

No More Pink Ribbons

by Qaraandin

Another October is upon us and, as has been the custom since 1985, pink ribbons are everywhere. We see pink ribbons on posters, in magazine ads, and on women's lapels. Pink ribbons reminding us that it is October and, therefore, Breast Cancer Awareness Month.

In honor of Breast Cancer Awareness Month there are walks, runs, hikes, and other fund-raising events that are used to raise hundreds of millions of dollars to fund the search for a cure. Large corporations, foundations, hospitals and celebrities join together to assure us that if we give enough money for research breast cancer will be cured soon.

The motto of Breast Cancer Awareness Month is "Early Detection is Your Best Protection." In 1995 the National Cancer Institute stated that "breast cancer is simply not a preventable disease." In 1997 the American Cancer Society announced that "there are no practical ways to prevent breast cancer - only early detection."

So, during the month of October we are reminded of how important it is for us to make a date to get a mammogram from our local x-ray department.

But, wait a minute. Something is missing from all of this pink ribbon frenzy.

Perhaps we should begin with the very idea of cancer itself. Here is a quote from "Medical Ignorance & The Democracy of Intellect" by Professor Dr. Manu Kothari, of the Department of Anatomy at Seth G. S.. Medical College in Mumbai, India:

"In 1946 Augustus Bier wrote, that all you know about cancer can be written down on a visiting card! And still today it remains unchanged. Around 1983, James Watson of the double helix fame, characterised cancer research as intellectually bankrupt, financially ex-inigorating and therapeutically useless. And he said cancer establishments are a lot of shit. That is the term he used.

"Sir Meg McFarlen, the Nobel Laureate, summed up the entire Nobel scene, and he said that after a thousand years of work, the outcome is precisely nil. And today what has happened is: the cancer cell no longer is taken as a structural entity. The cancer cell is taken as one more form of normal cells. Now the question is: what is cancer cell and what is normal cell?

"Albert Szent-Gyorgii, the Nobel Laureate for the discovery of vitamin C and actin myocine, while chairing a session in America at the 69th Ciba Symposium on Sub-molecular biology and cancer, on the last page, he is asked, "Can you define what is a cancer cell?" And he says, typically of a humble person, "My dear sir, how can I tell you what's a cancer cell when I don't know what's a normal cell?" Yet in the cancer establishment, the bogey of the cancer cell as a vicious, savage cell is being sustained."

So, we may be dealing with a condition that does not even exist. But, let us proceed as if breast cancer is a clearly identified dis-ease.

The primary sponsor and mastermind of the 1985 Breast Cancer Awareness Month idea was Zeneca Pharmaceuticals, now known as AstraZeneca. All tell-lie-vision,

radio, and print ads for Breast Cancer Awareness Month are paid for and must be approved by AstraZeneca.

AstraZeneca makes fungicides, herbicides and pesticides. One of its products, Acetochlor, is a pesticide recognized as a cause of breast cancer. Its Perry, Ohio chemical plant is one of the largest sources of potential cancer-causing pollution in the US. In 1996, it spit 53,000 pounds of known cancer causing agents into the air.

In addition to creating cancer-causing chemicals, AstraZeneca also patented Tamoxifen, the most popular drug used to treat breast cancer. Tamoxifen has gross sales of \$500 million dollars a year. On May 16, 2000, the New York Times reported that the National Institute for Environmental Health Sciences included Tamoxifen on its list of substances that are known to cause cancer.

Tamoxifen is known to cause uterine cancer, liver cancer and gastro-intestinal cancer. After just two to three years of use, Tamoxifen will increase the incidence of uterine cancer by two to three times. The treatment for uterine cancer is a hysterectomy. In addition, Tamoxifen increases the risk of strokes, blood clots, eye damage, menopausal symptoms, and depression. One doctor describes Tamoxifen as "... a garbage drug that made it to the top of the scrap heap."

In 1999, the journal Science published a study from Duke University Medical Center that showed that after 2 - 5 years, Tamoxifen, the most popular drug for treating breast cancer, actually initiated the growth of breast cancer.

