

Working Paper¹

**THE MORALITY OF MARKETS AND THE BUSINESS OF CANCER:
UNCOVERING THE ROLE OF THE MEDICAL ESTABLISHMENT AND BIG
PHARMA IN THE UNITED STATES**

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It is a fact that allopathic medicine has failed to find a cure for mankind's greatest scourge for as long as we've suffered the disease. The public appear to be resigned to the drip feed of mostly bad news (punctuated by the occasional hopeful sound bite) that emerges from the media. The narrative that there is no cure for cancer on the horizon has become a dogma that goes largely unchallenged by the general public, medical practitioners and cancer patients themselves.

Is such a sustained failure – despite the trillions of dollars thrown at ‘cancer research’ in some of the world's most prestigious universities and laboratories over decades – really the result of the scale of the challenge or is something else at work?

This project seeks to research and uncover how over approximately the last century today's delivered medicine has been influenced and formed. It will look closely and rather uniquely at singular and determined private interest that of itself, and by harnessing public governance, may very well have distorted one of the largest and most important areas of society and the economy.

Indeed - according to Margaret Cuomo - there exists today with many cancers a very clear upward trend.² It has to be wondered as to why. Since *President Richard Nixon* announced ‘the war on cancer’ in 1971 through taxes, private research and donations we have spent hundreds of billions to find a cure for cancer. Nevertheless the annual death toll attributable to it has risen by 73% which is over one and a half times faster than has the American population grown. This population sees a half million of its numbers perish each year. A hundred years ago flying machines could barely get off the ground and yet today we are visiting distant planets and we can examine any square inch of the world instantly from our living rooms: Yet still the conquering of cancer eludes us; again why?

Today's medical cancer apparatus is enormous and so highly invested by society that it needs its patients in order to survive just as much as the patients need the apparatus. The amount spent on narrow research and drugs is vast. A cancer patient in America typically spends/costs \$124,600 pa. With one million new patients a year that amounts to spending of \$124.6 billion a year in the United States alone.³

Many might ask why the medical professions are actively unwilling to investigate certain approaches. This research will investigate this question and in doing so begin at the roots of present practice 100 years ago when ‘official medicine’ finally managed to entirely dominate.

A social history of the American medical industry and its schools

At the turn of twentieth century in America new, and likely very profitable treatments, emerged and the ‘medical doctors’ together with The American Medical Association (AMA)

² M. I. Cuomo, *A World Without Cancer: The Making of a New Cure and the Real Promise of Prevention* (New York, 2012), p. 11.

³ *Ibid*, p.17.

aligned with strong financial forces to transform medicine into a vast industry. The financier J. P. Morgan was already backing the genius Tesla in the energy industry until he pulled his funding of all research when Tesla proved that he could supply the world's energy needs 'gratis' from the ionosphere: Morgan could not attach a meter to that and he also wanted to cover the world in copper from the mines that he owned. He moved to jump onto the medical bandwagon as did (in an extremely significant way) John D. Rockefeller and Carnegie indeed they were to become the economic foundation of the new medical industry.

The takeover of the medical industry was accompanied by a similar appropriation of the medical schools. They offered tremendous amounts of money to those Universities schools that would cooperate. As part of the assimilation they required a number of their people be put on to all of the boards who accepted their donation. Thus the schools were literally taken over by the embedded financiers. They invested in equipment, machines and teachers but the whole was skewed to pharmaceuticals and drugs – the manufacturers of which were owned by the banking oligopoly⁴. Radium fever swept medicine and the price of radium rose 1000% almost overnight⁵. The drug industry blossomed under the patent medicine business. Education and licensing arrangements were skewed to exclude the empiricists (i.e. other than allopath's).⁶ Soon in America only AMA approved doctors could legally practice medicine. Comparatively Great Britain had somewhat beaten this move by nearly fifty years with the rather draconian 1858 Medicine Act in seeking to address:

'...a need to restrict entry to what was seen as an overcrowded profession.... medical practitioners were concerned both to control the number of qualified practitioners entering the profession and to reduce the competition from practitioners who were not qualified.'⁷

'In 1851 there were an estimated 6000 unlicensed medical practitioners operating in the UK but only 5000 regular doctors, apothecaries & surgeons',⁸

In a brief 20 years the AMA had come to dominate medical practice and if you went to see a doctor the likelihood would be that you would walk out with pills because that is what they were trained to do. Today most research has been pulled from Universities and given to 'for profit' organisations that can control the studies, data and exclude effectively anything that Big-Pharma cannot put a meter on. In 2014 Big-Pharma's global sales were \$0.903trillion.⁹ The top ten Big-Pharma make more money than the other 490 Fortune 500 Companies combined and the US economy relies on disease rather than prevention in a mind-set similar to its reception of new energy technologies.

⁴ CIVIS Foundation Report number 15, Fall-Winter 1993.

⁵ K. Ausubel, *When Healing Becomes a Crime: The Amazing Story of The Hoxsey Cancer Clinics and The Return of Alternative Therapies*, (Inner Traditions/Bear, 2000), p.110.

⁶ https://archive.org/stream/medicaleducation00flexiala/medicaleducation00flexiala_djvu.txt Chapter x. Accessed 29.06.2015.

⁷ I. Waddington, *The Medical Profession In The Industrial Revolution*, (Gill & Macmillan Humanities Press, Dublin, 1984), p.139.

⁸ B. Griggs, *Green Pharmacy A History Of Herbal Medicine*, (Jill Norman and Hobhouse, London, 1981), p.224.

⁹ <http://www.statista.com/statistics/272181/world-pharmaceutical-sales-by-region> Accessed 04.06.2015.

Today close on 20% of GDP is spent on healthcare but one can argue that healthcare is less about care than about disease maintenance. People are screened and this recruitment group yields a cancer patient; it is not at all about prevention. It is in the business of treating disease not wiping its customer base out. The patient thoroughly scared then enters the regime. The cancer regime is basically radical surgery which may not address metastasis and does not address the bodies inability to control the underlying cells and what has gone wrong, drugs - chemotherapy (curiously no single recorded cause of death attributed to it) and which work only in 5% of cases and thirdly radiation. The cancer business seems to want to pigeonhole and control. Pennies are not spent on prevention but hundreds of thousands on the trilogy¹⁰ thereafter. Medical Schools may teach one morning on nutrition to its students in four years; the result then is likely that the average doctor's wife or secretary knows more about nutrition than he does. Information is controlled – The FDA make it illegal for supplement companies to put the truth on their own label and if anyone in America stood up on television and said 'eat this orange it will cure your scurvy' they would be locked up. The FDA sought to ban, or completely control, dietary supplementation¹¹ but was thwarted in this endeavour by The Dietary Supplement Health and Education Act (DSHEA) of 1994 which eviscerated its enforcement powers. It now seeks by purposeful manoeuvre through Codex Alimentarius to limit dosages of all and at levels naturopathic empiricists view as completely un-therapeutic. It is wondered again if a cure for cancer was found and Big Pharma could not put a meter on it whether it ever would see the light of day. Many of these have allegedly surfaced in modern times and this research will explore those and their fate together with fully exploring the fiscal story of the existing industry sector.

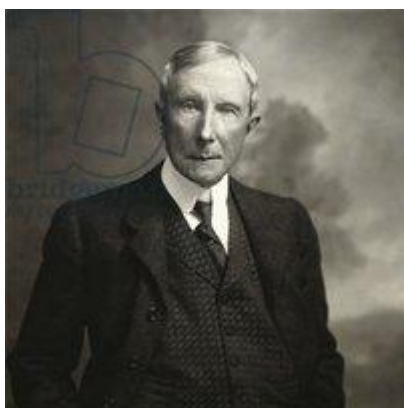
The key themes of this research are to firstly bring out who was at work and secondly to see what they were doing that affected and shaped the delivered medical/pharmaceutical utility that we experience today. It is thirdly concerned with the influences consequent of these forces upon preventions, cures and approaches that might not sit comfortably inside that agenda. Fourthly the political and economic forces and tools that were/are used will be examined. Also about the characters involved: the business magnates and industrialists who not only created financial empires and laid the foundations of capitalist America as we know it today but, even more importantly, shaped the legacy of cancer that knows no cure and knows how to monetize its continued existence as an industry in its own right.

Space is limited in this early submission and so as an emblematic example of the main players at work John D. Rockefeller here will majorly be used.

John D. Rockefeller (1839 – 1937)

¹⁰ M. I. Cuomo, *A World Without Cancer*, p.13.

¹¹ 10 Years After the Implementation of DSHEA: The Status of Dietary Supplements in the United States: Hearing before subcommittee on Human Rights and Welfare of The Committee on Government Reform, House of Representatives One Hundred Eighth Congress, Second Session, March 24, 2004, (US Government Printing Office, 1 Jan 2004), p91.



Curiously to this works consideration JDR was born to one Dr Bill Levingston the 'Celebrated Cancer Specialist'. Actually he was neither celebrated cancer specialist or doctor and had simply assumed all of these roles. James Corbett informs us that 'William Levingston was your-run-of-the-mill snake oil huckster, someone who had no compunction about preying on the weak and the innocent in pursuit of wealth and power'.¹² Actually, his name was not Levingston either: it was William Avery Rockefeller. He had only assumed it after being indicted for raping a girl in Cayuga in 1849. In researching his book *'Titan, The Life of John D. Rockefeller Snr'* as cited by Dinitia Smith in The New York Times July 13 1998¹³ the key to JDR's penny-pinching puritanical personality was this father figure of a snake oil selling adulterer who left his family penniless.

