When Healing Becomes a Crime

Kenny Ausubel, Tikkun Magazine - June 12, 2001

There is another cancer war -- against "unproven" alternative cancer therapies. But is the medical standard of proof a double standard?

In February 2001, a federal government-sponsored report under the auspices of the National Institutes of Health (NIH) was published finding "noteworthy cases of survival" among cancer patients using the Hoxsey herbal treatment. After seventy-five years, Uncle Sam is finally giving a state nod to what is arguably the most notorious alternative cancer therapy in American history.

In the 1950s at the height of organized medicine's crusade against the Hoxsey Cancer Clinics, the American Medical Association crystallized the medical establishment's sentiments in its supremely influential Journal of the American Medical Association (JAMA). "It is fair to observe that the American Medical Association or any other association or individual has no need to go beyond the Hoxsey label to be convinced. Any such person who would seriously contend that scientific medicine is under any obligation to investigate such a mixture or its promoter is either stupid or dishonest."

The recent NIH report marks a surprising reversal in the longstanding medical civil war between conventional and alternative approaches. After a long exile, alternative therapies are now ascendant, riding a crest of popular demand, scientific validation, and commercial promise. The face of cancer treatment may soon become almost unrecognizable as valuable alternative therapies begin to permeate mainstream practice.

If Harry Hoxsey had lived to witness this apparent sea-change in medicine, he might likely feel very mixed emotions. He would heartily cheer the grassroots surge propelling the movement, the same kind that once carried his Hoxsey Cancer Clinics to unmatched heights of popularity and validation. He would be exhilarated by the philosophical conversion of his enemies. But he would also be cynical, suspicious that a clinging monopoly was fighting to save face and above all keep its corner on the cancer market. But then, Hoxsey survived decades of being "hunted like a wild beast" only to see his clinics padlocked without the scientific test he relentlessly sought. He died a broken man, anguished over the future he felt was robbed from humanity. Yet the Hoxsey treatment did live on, thriving as an underground legend, still attracting more patients today than any of the other banished therapies, irrepressible after all.

The astonishing saga of the rise and fall and rebirth of Hoxsey provides a classic case history of the corrosive medical politics that have long prevented the fair investigation of promising alternative cancer therapies. Paradoxically, this long-standing denunciation has not been based on the objective scientific evidence that is supposed to determine the acceptance or rejection of medical therapies. Rather, the dismissal typifies the kind of pre-factual conclusion that has characterized "scientific" medicine's century-long pattern of condemnation without investigation.

In fact, the unspoken reason for the renaissance of alternative cancer therapies is sadly obvious: The medical establishment has largely lost its celebrated "War on Cancer" based on surgery, radiation, and chemotherapy. But what has remained hidden from most people is the existence of the other cancer war: organized medicine's zealous campaign against "unorthodox" cancer treatments and their practitioners. Over the course of the twentieth century, innovators such as Harry Hoxsey advanced more than one hundred alternative approaches, at least several of which have seemed to hold significant promise. Yet rather than inviting interest and investigation from mainstream medicine, their champions have been

ridiculed, threatened with the loss of professional licenses, harassed, prosecuted, or driven out of the country.

The facts clearly reveal that a consortium of interests has consistently condemned these treatments without investigation: the American Medical Association (AMA), the Food and Drug Administration (FDA), the National Cancer Institute (NCI), and the American Cancer Society (ACS), as well as certain large corporations that profit from the cancer industry. It is important to emphasize that this confederation of interests known as organized medicine consists principally of medical politicians and business interests, not practicing doctors. Physicians themselves have often objected to the unscientific rejection of alternative therapies and to restrictions on their own freedom to research or administer them.

The news blackout and disinformation campaign muffling this scandal have been so effective that most people do not happen into the underground of "disappeared" therapies until the fateful moment when they or their friends or relations are diagnosed with the dread disease. Usually only while fighting for their lives do patients discover the plethora of alternative cancer therapies claiming to offer hope and benefit, though with little if any scientific evidence to support the assertions. The story of Hoxsey sheds disturbing light on the many anecdotes of "people who got well when they weren't supposed to," as cancer surgeon Dr. Bernie Siegel terms these remarkable remissions in the netherworld of alternative therapies.

The Hoxsey Legend

In 1840 Illinois horse farmer John Hoxsey found his prize stallion with a malignant tumor on its right hock. As a Quaker, he couldn't bear shooting the animal, so he put it out to pasture to die peacefully. Three weeks later, he noticed the tumor stabilizing, and observed the animal browsing knee-deep in a corner of the pasture with a profusion of weeds, eating plants not part of its normal diet.

