

CANCER FORUM

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Foundation for Advancement in Cancer Therapy

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Dear Reader,

Has Nature suddenly created new diseases, such as AIDS, Lyme's Disease, Chronic Fatigue Syndrome, or stepped up the incidence of candidiasis and cancer? Or are these man-made aberrations caused by the loss of host resistance?

How much chemical pollution do our government watchdog agencies think the human body can tolerate?

Our food is chemicalized with herbicides, fertilizers, flavor enhancers, color enhancers, preservatives, pesticides, etc. Our water is chemicalized with run-off from the ground, industrial wastes, acid rain, fluorides and, necessary but harmful, chlorine, to name but a few.

Our air is polluted with all kinds of toxic gases from factories making chemicals or refining oil. Chernobyl and Three-Mile Island spewed out even more volatile substances into the atmosphere.

Today's medicines are primarily chemical. Our bodies resist all this abuse until resistance is worn to a trickle. Is it any wonder that we have an AIDS epidemic?

The lead article in this issue of *Cancer Forum* is must-reading. We felt compelled to print it, though we are sure it is controversial. I think you will have to agree that Dr. Peter Duesberg, a competently credentialed scientist, who is interviewed by Tony Brown, is probably more correct about HIV and AIDS than Dr. Robert Gallo of the National Cancer Institute.

Think for yourself!



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HUNTING THE VIRUS HUNTER

(The following was transcribed and edited from 2 editions of "Tony Brown's Journal" which was broadcast on PBS television stations nationwide. It is reprinted here with permission of Tony Brown Productions.)

Part I is an interview with Dr. Peter Duesberg, a retrovirologist and member of the Department of Molecular Biology at the University of California, Berkeley, who was named California Scientist of the Year in 1971. Dr. Duesberg believes that, contrary to current theory, HIV is not the cause of AIDS. In Part II Tony Brown and Dr. Duesberg are joined by Elinor Burkett, a reporter for the Miami Herald who wrote an article which documented inconsistencies in the established AIDS hypothesis.)

PART I

TONY BROWN: Accepted theory is that the HIV causes AIDS. Dr. Peter Duesberg concludes, however, that the HIV does not cause AIDS. He says that if HIV acted like a conventional virus, it would have spread far beyond the high-risk groups as government officials predicted in 1983. He also says that there is no proof that AZT, the only federally-approved treatment for AIDS, prolongs the life of an AIDS victim and certainly no proof that it will cure or prevent AIDS.

Who is this man who has offered to be inoculated with the AIDS virus to prove that it does not cause AIDS? Dr. Duesberg has been a molecular biologist at the University of California at Berkeley since 1964, a member of the prestigious National Academy of Science, one of the world's most respected retrovirologists and a current beneficiary of an Outstanding Investigator Grant from the National Cancer Institute. He discovered the viral gene that can cause cancer and is the first person to draw a genetic map of a retrovirus.

Impressed? Many members of the medical research establishment once were, that is, before he opposed their pet theories about HIV and AIDS. They now refuse to continue funding his research. For 22 years Dr. Duesberg had no trouble finding federal funding, but last October the professor of molecular and cell biology was turned down for continuation of his Outstanding Investigator Grant which he had received for the previous 5 years from the National Institutes of Health.

Duesberg believes he is being penalized for breaking ranks with the medical science "thought police," by devel-

oping ideas contrary to the medical establishment. If Duesberg is right, the federal medical establishment is wrong. And if their 7-year-old hypothesis that the HIV causes AIDS is wrong, thousands more will become the ultimate victims of what Duesberg believes is a disease associated with drugs and/or malnutrition. Duesberg also believes AIDS will continue to ravish the ranks of the high-risk groups because societies are looking in the wrong place.

I'm Tony Brown. Our guest on this program is Dr. Peter Duesberg. Dr. Duesberg, we're going to deal with a heavily complicated, intricate subject. I've spoken with you on a number of occasions and you're an extremely learned man. Let's start with some fundamentals. Number one, what is the government's hypothesis? What drives the research of the federal government as to the cause of AIDS?

PETER DUESBERG: The leading hypothesis now--in fact, the only hypothesis--is that AIDS is solely the consequence of infection by this AIDS virus, HIV (Human-Immuno Deficiency Virus).

TB: In other words, if you have the AIDS virus, the official position is you have AIDS.

PD: The official line is you will have AIDS within 10 years with a 50-100% certainty.

TB: Now what is your theory, your hypothesis?

PD: That HIV cannot be the cause of AIDS. Something else is the cause of AIDS in America and Europe. It's somewhat different in Africa.

TB: Why is it the HIV virus does not cause AIDS?

PD: There are 3 reasons that I could name that are the most telling, unless HIV is unlike any other virus we have ever seen and we have seen and studied many, many

viruses. Viruses are very tiny things. You can only see them with an electron microscope. So for a virus to cause a disease in a man or in an animal many, many viruses have got to get in there and work on us. They have to tie us down like the little dwarfs tied down Gulliver. We need thousands to pull us down. In fact, we need billions and billions of viruses.

When we have influenza, we have billions, trillions of viruses, replicating in our lungs, destroying the tissues. If we have hepatitis, we have billions of hepatitis virus particles chewing up our liver. If we have herpes lesions, again we have billions of herpes viruses actively eating up our cells and so on. But with the AIDS virus, that is the only virus that is said to cause fatal disease, the virus can never be seen. All they ever find with the AIDS test is, in fact, the antibody to the virus, never the virus itself.

TB: An antibody?

PD: A neutralizing antibody.

TB: Tell us, what is an antibody?

PD: An antibody is the body's response to an infection by a microbe. That's the Defense Department of the human body. Those are the soldiers, the freedom fighters of the body that deal with the enemy, hand to hand or gun to gun. That's the response in our body to deal with the virus. When we were young, we were artificially inoculated with attenuated viruses--polio virus, measles, mumps, etc.--in order to make antibodies. Once you have made those antibodies, you are protected for the rest of your life.

