EIR Investigation

Kevorkian's victims needed medical science, not suicide

by Linda Everett

In late April, the U.S. Supreme Court rejected without comment petitions to hear the first two appeals in "physician-assisted suicide" cases to reach the nation's highest court. The first case was brought by Jack Kevorkian, the Michigan psychopath responsible for the deaths of 23 known victims; the other, by the American Civil Liberties Union of Michigan on behalf of two terminally ill patients who want a doctor's help to kill themselves. The high court's refusal to hear the cases forestalls, only momentarily, a national policy that would establish some variation of direct killing of sick, elderly, and mentally ill individuals as an accepted "medical" practice. That policy, which Americans increasingly defend as "a patient's right," is exactly the same Nazi protocol that we fought to defeat in World War II—the 50th anniversary of whose defeat we commemorated this year.

How is it, that, in those 50 short years, Americans have come to clamor for the legal right to die by carbon monoxide poisoning under Dr. Death's gas mask—an updated version of Nazi poison gas "baths"?

Less than a generation ago, we, as a nation, recognized the value of each individual life and mobilized in a mission to put men on the Moon and to provide the most advanced medical capabilities possible for the world's people. Today, Americans have largely shrugged off that history of responsibility and commitment to their fellow citizens, to endorse a national medical "protocol" cooked up by the psychopath Kevorkian, who, like a satanist, sees all that is "good" beginning with the end of human life. After all, this is the ghoul who wants to auction off human organs to the highest bidder as a way to cut the federal deficit.

The movement for "physician-assisted suicide," like that for "death with dignity," is based on lies that have polluted not only most of society, but the ranks of medical practitioners as well. Instead of a society that once mandated an era of man-made medical miracles, today we see a variation of the "invasion of the body snatchers"—except it's the population's use of reason that is snatched first, leaving them mouthing Kevorkian's mantra: "Nothing else can be done. There is no hope—death is the only answer."

So, instead of the latest treatments that medical science could offer, Kevorkian's victims chose to believe a pack of lies.

One phone call might have saved this life

Consider the fate of **Mrs. Margaret Garrish,** 72, of Royal Oak, Michigan, who died on Nov. 26, 1994 after inhaling carbon monoxide through Kevorkian's portable gas chamber. This tragic murder, orchestrated by Kevorkian attorney Geoffrey Fieger, exposes the depth of depravity and sheer hatred of medical science involved.

Garrish had osteoporosis, rheumatoid arthritis, and peripheral vascular disease, with partial amputation of both legs. Kevorkian, who had his medical license suspended in both California and Michigan, said Garrish had been his patient for two years. His treatment consisted of videotaping Garrish, focusing the camera on the stumps of her legs, and prompting her to tell about her pain; how her doctor refused to give her pain medication; and how, unless a doctor gave her help, she would commit suicide. After her plea was televised on the nightly news, her doctor gave her a morphine patch, which worked for some months.

Seven other physicians called Fieger's office, to offer

their help without pay, to find a specialist in Detroit who could help. Another offered to fly Garrish to a Houston pain clinic or fly up to examine her in Michigan free of charge. Fieger ignored their calls, messages, and faxes—all the while complaining on television that he couldn't find a doctor to help her. Fieger, whose lucrative association with Dr. Death nets him tens of millions of dollars in malpractice settlements a year, later dismissed the doctors as "insincere, money-grubbing publicity seekers." Of the victim, Fieger said: Why would she want to live, she's lost her legs?

Kevorkian said he didn't need any doctors, since the morphine patch didn't work, and the doctors had nothing else to offer Garrish. He was wrong, but he killed her anyway. Then, Kevorkian, who was unemployed as a pathologist for most of his adult life, announced, "I'm a medical policeman. I can guide the traffic," by referring patients to appropriate specialists.

Too bad he never tried the Arthritis Foundation in Michigan. They would have told him that even the worst case of rheumatoid arthritis can be so dramatically improved with new treatment and drug combinations that are available now for everyone, even children, that within a generation, no one need suffer limb damage or pain from this disease again. Dramatic results are possible even for those who suffer significant functional disability or have very aggressive disease.

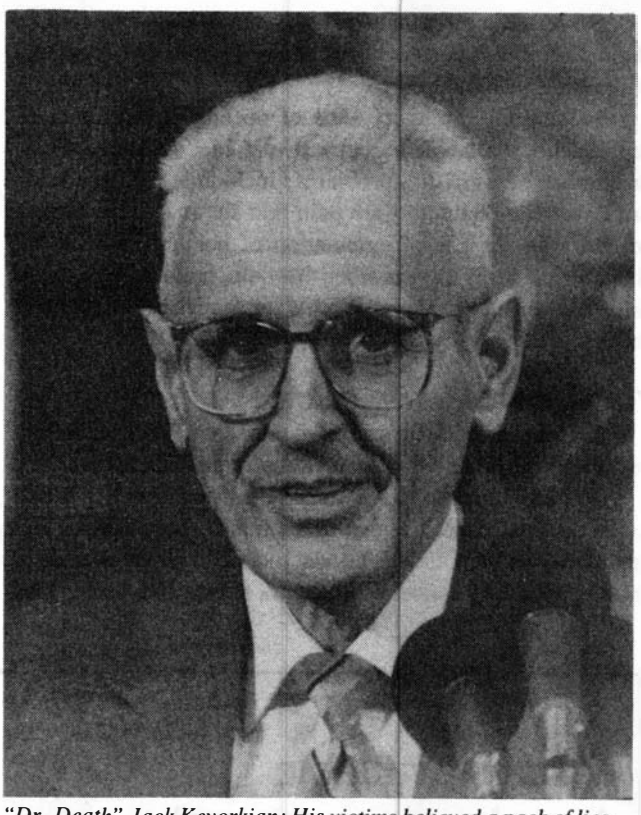
To bring the highly inflammatory response under control, the patient's system is flooded with prednisone, then weaned from it. Often the chemotherapy drug metheltrexate is administered, which has shown 50% improvement in joint pain and swelling in 50% of patients studied. This combination has been shown to alter the course of the arthritis, especially in children. Since rheumatoid arthritis is an auto-immune disease, in which the body rejects its own tissue, some treatments have included a combination of metheltrexate and cyclosporine, the drug used to reduce a patient's immune system from rejecting a transplant; or, with azulfidine, a drug used to treat another auto-immune disease: AIDS.