Within three months the tumor dried up and began to separate from the healthy tissue. The farmer retreated to the barn, where he began to experiment with these herbs revealed to him by "horse sense." He devised three formulas: an internal tonic, an herbal-mineral red paste, and a mineral-based yellow powder for external use. Within a year the horse was well, and the veterinarian became locally famous for treating animals with cancer.

The farmer's grandson John C. Hoxsey, a veterinarian in southern Illinois, was the first to try the remedies on people, and claimed positive results. His son Harry showed an early interest and began working with him at the age of eight. When John suffered an untimely accident, he bequeathed the formulas to the fifteen-year-old boy with a charge to treat poor people for free, and to minister to all races, creeds, and religions without prejudice. He asked that the treatment carry the Hoxsey name. Finally, he warned the boy against the "High Priests of Medicine" who would fight him tooth-and-nail because he was taking money out of their pockets.

Hoxsey planned to go to medical school to bring the treatment to the world, but soon found he had been blackballed after secretly treating several terminal patients who pled for their lives. With a local banker backing him, he founded the first Hoxsey Cancer Clinic in 1924, championed by the chamber of commerce and high school marching bands on Main Street.

As early word of his reputed successes spread, Hoxsey was invited to nearby Chicago, headquarters of the newly powerful AMA, to demonstrate the treatment. Grisly and indisputable photographic proof of the terminal case Hoxsey treated verifies that the patient recovered, living on for twelve years, cancer-free.

Hoxsey then claimed that a high AMA official offered him a contract for the rights to the formulas. The alleged agreement assigned the property rights to a consortium of doctors including Dr. Morris Fishbein,

the AMA chief and editor of the JAMA. Hoxsey himself would be required to cease any further practice, to be awarded a small percentage of profits after ten years if the treatment panned out. Invoking his Quaker father's deathbed charge that poor people be treated for free and that the treatment carry the family name, Hoxsey said the official threatened to hound him out of business unless he acquiesced.

Whatever may have happened, that's when the battle started. The AMA first denied the entire incident, then later acknowledged the patient's remission, though crediting it to prior treatments by surgery and radiation.

Yet one thing was certain: Hoxsey had made a very powerful enemy. By crossing swords with Fishbein, he alienated the most powerful figure in medicine. The AMA promptly dubbed him the worst cancer quack of the century, and he would be arrested more times than any other person in medical history.

Hoxsey quickly found himself opposing Fishbein's emerging medical-corporate complex. As late as 1900, medicine was therapeutically pluralistic and financially unprofitable. Doctors had the highest suicide rate of any profession owing to their extreme poverty and low social standing. Fishbein's AMA would engineer an industrialized medical monoculture. What radically tipped the balance of power was an arranged marriage between big business and organized medicine. Under Fishbein's direction, the AMA sailed into a golden harbor of prosperity fueled by surgery, radiation, drugs, and a sprawling high-tech hospital system. The corporatization of medicine throttled diversity. The code word for competition was quackery.

It was easy for the medical profession to paint Hoxsey as a quack: he fit the image perfectly. Brandishing his famed tonic bottle, the ex-coal miner arrived straight from central casting as the stereotype of the snake-oil salesman. When the AMA coerced the pathologist who performed Hoxsey's biopsies to cease and desist, Hoxsey could no longer verify the validity of his reputed successes. Organized medicine quickly adopted the stance that his alleged "cures" fell into three categories: those who never had cancer in the first place; those who were cured by prior radiation and surgery; and those who died. In exasperation, Hoxsey attempted an end run by approaching the National Cancer Institute. In close collaboration with the AMA, the federal agency refused his application for a test because his medical records did not include all the biopsies.

Meanwhile Hoxsey struck oil in Texas and used his riches to promote his burgeoning clinic and finance his court battles. Piqued at Hoxsey's rise, Fishbein struck back in the public media, penning an inflammatory article in the Hearst Sunday papers entitled "Blood Money," in a classic example of purple prose and yellow journalism. Outraged, Hoxsey sued Fishbein. In two consecutive trials, Hoxsey beat Fishbein, standing as the first person labeled a "quack" to defeat the AMA in court. During the trials, Hoxsey's lawyers revealed that Fishbein had failed anatomy in medical school, never completed his internship, and never practiced a day of medicine in his entire career.

By now Fishbein was mired in multiple scandals, including his effective but unpopular obstruction of national health insurance at a time when doctors had become the richest professionals in the country and the Journal the most profitable publication in the world. Drug ads powered JAMA, but its biggest single advertiser in the 1940s was Phillip Morris. (Camel cigarettes had the largest booth at the AMA's 1948 convention, boasting in its ads that "More doctors smoke Camels than any other cigarette.") Enmeshed in controversy, Fishbein's stock was trading low, and, shortly after his first loss to Hoxsey, the AMA chief was deposed in a humiliating spectacle.

