

INNOCENT CASUALTIES: THE FDA'S WAR AGAINST HUMANITY

2008 UPDATES



**“THE ONLY THING NECESSARY FOR THE TRIUMPH OF
EVIL IS THAT GOOD PEOPLE DO NOTHING”**

- EDMUND BURKE

ELAINE FEUER

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COUNTERTHINK

WHAT WILL NEVER HAPPEN



WHAT WOULD REALLY HAPPEN



"Managers have ordered, intimidated and coerced FDA experts to modify scientific evaluations, conclusions and recommendations in violation of the laws, rules and regulations, and to accept clinical and technical data that is not scientifically valid."

**- FDA scientists in a letter to
President-Elect Obama, 14 January 2009**

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**“The important thing is to not stop questioning.”
- Albert Einstein**

**“Drug Companies are the pushers, the FDA a cop paid to look
the other way.” - Bill Maher**

**“Modern propaganda machines [leave out] an entire regiment
of preeminent ‘dissident’ scientists, wiped out from the public
view...the people claiming to be scientists “are determined that
scientific discourse and inquiry should cease, because ‘most of
the world’ is of one mind.” - South African President Mbeki**

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In these 2008 updates, the reader discovers that the FDA is still suppressing the truth about nutrients and “alternative” medical treatments that are utilized in Canada, England, and most European countries to successfully treat illnesses as serious as cancer, heart disease, and “so-called” AIDS. To protect the interests of mainstream medicine and Fortune 500 pharmaceutical companies, the FDA has waged an undercover war against the health freedoms that are every American’s constitutional right. Thousands of citizens are needlessly suffering and dying daily, because the U.S. medical monopoly’s financial and political considerations prevail over scientific nutritional facts and proven alternative therapies. In 2008, medical and biological research is a “for profit” science, connected to the money machine, as never before.

The American medical establishment -- which includes the American Medical Association (AMA), the National Institutes of Health (NIH), the various medical foundations and societies, the pharmaceutical industry, as well as the establishment media -- which is none other than an instrument for mainstream propaganda -- **could not exist without the enforcement powers of the FDA.**

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1) Monetary Conflicts of Interest Exposed Between FDA, National Cancer Institute, and Pharmaceutical Companies

In May 2006, President Bush attempted to have acting U.S. Food and Drug Administration (FDA) commissioner Andrew von Eschenbach's position confirmed by the Senate. Von Eschenbach had recently stepped down from his position as Director of the National Cancer Institute (NCI). It is an outrageous conflict of interest for Bush to have designated Eschenbach temporary position as FDA commissioner, given that he was recently in charge of the NCI. While running the NCI, Eschenbach was a strong advocate for faster approval of new drugs. Since the NCI investigates new drugs and the FDA approves them, more expensive and lethal cancer drugs and treatments would be approved if Eschenbach became the next FDA commissioner. Unfortunately, the Senate did not see this "revolving door" appointment as unethical: In December 2006, the Senate voted 80-11 to approve Eschenbach as permanent FDA commissioner.

To make things worse, between 2005 to 2007, Dr. Scott Gottlieb - known on Wall Street for recommending trendy medical stocks - served as FDA deputy commissioner for medical and scientific affairs. Dr. Jerome Kassirer, former editor of *The New England Journal of Medicine*, stated that "Gottlieb has an orientation which belies the goal of the FDA." Even former FDA Commissioner Donald Kennedy acknowledged that "the appointment comes out of nowhere."

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Gottlieb had financial ties to Eli Lilly, Proctor & Gamble, and more than 5 other drug companies. He also had connections to a newsletter that promoted pharmaceuticals and biotech stocks. Citizen protests finally demanded that Congress scrutinize the FDA's appointments of scientists with conflicts of interest to its advisory committees. The Securities and Exchange Commission investigated allegations of insider trading and conflicts of interest pertaining to Gottlieb and other physicians involved in clinical trials. After Gottlieb left the FDA, in disgrace, he worked for Lilly, selling their osteoporosis drug Evista, a drug that was taken off the market in 2005 due to off label marketing for anti-cancer and heart disease. This corrupt "revolving door" has existed between executives running mainstream medicine and pharmaceutical companies for almost a century.

If Americans are going to have freedom of choice in health care, the Senate must confirm an FDA commissioner who presents and implements a concrete plan for cleaning up the corruption that affects the FDA's ability to ensure the safety of food and drugs, as well as supporting "alternative" treatments that are used successfully in 17 industrialized countries, such as Germany, most of Europe, England, and Canada. The dilemma, of course, is that so-called "alternative" treatments would not incur the billions of dollars spent on health care and pharmaceuticals, compared to the financial benefits augmented by the use of dangerous and unnecessary surgeries (over 13,000 surgeries a day), chemotherapy and radiation, prescription drugs, the most expensive health insurance in the industrialized world, as well as the various "treatments" recommended by the Cancer Society, the Arthritis Foundation, and all of the other money-making societies and foundations. In 1970, President Nixon declared "a war on cancer." In 2008, billions of dollars have been spent on cancer, yet more than 1 in 3 people will develop cancer during their lifespan.

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2) Vioxx Recall

The FDA is *finally* being scrutinized by mainstream media and congress as a result of approving Vioxx, Paxil, and various drugs for children without giving warning labels of the dangers.

Vioxx is the RX drug that has been in the news the most since 2004. Merck, the billion dollar pharmaceutical company, as well as the FDA, did not disclose the high risk of heart attacks or strokes which accompanied this arthritic painkiller. Dr Steven Nissen, interim Chairman of Cardiology at the highly regarded Cleveland Clinic, reported that Merck intentionally misrepresented an analysis of data from a follow-up review of patients involved in the clinical trial that resulted in pulling Vioxx from the market. Dr. Nissen warned: "It's important that we inform people about this because patients who have taken the drug will need increased surveillance by their physicians and increased awareness of their risks in the year subsequent to stopping the drug. And that risk may extend beyond a year; we simply don't know."

In the September 2004, Merck was forced to take Vioxx off the market after a three-year study demonstrated that Vioxx doubled the risk of heart attacks and strokes in patients taking it for at least eighteen months.

A May 2006 study in the *Canadian Medical Association Journal* states that Vioxx may raise the risk of heart attacks for patients who took the drug for less than two weeks: More than 25 percent of 239 patients who had heart attacks did so in less than thirteen days of being on the drug.

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There are thousands of lawsuits from people who claim to have adverse heart problems in 2005, and Merck was unable to counter the data that Dr. Nissen exposed. Merck's attorneys insist that the one-year follow-up data should protect Merck from lawsuits filed by people who suffered heart attacks or strokes after they had stopped taking Vioxx. However, Nissen countered Merck's claim: "What counts is the relative risk as you go forward, and the bottom line is there is a constant risk even after the drug is stopped." A year after stopping the medication, Merck insisted that patients who took Vioxx in their clinical study had no greater risk of heart attacks or strokes than those who took placebos. Although there were twenty-eight heart attacks or strokes in the Vioxx group compared to sixteen in the placebo group, Merck claimed that those numbers were not statistically significant.

Dr. Nissen has patient data documentation which proves that Merck's information is total fabrication: "In the one year after Vioxx was stopped there was a 75 percent greater risk of having an adverse event. What this means is that, surprisingly, in the year following discontinuation of Vioxx the relative risk remained approximately as high as it was when people were actually taking the drug. That is very clear from the data. What is important is that the hazard stays constant even after you stop the drug."

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3) FDA's Responsibility Re: Vioxx

Merck made billions in profits from Vioxx. The FDA knew for at least five years, while the drug was still on the market, of the deadly side effects. As a result, about 100,000 people had heart attacks, and 50,000 were fatal. The outrageous profits for Merck mattered more to the company than the deaths caused by Vioxx. Yet the FDA supported Merck and ignored the people's safety -- the FDA's most significant role.

Dr. David Graham, a Senior Scientist who has worked for twenty years as an FDA Safety Expert, was interviewed on *60 Minutes* in February, 2006: Dr. Graham blames the FDA for allowing such a dangerous drug as Vioxx to be marketed. According to Dr. Graham, who still works at the FDA, "There is a system in place now that will guarantee that unsafe drugs remain on the market." FDA safety experts have no power, versus FDA agents who approve drugs. One half of the FDA's funding comes from the major pharmaceutical companies, to speed up the process of developing their drugs. If an FDA safety expert raises questions concerning safety, FDA approval agents almost always ignore them.

