

OPTIONS

Revolutionary Ideas in the War on Cancer



THE NEWSLETTER OF PEOPLE AGAINST CANCER

Volume 5, Number 2, October 1999

An Open Letter to Vice President Al Gore

Editorial

Dear Mr. Vice President,

The goal of medical science is finding innovative and alternative methods of curing disease. This year 1,500,000 Americans will be diagnosed with cancer and 750,000 will die—despite the best conventional methods.

We need 20% of the federal budget for cancer research earmarked for the study of innovative and alternative cancer therapy.

With support from Berkley Bedell's Foundation, The National Foundation for Alternative Medicine (NFAM), People Against Cancer (PAC) recently completed a month long tour of Europe to identify new promising cancer therapies used in Europe. We found a vital system of innovative and alternative medicine that was helping the citizens of Europe to live longer and feel better by using alternative therapies not available in America.

In 1998, more Americans made more visits to doctors for alternative medicine than for conventional medicine. The people have spoken. They want alternative medicine. But there is no program to fairly evaluate alternative cancer therapies in America.

It is of vital national interest to explore innovative therapies for cancer. A single new effective approach has the potential of saving millions of human lives.

Will you give us your pledge to include alternative therapies in your initiative *Cancer in the 21st Century*, support the Access To Medical Treatments Act (AMTA) and set aside at least 20% of the federal budget for cancer research strictly for the study of innovative and alternative cancer therapies?

For the nation.

And for your fellow man. ☺

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.



Vice President Al Gore with People Against Cancer President Frank Wiewel

ALSO IN THIS ISSUE

VP Gore's Cancer Initiative 3

The Survivors Program:
Bill Asenjo A True Survivor 4-5

Medical Marijuana Gets Boost 7

Embryonal Research:
Lift The Ban 8



PEOPLE
AGAINST
CANCER

Prescription For Disaster

By Bill Asenjo, MS, PhD(c), CRC

Newlywed Jerry Sagen looked forward to the evening's New Year's Eve celebration with his new wife. But on that December morning in 1996 Jerry said that he "awoke to hear her dying."

As Mary gasped her last breaths, Jerry dialed 911. While he waited for paramedics to arrive, he desperately tried to revive his wife.

But it was too late.

At first the death of the healthy 45-year-old woman appeared to be a mystery. But soon afterward an answer was stamped onto Mary's death certificate: Accidental Death—due to a toxic level of the antihistamine Hismanal. For Jerry Sagen, 53, it was incomprehensible. "You're numb," he said; "you can't believe it happened."

Yet, for millions of Americans, prescription drugs are a way of life—approximately 2 billion are dispensed each year—for anxiety and allergies to diabetes and depression. But in a study published in the *Journal of the American Medical Association* (JAMA), researchers found that each year prescription drugs rank between the 4th and 6th leading cause of death in the United States.

Researchers at the University of Toronto analyzed 39 studies conducted in American hospitals over four decades. The Toronto team found, for example, that 106,000 patients died in 1994 from reactions to medications administered properly. And more than 2 million other patients suffered serious side effects. The University of Toronto study didn't count patients who misread or disregarded warning labels, otherwise the number of deaths jumps to over 140,000.

While the study didn't focus on specific *Prescription for Disaster* continued on page 2

Prescription for Disaster (cont'd from page 1)

drugs, it has been documented that anti-histamines, in combination with the wrong antibiotic, can lead to abnormal heart rhythms—in some instances the result can be fatal. Mary Sagen had been taking an antibiotic with the Hismanal.

Mixing drugs isn't the only problem. Blood thinning drugs, for example, can cause fatal internal hemorrhaging.

Researchers concluded that people must realize that drugs are not magic bullets. Like bombs dropped on enemy targets, drugs don't just hit the targeted tissue, they hit healthy tissue as well.

Who's Minding the Store?

The FDA requests adverse drug reaction reports from hospitals and physicians, but few participate in this voluntary program. Most of that information remains buried in doctors' offices and hospital record rooms.

But surveillance isn't only the FDA's responsibility. "I see problems at every link of the safety chain," said Thomas Moore, a senior fellow at the George Washington University Medical Center and author of "Prescription for Disaster." He said physicians need to be much more cautious about the drugs—and drug combinations—they prescribe. And patients need to become wiser consumers.

In 1994, prescription drugs were the 4th leading killer after heart disease (734,000), cancer (537,000), and stroke (154,000).

