

## WHAT'S WRONG WITH AMERICA'S HEALTHCARE SYSTEM?

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

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

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

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

Indeed, as we enter the 21<sup>st</sup> century, the fourth leading cause of death in the U.S. is from reactions to FDA-approved drugs. On April 14, 1998, the JAMA (Journal of the American Medical Association) published a shocking report, a painstaking analysis of 39 studies conducted over 30 years. The study showed that an average of 106,000 people die in hospitals each year – that's one every five minutes – from drugs approved by the FDA. The study does not include

cases where drugs were misprescribed. When considering deaths from the same cause outside hospitals, i.e., at home, the number rises to around 140,000 a year, according to Centers for Disease Control statistics. These are not deaths from illegal street drugs; those cause only a small fraction of the deaths from FDA-approved drugs, which kill three times the number dying each year from automobile accidents.

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

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

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

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

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

The FDA tries to control more than it needs to. It claims regulatory authority over drugs, but defines a drug as anything that affects the body. Carried to the logical extreme, prune juice could be considered a drug, since it definitely affects the body. A 1997 study by Tufts University found that the cost of getting FDA approval for a new drug costs upwards of \$200,000,000 and may take ten years or longer. In May, 2000, an article in the *New England Journal of Medicine* stated that getting a new drug approved could cost between \$300 and 500 million. The pharmaceutical industry is the richest in the world – yes, richer than the oil industry. However, given such rules, even the richest drug company cannot afford to introduce a new

medicine without patent protection. Consequently, more than ever before we live in the era of Patent Medicine, once not a very complimentary term. Securing FDA approval allows a manufacturer to advertise what the approved product will do – i.e., to make health claims, which are forbidden without FDA approval. For instance, it is well established through clinical studies that the saw palmetto herb is more effective – and safer – at shrinking a swollen male prostate gland than the “approved” brands whose advertisements are everywhere (*Health and Healing*, June 1999). If a manufacturer of saw palmetto wished to state this known truth on its label, the FDA would haul that manufacturer into court in short order for having committed the sin of making health claims. The fact that they might be true is beside the point, for the FDA has arrogated unto itself the right to censor them. In a nation which finds it cannot censor pornography under the free speech right of the First Amendment, the FDA finds it can censor a manufacturer and prevent it from telling the public the truth about a product. On January 15, 1999, the U.S. D.C. Circuit Court of Appeals held that the FDA had violated the First Amendment of the Constitution by denying four health claims conveying information; the Court also held that the FDA cannot constitutionally deny a health claim conveying information. Paying no attention to the Constitution or the Court, on November 30, 1999, the FDA denied a health claim concerning the herb saw palmetto’s ability to reduce a swollen prostate, stating that it considered the claim to be one requiring the filing of a new drug application. Congressman Peter DeFazio wrote the FDA a stern letter protesting its unconstitutional acts. For the FDA, if you want to make health claims, the solution is simple: get in line, spend your \$200,000,000 +, and in ten years or so perhaps you can do so. Since the saw palmetto herb cannot be patented, the American male consumer is out of luck at learning about that effective, harmless, and far cheaper product.

In many countries, people think that if they want the best medicine in the world, they need to come to the United States. This is certainly the case for catastrophic injuries. If you’re broken to pieces, you’ve got a much better chance of being put back together properly in the U.S. However, most Americans do not die of accidents but of degenerative diseases. One American dies of cancer every minute, 1500 a day, 10,000 a week, 500,000 a year. This is the equivalent of three fully-loaded 747’s crashing and killing everyone aboard every day, all year long. An American Cancer Society study of cancer mortality rates in 46 countries shows the U.S. as #25, just a little below the middle. The cost of the cancer epidemic has risen to 2% of the American gross domestic product (*Newsweek*, June 2000).

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

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

Eight of the stories in this book deal with cancer therapies. These may be of interest to many, since one American dies of cancer every minute. Money for cancer research goes to those

trying to perfect "approved" therapies such as chemotherapy and radiation, but both are very harmful. Those researching such therapies might be out of business and have to find another way to pay the mortgage if an effective, non-toxic therapy were to come on the market. As will be seen in these stories, a great deal of effort has been made to make sure that doesn't happen.

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

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

While every other kind of freedom is fought for by both liberals and conservatives, there's strange silence when one brings up Health Freedom - freedom for anyone to consult the doctor of your choice, to obtain any therapy of one's choice, toxic or non-toxic, and to have it paid for by one's health insurance. Our talk and preaching about free markets helped to bring down the Soviet Union. But we don't practice what we preach, for we have no free market in non-toxic therapies in the U.S. - in things which by definition can't hurt us.

For a layman, it is hard to conceive that some of the most basic organizations in our health establishment would lie and cheat, but lie and cheat they have. Political pounding befell some very remarkable medicines and their proponents, with both governmental and non-governmental institutions brazenly lying as they squelched them. The late Sen. Paul Douglas of Illinois declared on the Senate floor on December 6, 1963: "It's a terrible thing that we cannot really trust either the FDA or the NCI!" He was talking about Krebiozen (Chapter 5), one of the most shocking stories of all. People picketed the Kennedy White House in 1963 demanding to retain access to Krebiozen, lest they die. Having bemoaned listening to the "experts" after the Cuban missile crisis, the President apparently was still listening to them, for Krebiozen was lost and forgotten, and shouldn't have been. And people died.