In 2002 there was enough dangerous evidence that Merck added a label concerning the hazards re: Vioxx. By 2004, Dr. Graham conducted an FDA approved study on Vioxx, and Graham recommended that all high doses of Vioxx should be banned. Dr. Graham was then "pressured" by the FDA: He was maligned as a scientist and threatened via phone calls by high level FDA agents who pretended to be "whistle blowers." (The telephone callers were identified by Graham's attorney.) When questioned by the Senate Finance Committee, the FDA denied all of the above. Ray

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Martin, president of Merck, told members of the Senate that he took Vioxx off the market the moment he knew it was dangerous, claiming that his wife took it. Merck has lost \$2.5 billion in annual sales from Vioxx, and there are about 50,000 lawsuits filed against Merck by former patients and their families. On July 17, 2008, Merck & Co. stated that it would fund the \$4.85 billion settlement to resolve to approximately 50,000 lawsuits related to Vioxx .

4) FDA's Criminal Role Re: Vioxx

Ten of the thirty-two FDA advisory committee members voted to allow the continued sale of Vioxx, and all of them had previously acted as paid consultants for Merck. Twenty-eight percent of committee members and voting consultants disclosed substantial financial dealings from consulting agreements, contracts, grants, and investments with Merck. Nineteen percent of the consulting agreements were worth over \$10,000, and 30 percent of the investments involved over \$25,000. Twenty-three percent of the contracts and/or grants exceeded \$100,000.

5) Bottom Line

The FDA is as responsible as Merck Pharmaceuticals for allowing Vioxx to stay on the market when it knew that the drug was extremely dangerous. The evidence demonstrates illegal conflicts of interest between FDA agents and Merck.

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An April 24, 2006 report by the Government Accountability Office criticized the FDA's motives which compromised drug safety - listing organizational dysfunction, bureaucratic politics, and ineffective enforcement over pharmaceutical companies. According to Dr. Graham: "In my opinion, the FDA has let the American people down, and sadly, betrayed a public trust. The one and only client of the FDA must be John Q. Public."

On 14 January 2009, FDA scientists sent a letter to President-Elect Barack Obama, stating that the FDA is "corrupt and distorted... placing Americans at risk" by censoring scientific debate within the FDA by its use of intimidating tactics:

"Managers have ordered, intimidated and coerced FDA experts to modify scientific evaluations, conclusions and recommendations in violation of the laws, rules and regulations, and to accept clinical and technical data that is not scientifically valid."

So who is looking out for the public's safety? Does anyone still think the FDA is protecting Americans from harmful or deadly products? As long as the drug safety scientists at the FDA continue to be intimidated and threatened, the FDA's clients will continue to be the pharmaceutical companies. Given the deaths caused by Vioxx, there is no question that the FDA is in a war against humanity.

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6) Paxil Suicide Attempts

In a recent clinical study, the FDA reported that the antidepressant Paxil resulted in eleven suicide attempts. An analysis of the data from this trial, which included 15,000 patients treated with both Paxil and a placebo, concluded that young adults treated with the drug had a higher frequency of suicidal behavior than the ones who took the placebo.

The FDA reported that there were eleven suicide attempts -- none resulting in death -- among the patients given Paxil. Whereas, there was just one suicide attempt by the group that took the placebo. Eight of the eleven patient suicide attempts occurred between the ages of 18 and 30. Still, the FDA stated that these results "should be interpreted with caution" since all trial patients suffered from various psychiatric disorders, including clinical depression. As a result, GlaxoSmithKline (formerly Bureaus Welcome) added a "warning letter" for its RX, changing the labeling on both Paxil and Paxil CR, a controlled-release version of the drug. In a letter to doctors, Dr. John E. Kraus, GlaxoSmithKline's Director of Clinical Development (who also serves as Director for Clinical Psychiatry in North America), stated that GlaxoSmithKline stands by its belief that Paxil's benefits outweigh its risks.

Under increasing pressure caused by the Vioxx catastrophe, the FDA stressed that all patients treated with Paxil, especially young adults and those who seemed to be improving, should be carefully monitored. In 2004, strong warnings about the pediatric risks were put on children's labels. (Children do not participate in FDA or pharmaceutical clinical trials.) Soon, similar labels were put on adult Paxil warnings, due to the same risks.

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7) FDA Proposes New Warnings About Suicide Behavior in Young Adults Who Take Antidepressant Medications

In May 2007, the FDA proposed that all pharmaceutical antidepressant medications update their existing products' labeling, with a warning that increased risks of suicidal thinking and behavior could occur between the ages 18 to 24.

In December 2006, the FDA's Psychopharmacologic Drugs Advisory Committee had agreed that labeling changes were needed to inform health care professionals about the increased risk of suicides in younger adults using antidepressants. The committee also supported that product labeling needed to reflect the apparent beneficial effect of antidepressants in adults, agreeing that depression was the most significant cause of suicides.

Steven Galson, M.D., MPH, director of FDA's Center for Drug Evaluation and Research stated that “Today's actions represent FDA's commitment to a high level of post-marketing evaluation of drug products.... [and that] depression and other psychiatric disorders can have significant consequences if not appropriately treated. Antidepressant medications benefit many patients, but it is important that doctors and patients are aware of the risks.”

The proposed labeling changes pertained to all antidepressants, giving drug companies 30 days to submit their revised product labels Medication Guides to the FDA for review. Today, all anti-depressants list warnings on their

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labels, cautioning patients and doctors of the risk of suicidal behavior. The reason we are told about all of the potential side affects of prescription drugs at the end of every television RX advertisement, is because of the Vioxx catastrophe and the subsequent insistence from citizens and Congress.

8) It's All About Money

Another recent study published in the journal *Psychotherapy and Psychosomatics* determined that the majority of physicians who diagnose and prescribe drugs for mental illness are financially connected to pharmaceutical companies. Indeed, several of the medical experts overseeing panels re: schizophrenia and various "mood disorders" were discovered to be 100 percent linked to drug companies, and at least 80 percent of panel members supervising anxiety disorders, eating disorders, medication-induced movement disorders, and premenstrual dysphonic disorder are financially connected to pharmaceutical companies.

According to this study, which covered the years between 1989 to 2004, all 18 members of separate DSM panels received research funds, consultancies, patents and/or other grants or gifts. One hundred and seventy medical experts wrote the two most recent editions of the manual, and 56 percent had one or more financial connection to various drug companies.

In the journal, *PLOS Medicine's* April 2006 edition, it accused the pharmaceutical industry of "disease-mongering" - widening definitions of psychiatric illnesses in order to increase the number of psychiatric patients, as well as inventing diseases.

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The Pharmaceutical Manufacturers Association's spokesman, Ken Johnson, defended his association, insisting medical professionals on these panels "have impeccable integrity and base their decisions on independent judgments and research."

Democrats have supported a bill that would separate the safety division of the FDA from the new drug approvals division. However, pharmaceutical political action committees (PACS) support many members of Congress in their campaigns. So there is no assurance that these investigations will result in punitive damage or change since insider trading has existed for decades.

The National Academy of Science's Institute of Medicine is reviewing the FDA's safety record. Yet, there is a fight to retain power and control: The pharmaceutical industry, various lobbyists, along with the FDA attempt to accelerate "innovative new drugs to market" by using the FDA's mandate "to protect the public from unsafe and ineffective drugs," could result in few changes.

A recently released Government Accountability Office Report reconfirms that the FDA lacks effective tools which would ensure prescription drugs as "safe and effective" for use over long periods. Current policy allows the FDA to simply ask drug companies to conduct post-market studies, and an astounding two-thirds of those requests are accepted.

Financial conflicts of interest at FDA drug advisory meetings with Fortune 500 pharmaceutical companies are frequent and usually involve billions of dollars. A study conducted by *Public Citizen* astonished most people

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because it was published in the conservative *Journal of the American Medical Association* (JAMA) and exposed financial conflicts of interest between FDA drug advisory committee members and the pharmaceutical companies. This study was published in the April 26th, 2006 issue of *JAMA*, and was authored by Dr. Peter Lurie, Dr. Cristina Almeida, Nicholas Stine and Dr. Sidney Wolfe, all members of Public Citizen's Health Research Group, as well as Alexander Stine of the Department of Earth and Planetary Science at the University of California, Berkeley. Most significantly, *JAMA's* article discussed FDA interactions with competing pharmaceutical giants, revealing financial connections vis-à-vis the drug which the FDA was considering and eventually chose.