Drugs are Big Business

Prescription drug sales, in this country alone, more than doubled from 1990 (\$37 billion) to 1997 (\$79 billion). The fastest-growing portion of health-care costs, the sale of prescription drugs has been rising more than 17% per year.

This shouldn't surprise anyone because the sales forces of the largest 40 drug companies have mushroomed in recent years. For example, in 1994 there were 35,000 salespersons employed to visit doctors. By 1998 that number had blossomed to 56,000—one sales person for every 11 MDs.

To give you a sense of how serious drug companies are; in 1998 they spent \$6 billion visiting doctors and hospital and more than another \$1 billion on marketing events for physicians and medical students—about what it costs to run the University of Iowa for a year.

"It is simply not possible to identify all the adverse effects of drugs before they are marketed," wrote Dr. Wood in the *New England Journal of Medicine* (NEJM). Yet,



according to Dr. Moore's research published in the *JAMA*, "51% of approved drugs have serious side effects."

There are reasons why side effects have become more serious and frequent. According to Dr. Wood, rarely—if ever—are post-marketing studies carried out. TV increasingly markets drugs directly to the public. And most importantly, there is no formal procedure for monitoring drug safety.

Sure, the FDA can revoke a drug's approval—and occasionally it does—but it rarely revokes quickly. For example, the FDA removed diet drugs fenfluramine and dexfenfluramine because they caused heart valve damage.

Meanwhile more than 30% of those taking these drugs combined them with another diet pill, phentermine—a combination you probably remember from news reports, called fen/phen. Fenfluramine was finally banned—after it remained on the market for 24 years. As you may have also noted on news reports during the first week of August, a Texas woman who suffered heart damage was awarded \$23 million in the first verdict involving the diet drug fen-phen.

Planes & Pharmaceuticals

In an article appearing in the *NEJM*, doctors compared prescription drug safety with airline safety. When planes crash the National Transportation Safety Board (NTSB) investigates because the FAA has a conflict of interest—it approved and licensed those aircraft. Not so in the pharmaceutical industry. The FDA is the only drug safety agency approving pharmaceuticals. But the FDA is also the only drug safety agency investigating prescription drug injuries and deaths. According to the mindless rationale of the current system, the FDA relies on drug companies to voluntarily report deaths and illnesses.

This, of course, leads to problems. For instance, in 1997 when the diet drug dexfenfluramine was taken off the market, an FDA director said, "We've done what

is necessary to determine there is a problem. Other information is up to American Home Products [which marketed dexfenfluramine] to find out."

But the FDA isn't the only one at fault. Congress recently diminished the FDA's power to monitor drug safety by allowing drug companies to pay to expedite the approval process. Consequently in 1996-1997 the FDA approved 92 new drugs—twice the previous rate. And adding insult to injury, Congress specifically prohibited the FDA from using new money to monitor drug safety.

And just when you thought the situation couldn't get much worse, a study appearing in *JAMA*, and reported in the *Wall Street Journal*, determined that scientists were being supported by for-profit companies more than ever before—a fact rarely mentioned when their research is published. An article in *JAMA* revealed, that of 210 (mostly biomedical) journals examined, nearly all had personal interest disclosure policies. Yet 142 published no such disclosures. Perhaps it's no surprise that researchers published in those 210 journals rarely disclosed conflicting interests.

Drs. Sheldon Krimsky of Tufts University and L.S. Rothenberg of UCLA reported in *JAMA* that a mere 1/2% (310) of 62,000 articles published in 1997 mentioned authors' financial ties (for example, stock ownership, patent rights). In a similar study, Krimsky analyzed 800 scientific papers. He found that 34% of the authors had conflicts of interests—none disclosed. A *NEJM* study discovered that virtually every researcher supporting new hypertensive drugs had financial ties—none disclosed.

Lastly, while the media was busy bombarding us with Bill and Monica stories, the AMA admitted in a February 1999 issue of its journal (*JAMA*) that it failed to disclose the fact that the authors of a sex study were paid by the manufacturers of Viagra. *JAMA* did not point out that Edward Laumann, a University of Chicago sociologist and the lead author of the study, and his co-author, Raymond Rosen, had been paid by Pfizer to review clinical trial data on Viagra before the drug was submitted for FDA approval.