Then there is the story of Dr. William F. Koch of Detroit (Chapter 3). From the 1920's to the 1950's, he was curing cancer with one shot of Glyoxylide, a substance he discovered. While the cancer epidemic rages on, Dr. Koch is virtually forgotten. Persecuted relentlessly by the FDA in two trials in the 1940's, he was repeatedly denounced as a quack by the editor of the AMA's JAMA after he refused to sell his discovery to the AMA. Yet there are people still alive at the beginning of the 21<sup>st</sup> century who were expected to die momentarily until treated with ONE Koch shot. With one American dying of cancer every minute, many might wish that Official Medicine had not thrown away the Koch therapy and the brilliant science that produced it.

The National Cancer Institute (NCI) steadfastly refused to test the Koch therapy, or the Hoxsey therapy, or Krebiozen, but did test hydrazine sulfate (HS), a very cheap non-toxic chemical which cured many terminal patients after conventional therapy had failed to do so. It might have been better if NCI had not tested hydrazine sulfate, for it cheated in the trials. Dr. Joseph Gold, the chief proponent of HS, has warned for years that certain substances - alcohol, tranquilizers, and barbiturates - were incompatible with HS and would cancel its effect - or even make a harmful combination with it. In the Soviet Union and in four trials within the U.S., Dr. Gold's warnings were scrupulously observed, and the average results were 40-50% success in terminal cancer patients - people got better. However, the NCI maintained that the

"incompatibles" were a "non-issue" and gave barbiturates to 94% of the 600 patients it treated with HS from 1989 to 1993. Instead of a 40-50% recovery, there were more survivors of the Titanic than there were of the NCI's trials, where no one got better, all died. "Penthouse" magazine blew the whistle on the scandal and suggested that the families of the deceased patients should sue the NCI for genocide. As a cancer treatment, hydrazine sulfate costs about 60 cents a day. Dr. Gold estimates that the cost of one session of chemotherapy would pay for a year's supply of HS (Chapter 10).

Chapter 7 on colostrum (a mother's first milk) tells how former Congressman Berkley Bedell of Iowa was cured of lyme disease, after antibiotics proved ineffective, by a colostrum "targeted" against the spirochete which causes lyme disease. This was achieved by injecting a killed lyme spirochete into the udder of a cow three weeks before her calf was born. The cow's colostrum then contained antibodies against the lyme spirochete, and this cured the Congressman. There is no known limit to what can be produced by the targeted colostrum method; it presumably could provide a cure for TB, or for various bacteria – even protection against anthrax. It has been used successfully against cancer in animals. The NCI and the NIH have shown no interest in this method, and the FDA discourages the private sector from developing it. When a colostrum drink was shown to be effective against arthritis, the FDA squelched it. The trial of the Minnesota farmer who helped Congressman Bedell to recover is described.

In fact, there is a trial in almost every chapter of the book, as the stories tell what befell the protagonists of various non-toxic, non-pharmaceutical therapies.

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

Had these two changes been the law of the land, this book would not have been written, for the stories that follow would not have happened. Legislating these two simple changes would permit the return of most of the therapies described except for those which have been lost. Since all were inexpensive, with their return and the appearance of other breakthroughs waiting in the wings, the costs of American healthcare would plummet.

These changes would permit open competition and a free market in NON-toxic therapies. The U.S. has had a rigidly controlled market in health products, including non-toxic ones, (to "protect" us) for most of the past century. The results are a high death toll from cancer, the absence of effective medicine against viral diseases such as AIDS and against many bacterial infections, and the most costly health system on the planet. How could we do worse with Health Freedom? While American emergency medicine is indeed the best in the world, most Americans do not die from accidents, but from degenerative disease. Many treatments for the latter are excluded from the market, or their capabilities censored by the FDA, which has usurped for itself the right to dictate to manufacturers what they can say about their products. Gradually, before

anyone realized it was happening, the FDA clamped upon the U.S. a harsh regime of censorship and repression of anything that could compete with the giant drug companies. Prescription drugs have become so expensive that it has been proposed that the government pay for them, instead of forcing the drug companies to reduce prices to the level charged in other countries such as Mexico and Canada. But there's a better idea: let's give the drug companies some real competition by removing all governmental controls over anything non-toxic. Since this would permit truthful advertising of what non-toxic medicines (nutritional supplements, herbs, etc.) can do, it would not be surprising to see the cost of prescription drugs come down, way down, corrected in the way that free markets and open competition regularly do.

We have been warned many times about socialized medicine. The problem, we're told, is that its overly centralized control stifles innovation. With too much dictation from the top down, with over-regulation by the FDA, with doctors not free to use effective non-toxic therapies, a form of socialized medicine is just what we have, functioning just as badly as we were warned to expect. While the computer industry is free to make breakthroughs that are the envy of the world, and which happen so rapidly as to leave people breathless, no such freedom exists in the medical field. Instead, such discoveries as the antineoplaston cancer treatment of Dr. Stanislaw Burzynski in Houston are discouraged: the FDA tried very hard to put him in jail; in contrast to so many FDA-approved drugs, antineoplastons never hurt anyone, but instead put many cancers in remission. In addition, here too, the NCI cheated in trials of antineoplastons, diluting them to the point of ineffectiveness. NCI even filed for an obtained a patent on one of Dr. Burzynski's compounds when it discovered he had not patented it (Chapter 11).

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