But ironically Hoxsey's stunning dark-horse victory against the "most terrifying trade organization on Earth" only ended up bringing the house down. He immediately faced a decade-long "quackdown" by the FDA.

By the 1950s, Hoxsey was riding what was arguably the largest alternative-medicine movement in American history. A survey by the Chicago Medical Society showed 85 percent of people still using "drugless healers." Hoxsey's Dallas stronghold grew to be the world's largest privately owned cancer center with 12,000 patients and branches spreading to seventeen states. Congressmen, judges, and even some doctors ardently supported his quest for an investigation. Two federal courts upheld the therapeutic value of the treatment. Even his archenemies, the American Medical Association and the Food and Drug Administration, admitted that the therapy does cure certain forms of cancer. JAMA itself had published the research of a respected physician who got results superior to surgery using a red paste identical to Hoxsey's for skin cancers including lethal melanoma, a skin cancer that also spreads internally.

Medical authorities escalated their quackdown in the McCarthyite wake of the 1950s. On the heels of a California law criminalizing all cancer treatments except surgery, radiation, and chemotherapy, the federal government finally outlawed Hoxsey entirely in the United States in 1960 on questionable technicalities. Chief nurse Mildred Nelson took the clinic to Tijuana in 1963, abandoning any hope of operating in the United States. It was the first alternative clinic to set up shop south of the border. Mildred quietly treated another 30,000 patients there until her death in 1999. Like Hoxsey, she claimed a high success rate, but her contention is unverifiable since the treatment has yet to be rigorously tested.

Hoxsey never claimed a panacea or cure-all. He maintained that the Dallas doctors used his clinic as a "dumping ground" for hopeless cases, and that the great majority of patients he got were terminal, having already had the limit of surgery and radiation. He said he cured about 25 percent of those. Of virgin cases with no prior treatment, he claimed an 80 percent success rate. Seventy-five years after Hoxsey began, why do we still not know the validity of his claims?

The "Unproven Treatments"

Organized medicine has systematically dismissed alternative cancer therapies as "unproven," lacking the rigorous scientific proof of clinical trials. But if the Hoxsey treatment is unproven, it's not disproven. Like virtually all the "unorthodox" cancer therapies over the course of the twentieth century, it was politically railroaded rather than medically tested. However, over the last few decades, controlled laboratory tests have shown all the individual herbs in the internal tonic to possess anti-tumor and anti-cancer properties, as I documented in detail in my recent book on Hoxsey, When Healing Becomes A Crime. Though the formula has never been tested as a whole entity, clearly there is a credible scientific basis for looking at it. Organized medicine has not disputed the effectiveness of the external remedies since 1950, and the red paste (Mohs treatment) is listed in Taber's Medical Encyclopedia as a "standard treatment," though it is seldom used.

After all, plants are the cornerstone of pharmaceutical drugs. The very word drug derives from the Dutch term droog, which means "to dry," since people have historically dried plants to make medicinal preparations. It is well proven that many botanicals possess powerful anti-cancer properties. Numerous primary pharmaceuticals derive from plants, as do several major chemotherapy drugs, such as Taxol from the Pacific Yew tree, Vincristine and Vinblastine from the Madagascar periwinkle, and Camptothecin from the wood and bark of a Chinese tree. About 30 percent of chemotherapy drugs altogether are derived from natural substances, mainly plants. A quarter of modern drugs still contain a plant substance, and about half are modeled on plant chemistry.

During Hoxsey's era, surgery and radiation were primitive and excessive. Both were solely local treatments, reflecting the profession's belief that cancer was a local disease. As such they could address just a quarter of all cases, claiming to cure only about a quarter of those. With the advent of toxic

chemotherapy drugs in the 1950s, organized medicine at last acknowledged cancer as a systemic disease, which Hoxsey and the other "unorthodox" practitioners had been asserting throughout.

Clearly, conventional cancer treatments have an important place in medicine and save lives. But since the 1950s, evidence has steadily accumulated that surgery, radiation, and chemotherapy are far less effective than the public is being led to believe. Investigative journalist Daniel Greenberg, writing in the Columbia Journalism Review in 1975, produced the first widely reported exposé showing that cancer survival rates since the 1950s had not progressed, and that improvements from 1930 to 1950 were mainly a consequence of improved hospital nursing care and support systems. Greenberg found that even the valid improvements were very, very small, and that there had been no significant advancements in treating any of the major forms of cancer.

