ST. JUDE RESEARCH HOSPITAL
ST. JUDE MEDICAL/ABBOTT LABORATORIES

CHARITY OR PROFIT-DRIVEN COMMERCIAL ENTERPRISE?

ST. JUDE RESEARCH HOSPITAL IS LOCATED IN MEMPHIS, TN

1962 – Danny Thomas founds St. Jude Research Hospital.

1991 – Thomas dies after spearheading St. Jude's fundraising drives for several decades.

2004 – Marlo and her siblings, Terre and Tony Thomas create the *Thanks and Giving Campaign* that raises $700 million a year for St. Jude.

2016 – St. Jude Medical, the medical device manufacturing arm of St. Jude, becomes a subsidiary of Abbott Laboratories, a pharmaceutical company, in order to create a global medical device giant with total sales of $8.7 billion in a $30 billion market.

THE AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES (ALSAC) IS THE FUNDRAISING ARM OF ST. JUDE.

2018 – Total assets of St. Jude - $5.302 billion

2018 – Income for St. Jude - $981 million. ALSAC provided $757 million, patients' insurance companies provided $117 million, government taxpayer grants provided $83 million, (plus money from other sources; royalties, vending machines, etc.)

2018 – ALSAC EXECUTIVE SALARIES

$1,202,948 – James Downing – Ex-Officio director (from St. Jude)
$ 893,589 – Richard C. Shadyac, Jr. CEO and Ex-Officio Director
$ 575,408 – Emily S. Greer – Chief Administrator Officer
$ 550,757 – Emily Callahan – Chief Marketing Officer
$ 545,573 – Jeffrey T. Pearson – Chief Financial Officer

9 ALSAC employees received a total compensation of $5.8 million in 2018. ALSAC also paid employees for travel expenses, companion travel expenses, health and social club dues and initiation fees.

2018 – ST. JUDE EXECUTIVE SALARIES

$1,365,679 – Andrew Davidoff – Chair
$1,202,948 – James Downing – President/CEO/Ex-Officio Officer
$1,016,649 – Paul C. Ribiero – Faculty
$ 929,491 – Ellis Neufeld, EVP, Clinical Director
$ 912,661 – Stephen W, White – Chair
$ 893,589 – Richard C. Shadyac – Ex-Officio Director (from ALSAC)
$ 889,939 – Thomas E. Merchant – Chair

The 14 most highly paid employees of St. Jude received a total of $12.7 million in compensation. St. Jude also paid for first class travel expenses, companion travel expenses and tax indemnifications.

PATIENTS SURVIVAL RATES

St. Jude takes credit for the fact that the survival rate for children with cancer has gone up from 20 percent to 80 percent. Survival rate means that if a child survives treatment for five years and then dies, that child is still a survivor and a part of the survival rate. Mortality rates (how long children actually live after treatment) and the recidivism rates (the cancer comes back or another disease is caused by the St. Jude therapies) are not available from St. Jude or from the CDC through the Freedom of Information Act. St. Jude and the Tennessee Department of Health did not respond to our requests for information regarding mortality rates and recidivism.

ILLEGAL KICKBACKS, RECALLS AND LAWSUITS

2010 – After a 5-year investigation by the Justice Department, St. Jude Medical and two hospitals are forced to pay out $3.7 million in claims to settle fraud allegations for paying illegal kickbacks to two hospitals to secure St. Jude's heart device business.

"These incentives have more to do with sales than patient well-being." Warner Mendenhall – Whistleblower's attorney.

2011 – St. Jude, under investigation by the Justice Department for the third time since 2010, is forced to pay $16 million to settle claims for giving kickbacks to doctors for implanting St. Jude medical devices in their patients.

"Hospitals should base their purchasing decision on what is best for their patients…to ensure that choices about healthcare are not tainted by illegal kickbacks."

Tom West – Assistant Attorney General

ST. JUDE RIATA LEAD RECALL

2006 – Several doctors inform St. Jude that they have safety concerns about St. Jude's Riata leads (small wires used to connect an implanted cardiac defibrillator to the heart) regarding insulation problems.