JDR's rise was helped by the Civil War. In 1861 the twenty five year old Rockefeller was building a very successful merchandising business from Cleveland buoyed up by war orders. By 1863 he had saved enough money to invest in an oil refining business and by the end of the war had enough to take over the company. By 1880 led by his determination to 'make more and still more money' his Standard Oil Company was refining 95% of America's oil.

In the years following 1911 Rockefeller continued assimilating nearly all of the competition acquiring such names as Exxon, Texaco and by foreign cartel agreements (more on that later) Royal Dutch Shell and Russian Nobel Oil Works. Staggeringly huge as these holdings were they were completely dwarfed by what was achieved in later years through the magic of international finance and investment banking. Today The Rockefeller Empire in tandem with their Chase Manhattan Bank (now J P Morgan Chase) owns over half of the pharmaceutical interests in the United States. It is by far the largest drug manufacturing combine in the world and the pharmaceutical industry today is the world's second largest manufacturing industry after the arms industry.¹⁴ If one analyses magazine advertising back to 1948 it shows that the larger drug companies spent in excess of \$1.1 billion on advertising. Of this Rockefeller-Morgan interests (which went entirely to Rockefeller after Morgan's death) controlled 80%.¹⁵ This all began early in the twentieth century when these

¹² <https://www.corbettreport.com/meet-william-rockefeller-snake-oil-salesman/> Accessed 04.06.2015

¹³ <http://www.nytimes.com/1998/07/13/books/from-dimes-to-millions-and-mystery.html> Accessed 03.04.2015

¹⁴ www.sourcewatch.org/index.php?title=American-Medical-Association Accessed 12.04.2015.

¹⁵ CIVIS Foundation Report number 15, Fall-Winter 1993.

petrochemical giants organised a coup on the medical research facilities of Universities and hospitals and further extended their reach to overseas Universities and medical schools through their 'International Education Board'. Those that were not drug based or who would not transmute to it were ignored and soon dissolved. The Rockefeller Foundation was originally set up in 1904 and embedded its 'nominees' in all institutions receiving its grants thus setting the stage for the general re-education of society. It was known of course to them that 'the profits of control' the profits that fall to those that control an enterprise/sector are very many times that of those allocated to mere shareholders, the benefits of insider information, market control, fee's and the cross breeding of high profit contracts et al bring tremendous advantage.

Rockefeller and his few peers perfected the model of 'efficiency through philanthropy'; they gave money away but because of the strings attached it came back with profits. It was the origin of the 'matching funds' formulae in that a half is given and that is matched dollar for dollar. The result is that people think that you are utterly wonderful and the library is dedicated totally to you. These foundations were also of course completely tax exempt, were run by loyal underlings and were a very efficient way to launder a very sizable proportion of national product.

The Federal Reserve System was foisted onto the American people by these oligarchs. They had observed the ways in which the European 'Central Banks' seemed to be able to create money out of thin air and indeed how after hypothecation others money (which may anyway also have come from thin air) could be used to create greatly multiplied and serviced debt. In 1913 The Federal Reserve System was introduced into legislation by Senator Nelson Aldrich who himself had been brought into the 'inner circle' when his daughter married John D. Rockefeller Jr. Their son Winthrop was to be made Chairman of Chase National Bank. Aldrich was well known as Rockefeller's representative and consequently enjoyed tremendous power on Capitol Hill. The Federal Reserve remains privately owned.¹⁶

Today David Rockefeller is Chairman of the Council on Foreign Relations (CFR) which is itself sustained by grants from The Rockefeller Foundation, the Carnegie Fund and similar interlocked tax exempt foundations. *Harper's Magazine* in July 1958 reported that membership of CFR was the very key to high government office: Indeed almost every office of Federal Government and every major newspaper is headed by its membership despite the average citizen never having heard of it.

The Control of Education

Prior to 1910 medical professionalism in America was extremely poor. It was still very possible to simply buy a degree. There existed an extremely low level of knowledge and quackery abounded.¹⁷ Considerable money was needed to address these problems and the people who had heavily invested in the pharmaceutical industry saw the opening. The likes of

¹⁶ The Federal Reserve remains privately owned since the concept was tabled in 1910 by the banking interests whose behaviour is generally cited in this paper. Further recommended reading is: G. E. Griffin, *The Capitalist Conspiracy; An Inside View of International Banking*, (American Media, Thousand Oaks, California, 1971).

¹⁷ G. E. Griffin, *World Without Cancer: Part II*, (American Media, 1974), p.372.

Carnegie and Rockefeller already had the tax exempt foundations which practised 'efficiency through philanthropy' and thus were quick to move. By the end of the nineteenth century Rockefeller and Carnegie were competing in their philanthropy and Carnegie was ahead. The Reverend Frederick T. Gates (1853-1929) was hired both as a manager of Rockefeller's wealth and his medical philanthropies and it was he who articulated the role that medicine might play in shaping society.¹⁸

The American Medical Association (AMA) in 1904 created The Council for Medical Education (CME). It was deeply concerned at the state of medicine in the USA and wanted to improve it and to raise general remuneration. By 1908 it was struggling with its own internal committee differences and financial problems and issues were aired with The Carnegie Foundation for the Advancement of Teaching, whom it reciprocally courted. The Rockefeller-Carnegie combine moved with perfect timing. Henry S. Pritchett, the president of the Carnegie Foundation approached the AMA directly and simply offered to take over the entire project. The minutes of the meeting of the AMA's Council on Medical Education held in New York in December of 1908 yield a telling story:

He [Pritchett] agreed with the opinion previously expressed by the members of The Council that while The Foundation would be guided very largely by the Council's investigation, to avoid the usual claims of partiality no more mention should be made in the report of The Council than any other source of information. The report would therefore be, and have the weight of, a disinterested body, which would then be published far and wide. It would do much to develop public opinion.¹⁹

This is another emblematic example of 'the philanthropic formulae' at work. The AMA had already done a large proportion of the work and the total Carnegie investment was only \$10,000.²⁰ These upgraders of medical education were set to reap a massive bonus from public opinion and gain an opportunity to control a huge and essential area of American life. Pritchett in turn directed the task to Abraham Flexner (1866-1959) who was then working for The Carnegie Foundation and in 1910 The Flexner report was published.²¹ This was presented to the academic community and to the halls of Congress and then the philanthropists offered the money to 'reform' the medical schools:

Starting with John Hopkins Medical School in 1913, The General Education Board supported reorganisations which brought about full time instruction in the clinical as well as the basic science departments of the first two years of medical education at Washington University in St Louis, at Yale, and at Chicago. In 1923, a grant was made to the University of Iowa in the amount of \$2,250,000 by The General Education Board and The Rockefeller Foundation. Similar grants in smaller amounts were made to the following state-supported medical schools: University of Colorado, University of Oregon, University of Virginia, and University of Georgia. An appropriation was made to the University of Cincinnati, an institution which received some of its support from municipal sources. Howard University and Meharry Medical School were strengthened,

¹⁸ http://www.whale.to/b/brown_b.html#Preface p4. Accessed 19.03.2015

¹⁹ M. Fishbein, *A History of The AMA*, (W. B. Saunders Co., Philadelphia & London, 1947), pp. 987 and 989.

²⁰ Griffin, *World Without Cancer*, pp.132, 374.

²¹ <http://www.carnegiefoundation.org/publications/medical-education-united-states-and-canada-bulletin-number-four-flexner-report-0>.

the later by some eight million dollars. The General Education Board and The Rockefeller Foundation later made substantial grants to the Medical Schools at Harvard, Vanderbilt, Columbia, Cornell, Tulane, Western Reserve, Rochester, Duke, Emory, and the Memorial Hospital in New York affiliated with Cornell.²²

Thus did Rockefeller and Carnegie proceed immediately to shower hundreds of millions of dollars on the better medical schools that were vulnerable to their control. The ‘non-conformists’ and naturopathic-ally leaning non-druggists were denied the prestige and the money and were effectively forced out of business. All non-mainstream practitioners were targeted. From the turn of the century consumers (due to price) preferred optometrists to ophthalmologists: The AMA derided the optometrists as ‘quacks’ and sought to place extreme limitations on them when they could not outlaw them entirely. Homeopathy enjoyed a very significant following but was (to this day) effectively driven completely underground. With its monopoly the AMA sought to fix prices as it was thought ‘unethical’ for consumers to have any input over what was paid. Pricing was made uniform over the entire profession and advertising or violating them was also considered completely unethical. They even made it illegal for charities to give free care without first checking the patient’s financial status and for pharmacists to deliver treatment directly. The then pharmaceutical industry via the tax exempt foundations was able to capture the medical schools. Enormous sums of money were offered for the latest buildings, equipment and teachers but in accepting it the institutions had to take onto their boards two or three of the financier’s (five) representatives. These ‘plants’ were most often Abraham Flexner (who held a BA in Classics) and his brother Simon Flexner. Warren Weaver was Director of The Natural Sciences at The Rockefeller Foundation and commented:

...were not only involved in the awarding of grants for The Rockefeller Foundation, but they were counselors to heads of institutions, to lay board members, to members of staffs at medical schools and universities in the United States and abroad. They served as sounding boards, as stimulators of ideas and programs, as mediators in situations of difficulty.²³

Generally a thorough contouring of the curricula occurred and students, through an ensured Department of Pharmacology, would learn of drugs, drugs and drugs. Effectively doctors became the salespersons for drugs and patients would surely walk out with a pill. The historian Joseph Goulden comments:

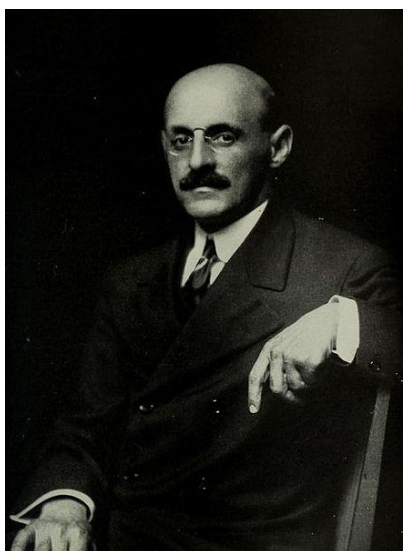
Flexner had the ideas, Rockefeller and Carnegie had the money, and their marriage was spectacular. The Rockefeller Institute for Medical Research and The General Education Board showered money on tolerably respectable schools and on professors who expressed an interest in research.²⁴

Since 1910 the foundations have invested many billions of dollars into the medical schools indeed nearly half of faculty members receive a proportion of their income from foundation research grants, and sixteen percent of them are fully funded in this way.

²² J. Hinsey, *The Role of Private Foundations in the Development of Modern Medicine*, (Warren Weaver (Ed), US Philanthropic Foundations, New York: Harper and Row, 1967), pp.264-265.

²³ W. Weaver, G. Wells Beadle, *US Philanthropic Foundations: Their History, Structure, Management and Record*, (Harper & Row, 1967), p.273.

²⁴ J. C. Goulden, *The Money Givers*, (Random House; 1971), p. 141.



Abraham Flexner (1866-1959)

After 1910 the classicist Flexner, his brother and William Welch of The Rockefeller Institute became three of the most influential men in American medicine. Whilst every little detail of schools curricular could not be addressed with certainty *what is not taught* was. Not one penny of foundation money would go to a researcher who held the un-orthodox view that the best medicine is in nature. That is perhaps until the cartel at work had monopolised the supplement and food product industry as it has actually sought to do as alluded to above. Attention will always steer to manmade drugs. Modern medical approaches such as surgery, drugs, cancer radiotherapy treatments and educational methods largely exist because there was huge influence and an almost unlimited amount of money to support their promotion and expansion. Their existence today has very little to do with truth, legitimate 'science', or any inherent validity or effectiveness to the theories and methods involved. Clifton Leaf a cancer survivor and editor of *Fortune Magazine* pointed out in an investigative article in 2004²⁵ that cancer shrinkage is what research entirely majors on 'even though 90% of the time people die from metastases not from localised tumours': cancer.org comments:

Metastasis is the process whereby cancer cells spread from the site of the original tumor to one or more other places in the body. And with upwards of 90% of all cancer suffering and death associated with metastasis, it is the single most significant challenge to management of the disease.²⁶

He continued that 'funding for research is usually granted to very narrow studies that are seeking to publish findings rather than find a cure for cancer. For example less than point five per cent of grants from The National Cancer Institute (NCI) dating back to 1972 focused primarily on metastases and '92% didn't even mention it'.²⁷ Rockefeller's money was available at the inception to fund massive PR campaigns, establish 'professional' publications and societies, steamroller over the competition (regardless of their legitimacy or value) and

²⁵ http://archive.fortune.com/magazines/fortune/fortune_archive/2004/03/22/365076/index.htm Accessed 17.05.2015

²⁶ <http://www.cancer.org/cancer/news/expertvoices/post/2013/01/23/unlocking-the-mysteries-of-metastasis.aspx> Accessed 30.06.2015.

²⁷ <http://www.drhuldaclark.org/index.php/2014-05-26-23-32-19/why-we-are-losing-our-war-on-cancer> Accessed 30.06.2015.

continue selling the ideas until accepted and institutionalised within the basic fabrics of society. It sought to do this primarily by courting governments to which attention should now be turned.

The American Medical Association and Federal Drug Agency

The American Medical Association was founded in 1847 and incorporated in 1897. Within a year of foundation it was moving to label anything not in its control as ‘quackery’. An analysis of the AMA archives shows that at its main meeting of 1912 in Atlantic City it had, an entire department devoted to ‘quackery’, it published a book that year entitled *‘Nostrums and Quackery’* that had sold out immediately all initial 10,000 copies. It further reports ‘One encouraging fact is that a large number of newspapers have been won over and are copying much of the matter we publish’.²⁸ The trend continued and it was held by Morris Fishbein the public face and staunch editor of *The AMA Journal* that the code-word for competition was quackery.²⁹ Fishbein had reigned from 1924 until 1949 when he finally lost a legal battle with Harry Hoxsey whose cancer cure he had fought to shut down for decades after Hoxsey had refused to licence it to him. Fishbein had failed his anatomy and had never practiced medicine in his life. Ruth Harmer characterized Fishbein as ‘having the ruthlessness of a shark’ and concluded that he ‘managed to hold back the twentieth century for 50 years for the benefit of organized medicine’.³⁰ Those who paid considerable advertising sums to Fishbein’s journal would receive the AMA’s ‘seal of approval’ regardless of benefit and those who did not would most likely be labelled as worthless. His opposition to any food or natural remedy that was not a manmade drug based was following the simple fact that the AMA’s power base and growth required drug sales. Pulitzer prize (1984) author Paul Starr described the interlocking interests.³¹

‘Medical authority in prescribing drugs and other products enabled the AMA to stand between the manufacturers and their markets. This strategic gatekeeping role permitted the AMA, in effect, to levy an advertising toll on the producers. Revenues from journal advertisements became the principal source of funds for the association. In 1912 the AMA set up a cooperative advertising bureau, which channelled advertisements to state medical journals. The bureau gave the AMA considerable financial leverage over the state medical societies and helped bind the national association even more tightly together’.

Evidence produced by Eustace Mullins suggests that Fishbein ignored medical documentation proving that products promoted by the AMA were in fact dangerous. One

²⁸http://ama.nmtvault.com/jsp/viewer.jsp?doc_id=House+of+Delegates+Proceedings%2Fama_arch%2FHOD00001%2F000000003&query1=&recoffset=0&collection_filter=All&collection_name=House+of+Delegates+Proceedings&init_width=640&sort_col=date+

²⁹ K. Ausubel, *When Healing Becomes a Crime: The Amazing Story of The Hoxsey Cancer Clinics and the Return of Alternative Therapies*, (Bear & Co, 1 May 2000).

³⁰ R. M. Harmer, *American Medical Avarice*, (Abelard-Schuman, 1975), p. 20.

³¹ P. Starr, *The Social Transformation of American Medicine*, (Harvard University, 1978), p. 134.

caused blindness another quietly killed people in their sleep and yet another was so poisonous that it caused the deaths of a large numbers of users.³²



Morris Fishbein (1889-1976)

In 1963 The AMA formed its Committee on Quackery which immediately set out to diligently eliminate chiropractic. It vigorously encouraged its medical physicians not to associate with chiropractors and (as by then) if a doctor wanted to legally practice medicine in the USA (and certainly not to be labelled a quack) he had to practice 'consensus medicine' exactly as sanctioned by the AMA. The campaign continued and was only halted when the AMA lost a nationally covered legal class action on February 7 1990 where it was declared in Judgement that the AMA had conducted 'an illegal boycott in restraint of trade directed at chiropractors generally'.³³

In modern times the author reflects that Vioxx (cited as unsafe by the FDA whistleblower David Graham)³⁴ killed more Americans than did the Vietnam War and even after that the FDA panel voted to put it back on the market. Aspartame, the artificial sweetener in nearly every soft drink sold, is known by the FDA to cause cancer in the laboratory but was approved in bizarre circumstances. When it looked as if it were to be banned Donald Rumsfeld, who was Chairman of Searle its owner, became involved and despite it also causing seizures, migraines and blindness too it remained 'approved'. Stevia is a perfectly good natural alternative but the FDA refuses to use it presumably because it would compete with the sales of friendly owned and profitable Aspartame. Despite The University of Hawaii³⁵ showing that frequent consumption of sodium nitrite (which is added to near all processed meats) enhanced the chance of pancreatic cancer by 67%, brain tumours by 300% and colon cancer by 200% the practice continues curiously and completely uninterrupted. There exist very many other examples of concern: Hydrogenated Oils, Yeast Extract, MSG obesity causing excitotoxins³⁶, Coca-Cola and others Phosphoric Acid which immediately strips minerals out of the body are amongst them.