By 1969, Dr. Hardin Jones had already released a shocking report on this issue at the Science Writers Convention, sponsored by the American Cancer Society. Jones, a respected professor of medical physics from the University of California at Berkeley and an expert on statistics and the effects of radiation and drugs, concluded that "the common malignancies show a remarkably similar rate of demise, whether treated or untreated." Joining the fray, Nobel laureate James Watson charged that the American public had been sold a "nasty bill of goods about cancer." This eminent co-discoverer of the DNA double helix remarked bluntly that the War on Cancer was "a bunch of shit."

These "proven" cancer treatments are themselves largely unproven. The standard of proof for therapeutic efficacy is in fact a double standard. Surgery was grandfathered in as standard practice early in the twentieth century without randomized, double-blind clinical trials, which only became widespread in the 1960s with the advent of chemotherapy. Its dangers and limitations have since been only superficially acknowledged or studied, and little is known about its efficacy in relation to a baseline marker of no treatment.

Like surgery, radiation therapy was grandfathered in without rigorous testing. Radiation is carcinogenic and mutagenic. In the few tests comparing radiation treatment against no treatment, according to Jones, "Most of the time, it makes not the slightest difference if the machine is turned on or not." Jones went even further, saying, "My studies have proved conclusively that untreated cancer victims actually live up to four times longer." Radiation is often combined with surgery despite the fact that tests have generally shown it made no apparent favorable difference. A recent study with patients with the most common form of lung cancer found that postoperative radiation therapy, which is routinely given, actually raises the relative risk of death by 21 percent, with its most detrimental effects on those in the early stages of illness. Nevertheless, radiation is used on about half of cancer patients.

It was into this disappointing setting that chemotherapy entered as the next great hope of cancer treatment. Chemotherapy drugs are poisons that are indiscriminate killers of cells, both healthy and malignant. The strategy is quite literally to kill the cancer without killing the patient. By the mid-1980s, prominent members of orthodoxy published unsettling assessments that could no longer be dismissed. Writing in Scientific American, Dr. John Cairns of Harvard found that chemotherapy was able to save the lives of just 2 to 3 percent of cancer patients, mostly those with the rarest kinds of the disease. By medicine's own standards, at best chemotherapy is unproved against 90 percent of adult solid tumors, the huge majority of common cancers resulting in death. Moreover, true placebo controls have been almost abandoned in the testing of chemotherapy. Drug regimen is tested against drug regimen, and doctors hardly ever look at whether the drugs do better than simple good nursing care. Because chemotherapy drugs are outright poisons, many carcinogenic, the drugs themselves can cause "treatment deaths" and additional cancers. One study among women surviving ovarian cancer after chemotherapy treatment showed a one-hundred-fold greater subsequent incidence of leukemia over those not receiving chemotherapy. In

some studies, when chemotherapy and radiation were combined, the incidence of secondary tumors was about twenty-five times the expected rate. Nevertheless, chemotherapy is given to 80 percent of patients

Amazingly, 85 percent of prescribed standard medical treatments across the board lack scientific validation, according to the New York Times. Richard Smith, editor of the British Medical Journal, suggests that "this is partly because only one percent of the articles in medical journals are scientifically sound, and partly because many treatments have never been assessed at all."

A hundred years from now, medicine will likely come to regard some of these "proven" cancer treatments the way we now remember the use of mercury and bloodletting. As Dr. Abigail Zuger recently wrote in the New York Times contemplating the hundredth anniversary of the 1899 Merck Manual: "We have harnessed our own set of poisons for medical treatment; in a hundred years a discussion of cancer chemotherapy may read as chillingly as endorsements of strychnine for tuberculosis and arsenic for diabetes do today."

The Big Business of Cancer

The medical civil war between Hoxsey and organized medicine has largely reflected a trade war. Profitability has often been the driving force behind the adoption of official therapeutics. At over $110 billion a year just in the United States, cancer is big business, a whopping 10 percent of the national health-care bill. The typical cancer patient spends upward of $100,000 on treatment. It is estimated that each hospital admission for cancer produces two to three times the billings of a typical non-cancer admission. More people work in the field than die from the disease each year. According to Dr. Samuel Epstein, a professor of environmental and occupational medicine at the University of Illinois in Chicago, "For decades, the war on cancer has been dominated by powerful groups of interlocking professional and financial interests, with the highly profitable drug development system at its hub." Global sales of chemotherapy drugs in 1997 were $30.9 billion, about $12 billion of it in the United States.