This means that AstraZeneca, the originator of Breast Cancer Awareness Month, is the manufacturer of cancer-causing chemicals, pollutants that cause cancer and a breast cancer treatment drug that causes several different types of cancer, including breast cancer.

Remember, we are being told that there is no way to prevent breast cancer. The best we can hope for is early detection.

Dr. Kothari again:

"And the other illusion which it destroyed was that of early diagnosis, yet we still drumbeat early diagnosis. From 1802 through the 19th and 20th century, some of the most leading thinkers have shown that early diagnosis is not possible. This was said intuitively. Then came cytogenetics. And cytogenetics has shown that before a tumour assumes one milligram of weight, which no scan ever can detect, it's a billion cells strong! And to arrive at that it will take a few years. Which means that by the time a cancer is diagnosed, a symptomatic silent cancer - diagnosed and detected by the most sensitive scan, it has been in the patient's body from 5-20 years."

The promoters of Breast Cancer Awareness Month tell us we need to get mammograms "for early detection." At one time, only women 50 years of age or older were told to get yearly mammograms. Now women 40 years old and - in some cases - as young as 25 years old are being told they need to have yearly mammograms.

Speaking of the practice of mammography, Dr Tim O'Shea says:

"This is one topic where the line between advertising and scientific proof has become very blurred. As far back as 1976, the American Cancer Society itself and its government colleague, the National Cancer Institute, terminated the routine use of mammography for women under the age of 50 because of its 'detrimental'

(carcinogenic) effects. More recently, a large study done in Canada found that women who had routine mammograms before the age of 50 also had increased death rates from breast cancer by 36%.”

A mammogram is an x-ray - a form of radiation. Even the American Cancer Society has said that radiation causes cancer. There is no safe level of exposure to radiation.

Samuel Epstein, M.D. is a Professor of Occupational and Environmental Medicine at the University of Illinois School of Public Health. According to him:

"There is clear evidence that the breast, particularly in premenopausal women, is highly sensitive to radiation, with estimates of increased risk of up to one percent for every RAD (radiation absorbed dose) unit of x-ray exposure. Even for low dosage exposure of two RADs or less, this exposure can add up quickly for women having an annual mammography,"

John McDougall, MD has made a thorough review of the literature available on mammograms. He points out that:

“...the US\$5-13 billion per year generated by mammograms controls the information that women get. Fear and incomplete data are the tools commonly used to persuade women to get routine mammograms. What is clear is that mammography cannot prevent breast cancer or even the spread of breast cancer. By the time a tumour is large enough to be detected by mammography, it has been there as long as 12 years! It is therefore ridiculous to advertise mammography as 'early detection'.”

Mammograms do not protect women from breast cancer; the best they can do is detect it. At worst, they can cause it.

In his book, “Fighting Cancer: A Survival Guide,” Jonathan Chamberlain writes:

“The mammogram test has also been criticised for squeezing and bruising breast tissue - and in that way actually promoting the problem that it is supposed to be testing for. Cancer incidence has been shown in some surveys to be higher among women who have annual check ups than among those who have never had a mammogram.”

Dr. Charles B. Simone, a former clinical associate in immunology and pharmacology at the National Cancer Institute, says:

“Mammograms increase the risk for developing breast cancer and raise the risk of spreading or metastasizing an existing growth.”

Dr. McDougall says:

“...between 10% and 17% of the time, breast cancer is a self-limiting, non-life-threatening type called 'ductal carcinoma in situ'. This harmless cancer can be made active by the compressive force of routine mammography.”

Drs. Wright and Mueller of the University of British Columbia are researchers who reviewed all the available literature on survival rate from routine screening mammograms. They recommended the withdrawal of public funding for mammography screening because the “benefit is marginal, and the harm caused is substantial.”

After the mammogram is taken it still must be read. One person reading the mammogram may say it is positive - there is cancer - and another person reading the same mammogram may say it is negative - there is no cancer.