That's the second reason why HIV doesn't make any sense as a cause of AIDS. They claim that when we find these antibodies, you don't have AIDS yet, but, wait, 5 or 10 years from now, then you are going to get sick! There is no other virus that behaves that way.

Viruses hit **before** the immune response. Once you have antibodies, you're protected. The doctor will give you a certificate. You're vaccinated. Now you won't get polio or measles or mumps or small pox.

And now they're turning that all upside down for the first time in the last 200 years of research. They are saying, if you have the antibody to a virus, you have been infected. Ten years later you're going to be dead! Makes absolutely no sense! The antibody is the best protection against the virus you can possibly have.

And there's a third reason: Despite a three billion dollar research effort, nobody has been able to come up with a vaccine because something else must cause that disease. The antibody is the best vaccine. There's no better vaccine. That's the best defense we can ever have and that's why they never come up with a vaccine.

There is no virus on this planet that we have ever seen that takes 10 years from an infection to a disease. They invade us today and then spread. They invade the lungs or the immune system or the liver or any other part of the body. Then you respond. That takes an average of a couple of weeks. That's exactly how long it should take for HIV. When you get infected with a virus, within a few weeks you have made an overwhelming immune response. You have made antibodies to that virus which are extremely efficient, neutralizing that virus.

So this is the situation. You get a disease **before** you make antibodies, that is, within weeks after infection like with all other viruses, not 10 years later!

TB: Dr. Duesberg, why is it that we have a much larger percentage of AIDS cases in the homosexual and in the IV drug user communities?

PD: That is not because of HIV. That is because these groups must be doing something that the rest of the popu-

lation is not doing. And if that is so, then, is AIDS in fact an infectious disease? Can you acquire AIDS by contact or can you acquire AIDS by any other method?

It becomes very clear that AIDS cannot be acquired by contact. There are essentially two ways we can become sick. Either it is due to an infectious agent or it is due to a toxic substance. If it's an infectious agent, everybody can get it--young and old, male and female, black and white, yellow and red--anybody.

But a toxic agent has a very different distribution. You can only get a tennis elbow if you are an active tennis player. You almost only get lung cancer if you smoke a lot of cigarettes and you almost only get cirrhosis of the liver if you are a heavy drinker. So you can distinguish an infectious disease from a non-infectious disease by looking at who gets sick. That's called epidemiology, such as is done by the Center for Disease Control (CDC).

There is no virus on this planet that we have ever seen that takes 10 years from an infection to a disease.

The CDC has very carefully demonstrated, exactly like Tony Brown pointed out, that AIDS doesn't affect the general population. It's almost exclusively among IV-drug users (about 30%) and male homosexuals (about 60%). In fact, there are more interesting figures: 91% of all AIDS cases in America are males; females have virtually nothing to say in the AIDS business. That's a very odd distribution, totally incompatible with any infectious agent at all. Nothing can fit that distribution. Maybe for a month or two or for a year, but not for 10 years. AIDS is 10 years old in the U.S. It's got to be something else.

I'm proposing that most of AIDS in this country is the consequence of the ever increasing consumption of psycho-active drugs, including cocaine, heroin, and other drugs like "poppers" (amyl nitrite inhalers that are used as aphrodisiacs and stimulants) and, last but not least, in the last 3 or 4 years, AZT, which is used to inhibit HIV, but itself is the most direct cause of AIDS. It was designed to kill lymphocytes, to kill the bone marrow, to kill the blood cells and that's exactly what it does exquisitely well!

Thirty per cent of the AIDS patients in this country are confirmed intravenous drug users. That's the tip of the iceberg of drug consumption. For every intravenous drug user you have at least 10 recreational oral drug users. It takes more oral drugs to get sick than from injected drugs.

Now, why the homosexuals? It's very important to point out that it's not every homosexual who gets AIDS. There are roughly 8 million homosexuals in this country; only 20,000 or .2% have gotten AIDS. Your All-American homosexual neighbor doesn't get AIDS. It's only the ones who have a large number of sexual contacts. And how is that achieved? Almost exclusively by chemicals, that is,

it's the chemicals that get you sick. Then you die from AIDS. The reason why homosexuals are nevertheless a high percentage of AIDS cases is because those homosexuals have so many contacts. They use a lot of aphrodisiac products such as "poppers," which are amyl nitrite inhalants, PCP, amphetamines, angel dust, cocaine, heroin, uppers and downers, valium and then the very conventional legal drugs like alcohol. In fact, all that has been recorded by the CDC, but is never listed as an AIDS cause.

TB: Do you draw a relationship between AIDS and homosexuals and Kaposi sarcoma and amyl nitrites?

PD: Yes. Among Americans affected by AIDS almost only the homosexuals ever develop Kaposi sarcoma, again, CDC statistics. The reason is because "poppers" are inhaled in large numbers. That's why they are called "poppers"--it's a little ampule that's worn as a necklace and filled with nitrate gases, the liquid which was originally designed as a medication against angina or spastic conditions. The "poppers" relax the muscles and are used by the homosexuals preferentially because they are a) an aphrodisiac, but also b) facilitate anal intercourse.

The amyl nitrite hits in the hand, in the face and in the lung because it's inhaled. That is why you see the Kaposi sarcoma in the hands, in the face and in the lungs--the so-called pulmonary Kaposi sarcoma. A very high proportion is found in homosexuals and not in the junkies or hemophiliacs.

TB: If the HIV is not causing AIDS, why do we have an outbreak of what's called AIDS among heterosexuals in Africa?

PD: That's really a different story.

The "S" in AIDS stands for syndrome. Syndrome means a collection of diseases which are defined as the AIDS syndrome. The CDC has thrown 25 diseases in that collection. All of them are old; none of these diseases are new. If one of these diseases occurs in the presence of HIV, then it is called AIDS; in the absence, it is called by its old name.