Pharmaceutical companies pin the high costs of drugs on the forbidding expense of testing and approving each new drug, now pegged at $500 million. In fact, this prohibitive figure has served as a barrier of entry for all but giant corporations. The entire system is founded in patents, twenty-year exclusive licenses that provide monopoly protection. As an herbal product, the Hoxsey tonic cannot be patented and therefore occupies the status of an orphan drug that no company will develop. While approving about forty highly toxic cancer drugs, the FDA has yet to approve a single nontoxic cancer agent or one not patented by a major pharmaceutical company.

Alternative therapies are finally emerging in part because of the dramatic cost savings they represent, and because at least some may well represent a major new profit center. "Alternative medicine is clearly the largest growth industry in health care today," wrote Jane Brody in the New York Times in 1998. Dr. David Eisenberg of Harvard surveyed the American public to find 42 percent using alternative therapies in 1997. The number of visits to alternative practitioners exceeded total visits to primary-care physicians. Spending was conservatively estimated at $21.2 billion, with at least $12.2 billion paid out-of-pocket by committed customers. Total out-of-pocket expenditures for alternative therapies were comparable with expenditures for all physician services.

The numbers are no less dramatic for cancer treatment. A national study estimated 64 percent of cancer patients to be using alternative therapies. A recent survey at M.D. Anderson Cancer Center, the world's largest with 13,000 patients, found an astounding 83 percent using alternatives.

Major corporations are already entering the alternative marketplace. Procter & Gamble initially spent millions sponsoring the research of Dr. Nick Gonzalez, who took up the work of Donald Kelley, a dentist

who reputedly cured himself of terminal pancreatic cancer using enzymes and other nutritional means. A pilot study with pancreatic cancer patients provided better results than had been seen in the history of medicine for a disease that is 95 percent incurable. The subjects lived an average of triple the usual survival rate, and two patients have lived for four and five years with no detectable disease. Nestlé has also financed the work of Dr. Gonzalez. These studies led to a $1.4 million grant to Columbia University College of Physicians and Surgeons by the NIH's National Center for Complementary and Alternative Medicine (NCCAM) and supervised by the NCI. The engagement of large corporations vaulted the formerly reviled treatment to instant plausibility. When big companies start to take a stake in alternative cancer therapies, it signifies the maturation of a market and consecrates a political realignment.

Both M. D. Anderson and Memorial Sloan-Kettering Cancer Center have been testing green tea, or more accurately several of its "active" ingredients, for anti-cancer properties. Because various studies have shown that green tea reduces the risk of colorectal, lung, esophageal, and pancreatic cancers, Lipton tea company is also testing the substance at the University of Arizona.

In association with the NCI, M. D. Anderson is set to evaluate shark cartilage, which is reputed to have anti-cancer activity and is widely used by a cancer underground in the United States and abroad. (Sadly, this market surge is further endangering several shark species.) The University of Toronto is testing mistletoe, a folk remedy for cancer espoused by the Austrian spiritual philosopher Rudolf Steiner, originator of Waldorf education and biodynamic farming. Mistletoe has shown anti-tumor effects in both human and animals studies in Germany.

The release of the report on Hoxsey through the NIH's NCCAM is a harbinger of the changes to come. As the report concludes, further investigation "is justified not only because of the public health issue to justify the large number of patients who seek treatment at this clinic, but also because of the several noteworthy cases of survival." The report specifically notes a seven-year melanoma patient who had no other treatment besides Hoxsey's tonic and external salves. Average survival time for advanced melanoma is seven months. If such a remarkable remission occurred using conventional treatments, it would be front-page news worldwide.

"It's interesting to contemplate the dilemma that the National Cancer Institute is in," conjectures Ralph Moss, an advisor to the NCCAM and NCI, and a respected researcher and author on both alternative and conventional cancer treatments. "If they do decide to do the tests, then there's always that possibility -- and I think it's a damn good possibility -- that some of these treatments are going to turn out to be quite valuable. If they decide not to do the tests, there's going to be tremendous fury in Congress and the public, because what then are they about? If they're not about scientific testing, what good are they? Why are we wasting our money?

"What we're saying is: Prove them or disprove them. We've had seventy-five years of Hoxsey. Does it work? Doesn't it work? Nobody knows. How do you know? Short of good studies, how does one decide issues like that? We don't want people doing something if it's not going to work for them, not in terms of just conventional treatment, but alternative treatments as well."

