the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

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IN THIS ISSUE:

AIDS Controversies Escalate

Dr. Robert Mendelsohn

A wire service story dated August 30, 1986, begins with the words, "Turmoil among AIDS experts at the Federal Centers for Disease Control."

In case your newspaper did not carry this important article, CDC's AIDS squad has been plagued by personality conflicts, firings of eminent scientists, an exodus of researchers, and delayed studies of ways to halt the deadly epidemic. The intensity of infighting in the CDC research laboratories has been demonstrated by experts sabotaging each other's experiments and suppressing research to combat the deadly disease. Virus cultures have turned up missing or contaminated. There have been petty squabbles over authorship of papers. Top scientific officials have ordered that their names be added to studies they never worked on.

While this sorry state of affairs at the top level of U.S. government health agencies may come as a shock to many people, it should come as no surprise to regular readers of this Newsletter. A decade ago, I brought you early warnings about what was to become the CDC's swine flu fiasco. Later, I revealed how that same bunch fumbled the ball on Legionnaire's disease. More recently, the CDC vaccine enthusiasts have forced mandatory immunizations on this country's children, without telling parents the risks of the vaccines and without requiring doctors to report vaccine reactions. So why should we expect any different behavior when it comes to AIDS?

I often have referred to the personnel at the CDC as second-rate doctors. Now, reporter Steve Sternberg, who wrote this article for Knight-Ridder Newspapers, supports my evaluation by pointing out that those scientists who have been forced to leave the CDC rank among the nation's most prestigious researchers. Indeed, few of the laboratory's original scientists remain. Perhaps these remaining lesser lights in medicine account for the strange behavior of the CDC in giving gay rights priority over public health.

Lest you think that the CDC is unique in the world of medicine because it places personality conflicts over scientific progress, ask your own doctor how often he angrily has watched scientists in his own medical schools and hospitals graft their own names onto published research with which they had practically nothing to do.

What's the point of government-funded research if the researchers have no integrity?

Q

My doctor suggests I have a gamma globulin shot before I travel overseas. I know this shot is made from blood, and I wonder whether, in view of the AIDS epidemic, it's safe for me to take it.--M.R.

A

Gamma globulin and AIDS contamination

Many doctors still are using gamma globulin to ameliorate chicken pox in children and to protect Americans traveling abroad.

If your doctor assures you this human blood product is safe, ask him if he has read the February 7, 1986, issue of the Journal of the American Medical Association. That issue contains the information that the entire supply of gamma globulin available in the United States is positive for the AIDS (HTLV-III) antibody.

Donald Steele, M.D., of Newport Beach, California, comments: "I am appalled that the Food and Drug Administration, the Centers for Disease Control, local health services or the drug companies have not informed physicians throughout the United States that administration of gamma globulin to their patients or employees may entail the risk of converting them to a false-positive reaction for the HTLV-III antibody....Without advance knowledge, however, the liability imposed on each of us is potentially enormous. Each of us can envision innumerable scenarios that might put us at grave risk if we fail to inform the patient in advance...."

While I am all in favor of giving patients information, perhaps a simpler solution would be to dump all gamma globulin down the drain.

AIDS and African green monkeys

Eminent medical reserachers have told you that AIDS is caused by a virus. They also have told you that this virus probably originated in African green monkeys. But did you know that cells from the livers of these African green monkeys are used in the production of U.S. vaccines (The American Spectator, March 1986)?

This startling bit of news, not further elaborated on in this publication, makes me very happy that none of my five grandchildren has received any vaccinations.

Hepatitis vaccine and AIDS

Five Georgia women have contracted hepatitis B infections from their obstetrician/gynecologist. Although the doctor's health was good, he carried the agent that is responsible for this serious liver-damaging condition (American Medical News, February 21, 1986). Similar outbreaks caused by ob/gyn surgeons have been reported in Minnesota, Mississippi and Louisiana, as well as in England.

In order to avoid this kind of doctor-produced epidemic, the Centers for Disease Control repeatedly have recommended that surgeons receive the hepatitis vaccine. Yet plenty of statistics show that two-thirds of doctors reject this vaccine, even when it is offered for free. (The vaccine is derived chiefly from the blood of male homosexuals from New York.) Even though not a single case of AIDS has ever been traced back to the hepatitis vaccine, doctors apparently aren't willing to take any chances.

We now must add doctor-transmitted hepatitis to the ever-growing list of complications from surgery.