False tumor reports - positive and negative - occur between 5 and 15 percent of the time. (In 1997 *The New York Times* reported a false positive rate "as high as 50%". False positive results cause women to have unnecessary procedures and testing, including additional x-rays and sometime unneeded surgery. False negative reports mean that a woman is told she does not have cancer when she actually does.

There are safer and more effective ways to detect cancer but they have been attacked by the Breast Cancer Awareness organizations.

General Electric manufactures mammography machines. It is also a major polluter, releasing large amounts of PCB's - cancer causing chemicals - into New York's Hudson River.

But suppose a woman actually does have breast cancer. It seems that once a woman has been told she has breast cancer the best thing for her to do is avoid whatever treatment is offered by her mainstream doctor.

Hippocrates said::

"It is better not to apply any treatment in cases of occult [hidden] cancer; for, if treated, the patients die quickly; but if not treated, they hold out for a long time."

Paracelsus was a doctor who lived from 1493 to 1541. He said:

"It should be forbidden and severely punished to remove cancer by cutting, burning, cautery and other fiendish tortures. It is from nature that the disease arises and from nature comes the cure."

Dr Compton Burnett, a homoeopathic doctor, described the surgical process for breast cancer by stating:

"[The woman] was successfully operated on and thoroughly cured thereby of her mammary tumour; nine months later, she was again thoroughly cured of another tumour, by a perfectly successful operation; a few months thereafter she was again successfully operated on for another tumour, and just as she was getting well – she died."

He also said:

"Surgeons may think the cutting out and cutting off processes "curing"; I think them a last refuge of helplessness."

In 1906 Dr Robert Bell, a senior staff member of the Glasgow Hospital for Women wrote:

"I had been taught that this [surgery] was the only method by which malignant disease could be successfully treated, and, at the time, believed this to be true. But failure after failure following each other, without a single break, inclined me to alter my opinion. The disease invariably recurred with renewed virulence, suffering was intensified, and the life of the patient shortened...That cancer is a curable disease, if its local development is recognised in its early stages, and if rational dietetic and

therapeutic measures are adopted and rigidly adhered to, there can be no doubt whatever."

Senior cancer physician Dr Charles Moertal, of the Mayo Clinic in the USA, was quoted by Edward G. Griffin in his book 'World Without Cancer.' Dr. Moertal said:

"Our most effective regimens are fraught with risks and side-effects and practical problems; and after this price is paid by all the patients we have treated, only a small fraction are rewarded with a transient period of usually incomplete tumor regressions."

Thomas Dao, MD wrote an article in the March 1975 issue of the New England Journal of Medicine in which he stated:

"Despite widespread use of chemotherapies, breast cancer mortality has not changed in the last 70 years."

John Cairns, a professor at Harvard University School of Public Health, wrote in the November 1985 issue of Scientific American: .

"The majority of cancers cannot be cured by radiation because the dose of X-rays required to kill all the cancer cells would also kill the patient."

Professor Charles Mathe is a cancer specialist. In 1989 he wrote :

"If I contracted cancer, I would never go to a standard cancer treatment centre. Cancer victims who live far from such centres have a chance."

In 1991, Lancet carried an article titled "Medical Oncology in the 90s" in which Albert Braverman, MD wrote:

"Many medical oncologists recommend chemotherapy for virtually any tumour, with a hopefulness undiscouraged by almost invariable failure."

Walter Last, writing in the March/April 1998 issue of 'The Ecologist', reported:

"After analysing cancer survival statistics for several decades, Dr Hardin Jones, a professor at the University of California, concluded: '...patients are as well, or better off, untreated.' Jones's disturbing assessment has never been refuted."

In "The Healing of Cancer" Allen Levin, M.D. wrote:

"Most cancer patients in this country die of chemotherapy. Chemotherapy does not eliminate breast, colon, or lung cancers. This fact has been documented for over a decade, yet doctors still use chemotherapy for these tumors."