TB: Such as?

PD: Such as, dementia. If you have dementia with HIV, you have AIDS. If you have it without HIV, you are just stupid! If you have...

TB: ...pneumonia and you have the HIV, then you have what?

PD: You have AIDS.

TB: If you have pneumonia and you do not have the HIV...

PD: ...then you have pneumonia.

TB: Now what about Africa, how does that apply to Africa?

PD: The first 90% of AIDS cases in this country are pneumonia, pneumocystis pneumonia, as it's called--the

so-called "wasting disease" which is similar to cancer. The third one is candidiasis, a yeast infection, and then, Kaposi sarcoma. Those are the first 90%. Dementia comes soon afterward. Lymphoma is one that's on the rise now, many believe, because of AZT. AZT causes lymphoma as, in fact, the Director of The National Cancer Institute (NCI) has shown in a recent paper.

In Africa the big AIDS diseases, the first 90% of the list of 25, are totally different. None of them is the same as in this country or in Europe. In Africa it's diarrhea, fever and tuberculosis. Those are the classical diseases in Africa. They are a consequence of malnutrition, parasitic infections and poor hygiene.

TB: So you're saying that people in Africa are dying of malnutrition, parasitic infections, poor hygiene and if the AIDS antibody, which we call HIV, is present, then that condition is described as AIDS?

PD: Yes. Everytime Dr. Gallo or Dr. Anthony Fauci takes a trip to Africa we learn about a new AIDS belt because they take along an antibody test kit and test their friends down there in the hospital. When it's positive, it's reported as a new AIDS belt. Everybody who is getting sick down there by the old diseases is now an AIDS patient!

So, there, AIDS diseases are totally different. They may well be in part infectious or due to environmental factors or toxins. Poor water, malnutrition, poor hygiene and the parasites like malaria are available to everybody and that's why in Africa the young and old, male and female, have AIDS all

across the board.

TB: Dr. Gallo has a new book out and he dedicates 10 pages to you. Obviously, he is not your fan nor are you his fan. I want you to give us your opinion of the only federally-approved treatment for AIDS--AZT.

PD: That is perhaps historically the worst outcome and the highest responsibility of those doctors. Gallo is an M.D. who has developed the AIDS virus hypothesis. Everybody can make a mistake, but that hypothesis doesn't work. We spent 3 billion dollars on AIDS research. We have not predicted AIDS right, we have not come up with a vaccine, we have not saved one single life and we are currently treating 125,000 people with a substance that was exclusively developed to kill bone marrow cells and lymphocytes!

That's what AZT was designed for. It is a terminator of DNA which is the central molecule of life. If you terminate DNA synthesis, you terminate life. There is no way around it. It is as straightforward as cyanide. You can't even call it a side effect. AZT is given in the hope that

HIV causes AIDS, which has yet to be proven, and the hope is that this would help those people who are infected by the virus. The concept fails entirely to consider that even in the worst cases of HIV infection, never more than 1 in 500 cells are ever found infected because, as I pointed out, so few viruses are around.

So, if you want to kill the one infected cell--assume for a second the virus is unquestionably the cause of AIDS. Let's say you want to knock that out and you give AZT. AZT cannot tell an infected from an uninfected cell. It's just a little chemical. It's not even as smart as the highly intelligent AIDS virus, as they call it. So, if you want to reach that cell, you have to kill 499 uninfected cells everytime you want to kill an infected cell. That's what's called an extremely high toxicity index.

TB: What happens when you take AZT after a period of time? How long can you take it if it's that toxic?

PD: Most people cannot stand it for even 2 weeks. Some people, fortunately, can stand it longer because people differ in their ability to take it into the cell. Some just pass it out easily.

But what the AZT researchers never acknowledge, really, is that they constantly transfuse these patients who literally become Draculas in our hospitals and consume the blood supplies. Doctors keep them alive artificially by transfusion. Usually within 6 months these beneficial side effects wear out and then decay occurs rapidly. They become worse than they would have been without the treatment.

AZT acts as a carcinogen like all chemotherapy. It is in itself carcinogenic. That drug in tissue culture is just as carcinogenic as methothrexate.... As Porter has reported in the Journal of the American Medical Association a half year ago: 50% of those who survive AZT for 2 or 3 years will develop lymphoma, which is considered an irreversible cancer condition, whereas, people who are not on AZT live 8 to 10 years...

Thank you, Dr. Duesberg, we're going to continue this next week.

PART II

TB: Elinor Burkett begins her story on April 23, 1984 with information about then Secretary of Health and Human Services, Margaret Heckler and Dr. Robert Gallo of the National Cancer Institute (NCI) jointly announcing that the human immuno-deficiency virus or HIV is the cause of AIDS and that Gallo had discovered it. Secretary Heckler called it a miracle, a lasting tribute to American medicine and science. Within 6 months a blood test would be available, Heckler said, and within 2 years a vaccine would be ready for testing.

Seven years later there is none. Furthermore, this 1984 announcement that the HIV alone caused AIDS was made by America's top health officials prior to a single publication by Dr. Gallo or any American scientist. "That, you might say," Dr. Duesberg says, "is how HIV was born...a phenomenon of science by press release."

The HIV of Dr. Gallo, it was soon discovered, had already been discovered a year earlier by a Frenchman, Dr. Luc Montagnier. Since that turbulent birth and those rosy promises, the country has been pushed into hysteria, waiting for an epidemic in the general population that never came.

Then in June 1990 Dr. Montagnier, the discoverer of HIV, announced that he had been wrong: HIV, the so-called AIDS virus, does not cause AIDS by itself. It is a benign virus, he now believes, that only becomes dangerous in the presence of a second organism and together they cause the body cells to burst; when treated in the laboratory with tetracycline, a type of antibiotic, the bursting stops. For his departure from the traditional wisdom of establishment researchers and his reversal on the cause of AIDS his findings are not taken seriously by the media.