2008 – St. Jude's internal audit confirms 246 cases of insulation breach.

2008 – Supreme Court rules that manufacturers of medical devices approved by the FDA cannot be held accountable for their failure.

2010 – St. Jude sends out warning letters to doctors informing them of defects in the leads.

2011 – The FDA recalls St. Jude's Riata leads.

"The St. Jude Riata lead is a perfect example that FDA approval does not make a device safe and without legal accountability device manufacturers have little incentive to put the safety of patients over their profits." Katie Gommel – American Association for Justice.

2012 – Class action lawsuits are filed against St. Jude for withholding information regarding serious risk of injury and death to patients from the faulty Riata leads.

ST. JUDE'S DURATA WIRE

November 2012 – The FDA finds flaws in St. Jude's testing and oversight of the Durata wire which is similar and provides the same function as the Riata lead.

August 2012 – Dr. Robert Hauser, renowned heart specialist, makes a public statement saying that St. Jude's Durata wires are at risk of abrasion and warns other doctors not to use them.

August 2012 – The FDA orders St. Jude to do a 3-year study of the Durata wire and recommends that patients with the Durata wire be thoroughly examined but does not recommend removal because of the risk of injury or death during the surgery.

November 2012 – St. Jude releases a critical federal report with all references to the Durata wire redacted and is accused by critics of doing so to avoid embarrassment.

November 2012 – Amid the controversy, the value of St. Jude plummets more than $1 billion but experts say that St. Jude's actions will have a more lasting impact on its reputation and the health of patients.

ST. JUDE CARDIAC DEFIBRILLATOR RECALL

2014 – St. Jude management is told by medical advisory boards of premature battery depletion in their cardiac defibrillator, risking serious injury or death to patients.

2014 – St. Jude conceals evidence regarding the full scope of the battery issue and presents false or incomplete evidence of the defects to their board.

2014 – Even after one person dies, St. Jude continues to market the device despite the risk to patients of injury and death. The FDA states that St. Jude knew of the problem for years, and systematically underestimated the risk to patients. The company only focused on a few confirmed battery failure cases. Even when an outside supplier provided evidence to St. Jude that its batteries were a problem, St. Jude still denied it.

October 2016 – The FDA recalls the devices following patient deaths and hospitalizations. St. Jude continues to ship and allow flawed devices to be implanted into patients after recall.

January 2017 – Abbott Laboratories acquires St. Jude Medical.

April 2017 – The FDA sends St. Jude/Abbott a warning letter stating that they underestimated the hazardous situation.

September 2017 – Class action lawsuits are filed against St. Jude/Abbott.

"St. Jude knew for years its implanted cardioverter defibrillator was faulty yet sold it anyway." Michael Brady Lynch Law Firm.

RECALL OF THE VADO STEERABLE SHEATH

February 2016 – Abbott acquires Kalila Medical, maker of the Ado Steerable Sheath.

August 2016 – Muddy Waters Capital, an investment firm, implores St. Jude to recall its pacemaker and other devices citing danger to patients because cyberattacks could cause them to malfunction.

September 2016 – St. Jude sues Muddy Waters Capital claiming they're trying to drive down St. Jude stock prices before a stockholder meeting regarding a major merger.

September 2016 – To appease federal regulators before an important stockholder vote to unite the two companies, St. Jude/Abbott sells Kalila Medical, Angio Seal and Femo Seal products to Teruma, a Japanese Company.

December 2017 – FDA investigations find that the Vado Steerable Sheath has a flaw, presumably caused by its manufacture.

February 2018 – The Vado Steerable Sheath is recalled. 

