

OPTIONS

Revolutionary Ideas in the War on Cancer



THE NEWSLETTER OF PEOPLE AGAINST CANCER

Volume 1, Number 5, October 1995

Medical Treatments Act A Real Opportunity

Editorial

*There is a tide in the affairs of men,
which taken at the flood leads on to fortune.*

~Julius Caesar – Wm Shakespeare

Once in a lifetime we have an opportunity to really make a difference.

This is such a time.

After decades of tyranny, we, the American people, have an unprecedented opportunity to change the course of medical history—**The Access To Medical Treatments Act.**

Introduced by Senate Minority Leader Tom Daschle (D-SD), with wide bipartisan support, this bill would change the face of American medicine.

People would be free to receive the medical treatment they choose and physicians would be free to provide it.

The medical monopoly which has strangled innovation in America for decades would be broken.

It now takes decades for new drug approval. Millions will die waiting!

It now costs millions for new drug approval. We don't have decades and we don't need millions. **The Access To Medical Treatments Act** won't cost us a penny and it may save millions of lives each year!

The concepts have long been recognized in International Law by the Declaration of Helsinki of 1964, which reads *"The physician must be free to use any new therapeutic measure which offers the hope of saving life or alleviating suffering."*

We ask each and every one of you to call and write your member of Congress. Ask them to support **The Access To Medical Treatments Act.**

Your life may depend on it. ☺

OPTIONS

OPTIONS: Revolutionary Ideas In The War On Cancer is published bi-monthly as the Newsletter of People Against Cancer. We hope you find it both provocative and informative.



People Against Cancer Founder, Frank Wiewel, Senator Tom Harkin (D-IA) Cosponsor of S-1035 and former Congressman Berkley Bedell, the bill's author.

Photo by: Charlotte Christie

Daschle Reintroduces Medical Treatments Act

Senator Tom Daschle (D-SD) has reintroduced the Access To Medical Treatment Act (S-1035), which would permit individuals to be treated with the medical treatments of their choice and would allow physicians the right to treat them. The Medical Treatments Act would allow American citizens to receive medical treatments that have not yet gone through the Food and Drug Administration (FDA) approval process.

Though critics argue this would be tantamount to legalizing quackery, proponents argue that important safeguards are in place to protect the public from dangerous treatments and unscrupulous providers.

The Senate Bill entitled S-1035 and the companion House Bill (H-2019), both provide strict rules about safety, stating, treatment can be given "only if there is no reasonable basis to conclude that it would be dangerous...and patients must be treated by a properly licensed health care practitioner...and informed of the contents and side effects of the treatment." Further, patients must sign a statement that they understand that the treatment has not been declared safe and effective by the federal government. Additionally, proponents point out that no advertising claims may be made by manufacturer, distributor or other seller of the treatment.

Congressional interest was initiated in 1992, when Harvard physician David Eisenberg, MD, shocked the world when he published in the New England Journal of Medicine (NEJM) that more

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PEOPLE
AGAINST
CANCER

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Medical Treatments Act (continued)

patients made more visits to alternative doctors than conventional and the vast majority were satisfied with the results.

Despite growing public interest and consumer protections built into the Act, critics such as Robert Carolla of Consumers Union charged in Congressional testimony, "too little science and too many conflicting claims...consumers need protection, not just from charlatans, but also from undue risks"

"Obviously, this is the real issue... the medical monopoly feels threatened by potentially safe and effective alternative medicine...With an increasingly restless patient population, modern medicine teeters on its lofty pedestal."

—Frank D Wiewel

Government critics agree, Mary K Predergast, of the Food and Drug Administration (FDA) claims, "It will needlessly expose patients to dangerous products...we believe there will be nothing to protect patients from being subjected to old fashioned quackery." She also stated, "We are concerned that the broad access to unproven therapies permitted by this bill will significantly slow down new drug development."