³² E. Mullins, *Murder by Injection: The Story of the Medical Conspiracy Against America*, (National Council for Medical Research, 1992, p25 and 85.

³³ <http://openjurist.org/895/f2d/352/wilk-dc-dc-dc-dc-v-american-medical-association-a-wilk-dc-w-dc-b-dc-b-dc>

³⁴ <http://www.finance.senate.gov/imo/media/doc/111804dgttest.pdf> Accessed 12.06.2015.

³⁵ <http://jnci.oxfordjournals.org/content/97/19/1458.full.pdf>

³⁶ R. L. Blaylock, *Excitotoxins: The Taste that Kills*, (Health Press, 1996).

From the beginning Big-Pharma knew that they could treat sick people but to really make huge profits the trick is to sell drugs to people who are well. Moynihan & Cassels³⁷ book opens with the revelation of how Merck's aggressive CEO Henry Gadsden said in an interview with *Fortune Magazine*³⁸ of his distress that the company's potential markets 'had been limited to sick people.' Suggesting that he would rather Merck were more like chewing gum manufacturer Wrigley's Gadsden continued 'that it had long been his dream to make drugs for healthy people' because then Merck 'would be able to sell to everyone'. He would doubtlessly be pleased with the marketing strategy of today's industry where the healthy are targeted as aggressively as the sick indeed the 'worried well are *turned into* the worried sick'. Healthy middle-aged women now have a silent bone disease called osteoporosis to go with their pre-menstrual tension which is now re-labelled pre-menstrual dysphoric disorder. Men do not escape and have to carry a lifelong condition called high cholesterol, which incidentally has spawned the highest selling drugs of all time in statins (that in turn it seems may actually have created an outbreak of type 2 diabetes): A level cup of blueberries a day would do a better job than any of the statins and not bring with it insulin resistance, a fuzzy mind or stiff muscles. One of the extremely worrying and serious manifestations of this market manipulation is Big Pharma seeking to embed their product into 'disease maintenance' (nee treatment) regimes. They seek things that will maintain bio-chemistry and not kill so you remain a customer for life. This would certainly be true of statin drugs but it has an even darker side: The first sign of it emerged when 'screening' of adults for something called (thought of) 'attention deficit disorder' was commissioned. It found that 4 out of 5 adults tested positive for it. In a world where candidate for drug approval only had (and has) to show a 5% efficacy rate for the control group before a drug is licenced and promoted as effective for everyone it was not long before a chemical holocaust followed. What followed that is shocking: In 2002 President George W. Bush, without votes or public awareness, created The New Freedom Commission (NFT). This comprised of people with enormous ties to the pharmaceutical industry and exists for the purpose of getting mental health screening into all public schools. The screening concluded that more than half of the children tested should be labelled as having psychiatric disorders and prescribed addictive drugs that will likely follow them for life (as will the labelling). In 2010 42% of foster children in America, including those of pre-school age, were made to take serious, potentially deadly and certainly addictive drugs that have no benefit but only risks. Adderall an amphetamine is now the most commonly prescribed drug for those diagnosed with ADD/ADHD. Originally it was a widely used adult only weight loss drug called Obetrol but was taken off the market because of its addictiveness. The industry's old friend The FDA allowed the exact same drug to be renamed, re packaged and marketed to children.

Big-Pharma see's psychiatry as a lucrative market and enables full advantage by teaming up with The American Psychiatric Association (APA) which in recent times has seen the number of 'mental disorders' created by it to rise to over 350; none of which has an objective diagnostic test. For every new 'illness' there is of course a new pill. The APA in fact

³⁷ R. Moynihan and A. Cassels, *Selling Sickness: How the World's Biggest Pharmaceutical Companies Are Turning Us All Into Patients*, (Nation Books, 2006), p.ix.

³⁸ *Fortune*, March 1976.

receives more money from Big-Pharma than any other medical association. This symbiosis is not the first time that pharmaceuticals have brought Federal Government actions to encourage the use of drug regimes in children. The Federal Education Department in 1991 began to pay fund craving schools hundreds of dollars for every pupil diagnosed with ADD/ADHD. It seemed that the schools preferred the money to the drugged zombies that it needed then to try and teach.

The USDA and FDA are largely staffed by ex-pharma corporate employees. When they finally leave the FDA they very often get jobs in the private industry which they had previously 'regulated'. Response to this symbiosis can be seen in issues such as mad cow (prion) disease. If a beast tests negative then that is that, if however it tests positive then this result is inconclusive. A second test is required and that can only be done in a USDA lab as to test one's own cow and safety testing are both illegal. Tweaking the emphasis of results protects the very industries that it is supposed to regulate.

People substitute personal responsibility for themselves to the FDA who 'look after us' and have all of the power. It is assumed that they are all honest people, great scientists and never experience any financial flattery. Should you say find something growing in your back garden that when applied to your melanoma made it go away completely you would be very pleased. If though however you try to give it to your neighbour you will go straight to jail because you (non-AMA approved laity) are prescribing/administering an un-licensed substance. To get it 'approved' would cost an absolute minimum of \$100 million and could be \$1.1 billion and the only people that can afford these sums are Big Pharma. *Nature Journal* conducted the largest survey upon allied decision-making at work and published:

In the investigations of the panels that make clinical guidelines – documents that govern the diagnosis and treatment of patients – *Nature* found that more than one third of the authors declared financial links to relevant drug companies, with around 70% of panels being affected. In one case every member of the panel has been paid by the company responsible for the drug that was ultimately recommended.

These links with pharmaceutical companies are more worrying than the financial conflicts known to plague clinical trials and reviews, say public health experts, because the guidelines have such a direct effect on the drugs that doctors prescribe.³⁹

The people are unprotected while the oligopoly of the pharmaceutical industry is protected by law. Anyway there would be no interest in your weed because it is naturally occurring and unpatentable and thus its effects remain unproven and conveniently not a threat to anything else. This situation can be contrasted to the FDA's gentle and unsuccessful efforts over three years to *persuade* E. R. Squibb & Sons in 1969 to follow up firm evidence that its drug Cinanserin caused tumours in the livers of rats. Human trials were therefore stopped but Squibb did not want to reassess those that it had already been tested upon. Comparing this unsuccessful approach of persuasion to its tactics of raids, confiscation, jail et al to those holding seemingly working alternative treatments is enlightening. Three years later the National Academy of

³⁹ http://kurse.fh-regensburg.de/kurs_20/kursdateien/inko/2005-10NATURE.pdf Accessed 01.07.2015 quoting *Nature*, Vol. 437, 20 October 2005.

Sciences set up a committee to act when a drug was found to be dangerous; - the Vice President of Squibb was appointed its head.

The FDA conducts, and certainly has waged, an aggressive war on non-drug medicines, organic vitamins and food supplements. It constantly informs us that ‘nutritional quackery’ yields big profits but it remains oddly quiet about the mega profits of the largest sector following armaments. Much of its efforts are spent on warning of the dangers or non-efficacies of same (even if Chinese medicine had been going for thousands of years) but by comparison its approach to drugs is actually implied admonition. To example this in July 1971 on the subject of ‘Should People Fear Drugs because Of Possible Side Effects’ it is found that they published a factsheet⁴⁰ stating:

Drugs should be respected rather than feared. A physician’s decision to use a drug is a considered one. It is *his* decision that it is better to treat a disease with a certain drug than leave it untreated, and that there is greater danger in not using the drug’.

Any physician who has tried to use anything other than AMA man-made drugs can attest to the fact that the sentiment contained here relating to physicians supremacy is simply not true. With increasing regulation over what may or may not be prescribed through such Federal Agencies as the Professional Standards Review Organisation [PSRO] it is clear that the government would prefer simply doctors to administer approved only treatments in response to only sanctioned diagnosis. Further the FDA clearly advocates that drugs should be ‘respected’ and not ‘feared’. This is a curious contrast to its response to organic vitamins and it is interesting to reflect here that there has never been a disaster in natural un-patented remedies similar to thalidomide or any of the other dangers earlier and here alluded to. A few more might be mentioned:

- Eraldin (for heart disease) – Corneal damage including blindness.
- Paracetamol (painkiller) – 1,500 people had to be hospitalized in Great Britain in 1971.
- Orabalex – caused kidney damages with fatal outcome.
- MEL/29 (anti-hypertensive) – caused cataracts.
- Methaqualone (hypnotic) – caused severe psychic disturbances leading to at least 366 deaths, mainly through murder or suicide.
- Thalidomide (tranquillizer) – caused 10,000 malformed children.
- Isoproterenol (asthma) – caused 3,500 deaths in the sixties.
- Stilboestrol (prostate cancer) – caused cancer in young women.
- Trilergan (anti-allergic) – caused viral hepatitis.
- Flamamil (rheumatism) – caused loss of consciousness.
- Phenformin (diabetes) – caused 1,000 deaths annually until withdrawn.
- Atromid S (cholesterol) – caused deaths from cancer, liver, gallbladder and intestinal disease.
- Valium (tranquillizer) – addictive in moderate doses.
- Preludin & Maxiton (diet pills) – caused serious damage to the heart and the nervous system.
- Nembutal (insomnia) – caused insomnia.
- Pronap & Plaxin (tranquillizer) – killed many babies.
- Phenacetin (painkiller) – caused severe damages to kidneys and red blood corpuscles.
- Amydopyrine (painkiller) – caused blood disease.
- Marzine (nausea) – damaged children.
- Reserpine (anti-hypertensive) – increased risks of cancer of the brain, pancreas, uterus, ovaries, skin and women’s breasts.