The Arthritis Foundation's board-certified rheumatologist publicly offered to treat Garrish, but his offer was ignored by Fieger. Instead, the foundation was inundated with calls from hundreds of arthritis patients who were terrified that they faced the same fate as Garrish.

Other physicians who offered to help the despondent Garrish were pain specialists, Dr. John Nelson of Traverse City and Dr. Pavan Grover of Houston, both of whom are familiar with dozens of effective treatments for all types of chronic and acute pain.

Consider just one, the implantable pump.

When Eugene Frederick, 65, a veteran of the Korean War, was diagnosed with kidney cancer, he was treated for the disease, then spent two years in intractable pain. He spent days crying in bed, begging his family not to touch him. The cancer had metastasized to his spine; he was diagnosed terminal, likely to be dead within three months. Yet, his doctor refused him pain medicine for fear of addiction. When he was told to live with the pain, Frederick decided to use his .45 or to call Dr. Death. A new doctor ordered a regime of 2,000 milligrams of morphine daily. It put him in a stupor, with no relief.



"Dr. Death" Jack Kevorkian: His victims believed a pack of lies, yet the medical breakthroughs are at hand that could have relieved their suffering and prolonged their lives.

When Frederick went to the Center for Advanced Pain Management at Houston's Memorial Hospital Southwest, Dr. Pavan Grover implanted an epidural catheter into his lower back, under the skin. It was hooked to an external pump that continuously released a tiny amount of morphine directly into his spine where it was needed. Only 20 mg of morphine was used, one one-hundreth of what the patient previously had taken—yet, he had *total* pain relief. He took his grandchildren fishing, drove a car, visited relatives. Once Frederick's pain was controlled, Dr. Grover said he had never seen a patient who wanted to live so much.

Frederick, moved by his own experience, wanted to spend his time educating people that there was an alternative to Dr. Death. He wanted to tell Garrish himself. Six months before she was killed, he had Dr. Grover fax a letter, then call, Fieger's office explaining to Garrish that pain relief was possible, and that suicide was not the answer, as he himself had found out. He asked to speak with her personally. Fieger, complicit in the murder, blocked all communication with Garrish.

Frederick outlived his prognosis by a year. He died on Nov. 26, the same day that Kevorkian killed Margaret Garrish.

Frederick's discovery, one of dozens of multi-faceted approaches available for treatment of pain, could have solved a number of Garrish's problems, including her depression and even the phantom limb pain that she may have experienced after the partial amputation of her legs. Specialists have found several approaches that help, including the use of an epidural *before* the limb is removed, and nerve stimulation afterwards.

Treatment for cancer patients

But, what treatment and pain relief could have helped the eight or nine other Kevorkian victims who had cancer?

Ronald Masur was gassed to death on May 16, 1993, after his lung cancer spread to his bones. **Lois Hawes** was murdered on Sept. 26, 1992, just months after she was diagnosed with lung cancer. While it is not clear whether they would have been candidates for the National Cancer Institute's (NCI) high-priority clinical trial (meaning the treatment studied is very promising) for patients with lung cancer (Study #INT-0115), information on NCI's trials, other lung cancer treatment, and newest pain management protocols is readily available (1-800-4-CANCER). NCI's International Cancer Information Center also produces two cancer databases with summaries of state-of-the-art cancer treatment and ongoing clinical trials, investigational or newly approved drugs.

Gary Sloan had colon cancer and died on March 4, 1991, after an alleged friend constructed and used Kevorkian's murder machine with diagrams Kevorkian had sent to him in California. If Kevorkian were a legitimate physician, he would have told Sloan about NCI's high-priority trials that are studying the most effective treatment for colon cancer.

Faced with life-threatening cancer, Masur or any of Kevorkian's victims, whatever their disease, may have had the chance to use experimental drugs approved by the U. S. Food

What's available in pain management

In 1994, the Agency for Health Care Policy and Research (AHCPR) in Rockville, Maryland, part of the U. S. Department of Health and Human Services, produced clinical practice guidelines for management of acute, post-operative pain and cancer pain among patients of all ages. The guidelines for clinicians and patients are available through the AHCPR or the National Cancer Institute (1-800-4-CANCER).

Prior to the AHCPR pain studies, a relatively new specialty of pain management developed out of the recent recognition that pain, especially debilitating chronic pain, can cause a host of secondary problems which persist long after the original injury or trauma is resolved. Thus, specialists from the fields of psychiatry, neurology, physical therapy, and anesthesiology all opened clinics offering pain relief treatments perfected by—and often limited to—their particular field. A neurologist might offer a spinal implant or nerve block, but for a situation in which a much less invasive, less radical approach might have worked equally well. And, like any field, there are sham operators who prey on desperate individuals. Most promising are those clinics or hospitals that utilize a team of specialists who can offer a multidisciplinary approach to assess the pain's cause and to determine how best to treat its symptoms.