We're going to talk to a writer who broke ranks with the media's rote reporting of what government agencies put in press releases. Our guests on this program are Dr. Peter Duesberg, a world-renowned molecular biologist and professor at the University at Berkeley, and Ms. Elinor Burkett, a reporter at the Miami Herald.

This week I would like to become a little more socially and politically conscious and ask you, Dr. Duesberg, why is it that in Dr. Robert Gallo's new book he has 10 pages refuting you? Why is it the National Public Radio--I read

this in Ms. Burkett's very fine article--could not even get anyone from the medical establishment to debate you? Why is it they're so concerned about what you're saying?

What is their practical concern?

PD: Perhaps even Gallo may have a bit of conscience left, so that he feels he should answer scientific questions with scientific arguments which he has avoided for seven years. In the face of the brilliant success of his hypothesis, but the total failure in terms of public health benefits --that, I think, bothers him to some degree.

TB: But on a more practical level, if the world turned against the authorized official version that AIDS is caused solely by HIV, is this not a major concern that you will upset that apple cart, so to speak--especially after billions of dollars in programs, in addition to the egg on the face of some of the world's most renowned scientists?

PD: That is a major concern. I want to upset that apple cart because it doesn't lead anywhere. It costs us 3 billion

dollars. It saves no lives. It generates no vaccine and now we are killing, in the name of that hypothesis, possibly 125,000 people who daily receive AZT, a terminator of DNA synthesis, the central molecule of life. It is killing the bone marrow and the blood cells of these people in the hope that it would help.

TB: You mean they're taking AZT?

PD: Yes, AZT.

TB: Ms. Burkett, let me say, I've said a number of laudatory

things about your article. I did research about a year and a half ago with Dr. Duesberg and about 14 very distinguished scientists, many of whom were from the National Institutes of Health and the National Cancer Institute. To my knowledge it's the only time the official establishment has ever debated any of the contrary issues. Why is it in your opinion and from your research, the media is only giving one side of the story? Let us assume Dr. Duesberg is wrong. Dr. Duesberg is entitled, in this country, to his point of view. Why is it in the American establishment that the major news organizations don't even report what this man says or what dissenters say?

ELINOR BURKETT: First, I think reporting on AIDS has come out of a tradition of medical reporting and medical reporters have traditionally presupposed when they're writing about the normal studies that you read about, like cholesterol, heart attacks, etc.--that scientists don't lie to them.

I think that comes out of a larger belief that Americans have, and the media reflects, that scientists are somehow different than the rest of us--less greedy, less ego-centric, less selfish. I had that image and I certainly came into AIDS reporting believing that somehow scientists were not like used car salesmen and those Americans who are corruptible for a variety of reasons. I think maybe it's the scientists you want to have faith in because once they're gone, who else can we believe?

The third reason is access. If you have an AIDS beat, your job is to go out there every day and fill your newspaper with what's new on AIDS. You write a story that questions the truth of the central AIDS hypothesis and what happened to me will happen to you. Nobody's going to talk to you. Nobody at the CDC will ever return your phone call. You lose your competitive edge as an AIDS reporter. It always pays to keep it in the mainstream because you need those guys to be your buddies.

I think the last thing is the herd instinct. The Montagnier story that you told that came from the Sixth International AIDS Conference in San Francisco...I was there. I didn't report that. I reported it on page 14 of the Miami Herald in some little box like it was minor news. Only

Then in June 1990 Dr. Montagnier, the discoverer of HIV, announced that he had been wrong: HIV, the so-called AIDS virus, does not cause AIDS by itself.

months later did I come back and say to myself, now this guy discovered the virus and he says it was wrong. Why didn't I put that on page one? But nobody else put it on page one. It's a herd mentality.

I don't think that it's venal. I didn't put anything in that article that every AIDS reporter in this country doesn't know. But it's breaking with "The Truth." When I called the CDC on the phone, and I called them on a regular basis when I was writing that piece,

they say things to you like, "you will be responsible for people in Miami stopping using condoms, if you write that article!" Do I want people in Miami to stop using condoms? Of course not! They gave me a lot of power. There's all kinds of blackmail and I don't mean overt blackmail. It's emotional blackmail of a sort. It's the fact that exactly what I knew was going to happen, happened, which is: I can't get a phone call returned by any of them.

TB: Dr. Duesberg, I'd like for you to recall the story you told me about being flown in by a major TV network...

PD: I was already in the hotel, paid for by "Good Morning, America," when they said, "Sorry, Dr. Duesberg, something very urgent came up."

TB: They had you in the studio?

PD: They flew me in, they did all the preliminaries, the checking: Was I Catholic or Protestant? Communist or Fascist? Was I heterosexual and all these things had been carefully checked. All this was clear and here I was, ready to tell my story and it was cancelled.

I can only speculate what happened from what I saw on "Good Morning, America" the same day from my hotel room (paid for by "Good Morning, America"). There was Anthony Fauci, my hero of course, telling about AZT, how good it is in fighting AIDS and prolonging life. Obviously, the last minute they must have called whoever is editor-in-chief there, must have called Anthony Fauci--pushed that button that Eleanor just described--and asked, is it okay with you if we have that Berkeley professor?

TB: Now what you're describing--you and Ms. Burkett--is something close to a voluntary conspiracy.

PD: Voluntary censorship, at least.

TB: Speaking of censorship--I got this from Ms. Burkett's article, too--you no longer are getting money from the medical establishment. They have said, and I quote from her article again, your research is no longer productive. You've been productive for 22 years and I guess they've been standing in line to give you money and awards.

PD: I was the darling in the business when I found the oncogenes and studied the retroviruses. Now, all of a sudden Gallo and Margaret Heckler announced to the

nation that those viruses kill your T-cells by the billions and, therefore, you have AIDS. We all were studying retroviruses because they don't kill cells; they make them grow faster! Now, all of a sudden we say the opposite. Something was totally different from that day on and they never gave an explanation why.