LAWYERS FEES

In their 2017 Annual Report St. Jude states that they freely share their groundbreaking discoveries – unless patents that will garner huge profits are involved. In 2013, St. Jude sued Novartis asserting rights over certain DNA molecules that could lead to several patents, asserting that Novartis "has caused and will continue to cause St. Jude irreparable injury and damage." (loss of profits)

Fighting over patents that could result in putting more drugs on the market is not unusual in the biomedical research community. Why not freely share if the drugs will help people? Big Pharma and St. Jude don't operate that way. Like any Big Pharma corporation, St. Jude is ruled by profits not concern for patients.

It would seem that donations to St. Jude are important components in paying for their lawyers' fees to fight lawsuits and defending themselves against complaints by the Justice Department and the FDA.

CLINICAL EXPERIMENTS ON CHILDREN

With permission from parents, St. Jude is given complete authority to try new therapies on babies, toddlers and older children with cancer that has newly occurred or reoccurred after being treated by St. Jude in the past. Descriptions of some of these experiments follow.

BRAIN TUMOR CLINICAL TRIALS

1. HIPPOCAL AVOIDENCE USING PROTON (RADIATION) THERAPY IN CHILDREN WITH BRAIN TUMORS
Requirements: Must be 6-22 years old with low grade glioma. (brain tumor)

2. THERAPY USING THE DRUG MEMANTINE (AN ALZHEIMER'S DRUG) TO FIND OUT IF IT WILL PREVENT MEMORY LOSS IN CHILDREN RECEIVING RADIATION FOR CERTAIN BRAIN TUMORS
Among requirements: Must be 6-21 years old, be able to swallow pills, have had cranial radiation and diagnosis of certain brain tumors.

Side effects of Memantine include pain and swelling of face and limbs, dizziness, fainting, fast heartbeat, bleeding gums, high fever, seizures, trouble breathing, no pulse, no breathing.

Federal regulations allow children to be inundated with risk, harm and pain while undergoing experiments even though the experiments will not benefit them but may benefit children sometime in the future, making children, with the full approval of parents, perfect experimental, human guinea pigs.

3. SURGERY AND SECOND COURSE RADIATION THERAPY IN TREATING YOUNGER PATIENTS WITH RECURRENT EPENDYNOMA (a rare type of tumor that arises from the central nervous system.)
Among the requirements: Must be between 1-21, have progressive intracranial ependymoma *after prior focal irradiation,* does not require mechanical respiration.

4. PROTON (radiation) THERAPY FOR PEDIATRIC CRANIOPHARYNGIOMA (brain tumor)
Among requirements: Must be 21 or younger, have diagnosis of craniopharyngioma.

5. PHASE II STUDY OF ALISERTIB THERAPY FOR RHABDOID TUMORS
Among requirements: must be 21 years old or younger, have newly diagnosed atypical teratoid rhabdoid tumors (ATRTs) or synchronous extraneural ATRTs or malignant rhabdoid tumors (MRTs) that *have come back after previous treatment* or ATRTs or MRTs that are growing *after previous treatment.*

6. PHASE 1 STUDY OF A CHK1/2 INHIBITOR THERAPY IN COMBINATION WITH CHEMOTHERAPY FOR CHILDREN AND ADOLESCENTS WITH REFRACTORY OR RECURRENT MEDULLOBLASOMA BRAIN TUMORS.
Requirements: be at least 1 year old and younger than 25, have *recurrent,* refractory or progressive medulloblastoma.

7. A CLINICAL AND MOLECULAR RISK DIRECTED THERAPY FOR NEWLY DIAGNOSED MEDULLOBLASTOMA/PNET.
Among requirements: Must be at least 3 years old, younger than 22 or between 22-40 and have SHH medulloblastoma, have not had previous chemotherapy and radiation, must start treatment within 36 days of tumor removal.

8. PHASE 1 STUDY OF GDC-0084 IN YOUNG PATIENTS WITH NEWLY DIAGNOSED DIPG OR OTHER GLIOMAS *AFTER RADIATION THERAPY.*
Among requirements: Must be between 2-22, diagnosed with diffuse intrinsic pontine glioma or other midline glioma that has not spread, no prior therapy other than surgery and/or steroids.