Doctors aren't donating blood

"You can't catch AIDS from donating blood," the American Red Cross says, exhorting people to get to their local blood banks and shore up the dwindling reserves. Well, guess who's not coming to the blood bank?

A recent blood drive, sponsored by the Academy of Medicine of Cleveland, was intended to draw out physicians and their families so that the general public would see that the fear of contracting AIDS from donating blood is unfounded. The drive also was intended to show physician support for the voluntary blood donation system.

The idea was a good one, but according to the AMA News of February 14, 1986, the doctors didn't show up. Or, as the article put it, "Two recent blood drives [the other in Wichita, Kansas], aimed at rousing physicians to donate blood, were considered successes because of their media coverage, despite fairly low physician turnouts." In other words, image becomes more important than reality.

Even though few doctors rolled up their sleeves, the image of those few apparently substitutes for the reality of the many who failed to roll up their sleeves.

Q How can a person find out whether a blood transfusion he received came from someone who had AIDS? Does any governmental agency give out that information?--K.C.

A The nation's blood collection agencies now are planning to ask hospitals and physicians to cooperate in a massive effort to locate patients who received blood transfusions from donors whose blood has tested positive for the HTLV-III virus. Sounds like good news, doesn't it?

Who tells if blood is contaminated?

But let's take a closer look. According to the AMA News (April 18, 1986), approximately two percent of adults and 14 percent of the infants and children who have been diagnosed as having AIDS contracted the disease after receiving an infected blood transfusion. The blood banks will track down the hospitals which have received blood and blood products from antibody-positive donors. But the hospitals will not notify the patients. Instead, the hospitals are asked to have the physicians notify patients.

Eugene Berkman, M.D., president of the American Association of Blood Banks, regards this line of communication as a major issue which is yet to be resolved. In his personal opinion, a physician should contact his patient "whenever possible." Alternative methods of contacting a patient will be suggested if the physician cannot be located. While non-physicians in the blood bank industry feel patients should be told that they have received contaminated blood, Dr. Berkman says there are "circumstances in which it might be better to withhold the information," and he details these "exceptions" in which a doctor should be something less than honest with his patient.

Dr. Joseph Bove, another blood bank official, gratuitously advises us that most people probably will be "completely distraught" when they find out they have received blood from an antibody-positive donor. Explains Dr. Bove: "It's a heavy piece of information to lay on them," and even patients who subsequently learn that they are antibody negative "will be difficult to reassure" that they are healthy. While he personally feels it is best for the patient to be contacted by his own physician, Dr. Bove points out that some blood bank officials are in favor of making this difficult task a function of the public health department.

So there you have it. The blood bank points to the hospital. The hospital points to the doctor. The doctor points to the health department.

I can understand this reluctance to give a patient information which is poorly understood even by the professionals and which is potentially catastrophic socially, economically and psychologically to the victim. Protect yourself by keeping this no-win situation in mind the next time your doctor even thinks about giving you blood or blood products.

AIDS fighters fight each other

My interest in research always has been matched by my interest in researchers because the character of the scientist often gives valuable clues about the integrity of the scientific experiment.

Therefore, over the past few years, I have closely watched the fight between American and French AIDS researchers on the issue of which of them really discovered the AIDS virus.

This dispute, which has important financial as well as professional implications in the development of both the AIDS antibody test and a future vaccine, recently surfaced in the Wall Street Journal (April 11, 1986). The U.S. researcher, Robert Gallo, M.D., and colleagues from the National Cancer Institute confessed that, when they published their landmark 1984 article on the AIDS virus (which they named HTLV-III), they "inadvertently" used the wrong picture in the article. The illustration used by these distinguished researchers turned out to be the French researchers' picture. The incensed French charged that the Americans have "misappropriated research."

In response, the Americans contend this mix-up is no big deal, merely being a case of "a technician under deadline pressure choosing the wrong photograph from a file." Dr. Gallo characterizes the misidentified photo as an unfortunate but insubstantial glitch which does not affect the content of his article: "It was an accident. Nothing I ever did in the laboratory was ever knowingly wrong by one comma."

It still isn't clear why it took two years for this mistake to surface, but differences in appearances of the two viruses are difficult for even a trained observer to detect. Dr. Gallo and the Cancer Institute blame the mix-up on a combination of deadline pressure and innocent, but uncomprehending, technicians. Says Gallo, "A technician goes to a file and selects a picture of an LAV [the French AIDS virus] bug, cuts it out, blows it up." He continues angrily, "It's of no consequence. If it were any other field, without the dirtiness this involves, I wouldn't be spending 10 seconds on this."