In view of all this less-than forthright activity it's hard to believe that in 1990 the Council on Scientific Affairs stated that in order to establish the propriety of research, full disclosure should be made to journals publishing research results (Council on Scientific Affairs. Conflicts of interest in medical research). ☐

Al Gore: Fighting Cancer in the 21st Century

On June 28, 1999, Vice-President Al Gore unveiled a five-point plan to change the way that we prevent, detect, and treat cancer in the 21st century.

Step One: Enhance Research To Speed Up The Search For The Cure

As scientists unravel the human genome and the inner workings of cancer cells, there are historic new opportunities to target the molecular makeup of each cancer leading to new approaches to prevention and treatment carefully tailored to each specific type of cancer. To assure we realize new possibilities for revolutionary progress in preventing, detecting, and treating cancer, Al Gore is proposing to:

Double funding for cancer research over the next five years. To step up the fight against cancer, Al Gore is proposing to double cancer research at the National Institutes of Health over the next five years. This investment, which would consist of an increase of nearly \$9 billion over five years in spending in cancer research, will be part of a similar commitment to all medical research. It will help assure scientists have the resources to develop new cutting edge treatments, prevention, and detection tools, including identifying the molecular basis for the prevention and treatment of all major cancers in the next five years; developing a whole new class of prevention and therapies within the next decade; and tripling the number of new drugs and therapies that enter clinical trials.

Double the progress over the next ten years in reducing cancer deaths and new cancer cases. After steady increases in cancer rates since the 1930s, in the 1990s, for the first time, progress in cancer prevention and treatment led to unprecedented declines in the number of new cancer cases and deaths. Still today, 1.3 million Americans are diagnosed with cancer each year and 560,000 will die from it. This new investment aims to double the rate of progress by 2010—doubling the rate of decreases in cancer deaths and cancer incidence. This would mean that by 2010 each year, 700,000 fewer Americans would get cancer and 200,000 less would die from it.



Step Two: Diagnose and Detect Every Major Cancer Sooner—So The Correct Treatment Can Begin In Its Earliest Stages.

The Cancer Genome Anatomy Project, the historic effort that Vice President Al Gore unveiled in 1997 to unravel the genetics of cancer, has already more than doubled its original goals. Now we must apply the breakthroughs of that project to more precisely diagnose and detect each cancer early when we have a better chance of effective treatment. To achieve this goal, Al Gore is issuing three specific challenges to the scientific community:

Identify every gene that predisposes people to cancer by 2002. With the completion of the Human Genome Project in sight, the next challenge is for scientists to identify every major human gene that predisposes people to cancer and the genetic variations that affect cancer risk by 2002.

Develop precise blood tests for virtually every cancer within five years to revolutionize early detection. New information about genetics has the potential to revolutionize the way that we detect cancer or even any early signs that indicate a likelihood of cancer. New blood tests would give signs that would enable cancer to be detected much earlier than virtually any screening available today by pinpointing genetic alterations that indicate early signs of cancer. This is a challenge to scientists to use breakthroughs in genetics to develop these tests in the next five years.

Develop diagnostic tests for every major kind of cancer within five years. With new progress in the genetics of cancer, now the challenge is for scientists to develop new diagnostic tests for every major kind of cancer within the next five years. Today, we cannot distinguish many types of cancers that would enable us to answer critical questions such as how fast will the cancer grow,

will it respond to therapy, and which therapy is likely to work. These tools will enable health professionals to diagnose cancer far more precisely than is currently possible so that more targeted new treatments can begin right away.

Step Three: Assure Cancer Patients Access To Cutting Edge Treatments

Only three percent of cancer patients currently participate in clinical trials. Many scientists believe that higher participation in clinical trials could lead to faster development of new therapies, as it often takes between three and five years to enroll enough participants in clinical trials to make them statistically meaningful—and for the patients themselves, access to these trials can mean the difference between life and death. We need to assure cancer patients can access these top quality treatments. Al Gore has three specific proposals:

Increase the number of patients by fivefold participating in cancer clinical trials at the National Cancer Institute. Over the past two years, the National Cancer Institute has speeded up admission to clinical trials by launching a new program to enroll patients on the spot. New investments should increase the number of patients participating in clinical trials funded by NCI by 500 percent in the next five years to a total of 120,000.

Pass legislation to assure Medicare patients can participate in clinical trials. America's seniors make up half of all cancer patients, and are ten times more likely to get cancer than younger Americans. Older Americans, however, frequently cannot participate in cutting-edge cancer clinical trials because Medicare does not pay for experimental treatments. Al Gore is calling on Congress to pass the legislation that would provide Medicare patients with coverage to participate in cancer clinical trials which has been proposed by Senators Rockefeller and Mack.