Chemotherapy weakens the body's immune system and radiation burns away parts of the body along with the tumor. After a certain amount of time in remission the cancer usually comes back and spreads to other parts of the body, at which point the children at St. Jude, as in the above experiments, are given more radiation and chemotherapy. The statistics of recidivism at St. Jude are not publicly available. Natural cures for cancer that have proven to be successful are shunned by the medical/pharmaceutical industry. Those types of therapies would garner little or no profit for Big Pharma organizations like St. Jude. Big Pharma's choice, since the 1930s has been to inflict "cut and burn" therapies on adults, and at St. Jude, they are inflicted on babies and little children. Natural therapies for cancer that have worked for thousands of people are not options for Big Pharma cancer organizations like St. Jude.

THE STORIES OF TWO CHILDREN

2005 – 3-year-old Corbin is treated at St. Jude for cancer with chemotherapy, surgery and radiation.

2017 – Corbin's cancer returns and again is treated with chemotherapy and radiation at St. Jude. St. Jude doctors claim that the cancer did not come back because the previous treatments caused more cancer but because Corbin has a genetic predisposition to cancer, a controversial theory that provides cover for those who choose to treat patients with toxic therapies. And when patients die, the convenient excuse is, "Well, it was cancer, we did the best we could and besides, he/she had a cancer gene." Parents of children with cancer who die, accept that kind of reasoning and do not question its validity.

February 2011 – Laniah Harris is treated for leukemia at St. Jude. 48 hours after she is released, she becomes deathly ill and is taken to the ER where she almost dies. Laniah spends a month on a ventilator fighting for her life. Later she struggles to learn to use her limbs and walk again. St. Jude avoids saying Laniah's near-death experience was caused by her toxic treatments at St. Jude, rather, they claim she is a victim of a virus for which they have created a vaccine that they intend to market.

Instead of studying the potential link between childhood cancer and the huge increase in vaccinations of children, St. Jude has chosen to go into the vaccine business and plan to manufacture and market new flu vaccines with the help of a $130 million contract from the National Institutes of Health.

Vaccine inserts state: *"This vaccine has not been evaluated for its carcinogenic or mutagenic potentials or impairment of fertility."* Considering the amount of toxic chemicals in vaccines, the fact that children are now inundated with massive doses of various vaccines, and the fact that since the 1980s brain cancer in children has skyrocketed, wouldn't it be more prudent to investigate the effect of vaccines on children? Wouldn't those kinds of investigations make more sense than cutting up animals in laboratories? And more sense than manufacturing more vaccines?

EXPERIMENTS ON ANIMALS AT ST. JUDE/ABBOTT

St. Jude/Abbott has experimented on hundreds of thousands of animals through the years, including monkeys, gerbils, small pigs, guinea pigs, beagles, rats and mice. St. Jude/Abbott vivisectors are aware of the fact that experiments on animals cannot be extrapolated to human beings because of differences in physiology, metabolism, biochemistry, genetics and environment. Nevertheless, they continue to perpetrate animal experiments because vivisection garners grants and donations. The following is a miniscule portion of those experiments.

1. Amputate the limbs of mice in whom they have created osteosarcoma metastatic cancer.

2. Experiment on mice regarding "Six3Gene" to study development of *human* brain.

3. Inject mice with various drugs, glucocorticoids, dexamethasone and more to compare results in male and female mice.

4. Withhold oxygen from rats to study result in *human* babies.

5. Inject macaque monkeys with toxic drugs and study the results after the monkeys die.

6. Experiment on pigs and ferrets to study *human* genes.

"St. Jude doctors often tell patients that they have a genetic predisposition to cancer". Dr. Thomas N. Seyfriend, PhD, renowned genetics researcher states that cancer is a metabolic disease and yet St. Jude vivisectors receive millions of dollars to study animal genes knowing their animal "models" have nothing to do with cancer in humans. Dr. Seyfried's nontoxic, painless cancer therapies are ignored by St. Jude.