So I just think it was a windfall. I would want to add a little bit also to what Elinor said. It was a windfall for the scientists and it was a windfall for the writers, at least the few I knew before. They didn't have to go to a laboratory to try to understand the general relativity and how that could be presented to a Sunday reader. Now they could write juicy stories about anal intercourse laced up with a little HIV and sell it in a Sunday magazine!

TB: Ms. Burkett, you did an article on AZT in Miami that didn't make you popular in some quarters. Would you give us the benefit of that story and what you said in that article?

EB: The primary AZT researcher in America is in Miami, a physician and researcher. So my hook for the piece was the local angle to profile a woman whose name is Margaret Fishel. I did a profile of her and I asked the questions. The journalists' job is not to resolve the dispute. It's not my job to decide what the cause of AIDS is, but to ask the questions. I asked the question, on what basis was the drug approved? Then, under the Freedom of Information Act, I requested from the FDA all the documents--the discussion, the minutes of the meeting where they decided to approve the drug, and it was pretty thin. In fact, it was terrible!

Now, does that mean that AZT is a bad drug? No, it means that what they said it did, the data did not show that it did. That's where it began for me because it seems to me that one of the problems with the way that the media is reporting AIDS is, if there's a dispute between two groups of reputable scientists, then my readers need to know about it. Maybe Duesberg's right; maybe Duesberg's wrong. That's not the important issue. The important issue is, if there is a legitimate debate going on, then the American people need to know. That's it. If the drug research that's been done to support a drug like AZT was done in 7 weeks and is sloppy and everybody knows it and admits it, it shouldn't be kept a secret. It's about informed consent.

TB: What is it that has illuminated your information on AIDS? Is there anything specific?

EB: I think that it was that Miami has one of the highest rates of infection in the U.S. and, because of my work and because I live in an AIDS community. I see 50 AIDS patients a day. There is this model that I've had in my mind from the beginning that I did not question, but the people weren't fitting into the model. The model says, you get this

virus, the virus plants itself in your system, it goes latent for a while, and gradually your immune system in the form of your T-cells is destroyed, which opens you up to all kinds of infections.

I'm following 43 HIV positive people who have no T-cells, by which I mean, virtually none, and they are not sick and they've never been sick. So I call the CDC on the phone and say, why not? It's not even an innocent question; it's a real question. Why not? And they'll say, "Oh, they're anomalies."

TB: Exceptions to the rule?

EB: Yes. Exceptions are what scientists should study because it's the things that don't fit that make you understand what's wrong or right with your model so that you can fool with it to adjust it. They say that there's a whole group of people who are long-term survivors, around 150 of them that we know of, who have been alive with full AIDS diagnoses for 5 years or more. Well, that's weird. So you say to the CDC, why are they still alive? What makes a young man like Michael Callum, who is an example from this group, different from the AIDS patient who was diagnosed and dies in 16 months which is the average? "We don't know...we haven't studied..." they say.

TB: Dr. Duesberg says, I think, we're going to have people with HIV at 90 years old, who've had it since they were 20.

PD: We already have them. But I would like to add one more thing in support of Elinor. We have blamed the press

now in part for what's happening with AIDS--that it's a windfall for the press. But it has also been a windfall for the scientists. The scientists are, in fact, more to blame than the press. The scientists were respectable citizens, perhaps more than the average, when they were poor, when they were honest and when the stakes were relatively small. There were scientific ideas and results. Now it

has become money. In the last 10 years, conflict of interest has become the major problem in science. Virtually every respectable professor now has a company in the background and is either consulting for it or working for it and has huge stocks or interest in the commercial aspects of science, the very same science they are practicing in their laboratories.

All of my competitors, and I say all of them, who are competing and arguing with us about HIV, are millionaires. I'm the last one who's messing around with a \$100,000 salary at UCal, which isn't that bad, but it's nothing compared to what my buddies have. That is an incredibly important factor, particularly when it comes to review. Grants are reviewed by so-called peers, that is, colleagues of mine look at my application. Now I happen to know that several of the colleagues who reviewed my

application are leading figures in AIDS research. One of them developed AZT as the inhibitor for HIV for Burroughs-Wellcome. He's very likely to be a millionaire now.

TB: We'll have to get Dr. Gallo on the program some time. I want to get to the questions because we only have a few minutes. Before I leave that, don't feel bad about the CDC because they won't even come on this program. Although they work for us, the taxpayers, they feel that they are above debating these subjects.

This lady is a doctor and she has a question.

Q: Hello, my name is Linda Crawford. I'm a pediatric intern and last week in the program you were discussing that some of the problems that AIDS patients have for developing AIDS are malnutrition and exposure to psycho-active drugs. How can you explain the development of AIDS in children? How is that passed on to the child?

PD: Thanks to the CDC here in Atlanta, we know that up to 90% of the babies or the pediatric AIDS cases in this country are born to mothers who are drug addicts--they are crack babies. Or, they are recipients of transfusions for conditions like hemophilia or congenital immune deficiencies. If mommy's on cocaine for 2 days and the baby doesn't get enough protein or vitamins that it needs, the brain will never be the same again and the lungs won't be, and the bone marrow won't be.

Q: So are you basically saying that exposure to the crack is what causes the AIDS syndrome rather than exposure to a virus, HIV?

PD: Exactly. The virus has nothing to do with it. As I said, in Africa, in Uganda, in Zaire 10-30% of the population has HIV. And a very small percentage, .2% in Uganda--the highest--develop so-called AIDS diseases which are totally different from here.

It is prenatally transmitted. A virus can only survive in nature from mother to child. Sexually, forget it. It takes 500 sexual contacts to transmit a virus from a positive to a negative. Those are CDC numbers! It can only be effectively transmitted from mother to child.

Q: One more question for you. I'm a medical student. My question to you is based on your research. First of all, what is the proposed mechanism that you have for the immunocompromise that takes place in the patient, and, second, where do you suggest that researchers now focus their research to answer this question about the syndrome?