The FDA's Center for Drug Evaluation and Research approves 25 to 30 new drugs a year, usually making its decision by listening to FDA-invited voting consultants and outside advisory committee members. After being threatened with a lawsuit by Public Citizen in September 2001, the FDA was forced to disclose the financial interests of its committee members. By January 2002, the FDA established new guidelines requiring FDA advisory committee meetings to disclose financial conflict of interests when choosing specific drugs.

The study -- which used agendas and transcripts from FDA drug advisory committee meetings between 2001 to 2004 -- reported that 28 percent of advisory committee members and voting consultants had a conflict of interest, and at least one member or consultant had a conflict in 73 percent of the meetings. Most likely, the actual conflict of interest reported in this study was less rather than more, since the study was limited to self-reported conflicts disclosed at the beginnings

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of advisory meetings. The study concluded that 19 percent of consulting arrangements involved more than 10,000 members; that 30 percent of investments were over \$25,000; and that 23 percent of contracts and/or grants exceeded \$100,000.

In 2006, the NIH completed its next five-year budget, doubling it to more than \$27 billion. Even more alarming is the fact that spending on research and development by pharmaceutical companies worldwide had also doubled since 1995 and was estimated to be more than \$54 billion in 2006.

The financial estimates of the cost of developing a new drug are more than \$800 million, and by all estimates will continue to increase significantly. In 2003, FDA Commissioner McClellan told Congress that the increased expenditure is due to the unpredictability of the process, years of product testing, followed by developing reliable production lines. With increased technology, making a "safe and effective" product should not continue to escalate in price. Are the major pharmaceutical companies ensuring that they will continue to make the Fortune 500 list? Prescription drugs cost at least double or triple the amount in the U.S. when compared with their cost in other industrialized countries.

Darrek Regier, a member of the American Psychiatric Association (APA), stated that psychiatrists rely on the APA to police its activities, and that in the next (2011) edition of DSM, all industry financial ties to panel members will be exposed.

And then there's the connection between medical insurance and medical professionals: The APA's diagnosis manual is also used as the source for

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insurance payments, covering a percentage of the cost for psychiatric treatments and drugs after increasing patients' insurance coverage. Why not demand new medical panels that are not financially associated with the pharmaceuticals in 2008, rather than waiting until 2011?

9) FDA Set to Approve Sale of Meat and Milk from Cloned Animals

WASHINGTON, October 2006 - The Food and Drug Administration first proposed that it might permit the sale of milk and meat from cloned animals in 2003, resulting in public reaction that has run the gamut from interest to horror. Now, the FDA is citing new data and is expected to give its stamp of approval. Stephen F. Sundlof, the FDA's chief of veterinary medicine responsible for the agency's risk assessment, maintains that "food from cloned animals is as safe as the food we eat every day." The FDA has never published the complete scientific studies it says support that claim. Proponents claim that cloning will improve upon the consistency and quality currently available.

There is significant concern that the public will reject such products. According to the Pew Initiative on Food and Biotechnology - a nonpartisan research and education project - surveys indicate that more than 60 percent of the U.S. population is uncomfortable with the idea of animal cloning for food and milk. Concerns for safety are built on the assertion that genetic changes seen in some clones may alter the nutritional nature of meat. The FDA itself acknowledges that clone pregnancies result in more miscarriages, deformities, and premature deaths than do other technologies. Yet, the

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agency dismisses this fact, stating these problems are not unique. The Washington-based Center for Food Safety has filed a petition with the FDA, asking that cloned animals be classified as "transgenic animals" - animals that have been engineered by adding specific genes.

Cloned animals would then be regulated the same way as new pharmaceuticals, under a category called "New Animal Drugs." The petition states, "The available science shows that cloning presents serious food safety risks, animal welfare concerns, and unresolved ethical issues that require strict oversight." Consumers are not the only ones concerned. Dairy companies fear that association with cloning will undermine their carefully-maintained image of wholesomeness. In fact, confidential documents from the International Dairy Foods Association obtained by *The Washington Post* show that the group has been instrumental in slowing the FDA's approval.

10) Dietary Supplement GMPs Finally Released

The FDA released a "final rule on current Good Manufacturing Practices (cGMPs) for dietary supplements, establishing requirements to ensure products are made in a consistent quality manner and are accurately labeled and free from impurities." This much anticipated ruling applies to companies that manufacture, package or store dietary supplements. FDA management stated, for the most part, that retailers are not included in this rule, while health care practitioners will be considered on a case-by-case basis. The final rule was effective August 24, 2007, but there is a 36-month

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phase-in period for companies to comply, depending on size. “The final rule will help ensure that dietary supplements are manufactured with controls that result in a consistent product free of contamination, with accurate labeling,” said Robert E. Brackett, Ph.D., director of FDA’s Center for Food Safety and Applied Nutrition. Among the rule’s 800-plus pages of requirements, manufacturers will be compelled to evaluate the identity, purity, strength and composition of their dietary supplements. This helps to ensure that finished products contain actual labeled contents. If dietary supplements contain contaminants or do not contain the dietary ingredient they are represented to contain, FDA would consider those products adulterated or misbranded.

The rule further contains requirements for establishing quality control procedures, designing and constructing manufacturing plants, and testing ingredients and the finished product, as well as provisions for handling consumer product complaints and for recordkeeping—including standard operating procedures (SOPs). While the final rule specifically mandates 100-percent testing of ingredients, Brackett said those requirements are flexible to allow for ongoing improvements in scientific methods used for verifying identity, purity strength, and composition of dietary supplements.

He further noted that the agency publish an interim final rule on how manufacturers can petition the FDA for an exemption to the cGMP requirement for 100-percent identity testing of specific ingredients used in the processing of dietary supplements. However, Brackett conceded that the

FDA has no firm sense of what information or documentation will be adequate to qualify for reduced testing.

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There is also an economic analysis section in the lengthy regulation, outlining the estimated costs companies of various sizes might incur in achieving compliance with the GMP rule. While set-up cost for very small (under \$1 million annual revenues), small (\$5 million to \$10 million) and large companies (\$10 million to \$50 million) range from \$20,000 to \$31,000, small companies are expected to have a significantly higher annual costs of compliance of \$184,000—double the estimated annual costs of \$46,000 for very small companies and \$69,000 for large companies.

While the FDA concedes the rule might raise the price of finished products, the agency argues that the price increase, which will primarily be driven by large companies, may be much smaller than the increase in the average costs of very small producers. The rule further states: “Establishments with above average costs, and even establishments with average costs, could be hard pressed to continue to operate. Some of these may decide it is too costly and either change product lines or go out of business.”

FDA intentions were to conduct outreach programs to educate consumers and industry members, as well as FDA staff. The agency also stated enforcement of compliance with these GMPs would fall under the agency's normal program of facilities inspections and rule enforcement. “This rule helps ensure the quality of dietary supplements so that consumers can be confident the products they purchase contain what is on the label,” stated FDA Commissioner Andrew C. von Eschenbach. “In addition, as a result of recent amendments to the Federal Food, Drug, and Cosmetic Act, by the end of the year, industry will be required to report all serious dietary supplement-related adverse events to FDA.”

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While welcoming the long and overdue regulations, Mark Blumenthal, founder and executive director of the American Botanical Council (ABC), observed that the new rules will probably have minimal impact on many responsible and foresighted manufacturers of herbs and other dietary supplements. "These companies, anticipating the eventual publication of these new rules, have invested millions of dollars over the past decade in creating in-house laboratories and hiring the qualified technical personnel needed for testing the ingredients and the final products produced in their facilities. Many have also instituted newly-enhanced procedures and record-keeping necessary for ensuring product quality the kinds of procedures that are presumably being required or suggested in the FDA's new rules."

11) Genetically Modified Food

Genetically modified fruits, vegetables, and meat (injected with hormones) are making billions of dollars for - guess who - the pharmaceutical giants. Government scientists have used DNA testing to confirm the foods which have been genetically modified. Yet the FDA does not label these products. The only way one can be assured of not buying "biotech crops" is to buy organic fruits, vegetables and meats, which are labeled and are much more expensive since organic foods are not supported by the pharmaceuticals. Billions of dollars are at stake in what critics are calling "bio-tech pollution." The next time you are in a non-organic grocery store, and are stunned at the color and size of tomatoes, corn on the cob, and apples, beware that these products, in all likelihood, have been genetically modified in order to appear larger, more colorful, and often sweeter. What we do not

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know is how these foods are going to affect our health -- it usually takes many years to scientifically determine an increase in cancer due to specific chemicals like bio-engineered food.