⁴⁰ Fact Sheet CSS-D2 (FDA) 72-3001.

- Methotrexate (leukaemia) – caused intestinal haemorrhage, severe anaemia and tumours.
- Urethane (leukaemia) – caused cancer of liver, lungs and bone marrow.
- Mitotane (leukaemia) – caused kidney damage.
- Cyclophosphamide (cancer) – caused liver and lung damage.
- Isoniazid (tuberculosis) – caused liver destruction.
- Kanamycin (tuberculosis) – caused deafness and kidney destruction.
- Chloromycetin (typhoid) – caused leukaemia, cardiovascular collapse and death.
- Phenolphthalein (laxative) – caused kidney damage, delirium and death.
- Clioquinol (diarrhoea) – caused blindness, paralysis and death.
- DES (prevent miscarriage) – caused birth defects and cancer.
- Debendox (nausea) – caused birth defects.
- Accutane (acne) – caused deafness and kidney destruction.

Nor has, for example and for further contrast, the widely used over the counter drug ‘Aspirin’ (which sells sixteen billion tablets per year and directly causes ninety deaths) suffered a fraction of the censorship of any of the known and completely harmless vitamins and foodstuffs that are known (that is *known*) to prevent many cancers significantly. Turmeric, vitamins A,B,C, D, hot peppers, green tea, Indo-3 -Carbinol (Brassicaceae-cruciferous vegetable), boron, PH levels and O2. These are the propensities of some ‘ordinary’ supplements, minerals, elements and foods but what of those of some very special ones and procedures.

Of Other Cures, Preventions and Approaches

This researcher has come across over a dozen regimes that appear to offer or have offered considerable, no *really* considerable benefit, curiosity and promise. For this initial submission by way of emblematic example the case here of B17 will be examined.

There exists throughout the world areas of populations that are notable for their extremely low, or complete lack, of the incidence of cancer amongst their peoples. One such is the Burusho people indigenous of the Hunza Valley in the Karakorum Mountains of Northern Pakistan. The people of this former Principality of Hunza (which is thought to be the original Shangri La) are renowned for their extreme longevity and complete absence of cancer. Similarly notably blessed are the Abkhansian people of the Caucasus Mountains in Southern Russia, the Vilcabamba’s of Ecuador, the Hopi and Navajo Indians of America and many Eskimo communities. What these groups share in common is a diet that is two hundred times higher in Nitrilosides than that of ours in the west. When any of these populations move to the west they develop cancer at just the same rate as the host group and reciprocally when westerners consume the similar nitriloside content their epidemiology matches that of these interesting far regions. It seems that cancer is likely directly proportional to the amount of nitriloside in the diet.

To approach an understanding of the effects that may be at work it is useful to briefly visit the theory first identified by the embryologist Professor John Beard of Edinburgh University in 1902 namely the trophoblastic theory of cancer.⁴¹ This stated that there existed no difference between cancer cells and the embryonic trophoblastic cells at work everywhere

⁴¹ J. Beard, "*The Action of Trypsin...*" (Br Med J 4, 140-41, 1906).

throughout the first eight weeks of foetal development. It was noted that these rapidly developing cells were only checked when the pancreas had developed and made Trypsin. In the body of the later born human many trophoblast cells still survived and the normal defence mechanism of attack by white blood cells is thwarted due to trophoblasts appearing natural to the body (they have a slight negative charge as do the white cells and so they repel each other). The bodies protection against these rapid undifferentiated cells, with the potential to run absolute riot, is again [chymo] Trypsin which when it reaches the [carcinogen/oestrogen] activated trophoblast eats the protective cloak (of negative charge) allowing destruction by the white blood cells.⁴² It is very interesting to note here that throughout humankind it is almost unheard of for cancer to form in the upper intestine near where the pancreas empties out and that diabetics, with impaired pancreatic function, are three times more likely to contract cancer.

This then is the body's first line of defence from cancer development but if it fails full nature has a second – B17. Initially called Amygdalin [$C_{20}H_{27}NO_{11}$] when discovered by the German chemist Liebig⁴³ was later in 1952 relabelled as B17 by E. T. Krebs (1911-1996).⁴⁴ Krebs changed its label to that of a vitamin in order to avoid the intolerable pressure being put on him by the establishment and developed it to injectable 'Laetrile' for late stage cancer. It was considered (wrongly) that a vitamin did not lend itself to their influence quiet so readily. Krebs was of the opinion that cancer, like pellagra and scurvy was not mysteriously caused but was essentially a deficiency disease enhanced by modern diet. **Modern approaches to investigation of the disease are therefore by logic hampered by the fact that something (causes) is looked for when actually the cause is the lack of something.** It was of course flagged as a tremendous threat to traditional interests and a mega industry as Krebs voiced very loudly that like rickets, beriberi, night blindness, pernicious anaemia, biotin deficiency, ariboflavinosis, hypocobalaminemia and paraesthesia were all products of dietary deficiency, and therefore leant themselves to be addressed by simple tuning of food intake and not tinkering at the edges with expensive palliative drugs: What revolutionary change if the solution to cancer and much else might simply be found in the foods that we eat (*or don't eat*). The implications will not just apply to a trillion dollar industry of power-masters but to every doctor as no-one wants to hear that he has learned the wrong thing: It would only be natural for an unconscious tendency to exist that rejects vitamin deficiency theory until it is proved over and over and then over again.

Amygdalin-B17 is two parts glucose/sugar, one part Benz aldehyde and one part cyanide. The cyanide in the compound is inertly locked in and there exists only one molecule (enzyme) that can unlock it. This enzyme is called Beta-glucosidase and in the body is only found in cancer cells. The effect of the cyanide and the Benz aldehyde being released together is one hundred times more potent than if released individually. Its effect is entirely localised to the cancer cells as outside of those in the body everywhere else (except in the cancer cells)

⁴² H. Nelson, Times Medical Writer, *Cancer Killing Cells Found to Eat Tumours*, (L.A. Times, April 4, 1973), p.32.

⁴³ The American Illustrated Medical Dictionary, (W. B. Saunders Company, 20th Edition, 1944).

⁴⁴ H. A. Nieper, *The Life and Work of Dr Hans Nieper*, (Author House, 2010), p. 42.

exists another enzyme (protective) called Rhodanese which neutralises the cyanide to its by products.

B17 exists in many natural sources including; fruit seeds (except citrus fruits where it has been bred out as it has a thoroughly bitter taste), apricot, apple, peach, cherry and many grasses. It is thought that this might explain why a sick dog always reverts to eating grass and why horses make for specific shrubs instantly in the spring when ill. Similarly cattle in the Mid-West of America get cancers around the mouth in the winter and in the spring immediately make for the first showings of the Tunis and Arras grasses which are rich in amygdalin.

The Organisation Healing Cancer Naturally and others further commends a prophylactic regime for the avoidance of cancer:⁴⁵

We know something about the prophylactic dose of Vitamin B17. For example, we know the Hunzas represent a population that has been cancer free for over 900 years of its existence. This population has a natural diet, which supplies on the average between 50 to 75 milligrams of Vitamin B17 a day. Hunzaland is a land that has sometimes been described as the "place where apricot is king." The Hunzakuts eat the fresh apricots for the three months they are in season and the remainder of the year they eat dried apricots. They never eat a dried apricot without enclosing the seed between them. This supplies them with better than average of 50 to 75 milligrams of Vitamin B17 a day.

Krebs himself suggested 50mg per day prophylactically for the average person but very much more for those afflicted with the disease.⁴⁶ An injection of Laetrile contains up to 6000mg. 'Laetrile is goddamned quackery' pronounced Helen Brown President of the American Cancer Society of California.⁴⁷ However regardless of this and very many other similar comments like it by laity (or people that were relying on establishment opinion via a route aligning with cognitive dissonance theory) there exists many physicians of experience who say otherwise. Over twenty six published medical papers have been written by well-known medical practitioners who have actually used amygdalin upon their patients and concluded that it is both effective and completely safe.⁴⁸

The establishment tried to warn people off an interest in nutritional treatment by linking eating apricot seeds to the 'cyanide' word. A seed at most may contain 5mg and the therapeutic dosage in engaged treatment being several injections of Laetrile (of 6000mg each) daily for several weeks without any recorded negative effects from cyanide whatsoever, and thus empirically questions the establishments stance: As above mentioned the 'cyanide' is completely vectored/targeted only to cancer cells anyway. As well as scare tactics the most common form of publically aimed denial would be scholarly pronouncements delivered from a platform of public concern. The FDA stated 'The Food and Drug Administration have seen

⁴⁵ <http://www.healingcancernaturally.com/vitamin-b17-laetrile-cancer.html> Accessed 17.06.2015

⁴⁶ G. E. Griffin, *A World Without Cancer*, (American Media, 1974), p.122.

⁴⁷ The Pain Exploiters; *The Victimization of Desperate Cancer Patients*, "Today's Health, Nov., 1973, p. 28.