"The best-case scenario," Moss speculates, "is that some tests will be carried out with the imprimatur of NCI, NCCAM, and probably other collaborative centers like the University of Texas and Columbia. Some of those will show that there's no effectiveness, and some of them will probably show that there is effectiveness in some treatments. The ones that are shown to be effective that are funded by and based on NCI-reported research are then going to be published in major medical journals. The first one that validates a nontoxic treatment is the beginning of the end of this Middle Ages that we're in. Because once one goes through the door, then a lot of others are going through the door, and that's what they're afraid of. They're afraid that, if a Hoxsey were proven to be effective, the public will run to it because nobody wants

the chemo drugs. If chemo is the only choice, then they'll reluctantly take it, but the minute it's known there is something nontoxic out there, everybody's going to want it."

The abiding truth for cancer patients is that they want unrestricted access to all treatments. According to one analysis, only about 5 percent entirely abandon conventional cancer care even when pursuing an alternative. What patients seek is the best of all worlds, an expanded menu of options supported by access to credible information. The stereotype that orthodoxy has long put forth of poor, credulous cancer patients ripe for exploitation by clever promoters turns out to be false. In a study by sociologist Barrie Cassileth, the profile of patients using alternative cancer therapies describes well-educated, middle-income, often female clients who have done a considerable amount of due diligence to make their choice.

While physicians fought fiercely for their professional sovereignty during the twentieth century, the greater social issue today is the sovereignty of the patient. In a market economy, goes the old saw, the customer is always right. The AMA's Oliver Field, an architect of the aggressive repression against Hoxsey and myriad "quack" therapies in the 1950s, responded surprisingly when I posed to him the polarizing question of freedom of medical choice. "This is a free country. You pays your money and you takes your choice. If it's wrong, you're the one who's going to suffer."

It was anomalous to hear the former head of the AMA's Bureau of Investigation, which once boasted a rolodex of over 300,000 "quacks," echo the words of his past nemesis. Judge William Hawley Atwell, who ruled twice in Hoxsey's favor in federal courts and fully affirmed the therapy's value, had stated in 1949 regarding Hoxsey's victory over Dr. Morris Fishbein: "So I wish to say, pay your money and take your choice. Those who need a doctor, if you think one side is the best, go and get him. If you think the other side is best, you certainly have the right to go and get him. This is a free country; that is what we stand for in America."

Why was the Hoxsey therapy not investigated in the first place seventy-five years ago? The overarching truth is that it has been politically railroaded instead of medically tested. The medical civil war has distorted cancer from a medical question into a political issue. The many practitioners and doctors thrust involuntarily into the front lines of the cancer wars would surely prefer to settle the question in a clinic or laboratory, not a courtroom. Meanwhile, cancer patients remain trapped in the crossfire, fighting for their lives.

Why Do Pharmaceutical Drugs Injure and Kill?

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By CAMPAIGN AGAINST FRAUDULENT MEDICAL RESEARCH

According to the United States' Food and Drug Administration, 1.5 million Americans were hospitalised in 1978 alone, as a consequence of pharmaceutical drugs administered to "cure" them. It was also found that some 30% of all hospitalised people suffered further damage from the therapy prescribed them.1

In the 1990s, studies show that 180,000 medically-induced deaths occur each year in the USA.2 Most of these are prescription drug related. These astronomical figures are in spite of the fact that a large number of drug damages go unreported.

Since 1961, the total number of "safety-tested" medical preparations marketed worldwide has risen to over 205,000. Approximately 15,000 new preparations are marketed each year, while some 12,000 are withdrawn.3 The United States has the greatest annual sickness-care expenditure of any nation: $912 billion in 1993 alone.4 If money and medical treatment equals health then one would expect the United States to be the healthiest of nations. However, it only ranks 16th in the world in female life expectancy, 17th in the world in male life expectancy and only 21st in the world in infant mortality.5

Of course, a percentage of drug damages are due to the incorrect administration of drugs by physicians and patients. But how are harmful pharmaceutical drugs allowed onto the market in the first place, and why do we have so much faith in them? Pharmaceutical transnationals defy the intent of laws regulating safety of drugs by bribery, false advertising, unsafe manufacturing processes, smuggling and international law evasion strategies. But most of all they make dangerous drugs appear safe through the use of fraudulent and flexible ‘safety-tests', the subject of this article...

Fraud in Clinical Tests

Drug companies can easily arrange appropriate clinical trials by paying for an application of the drug. The incentive for researchers to fabricate data is enormous. As much as $1000 per subject is paid by American companies which enables some researchers to earn up to $1 million a year from drug research.6 And they know all too well that if they don't produce the desired data, the loss of future work is inevitable. Unfortunately, because of secrecy, most fraud in clinical trials is unlikely to be detected.