The French scientist, Dr. Luc Montagnier, gallantly (Gallickly?) responds, "It is good of Dr. Gallo to acknowledge that a mistake was made." And a Nobel laureate, Howard Temin, of the University of Wisconsin, comments, "Scientists are human beings and are as prone to mistakes as other human beings." Well, there's a statement with which no one can disagree!

There are plenty of confusing questions about this virus, but there is no question that Dr. Gallo allowed the publication of the wrong picture in a landmark article which was published with great fanfare. Perhaps this is but the latest example of the darker side of scientific research and researchers. If any of you are interested in other examples, my favorite reference is "Betrayers of the Truth: Fraud and Deceit in the Halls of Science," by William Broad and Nicholas Wade (Simon & Schuster, $14.95).

Housing AIDS patients

How do hospitals in the Chicago area treat AIDS patients? According to reporter JoEllen Goodman (Crain's Chicago Business, June 2, 1986), their attitudes are ambivalent at best. Goodman writes, "They [the hospitals] want--and desperately need--the huge revenues represented by an AIDS patient who requires long-term care. And most genuinely care, of course, about serving the sick.

"But hospitals also loathe the possibility of being tagged 'an AIDS hospital.' Hospitals dread that the association with AIDS patients will contaminate their public image. They fear being shunned by heart attack victims, cancer patients and every other hospital user."

And how do hospitals deal with their fear and loathing? According to Goodman, "Some Chicago hospitals are downright callous in their treatment of AIDS patients." She cites unsubstantiated stories that some hospitals turn away patients once an AIDS diagnosis is made.

Where are AIDS patients housed if the hospital does agree to admit them? In some hospitals, they are isolated in designated wards. But, writes Goodman, "Other hospitals--the majority in the Chicago area--intersperse their AIDS patients on floors with others on the theory isolating them just magnifies the stigma."

Stockpiling own blood

Because of the risk of AIDS in donor blood, the National Institutes of Health finally are advising people who are facing surgery that they should stockpile their own blood, removed in advance, in case a transfusion is necessary during the operation. The NIH concedes that many people from high-risk groups (homosexuals, drug addicts) are continuing to give blood, some of which, of course, tests negative for the AIDS virus and thus passes into the nation's blood pool.

Regular readers of this Newsletter will recall that I advised this

kind of autologous stockpiling of blood a long time ago. Now we will see how long it takes the National Institutes of Health to catch up to my other recommendation--the use of directed blood transfusions from friends and relatives.

On the negative side, the NIH "vetoes the idea of harsh penalties for AIDS-infected people who continue to give blood knowing that they may be spreading the disease," advising instead "better education."

Inaccurate blood tests

The astounding inaccuracy of the HTLV-III AIDS antibody test, designed to screen blood, has been revealed by the National Institute of Allergy and Infectious Diseases at a July, 1986 meeting held in Bethesda, Maryland. As a result of repeated blood tests on 5,000 homosexual males in Baltimore, Chicago, Los Angeles and Pittsburgh, the scientists discovered that the same blood tested negative with some test kits and positive with others.

The AMA News of July 18, 1986, reported that "Abbott Laboratories--manufacturer of the main test used by the Red Cross, which supplies roughly half of the nation's blood--failed to identify antibodies in 17 out of 30 cases. Electro-Nucleonics, Inc.--which makes the test used by the military--missed 26 out of the 30....The Bionetics test, made by Organon Teknika, only picked up on two of the [30] samples. Tests manufactured by DuPont and Genetic Systems correctly identified 25 of the [30] specimens."

The Chicago Tribune reported on June 6, 1986, that health researchers had found the first case of a patient who became infected with the AIDS virus after receiving a blood transfusion which had been tested and which had shown no sign of the disease.

According to the officials at the Centers for Disease Control, the case occurred in 1985 in Colorado and involved a "rare" set of circumstances--the donor had given blood so soon after a homosexual encounter that he had not yet developed the antibodies which trigger the AIDS blood tests. The CDC "noted that AIDS antibodies take months to show up in blood tests."

"Consensus panel urges more honesty" reads the headline of a report in Physician's Weekly (August 18, 1986) regarding the findings on AIDS of a National Institutes of Health 13-member panel.