Frank D Wiewel, president of the Otho, Iowa based People Against Cancer told Congress, "Obviously this is the real issue...with the introduction of The Medical Treatments Act, the medical monopoly feels threatened by potentially safe and effective alternative medicine. With an increasingly informed and restless patient population, modern medicine teeters on its lofty pedestal."

Daschle (D-SD) was joined by Senate cosponsors Dole (R-KS), Harkin (D-IA), Hatch (R-IA), Grassley (R-IA), Pell (D-RI), Hatfield (R-OR), Simon (D-IL), and Reid (D-NV). ☐

Senator Daschle Reintroduces The Access to Medical Treatments Act—Senate Bill S-1035

On July 14, 1995, Senator Tom Daschle (D-SD), reintroduced the Access To Medical Treatments Act (S-1035). This revolutionary act would allow physicians and patients free access to therapies not yet approved by FDA, in the hope of saving lives and alleviating suffering. Leaders of the alternative health world have called it "the most important bill of our lifetime."

At a time when Congress seems hopelessly mired by partisan infighting with Medicare, proponents claim this bill represents a revolutionary new direction in health care reform. Despite the current climate in Washington, the bill has garnered wide bi-partisan support. "Both Democrats and Republicans are supporting this bill," says former Iowa Congressman Berkley Bedell who was instrumental in the drafting of the original legislation.

"The FDA is a Stalinistic Agency responsible for killing more jobs than any agency in recent history... FDA has lost its mind...FDA director David Kessler is a bully and a thug."

—House Speaker, Newt Gingrich

Last year in Congressional testimony, Bedell cited serious problems with health care in our country saying, "It is illegal for anyone to use a medicine without spending millions of dollars for FDA approval."

Bedell was himself a victim of the current system when he was forced to go outside of the medical profession, outside of the law and outside of the country for treatment of his lyme disease and prostate cancer, which failed to respond to conventional therapy. He went on to say, "It breaks my heart to tell people these therapies are not available in America because of the government."

FDA regulations, now under fire

from orthodox and alternative physicians alike, now require 10-15 years of research and \$100 to \$500 million for the approval of a therapy. Experts argue that this virtually guarantees high cost medicine, which is often too little and too late. House Speaker Newt Gingrich recently said, "The FDA is a Stalinistic Agency responsible for killing more jobs than any other agency in recent history." Gingrich went on to say, "The FDA has lost its mind...FDA director David Kessler, MD, is a bully and a thug."

While medical consumers, demanding more information on alternatives, generally support the new legislation, critics of the bill who call themselves "Quackbusters" warn that the bill represents "a license to lie and cheat and steal."

Only In America

Cancer and AIDS activists have long argued that the system fails to provide the basic freedoms now enjoyed by citizens of other countries in Europe and China and now even Russia. "I saw more medical freedom in Moscow than we have in America. I was ashamed," said cancer activist Frank D Wiewel, "All throughout Europe, I saw innovative medicine saving lives—and it was paid for by the governments which provide universal health care for all citizens."

Nearly a decade ago, in 1986, cancer activists convinced Congress to look into the issue with a study of alternative cancer therapies done by the Office of Technology Assessment (OTA). The study, called by *Science Magazine* "the most controversial study in the history of OTA," found positive evidence in nearly 200 published reports and recommended serious scientific study by the National Cancer Institute (NCI). Despite the wishes of Congress however, the NCI refused telling an OTA official, "You're telling us we have an illness, but we don't feel sick." Not satisfied, Senator Tom Harkin (D-IA) established the Office of Alternative Medicine (OAM) to evaluate and validate alternative medicine and joined Daschle as a cosponsor of S-1035. ☐

Congressman Takes On the Case of Stanislaw Burzynski, MD, PhD, In Probe of FDA Vendetta Against the Texas Cancer Specialist

With the state trying to yank his medical license and the federal government looking for any opportunity to indict him, controversial Houston cancer specialist Dr Stanislaw Burzynski needs every ally he can get.