12) Marijuana for Pain Relief

If there is anyone who still doesn't realize that the FDA is in bed with the drug companies, consider the FDA's recent acknowledgement (April 2006) of the pharmaceuticals' petition to limit warnings from drug advertisements. According to *The Coalition for Healthcare Communication*, warnings will affect a patient's judgment re: taking a drug because of all of the possible and/or dangerous side effects. During the same time period, the FDA declared that marijuana has no known medical significance, despite the National Academy of Sciences' Institute of Medicine's report which states that marijuana provides patients with pain relief in treating nausea, AID's related weight loss, the phantom pains of multiple sclerosis, and neuropathic pains. Researchers believe that the benefits of marijuana outweigh side effect risks, especially when compared to most RX drugs. If this is accurate, why has the FDA, along with the rest of the medical establishment, decided to not allot money for a clinical study. Considering all of the recalls of dangerous drugs, along with the health risks accompanying every pharmaceutical commercial, why won't the FDA allow researchers to investigate marijuana's legitimate medical uses. Since 2001, Lyle Craker, 64, director of the Medicinal Plant Program at the University of Massachusetts, has fought a losing battle in his attempts to have marijuana approved for federal clinical trials. As with vitamins and herbs, marijuana cannot be patented.

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13) Ozone Treatment for Metastatic Breast Cancer

In January 2002, a 73-year-old woman was dying from metastatic breast cancer. The cancer had spread from her left breast, through her skin, and to her left lung and heart lining. Every doctor, traditional and alternative, stated that it would be almost impossible for her to survive.

It had been a decade since she had been treated, in Boston, for a cancer tumor in her left breast. A surgeon performed a lumpectomy to remove the tumor. She had declined chemotherapy and tomosifan in 1992, although she did agree to a series of radiation treatments. The cancer had not spread to her lymph nodes nor to any other part of her breast.

While undergoing radiation treatments, Ann drank a liquid nutritional supplement four times a day, along with Omega 6 and Omega 3 oils, and extra dosages of several vitamins, especially Vitamin C. Ann was 63, working full time, but didn't feel any side affects from the radiation until the last two weeks. Everyone felt that the extra nutrition helped Ann endure the course of radiation, especially when her side affects were compared to younger women's more pronounced side affects. However, the radiation caused her breast to remain "hard" and "heated" - looking like a breast implant. You could literally feel the heat radiating from her breast, which remained hard and often heated for the next ten years.

In January 2002, I had talked to Ann's surgeon shortly after the surgeon had removed a tumor from her breast. The surgeon did not have the lab reports, but she told me "it was very serious" and that Ann must start chemotherapy

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as soon as possible. A few days later, the lab results confirmed that Ann's left breast was full of cancerous tumors which had metastasized, causing the cancer to spread to 3 other organs - skin, lung and heart lining - making her diagnosis terminal.

I flew to Vancouver and accompanied Ann to several doctor's appointments: Each doctor seemed a little stunned when they saw my tape recorder, an armful of articles re: breast cancer, as well as a legal pad with many questions. The oncologist at the "mainstream" Cancer Agency in Victoria recommended chemotherapy, which Ann declined. She had been a volunteer at a Cancer Agency during her forties and had observed the horrific as well as deadly effects of chemo. What was so misleading is that Ann had passed the Cancer Society's "5-year test" with flying colors - as well as no recurrence of cancer in 10 years. Mainstream cancer agencies give cancer patients the impression that if they've stayed cancer-free for 5 years, that the likelihood of cancer reoccurring is minimal. When we asked Ann's oncologist about this, he said that statistically over 40 percent of cancer patients will have another bout with cancer after 10 years. We were shocked upon hearing the "true statistics."

After Ann declined chemo, her oncologist suggested that she start taking an anti-estrogen hormone, as he determined that her cancer was caused by too much estrogen. I could tell by the look in his eyes that he thought Ann had only weeks, if months, to live. There was not much more he could do.

I talked to numerous doctors who practiced alternative medicine, all of whom told me that there was little or no chance for Ann to survive, given

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that the cancer had already invaded several organs. She was dying - you could see it in her eyes and sense it in her demeanor.

What I never understood is why physicians had not detected the cancer earlier. Ann had been forced to endure two major surgeries just a year or so prior to her terminal cancer diagnosis, and both operations were necessary due to a doctor's mistake: During a routine colonoscopy, Ann's large intestine was perforated, and her doctor had to surgically close up the wound. However, matter from her large intestine had already spread into the colon area, causing a serious infection that kept her in the hospital for two weeks. She then developed a hernia as a result of the surgery, and had to undergo a second operation several months later. Within a fifteen month period, Ann suffered through three major surgeries - the third to determine if she had breast cancer. It seems beyond reason as to why none of her doctors detected the cancer until it had invaded several organs and was terminal.

Doctors practicing alternative medicine - such as naturopaths or doctors of Chinese Medicine - would have seen that something was seriously wrong. Such doctors treat patients as human beings, covering the physical, mental, emotional, and spiritual realms. An experienced acupuncturist can often depict an illness just by looking into a patient's eyes, checking the color of the patient's tongue, and testing the pulse rate.

In July 2001, Ann had read in a local newspaper a column about ozone and cancer - that was the only time in ten years that she had cut out and kept a newspaper column concerning cancer. So Ann scheduled an appointment with the author of that column, Dr. Doug Kuramoto - a brilliant naturopath -

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who told her during a one hour consultation that he thought “they” could “beat it.” Ann's confidence in Dr. Doug was of extreme importance. Given the terminal diagnosis, she had to trust him 100 percent.

Dr. Doug injected ozone directly into the tumors in her breast. If the tumor is malignant, there is no pain upon injection; if it's a non-malignant tumor or non-cancerous breast tissue, there is pain when ozone is injected into the area. After injecting the ozone, Doug massaged the area of the tumors to increase circulation of the ozone and soften breast tissue. I was in the room when Doug injected Ann's breast tumors with ozone, and watched as the tumors literally disintegrated within hours. It was incredible to witness cancer tumors dissolving.

By the summer of 2002, Ann's cat scan was free of cancer. Ann's oncologist and GP thought it was “a miracle” - even though we told them that it was Dr. Doug's ozone therapy that saved Ann's life. She knew more than the average person about alternative medicine due to my research; she refused chemotherapy because it would have killed her faster than the actual cancer; and, she trusted her instincts. After consulting with a naturopath for the first time in her life, Ann believed that Dr. Doug would help her "beat" the terminal diagnosis with ozone therapy.

Also, she was living in Canada, where ozone therapy - a totally non-invasive treatment - is an option. Ozone therapy is also prevalent in many European countries, especially Germany, where it is used with great success. Whereas, in the United States, ozone therapy is only allowed if the patient has already been treated with chemo and radiation and is dying. And the

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patient, who is obviously dying by this point, has to travel to Georgia to be treated, since Georgia's State Constitution allows the use of "alternative" treatments only after the patient has been unsuccessfully treated with mainstream procedures.

Dr. Doug's ozone treatments gave Ann 6 more years to live. After 5 years of being cancer-free, a CT exam confirmed that the cancer was back and had metastasized to several organs. Ann was 78 and Dr. Doug didn't think she had the "energy" or "chi" to fight it again. When Ann told Doug that she "wasn't going to sit around waiting to die," Doug told her that he could help her physically and spiritually. Ann continued to be treated by Dr. Doug once a week, with ozone and vitamin cocktails, living one year longer than her mainstream doctors expected.

Ann's illness, and the way she dealt with it, will hopefully enlighten Americans to the fact that there are many safe and non-toxic treatments used for chronic illnesses in industrialized countries - cancer does not have to be a death sentence. It can often be controlled and treated like any chronic illness, such as diabetes or multiple sclerosis.

Yet it is illegal in most states for doctors to own ozone machines, although oxygen is used daily in hospitals across America. The FDA confiscates ozone machines, even from the renowned Dr. Robert Atkins. Most people knew Atkins for his diets, yet he practiced "complementary" medicine for decades, lowering his prescriptions by 90 percent. The only reason Dr. Atkins didn't lose his license to practice medicine or end up in jail was because he was too well-known due to the success of his diet books. Other doctors have not been so lucky...