Considering the secrecy and duplicity of AIDS researchers, this call for honesty is good news. Twenty thousand blood donors have repeatedly reacted positively to one test for AIDS (Elisa) but negatively to another test (Western blot). For those donors with repeatedly positive Elisas, there is a 70 to 90 percent likelihood that these are false-positives. In other words, in seven out of 10 or nine out of 10 cases, the test suggests a person has AIDS when he does not. Women are at particular risk because they are more likely to have false-positives if they have borne more than one child!

What are the blood banks doing with all these false-positives? Are they playing it straight with donors? Not at all. They consign the names of these donors to a secret "donor deferral" list. These "deferred" donors then are allowed to give blood, but they are unaware that their blood is poured down the drain!

The blood bankers claim they are worried about "donor fear and distress." More likely, they are worried about donors' anger at those blood banks which falsely identify them as carriers of AIDS.

While I am delighted that the NIH panel members now bravely recommend telling people the truth, another action of theirs shows they still have a long way to go.

In deciding what to do about members of high-risk groups (homosexuals, drug addicts, etc.) who continue to give blood, panel members opposed punitive and threatening measures. In other words, they don't agree with this columnist who recommends criminal penalties against proven AIDS patients who knowingly spread their infection by donating blood.

To its credit, the NIH panel did issue a strong warning to physicians to take all possible steps to avoid unnecessary transfusions, particularly for newborn infants. (Sick infants, especially premature babies, receive many blood transfusions to replace the blood removed for diagnostic tests.)

I wonder how the parents of the hundreds of innocent infants and children who have been infected with AIDS by blood transfusions feel about NIH efforts to "educate" high-risk persons to show "responsible behavior" by refraining from blood donations. Their legitimate anger may be tempered by the possibility of using directed blood donations--blood taken from friends and relatives of the patient. But the NIH panel isn't crazy about that idea either; "Many patients have no friends or relatives to call on--which falsely gives the impression that the blood they get isn't as good."

While the NIH panel sheds these crocodile tears for those theoretical friendless orphans, where is their compassion for those little infants who hardly ever fall in that category?

Q Enclosed are photocopies of some excerpts from the August 8, 1986 American Association of Blood Banks Newsletter.

It is interesting to note that, like the nuclear power industry, the blood banking industry of this country is constantly reassuring the public of the safety of the nation's blood supply, while working behind the scenes with the politicians of various state legislatures to limit their liability for an unsafe product.

I also find it interesting that the various agencies involved in procuring and protecting the nation's blood supply seem to be more interested in protecting and shielding the identity of infected donors than in establishing some sort of national donor deferral list in order to protect recipients of blood products.--E.H.

A Thanks for including that material published by the American Association of Blood Banks which shows that there is still plenty of risk that AIDS-contaminated blood can slip into our nation's blood supply.

Blood banks evade liability

As you correctly point out, blood banks today evade liability for this disease (just as they evaded it in the past for hepatitis carried by blood transfusions) by changing the definition of blood. Thus, 48 states now provide that the processing, procurement, distribution and use of whole blood, plasma, blood products, blood derivatives and other human tissue for the purpose of injection, transfusion or transplantation into the human body are considered a "service" rather than a product. By changing the definition of blood transfusions, the blood bankers thus far have successfully avoided product liability action.

Thus, blood banks have performed a real "service" to all recipients who have been damaged by their products. Be sure to keep this in mind the next time your doctor prescribes this kind of service for you.

Blood donations decline

For more than a decade, this Newsletter has tried to discourage the use of blood transfusions, first by pointing out the risk of hepatitis, then by pointing out the dangers of transfusion reactions, and later by

documenting the outrageous overuse of blood. Most recently, as a result of the AIDS epidemic, this Newsletter has shown the dangers of both receiving and donating blood.

Now, for the first time, blood banks are in trouble. The AMA News of August 1, 1986, announced the existence of "public fear about donating blood and a consequent drop in donations." Furthermore, the advent of new tests required to assure safe blood for transfusions is leading to more donor blood being poured down the drain.

Recent studies show that, despite assurances by the blood banks that AIDS is not contracted by the donation of blood, the public has become exceedingly fearful of going to blood banks. Since I have yet to find a single person who was afraid of contracting AIDS by giving blood, I suggest that the blood bankers have deliberately set up a straw man.

The AMA News give us a credible explanation for why people are avoiding blood banks--"Lack of a former sense of community responsibility"--but the article's authors fail to tell us what this means.