⁴⁸ Griffin, *A World Without Cancer*, p.129.

no competent, scientific evidence that Laetrile is effective for the treatment of cancer'.⁴⁹ The American Cancer Society stated:

After careful study of the literature and other information available to it, The American Cancer Society does not have any evidence that treatment with Laetrile results in objective benefit in the treatment of cancer in human beings.⁵⁰

Some sense within the establishment was exhibited by Dr Dean-Burk of The National Cancer Institute in a letter dated April 20th 1973 to Dr Frank Rouscher, Director of The National Cancer Institute who wrote thus:

...a statement with close to zero scientific worth, however much sheer propaganda value. The fact is...there are few 'proven' methods operating on a large scale anywhere, so that the word 'unproven' as used by the ACS, is a highly and unjustifiedly weighted word.

It is worth expanding somewhat upon Dr Burk:

Dr Dean Burk, Director of the Cytochemistry Section of The Federal Governments National Cancer Institute, reported that, in a series of tests on animal tissue, the B17 had no harmful effect on normal cells, but released so much cyanide and benzaldehyde when it came in contact with cancer cells that none of them could survive. He said 'When we add Laetrile to a cancer culture under the microscope, providing the enzyme glucosidase also is present, we can see the cancer cells dying off like flies.'⁵¹

At the Seventh International Congress of Chemotherapy held in Prague in 1971 Dean Burk declared:

Laetrile appears to work against many forms of cancer including lung cancer. And it is absolutely no-toxic...

In vitro tests with Ehrlich ascites carcinoma [a particular type of cancer culture] revealed that, where cyanide alone killed one per cent of the cells and benzaldehyde alone killed twenty percent, a combination of the two was effective against all the cells. Amygdalin [Laetrile] with glucosidase [the 'unlocking' enzyme] added also succeeded in killing 100 percent of the ascites tumour cells, due to the freeing of the same two chemicals.⁵²

In another series of tests, Dr Burk reported that Laetrile was responsible for prolonging the life of cancerous rats 80% longer than those in the control group not inoculated.⁵³

G. Edward Griffin reports on the provenance of these opinions:

⁴⁹ *A Cancer Journal for Clinicians*, (published by ACS) July/Aug 1972.

⁵⁰ American Cancer Society, *Unproven Methods of Cancer Management*, (ACS, 1971), p.139.

⁵¹ 'Laetrile Ban May be Lifted,' *Twin Circle*, June 16, 1972, p.11.

⁵² 'Amygdalin Claimed Nontoxic Anti-Cancer Therapeutic Agent', *Infectious Diseases*, Oct. 15, 1971, pp. 1-23.

⁵³ Testimony in Hearings before the Subcommittee on Public Health and environment, Committee on Interstate and Foreign Commerce, House of Representatives, Ninety-Second Congress, quoted in *Cancer News Journal*, July-October, 1972, p. 48.

The man who made these findings was one of the foremost cancer specialists in the world. He was the recipient of the Gerhard Domagk Award for Cancer Research, the Hillebrand Award of the American Chemical Society, and the Commander Knighthood Of The Medical Order of Bethlehem (Rome) founded in 1459 by Pope Pius the Eleventh. He held a Ph.D. in biochemistry earned at the University of California. He was a Fellow of the National Research Council at the University of London, of the Kaiser Wilhelm Institute for Biology, and also Harvard. He was senior chemist at the National Cancer Institute, which he helped establish, and in 1946 became Director of the Cytochemistry Section. He belonged to eleven scientific organizations, wrote three books relating to chemotherapy research in cancer, and was author or co-author of more than two-hundred scientific papers in the field of cell chemistry. If Dr Burk says Laetrile works, *it works*'.⁵⁴

The creativity of manoeuvres that were to be levied against Krebs and Laetrile (and at least twelve other creditable regimes) will in due course form their own chapters but emblematic here might be the pseudo-scientific report written in April of 1953 and published in *California Medicine* by the Cancer Commission of the California Medical Association.⁵⁵ A very extensive and impressively presented collection of data was made throughout the report yielding the impression that exhaustive clinical and scientific research had been undertaken including the determination of its effectiveness on humans. It concluded 'No satisfactory evidence has been produced to indicate *'any significant cytotoxic effect of Laetrile on the cancer cell.*'⁵⁶

The propensity to internalise something as a matter of fact because the surrounding luminous environment says that it is so is not of course a new phenomenon limited to medical practitioners, but it does appear with them just as much as with any other cohort group. Doubtless not one clinician in many thousands has used Laetrile but they would all think that they know that it does not work because of the likes of the above report.

It is perhaps worth looking at the provenance of the report. It was unsigned but we learn from Griffin that it was written by two men who were both in *Who's Who*: Dr Ian MacDonald [Cancer Surgeon] Chairman and Dr Henry Garland [Radiologist] Secretary.⁵⁷ Neither of these two men had ever used Laetrile themselves and they had only made evaluations and summaries of others records (which of course were likely to share the same empiric efficacy as they in turn would transmit to their readers). MacDonald and Garland were notable characters in history as it was these two physicians from authority who had made world news when they claimed that there was absolutely no connection between cigarette smoking and lung cancer. Garland in a public address on July 9 1964 before The Public Health Section of The Commonwealth Club of San Francisco and MacDonald in a major national magazine article where he appeared photographed with a cigarette in his hand and is quoted as saying:

⁵⁴ G. E. Griffin, *A World Without Cancer*, p.122.

⁵⁵ <http://www.ncbi.nlm.nih.gov/pubmed/13042670> Accessed 19.06.2015.

⁵⁶ *Report by Cancer Advisory Council on treatment of Cancer with Beta-Cyanogenic Glucosides ('Laetriles')*, California Department of Public Health, 1963), p. 324.

⁵⁷ *Ibid.* p.26.

One could modify an old slogan: A pack a day keeps lung cancer away.⁵⁸

The timing of this scholarly counsel is significant to the concerns of this research. It was at a time the tobacco industry was seeking to re-establish itself from the public connection of smoking and lung cancer. It had pledged the first \$10 million out of a total of \$18 million to the AMA for research into the safety of smoking: a technique this essay has touched on already and it should be added here that the mobilised AMA is not the only familiar face in this scene as Rockefeller had an enormous ‘Tobacco Trust.’⁵⁹ Again significant to this work is the reflections as to the back morals at work of the AMA, certainly at least in it taking these monies from a source of, at the very least, a ‘vested interest’. In seeking to glean if the money was spent meaningfully one would have to have a judgement on the usefulness of observations noted of effects upon snail brains, behaviour of mice, bronchitis in Swedish Twin Roosters, pregnant rats, squirrel monkeys, oxygen transfer in Gravid Ewes and the urinary excretion of nicotine in monkey and dogs.⁶⁰

Hardly any of the huge number of studies undertaken looked at anything whatsoever that addressed the question of smoking and tobacco (actually in real terms resulting in any attention actually going away from the consideration). It also provided a lesson on the AMA’s scientific integrity upon this very important subject. So again cartelists with a fraction of the budget available to them and following familiar procedures with friends managed to completely duck full and due considerations deserved of the public. The AMA in December 1959 duly published in its journal (AMAJ) that there existed ‘insufficient evidence ‘to warrant the assumption that cigarette smoking was the principal factor in the increase of lung cancer.’ It is rumoured that Garland and MacDonald received \$50,000 for their testimonials.⁶¹ As a transcript MacDonald burned to death in a fire started by his cigarette and Garland died of lung cancer.

A decade after MacDonald and Garland had published their report saying that Laetrile was worthless the Californian State Department of Health officially declared that their findings were true but interestingly published many of the original documents amongst which was complete evidence that MacDonald and Garland had falsified their summary of those trials and their end findings. They had said that cyanide could not be released from Laetrile but it emerged that it had said in the original report dated January 14 1953 (two months before testimony was altered) that:

After refluxing for three hours, the odour of hydrogen cyanide could be detected....The hydrogen cyanide was distilled into sodium hydroxide and determined by the Prussian Blue technique.⁶²

⁵⁸ ‘Here’s Another View: Tobacco May Be Harmless’, *U S News and World Report*, Aug. 2, 1957, pp. 85 and 86.

⁵⁹ Rockefeller- Morgan ‘Family Tree’, John Moody, 1904.

⁶⁰ *Third Research Conference, Committee for Research on Tobacco and Health*, AMA Education and Research Foundation, May 7-9 1972, p. 4.

⁶¹ S. M. Jones, *The Immoral Banning of Vitamin B17* (Palo Alto, Calif, Jan. 1974), p. 1 and *Cancer News Journal*, Jan/April, 1971, p. 3.

⁶² *Report by Cancer Advisory Council on Treatment of Cancer with Beta-Cyanogenic Glycosides (‘Laetrile’)* California Department of Public Health, 1963, Appendix4, pp. 1 and 2.