'A whole new life'

Consider the case of Norma G., a 66-year-old woman, who contracted polio as a child. At age 13, she entered a hospital, living there for the next two and half years, during which she underwent five corrective surgeries and fusions of her spine for severe scoliosis. She went on to marry and have children, while the curvature of her spine intensified, curving her spine into, she says, a pretzel, crushing her ribs into her lungs, intestines, and other organs. Over the last decade, muscle spasms so wracked her body that sleeping pills, huge amounts of muscle relaxants, and the ten doctors she consulted over as many years offered no relief. The pain was so intense, she could no longer stand, walk, or eat. She used a wheelchair, became bedridden, then suicidal. She would try one more doctor, at a hospital's multidisciplinary pain-management clinic.

Norma says she didn't believe in miracles, but says this doctor gave her a whole new life. She now works a 12-hour day, "actively" baby-sitting her grandchildren (they're all under nine years old!). She would have been a candidate for a nerve block, but the severe compression of her spinal nerves precluded that. Instead, she takes methadone, a synthetic form of morphine, with another medication to counteract drowsiness. She has experienced no side-effects. Norma says people who last saw her five or ten years ago, don't recognize her.

While doctors increasingly recognize that high-dose pain medication for cancer or post-operative discomfort does *not* automatically create the psychological addiction in a patient that was once feared, it is also the case that there are now a growing number of more sophisticated

and Drug Administration's treatment IND (Investigational New Drug) program. The FDA can link patients with new drugs submitted for approval.

Stopping cancer with one injection

Scripps Research Institute in San Diego, California has developed a new therapeutic approach that prevents the metastatic spread of virtually all types of tumor cells in man by eliminating their access to the blood supply needed to grow. A single injection of LM609 was found successful in targeting blood vessels entering tumors, while leaving normal blood vessels unaffected. This selective and systematic obliteration of vascular cells ultimately leads to regression of preestablished human carcinomas of lung, breast, pancreas, brain, and larynx, and of melanomas. Researchers intend to move this breakthrough through the pipeline and begin human trials within the year.

It is likely that **Jonathan David Grenz,** who had throat cancer, would have benefitted from such clinical trials. Grenz was Kevorkian's 15th victim, dying on Feb. 18, 1993 after being emotionally devastated by his mother's death and his own cancer. An NCI high-priority trial is studying three different treatment protocols for laryngeal cancer.

Could other trials, treatment INDs, or established treatment protocols have helped Kevorkian victims **Stanley Ball** and **Mary Biernat**? Both had cancer, both were murdered on Feb. 4, 1993. They might be alive today had someone called the National Cancer Institute-designated Comprehensive Cancer Center at the Michigan Cancer Foundation in Detroit (313-833-0710).

The center, one of only two nationally, participates in all of NCI's clinical trials and provides state-of-the-art diagnosis and therapy methods. It was here that AZT, the first FDA-approved drug for the treatment of AIDS, was created. The center's many facilities include its headquarters at the Detroit Medical Center and its seven university-affiliated hospitals, Wayne State University, and the Vaitkevicius Magnetic Resonance Imaging (MRI) and Spectroscopy Center, where re-

options—other than opiates or narcotic-induced comas—available for relief. Norma's doctor explained that long-term use of methadone—the substitute for heroin addiction—would not be appropriate for most people, but it was right for Norma.

Here are a few of the other options available:

Intraspinal drug infusion therapy. Even intractable pain that does not respond to conventional therapies can be controlled without sedation by means of a pump that dispenses minute amounts of anesthesia directly into the spinal cord. The one-inch-thick pump can be refilled every four months with a needle through the skin into the port at the center of the pump. The dose, rate, and timing of the medication to be released can be programmed and adjusted by holding a small computer over the skin to transmit the adjustments by a radio signal.

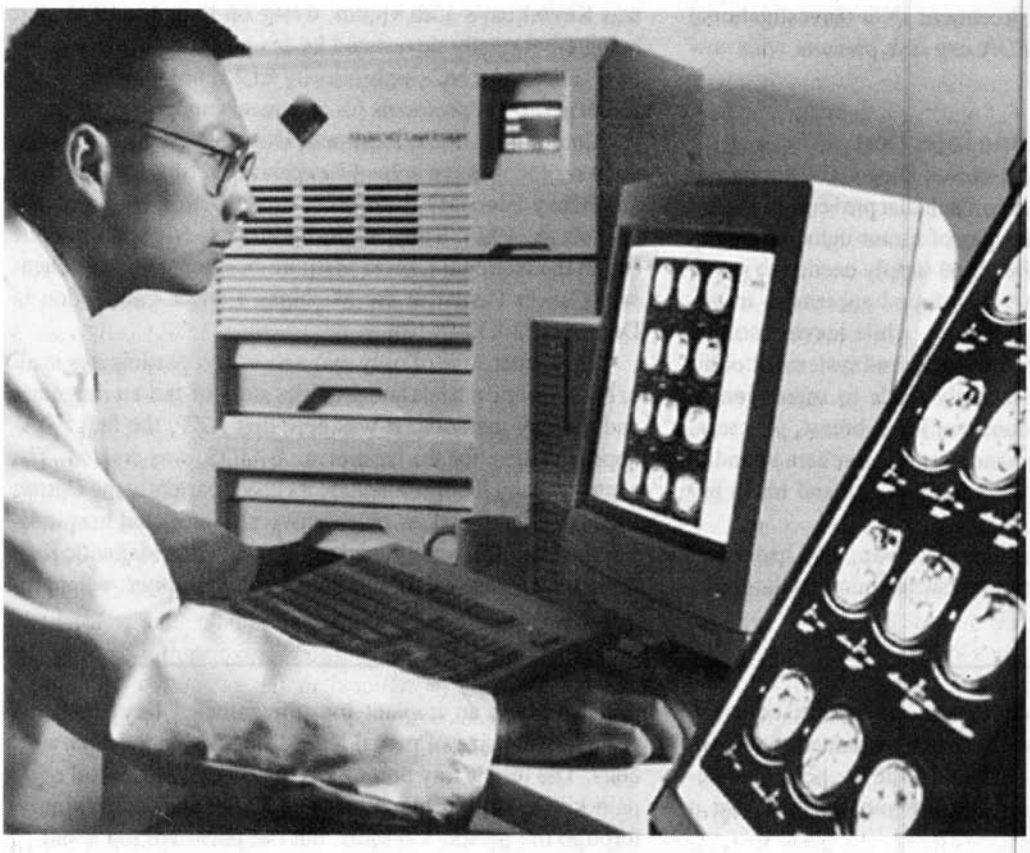
Adjuvants. Tricyclic antidepressants (at doses too low to treat depression) have been hailed for their ability to restore a patient's normal nighttime sleep. When administered with certain pain medications, their analgesic or pain relief potential is enhanced.