Perhaps, as I have repeatedly pointed out, people are afraid of the consequences of being falsely identified as AIDS carriers if they donate blood. That would constitute a logical reason for avoiding blood banks.

Blood donations are continuing to drop nationwide--repeat donors are not returning. A new screening test for a certain type of hepatitis (non-A, non-B), now being introduced nationally, means the loss of an additional five percent of donated blood because of evidence of hepatitis infection.

In response to public pressure, many blood banks are turning to directed, designated donations, a practice long opposed by these bankers because of "administrative hassles." Because of public demand, Cedars Sinai Medical Center of Los Angeles has accepted directed donations of blood for the past 13 years. According to AMA News, the head of Cedars Sinai's blood bank, which has collected 6500 units of directed donor blood during those 13 years reports: "We have not yet had a serious clerical error in our blood bank....We can't sweep directed donations under the rug anymore because people are scared to death about blood transfusions."

Nearly all large blood collection agencies in California, as well as most of that state's universities, now allow directed donations. Autologous donations (one's own blood stockpiled in advance), long opposed by blood bankers, are increasing, and blood banks "engaging in this procedure are being viewed as responsive and progressive within their communities."

Ross Eckert, PhD, professor of economics at Claremont-McKenna College, Claremont, California, and co-author of "Securing a Safer Blood Supply," cautions against nurses, physicians and dentists donating blood, since their direct patient contact places them at high risk for blood-borne infections, particularly hepatitis, which would make their blood unusable.

The best news in the AMA News article is that, as a result of the hardship in collecting blood, "Some physicians have reduced the number of non-essential transfusions by as much as 25 percent (what about that other 75 percent?), and they now are ordering blood sparingly." (Just a few drops, please?)

Q Thank you for alerting me to the hazard of AIDS contamination of human blood products through your column. This (plus the case reported last June of the patient in Colorado who became infected with the AIDS virus from a blood transfusion that had been tested and showed no sign of the deadly disease) is of particular importance to patients, allergists and drug companies which are involved in insect venom immunotherapy. The diluting fluid for insect venom extracts is human albumin saline, derived from pooled human plasma which has tested negative for the AIDS and hepatitis viruses.

When I inquired about this, the FDA sent me the usual reassurances.

But knowing the lack of perfection in bureaucrats, technicians and technology these days, how can we be sure a product is perfectly safe even if it is released by the FDA?

This leads me to conclude that insect venom therapy ought to be avoided like the plague! I hasten to add, however, that this concern does not apply to insect whole body extract therapy. In my clinical experience and that of allergists throughout the country (including the recognized authority on stinging insects, Claude A. Frazier, M.D., of Asheville, N.C.), whole body extract has been found both safe and effective for decades in treating stinging insect allergies. The diluting fluid used is simply buffered saline and contains no AIDS-contaminated human albumin.

Yet the FDA has ruled that only the unsafe insect venom--AIDS-contaminated-human-albumin-saline extracts--can be used, while making the safe, whole-body, pure-buffered-saline extracts unavailable.--Albert S. Anderson, M.D., Taylors, South Carolina

Are insect venom shots safe from AIDS?

Thanks to your important warning, I now can advise my readers that yet another medical treatment--insect venom therapy--must be added to the ever-growing list of human blood products (pooled plasma, gamma globulin, RhoGAM, anti-hemophilic globulin, hepatitis vaccine, organ transplants) which run the risk of contamination with AIDS.

Lab workers endangered

According to Clinical Chemistry News (May, 1986), laboratory workers are alarmed about AIDS because various re-agents and quality control materials have tested positive for the AIDS virus.

Even though government experts have given laboratory workers the usual reassurances, no-one knows just what these positive tests mean. Six months ago, a laboratory at the University of Virginia Hospital in Charlottesville stopped using some control samples (which are compared to samples containing blood) when notified by the manufacturer that the samples tested positive for HTLV-III antibody. Test re-agents or quality control materials may test positive if a positive donor sample was used in the pooling process. Thus, one donor could render a pool positive. While no case of AIDS has ever been traced to contact from a test re-agent, the potential for transmission does exist.

With this confusion of test results, clinical laboratories have begun pressing manufacturers for information about the HTLV-III status of their products. The FDA is not willing to rule out the possibility of transmission of the AIDS virus to laboratory workers through contact with laboratory materials.

