millions of women were told by government officials and medical authorities to have a mammogram every year. And millions complied—especially after insurance began to pay. They marched in by the millions for painful breast compression and dangerous ionizing radiation procedures without asking a question. Fortunately however, researchers from the Cochrane Breast Cancer Group, conducted an unbiased scientific analysis of the data from all of the major mammography studies worldwide. They found mammography to be useless.

Mammograms Causes Cancer

But the long term follow up of 13 years was much more shocking. Women who

had yearly mammograms—as recommended by her doctor and the medical establishment—got more cancer and died more often.

But it was even worse in women between the ages of 40 and 50 years old who were having the yearly mammograms as recommended by the American Cancer Society and the cancer industry, were getting cancer at a rate 52 percent higher than women who did not get yearly mammograms. These findings shocked the world and became front page news as the *London Times* revealed “Mammograms Increase Cancer Rate by 52%!” Researcher Dr. Cornelia Baines from the Canadian National Breast Cancer Screening Study, told *Options* that their results of their study were “extremely unwelcome.”

It turns out that the findings were “extremely unwelcome” to the radiologists who were making hundreds of millions of dollars a year on mammograms. And to the surgeons who made hundreds of millions of dollars a year doing needless biopsies. When asked if she had yearly mammograms herself, Dr. Baines told *Options*, “Absolutely not!”

Early Diagnosis Debunked

These and other findings began to call into question the entire concept of “early diagnosis.” But how could this be? It sounded so reasonable. If you diagnose cancer earlier it is more curable right? Wrong!

It turns out that early diagnosis did not improve cancer survival in any way. It just started the clock earlier so it appeared that more people living five years and more people were cured. Again, it just skewed the statistics.

Five Year Survival—Cured But Dead—A Fascinating Enigma

It turns out that members of the cancer establishment needed to establish a definition for the word “cure.” So they set the figure at five-year survival. If you lived five years you were cured. And it turns out—maybe by coincidence—maybe not—most people with cancer would live five years without any treatment anyway.

So, this would look good for the oncologists and doctors in the cancer establishment. But on closer scrutiny, if a person with cancer lived five years they would be cured. And if the cancer came back and they died—they would be cured but dead. It made no sense to anyone who understood it—but thankfully for the cancer establishment—no one understood it. Cured but dead—a fascinating enigma.

NCI Charged with Education

The National Cancer Institute was charged by the National Cancer Act of 1975 with “educating and informing” the citizens of America about cancer. They now receive over two billion dollars every year to prevent and cure cancer and to educate and inform the American citizens on the prevention and treatment of cancer.

NCI Ignores Prevention

Since the inception of the National Cancer Act, critics have charged NCI with ignoring and suppressing information on cancer prevention by eliminating known carcinogens from the food, air, water and environment. Dr. Samuel Epstein, a vocal critic, has charged NCI with deliberately misleading the American public about cancer prevention. Epstein, the head of envi-

ronmental medicine at the University of Illinois in Chicago, and the author of the landmark exposé *The Politics of Cancer*, claims that NCI has failed miserably to educate the American citizens about prevention and has actually impeded efforts to prevent cancer.

Cancer Information—or Misinformation

As as part of its charter NCI put out a booklet entitled *Chemotherapy and You* and a booklet entitled *Radiation Therapy and You* to educate the public on risks “and benefits” of chemotherapy and radiation.

Chemo and Radiation Essentially Useless

But they didn't tell people that chemotherapy is useless and dangerous in 85% of cancers! They didn't tell people that Ulrich Abel, a German biostatistician had exposed chemotherapy as a fraud, finding it useless 85% of the time. And they didn't tell people that radiation rarely cures cancer and actually causes cancer! The benefit sections of these books seemed to please the oncologists but the “risks and side-effects” section was a continuous source of irritation and extra explanation. It turns out that when patients read the truth about both the benefits and the risks—many decided not to take the treatments. So for several years the oncologists and radiologists lobbied hard for the NCI to remove the sections on risks and side-effects, arguing that the best place to inform patients of the risks and side-effects of the therapies was in the physician's office.

So, to make it appear legal and official, NCI convened an oncological advisory board of “experts” from around the US and

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War on Cancer (cont'd from page 7)

the world. And in typical government fashion they solicited comments from the various vested interests. They invited the doctors and the lawyers and members of the pharmaceutical industry and the radiology industry. And slowly and carefully, in the finest Orwellian fashion, erased history and replaced it with a new "improved and sanitized" version.

Welcome to Cancerland

"Welcome to cancerland! Things aren't really so bad here. If you just do what the doctor tells you—everything will be just fine." No one even batted an eye. No one apologized. Because—when you didn't inform them—they didn't ask. Maybe they were frightened of the answer. But everything seemed better in cancerland—at least for the doctors.

Oncologists Given 6 Minutes to "Educate"

Cancer advocates argue that there is a fundamental conflict of interest inherent in expecting oncologists to tell patients the whole story. "The doctors know full well that if you tell them the truth, the whole truth and nothing but the truth—they won't do the therapy," says Wiewel. The worst place on earth to learn the whole truth about your cancer is in the office of an oncologist. They are too busy, too self-important and they have an economic disincentive to tell patients the whole truth.

The average oncologist is now making over \$300,000. In the major HMOs, oncologists are under constant pressure to get patients in and get them out. "We've got some bad news. You have a terminal can-

cer. The good news is we can treat you immediately. Alternatives? Of course you have alternatives—there is chemotherapy, radiation—and surgery—NEXT."

Critics charge oncologists are living in a parallel universe. They speak in a language few humans understand. They make 10 times the money of their average patient. They never have to stoop to the humiliation of preparing or presenting a patient with a bill. And most oncologists will never actually have to touch their patients. It is all very sanitized and sterile with minimal human contact.

Though they are making fantastic sums of money—they are still looking for ways to augment their incomes. So now they are selling chemo. If you go to a radiologist they sell you radiation, if you go to an oncologist they sell you chemotherapy, and if you go to a Chevy dealer they sell you a Chevy. It's a business—a big business. The Congressional Office of Technology Assessment (OTA) admitted that cancer probably consumed \$250 billion a year—and that was in 1996.

A Fraud and a Failure

The war on cancer is a fraud and a failure. We must admit defeat. We must dismantle the entire national cancer program immediately—it can not be repaired. We must explore all innovative ideas. Increasingly, we see our friends and family members facing devastating illnesses unaffected by treatments feared more than the disease itself. We can not go on perpetuating this deliberate and deadly hoax. As a nation we can not afford to overlook any alternatives for any reason. ☹



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