However, cases of data-fabrication in clinical trials have been uncovered where, for example, "patients who died while on the trial were not reported to the sponsor.... Dead people were listed as subjects of testing... People reported as subjects of testing were not in the hospital at the time of tests..." and where "Patient consent forms bore dates indicating they were signed by the subjects after the subjects had died."7 Even if data from clinical trials is not falsified, it is often of little worth, because they are not performed appropriately. Trials involve relatively small numbers of people and the subjects taking part usually do not represent those who will use the drug after its approval; so many harmful effects of a new drug appear only when it has been marketed.

Fraud in Animal Tests - Vivisection

This problem of inappropriate and flexible testing of drugs and chemicals is even more pronounced with

the use of so-called animal ‘models'; a practice termed vivisection. For instance, the fact that the animal is relatively healthy before the experiment means that disease and/or trauma has to be induced by violent and artificial means. This bears no relation whatsoever, to the spontaneous ways in which humans develop illness, often through a faulty lifestyle and diet.

For example, consider the case of osteoarthritis, a human degenerative disease resulting in grotesque and painful deformities of the joints. How do researchers attempt to mimic human lameness in dogs, cats, sheep and pigs? Joints are beaten with hammer blows, injected with irritating liquids, subjected to ionising radiation and/or dislocated. It is obvious that the resulting fractures, haemorrhages, thromboses, contusions and inflammation bear no relation to human osteoarthritis, "which is a local manifestation of a generalised illness of the collagen."8 Drugs tested on such artificially diseased non-human animals cannot possibly yield results relevant to a spontaneous, naturally occurring human disease.

Moreover, there is no true correlation between different species. For example, arsenic kills humans but is harmless to guinea-pigs, chickens and monkeys; Digitalis which is used to lower blood pressure in humans dangerously raises the blood pressure of dogs; Penicillin kills guinea-pigs; Chloramphenicol damages the blood-producing bone marrow in humans, but in no other animal. Many common laboratory animals such as dogs, cats, rats, hamsters and mice, do not require dietary intake of vitamin C. This is because their bodies produce it of their own accord. However, if you deprive humans, guinea-pigs and some primates of dietary vitamin C they will die of scurvy.

There are enough of these species differences to fill a book.9 In the words of former animal researcher Professor Piedro Croce, "No substance is toxic in itself, but only according to the species."10

Not only are there differences between species, but even individuals of the same species react differently to a substance. For example, research carried out at the University of Bremen, published in a paper titled "Problems of activity threshold in pharmacology and toxicology" found that:

1. In ionising radiation - young animals react differently from older ones.

2. In reactions to Tranquillisers - again, young and old animals react differently.

3. In the common method of testing pharmaceuticals and chemicals, the Lethal Dose 50% test, it was found that in the experiments carried out in the evening almost all the rats died: in those carried out in the morning all of them survived. In the tests carried out in winter, survival rates were doubled in contrast to those carried out in summer. In tests carried out on mice overcrowded together in cages, nearly all of them died, while those carried out on mice in normal conditions, all the mice survived.

The authors of this research, themselves vivisectors, concluded: "If such trifling environmental conditions bring about such widely differing and unforeseeable results, this means that animal experimentation cannot be relied upon in assessing a chemical substance and it is all the more absurd to extrapolate to problems of human health results which are intrinsically wrong."11

Any true medical progress has in the past, as in present times, only been achieved through scientific study based upon the real world and natural disease, and not the artificial world of the experimental laboratory.

Why Vivisect? How Many Drugs Do We Need?

Why do drug companies rely on such unreliable and dubious methods for testing drugs? The answer is

simple. If drugs were tested properly using true scientific methods, such as in vitro cultures of human cells and properly carried out human clinical trials, the vast majority of them would not be approved for marketing because their harmfulness and ineffectiveness would be all too apparent.

For instance, in 1981 the United Nations Industrial Development Organisation (UNIDO) in collaboration with the World Health Organisation (WHO), published a list of a mere 26 drugs, from the 205,000 marketed drugs, that were considered "indispensable", with 9 being more indispensable than the others.12 Other medical commissions in Chile 1972, and Sri Lanka 1978, came to similar findings, that there are not more than a few dozen drugs worth keeping. However, both existing governments were ousted shortly thereafter by U.S. backed forces. They were replaced with administrations open to American trade and the products of the chemical-pharmaceutical industry.13 This should cause anyone who thinks that we need more drugs to reconsider their opinion. It is plain to see that inconsequential and ambiguous methods of drug-testing are essential to protect the astronomical profits of the pharmaceutical industry.

Drug Companies Make These Admissions!