—Houston Chronicles, Sept. 24, 1995

Burzynski, a maverick cancer researcher from Houston Texas has long been the target of the cancer establishment, has found an unlikely ally from an unlikely place—the halls of Congress. Texas Congressman, Joe Barton, head of the House subcommittee on Oversight and Investigations, has taken up Burzynski's cause in what Barton claims is a campaign of malicious prosecution by the Food and Drug Administration and the US Attorney's office in Texas.

On September 7th in a letter to US Attorney General Janet Reno, Barton called for a full Justice Department investigation into "very disturbing charges involving the US Attorney's office in Houston" and cited, "charges of a pattern of overzealous enforcement" against Burzynski. Barton went on to reveal, "It indicates to me that here is some sort of vendetta against Dr Burzynski." Barton wrote further, "According to this testimony, Dr Burzynski has been the victim of extraordinary abuse of our legal system."

According to this testimony, Dr Burzynski has been the victim of extraordinary abuse of our legal system.

—Joe Barton (R-TX)

Letter to Janet Reno, September 7, 1995

Barton cited, "repeated Grand Jury investigations and frequent use of subpoenas for medical records," as evidence of ongoing harassment. He wrote, "It is extraordinarily rare for a grand jury to



Dr Stanislaw Burzynski's Clinic is still open despite numerous government investigations.

fail to indict at the request of the US Attorney. As far as I know, a grand jury failing to indict some three to four times on essentially the base of facts is virtually unprecedented. It would appear that the FDA and the Justice Department are abusing the grand jury process to harass and punish Dr Burzynski..."

The Subcommittee will be conducting its own investigation of the role of the FDA and the Department of Health and Human Services in what appears to be an egregious violation of the rights of Dr Burzynski. —Joe Barton (R-TX)

Barton went on to write, "The Subcommittee will be conducting its own investigation of the role of the FDA and the Department of Health and Human Services in what appears to be an egregious violation of the rights of Dr Burzynski."

In the letter to Reno, Barton requested "the names and present locations and phone numbers of all Health and Human Services (HHS), Department of Justice (DOJ) and US Attorney personnel who have been involved in the referral, preparation or presentation of any allegation involving

Dr Burzynski to federal grand juries for 1985 to present."

Perhaps referring to the shredding of documents by FBI in the Ruby Ridge incident, Barton warned, "I further request that you order that all documents relative to these investigations, including drafts and those recorded electronically, be maintained until all investigation into this matter are complete."

The government's attempts to stop Burzynski began in 1983, when the FDA filed a lawsuit against Burzynski alleging interstate transport of his medicines. Government actions continued against Burzynski when FDA raided his clinic on July 17, 1985, and confiscated patient records. US district court judge McDonald ruled against FDA.

In 1986, US Attorney Henry Oncken launched a grand jury investigation into Burzynski's Clinic. Soon afterward, Oncken was forced to resign.

In 1986, Aetna Insurance filed a racketeering (RICO) lawsuit against Burzynski. Burzynski countersued with a Rico lawsuit against Aetna. After an unfavorable court ruling Aetna dropped its suit against Burzynski.

In 1988, the Texas State Board of Medical Examiners (TSBME) filed suit to take Burzynski's medical license. But in 1993, a Texas judge ruled for Burzynski—the treatment was legal.

In 1994, the TSBME ignored the judge, suspended Burzynski's license and put him on 10 year probation. Burzynski appealed.

In February of 1995, the Texas courts ruled in favor of Burzynski on appeal saying the TSBME's action was "arbitrary, capricious and characterized by abuse of discretion." TSBME appealed.

On March 24, 1995, Burzynski appeared on the CBS Morning News. Later that day FDA and US Postal officials again raided Burzynski's Clinic.

Despite the numerous government investigations, Burzynski's Clinic in Houston remains open and he continues to treat patients. 

Burzynski Charges National Cancer Institute With Misconduct: NCI Sponsored Trials Halted!

The Best Laid Plans of Mice and Men, They Often Go Awry.
~ Of Mice and Men - Steinbeck

It's a dark October night in Houston. Outside, the ghosts and goblins of Halloween dance in the Texas wind. But Dr Stanislaw Burzynski doesn't notice. Tonight, he has his own demons to contend with.