"The Cancer Industry" is a book that gives us a look into the world of conventional cancer politics and practices. It was written by Dr. Ralph Moss. During a radio show interview in 1994, he stated:

"In the end, there is no proof that chemotherapy actually extends life in the vast majority of cases, and this is the great lie about chemotherapy: that somehow there is a correlation between shrinking a tumour and extending the life of a patient."

The following comes from Tim O'Shea's The Doctor Within website:

"A German epidemiologist from the Heidelberg/Mannheim Tumor Clinic, Dr Ulrich Abel, has done a comprehensive review and analysis of every major study and clinical trial of chemotherapy ever done. His conclusions should be read by anyone who is about to embark on the Chemo Express. To make sure he had reviewed everything ever published on chemotherapy, Abel sent letters to over 350 medical centers around the world, asking them to send him anything they had published on the subject. Abel researched thousands of articles: it is unlikely that anyone in the world knows more about chemotherapy than he.

"The analysis took him several years, but the results are astounding: Abel found that the overall worldwide success rate of chemotherapy was 'appalling' because there was simply no scientific evidence available anywhere that chemotherapy can 'extend in any appreciable way the lives of patients suffering from the most common organic cancers'. Abel emphasizes that chemotherapy rarely can improve the quality of life. He describes chemotherapy as 'a scientific wasteland' and states that at least 80 per cent of chemotherapy administered throughout the world is worthless and is akin to the 'emperor's new clothes'--neither doctor nor patient is willing to give up on chemotherapy, even though there is no scientific evidence that it works! (Lancet, 10 August 1991) No mainstream media even mentioned this comprehensive study: it was totally buried."

Dr. Kothari wrote:

"Another unholy humbug which they are sustaining, is that chemotherapy and radiotherapy are useful because they tend to kill the more fast multiplying cells as compared to normal cells. This went on until cytokinetics arrived. And cytokinetics arrived to destroy two illusions. Cytokinetics showed that - if at all, cancer cells multiply painfully slowly, with the result that when you give radio therapy and chemotherapy, before you kill a single cancer cell, you will destroy a million normal cells. That is the trade off, okay?"

In "Death By Doctoring" Steven Ransom helps us understand what chemotherapy is and what it does to the body:

"Chemotherapy is an invasive and toxic treatment able supposedly to eliminate cancer cells. Unfortunately, though, its ferocious chemistry is not able to differentiate between the cancerous cell or the healthy cell and surrounding healthy tissue. Put simply, chemotherapy is an intravenously administered poison that kills all living matter. Repeated chemotherapy and repeated radiation treatments kill the whole body by degrees. The immune system is hit particularly hard by chemotherapy and often does not recuperate enough to protect adequately against common illnesses, which can then lead to death.

"Some 67 per cent of people who die during cancer treatment do so through opportunistic infections arising as a direct result of the immune system failing because of the aggressive and toxic nature of the drugs. What is this, if not death by doctoring? And the side effects from both chemotherapy and radiation itself are extensive. They can include dizziness, skin discolouration, sensory loss, audio/visual impairment, nausea, diarrhoea, loss of hair, loss of appetite leading to malnutrition, loss of sex drive, loss of white blood cells, permanent organ damage, organ failure, internal bleeding, tissue loss and cardiovascular leakage (artery deterioration), to name but a few."

It seems, then, that the best thing for a woman to do is take steps to prevent breast

cancer. The promoters of Breast Cancer Awareness Month would like us to believe there is no way to prevent cancer and we must be satisfied with "early detection." That is not true.

All of the things we do to maintain our temples help protect us from cancer. Not just breast cancer - any form of cancer. When we keep our bodies healthy and in balance, we do not have to be concerned about developing cancer.

According to the International Agency for Research in Cancer:

"...80-90 per cent of human cancer is determined environmentally and thus theoretically avoidable."

Lifestyle factors such as smoking; a diet high in animal products and low in fresh fruit and vegetables; food additives and preservatives; alcohol; workplace hazards; air and water pollution; electromagnetic radiation; microwave radiation; and certain pharmaceutical drugs and medical procedures are well known environmental causes of cancer.