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Thousands of Americans are suffering and dying every day because the orthodox medical monopoly, policed by the FDA, puts profits before science and human life. What ever happened to “The War On Cancer,” which Richard Nixon declared in 1970. In 2009, President Barack Obama expressed his goal to find a cure for cancer during his administration. Cancer has become a billion dollar industry, just like “so-called” HIV/AIDS and many other illnesses.

Health care in the U.S. is a commodity: Expensive clinical trials are conducted for more dangerous chemo drugs, while far less expensive and non-invasive treatments such as ozone are either ignored, considered secondary, or designated illegal since Fortune 500 pharmaceuticals cannot obtain a patent for them. The entire mainstream medical monopoly must be overhauled. Only then will citizens receive accurate information and freedom of choice in health care.

14) “Simply put, cancer cells don’t like ozone.”

- Dr. Doug Kuramoto
Island Life, July 2001
Vancouver Island, Canada

Ask Dr. Doug:

What is ozone?

It is oxygen with an extra molecule added which gives oxygen more electrical energy.

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What does oxygen have to do with cancer?

Dr. Otto Warburg, who received the Nobel Prize in Medicine in 1931 and again in 1944 stated, "Even for cancer, there is only one prime cause. Summarized in a few words, the prime cause of cancer is the replacement of the respiration of oxygen in normal body cells by a fermentation of sugar." If the level of oxygen in the body is too low, cancer cells start developing.

Is there any scientific proof that ozone therapy works?

In August of 1980, the scientific journal *Science Vol. 209* published the report: "Ozone Selectively Inhibits Growth of Human Cancer Cells." The report stated: "The growth of human cancer cells from lung, breast, and uterine cancer was selectively inhibited in a dose-dependant manner by ozone at 0.3 to 0.8 parts per million in ambient air during eight days of culture. Human lung diploid fibro-blasts served as non-cancerous control cells. The presence of ozone at 0.3 to 0.5 parts inhibited cancer cell growth at 40 and 60 percent respectively. The non-cancerous cells were unaffected at these levels. Exposure to ozone at 0.8 parts per million inhibited cancer cell growth more than 90 percent and controlled cell growth less than 50 percent. Eventually, the mechanism for defense against ozone damage is impaired in human cancer cells. Simply put, cancer cells don't like ozone.

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Is Ozone Safe to Use?

Yes. As early as 1870, Werner Von Seimans in Germany was using ozone to purify blood. In 1893, the first water clearing unit by ozone was used in Holland. The German Medical Society for Ozone Therapy polled 384,775 patients comprising a total of 5,579,238 ozone treatments administered, and noted an incredibly low rate of side effects at .0007 percent. Ozone therapy is indeed very safe.

Will Ozone Help Me?

Ozone therapy is a useful tool against cancer, but it is by no means the only therapy. It must be used in conjunction with other treatments in aiding the body to rid itself of cancer.

15) Naturopathic Medicine

As interest in complementary (traditional and alternative) medicine increases, many people living in countries other than the United States are turning to the 100 year old holistic approach to healing known as naturopathic medicine. Dr. Robert Van Horlick, president of the Canadian Naturopathic Association, states that the ancient medical principles of “do no harm” and “the healing power of nature” is the safest, most comprehensive approach to “natural” health care. Mainstream medicine, as practiced in the U.S., usually treats or suppresses symptoms. Whereas, the philosophical foundation of

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Naturopathy is to treat the patient as an “organic whole” by using non-toxic natural sources and non-invasive treatments.

Naturopathic doctors undergo rigorous training: After receiving a Bachelor of Science degree, which includes specific prerequisites, students then take a four-year course in Naturopathic Medicine, which includes 1500 hours of supervised clinical practice. At Toronto's Canadian College of Naturopathic Medicine (CCCM), students study allopathic (conventional) medicine, since naturopathic training utilizes the same medical textbooks and examinations. Of course, students also study the philosophy, principles, and practices pertaining to naturopathy. Classes include many students with medical degrees from European universities, especially from Russia and Poland. CCCM's program includes more than 4,000 hours of classroom training, covering basic medical science as well as nutrition, botanical, homeopathic, and oriental/acupuncture medicines, as well as hydrotherapy, naturopathic manipulation, and lifestyle counseling.

16) Oncologists Do Not Recommend Chemotherapy for Their Family Members

The McGill Cancer Center in Canada, renowned for its size and prestige, conducted a confidential questionnaire amongst oncologists: Asked whether they would recommend chemotherapy for themselves or members of their family, 58 out of 64 doctors said that they would not use chemotherapy as a treatment due to its ineffectiveness and extreme toxicity.

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It makes absolutely no sense to use chemotherapy or other treatments that damage good cells to further weaken the immune system, when the immune system is obviously weakened and the cells damaged by cancer.

So why are the majority of doctors recommending chemo for their patients, instead of using non-toxic treatments like ozone and/or other alternative treatments. Doctors seem to be following the "party line" - the standard protocol for treating cancer patients. Historically, there is pressure across the board, from the Cancer Society, the AMA, the NIH, and the pharmaceutical companies.

In the U.S., many alternative treatments are illegal in most states. So cancer patients must research alternative treatments on their own, and then travel to another country to be treated.

17) U.S. Health Care: Profits Before People

The United States - the richest country in the world - has an incredibly ineffective health care system, often killing those it's supposed to be helping. In a recent study that compared the medical histories of American and British white, middle-aged males, of all economic and educational status, American men had higher rates of diabetes, heart disease, stroke, lung disease, and cancer rates. And the cost of U.S. healthcare - about \$5,200 per person in 2006 - is more than in any other industrialized nation - it is double that of England's.

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Americans males have twice the rate of diabetes - 12.5 percent compared to 6 percent in England; 42 percent have high blood pressure, compared to 34 percent in England; and U.S. cancer rates are almost double those in England.

Approximately two dozen other countries have better health statistics than the U.S., according to the World Health Organization. Americans are forced to spend more on health care than any other industrialized nation, yet life expectancy is significantly lower than in other countries.

It is an obvious fact that if the U.S. had a national health care system, which put a premium on preventive medicine, especially for children, Americans would be healthier as adults. The same is true for the elderly, who are forced to spend more money on RX drugs than on food, and the elderly have the worst medical coverage, with high co-pays and high deductibles. In 2006, 50 million Americans did not have health coverage.

What is most unacceptable and shocking is the U.S. infant mortality rate. According to a report by "Save the Children," 33 industrialized nations have lower infant mortality rates. Most people will be shocked to learn that the United States has a death rate of approximately 5 per 1,000 babies, similar to Hungary, Malta, Poland, and Slovakia.

What is so appalling but unfortunately not surprising is that racism and lower economic status account for the high infant mortality rates: There are 9 deaths per 1,000 births in America, a figure alarmingly close to Third World levels.

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Dr. John Cannell, who works with the Vitamin D Council, has recently treated an autistic 7-year old boy with Vitamin D. Here is his six month report :

"[John] is a 7-year old boy living in the northeastern U.S. with a long standing diagnosis of autism. Symptoms include temper tantrums, repetitive self-stimulatory behavior, impaired language, mood swings, fear of being alone, toileting problems, and impaired muscle strength. He spends a lot of time outdoors starting in the spring and his mother noticed a distinct seasonal variation in his symptoms in that he improved in the summer and regressed in the winter. A 25-hydroxy-vitamin D in April of 2008 was 25 ng/ml and obtained after he had begun to play outside.

Due to the seasonality of his symptoms the mother consulted me and I advised the mother to stop all products containing vitamin A including cod liver oil and begin 5,000 IU of vitamin D3 per day for two weeks followed by 2,000 IU per day in the form of powdered vitamin D dissolved in juice. Within a week of starting the vitamin D language began to return and he was no longer as fearful of being alone. At the end of two weeks his language showed further improvement, he began to toilet himself, counted to 10 and knew the spelling of his name. After three weeks language continued to improve and some improvements were noted in his dysbiosis. After four weeks of vitamin D treatment, the mother noted improvements in muscle strength as well as continued improvements in language."

If only there were more stories like this.

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18) The Politics of Ozone and Cancer

Dr. Otto Warburg received the Nobel prize in Medicine in 1931 and 1944 for his cancer-ozone discovery: If the level of oxygen in the body is too low, cancer cells will develop. Healing cancer is always an “individual journey” involving different approaches. Ozone is best implemented with a “holistic” health program.