The Texas State Board of Medical Examiners (TSBME) is preparing what his supporters describe as "another ghoulish round of court battles, with the express purpose of sucking the lifeblood out of Burzynski."

The TSBME originally filed suit against Burzynski in 1988 in an attempt to take his medical license. And they have continued to pursue the Texas physician for over seven years despite the fact that two separate Texas courts have ruled for Burzynski and against the TSBME.

But tonight Burzynski is working on yet another problem. The clinical trials sponsored by NCI at Memorial Sloan Kettering and the Mayo Clinic have been halted.

This chapter of the Burzynski story began in 1991 when a team of cancer experts from the National Cancer Institute (NCI) visited the Burzynski Clinic in Houston. The researchers came at the invitation of the controversial Houston cancer doctor Stanislaw R Burzynski, MD, PhD.

After long and tedious negotiations, spanning nearly two decades, the NCI had finally agreed to look over Burzynski's results in brain cancer. Proponents had long claimed that Burzynski was getting the best results anywhere in the world with brain cancers. But NCI remained skeptical. "These cancers are rarely curable conventionally...Burzynski had significant survival benefits in a large number of patients," argued Frank D Wiewel, an advisor to the newly formed Office of Alternative Medicine (OAM) in the National Institutes of Health (NIH).

Wiewel led a site visit to the Burzynski Institute in early 1992 with

OAM deputy director, Daniel Eskinazi, MD, then OAM director Joe Jacobs, MD and NCI officials. However, despite their skepticism, NCI researchers indicated that they had "reviewed seven cases of patients with primary brain tumors that were treated by Dr Stanislaw Burzynski with antineoplastons A10 and AS2-1 and concluded that antitumor responses occurred." NCI further stated, "To evaluate further the effects of treatment with antineoplastons, NCI is conducting a phase II clinical trial (treatment study) using antineoplastons in adult patients with refractory brain tumors."

This appeared to be the golden opportunity he had waited for since he came to America nearly three decades ago. Those around him began to talk of the Nobel Prize for Medicine. But it was to be a long and rocky road to Stockholm for Dr Burzynski.

Critics had warned as early as 1992 that the NCI sponsored trials paid for by OAM money were off to a bad start. NCI had refused to allow Dr Burzynski to be a co-principal investigator. The proponent scientist is often asked to serve as co-principal investigator to assure the details of the protocol are carried out and the proper patients receive the proper treatment in the proper manner. Wiewel has warned both NCI and OAM officials repeatedly and again notified his colleagues on the OAM advisory board in a letter dated November 25, 1994, "From the beginning it was the clearly stated purpose of NCI—to separate the man from his medicine."

Additionally, critics charge that NCI was blind to the historic animosity of Memorial Sloan Kettering and Mayo Clinic. Ralph W Moss, PhD, formerly an official of Sloan Kettering said, "This is typical. The NCI and OAM both failed to recognize that these institutions represented the enemies of alternative medicine. The fact that they were unable to carry out the protocol is predictable." Moss, considered one of the most outspoken critics of national cancer policy, told *Options*, "We saw this with laetrile at Sloan Kettering, we saw this again with

hydrazine sulfate, and we saw it with the Mayo Clinic in their flawed tests of Vitamin C. This is nothing new." Moss, a pulitzer prize nominee and the author of *The Cancer Industry*, suspected early on and warned that NCI knew what they were doing when they turned the trials over to researchers at Memorial Sloan Kettering. "I am not surprised that Memorial didn't follow the Burzynski protocol. It was predictable."

In 1995, NCI wanted Burzynski to change the protocol but Burzynski refused. The NCI suggested that patients with multiple tumors and virtually any sized tumors be allowed to be entered into the trial. Despite the fact that Burzynski warned that patients may be at risk, NCI allowed the protocol to be changed writing Burzynski, "we are in no way obligated to obtain your consent."