In his book, 'Naked Empress - the Great Medical Fraud,' medical historian Hans Ruesch wrote:

"Despite the general recognition that 85 per cent of all cancers is caused by environmental influences, less than 10 per cent of the [U.S.] National Cancer Institute budget is given to environmental causes. And despite the recognition that the majority of environmental causes are linked to nutrition, less than 1 per cent of the National Cancer Institute budget is devoted to nutrition studies. And even that small amount had to be forced on the Institute by a special amendment of the National Cancer Act in 1974."

Some of the things that women do every day as part of the hygiene regimen are known to be linked to the development of breast cancer. For example, it is now known that most cosmetics and personal care products on the market contain parabens.

Parabens [alkyl esters of p-hydroxybenzoic acid] are widely used as antimicrobial preservatives in thousands of cosmetics, personal care products, pharmaceutical products, and food. It is estimated that the six forms of parabens are used in at least 13,200 cosmetics products.

Philippa Darbre, an oncology expert at the university of Reading, in Edinburgh, England, is the lead researcher of the recent study. According to her study, the chemical form of paraben found in 18 of the 20 tumors tested showed that they came from something applied to the skin, the most likely candidates being deodorants, antiperspirants, creams, and/or body sprays.

In an interview with the New Scientist [January 12, 2004], Darbre pointed out that:

"One would expect tumors to occur evenly, with 20 percent arising in each of the five areas of the breast. But these results help explain why up to 60 percent of all breast tumors are found in just one-fifth of the breast, the upper-outer quadrant, nearest the underarm."

The National Institute of Occupational Safety and Health has reported that nearly 900

of the chemicals used in cosmetics are toxic. Other groups believe the figure is much greater than that.

The US has one of the highest breast cancer rates in the world. For 2003, it is estimated that 211,300 new cases of "invasive" breast cancer and 55,700 cases of "localized" breast cancer were diagnosed.

The "war on cancer" has not been effective against breast cancer. Fifty years ago a woman had a one in twenty chance of developing breast cancer. Now the risk factor is said to be one in eight.

Dr. John Bailer spent 20 years on the staff of the U.S. National Cancer Institute. He was also editor of its journal. During a speech at the May 1985 Annual Meeting of the American Association for the Advancement of Science he said:

"My overall assessment is that the national cancer programme must be judged a qualified failure.

"The five year survival statistics of the American Cancer Society are very misleading. They now count things that are not cancer, and, because we are able to diagnose at an earlier stage of the disease, patients falsely appear to live longer. Our whole cancer research in the past 20 years has been a total failure. More people over 30 are dying from cancer than ever before . . . More women with mild or benign diseases are being included in statistics and reported as being 'cured'. When government officials point to survival figures and say they are winning the war against cancer they are using those survival rates improperly."

Everything that exists does whatever it can to assure its survival. The cancer industry is no exception. In *Naked Empress - the Great Medical Fraud*, Hans Ruesch quotes what Robert Houston and Gary Null wrote in the late 1970s, after studying the policies, activities, and assets of the major U.S. cancer institutions. Houston and Null concluded that these institutions had become self-perpetuating organisations whose survival depended on the state of no cure. They wrote:

"A solution to cancer would mean the termination of research programs, the obsolescence of skills, the end of dreams of personal glory, triumph over cancer would dry up contributions to self-perpetuating charities and cut off funding from Congress, it would mortally threaten the present clinical establishments by rendering obsolete the expensive surgical, radiological and chemotherapeutic treatments in which so much money, training and equipment is invested. Such fear, however unconscious, may result in resistance and hostility to alternative approaches in proportion as they are therapeutically promising. The new therapy must be disbelieved, denied, discouraged and disallowed at all costs, regardless of actual testing results, and preferably without any testing at all. As we shall see, this pattern has in actuality occurred repeatedly, and almost consistently."

All over the world people are curing themselves of cancer. Some of those people were told their cancers were terminal and they had only days or weeks to live. Once they cured themselves and returned to the doctor, the doctor's response is, "There must have been a mistake in the diagnosis. You probably didn't have cancer at all."