PD: My proposal with drugs would have immediate benefits in terms of prevention. Instead of people being sure to use clean needles and prophylactics, we would tell them what really counts: make sure you stop using drugs or

take cleaner drugs or fewer drugs. Clean needles are not as important as clean drugs, because what's going through the needle several times a day is much more than what may be on the tip of it!

In answer to your question, how do drugs cause AIDS, AZT is very simple--it was designed to kill the bone marrow and it does kill the bone marrow. One-hundred-twenty-five thousand people are on AZT, many of them already have lymphoma, anemia...

TB: We only have a few minutes. Doctor, please tell us briefly about a story reported a few weeks ago in the Los Angeles Times of a medical doctor who is giving AIDS patients blood that is contaminated with HIV. Tell us about that.

PD: The people already had HIV; they were given another HIV.

TB: There were 11 patients.

PD: Harmless viruses. All 11 were on AZT. In the program he stopped giving them AZT and except for one who died, who happened to be a paraplegic woman (which is not yet an AIDS disease). The other 10 all recovered in

terms of cellular immunity, all of them. It was in the Lancet paper last month. That means, if you take away AZT, you get better, you have a good chance to recover.

TB: They gave them blood, contaminated blood.

PD: Yes, the blood with the HIV. Big Deal!

TB: They gave them more HIV, took them off AZT; their immunity improved!

PD: **Their immunity improved because AZT was removed. They stopped killing the bone marrow--the immunity.**

TB: What do you think of that, Ms. Burkett?

EB: You know, I think I've gotten to the point where almost nothing will surprise me! What's important for people to remember is to bring the same skepticism to this that you bring to the Defense Department, to the schools where your children are educated, to anything else in life --to ask the same question: if this is true, prove it to me.

TB: You know, somewhere, deep down in all this, Ms. Burkett and Dr. Duesberg, this is a democracy, isn't it?

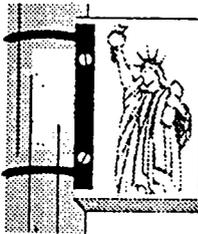
PD: We hope.

TB: Well, we hope. Some of these subjects are so complicated that the average person doesn't have a grasp of it and if the media is voluntarily excluding...If Dr. Duesberg is right or not--I'm not trying to promote him, but he certainly has a right...He makes plausible statements.

EB: He makes enough sense so you and I need to tell people about it.

TB: And someone needs to answer the questions.

That means, if you take away AZT, you get better, you have a good chance to recover.



STREET NEWS

A STREET AID Publication

Professor offers to be injected with HIV

By John Marino

This article was reprinted by permission of Street News.

Peter H. Duesberg has stated publicly he is willing to be injected with HIV, the virus that the great majority of people in the medical establishment believe causes AIDS.

No mere crazy, Duesberg is professor of molecular and cell biology at the University of California, a pioneer in cancer-gene research and the first to map the genetic structure of retroviruses.

Why is Duesberg willing to risk his life? Because he thinks HIV doesn't cause AIDS and is, in reality, harmless. He also thinks that AIDS is not transmitted through sexual contact and is not contagious.

Duesberg, to date, has yet to be injected, but insists that he is willing to do so if the appropriate national publicity were given so that he could expose his views.

"I accept what they call AIDS," Duesberg said, "but it's not caused by HIV and it's not contagious."

AIDS, according to Duesberg, is in reality a collection of 25 diseases, all known to man, that have been grouped together because of the false belief that HIV has prompted the immune suppression that allows these diseases to strike. The majority of American AIDS victims have the following diseases:

- * Pneumonia: 53 percent
- * Wasting disease: 19 percent
- * Candidiasis: 13 percent
- * Kaposi sarcoma: 11 percent
- * Dementia: 6 percent
- * Lymphoma: 3 percent
- * Tuberculosis: 2 percent

Duesberg refutes the HIV-sexual trans-

mission theory of AIDS that has become an entrenched notion of American medicine. These are some of his reasons:

HIV does not meet the classical criteria to determine whether a disease is infectious and caused by a particular microbe. Among the criteria are: the germ must be found in the affected tissues in all cases of the disease; it must be isolated from other germs and from the host's body; and the germ must cause sickness when injected into healthy hosts. Duesberg claims HIV fails on all counts; so does Harvard's Walter Gilbert, a Nobel Laureate and molecular biologist, according to Policy Review magazine

Immune system failure does not account for some conditions on the AIDS list, such as cancers and dementia. If HIV caused AIDS, it would have to destroy neurons and make other cells cancerous, as well as attacking the immune system.

The detectable virus in AIDS patients is small; fewer than 1 out of every 10,000 cells in the immune system are infected. If every cell were killed, it would only equal the destruction lost through cutting yourself shaving.

There is no rationale for the belief that HIV can cause AIDS after a dormant period—up to 10 years, according to the Centers for Disease Control—and not early on when it is unchecked by the immune system.

Diseases grouped together as AIDS, such as Kaposi's sarcoma and P. carini pneumonia, were diagnosed before the AIDS epidemic and are still being diagnosed in HIV-free individuals.

What Causes AIDS?

"The majority of American AIDS cases are likely to be a consequence of illicit drug use," Duesberg claims. "Psychoactive drugs—such as cocaine, heroin, angel dust, amphetamines and other drugs that

affect your mind—are directly and indirectly toxic. This causes immune suppression, and then you get the opportunistic infections."

90 percent of the population who have AIDS are males between 20 and 40 years old. If HIV was the cause, it would likely strike the elderly and less healthy members of society.

The numbers don't add up to support the fact that AIDS is sexually transmitted. More women and more heterosexuals would have it. Just 9 percent of AIDS victims are women, according to the Centers for Disease Control.

In Africa, AIDS is caused by malnutrition, parasitic infection and vitamin deficiencies.