When he finally reviewed the records of the patient enrolled in the Memorial trial, a furious Burzynski charged that, researchers had violated the protocol in every single case and demanded the trials be halted.

Burzynski wrote to NCI on August 29, 1995, "I was very excited about these studies and anxious to subject antineoplastons to independent third party verification...that is why I spent more than a year working out a protocol with you ...and more than \$600,000 providing NCI with medications for the trials...however the investigators continued disregard for the agreed upon protocol has turned these trials into a sham. The investigators have violated the protocol in every patient treated. I am not sorry to hear that the trials have been stopped."

Tonight Burzynski labors into the night preparing a detailed response to Dr Richard Klausner, the new NCI director.

Burzynski told *Options*, "For decades, NCI has consistently used dangerous toxic therapies and consistently suppressed alternative and innovative therapies, but I am confident we will win in the end...foolish consistency is the hobgoblin of little minds." 

ACTION ALERT

October, 1995

Dear Friend,

On July 14, 1995, history was made in Washington when Senator Thomas Daschle (D-SD) re-introduced the Access To Medical Treatment Act (Senate Bill-1035).

This Act, together with companion House Bill HR-2019 will assure freedom of choice for people who need innovative and alternative medical care and physicians who wish to provide it.

This is landmark legislation that will change the face of American Medicine. Congressional action could end the medical monopoly.

Here are some key points of the The Act (S-1035) and HR-2019:

- * It now takes years for new drug approval in America. Thousands will die waiting.
- * It now costs over \$250 million for new drug approval. Therefore safe, effective and economical alternatives are not available.
- * It would allow American citizens access to safe alternative treatments and allow physicians the freedom to provide them.
- * Safety and consumer protection are essential elements of the Bill. No advertising or marketing would be allowed before approval.
- * Clinical scientific investigations would be conducted.
- * It would stop the need for American citizens to go outside the country for treatments shown to be safe and effective for decades.
- * Americans would have the basic medical freedom enjoyed by the citizens of rest of the world.

Please write, fax and call your Senator and Representative in Congress. Ask them to co-sponsor S-1035 and HR-2019. On the next page, we have drafted a sample letter for guidance. Sign and send the sample letter—or better yet, write your own.

This could be the most important letter of your life.

Sincerely,



Frank D Wiewel
Editor

To phone the U.S. House:
202-225-3121

To phone the U.S. Senate:
202-224-3121

To write the U.S. Senate:
Senator
U.S. Senate
Washington, DC 20510

To write the U.S. House:
Representative
U.S. House of Representatives
Washington, DC 20515

Below are some key members of key sub-committees in the U.S. House:

Michael Bilirakis (R-FL)
Joe Barton (R-TX)
Dennis Hastert (R-IL)
Fredrick S. Upton (R-MI)
Cliff Stearns (R-FL)
Scott Klug (R-WI)
Gary Franks (R-CT)
Jim Greenwood (R-PA)
Richard Burr (R-NC)
Brian Bilbary (R-CA)
Edward Whitfield (R-KY)
Gregg Ganske (R-IA)
Charles Norwood (R-GA)
Tom Coburn (R-OK)
Henry Waxman (D-CA)
Ron Wyden (D-OR)
Ralph Hall (D-TX)
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Edolphus Towns (D-NY)
Frank Paltone Jr. (D-NJ)
Sherrod Brown (D-OH)
Peter Deutsch (D-FL)
Bart Stupak (D-MI)

Below are some key members of key sub-committees in the U.S. Senate:

Nancy Kassbaum (R-KS)
Jim M. Jeffords (R-VT)
Dan Coats (R-IN)
Judd Gregg (R-NH)
Bill Frist (R-TN)
Mike DeWine (R-OH)
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Slade Gorton (R-WA)
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Clairborne Pell (D-RI)
Christopher Dodd (D-CT)
Paul Simon (D-IL)
Tom Harkin (D-IA)
Barbara Mikulski (D-MD)
Paul Wellstone (D-MN)

List of co-sponsors of S-1035:

Dennis De Concini (D-AZ)
Charles Grassley (R-IA)
Tom Harkin (D-IA)
Orin Hatch (R-UT)
Mark Hatfield (R-OR)
Clairborne Pell (D-RI)
Paul Simon (D-IL)
Robert Dole (R-KS)
Harry Reid (D-NV)

October, 1995

Dear Member of Congress,

People with life threatening illness need access to medical treatments. Physicians need the freedom to treat them.