Radiopharmaceuticals. For metastatic bone pain from thyroid, prostate, breast, and bone cancers, radiopharmaceuticals like Metastron (strontium-89) are injected, and follow the same biochemical pathways of calcium in the body into the mineral structure of bone. The uptake of Metastron is enhanced at sites of bone malignancy, and its retention in these sites is prolonged compared to normal bone. The result is total or near total pain relief for up to six months, without sedation.

Implants. One of the newest therapies in investigational trials is an implant into the spine of tiny plastic cylinders the size of pencil lead, filled with adrenal cow cells. The tube's tiny pores allow a continual dispersal of pain-killing substances called enkephalins and endorphins through the person's system, but the pores are too small for the proteins of the body's immune system to get in and reject the implant. Manufacturers think the implant will help end-stage cancer patients for whom pain can be unrelenting.

Nerve block. In cases of severe nerve damage or for control of intractable pain, an injection of a local anesthetic can be given into the surrounding nerve or directly into the spine. In some cases, an injection of an anti-inflammatory, cortisone, is injected with the anesthetic. When other options fail or are inappropriate, the nerve causing the pain may be destroyed through a variety of means. With cryoalgesia, doctors freeze the nerve, destroying it, while leaving its shell or architecture intact to allow it to grow back. For example: the case of a 30-year-old nurse who was forced to stop work after a severe fall damaged nerves in her tailbone. When doctors froze the damaged nerves, she returned to work pain free.

Spinal Cord Stimulation (SCS). Patients with severe, chronic pain in the legs, arms, or lower back have benefitted from a small implanted device that stimulates the spinal cord with tiny electrical signals that interfere with the transmission of pain signals to the brain, thus reducing the sensation of pain. SCS can be used to relieve pain sensations associated with amputations (phantom limb pain) or "failed back" patients (where spinal surgeries failed).—*Linda Everett*



Polaroid Corp.'s Helios 1417 Laser System for medical diagnostic imaging. Americans once believed in progress, including continuous advances in medical technology for the benefit of all mankind. Today, we are being sold the propaganda that human life is "too expensive."

searchers use two natural forces—a magnetic field and radio waves—to study the behavior of cells and how they react to disease and treatment.

Martie Ruart, murdered on Feb. 18, 1993, might also have been alive today with one phone call. Ruart, found to have a golf ball-sized tumor in her duodenum, delayed having it removed. It eventually spread, causing the removal of part of her stomach and pancreas. She refused further treatment, opting for a self-help course to "promote a greater belief in her own healing powers." Further surgery and a "strict regime of vegetable juices, coffee enemas, and thyroid supplements" did not turn back her cancer.

Beyond the actual curative cancer treatments and clinical trials, Kevorkian's victims could have benefitted with a new pain treatment, called Metastron, which knocks out most bone cancer pain for most patients for up to six months. Metastron is a solution of radioactive strontium-89. Once injected into the blood, it migrates to the same outer layer of bone to which painful metastatic prostate, pancreatic, or breast cancer spreads. It irradiates the cancer cells and lessens the pain. Eighty percent of the 600 patients studied found relief, some complete relief. Treated patients are less prone to develop new painful metastases: About 59% of patients were free of new metastases after three months; 30% cut analgesic (pain relief medication) use; all had a better quality of life—as indicated by the patients who were well enough to hike across Ireland! Specialists at the June 1995 conference of the Society of Nuclear Medicine reported that the cancer-killing beta rays of strontium-89 may possibly stop the cancer from progressing (strontium-89 is just one of several beta-particle-emitting agents available to relieve pain). It has enabled advanced prostate cancer patients, groggy from heavy use of narcotic pain relievers, to become virtually drug-free after a strontium injection.

This remarkable treatment, produced by Medi-Physics/Amersham, was available for years before the psychopath Kevorkian took the lives of:

Jack Miller, murdered Jan. 20, 1993. He had bone cancer.

Donald O'Keefe, murdered Sept. 9, 1993, just two months after his first and only treatment for bone cancer. His family said he was bedridden from pain, yet neither he nor his family ever contacted his doctor for treatment of his pain or his deep depression.

Dr. Ali Khalili, murdered Nov. 22 1993. Khalili had bone cancer, but had refused even the first chemotherapy or radiation treatment. He did have an implanted pump providing a very low dose of pain medication which could have been easily and safely increased. He was also on anti-depressant medication.