While the intricacies of laboratory testing may be obscure to the average person--and even to the average doctor--the lesson to all of us is clear. If a member of your family or a friend works in a clinical laboratory, tell him or her to be sure to read this important article carefully and be aware of the potential dangers they face in the workplace.

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_____ Pregnancy and Childbirth (Vol. 1, No. 1)
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_____ Feeding Your Baby (Vol. 2, No. 8)
_____ Advantages of Breastfeeding (V. 9, N.12)
_____ Interference with Childbirth (Vol. 3, No. 3)
_____ [Ulcers and Tagamet]...Caesarean Sections (V. 3, N. 4/Update: V. 10,N|. 1)
_____ Hazards of Amniocentesis and Ultrasound (Vol. 3, No. 11)
_____ [Heart Disease]. . . New Ultrasound Risks (V. 7, N. 3)
_____ [Asthma] . . . "I Told You So" About Ultrasound (Vol. 8, No. 3)
_____ Ultrasound Dangers Revealed (V. 7, N. 11)
_____ Jaundice and Bilirubin Lights (V. 4, N. 7)
_____ Circumcision (Vol. 4, No. 12)
_____ DES–The Sins of the Doctors (V. 6, N. 3)
_____ [Allergies: Part II] . . . DES Lawsuits (Vol. 3, No. 10)
_____ Bendectin removed from the Market (Vol. 7, No. 8)
_____ The Illogic of Silver Nitrate . . . [Cholesterol Drug Carries Surprise Risk] (Vol. 8, No. 4)
_____ [Kidney and Liver Disease] . . . Time to Discard Silver Nitrate (V. 9, N. 4)
_____ Abortion Issue Doesn't Die . . . [Carpal Tunnel Syndrome] (V. 9, N. 8)

CHILDREN AND ADOLESCENTS

_____ The "Disease" of Hyperactivity (Vol. 2, No. 6)
_____ Daycare Centers and Nursery Schools (Vol. 3, No. 1)
_____ Down's Syndrome [Deaths Linked to Feldene] (Vol. 10, No. 2)
_____ Medical Dangers of Daycare . . . Bedwetting . . . Mistaken Rabies Diagnoses (Vol. 7, No. 6)
_____ Acne and other Problems of Adolescents (Vol. 3, No. 6)
_____ Accutane and Acne (Vol. 7, No. 7)
_____ Tonsillectomy and the legacy of x-ray irradiation of tonsils (Vol. 4, No. 6)
_____ Unusual Childhood Diseases: Reye's Syndrome, Gilles de la Tourette Syndrome, Cystic Fibrosis (Vol. 4, No. 9)
_____ Child Abuse (Vol. 4, No. 10)
_____ Ear Infections . . . Tubes in ears . . . Ear noises (Vol. 5, No. 5)
_____ [Alzheimer's Disease] . . . Regulating Children's Growth . . . New Infant Formula Dangers . . . (V. 9, N. 7)

IMMUNIZATIONS

_____ The Truth about Immunizations (V. 2, N. 4)
_____ Immunization Update (Vol. 4, No. 5)
_____ The Dangers of DPT Vaccine (V. 6, N. 10)
_____ Recent Immunization Research (Vol. 6, No. 12)
_____ [AIDS . . . Hepatitis] . . . New Hepatitis Vaccine (Vol. 7, No. 9)
_____ Avoiding Immunizations and their Dangers (Vol. 7, No. 10)
_____ More Anti-Vaccine Arguments (V. 8, N. 12)
_____ [Hernias . . . Warning about NMR] . . . Polio Vaccine (V. 9, N. 2)
_____ More on Immunizations (Vol. 9, No. 6/ Vol. 10, No. 5)

WOMEN'S PROBLEMS

_____ Hysterectomy (Vol. 3, No. 7)
_____ Menopause: Part I (Vol. 5, No. 11)
_____ Menopause: Part II . . . Headaches (Vol. 5, No. 12)
_____ Menstrual Problems: Part I (Vol. 6, No. 7)
_____ Menstrual Problems: Part II (V. 6, N. 8)
_____ Endometriosis . . . Fertility Drugs . . . The Tylenol Tragedy (Vol. 6, No. 11)

TESTING PROCEDURES

_____ The Dangers of X-Rays (Vol. 2, No. 5)
_____ Risks of Common Medical Tests (V. 7, N. 5)
_____ [Osteoporosis . . . Paget's Disease] . . . PKU (V. 9, N. 1)
_____ [Hernias] . . . Warning about NMR . . . [Polio Vaccine] (V. 9, N. 2)