On July 14, 1995, Senator Tom Daschle reintroduced the Access to Medical Treatment Act S-1035 and Congressman Peter A DeFazio introduced HR-2019.

This act will assure freedom of choice for people who seek innovative and alternative medical care and physicians who wish to provide it. Special consumer protection and safety issues have been addressed.

It now takes decades for new drug approval in America. Thousands will die waiting. It now costs hundreds of millions of dollars for new drug approval. So safe, effective and economical alternatives are not available.

We don't have decades. We don't need millions. The Medical Treatments Act will not cost us a penny and could save thousands of lives each year. True health care reform must include alternatives.

Please help us! Please co-sponsor The Access To Medical Treatments Act S-1035 and HR-2019.

Please don't send us a form letter saying, "I appreciate your interest in health care reform...I will keep your views in mind."

We really need your commitment now. Please Co-sponsor S-1035 and HR-2019. Please call Pattie Mitchell c/o Senator Daschle: Phone 202-224-2321 or Fax 202-224-2047. Please call Congressman Peter A DeFazio: Phone 202-225-6416 or Fax 202-225-0373.

We hope you will advise us of your co-sponsorship. If you can't co-sponsor, please tell us why. We look forward to hearing from you.

Sincerely,

OAM Announces the Funding of Eight Alternative Medicine Centers

The Office of Alternative Medicine (OAM) in the National Institutes of Health (NIH) announced on Monday October 23, 1995, that they would fund eight national centers to do research on alternative medicine.

The OAM was established by an act of congress in 1992 when it became clear to certain powerful members of congress that Americans made more visits to doctors practicing alternative medicine than those using conventional medicine and that the National Institutes of Health (NIH) had failed to scientifically evaluate and validate alternative medicine practices. The Office was purposely placed within the Office of the director of NIH to shield it from historic animosity of the various institutes that had demonstrated little scientific interest in alternatives.

The centers will receive an average of \$850,000 over a three period. "These centers are designed to efficiently evaluate promising alternative medical practices," stated newly appointed OAM director Wayne Jonas, MD. Jonas added, "There is tremendous support among the NIH institutes for the development of these centers, to include co-funding in areas of mutual interest."

Joe Jacobs, MD, named in 1992 as the first director of the controversial new office was under fire from start. He was

charged by the "quackbusters" as conorting with the quacks. "He was moving too slowly and often bowed to pressure from within NIH," said the cancer activists. Despite pressure from both sides, Jacobs viewed himself as a pioneer. He used a quote from Star Trek, saying, "My job is to go where no man has gone before." But after two years under pressure from Congress, cancer activists and orthodox critics, Jacobs changed his tune, telling the *New York Times*, "I prefer the ticks of Connecticut to the poli-tics of Washington."

Cancer activist Ralph W Moss, PhD, editor of the *Cancer Chronicles* and advisor to OAM said, "The main problem was that Jacobs didn't do anything. He kept talking about 'going where no man has gone.' Well I'm glad he is gone, now maybe we will get some work done."

Frank D Wiewel, also an advisor to OAM, applauded the OAM funding of the centers saying, "Maybe the Centers can do what the OAM in Washington hasn't been able to do in nearly four years—evaluate alternative cancer therapies. Over eighty percent of the requests for information coming into OAM were for alternative cancer therapies. This is where the focus of the OAM Centers should be—alternative cancer therapy." ☐

Klausner to Head National Cancer

President Clinton has named molecular biologist Richard Klausner, MD, to be director of the National Cancer Institute (NCI).