In another tragic case, Metastron might have saved the life of Kevorkian victim **Catherine Andreyev,** had she called anyone—but Kevorkian—for help. Within 24 hours of calling Kevorkian, Andreyev was transported across state lines from Pennsylvania to Michigan and killed. Kevorkian attorney Michael Schwartz told the press that Andreyev had been "a victim of agony, torture, and torment for six years."

The facts: Andreyev beat breast cancer in 1986, had a lump removed in 1989, returned to working two jobs, singing in several church choirs, and traveling. Cancer was found in both her lungs in December 1991, but she worked two jobs for another six months.

Schwartz told the press: Andreyev "had no hope for normal life . . . her every day was wracked with excruciating pain . . . each day had been an additional day of horror and dread."

The facts: Up to the day before she died, Andreyev's house was filled with visitors bearing videos or Italian or Chinese dinners. She never needed more than a morphine or Duragesic patch (which, when placed on the skin, releases pain medication into the patient's system). The dosage of the patch could have been increased to three higher levels of medication whenever she wished. Her nurse also assured her that a morphine drip, which would allow Andreyev to control the level of pain medication needed, was available as well. Why did Andreyev call the depraved Dr. Death? Whenever her pain medication needed adjustment, she grew irritable and depressed. Her nurse was due to adjust her medication on the morning of Nov. 23, just hours after she was gassed to death.

The National Cancer Institute has two ongoing high-priority clinical trials for treatment of Stage II and Stage IIIA breast cancer.

Give patients relief, not death

On Feb. 15, 1993, Dr. Death used his portable gas chamber to take the life of **Hugh Gale,** 70, who had chronic emphysema. Kevorkian's attorney Michael Schwartz told the press that Gale could no longer walk and could not go out of his house. "He was on oxygen 100% of the time." Are these adequate reasons to take a human life? There are farmers who work their fields every day, all day, in their tractors with a portable oxygen tank strapped to their backs. It is not clear whether Gale's physician, who said Gale was terribly depressed, ever treated him for depression or attempted experimental treatment for the emphysema. Another Kevorkian victim, **Marcella Lawrence,** murdered on Dec. 15, 1992, also had emphysema.

They both may have benefitted from a surgical procedure called volume reduction, for chronic obstructive pulmonary disease (caused by emphysema or bronchitis). A surgeon actually staples the bottom portion of each extended lung or excises the diseased portion, reducing by 20% to 30% of the volume of each lung. Physicians at the Division of Cardiothoracic Surgery at Washington University School of Medicine in St. Louis, Missouri, found that the reduction in the total lung capacity gave patients like Gale and Lawrence marked relief in the shortness of breath that so disables them, forcing them to sleep upright at night. It also significantly improved exercise tolerance and quality of life. Volume reduction was first performed 35 years ago; it was recently revived by researchers now modifying the procedure.

Majorie Wantz, murdered on Oct. 23, 1991, had suffered severe chronic pain for years. Records show that she suffered from depression, suicide ideation, and an obsession with pelvic pain, the source of which was unknown. An autopsy performed by Chief Coroner for Oakland County Dr. L. Dragovic found no sign of disease. Wantz had been involuntarily institutionalized twice in the two years prior to her murder. Because of her suicidal tendencies, proceedings were again initiated to have her institutionalized, but she left the facility against medical advice. In his two years of "treatment," Kevorkian never addressed Wantz's mental illness nor did he "treat" her for pelvic pain. She refused any physician's treatment or pain therapy program prior to her death. Last year, physicians announced success in treating previously undiagnosable pelvic pain in women with the same surgery generally used to relieve patients of leg pain due to varicose veins.

Sherry Miller died of Kevorkian's treatment on Oct. 23, 1991. She had multiple sclerosis (MS), as did **Susan Williams,** murdered on May 25, 1992, and **Elaine Goldbaum,** murdered on Feb. 6, 1993. Miller said she was "disgusted with life" and was despondent because she had been virtually helpless and dependent on her parents since her divorce years ago. Kevorkian attorney Fieger, who said that Miller suffered from "terminal, malignant" multiple sclerosis, claimed she had "nothing to live for" and had "a life of no meaning." Kevorkian says people with MS "are going to die anyway. . . . So, what's the big deal?"

MS is a chronic, sometimes progressive neurological disease in which the patient's immune system mistakenly attacks the fatty coating that insulates the nerve cells of the spinal cord and brain, thereby blocking the transmission of nerve impulses from the brain to muscles and body parts. People with MS can have nearly normal life-expectancy, with symptoms of fatigue, slurred speech, visual impairment, and sometimes, paralysis.

While Kevorkian is asking, "Who in their right mind would try to stop a cripple . . . who can't even talk from killing himself?" several new treatments that slow the progression of MS have come on line. While there is still no cure, Betaseron, a genetically engineered form of the immune system hormone beta interferon, produced by Berlex Labs in Wayne, New Jersey, has been approved for treatment. Betaseron appears to reduce the frequency of and severity of exacerbations (new MS symptoms or worsening of old ones) experienced in relapsing-remitting MS, which

affects about 140,000 people in the United States (about 40% of the total MS population).

In 1994, Biogen Inc. of Cambridge, Massachusetts introduced its genetically engineered form of beta interferon, which has proven effective in U.S. and European trials in delaying by 75% the average time a patient becomes disabled over a two-year period. Biogen filed with the FDA for approval of Avonex in May 1995. Teva Pharmaceuticals of Israel has also introduced a drug, copolymer-1, which significantly slowed the immune system's attack in human trials. Patients may benefit from a combination of these drugs in their treatment, since they work differently.