7. Inject mice with flu viruses and study the mice after they kill them.

8. Radiate rabbits and inject them with anti-thymocyte serum to study *human* immune tolerance.

9. Inject mice with toxins then kill them to study inflammatory disease in *humans*.

10. Inject groups of mice with toxins to study the effects on the *human* spleen.

11. Inject "bioluminescent virus" into the nose, trachea and lungs of mice to find out the result in *humans.*

12. Throw small animals into containers of water and watch them swim, grow tired, give up, sink and drown for reasons unknown to anyone but the vivisectors who have been doing these senseless experiments for over 30 years.

13. Cause inflammatory pain in mice by injecting their paws with toxic chemicals and then break their spines to study their reaction to excruciating pain.

14. Induce chemotherapy pain in rats and test pain drugs on them.

ST. JUDE/ABBOTT AND ANIMAL CRUELTY ISSUES

St. Jude/Abbott claim that they follow the rules of the Animal Welfare Act in their use of animals. This means that they and their vivisectors get to decide what is too gruesome and painful to perpetrate on animals in their laboratories. As with all vivisectors, there is no such thing as inflicting too much pain. Rats, mice and other small animals are the favored research subjects because they are not considered important enough for regulators to keep track of. Despite St. Jude/Abbott being aware that vivisection is a fraud they insist, "There is no substitute for animal testing when evaluating the effects of diseases and proposed treatments to fight these diseases." If that is true then why do they do so many of the same kinds of painful, risky tests in their young human patients to find out the results in human children?

ST. JUDE/ABBOTT AND PETA

2004 – PETA files a resolution asking Abbott to replace five of their most sadistic and crude animal experiments with non-animal methods. Abbott refuses to consider the resolution and it fails to pass at the annual stockholder meeting.

2006 – PETA uncovers horrific cruelty at Covance, a contractor Abbott uses for some of their animal testing, and files a resolution asking them to stop. Abbott defends the treatment of animals at Covance to stockholders at the annual meeting and the resolution fails.

2012 – PETA files a resolution for Abbott to be more transparent regarding their treatment of animals but the resolution fails at the annual meeting.

Thousands of doctors and researchers have made clear that animal testing does not predict the outcome in humans. *(A Thousand Doctors and Many More Against Vivisection* – Hans Ruesch – Amazon)

One of them, Dr. Robert Sharpe adds, *"…animal tests…are at least flexible. They can be deemed inapplicable when necessary, ignored when convenient and used to imply certain advantages over competing products."*

FUNDRAISING

ALSAC does most of the heavy lifting when it comes to fundraising and their employees are generously paid for their efforts. Celebrities also are a huge part of the fundraising effort, along with Marlo Thomas and her St. Jude commercials using cute children, who are miraculously free of pain, to convince the public to give and give more. Celebrities who raise money for St. Jude like Jennifer Aniston, Mariah Carey, Sofia Vergara, Michael Strahan and more, rarely look behind the headlines to find out what is really going on with disease charities.

ST. JUDE "COON HUNT" – A YEARLY FUNDRAISER FOR ST. JUDE

During this yearly St. Jude fundraiser in Decatur County, Tennessee, racoons are chased by dogs, ripped apart limb from limb then skinned in front of a cheering audience. Raccoons suffer unbearable fear and pain during this vile debacle and their babies are left behind to starve and die. Marlo Thomas and St. Jude, unfazed by the 28 years of concerned citizens protesting this horrific event, have ignored pleas for St. Jude to disassociate themselves from this fundraising carnage. Instead, in 2016, Marlo and St. Jude merely asked organizers to change the name of the hunt to "Racoon Festival" because "Coon Hunt" sounded too racist. Organizers agreed to call the event a "Racoon Hunt" but that's as far as they'd go, and they never want to hear any ethical arguments against their favorite pastime ever again. It is doubtful that they will get their wish.

ST. JUDE IS TOO PROSPEROUS TO ALLOW A CURE

St. Jude, like The American Cancer Society, Susan G. Komen, Alzheimer's Association and other disease/vivisection organizations, is much too successful as a billion-dollar industry to admit or actually find any cures to cancer or any other disease. The children's hospital serves as a massively successful money-making tool that can never be allowed to go out of business by using natural healing methods that actually cure the children.