Commercial, Political Factors

Duesberg believes that a host of different pressures have been exerted to put the HIV hypothesis in the preeminent position it now holds:

Scientists who study retroviruses (and he is one) want to justify their existence. Originally researching cancer, they switched to AIDS when they failed to make the connection between cancer and viruses.

A virus is an acceptable solution. Duesberg admits his notion that lifestyle factors cause AIDS is politically incorrect.

Political forces, on both the right and left have used the disease to promote societal or moral goals.

Commercial interests are making millions off of AIDS, both through research and through drug sales.

Though Duesberg's view is provocative, he is a minority voice. Prevailing medical wisdom holds that the practice of safe sex and the responsibility that those who test HIV positive have to others, should be adhered to.

BENEFIT OF MINERALS

By J.M. Jussawalla, N.D.

Food minerals are the building stones of the body and human cells.

The real secret of health, vitality, mental and physical efficiency, youthfulness and long life is a well balanced body chemistry.

Science has determined that the human body is made of the following chemical elements:

CALCIUM

Calcium is the **executive element**, the strong, enduring chemical which gives you long life and good blood.

Lack of calcium: Poor teeth, weak blood, bone weakness and undernourishment.

Sources: Cheese, almonds, egg yolk, raw cabbage, turnips, dry beans, dry figs.

IRON

This master chemical keeps the life force in harmony, gives warmth and ambition. It is the vehicle of oxygen in blood.

Lack of iron brings about anemia, poor resistance, a run-down and weakened condition.

Sources: Almonds, dates, dry figs, graham bread, lentils, prunes, raisins, walnuts, spinach, asparagus.

PHOSPHORUS

This life chemical is consumed with every thought and is needed badly by all types who do mental or indoor work. It nourishes the brain and nerves, aids the growth of bone, teeth and hair, prevents fatigue,

Lack of phosphorus: Mental fatigue, poor bone development, neurasthenia.

Sources: Almonds, apples, asparagus, cabbage, radishes, lettuce, cucumber, celery, oatmeal, corn on cob.

SULPHUR

It purifies and tones the system and is a beautifier which makes the hair glossy, **prompts bile secretion. Enables the liver to take up the elements.**

Lack of sulphur causes failure of the liver to handle its materials properly and the piling up of impurities.

Sources: Cabbage, oatmeal, onions, peaches, ,

radishes, eggs, kidney beans, lentils.

SODIUM

The alkalizer, the digestive chemical, prevents catarrh, deafness, hardening processes. Sodium enables the body to take up iron.

Lack of sodium causes indigestion, iron insufficiency, old age deposits.

Sources: Apricots, apples, asparagus, beets, cabbage, carrots.

POTASSIUM

Purpose: This heals, aids muscular activity, good looks and versatility and relieves pain. It prevents constipation, **invigorates and stimulates the liver.**

Lack of potassium causes liver disorders, constipation, pimples, prevents sores from healing.

Sources: Apricots, cabbage, cauliflower, celery, grapefruit, limes, muskmelon, olives, oranges, peaches, pineapple, prunes, oats, onion, tomatoes.

MANGANESE

Purpose: This chemical provides improved resistance, generates poise and strong nerves. Hysteria and neurotic conditions are brought about by a lack of manganese.

Sources: Almonds, barley, egg yolk, walnuts.

CHLORINE

Purpose: This prevents pyorrhea, excessive fat, auto-intoxication, keeps joint and tendons supple. Lack of chlorine generates undue accumulation of waste matter.

Sources: Bananas, cabbage, celery, cheese, coconut, dates, egg whites, lettuce, oatmeal, pineapple, spinach, tomatoes.

SILICON

Purpose: This chemical makes the hair glossy, hardens the teeth, improves the eyesight and complexion, and above all, makes for an optimistic outlook on life.

Lack of silicon shows itself in baldness, grey hair, skin diseases, exzema, pimples, blotches, liver marks and also a tendency to catch any infection that happens to be about.

Sources: Apples (skins), asparagus, beets, black figs, cabbage, celery, cucumber, radishes, grapes (skin), lettuce, spinach, strawberries.

Arsenic, zinc, copper and chromium are minerals found in very minute quantities or just a trace in the body.

Reprinted from HERALD OF HEALTH.

Letters

Recipes for Foods High in the Nitrilosides (Laetrile)

Blender Apricot Jam

1/4 cup apricot kernels
1 Tbsp. or more raw honey
1 cup apple juice

Grind kernels in a small nut mill or in the blender. Place all other ingredients in the blender bowl and slowly add enough dried apricots to make a thick jam. Mint leaves may be used to vary this recipe. Remove jam to a covered jar and keep refrigerated.

Make Peach Jam in the same way using dried peaches and peach kernels.

Cranberry Relish

1 pound fresh raw cranberries
1 large apple, washed and stemmed
2 large pears, washed and stemmed
1 cup apple juice
2 Tbsp. or more raw honey
1/4 cup apricot kernels, finely ground or chopped

Place juice in blender bowl, then grind the fruits a few at a time in the juice. Strain juice and repeat until all fruit is chopped. Drain and reserve juice for a beverage. Add honey and ground apricot kernels. Mix well and let stand overnight for the flavors to blend. Refrigerate until ready to serve.

Super Cereal

3 dates, sliced and seeded
1/4 of a ripe banana, sliced
Place in a cereal bowl and cover with buckwheat or alfalfa sprouts.

Add:

1 Tbsp. sunflower seeds
1 tsp. sesame seeds, ground
3 apricot kernels, grated or chopped
Serve with apple juice or thin apple sauce.

Dear Ruth,

I write on behalf of our membership and the audience to thank you for participating in our forum on Health Care Alternatives. Your participation certainly helped make this an informative evening.