Pass long overdue legislation that requires all health plans to allow patients to participate in clinical trials. Many health plans also do not reimburse patients who participate in clinical trials that give patients access to the most cutting edge treatments. As part of the patients' bill of rights, Congress should

Al Gore continued on page 6



By Bill Asenjo

It appeared suddenly. Blackness blotted out my vision. A moment before, I'd focused on the cards that I held. Now I was blind.

Then—like a puppet with its strings cut—I slumped over the table paralyzed. Time stopped.

"Call 911!" a poker player shouted.

Stunned, a resigned bitterness took over. "So this is how it happens. I'm havin' a stroke, and I'm dying."

A siren approached.

Examining my brain scan, the emergency room neurosurgeon announced gravely, "Well, you didn't have a stroke, but you do have a brain tumor—about the size of a golf ball."

I heard his words, but couldn't comprehend their meaning. I only wanted to return to the game so I could finish the hand that I'd been dealt.

In a way, I guess I was.

There were more surprises. Surgeons removed skull and began probing. My brain swelled.

I awoke in intensive care with a garden hose down my throat. It breathed for me.

To allow for swelling, a section of skull had not been replaced. I felt like I had an ax buried in my head.

A blurry face hovered above. "Bill," the neurosurgeon explained, "we're not sure what happened; we had to stop. I know you're hurting, but we can't give you anything. It might cause more swelling. I'll check on you again later."

I didn't care if the medication DID kill me. I'd never imagined such pain. Whimpering like a puppy, I gagged on

Bill Asenjo: The C

the thick tube reaching into my chest. It would be a long night.

By morning the swelling subsided. They began again. The first operation preceded five more. Some vision returned, but only hazy shapes.

Shaved bald, Frankenstein scars stretched from the nape of my neck to the top of my head.

Between surgeries, I was mugged by spinal meningitis. Like the tumor, it took over suddenly. I was too exhausted to be afraid. Paralyzed, my speech slurred. I drooled.

Indignant to the surgical intrusions, my brain short-circuited. I had seizures. Medication made me spastic. Jerking uncontrollably, I was strapped down.

Completely helpless, having long ago dismissed the God of my childhood, I felt utterly alone. As far as I was concerned, my life was over.

I began vomiting. Without warning, my last meal would shoot out of me like a scene from *The Exorcist*. Mysterious pains struck randomly as if some alien beast were trying to exit my body.

The tumor blocked a passage connecting my brain and spinal cord. Spinal fluid seeped into my skull, but couldn't drain. Trapped in my skull, fluid crushed my brain. The strange pains and vomiting were alarms.

The next morning, I was awakened by a man with a knitting needle on a small tray. He had come to do a spinal tap.

Spinal taps siphoned fluid, relieving pressure. For weeks, while gaining strength for the next surgery, I was awakened each morning by a man with a knitting needle on a tray.

By the sixth operation, the tumor had been removed. To relieve the continuous accumulation of spinal fluid required surgical plumbing. A tube was inserted into my brain and threaded beneath my skin; the other end was inserted into my stomach where fluid drained.

Seasons changed. I progressed from bedridden, to wheelchair, walker, and finally, a cane.

The day to leave the hospital arrived. I could only think about the raw deal that life had dealt me.

At the rehabilitation facility, nonsense counselors didn't indulge my self-pity. Surrounded by patients with a menu of life-threatening conditions, my thumb-sucking wasn't tolerated.

A counselor began the group session, "Bill, how are you?" I mumbled something about how life had wronged me.

He seemed amused. "Bill, 'sympathy' is in the dictionary between 'shit' and 'syphilis.' Now who else wants to talk?"

I was appalled.

Seated among those recovering from serious conditions, I wasn't special.

To help adjust my attitude, each day I was to list ten things for which I felt gratitude. Insisting my glass was half-empty instead of half-full, my list remained blank.

The problem, of course, was me. As long as I insisted on sucking on my thumb, counselors always seemed willing to help me choke on it. One later explained, "Bill, if we'd given you what you wanted, you'd have drowned in self-pity."

Weeks passed, my body detoxified from months of medication. Without a chemical cushion, self-pity gave way to fear. I was afraid of the future. I hadn't expected to live this long.