Since then cyanide release from Laetrile has been confirmed by the AMA and NCI's laboratories and by the California Department of Public Health (who went on to pronounce the original report as accurate and officially adopted its conclusions). Notable deceit was also delivered by MacDonald and Garland in them saying that there was no evidence of effect in tissue samples when, ten years later, analysis of the documentation shows very much that there most certainly was. Evidence of complete deceit emerged in many other aspects of the trials reporting but even if it had not the whole exercise would have been scientifically skewed in that it emerged that only one-fiftieth of the known therapeutic dose of Laetrile was in fact introduced. There exist very many further examples of distorted trialling over the decades. By 1971 the FDA Committee put together for the evaluation of Laetrile had found 'no acceptable evidence of therapeutic effect to justify clinical trials' and then it announced because of their *findings* that Laetrile could no longer be promoted, sold or even tested in The United States.⁶³ Consequently it became impossible to even buy apricot kernels as above all, the kernels must not be eaten.⁶⁴ Further The Government Publication '*Requirements of The United States Food, Drug and Cosmetics Act*' read:

Because of their toxicity, bitter almonds may not be marketed in The United States for unrestricted use. Shipments of sweet almonds [which do *not* contain vitamin B17] may not contain more than five per cent of bitter almonds. Almond pastes and pastes made from other kernels should contain less than twenty-five parts per million of hydrocyanic acid (HCN) naturally occurring in the kernels.⁶⁵

Upon reflection one would not expect, with any amount of research, to find any available and licensed drug that could pass such toxicity regulation and was bound by such criteria. It seems that the law may not just be there to protect us but that it may be a weapon *against* us. It is with that thought in mind that a move to look at the politics/economics involved may be fruitful.

Forces & Interests

Linking from the discussion of biased trialling into the political and economic forces that may be at work it may be useful here to cite behaviour at the top academic American cancer hub of The Sloan-Kettering Institute for Cancer Research. Representatives from there announced at a conference in Germany on November 1 1973 the very promising results achieved with mice by them in their first series of tests with Laetrile. These had been conducted by the highly respected Dr Kanematsu Sigiura who reported thus:

The results clearly show that Amygdalin significantly inhibits the appearance of lung metastasis in mice bearing spontaneous mammary tumours and increases significantly the inhibition of the growth of the primary tumours.... Laetrile also seemed to prevent slightly the appearance of new tumours... The improvement of health and appearance of the treated animals in comparison to controls is always a common observation... Some preliminary data about Swiss Webster mice is shown in Table II. A total of five mice were used. As seen, three of these mice which had small mammary tumours and were

⁶³ FDA Press Release, HEW/FDA, September 1st, 1971.

⁶⁴ *Apricot Pits Hit by Ban* Phoenix Gazette, Nov 29, 1973, p. B.1.

⁶⁵ '*That's only one four-hundredths of one percent*', FDA Publication No. 2, June, 1970, p. 26.

treated as usual with amygdalin showed tumour regression and, in two of these, tumours could no longer be detected... Dr Sugiura has never observed complete regression of these tumours in all his cosmic experience with other chemotherapeutic agents.⁶⁶

Just a few months later Sloan-Kettering were flatly denying that there was any evidence whatsoever that Laetrile held any benefit.

Very interestingly about a month *prior* to the German conference G. E. Griffin wrote an article in anticipation of the forces and likely morphing's that would come to pass. It was published in October 1973 entitled '*A Scenario – Just For the Record*':

Sloan-Kettering is, of course, the epitome of the orthodox Medical Establishment. With untold millions of dollars channelled through its facilities in the 'War on Cancer' it would be embarrassing, to say the least, merely to end up serving the function of *confirming* what a handful of independent researchers, without a penny of tax money to support them, have been saying *for over twenty years*. A triumph of free enterprise of such magnitude simply must not be acknowledged by the Establishment which is so deeply committed to government subsidies, government programs and government control.

Consequently it is predicted that most of those in science and medicine who now are dependent on government directly or indirectly for support – and that includes Sloan-Kettering – now will struggle to 1. Get on board the Laetrile train; 2. Do so in such a way as to save face in spite of their incredible past error, and 3. Prevent those who have pioneered Laetrile from receiving the primary credit.⁶⁷

Griffin continued with predictions that the name Laetrile would be dropped to the generic Amygdalin which may even be combined with something else to supposedly *improve* it. That in order to vindicate expense the final product must look *man-made*. We will be told that *nature* gave us cancer in the first place and man's industry has in fact improved upon this with the combination drug. That Government control, indeed ultimate monopoly, on healthcare will have all credit directed to its 'War on Cancer.' All of this was very interesting and rationally prophetic but in the end, in the tested way, the holders of the trial simply distorted and reported to the desired result.⁶⁸

Government trends promise ever increasing public spends on emotionally receptive issues; cancer of course is one that very often gets a mention. We indeed find the combined annual billions that are focused on it yield a resultant industry that has far more people making a living from it, or relying upon it, than are suffering from it. If this great issue and economic sector were to be solved by a simple vitamin for instance (though again there exists a dozen other and equally intriguing unanswered natural cures) the fox would be shot. The politics of cancer therefore may be a little more involved than the science of it. How might a government respond if it were uncomfortable and sensitive to change or mass enlightenment? It's very first thought, over decades of positioning, might be to forbid by law and peer opinion doctors/people from experimenting with unsanctioned therapies. It would follow that they

⁶⁶ ⁶⁶ '*A Summary of the Effect of Amygdalin Upon Spontaneous Mammary Tumours in Mice*' Sloan-Kettering Report, June 13, 1973.

⁶⁷ *Committee for Freedom of Choice Newsletter*, Oct. 1973.

⁶⁸ Griffin, *World Without Cancer*, pp. 467,468.

would simply not be able to establish that they work, only that it is *said* that they work. This is the case. As also earlier proposed their influence over the medical profession, schools and literature is (and has been) near total. The doctors are the very last to realise that their outlook and understandings have been moulded in this way, indeed they would likely resist questioning their attitude to inherited opinion and strongly defend their handed-down *disposition* and *knowledge*. They certainly would not be aware of its often non-medical motivations and beginnings.

Although government of itself is not a natural power element it is of course an amalgam of the forces that make it up and influence it. As examined earlier in this paper one of those forces (at the very height of influence) are the cartelists and financiers that dominate the pharmaceutical industry and have harnessed government agency over the decades. Historically Rockefeller and with the German Goliath I. G. Farben by manoeuvre and ruthless cartel agreements, made perfectly effective such influence. This cartelization was accepted fact even as long ago as 1937 as *Fortune Magazine* reported:

The Chemical Industry, despite its slowly lowering curve of real prices, is an 'orderly industry'. It was practising 'co-operation' long before General Johnson invented it in 1933. It has seldom been be-devilled by over production, has had no private depression of its own, and has not often involved itself in long or bloody price wars...By and large, the chemical industry has regulated itself in a manner that would please even a Soviet Commissar...The industry...is...the practitioner of one definite sort of planned economy.⁶⁹

Cartels and monopolies are not a product of free enterprise they *are the way out of and away from it*. They control, defeat and distort markets and pricing. Cartelists and collectivist governments find it very fruitful to work together with this common goal of control. Support for a politician with a large cheque for whatever, but really to yield a protective tariff law, a fair trade law or an *anti-quackery* law, can bring huge returns to the thoughtful investor: As can the efforts of effective lobbyists, putting leading politicians on the board or (as earlier mentioned) having a flowing two-way pool of employment between government decision-makers and private industry. They will be dressed up as *pro-bono-publico* but really the entire mechanism of government will have been invoked against the cartels competitors *or threats*.

For the manoeuvres of cartelists to work most efficiently it needs government to be big in fact the bigger the better indeed total government is best. Throughout history cartelists have been the hidden force behind establishing and developing totalitarian governments of whatever flavour. They even banked Hitler⁷⁰ the situation being described by the American economist Robert Brady as:

'A dictatorship of monopoly capitalism. It's 'fascism' is that of business enterprise organised on a monopoly basis and in full command of all the military, police, legal and propaganda power of the state.'⁷¹

⁶⁹ 'Chemical Industry' *Fortune*, Dec., 1937, pp.157 and 162.

⁷⁰ H. W. Ambruster, *Treason's Peace*, (The Beechurst Press, 1947), p.366.

⁷¹ R. Sasuly, *I. G. Farben*, (Boni & Gaer, 1947), p. 128.

They also funded Trotsky after The Czar refused permission to Rockefeller for access to their light crude⁷² with a \$20m gift by Jacob Schiff to go back to Russia and change history. It might seem strange that the supra-rich support socialist efforts but it is not. It is big government by any measure and in big government there is no free enterprise and there is no competition. If you happen to own a cartelized industry and have influential friends who are the leaders that run the state then it will not be long before you prosper. Meanwhile you will belong to the ruling class and have time to set up your tax exempt foundations.



This cartoon by Robert Minor appeared in the St. Louis Post-Dispatch in 1911.⁷³

Rockefeller's partner and often proxy the German Chemical giant I. G. Farben are a really good example of all of this; Stocking and Watkins commented thus:

⁷² <http://modernhistoryproject.org/mhp?Article=FinalWarning&C=7.3> Accessed 23.06.2015.

⁷³ This cartoon shows Karl Marx surrounded by enthusiastic Wall Street Financiers: Morgan and partner George Perkins, J. P. Morgan, John Ryan of National City Bank, John D. Rockefeller and Andrew Carnegie. Immediately behind Marx is Teddy Roosevelt, leader of The Progressive Party. (Robert Minor, St Louis Dispatch, 1911), p. 211.