On his audio cassette 'The Politics of Cancer,' G. Edward Griffin assures us that not all the people who work in the cancer research industry are actively working to prevent a cure. He says:

". . . let's face it, these people die from cancer like everybody else. . . [I]t's obvious

that these people are not consciously holding back a control for cancer. It does mean, however, that the [pharmaceutical-chemical] cartel's medical monopoly has created a climate of bias in our educational system, in which scientific truth often is sacrificed to vested interests . . . [I]f the money is coming from drug companies, or indirectly from drug companies, the impetus is in the direction of drug research. That doesn't mean somebody blew the whistle and said "hey, don't research nutrition!" It just means that nobody is financing nutrition research. So it is a bias where scientific truth often is obscured by vested interest."

In 'Medical Demystification (M.D.) Report, 'Dr. Sydney Singer writes:

"Researchers are like prostitutes. They work for grant money. If there is no money for the projects they are personally interested in, they go where there is money. Their incomes come directly from their grants, not from the universities. And they want to please the granting source to get more grants in the future. Their careers depend on it."

Many of us who live under the capitalist economic system like to act as if the health industry is not profit driven. We ignore how big business controls our health choices. In the April 1998 issue of AOK Magazine, Dr. Matthias Rath sets the record straight:

"Throughout the 20th century, the pharmaceutical industry has been constructed by investors, the goal being to replace effective but non-patentable natural remedies with mostly ineffective but patentable and highly profitable pharmaceutical drugs. The very nature of the pharmaceutical industry is to make money from ongoing diseases. Like other industries, the pharmaceutical industry tries to expand their market--that is, to maintain ongoing diseases and to find new diseases for their drugs. Prevention and cure of diseases damages the pharmaceutical business and the eradication of common diseases threatens its very existence.

"Therefore, the pharmaceutical industry fights the eradication of any disease at all costs. The pharmaceutical industry itself is the main obstacle, why today's most widespread diseases are further expanding, including heart attacks, strokes, cancer, high blood pressure, diabetes, osteoporosis and many others. Pharmaceutical drugs are not intended to cure diseases. According to health insurers, over 24,000 pharmaceutical drugs are currently marketed and prescribed without any proven therapeutic value.

"According to medical doctors' associations, the known dangerous side-effects of pharmaceutical drugs have become the fourth leading cause of death after heart attacks, cancer and strokes. (Journal of the American Medical Association, April 15, 1998)

"Millions of people and patients around the world are defrauded twice. A major portion of their income is used up to finance the exploding profits of the pharmaceutical industry. In return, they are offered a medicine that does not even cure."

As Pat Rattigan, author of The Cancer Business, reports:

"The threat to the cancer business from effective therapies was taken very seriously from the beginning. By the 1940s, the Syndicate had 300,000 names on its 'quack' files. Vitamin B17, being a unique threat due to its simplicity, attracted more

concentrated attacks than all the other treatments put together: fraudulent test reports; hired, banner-carrying pickets outside clinics; rigged juries; newspaper character assassinations; dismissal of heretic employees; etc. The FDA, orchestrating the onslaught, sent out 10,000 posters and hundreds of thousands of leaflets warning about the dangers of the toxicity of the non-toxic substance. Earlier, a Congressional Accounting Office had found that 350 FDA employees had shares in, or had refused to declare an interest in, the pharmaceutical industry."

In the April 1994 radio interview with Laura Lee, Dr. Moss spoke of what really drives the cancer industry:

Moss: "About 630,000 people die every year of cancer in the US, and it really is an epidemic disease. We have got a tremendous industry. Every one of those people who is getting cancer and dying of it is going to be treated, and these treatments are extremely expensive. Chemo is [costed at] tens of thousands, sometimes hundreds of thousands of dollars. A bone marrow transplant, which is basically another way of giving chemotherapy, or radiation, can run to about \$150,000 per person, and is almost never effective. It kills about 25 per cent of the patients."

Lee: "Why carry on doing it?"

Moss: "Because of the money, which is tremendous."