Ending the useless but profitable animal experiments, the painful toxic therapies and using natural cures that build up the immune system instead of destroying it, are ideas St. Jude will never contemplate. Toxic therapies that insure that children will come back again and again along with money from their insurance companies (if they have insurance) helps fill their coffers. Stopping the inundation of children with toxic vaccines is also a suggestion that St. Jude will never consider – vaccines must be manufactured and marketed, not only because there are billions of dollars to be made in that business but because children who are damaged by vaccines could very well end up as patients at St. Jude.

St. Jude Medical/Abbot is an integral part of the vivisection industry. The vivisectors at the NIH are always eager to give taxpayer dollars for any and all animal experiments the vivisectors can come up with. Testing and marketing devices is a billion dollar industry with one part of St. Jude feeding another in a web of fraud and cruelty. Giving up any part of St. Jude's multibillion-dollar business would be unthinkable – no more million-dollar salaries, no more perks, no more media stories hailing everyone at St. Jude as a savior of children.

A BETRAYAL OF TRUST

Is everyone who works at St. Jude hospital cruel and devoid of compassion? That is highly unlikely. Many employees are kind, decent people. Some of them were treated at St. Jude as children, survived the therapies and now work there. That can happen. But defending well-meaning doctors and nurses who inflict pain on children is difficult. Most of us have family members, friends or neighbors who had their immune systems destroyed by chemotherapy, their flesh burned away by radiation and through it all, suffered terribly then died. We have seen celebrities like Farrah Fawcett burned with radiation until her pain became unbearable and death was her only escape. Children at St. Jude are no different, but we are not allowed to see their suffering, only their bald heads and smiling faces. And we are shown pictures of parents filled with hope that their child will make it. And when the doctor tells them their child is dead – "Well, you know, it was cancer. We did the best we could." The parents walk away believing they did their best as well, but unfortunately, they did not. Good intentions and kind words are not enough. Ignorance and blind faith in Big Pharma kills people. And when those people are children, there is no defense for that.

"I worked at St. Jude on staff for over 17 years. I saw it change from an institution focused on children to an institution that derided its clinical staff and placed its priorities elsewhere, though they still used the children as the means to raise money." Former St. Jude employee on the Kronstantinople.blogspot.com

IN CONCLUSION

St. Jude's endless campaign to raise more money and add to their 5-billion-dollar worth is convincing and their commercials impossible to avoid. Their media campaign is relentless and using children to raise money has worked well since time immemorial. We don't have millions of dollars to spend on commercials to tell the truth. We wish we did because the suffering children are worth every penny.

We can only offer up the facts that are available to us and anyone else who chooses to look them up on the internet. We hope we make a difference. Truth matters.

WHAT DOCTORS AND VIVISECTORS SAY ABOUT VIVISECTION
(ANIMAL EXPERIMENTATION/BIO-MEDICAL RESEARCH)

Vivisectors and doctors freely admit to each other in their research papers that what they are doing has no relevance to humans but many also admit it publically and they have been doing so for years. We need to start listening to them.

"Instead of preventing these diseases, we are all in the labs looking at mice and rats and monkeys and chimpanzees trying to make these healthy animals come down with human diseases, artificially-induced in the artificial, strictly controlled laboratory setting which has nothing whatsoever to do with the human situation."

Christopher Anderegg, M.D. Ph.D (from the documentary Lethal Medicine)

"I abhor vivisection. It should at least be curbed. Better, it should be abolished. I know of no achievement through vivisection, no scientific discovery that could not have been obtained without such barbarism and cruelty. The whole thing is evil."

Dr. Charles Mayo – Founder - Mayo Clinic (New York Daily News, March 13, 1961)

"What we have, however, at the moment is not science but pseudo-science... Ultimately, of course, we have to wait for human studies because animal studies will never give us a definitive answer...and so the research community is getting more and more defensive because they cannot point to real practical advances; and obviously in practical terms they have failed."