Only days from discharge, I gazed through a window and mumbled "Help me" to what I didn't know.

There were good reasons to be afraid. Until hospitalized, dead-end jobs supported a lifestyle of immediate gratification and self-destructiveness. My philosophy of life had the depth of a beer commercial.

Months later, I'd recovered sufficiently to...to what? Years before I'd failed out of a community college. Since then, I'd accomplished little.

At my sister's suggestion, I anxiously registered at a junior college while wondering if I was too damaged to cut it.

Attending school with a different attitude, but without a hangover, I enjoyed learning. The first time, college had been a bore—nothing interested me. This time, everything did.

Although I continued to heal physically, I needed help emotionally. I attended a self-help group.

Cancer Survivors Program

A counselor suggested that I also join a support group for those with life-threatening illnesses—not for me, but to help others. This kept my problems in perspective. It also gave me a chance to repay a debt. I'd asked for help; it came as a chance to help others.

As a member of a student organization which helped people with disabilities, I realized a fulfillment different from academic achievement.

Paradoxically, the more I did for others the less I thought about me, and the better I felt about myself.

Transferring to the University of South Florida, I became an officer for several clubs while continuing my other commitments.

Filling out a scholarship application, I pondered "Who IS this guy?" The person I'd become bore little resemblance to the person I'd once been.

Having spent more than enough time in bars and pool halls to complete several degrees, I wondered how much credit was mine. I didn't plan to have a brain tumor, and I also hadn't arranged all that had happened since then.

A once indignant "Why me?" had become a quiet "Why me? Thank you" to what I still didn't know.

This new life excited me. An early influence was Viktor Frankl's *Man's Search for Meaning*. Awed by his triumph over years in concentration camps, I was inspired by his transcendence over pain and loss. Frankl helped me make sense of such experiences. He stated what I suspected: although we may distract ourselves, people seek meaning. Compared to the losses Frankl endured, my experiences paled. I was humbled.

Irvin Yalom's *Existential Psychotherapy* discussed issues that fascinated me: meaning in life and death, existential isolation. Drawing from literature and philosophy, Yalom examined the questions I asked, timeless questions pondered throughout history.

From Jung I discovered synchronicity—events connected by meaning rather than cause and effect. He described his near death experience during a heart attack, and blended psy-

chology with spirituality.

Expanding upon Jung, mythologist Joseph Campbell summarized years of studying cultures suggesting that the word "God" was merely a metaphor for The Mystery.

A peculiar, personal "intellectual spirituality" took form. Reading voraciously and omnivorously, quantum mechanics, philosophy, astronomy, history, I sought ways to understand. I realized I wouldn't arrive at THE answer. Yet, I was enchanted by the process. Walt Whitman suggested that God was a journey. Philosopher Paul Tillich's observation that the concept of "God" was not necessarily "A Being" but rather "Being itself" helped me reframe rejected childhood beliefs. Being—encompassed a constant process of becoming and dying, moment to moment. Change is the only constant. Permanence, Buddhists suggested, is illusion.

I began to notice simple things: my cut finger healing, a spider weaving its web. I gazed at stars knowing that I consisted of atoms originating in dying, exploding stars. Thermodynamics revealed that nothing is created nor destroyed, but merely changes form. Water could be liquid, solid or gas depending upon conditions. Einstein described energy and matter as interchangeable.

Perhaps this energy was influenced by conditions. Could this energy or "God" whose name I did not know" be both comforting presence and indifferent gravity plunging someone from a rooftop? Was approaching this force, this presence, with a list of demands like a greedy child at Christmas misguided? I was too limited to know. It seemed almost arrogant to expect to understand.

As a youth I had rejected someone's dogma, one perspective. There were many: American Indians, shamans, Taoists—a buffet of beliefs. I'd assumed what I'd been taught was all there was. What would I have believed if born in another century or country?

Death seemed less intimidating after reading Michael Sabom, Stanislav Grof, Raymund Moody and other educated or

spiritual individuals. Several cultures suggested that it was simply the next step. Physicists pondered parallel universes.

Stephen Levine's *A Gradual Awakening* offered user-friendly explanations of mindfulness meditation, and Buddhist perspectives on awareness, karma, and illusion.

A wise friend suggested "When the student is ready, the teacher will appear." I couldn't wait to meet others.

This journey's not been flawless. There have been detours, disappointments and lessons to be learned. Most telling were my father's death, and the end of an engagement. I expect others.