As Dr. Doug wrote, the primary cause of cancer is a lack of oxygen. In 1931, Dr. Warburg won the Nobel Prize for proving that less than 60 percent of oxygen to a human cell causes cancer, because the cell is replaced by fermentation of sugar. Warburg's article, *The Prime Cause and Prevention of Cancer*, stated that “the cause of cancer is no longer a mystery; we know it occurs when any cell is denied 60 percent of its oxygen requirements.”

Cancer has many secondary causes: the build up of carcinogens and other toxins; poor circulation; and lower levels of oxygen in the air we breathe. All of the above block and then damage human cells by restricting oxygen.

During the 1950s, Dean Burn and Mark Woods - two researchers at the NIH - researched the fermentation rate of cells and what they discovered supported Warburg's theory. The following biochemists' research supported Warburg's theory as well: Pietro Gyullino, at the National Cancer Institute (NCI), Silvio Fiala, a biochemist at the University of Southern California, and J.B. Kizer, a biochemist and physicist at Gungnir Research in Portsmouth, Ohio.

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According to Dr. Wendell Hendricks (of the Hendricks Research Foundation): “Cancer is a condition within the body where the oxidation has become so depleted that the body cells have degenerated beyond control. The body is so overloaded with toxins that it sets up a tumor mass to harbor these poisons and remove them from general activity within the body.”

Dr. Steven Levin’s use of oxygen verifies that “...the lack of oxygen in the tissues, is the fundamental cause of all degenerative diseases.”

Dr. Norman McVea concludes: “When the body has sufficient oxygen, it is able to properly eliminate toxic wastes from the system.”

Oxygen is essential for our health, and studies have demonstrated that medical ozone in repeated applications can eliminate the toxins in diseased cells that cause viruses and cancer.

France has lower cancer rates than the U.S., despite increased smoking. It seems like everyone smokes in France, especially when you compare it with the enormous decrease the last decade or two in the U.S. It’s not just Parisian’s consumption of red wine that has been proven to be associated with good health, as well as much less additives prepared in French food, what seems most important is that France ozonates its water to purify it. In the U.S., most water is purified by chlorine. According to the U.S. Council of Environmental Quality, there is a 93 percent higher risk of Americans acquiring cancer amongst the people who drink and shower with chlorinated water.

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At least 1 in 8 women will statistically develop breast cancer in the U.S. A study conducted in Hartford, Connecticut in 2006 found that women with breast cancer have 50 to 60 percent higher levels of chlorine by-products in their breast tissue than women without cancer. Up to two thirds of our exposure to chlorine is from showering. The good news is that you can now purchase shower filters to de-chlorinate your shower. The question is, how many Americans are aware of this.

Since ozone cannot be patented in the U.S., the most extensive research on ozone therapy is primarily in Europe. An example is the dissolution of malignant tumors since ozone oxidizes malignant cells and tumors, thus destroying malignancies. In Germany, over 7,000 doctors give ozone therapy daily. In millions of treatments over the last 100 years, there have been excellent safety records. Only forty patients had side effects, and four deaths were reported. As of 1994, 16 countries allow the use of ozone.

In the U.S., doctors are trained in allopathic medicine: surgery and RX drugs. Whereas, European doctors are trained in allopathic and alternative treatments. Since the 1930s, the powerful drug companies, along with the FDA's policing powers, all of the various mainstream medical establishments, and the health insurance systems, discourage alternative treatments.

European physicians have treated patients with ozone for over 80 years. Various methods of utilizing ozone are being used in Germany, while in Britain and Canada ozone therapy is relatively new. And, of course, the

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FDA's harassment against doctors using ozone makes its use almost non-existent in the U.S.

Yet, oxygen is vital for good health - we can't live without it. The use of ozone is well established. The NIC confirmed Warburg's theories during the 1950s, yet ozone has been deliberately overlooked because of the billions of dollars cancer has made for the entire mainstream medical establishment. The fact FDA and mainstream medicine refuse to allow the use of Ozone in the U.S. is criminal.

Ozone could revolutionize many health problems in the U.S. - it could literally change the practice of medicine as a preventative and therapeutic treatment for cancer and many other illnesses. There is no question that a lack of oxygen causes the formation of carbon monoxide, which is a poison. When carbon monoxide enters the blood stream the results are chronic illnesses such as respiratory and blood disorders, as well as nervous and functional problems, which can almost always be corrected by ozone.

In May 1982, the Sixth World Ozone Conference was held in Washington D.C., and it resulted in remarkable papers re: the medical use of ozone. Medical specialists from various parts of the world concluded that ozone treatments could successfully treat various forms of cancer, herpes, rheumatoid arthritis - an endless list of diseases.

Since 2006, there is a Senate proposal that would give the FDA the power to conduct its own ozone trials. But who knows when that will happen, given the FDA's history and its revolving door relationship with the medical establishment. A study by the advocacy group Public Citizen established

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that more than 25 percent of the FDA "advice on drugs" experts have a financial conflict that will influence their votes.

19) HIV/AIDS 2008 Updates

"There are billions of dollars available for AZT and condoms but hardly a penny for food, school, education, clean water, and jobs."

- Professor David Rasnick,
 - African History Professor Charles Respector
- Scientific Reappraisal of AIDS**

It should not surprise the reader that money and politics, rather than science, have everything to do with the HIV/AIDS "medicines" available in corporate America. Peter H. Duesberg, Ph.D. - an expert in retroviruses - has challenged the HIV/AIDS hypothesis in the U.S. from the beginning. A professor of Molecular and Cell Biology at the University of California, Berkeley, Duesberg isolated the genetic structure of the first cancer gene in 1970.

In recognition of his achievements, Duesberg was elected to the National Academy of Sciences in 1986 and given a seven-year Outstanding Investigator Grant by the NIH. Duesberg's expertise in retroviruses has directed him to challenge the HIV/AIDS hypothesis in the following medically esteemed journals:

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Cancer Research, Lancet, Proceedings of the National Academy of Sciences, Science, Nature, Journal of AIDS, AIDS Forschung, Biomedicine, Pharmacotherapeutics, New England Journal of Medicine, Research in Immunology.

20) Dr. Duesberg's AIDS Theories: American/European

Dr. Duesberg's hypothesis re: American AIDS:

HIV is a harmless passenger virus. AIDS viruses originate by long-term consumption of recreational drugs. To make things worse, the first drug of choice that the FDA allowed was AZT - which had originated as a chemo drug in the 1970s but was shelved when it was too toxic for cancer patients. Instead, AZT - which destroys bone marrow - was selected to treat HIV/AIDS patients. Bone marrow is the essence of the immune system. The FDA made a behind-the-scenes deal with Burroughs Wellcome, one of the giant pharmaceutical companies, earning over \$200 million dollars in profits in 1983 due to AZT. AZT kills - which is why it was shelved as a cancer drug. Duesberg has been outspoken in his candor that AZT alone gives people AIDS.

While Dr. Duesberg insists HIV is simply a "passenger virus," American mainstream medicine insists that HIV is the determinate factor causing AIDS. Duesberg's hypothesis has infuriated the medical establishment and

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pharmaceutical companies, and the NIH retaliated by stopping its allocation of funds that could test Duesberg's hypothesis.

Since the early 1980s, an escalating number of scientists have supported Duesberg's views. Kary Mullis, who won the 1993 Nobel Prize in Chemistry for inventing the polymerase chain reaction technique which detects DNA, a technique that is used to look for HIV in AIDS patients, supports Duesberg's theories.

What ever happened to open scientific debate? Two of the most brilliant scientists in America have been vilified by the U.S. medical establishment's monopoly, which controls American health care.

21) African AIDS

On May 27th, 2006, the Associated Press released a United Nations report, claiming that 2 million children under the age of 15 have HIV. Most of these children live in in sub-Saharan Africa, where lack of treatment and death are "almost certain" according to seven leading child advocacy organizations. Dean Hirsch, chairman of the Global Movement for Children, urged an appeal to governments, donors, and the pharmaceutical industry to give children their "fundamental" right to treatment.

There are about 30 diseases similar to HIV which test positive for the antibodies. American public health officials stopped testing for HIV in Central Africa in October 1985. Since HIV tests do not have to be

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conducted, doctors almost always blame the cause of patients' deaths on AIDS.

Duesberg's "American" hypothesis, that AIDS is caused by non-contagious risk factors, and that HIV is a non dangerous passenger virus, helps to understand Duesberg's views re: African AIDS.