Newly appointed director of the National Cancer Institute (NCI) Richard Klausner, MD.

Klausner, 43, took his post in August and immediately vowed to change things saying, "I will be announcing structural changes immediately. There are enormous problems we have to face, but...there is a real sense of opportunity and a desire for a new direction...the decision making has to become more open and interactive with the constituencies NCI has served," Klausner told *The Cancer Letter*.

NIH director Harold Varmus praised the President's appointment, as expected, saying, "I'm sure that Dr Klausner will provide the leadership that NIH's largest and most visible institute needs as it carries forward the fight against cancer." But critics warn, "He doesn't know the territory...Congress wants to know about cancer not the *ras-oncogene*." And so it goes. ☐

MEMBERSHIP FORM

Yes! I would like to support the important work of *People Against Cancer*.

- \$35Regular Annual Membership — Includes our newsletter, *Options*.
- \$50Foreign Regular Annual Membership — Includes our newsletter, *Options*.
- \$100Supporting Annual Membership — Includes our newsletter, *Options*, plus a free book.
- \$450Sustaining Annual Membership — Includes the Alternative Therapy Program with: a comprehensive search for the best treatment options worldwide, a detailed written report, an extensive personal telephone consultation, unlimited one year follow-up. Also includes our newsletter *Options* and the book *Repression and Reform*.
- \$500Benefactor Annual Membership — Includes all the benefits of Sustaining membership plus a free book.
- \$1,000Founding Annual Membership — Includes all the benefits of Benefactor membership plus special select reports and publications.
- \$5,000Patron Annual Membership — Includes all the benefits of Founding Membership and all select reports and publications.
- \$10,000Golden Circle Patron Membership — Special Membership with all select reports and Golden Circle publications.



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Billy Best: A Chemotherapy Runaway Alive and Well On Essiac and 714-X

Billy Best still prefers skateboarding to chemotherapy—just like any normal 16 year-old.

It was only a few short months ago that Billy Best captured the nation's attention by running away from home to avoid the toxic effects of chemotherapy treatment for his Hodgkins disease.

A year later, Billy is alive and well.

Though reportedly embarrassed by the national attention focused on the toxic effects of chemotherapy, Dana Farber Cancer Institute was forced to issue a statement in April which admitted that Billy shows no evidence of cancer. The CT and Gallium scans confirmed that Best was cancer free according to Dr Clifford Takemoto, who is Best's physician at Dana Farber.

Best and his parent's claim that an herbal treatment called Essiac, a Canadian injectable therapy called 714-X and a better diet are responsible.

Essiac is an herbal treatment originally pioneered by the Ojibway Indians and named and popularized by Rene Caisse (Essiac spelled backward). The mixture of burdock root, slippery elm bark, turkish rhubarb and sheep's head sorrel was later studied and promoted by Dr Charles Brusch who was the personal physician to President John F Kennedy. Brusch claimed the herbal preparation cured his colon cancer after

conventional medicine had failed.

714-X is the nitrogen and camphor substance pioneered by controversial Canadian researcher Gaston Naessens. Naessens claimed to have uncovered a pleomorphic organism called a somatid which entered a pathological phase and caused diseases such as cancer.

"Naessens is responsible for three world-class discoveries," claims former Iowa Congressman Berkley Bedell. "His first was the condenser microscope, which allowed him to make his second discovery the somatid, which was treated by his third discovery, 714-X." Bedell, considered the founder of the Office of Alternative Medicine in the National Institutes of Health, believes 714-X cured his prostate cancer when orthodox therapy had failed.

Best admitted that he is eating less meat, avoiding red meat, sugar and dairy products and eating a diet high in vegetables, fruits and grain.

The Best family was swamped by calls and letters from people all around the nation who told them about alternatives when Billy first ran away to avoid chemotherapy. "We got boxes of information," Best said, "we had faith in God, and we always had faith in these treatments. The only drawback is that everybody doesn't know about it."

Billy Best alive and well at 17. 



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 Otho, Iowa 50569

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