But, Kevorkian's victims, no matter how much daily assistance they needed, could have accessed the enormous resources of either the Living and Learning Center in Lansing, Michigan, which helps anyone of any age with any disability (even if they are so incapacitated that they can control only *one* muscle in their body) to vocalize full sentences and to write using commercially available augmentative communication devices; or, Michigan's Alliance for Technology Access, which has 3,500 adaptive devices that zip zippers, adapt personal computers with oversized monitors, and offer free software and hardware options to enlarge texts and increase contrast to allow the legally blind (as was one of Dr. Death's MS victims) to read and type.

Living with Lou Gehrig's disease

Such adaptive or assistive devices are often basic tools for individuals with amyotrophic lateral sclerosis, or Lou Gehrig's disease. ALS is a neuromuscular degenerative disease in which the nerves supplying the muscles break down, causing a wasting of the muscles in the hands, arms, and legs. But, Kevorkian provided a different "treatment" for four of his victims who had ALS: **Marguerite Tate,** murdered Dec. 15, 1992, died depressed and estranged from her family; **Thomas Hyde,** murdered Aug. 4, 1993, "just gave up"; **Merian Ruth Frederick** was murdered Oct. 22, 1993; and **Nicholas John Loving** was murdered May 12, 1995.

While there is no cure for ALS, results from the largest-ever Phase III trial indicate that Rilutek (riluzole) is the first compound to prolong survival since the disease was first described in 1869. The trial was a multinational study conducted at 31 sites in Europe and North America. Enrollment began in December 1992, with Phase II trials conducted earlier—within a timeframe that could have included Kevorkian's victims. The FDA is now reviewing the application of Rhone-Poulenc Rorer, creator of Rilutek, for treatment IND, usually a 30-day process.

On June 12, 1995, Cephalon, Inc. announced a Phase III clinical trial in which a new therapy, Myotrophin, demonstrated less disease severity, 25% less deterioration, slower progression of the disease, and better functional ability in ALS patients receiving the drug than patients receiving a placebo. Myotrophin, a recombinant human Insulin-like Growth Factor-1 or IGF-1, alters the course of this devastating disease. IGF-1 is a naturally occurring protein found in muscle and tissue, which mediates regeneration of the

The Passy-Muir valve

Patients who need long-term ventilator support or a tracheostomy undergo a surgical procedure called a tracheotomy, in which a small opening is made through the neck into the windpipe, just below the larynx or voice box. A tracheal tube is inserted, keeping the tracheostomy open and allowing a ventilator link-up. The ventilator pumps air directly in and out of the windpipe. Tracheostomies may be performed for medical reasons other than ventilator support. But, in either case, because the air bypasses the nose, mouth, and vocal cords, the individual can no longer make a sound.

The Passy-Muir one-way valve allows air to be inhaled through the tracheostomy, but closes once air is inhaled. The trapped air is forced up through the vocal cords and nasal passages, allowing the person to speak as the air is exhaled through the larynx.

The tiny (and cheap!) one-way valve has helped thousands of people with brainstem damage; spinal cord injuries; chronic obstructive pulmonary and cardiac diseases; neuromuscular diseases that cause respiratory paralysis, like muscular dystrophy; Guillain-Barré syndrome; poliomyelitis; ALS, or Lou Gehrig's disease; and musculoskeletal diseases or damage.

Not only has the Passy-Muir valve allowed communication so critical during therapy after a stroke or accident, but it also assures that children as young as two months don't skip their pre-speech vocalizing and crucial speech development. Children whose medical condition warrants a tracheostomy or ventilator are now able to participate at school. Since the patient's ability to swallow, to smell, and to taste food improves with the Passy-Muir valve, so does the appetite, thus allowing often-needed weight gain. The one-way valve improves ventilation, as well as the patient's overall health.

David Muir, inventor of the Passy-Muir valve and one of the longest-surviving muscular dystrophy patients, died in 1990, at the age of 28. (Contact: Passy-Muir, Inc., Irvine, Calif., 1-800-634-5397.)

peripheral nervous system and its recovery from injury. IGF-1 supports the survival of motor neurons and accelerates the regeneration of damaged motor neurons. Studies show that it promotes sprouting and function of peripheral nerves.

The developers of IGF-1, Cephalon Inc. of West Chester, Pennsylvania and the Chiron Corp., say they are committed to expanding patient access to Myotrophin (1-800-797-0705). The FDA designated Myotrophin an orphan drug treatment for ALS in October 1991, making it available for ALS patients. It may also have treatment IND status.

Before her death, Merian Frederick wrote of her longing to be able to communicate, to converse with friends, to write letters. She could have, with the most basic, inexpensive adaptive devices, and more sophisticated aids.

The prediction of death from ALS within three to five years is often given with a finality that stops patients from fighting back. Consider British cosmologist Stephen Hawking, who, for all his entropy theories, has managed to elude their application to his own battle with ALS. He was diagnosed with ALS when he was 21 years old and bored with life. Hawking says it was the diagnosis and its prognosis of death within three years, that made him realize that life was worth living. Since his diagnosis *33 years ago,* Hawking has married, had three children, written books, and gallivanted around the globe in his motorized wheelchair to give lectures using the latest models of speech synthesizers.

The alternative to "giving up" when faced with a prognosis of total paralysis, was best demonstrated by a young man, David Muir, who turned his rage about his dependence on a ventilator into a dandy little invention that has since helped over 100,000 people who, like Mrs. Frederick, desperately wanted to "converse with friends."