We look forward to working with you in the future. Please inform us of actions and activities so we may participate and share the information. Again, thanks for making the forum a success. Very truly yours, Lois Marbach, Queens Coalition for Political Alternatives

Dear Ruth,

It was a joy to be a part of your wonderful organization. Where have I been all these years? I'm glad to be back with you again. Your work is of the highest order. Best Wishes, S.M.

To Ruth Sackman and FACT:

Thank you for all the work you put into helping the rest of us defy the "verdicts" we are given by our genes and our society regarding cancer. P.W., FACT member

Dear Ms. Sackman:

I hope that all goes well with your work. It is needed more than ever and will increase in value as things get worse. The nuclear emissions, etc. are causing ever-rising cancer rates. All the best to you, D.S.

Dear Mrs. Sackman,

There has been much darkness in my life recently. Sometimes when I feel a little glow of light returning, I realize that it is you who are turning the light back on. With caring and sharing, with just being the human being you are.

"Thank you" seems hardly enough to say for your help and support. Sincerely, P.S.

Dear Mrs. Sackman,

There are moments in life when a person goes through such a crisis that the end of one's life seems near. At that point to have a person like you who gives moral support and assistance makes recovery possible.

Words can never express the importance of what you have done and do for me. Respectfully, P.S.

Dear Ms. Sackman,

Thank you so very much for your informative comments in your letter. I appreciate the thought and effort that apparently went into its writing!

We need more circulation of information so that all people can make their own rational decisions regarding therapy. Sincerely, D.M., M.D.

Book Review Consuelo Reyes

Bechamp or Pasteur? A Lost Chapter in the History of Biology

By E. Douglas Hume

In his classic work *The Stress of Life*, Hans Selye, M.D. quotes these words of Louis Pasteur, famed proponent of the germ theory of disease, on his deathbed: "Le germe n'est rien, c'est le terrain qui est tout." ("The microbe is nothing, the soil is everything.")

Could this little-advertised admission indicate that Pasteur had renounced the very concept that he worked so hard to propagate - the model upon which modern medicine has been functioning for the last century or so? Most of us would have to admit that there are more than a few holes in the germ theory. For instance, if germs in the air cause disease, why don't all people exposed to the same virulent microbes become ill? Why do many people harbor so-called "infectious" germs in their bodies for years and yet remain healthy? Why with all the body's openings to the air—mouth, ears, skin, etc.—are we all not sicker a lot more of the time? And why does not the killing of these germs by our sophisticated pharmaceutical armamentarium necessarily create a healthy society?

Could it be, as Pasteur ultimately noted, that germs are less important in causing illness than other host-related factors and that modern medicine has been operating on the wrong paradigm all these years? A little known, fascinating book, *Bechamp or Pasteur? A Lost Chapter in the History of Biology*, written by E. Douglas Hume in 1922, offers powerful evidence that, indeed, the more productive path would have been the one traveled by Bechamp rather than Pasteur.

Documenting with impressive detail the "discoveries" of Monsieur Pasteur, along with his perhaps greater gifts for self-promotion, Ms. Hume demonstrates quite conclusively that many of the chemist's celebrated insights were plagiarized from a chemist-physician-naturalist-biologist contemporary--Pierre Jacques Antoine Bechamp. Moreover, she shows that Pasteur, in his rush to greatness, borrowed badly, such that he failed to appreciate the subtlety

of Bechamp's experiments. In a nutshell: Pasteur missed the point that germs do not cause disease, but are essentially a symptom of disease!

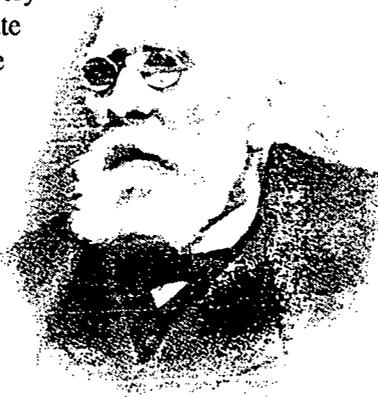
This scientist's character was the complete opposite of Pasteur's. Oblivious to worldly recognition, Bechamp found his reward in observing with "infinite pains" the lessons of nature. Through his incessant inquiries he learned that disease originates primarily from within the organism, rather than from some external invasion. He saw that this occurs because of a chemical breakdown—i.e. nutritional or mechanical—in the internal environment which leads to a transformation of certain cellular granules. Under favorable or balanced conditions these granules ("little bodies") serve to build up or "nourish" healthy tissue and in an unbalanced terrain they metamorphose into bacteria—"germs"—which act to break down or "feed" on inferior tissue. He called these entities "microzymas," the smallest and most indestructible units of life.

Two themes intertwine in this account: one, the documentation of Pasteur's shallow plagiarisms and, two, the progress of Bechamp's experimental journey in which all is corroborated by nature. While the former plot is enlightening indeed, I found the development of Bechamp's revelations absolutely riveting. Hume has allowed us to glimpse nothing less than Bechamp's understanding of the origin of life itself!

But with the wonder I felt an underlying unease. Though Pasteur may have finally seen the misplaced emphasis of his work, the "boat" was missed" by forces more powerful: Orthodox medicine, uncontested by the public mind, embraced the simplistic and inconsistent germ theory. Along the way a truly frightening specter has emerged: man, the victim—prey to the whimsey of ever new and more malevolent atmospheric demons and with it, ever more lethal chemical "solutions." Could it be that modern man finds this vision less horrific than the thought of assuming responsibility for his own condition?

Or perhaps it is that certain "radical" notions need a few generations lag-time for common acceptance? Note the "blasphemy" of Copernicus who dared discover that the universe does not revolve around the earth, or poor Semmelweis, chastised for suggesting that the washing of physicians' hands in between patient visits might do much to limit the spread of disease. Many of Bechamp's ideas are now entering the mainstream—e.g. the increasing focus on host resistance via nutritional and biological therapies, etc. But it is time to examine the work of the man and this book is an excellent beginning.

This book is available on the FACT Book List for \$15.00.



A. BÉCHAMP.

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