BIRTH CONTROL

_____ Infertility, Birth Control and Vasectomy (Vol. 3, No. 12)
_____ Birth Control Pills (Vol. 4, No. 1)
_____ [Sports Injuries] . . . New Birth Control Data (Vol. 7, No. 12)
_____ Tubal Ligation (Vol. 8, No. 7)

DISEASE CONDITIONS

_____ High Blood Pressure and Anti-Hypertensive Drugs (Vol. 2, No. 1)
_____ Understanding High Blood Pressure (Vol. 8, No. 5)
_____ Treating Hypertension Without Drugs (Vol. 8, No. 6)
_____ Coronary Bypass Surgery (V. 2, N. 12)
_____ Inderal (Vol. 5, No. 3)
_____ Drugs for the Heart (Vol. 8, No. 2)
_____ Heart Disease . . .[New Ultrasound Risks] (V. 7, N. 3)
_____ Heart Disease: Mitral Valve Prolapse (Vol. 7, No. 4)
_____ [The Illogic of Silver Nitrate] . . . Cholesterol Drug Carries Surprise Risks (Vol. 8, No. 4)
_____ Anti-Arthritis Drugs: Are the "cures" worse than the disease? (Vol. 2, No. 3)
_____ Oraflex and other Arthritis Drugs (V. 6, N. 9)
_____ [Down's Syndrome]...Deaths Linked to Feldene (Vol. 10, No. 2)
_____ AIDS . . . Hepatitis . . . New Hepatitis Vaccine (Vol. 7, No. 9)
_____ Aussies Hit AIDS-infected Blood Donors . . . [Cigarette Smoking] (V. 9, N. 3)
_____ Updates on AIDS and Blood (Vol. 9, No. 5/Vol. 10, No. 1/Vol. 10, No. 3)
_____ AIDS Patients Should be Quarantined . . . Osteoporosis and Calcium (V. 9, N. 10)
_____ Allergies: Part I (Vol. 3, No. 9)
_____ Allergies: Part II . . . DES Lawsuits (V. 3, N. 10)
_____ Asthma . . . ["I Told You So" About Ultrasound] (V. 8, N. 3)
_____ Alzheimer's Disease . . . [Regulating Children's Growth . . .New Infant Formula Dangers] . . . (V. 9, N. 7)
_____ Back Problems (Vol. 8, No. 11)
_____ Breast Cancer (Vol. 4, No. 4)
_____ Cancer Therapy (Vol. 4, No. 8)
_____ New Cancer Treatment Needs Study [New Male Contraceptive?]...Update: AIDS (Vol. 10, No. 3)
_____ [Abortion Issue Doesn't Die] . . .Carpal Tunnel Syndrome (V. 9, N.8)
_____ Colon Cancer (and President Reagan) . . . Warnings on Hyperthermic Cancer Treatment (V. 9, N. 9)
_____ Dental Problems . . . Psoriasis (V. 8, N. 9)
_____ Diabetes (Vol. 3, No. 8)
_____ Ear Infections . . . Tubes in Ears . . . Ear Noises (Vol. 5, No. 5)
_____ Eye Problems (Vol. 6, No. 1)
_____ Glaucoma, Cataracts, and Eye Surgery (Vol. 6, No. 2)
_____ Gall Bladder Problems . . . Multiple Sclerosis (Vol. 6, No. 5)
_____ Hernias . . . [Warning about NMR . . . Polio Vaccine] (V. 9, N. 2)
_____ Herpes . . . Shingles (Vol. 6, No. 4)
_____ Hypoglycemia . . . Ulcerative Colitis (V. 5, N. 7)
_____ Impotence . . . Peyronie's Disease (Vol. 5, No. 8)
_____ Kidney and Liver Disease . . . [Time to Discard Silver Nitrate] (V. 9, N. 4)
_____ Lupus Erythematosus (Vol. 5, No. 2)
_____ Seizures and Anticonvulsant Drugs (V. 5, N. 1)
_____ Thyroid Problems (Vol. 4, No. 11)
_____ Osteoporosis . . . Paget's Disease . . . [PKU] (V. 9, N. 1)
_____ Parkinson's Disease (Vol. 6, No. 6)
_____ Sports Injuries . . . New Birth Control Data (Vol. 7, No. 12)
_____ Strokes and the Discrediting of Stroke Surgery (Vol. 10, No. 1)
_____ Tuberculosis and Isoniazid (V. 5, N. 9)
_____ Ulcers and Tagamet . . . Caesarean Sections (Vol. 3, No. 4)
_____ Urinary Problems (Vol. 5, No. 4)
_____ Yeast Infections...Vegetarianism (V. 9, N. 11)