In 1984, when college student Muir suffered a respiratory arrest that necessitated his continued use of a ventilator, he wrote about how bitter he initially felt. He had accepted the fact that he was unable to walk or use his arms; he had accepted his muscular dystrophy. But, like many individuals who need mechanical ventilation, David initially considered refusing it, saying he would rather die that than be stuck in a room, "tethered" to a machine. That's not true, of course, since portable ventilators can go anywhere you care to take them. But Muir said it was the fact that he would be unable to speak once he was on the ventilator that sent him into "an abyss of despair"—until he thought of a way around the communication problem.

His idea was to revamp the valves in his ventilator circuit, making the valve linked to his tracheostomy a one-way valve that would allow people using a ventilator or tracheostomy to speak for the first time! The one-way valve, known as the Passy-Muir valve, provides medically useful benefits to patients of all ages, as well as joy to parents who had never heard their infants or toddlers cry or giggle because their tracheostomy or ventilator prevented it (see box).

Pierre and Jeremy Adler, two-year-old twins using the Passy-Muir Tracheostomy Speaking Valve. The device allows children to develop speech normally.

Can't play bingo? Call Dr. Death

In his Oct. 27, 1992 appearance at the National Press Club in Washington, D.C., Kevorkian told reporters that "any disease that curtails life, even for a day, is terminal." (Little wonder that one woman got his suicide help after she complained that her medical problems stopped her going to bingo.) But, Kevorkian's pronouncements are topped by British citizen Derek Humphry, who founded the Hemlock Society U.S.A. to make it legal in the United States for anyone, of any age, to get euthanasia, at any time, at any place, for any reason.

His 1991 book, *Final Exit,* in which he gives explicit details on how to commit suicide or murder, was found next to the bodies of scores of suicide victims. Humphry leads the euthanasia mob with the admonition that whenever a medical condition interferes with your hedonistic lifestyle, be prepared to take action: Get your cache of lethal pills and plan your good-bye party. He writes that "caring" health professionals must consider the following "unbearable" problems a patient may face when he or she asks you, the doctor, for euthanasia help: sleeplessness, shortness of breath, fatigue; nausea and vomiting; incontinence; excessive salivation; thirst; perspiration; hunger; coughing; constipation; itching; dependence on others; hiccups; weight loss; and loss of dignity. Why bother looking for ways to relieve these symptoms? If the "expert" killer Humphry announces to millions of distressed patients that they are reason enough to commit suicide, then, the victim surmises, "no relief exists."

When Kevorkian says that arthritis is a "terminal" illness; when he killed Mrs. Garrish because of her osteoporosis (which Humphry says is a "terminal" illness), the "expert" discourages millions of people, even in the face of new, as well as existing, effective treatments.

While Humphry called osteoporosis a terminal disease in his book, there are women who were originally crippled by the disease and languishing in a wheelchair, who got to their feet and walked about for the first time in years after a program of weight training was initiated! Besides the approved hormone replacement therapy, experts believe that several new kinds of therapies are likely within two or three years. Merck and Co. has found that their new drug alendronate has increased bone density considerably in their studies of women with the disease (awaiting FDA approval). A University of California study, released in February 1995, indicates that the hormone parathyroid can actually reverse bone loss due to osteoporosis (human trials of this hormone are now under way). But perhaps one of the most exciting breakthroughs is a new, injectable bone-mineral substitute that vastly improves treatment of the large bone fractures caused by osteoporosis every year.

The bone substitute, known as Skeletal Repair System (SRS), actually forms like natural bone right within the body—without systemic rejection or adverse side effects (see box). In fact, the body can't tell the difference between SRS and natural bone. Because SRS is injectable and solidifies within minutes, it eliminates the need for surgery. Patients are able to walk within days of having their hip fractures repaired with SRS. The FDA has approved SRS for multicenter clinical trials in the United States to treat wrist fractures. However, it is being used in Europe for everything from reconstructing faces (after head-on collisions) to an experimental reconstruction of one patient's spine.

You've been duped

A recent poll indicates that Americans are ready to legalize murders like those reviewed here, via legislation proposed in at least a dozen states. They're ready to change the laws of western civilization and of this country, based on the lies that the ghoul Kevorkian is peddling.

The information about the medical breakthroughs and new forms of pain management mentioned here is by no means complete, since we haven't even mentioned possible uses of optical biophysics in curing diseases like AIDS. It was gleaned, not from professional journals, but from media reports. Yet it makes the case that Americans have been duped by Kevorkian's "no hope" pessimism all the more damning. It is not a coincidence that the resurgence of the

The great potential of artificial bone

At the February meeting of the American Association of Orthopaedic Surgeons, researchers with the Norian Corp. of Cupertino, California announced a new "injectable" artificial bone which may soon become the treatment of choice for millions of people who suffer broken hips, wrists, and shins every year. The new material not only heals these tough fractures quickly and more safely, but it can repair the brittle bones and fractured vertebrae caused by osteoporosis; stabilize failed fusions of spinal vertebrae; and has the potential to revolutionize the cranial and oral surgical methods used in difficult facial reconstructions, like the jaws and upper palates, of auto accident victims.

The artificial bone, known as Skeletal Repair System (SRS), forms carbonated apatite—the main mineral constituent of natural bone—directly within the body. Once the shattered bone is reset, doctors guided by X-rays inject the SRS, which has the consistency of toothpaste, into a fracture site. Doctors have about five minutes to mold the material, which is non-toxic and does not shrink like plastic bone cements. There is no heat or toxic chemical released into the body with its use. Because it hardens within minutes, it eliminates the need for open surgery to affix the rods and metal pins that are used to stabilize large bone fractures. Within 12 hours, SRS becomes as strong as natural bone; therefore, patients are immobilized in casts for a fraction of the time needed in current treatments.