Most of the time I'm grateful for what I once took for granted, reminding myself that disappointment is redirection.

I talk to this "God whose name I do not know." Thanking, not asking. C.S. Lewis observed that prayer changes the one who prays, not conditions.

My GPA literally doubled what it'd been years before. By graduation, I'd received a dozen scholarships and awards. The University of Florida offered a fellowship.

Had someone predicted any of this a dozen years before, I'd have questioned his sanity.

Today I struggle with my dissertation at The University of Iowa's Rehabilitation Counselor Education Ph.D. program.

It's been hard work, and I still wonder how I've accomplished it. But should I also take credit for my heartbeat? For being born into a supportive, caring family?

Einstein once observed that the most beautiful encounter was The Mysterious.

Although it remains a mystery why I developed a brain tumor, it seems that it's the best thing that ever happened to me.

Bill Asenjo, M.S., CRC is a Ph.D. candidate in the University of Iowa's Rehabilitation Counselor Education program. His dissertation focuses on alternative medicine and disability. 

Al Gore (continued from page 3)

pass legislation right now that requires all health plans to cover patients who participate in clinical trials.

Step Four: Expand Prevention and Detection For Cancer

There is much more to do to assure that Americans are using the tools we have today to fight cancer, such as screening those at risk and preventing smoking. Unfortunately, many Americans do not benefit from this information. Al Gore is proposing a national effort to address this issue. Four specific proposals are to:

Expand access to mammograms, colorectal screening and other well proven screening tests. There are already effective detection methods in place for many of the major cancers.

To assure Americans have access to effective cancer screenings, Al Gore is proposing to expand public health programs at the Centers for Disease Control (CDC) that provide screenings at low-cost, such as mammography, colorectal, and cervical cancer. Al Gore also believes we should continue to work to assure Americans have access to affordable health care.

Second, even those with access to these tests often do not benefit from them. Some are unaware that they may be at risk. Others fear these tests, or don't know where to go to receive them. To address this issue, Al Gore is proposing a national informational campaign to educate all Americans about the importance of early screening and detection. Both these efforts will have a particular emphasis on eliminating the disparate proportionate of cancer rates. For example, African-Americans are 30 percent more likely to die of cancer than whites and twice as likely to get prostate cancer, while Hispanic women are twice as likely to get cervical cancer.

Take special steps to insure that all older Americans get the most up-to-date screening benefits that detect cancer early. Older Americans are most vulnerable to cancer and are often less likely to get preventive benefits that could help detect and treat cancer early. For example, only 60 percent of older women receive regular mammograms and even less receive treatment for colorectal cancer—one of the most treatable cancers when detected early. This proposal would eliminate all cost-sharing for Medicare cancer preventive



Photo: Denise F. Wiewel

Vice President Al Gore, Megan Wiewel and Frank Wiewel.

benefits—including the deductibles and coinsurance for colorectal and prostate cancer screening as well as coinsurance for mammography. He is also challenging health plans cover effective screening procedures. Taken together all these efforts could lead to a decrease of the number of Americans who do not get the recommended screenings by 50 percent.

Increase efforts to improve diet and nutrition to help prevent cancer. Thousands of cancer cases could be prevented through improved diet and exercise and other healthy behaviors. This proposal would include increases of about \$25 million per year in school-based prevention programs and other public health efforts to encourage Americans to take measures that would reduce the likelihood of cancer. Also, as scientists learn new information about prevention, this challenges to assure that this new knowledge is quickly translated into national practice.

Renew our commitment to stop children from smoking. Tobacco is still the largest preventable cause of cancer and causes about 30 percent of all cancer deaths, and most Americans begin to smoke when they are children. Al Gore is committed to fighting on all fronts to prevent our children from smoking, including the following steps:

Launch a \$200 million new counter advertising campaign to help fight against the millions of dollars that tobacco companies spend to get children to smoke.

Penalize tobacco companies that market to children so that they pay the price.

Call on the Congress to reaffirm

FDA's authority to keep cigarettes out of the hands of children and give our leading consumer protection agency the full authority to help stop young people from smoking before they start by eliminating advertising aimed at children and curbing minors' access to tobacco products.

Double efforts to prevent children from smoking through programs that are proven to work and call on states to enhance their efforts. Provide more research to understand why tobacco is so addictive as well as improve current cessation efforts to help those who want to quit now do so.