On June 14, 2003, Dr. Matthias Rath and others submitted a Complaint Against Genocide and Other Crimes Against Humanity Committed in Connection With The Pharmaceutical 'Business With Disease' to the International Criminal Court in The Hague on behalf of the people of the world. The complaint pointed out how the pharmaceutical corporations are able to operate: From the complaint:

To commit these crimes, the pharmaceutical corporations use a maze of executors and accomplices in science, medicine, the mass media and in politics...."

Very few of us realize that medical news is shaped by whatever will benefit the health care industry and the drug companies. When we see tell-lie-vision news reports and printed articles of new drugs and treatments we have no way of knowing that those reports come to us courtesy of a network of highly paid and well-placed public relations firms, medical ghostwriters, and speakers' bureaus. Most of the time the "experts" that are quoted in those pieces are paid by a PR firm that is paid by the company that will profit from the "news."

Medical reporters are like the rest of us. They have been convinced that the body is so complex that they cannot begin to understand how it works. Of course, medical details are also too much for them to understand. When the medical reporter is also a doctor, she or he is not likely to make reports that other physicians may not like.

What we wind up with are medical reporters who recite whatever the American Medical Association (AMA), Food and Drug Administration (FDA), drug companies, or hospitals want them to say. We should not expect the mainstream media to tell us anything other than what they do about breast cancer - or any other subject. The following was reported in Sierra Times in March 2003:

"On February 14, a Florida Appeals court ruled there is absolutely nothing illegal about lying, concealing or distorting information by a major press organization. The court reversed the \$425,000 jury verdict in favor of journalist Jane Akre who charged

she was pressured by Fox Television management and lawyers to air what she knew and documented to be false information. The ruling basically declares it is technically not against any law, rule, or regulation to deliberately lie or distort the news on a television broadcast."

"On August 18, 2000, a six-person jury was unanimous in its conclusion that Akre was indeed fired for threatening to report the station's pressure to broadcast what jurors decided was "a false, distorted, or slanted" story about the widespread use of growth hormone in dairy cows. The court did not dispute the heart of Akre's claim, that Fox pressured her to broadcast a false story to protect the broadcaster from having to defend the truth in court, as well as suffer the ire of irate advertisers.

"Fox argued from the first, and failed on three separate occasions, in front of three different judges, to have the case tossed out on the grounds there is no hard, fast, and written rule against deliberate distortion of the news. The attorneys for Fox, owned by media baron Rupert Murdoch, argued the First Amendment gives broadcasters the right to lie or deliberately distort news reports on the public airwaves.

"In its six-page written decision, the Court of Appeals held that the Federal Communications Commission position against news distortion is only a "policy," not a promulgated law, rule, or regulation.

"Fox aired a report after the ruling saying it was "totally vindicated" by the verdict."

Remember that the next time you sit down to watch the evening news.

We are programmed to act as if everything the doctor says is gospel. However, Dr Eugene D. Robin offers this piece of advice:

'The doctor's opinion is not infallible... you, the patient, have the highest stake in the decision – the most to gain and the most to lose. You, the patient, are the one to decide what constitutes a happy and productive life. Don't let your doctor, however well intentioned, usurp this right.' We know that to the medical profession "a patient cured is a customer lost." And as much as we want to pretend otherwise, the health industry is just that - an industry. They are in business to make money. As long as there is a lot of money to be made with breast cancer we will be told it cannot be prevented and there is no cure.

It does not matter how many pink ribbons we wear. The game continues as long as we are willing to play. This is a high-stakes game, to be sure. After all, the lives of hundreds of thousands of women - and some men - are at stake.

Beginning with this October let us use our brains. Get rid of all the pink ribbons. Breast Cancer Awareness Month is a scam. The Campaign Against Fraudulent Medical Research has given us a warning:

"The next time you are asked to donate to a cancer organisation, bear in mind that your money will be used to sustain an industry which has been deemed by many eminent scientists as a qualified failure and by others as a complete fraud."

Taken from <http://www.blackherbals.com>