Patients are more willing to walk within days of having their hip fractures repaired with SRS, because it produces a rigid internal fixation of the bone to whatever hardware or pins are used. According to Dr. Brent R. Constantz, co-author of a study on SRS published in *Science* on March 24, this shorter period of immobilization turns out to have added benefits. Patients enter physical therapy sooner, and do not lose as much muscle mass and tone. Furthermore, the longer that frail, elderly women are hospitalized for hip surgeries, the higher the mortality rate, usually due to some other condition, like pneumonia.

In February, SRS was approved by the U.S. Food and Drug Administration for clinical trials in treating wrist fractures in 12 U.S. hospitals. It will offer a dramatic improvement of wrist fracture repairs, especially for older patients with osteoporosis, for whom this is a common fracture. Their brittle bones continue to crush after the fracture and crumble around the hardware needed to stabilize the repaired bone. Bone fragments tend to fall out of correct anatomical alignment, even in well-set casts. The bone heals, but in the wrong position, which severely diminishes the patient's hand motion, the grip strength,

"right-to-die" movement in the United States started with the British hospice concept. That, too, was a swindle: Accept a painless, early death, there's nothing else to be done—that is, within the confines of the medical resources allotted in the post-industrial decline of England.

The perspective that made America a world leader in medical science largely turned on the concept that each individual, made in the image of the Creator, is capable, with the best of our nation's resources, of continuing that process of creation—to create miracles like the medical breakthroughs mentioned here. That each individual, even in their sickness, is so cherished, is a fundamentally different worldview than that which bows to the disease, or to nature, as Prince Philip of the House of Windsor espouses. It is that mentality that is turning ours into a nation of killers, where medical ethicists make millions writing and lecturing on when it is "ethical" to kill.

'Euthanasia begets euthanasia'

People are being killed, not only with great fanfare by Kevorkian, but silently, every hour, by freelance killers who, like ERGO!—the Hemlock Society's sister organization—provides diagrams and classes on how to suffocate your companion who has AIDS, or by sons and daughters who promise to "help" their parents "when the time comes." These children end up watching their fathers or mothers gasping under a plastic bag for breath, while they hold their parents' struggling hands down until they lapse into death. Such deaths are an initiation into a culture that willingly accepts "suicide" over any belief that life is sacred. As one reporter explained in a recent article in *New Yorker* magazine, "Euthanasia begets euthanasia." He tells how he, his brother, and his father helped his mother commit suicide during her fight with cancer, and how, like others he met at a Hemlock Society meeting who had "helped" relatives and friends to die, he is sure he will die the same way. After he had tucked away his mother's leftover Seconal tablets for when his turn at suicide arrived, his father was also hunting for them frantically for the same reason.

Is that the legacy you wish to leave your children? Without a battle to put this country back on economic track as a world leader, thereby becoming once again, a beacon of hope for all people, it may be the only legacy you have to leave them.

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and the patient's independence. Now, surgery is no longer needed, since SRS can simply be injected into the fracture site, making the bone and stabilizing device rigid within minutes. The result is that SRS patients, in a cast for two weeks, attain 80% of their normal grip strength three months after a wrist fracture. Current treatment gives patients only 75% of their normal strength one year after fracture, with a six-to-eight-week use of an external fixation device for complex fractures.

There are about 1.5 million fractures due to osteoporosis every year in the United States, and they usually occur in the hip, tibia, or wrist. When SRS is injected into the porous spongy inner shell of these large bones thinned by osteoporosis, it interpenetrates the spongy interstices and interlocks with them, inducing new bone growth. Dr. Constantz told *EIR* that the body cannot distinguish SRS's chemical composition and crystal structure from that of natural bone. So, SRS acts like a living bone graft in a spinal fusion—with new bone formation and blood vessels developing through it, a process that replaces SRS with real bone within weeks. Norian Corp. hopes to use SRS to augment the type of fixation screws used to stabilize fusions of spinal vertebrae. These (pedicle) screws sometimes loosen or fall out. But, when they are augmented or set with SRS, this cannot happen.

In the Netherlands, where SRS is on the market, doctors are finding ways to use it to improve treatment of common large bone fractures, like that of the upper shin or tibia. In some cases, during open surgery and the implanting of $2,000 worth of instrumentation (large plate and screws), doctors reestablish the joint with SRS as a void filler. This is important because without the contour of the joint reestablished, the fracture heals improperly, causing arthritis that may require whole knee replacement. Other surgeons use only a few screws with SRS to stabilize the bone, because SRS becomes structural immediately.

In a further evolution of its use, doctors with the most experience with SRS no longer use surgery at all. They use an arthroscope in the knee joint to see inside the knee and to see the fracture. With a simple stabbing incision below the knee, doctors use an awl to push the fragments back up, to reapproximate the joint surface. They then inject the SRS, and cast the leg for a couple of weeks, at which point the patient begins physical therapy.

'This is a job for SRS!'

Dutch surgeons recently sought U.S. doctors' advice on treating a young man whose spinal vertebrae had crumbled, causing him to shrink 31 centimeters in height (the length of his head), which in turn caused him breathing difficulties—exactly what women with osteoporosis experience. The doctors acted quickly when told, "This is a job for SRS!" They used SRS to fill the spinal voids caused by the bone loss—in effect reconstructing his spine.

Norian SRS will greatly improve the lives of the 30 million Americans affected by osteoporosis.—*Linda Everett*