Dr. David Horrobin - Researcher (Science and Deception – CBC. October 17th 1982)

"Dr. Petersdorf said the competition to win academic promotions and federal research grants was causing an undetermined number of scientists to exaggerate or cheat in reporting research they had done...many scientists played down data that contradicted their theories or chose improper statistical methods that would give them the favorable results...some did a lot of experiments until they finally got the result they wanted, possibly by chance. Then they reported only the finding they were after."

Philip M. Boffey - Reporter (New York Times "Rise in Science Fraud is Seen; Need to Win Cited as a Cause, May 30, 1985)

"Another basic problem which we share as a result of the regulations and the things that prompted them is an unscientific preoccupation with animal studies. Animal studies are done for legal reasons and not for scientific reasons. The predictive value of such studies for man is often meaningless---which means our research may be meaningless."

Dr. James G. Gallagher - Director of Medical Research, Lederle Laboratories (Journal of American Medical Association, March 4,1964)

"This was seen in animal studies. The relevance to humans is unknown."

Disclaimer appearing on a commercial for the drug Linzess after describing the various harmful side-effects in humans from the drug, 2015-2016

"From a scientific standpoint, animal model systems in cancer research have been a total failure. In sum, from the standpoint of current scientific theory of cancer, the whole mystique of animal model systems is hardly more than superstitious nonsense."

Irwin Bross, Ph.D - Former Director of Sloan-Kettering Institute (1000 Doctors and More Against Vivisection by Hans Ruesch)

"It is impossible to arrive at any satisfactory conclusion in regard to cancer in man by experimenting on animals."

Robert Bell, M.D., M.B., F.R.C.S., Vice President International Cancer Research Society

"Everyone should know that most cancer research is largely a fraud, and that the major cancer research organizations are derelict in their duties to the people who support them."

Linus Pauling - Two-time Nobel Prize Winner

"During the past 50 years scientists experimenting with thousands of animals have found 700 ways of causing cancer. But they have not discovered one way of curing the disease."

Dr. J.F. Brailsford, M.D., Ph.D, F.R.C.P., (Birmingham Evening Dispatch, January 10,1956)

"The reason why I am against animal research is because it doesn't work. It has no scientific value. One cannot extrapolate the results of animal research to human beings, and every good scientist knows that."

Robert Mendelsohn, M.D., Formerly Associate Professor of Pediatrics, University of Illinois, College of Medicine (from the documentary Lethal Medicine)

"The rat is not a suitable model for studying essential hypertension, and the rabbit is ineffective in arthrosclerosis research. Imagine the loss incurred, not only to the dog, the rat and rabbit, but to the human as well."

Moneim A. Fadali, M.D., Cardiac/Thoracic Surgeon, UCLA Faculty, Board of Directors, Royal College of Surgeons of Cardiology, Canada

"We have moved away from studying human disease in humans. We all drank the Kool-Aid on that one, me included. With the ability to knock in or knock out any gene in a mouse – which can't sue us --- researchers have over-relied on animal data...The problem is that it hasn't worked, and it's time we stopped dancing around the problem. We need to refocus and adapt new methodologies for use in humans to understand disease biology in humans."

Former NIH director Dr. Elias Zerhouni, 2002-2008, speaking before the NIH Scientific Review Management Board on June 4, 2013

People for Reason in Science and Medicine
5519 Sylvia Ave., Tarzana, CA 91356 • 818-342-2396
peopleforreason.org • facebook.com/gotoprism
Twitter @gotoprism • Instagram @gotoprism

Additional Resources – cancercontrolsociety.org • mercola.com • thevaccinereaction.org

Slaughter of the Innocent By Hans Ruesch (PRISM)
Killing Cancer – Not People By Michael G. Wright (Amazon)
Lethal Laws By Alix Fano (Amazon)
Viviection: Science or Science Fiction (PRISM)