The German Chemical Industries came as close to complete cartelization as the combined efforts and organisational talents of German business and a Nazi State could achieve – and that was close, indeed. Even before 1933, industrial syndicalization had progressed far, perhaps furthest in Chemicals. Fascism merely completed the program and integrated the entire structure....In the cartels which the Nazi State set up over German Industry, it was often hard to determine where state control ended and cartel control began. Totalitarianism ultimately involved almost complete unification of business and state.⁷⁴

This glimpse of historical behaviour and (as yet) short outlining of the forces at work in the sector is useful. Without this consideration professional and public alike would not (and as said - does not) perceive fully the possible distortions in the pharmaceutical sector or in delivered medical care within society. All would doubtless not dream that the marvellous and enormous apparatus of the world's largest manufacturing industry (save for armaments) would be involved in anything other than the search for scientific truth to apply to its product development. It would not dream, indeed it would *trust*, that should the answer to a disease that afflicted one in three (and heading for 1-2) of society lie simply and freely in nature that it could be sure that the sector would respond responsibly and appropriately. We have seen that this may not be the case and that as monopolies result from successful efforts to escape honest free enterprise its own agendas spring assisted and unchecked to the fore. We have seen that this is achieved by harnessing all of the agencies of government against its *competition* and *its threats*. If therefore (as used in the emblematic example of B17 here but there exists several others) that threat not only shows that cancer is a simple deficiency disease but that its cure is a common compound occurring naturally in nature then no amount of attention (or massively expensive micro-tweaked drug addressing only the resultant lumps) will actually address the problem. The tumours are the *symptom* of the disease not the disease itself. A previously massively bountiful environment will have been built over and one can be sure that the game players will move in seeking to thwart it before it happens. The same response would follow any other therapy if a patent and a charging regime cannot be strapped to it. Without going too far afield here but worthy of noting as a further example of allowed manipulation macro-economically is that of 1500 governmentally snatched US patents on devices that can harness free energy from the now proven quantum flux field. This suggest similar forces to our consideration exist in the petro-chemical industry: This is not surprising as the same players own it.

Conclusion

This author does not have a bias to naturopathy just an interest in distortions, particularly those that might be camouflaged. Some surprising historical manoeuvres have representationally been shown in this paper. There are many more some of them quite simple ones: If commenting in a timely way upon the efficacies of say vitamins run your little experiments with the dosage many times less than that at which the benefits are known to occur. If you comment on (say) Vitamin E keep your trial to tocopherol not the much rarer

⁷⁴ G. W. Stocking and M. W. Watkins, *Cartels in Action*, (William S. Hein & Co, 1956), pp. 411 and 501.

Vitamin E tocotrienol which actually is the one with really curious benefits. Cartelists own the press and so perhaps do not report that the ability to buy simple natural product has been denied to the general public but report instead upon ‘the dangerous illegal clinic that was raided and closed’. If you are making a fist of trialling a product has the traits of volunteers in the trial have been that they are ‘freakishly ideal’ patients (or indeed not suitable). Forget⁷⁵ or manoeuvre around results that are inconvenient⁷⁶. Set a criterion that excludes inconvenience and employ ghost-writers to report as if an independent researcher et al.⁷⁷

Research and development in the pharmaceutical industry only supports incremental improvement of medicine rather than genuine breakthroughs. As mentioned this is because the costs of clinical trials are so high and the barriers to FDA approval so costly that it is only Big-Pharma who can afford to sponsor it. Their motivation is simply to show that the new drug is an improvement on the old one and a nice new timed patent can be applied again. Nowhere in this endeavour does *prevention* hold any allure let alone interest in complete natural cures that cannot play host to a patent or a cash generating mechanism. It is suspected that *anything* that cannot be morphed into a synthetic man-made drug that can attach the patent and the meter will indeed be ignored; not just ignored but banned reflexively. If a simple solution to the cancer problem were to emerge it would decimate spending in the sector, and would simultaneously destroy one of the greatest excuses for big interventionist government.

If it transpires that a substance can be synthesized, mystified, elaborated, patented and charged a fortune for then one can be sure also that the glory for it will earnestly be steered to the wonders of the drug company. In the example used here it may be wondered if that matters as long as we, at long last, have nailed cancer but *it does matter*. It matters a lot that the people who enriched themselves and contrived for a century to obviate, deny and deceive now get the credit. It matters a lot that the Nobel Prize goes to the very people who held back the truth for generations. It matters a lot that the politicians whose compliancy in real terms condemned millions to unnecessary suffering and death now continue in office unchecked.

The ethics consideration is very considerable indeed and needs to be given careful attention in an expanded paper. Marking the modern beginning of written guidance on the issue of ethics was codes written by John Gregory in 1770⁷⁸ which illustrates how during the Enlightenment these sentiments exhibited anti-monopolistic ethical attitudes which were expressly *not* adopted by the official professional bodies.⁷⁹ Tenets of Gregory’s philosophy, and their *dismissal* by the AMA, are very germane to the consideration of this paper. He was concerned that in order to prevent competition superior merit of many forms would be concealed and that concealment might be of (or lead to) information that would benefit the patient. His solution was to encourage learning and involvement from outside of the

⁷⁵ http://www.huffingtonpost.co.uk/dr-david-tovey/tamiflu-report_b_4535688.html Accessed 24.06.2015.

⁷⁶ B. Goldacre, *Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients*, (Fourth Estate, 2012) p. ix.

⁷⁷ *Ibid*, pp. x-xi.

⁷⁸ J. Gregory, *Observations on the Duties and Offices of a Physician and on the Method of Prosecuting Enquiries in Philosophy*, (W. Strahan, 1770).

⁷⁹ http://www.jstor.org/stable/1042492?seq=1#page_scan_tab_contents Accessed 02.07.2015.

profession. For Gregory economic advantage from knowledge was not to be sought at the expense of humanity as he very clearly witnessed that it stopped completely the growth and development of medical understanding. As Jeffrey Berlant said of this philosophy ‘The prime responsibility of the profession, then, is to produce and disseminate medical knowledge to the rest of society’⁸⁰ Official codes of ethics adopted by the medical profession in America, and certainly by the AMA, have presented as *monopolistic* and these tendencies have strengthened over time notably after the formation of the AMA in 1847. Thomas Percival’s 1803 *Code of Ethics*⁸¹ marked the modern beginning of written guidance on the issue and avocation of very clear monopolistic rules in the areas of trust inducement – paternalism (by accepting responsibility for even the poor, Percival declared a monopoly for the profession over the care of all patients), criticism, consultations and fee charging (charging as higher fee as possible according to the means of the patient). The responsibility for critical decisions was to be transferred from the patient to the professional, there was to be no intra-professional competition thereby stopping patients ‘shopping around’, professionals were to be asked never to criticise, thereby holding the honour and mystery of the profession: This may sound innocent but in practice meant that mistakes by physicians may not be punished or addressed and ‘peer review’ becomes rarefied. The 1847 ‘*Code of Ethics*’ of the AMA states that there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect.⁸² Further Jeffery Berlant comments, ‘incompetence has rarely been the cause of license revocation.’⁸³

One must ask what ethics are at work in covering up something with the *potential* of saving the lives of millions. This empirically has happened; there *is* a case to answer. What alignment can any of it have with the sentiments of the Hippocratic Oath, societal responsibility, academic rigour, exploitative profiteering, deception, malfeasance, misfeasance and the plain avoidance of a corporate manslaughter charge? Dissidents to current practice may find some modest help in The AMA’s published book *Code of Medical Ethics* (2014/2015):

Ethical values and legal principles are usually closely related, but ethical obligations typically exceed legal duties. In some cases, the law mandates unethical conduct. In general, when physicians believe a law is unjust, they should work to change the law. In exceptional circumstances of unjust laws, ethical responsibilities should supersede legal obligations.⁸⁴

What might be done? Perhaps the first move is point it all out loudly and then follow up by having statute require every trial to list everyone who has been involved and who sponsored the paper. Have Universities ban ‘ghost-writing’ guns for hire. Let there be full disclosure of all results and previous trials whether published and or favourable. Let there be transparency on all company dealings/contacts with any health professional or recipient institution.

⁸⁰ J. L. Berlant, ‘Medical Ethics and Professional Monopoly’, *Annals of the American Society of Political and Social Science*, 437, Medical Ethics and Social Change (May, 1978), p. 57.

⁸¹ <http://www.jameslindlibrary.org/percival-t-1803/> Accessed 02.07.2015.

⁸² <https://archive.org/details/63310410R.nlm.nih.gov> chapter 1, p. 1.

⁸³ J. L. Berlant, *Profession and Monopoly: A Study of Medicine in the United States and Great Britain* (Berkeley: University of California Press, 1975), p.79.

⁸⁴ *Code of Medical Ethics of The American Medical Association* (2014/2015), 1.02.

Furthermore encourage and mandate patient sufferer groups to write to the drug companies to legally establish if they are holding anything back. Let a formal panel of truly independent experts be established that itself investigates areas of interest and then requires that government grant out meaningful and monitored research to Universities not drug companies: The rabbit has perhaps been weeding the lettuce patch for too long.

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