MISCELLANEOUS

_____ [Alzheimer's Disease] Asthma Deaths (V. 9, N. 7)
_____ Alternative Treatments for Disease (Vol. 8, No. 8)
_____ Blood Transfusions and the Blood Bank Controversy (Vol. 5, No. 10)
_____ Chiropractic–and other healing arts (Vol. 5, No. 6)
_____ Cigarette Smoking . . . [Aussies Hit AIDS-infected Blood Donors] . . . (V. 9, N. 3)
_____ Baby Doe, Barney Clark, and other questions of medical ethics (Vol. 8, No. 1)
_____ Fluoridation (Vol. 2, No. 9)
_____ Nutrition (Vol. 4, No. 2)
_____ Psychiatry and counseling (V. 2, N. 10)
_____ So you want your son/daughter to be a doctor? (Vol. 7, No. 2)
_____ Steroid Drugs (Vol. 4, No. 3)
_____ Tranquilizer Drugs (Vol. 3, No. 2)
_____ [Endometriosis]...The Tylenol Tragedy (Vol. 6, No. 11)
_____ Tylenol Revisited (Vol. 10, No. 4)
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Another View

by Marian Tompson

When word reached me that my friend's son had AIDS, the disease lost its significance as a statistic and instead became a part of my life. Jack has hemophilia, an inherited condition in which there is immoderate bleeding caused by improper coagulation of blood. As he was growing up, blood transfusions were an unalterable part of his life. They were needed because of joint bleeding as well as occasional accidents. When he was in his teens and suffered a punch in the nose, Jack received 36 transfusions in three days.

According to the National Hemophilia Foundation, many people with hemophilia now are showing evidence of having developed antibodies to HTLV-III, the virus which causes AIDS. However, the presence of antibodies does not mean that a person is infected, nor does it mean that one is immune to HTLV-III infections. And to add to the confusion, some people infected with HTLV-III do not make antibodies.

When it was discovered that AIDS was very sensitive to heat, heat-treated coagulating concentrates were produced. These products have been available for use by most hemophiliacs since the fall of 1985, but no-one is claiming that the heat treatment produces a pure product. The National Hemophilia Foundation AIDS Update brochure (April 1986) describes heat treatment as effectively removing "all detectable traces of HTLV-III virus." In addition, a pure chemical product, Desmopressin, is now available for persons with mild hemophilia. Coupled with improved donor screening, the risk of AIDS has been considerably reduced for hemophiliacs.

At the same time, we seem to be experiencing a breakthrough in the successful treatment of AIDS. I highly recommend the September 1986 issue of the East/West Journal (available for $2.00 from 17 Station Street, P.O. Box 1200, Brookline, Massachusetts 02147) which features articles on a wide variety of treatments and resources for AIDS. New to me was the work of Russell Jaffee, a medical doctor with a PhD in biochemistry and physiology. Dr. Jaffee's treatment seems to be responsible for the total remission of 18 out of an original 19 people who had AIDS.

The treatment begins with the premise that anything that affects your mind influences your body. Since emotions such as worry, frustration and anger suppress immune functions, Dr. Jaffee strives to handle them while they still are fresh in the patient's mind. No matter what day or what time of the day or night, someone is available to speak to the patient. Dr. Jaffee correlates this looking-inward process with the success of his regimen which brings the basis of healing back to the patient. The protocol avoids everything that might depress the immune system and takes into account everything that will enhance it. This includes nutritional supplements, non-polluted fluids, exercise, improved breathing, visualizations and a specific dietary program which is designed after careful allergy testing is performed to differentiate safe foods from those that offend the immune system.

In another article, a list of co-factors is presented. These are factors which usually are found in AIDS patients and which have been demonstrated to be immunodepressant. The factors include a history of bottle feeding, which deprives a person of vital antibodies received through breastfeeding; removal of tonsils, a vital link in the lymphatic system which is a key to immune capability; a diet high in refined carbohydrates and dairy foods and low in trace minerals and complex carbohydrates, and extended use of recreational drugs as well as antibiotics. (Is anybody looking into immunizations?)

AIDS, it would seem, is providing a profound learning experience for us all.