Duesberg claims that African AIDS is a new name for the same old diseases that still exist in Third World countries - malnutrition, parasitic infections, and poor sanitation. Duesberg's hypothesis demonstrates the difference between African and American AIDS: Malnutrition, poor sanitation, and parasites indiscriminately affect males, females, and children. Whereas, American AIDS is 85 percent male, due to their use of heroin, cocaine, and any other recreational drug used regularly by male homosexuals - this group also includes anti-HIV/AIDS drugs prescribed to healthy people with an HIV positive test.

22) South African President Thabo Mbeki Disputes American HIV/AIDS Hypothesis

President Mbeki agrees with Duesberg's theories, and has stated this in public, for the world to know. Duesberg's hypothesis also clarifies the "heterosexual" as well as children's susceptibility in contracting AIDS in Africa, none of which discriminate between age or sexism.

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Mbeki is the first head of state to challenge the HIV-AIDS hypothesis. He even requested a safety review of the "anti-HIV" drug AZT, and concluded that most of the scientific literature demonstrated that its extreme toxicity was very dangerous for any human being to ingest. Mbeki asked David Rasnick, a member of the "Reappraisal Group for the Scientific Reappraisal of AIDS," along with African history professor Charles Gesheker, at California State University, Chico, to analyze his increasing skepticism. Gesheker met Mbeki's health minister while spending a good deal of time traveling the continent, and their letter to Mbeki stated that there certainly seemed to be a non-HIV explanation for Africans diagnosed as having "AIDS."

Clearly, diseases caused by poverty, malnutrition, poor sanitation, and parasitic infections have been being blamed on a retrovirus and given a new name, AIDS. Rasnick and Gesheker concluded: "There are billions of dollars available for AZT and condoms, but hardly a penny for food, school, education, clean water, and jobs."

Mbeki asked Rasnick for his support in reassessing AIDS and AZT, while also receiving a commitment from the Group for the Scientific Reappraisal of AIDS, as well as the International Coalition for Medical Justice to investigate the same goal.

Mbeki's actions have "met with a storm of protest from doctors, AIDS activists and the media, who said the dissident arguments had been discredited years ago, and that South Africa risked becoming the laughingstock of the world."

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Dr. John Moore, a member of the Aaron Diamond AIDS Research Center in New York, argued that Mbeki's questioning AIDS is "tantamount to Holocaust denial because the implications are so serious." Dr. Seth Berkley, of the International AIDS Vaccine Initiative, has also likened the skeptics "to those who believe the Holocaust did not occur." Even South Africa's Medical Research Council, Professor Malegapuru Makgoba, warned that President Mbeki was "medically and scientifically naive."

Mbeki was stunned to see the "modern propaganda machines, an entire regiment of eminent 'dissident' scientists, wiped out from the public view, leaving a solitary Peter Duesberg alone on the battlefield... and that the people claiming to be scientists" are determined that scientific discourse and inquiry should cease, because 'most of the world' is of one mind."

On July 9th through July 14th, 2006, more than ten thousand AIDS researchers gathered for the 13th International AIDS Conference in Durban, South Africa. The following companies are major sponsors of the conference: DuPont Pharmaceuticals, Pharmacia & UpJohn, Glaxo Wellcome (formally Burroughs Wellcome - which developed AZT), Bristol Myers Squibb, Merck, Hoffman LaRoche, Abbott Laboratories, and Boehringer Ingelheim.

Obviously, these Fortune 500 pharmaceutical companies are attending the conference to sell their products by promoting their own scientists as well as "medical experts" at the FDA. It is important to know that new AIDS cases in the US began decreasing during the latter 1990s, decreasing from 60,000 to 48,000. In 1998, only 68 were classified as "heterosexual contact," while

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AIDS diagnoses among males dropped from 13,000 in 1997 to 11,000 in 1998.

If the millions of dollars spent on AIDS in the U.S. is to continue, the money will have to be spent in Africa. Professor Gesheker, who has made 15 trips to Africa, acknowledges: "AIDS is dwindling away in the U.S. The numbers are down. What are the AIDS educators to do? Africa beckons."

Important Facts to Consider:

- 1) AIDS in Africa may be diagnosed without an HIV test.**
- 2) The HIV test is not specific to HIV.**
- 3) AZT is more toxic, less effective than initially thought.**
- 4) HIV-AIDS model slanders African sexual mores.**
- 5) The political economy of AIDS: Politics and money, rather than science, directs corporate and government AIDS policies.**

Since HIV is not considered to be spread in Africa by homosexual contact or by intravenous drug use, this leaves heterosexual transmission. Western "health experts" have decided that extreme sexual promiscuity is the cause of HIV/AIDS in Africa.

The world is condoning yet another holocaust, this time in South Africa.

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23) Stop FDA Censorship

HON. RON PAUL OF TEXAS BEFORE THE US HOUSE OF REPRESENTATIVES - November 10, 2005 - Free Speech and Dietary Supplements

Mr. Speaker, I rise to introduce the Health Freedom Protection Act. This bill restores the First Amendment rights of consumers to receive truthful information regarding the benefits of foods and dietary supplements by codifying the First Amendment standards used by federal courts to strike down the Food and Drug Administration (FDA) efforts to censor truthful health claims. The Health Freedom Protection Act also stops the Federal Trade Commissions (FTC) from censoring truthful health care claims.

The American people have made it clear they do not want the federal government to interfere with their access to dietary supplements, yet the FDA and the FTC continue to engage in heavy-handed attempts to restrict such access. The FDA continues to frustrate consumers' efforts to learn how they can improve their health even after Congress, responding to a record number of constituents' comments, passed the Dietary Supplement and Health and Education Act of 1994 (DSHEA). FDA bureaucrats are so determined to frustrate consumer access to truthful information that they are even evading their duty to comply with four federal court decisions vindicating consumers' First Amendment rights to discover the health benefits of foods and dietary supplements.

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FDA bureaucrats have even refused to abide by the DSHEA section allowing the public to have access to scientific articles and publications regarding the role of nutrients in protecting against diseases by claiming that every article concerning this topic is evidence of intent to sell a drug.

Because of the FDA's censorship of truthful health claims, millions of Americans may suffer with diseases and other health care problems they may have avoided by using dietary supplements. For example, the FDA prohibited consumers from learning how folic acid reduces the risk of neural tube defects for four years after the Centers for Disease Control and Prevention recommended every woman of childbearing age take folic acid supplements to reduce neural tube defects. This FDA action contributed to an estimated 10,000 cases of preventable neural tube defects!

The FDA also continues to prohibit consumers from learning about the scientific evidence that glucosamine and chondroitin sulfate are effective in the treatment of osteoarthritis; that omega-3 fatty acids may reduce the risk of sudden death heart attack; and that calcium may reduce the risk of bone fractures.

The Health Freedom Protection Act will force the FDA to at last comply with the commands of Congress, the First Amendment, and the American people by codifying the First Amendment standards adopted by the federal courts. Specifically, the Health Freedom Protection Act stops the FDA from censoring truthful claims about the curative, mitigative, or preventative effects of dietary supplements, and adopts the federal court's suggested use of disclaimers as an alternative to censorship. The Health Freedom

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Protection Act also stops the FDA from prohibiting the distribution of scientific articles and publications regarding the role of nutrients in protecting against disease.

This legislation also addresses the FTC's violations of the First Amendment. Under traditional First Amendment jurisprudence, the federal government bears the burden of proving an advertising statement false before censoring that statement. However, the FTC has reversed the standard in the case of dietary supplements by requiring supplement manufactures to satisfy an unobtainable standard of proof that their statement is true. The FTC's standards are blocking innovation in the marketplace.

The Health Freedom Protection Act requires the government bear the burden of proving that speech could be censored. This is how it should be in a free, dynamic society. The bill also requires that the FTC warn parties that their advertising is false and give them a chance to correct their mistakes.

Mr. Speaker, if we are serious about putting people in charge of their health care, then shouldn't we stop federal bureaucrats from preventing Americans from learning about simple ways to improve their health. I therefore call on my colleagues to stand up for good health care and the First Amendment by co-sponsoring the Health Freedom Protection Act.

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24) Senator Hatch Promotes Role of Health Supplements

Republican Senator Orrin Hatch, who represents Utah, has always supported nutritional supplements and their importance in health care reform. In November 2005 he spoke at an industry conference at the Salt Palace Convention Center: "Some people run down the (nutritional supplement) industry without looking at how truly outstanding it really is... People would be much better off if they took nutritional supplements. Some of the biggest health problems come from a lack of vitamins and minerals."