Step Five: We Must Guarantee Fairness For Cancer Patients

We must assure that cancer patients are treated fairly. They should have access to the doctors and specialists they need, and should not have to fear discrimination because they have cancer. In 1996, the Administration took steps to assure cancer patients could keep health insurance when they changed jobs. Al Gore is calling for legislation that achieves three objectives:

Protect medical privacy. Cancer patients should not worry about who will see their medical records. Al Gore is challenging Congress to pass comprehensive privacy legislation right away. If they don't pass it, Al Gore will do everything in his power to implement these protections.

Assure quality health care by passing a strong Patients' Bill of Rights. These protections are critical to cancer patients because they assure those in the middle of chemotherapy are not forced to stop treatment because their employer changes health plans; or cannot see a cancer specialist.

Prevent genetic discrimination. Studies have shown that a leading reason that women do not get the latest genetic breast cancer tests is that they fear these tests will be used to discriminate against them. We must assure that Americans do not avoid taking advantage of critical advances in cancer by passing legislation that prevents employers and health insurers from using genetic information to discriminate.

Editors Note: On August 12, 1999, Options Editor and People Against Cancer Founder, Frank Wiewel, met with VP Al Gore, who pledged his support for the Access To Medical Treatments Act (AMTA). 



Court Rules For Medical Marijuana

SAN FRANCISCO Sept. 13, 1999

Today a Federal appeals court gave fresh hope to California's embattled medical marijuana clubs, saying a judge should not have granted a Clinton administration request to shut them down without regard for the sick people they served.

The 9th Circuit Court of Appeals ordered U.S. District Court Judge Charles Breyer to review his October 1998 decision, which shut the Oakland Cannabis Buyers Cooperative (OCBC) for violating federal anti-drug laws. In a 3-0 decision, the appeals court said Breyer had not given proper weight to the possibility that marijuana was an indispensable treatment for people served by the club—including patients with AIDS and cancer—and thus potentially protected by the "medical necessity" defense.

The appeals court order did not vacate Breyer's injunction against the Oakland club, which was closed by federal marshals last October. But it did suggest Breyer amend the injunction to allow medical marijuana clubs to resume service for patients who can prove that cannabis is a medical necessity for treating their illnesses. Medical necessity, as defined by earlier court cases, means that patients have found every legal alternative to marijuana ineffective in

treating their conditions and that they would suffer imminent harm without access to the drug.

"What? The Federal Government consider what is best for sick people? I doubt it. They have demonstrated an unerring instinct to do the wrong thing," says Frank Wiewel, an advocate of people with cancer. "We are in for a long ugly fight over something really stupid! If marijuana helps sick people—let them use it." Wiewel is the founder of the non-profit public interest group People Against Cancer.

—Frank Wiewel

The decision opened a fresh chapter in California's medical marijuana saga, which began in 1996 when state voters approved medical use of the drug and then quickly moved to the courts as the federal government sought to block implementation of the new state law. The appeals court held that the Oakland club had demonstrated "there is a class of people with serious medical conditions for whom the use of cannabis is necessary in order to treat or alleviate those conditions or their symptoms; who will suffer serious harm if they are denied cannabis; and for whom there is no legal alternative." "The government, by contrast, has yet to identify any interest it may have in blocking the distribution of cannabis to those with medical needs, relying exclusively on its general interest in enforcing its statutes," the court said.

"What? The Federal Government consider what is best for sick people? I doubt it. They have demonstrated an unerring instinct to do the wrong thing," says Frank Wiewel, an advocate of people with cancer. "We are in for a long ugly fight over something really stupid! If marijuana helps sick people—let them use it." Wiewel is the founder of the non-profit public interest group People Against Cancer.

Jeff Jones, OCBC's director, said the appeals court decision represented the first step back toward legitimacy for California's cannabis clubs, which were chased underground by federal legal challenges. "We are asking, more or less, the district court to allow our dispensary to remain open to medical necessity cases...somebody that is dying from cancer, from HIV...should be protected by their constitutional right to protect themselves."