If you have difficulty accepting this explanation then consider the following statement from Eli Lilly's August 1993 Prozac 20 Consumer Product Information pamphlet:

"There can be no such thing as absolute safety with prescription medicines. Individual patients sometimes react differently to the same dose of the same medicine and it is possible that some unwanted side effects will not be known until a medicine has been widely prescribed for a number of years."

If they admit that even individuals of the same species react differently to an identical product, then why test on other species? Dr Herbert Gundersheimer, one of many doctors against vivisection, explains:

"Results from animal tests are not transferable between species and therefore cannot guarantee product safety for humans... In reality these tests do not provide protection for consumers from unsafe products, but rather are used to protect corporations from legal liability."14 When people are damaged by unsafe products (such as pharmaceutical drugs, industrial and household chemicals, cosmetics...etc.) and attempt to take legal action, manufacturers can claim to have adhered to "safety" tests and are thus absolved of having consciously marketed a harmful product.

Thalidomide: A Case Example

This is what happened in the case of Thalidomide, a drug which after years of extensive animal tests was marketed as a perfectly safe tranquilliser for pregnant mothers. The end result: more than 10,000 grossly deformed new born babies. During the lengthy trial of the manufacturers in 1970, numerous court witnesses, all animal experimenters, stated under oath that the results of animal experiments are never valid for human beings.15

One of these experts was the Nobel Prize winner Ernst Boris Chain who co-discovered the anti-bacterial effects of penicillin. According to the court records on 2 February 1970 he stated: "No animal experiment with a medicament, even if it is tested on several animal species, including primates, under all conceivable conditions, can give any guarantee that the medicament tested in this way will behave the same in humans: because in many respects the human is not the same as the animal."16 Because they had performed the required animal safety-tests, and because these did not show evidence of any danger, the manufacturers of Thalidomide were found not guilty by the court of consciously marketing a harmful drug.

This is the real value of animal experiments. Firstly, they can be manipulated, whether consciously or unconsciously, to produce results favourable to a financial backer. Secondly, they serve as a legal alibi for corporations when their products kill and injure people. It is worthy of note that Professor S.T. Aygun, a virologist at the University of Ankara, who uses only the so-called ‘alternative' methods, discovered the danger of Thalidomide to humans and Turkey was spared the tragedy.17

Birth Defects Skyrocket

The incredible reaction to the Thalidomide tragedy by the pharmaceutical lobby was that it was a ‘rare exception' and that it ‘emphasises a need for more rigorous animal testing, not less.' This explanation was accepted by most people. So animal testing increased, along with the output of ‘safety-tested' drugs. The consequences of this? In the 1950s in the Federal Republic of Germany, 3 out of every 100,000 babies were born malformed. By the 1980s, 500 out of every 100,000 were born malformed.18 This is more than a 100-fold increase.

In the United States birth defects have increased more than 350% in the last 25 years. In the late 1950s, 70,000 American babies were born with birth defects every year. In the 1980s this toll reached 250,000 a year.19

The reason for this increase in human birth defects is known. A survey by doctors in West Germany revealed that 61% of malformations in new-born children and 85% of all stillbirths are attributable to the damage caused by drugs taken by the mother during pregnancy.20 Remember, all these drugs were found to be "safe" through extensive animal testing!

Why do people believe so firmly in vivisection? The answer to this lies in their education.

The Drug Story

With most of the world's major drug companies under its control, the Rockefeller organisation has, since the early part of this century, been the largest single private source of funding for medical science and education in the United States and Britain. The aim of this lavish funding for our education is to produce a curriculum designed to indoctrinate students with beliefs favourable to the profits of the pharmaceutical-chemical industry. Only colleges and medical facilities that predicate the massive consumption of chemical drugs, "safety-tested" on animals, as the secret to health, are recipients of drug company largesse.

Likewise, drug companies through ownership and advertising revenue exercise a dictatorial influence over the mass-media as they do also upon party politicians through ‘donations'. Meanwhile, doctors who heal by inexpensive natural means, thereby threatening pharmaceutical profits, are decried as quacks, driven out of the country or into jail.21

Perhaps the most revealing point, however, is that the founder of the Rockefeller dynasty, John D. Rockefeller, lived in excellent health to the age of 95 as did his son John D. Jr., who died aged 86. What was their secret to a long healthy life? Both attributed this to a frugal diet of natural food, the advice of a homeopathic doctor only, and the complete avoidance of synthetic drugs!22

In summary, the most powerful corporations in the world do not want us to know the truth about pharmaceutical drugs and drug-testing even if our lives depend on it. And of course, they do. As the

drug companies acknowledge, it means that every time we take a drug or are exposed to chemicals in our food and environment, we are the real guinea pigs.