Hatch emphasized that Americans who are trapped in poor, inner-city neighborhoods would benefit enormously if they had greater access to vitamin and mineral supplements. Given that poor people cannot afford to buy healthy foods, along with the fact that they do not have health insurance, vitamins and nutritional supplements could at least provide them with healthier lives.

25) "Citizens for Health" Endorses Health Freedom Protection Act - January 24, 2006

Citizens for Health is a national grassroots advocacy organization, dedicated to protecting and expanding natural health alternatives. On January 24, 2006, Citizens for Health issued a press release urging Congress to support

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H.R. 4282, the Health Freedom Protection Act. They had joined the Coalition to End FDA and FTC Censorship.

This bill could stop FDA and FTC censorship regarding information concerning truthful nutrient treatments for various illnesses, while at the same time endorsing federal statutory provisions against fraud. As it stands now, the FDA prohibits all claims that a food or a dietary supplement provides treatments for many diseases, even when scientific proof supports these claims. H.R. 4282 would give us back our First Amendment Rights - freedom of speech - and would finally allow scientific treatment claims printed on labels, as well as allow pamphlets which demonstrate such claims in more extensive scientific detail. Citizens for Health is sending Congress a clear message: America is demanding an alternative to dependency on costly drugs," stated Jonathan Emord, Chairman of the Coalition to End FDA and FTC Censorship. "They have joined us in this fight to allow Americans nationwide the right to receive truthful nutrient treatment information, information that can save lives, reduce pain and suffering, and extend longevity."

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26) The Health Freedom Act, The 2008 Election, and How To Remove Alternative Health Care and Natural Supplements from FDA's Control

It would probably surprise the majority of Americans that the FDA is this country's largest law enforcement agency. It would also surprise the average American to know that the FDA's view of dietary supplements and "alternative" medical therapies are considered "quackery." Working with the FDA is the FTC -- the Federal Trade Commission -- together, these two government agencies have tried to remove specific words from the marketplace, such as "organic" or "health food."

It has been estimated that the FDA regulates 35 percent of the GNP (gross national product): food, drugs, and medical devices. Yet, the FDA spends more time trying to keep the benefits of vitamins known to the public, as well as preventing the sale of vitamins while ignoring the potential side effects from patented chemical sweeteners: seizures and loss of vision, headaches, vomiting, weight gain, increased cancer risk, and even death. Vitamins and nutritional supplements will always be considered dangerous not only by the FDA, but by the mainstream medical establishment.

In 1994, consumers, natural health care retailers and providers joined together and worked with Congress to have the Dietary Supplement,

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Health and Education Act (DSHEA) passed, in an attempt to keep vitamins, herbs and alternative/complementary treatments available to the public.

The 2008 election gives promise to a new health care system, but Americans must come together, like they did to pass DSHEA - citizens must contact congressional representatives as well as senators to improve DSHEA and to demand that the FDA lose all control of nutritional and alternative therapies.

Vitamins, nutrients, herbs, and complementary medicine must be permanently removed from the FDA's authority. As long as the FDA, AMA, NIH, and all of the various medical foundations continue to treat health care as a for-profit science rather than as preventative medicine, ozone treatments and nutritional supplements will always be considered "dangerous" since "natural" treatments cannot be patented.

Instead, a federal nutritional agency with **independent status** should be established -- one that includes nutritional experts from universities, citizen health groups, manufacturers, as well as doctors and health care professionals who provide complementary and/or alternative treatments. The entire mainstream medical establishment needs to be overhauled, and the way to begin is by taking nutritional and alternative health care away from the FDA's control. As long as the FDA has the power to manipulate the law through its police-state tactics, Americans will never have the fundamental right to choose their own healthcare.

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FDA Scientists' 1/09 letter to President-Elect Obama - Natural News

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Berkrot, Bill. "A leading cardiologist on Friday disputed Merck & Co.'s interpretation on the safety of patients once they stop taking Vioxx," *Reuters*, 12 May 2006.

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On the Net: Food and Drug Administration information on Paxil:
<http://www.fda.gov/medwatch/safety/2006>.

7) FDA Proposes New Warnings About Suicide Behavior in Young Adults Who Take Antidepressant Medications

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9) FDA Set to Approve Sale of Meat and Milk from Cloned Animals

Center for Food Safety, Washington, D.C., October 2006.

Sundlof, Stephen F. (FDA's Chief of Veterinary Medicine): The Food and Drug Administration, October 2006.

10) Dietary Supplement GMPs Finally Released

Citizens For Health Online Release: The Food and Drug Administration, October 2006.

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Vergano, Dan. "Study: Medical Manual's Authors Often Tied to Drugmakers," *USA TODAY*, 20 April 2006.

13) A 73-Year-Old Woman's Battle With Metastasized Breast Cancer

Ann's Clinical Data: Transcribed: **04-January-2002**

Cowichan District Hospital: Medical Imaging Services

Referred by: Dr. RK Barton (surgeon)

CLINICAL DATA: Recurrent breast carcinoma

Exam: CD CT THORAX - *8694 +C, Lung

There are two mass lesions present in the left breast, one in the upper part of the breast medially measuring 7 cm in diameter and extending to the skin which is infiltrated, and with little gas in the soft tissues presumably due to the recent biopsy. The second is in the lower part of the left breast laterally,

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measuring 4.3 cm in diameter also with little air in the soft tissues suggesting recent biopsy here. Tumour extends to the anterior chest wall medially, invading the costochondral junction and extending through into the chest and invading the pleura and probably the pericardium. There is a small nodule on the lateral pleural and probably the pericardium. There is a small nodule on the lateral pleural wall, and there is a left pleural effusion extending down to the base. There are two small metastatic lymph nodes adjacent to the main pulmonary artery about 5 mm in diameter and little higher up in the mediastinum there is a lymph node 11 mm in diameter on the left side of the mediastinal fat probably in the internal mammary chain to the left of the upper ascending aorta.

CONCLUSION: Multi-focal breast carcinoma invading the anterior chest wall mediastinal lymph nodes, invasion of pleura and probably pericardium and small left pleural effusion.

Scanning of the upper abdomen shows no intra-abdominal pathology.

Recommendation from Ann's Surgeon -- 16-January-2002

R.K. Barton, M.D. -- "Unfortunately both biopsies of the breast, including the skin lesions reveal Aden carcinoma, compatible with primary in the breast... The chest x-ray has shown suspicion of metastatic disease in the left lung and I am going to order a C.T. scan of the chest to see if that helps clarify that picture... We will therefore get her an urgent appointment at the Cancer Clinic and following their recommendations, we will see if

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chemotherapy is an option, and perhaps, further down the line, whether a total mastectomy is indicated.”

Ann's Clinical Data: Transcribed: 11-Jun-2002

Cowichan District Hospital: Medical Imaging Services

Referred by: LP Gallagher, M.D.

CLINICAL DATA: Recurrent breast carcinoma

Exam: CD CT THORAX - *8694 +C, Lung

“...There certainly appears to be no new adverse change at the site where the previously described tumour has penetrated the costochondral junction (above breast and through the breast skin/wall) on the left side and descended to the pericardium (heart lining). Certainly no pericardial effusion (fluid) is seen. The tumour material in the left breast appears to be diminished...”

CONCLUSION: Radiological features would suggest stability of the lesion of the left breast. There is no evidence of further spread. Dr. Gallagher, Ann's GP, told her that the above report was “amazing” and an “excellent prognosis.”

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Author's conversations with Dr. Doug Kuramoto, Naturopathic Physician - 2002 - 2009. Dr. Kuramoto attended the University of British Columbia (B.S.), and received his Doctor of Naturopathic Medicine (ND) in 1986 from the renowned Bastyr University in Seattle, Washington. Dr. Kuramoto has studied extensively with the masters of naturopathic techniques, utilizing these skills in his clinics located on Vancouver Island.

The Canadian Naturopathic Association:
Dr. Robert Van Horlick; Dr. Cory Ross

16) Oncologists Do Not Recommend Chemotherapy for Their Family Members

Rothstein, Paula. "Natural Supplements vs. Pharmaceutical Drugs: The Politics of Surviving Cancer," *www.dailyindia.com*, 27 March 2006.

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Healthcare Travesty," *www.dissidentvoice.org*, 12 May 2006.

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