Robert Raich, a lawyer for the OCBC, said the court decision could have an impact far beyond California, noting that six other states covered by the 9th Circuit have followed California's lead and passed some form of ballot measure aimed at legalizing medical marijuana use. "I think we will have an opportunity, for the first time, to provide medical cannabis legally under federal law," Raich said. ☈

MEMBERSHIP FORM

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

- \$35 **Regular Annual Membership** — Includes our newsletter, *Options*.
- \$50 **Foreign Regular Annual Membership** — Includes our newsletter, *Options*.
- \$100 **Supporting Annual Membership** — Includes our newsletter, *Options*, plus a free book.
- \$450 **Sustaining 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*.
- \$500 **Benefactor Annual Membership** — Includes all the benefits of Sustaining membership plus a free book.
- \$1,000 **Founding Annual Membership** — Includes all the benefits of Benefactor membership plus special select reports and publications.
- \$5,000 **Patron Annual Membership** — Includes all the benefits of Founding Membership and all select reports and publications.
- \$10,000 **Golden Circle Patron Membership** — Special Membership with all select reports and Golden Circle publications.



Name (print) _____

Address _____

City/State/Zip _____

Phone (w/area code) _____

Renewal New Member

Special Extra Donation (US funds) \$ _____

I have enclosed (US funds) \$ _____

MC/Visa # _____ Exp _____



Send Tax-Deductible Check in U.S. FUNDS (only) to:
P.O. BOX 10 • OTHO, IA 50569-0010

515-972-4444 • FAX 515-972-4415
E-MAIL: info@PeopleAgainstCancer.com
WEB: <http://www.PeopleAgainstCancer.com>

OPTIONS

Editor in Chief: Frank Wiewel
 Managing Editor: Denise Dallman
 Associate Editors: Larry Vogel
 Advisors: Harris Coulter, Ph.D.
 Jane Heimlich
 Robert G. Houston
 Lothar Hirneise
 Jack O. Taylor, MS, DC
 Charlotte Christie
 Marie Dallman
 Gar Hildenbrand
 Lynn Davis
 Bill Asenjo

Options is published by
 People Against Cancer
 604 East St
 P.O. Box 10
 Otho, Iowa 50569
 Phone: 515-972-4444
 Fax: 515-972-4415

E-mail: Info@PeopleAgainstCancer.com
 WEB: <http://www.PeopleAgainstCancer.com>

Options is for educational purposes only. It does not advocate any treatment modality. Each reader is strongly urged to consult a qualified health professional for medical problems.



P.O. Box 10
 Otho, Iowa 50569

ADDRESS SERVICE REQUESTED

E-mail: info@PeopleAgainstCancer.com • WEB: <http://www.PeopleAgainstCancer.com>

National Advisory Board Recommends Lifting Ban on Embryonal Research!

On September 14, 1999, a long-awaited report was issued by the National Bioethics Advisory Commission (NBAC) on controversial stem cell research.

The report recommended that the law be changed to allow federal funds to be used to support scientists who want to harvest the cells—which can give rise to any kind of cell in the body—from human embryos.

The research shows too much promise for treating a range of diseases—from juvenile diabetes to heart disease—to hold it up, the Commission which advises President Clinton, concluded.

It said a ban on using federal funds for such research using live human embryos should be lifted.

“In our view, the ban conflicts with several of the ethical goals of medicine and related health disciplines, especially healing, prevention and research,” the committee, made up of lawyers, ethicists, scientists, doctors, said in its report.

Proponents of stem cell research say it shows promise for use in generating tissue transplants, which could be used to treat, for example, Parkinson’s disease where certain brain cells gradually stop working properly.

It also shows promise in repairing the organs of patients with type-I, or juvenile diabetes, in repairing damaged hearts and other organs, and offers new ways to screen drugs.

But opponents note that the most potent stem cells are taken from embryos

left over from attempts to make test-tube babies—a process known as in vitro fertilization or IVF.

They point to a current federal law that forbids the use of federal funds for any research that involves the destruction of a human embryo—even if the embryo was slated for disposal.

However, privately funded scientists are free to do as they like.

The commission said it would be better to have this research done under federal auspices.

But it said federal funds should not support any research that would deliberately create an embryo for this purpose. It also said federal money should not be used to support attempts to use cloning technology to make human embryos. “Nevertheless, scientific progress and the medical utility of this line of research should be monitored closely,” the commission’s report added.

It recommended that tissue from embryos or aborted embryos not be bought or sold, that the Health and Human Services Dept. set up a committee to oversee all federally funded research involving stem cells, and that people donating embryos for research be carefully counseled.

Clinton, who has in the past said he would not press for changes in federal laws regarding embryo research, thanked the committee for the report but did not say whether he would act on its recommendations. ☐



*New Directions
 in the War on Cancer*