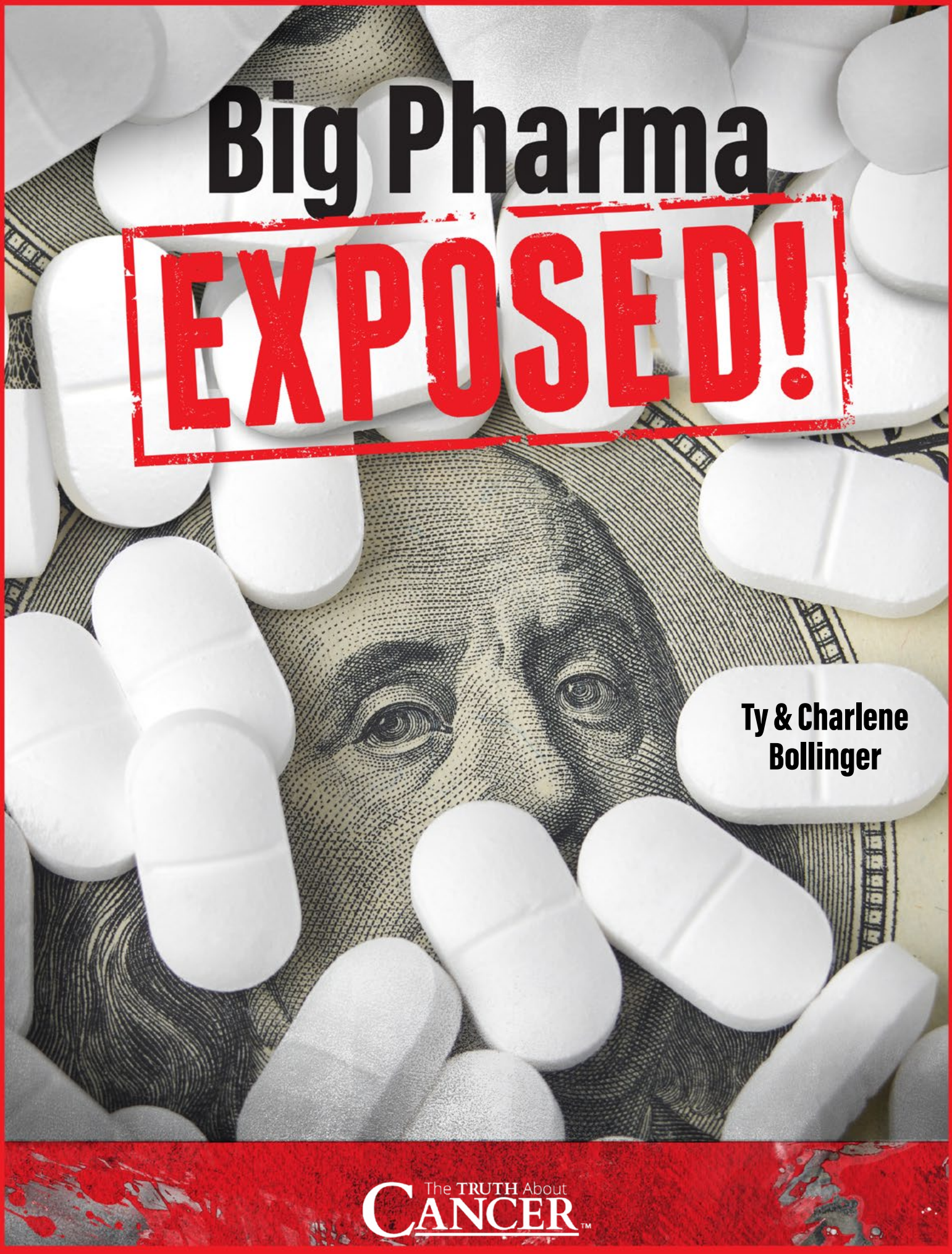
Big Pharma
EXPOSED!
Ty & Charlene Bollinger
The TRUTH About CANCER™

Big Pharma EXPOSED!

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Although the publisher has made every effort to ensure the accuracy and completeness of the information contained in this eBook, we assume no responsibilities for errors, omissions, inaccuracies, or any inconsistency herein.

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INTRODUCTION

Throughout the course of human history, healers have been revered and even worshiped. One of the first documented examples dates all the way back to 2600 B.C., with Imhotep. Born an Egyptian commoner, Imhotep became chancellor to the pharaoh. His contributions include developments in architecture, mathematics, astronomy, and medicine.

Widely considered to be the author of the Edwin Smith Papyrus (an ancient medical text that predates Hippocrates by millenia), Imhotep defines nearly 100 anatomical terms and describes 48 injuries and their treatment. This is the first medical text that seems to follow a modern approach to treating injuries. The document has very little mention of magic spells and instead, every injury is described and diagnosed rationally with a corresponding treatment and prognosis.

Fleming in his Lab -

Photo. Date: 1881 - 1955

Although Imhotep was a mortal man, he eventually became recognized as a deity in Egyptian culture. He became known as the "god of medicine" (among other titles) and the Greeks even compared him to Asclepius, their own healer-turned-deity.

History is filled with stories of glorified healers, from Hippocrates, "The Father of Modern Medicine," in 400 B.C., to Anton van Leeuwenhoek, who first discovered blood cells in 1670, to Sir Alexander Fleming, who discovered penicillin in 1928. Though not revered as literal gods, these men have still been hailed as pioneers and champions of healing.

Top-rated shows like ER, House, and Grey's Anatomy have dominated American television for decades. General Hospital is one of the longest-running soaps of all time, and the 1983 series finale of M*A*S*H remains the most-watched television episode of all time. Becoming a doctor is widely considered one of the most noble endeavors, while the respect that a white lab coat and stethoscope can induce is comparable to that of a cassock or war medal. It is one of the only professions in which its members demand that their title be used in everyday life.

This praise and admiration is not without merit. Doctors save lives. The amount of cumulative knowledge that it takes to repair an artery, replace a joint, or solve a seemingly impossible diagnosis requires a lifetime of dedication that is hard to

manufacture. Each generation of healers stands upon the shoulders of the last, and the human race has benefited tremendously.

I want to be as clear as possible that the overwhelming majority of doctors are kind, honest, hardworking folks who have a genuine desire to help their fellow man. **This report is NOT about the men and women who have dedicated their lives to the science of healing.**

This report is about the corrupt system that now controls them.

It's important to remember that "modern" medicine has only been around for about 150 years. The germ theory was established in 1870, Aspirin wasn't created until the turn of the 20th century, and the Band-Aid wasn't invented until AFTER World War 1. Even the syringe wasn't invented until 1853 – almost 60 years after Edward Jenner developed the process of vaccination.

THE MAJORITY OF DOCTORS ARE KIND, HONEST, HARDWORKING FOLKS WHO HAVE A GENUINE DESIRE TO HELP.

In fact, traditional medical systems like Ayurveda and Traditional Chinese Medicine have been around for thousands of years. Homeopathy has been around for well over 200 years, predating the world's first stethoscope. Herbal medicine has literally existed since the beginning of recorded history.

These modalities are now touted as inferior alternatives to "standard" western medicine. If you're sick and choose naturopathic treatment, most of your friends and family will tell you that you need to see a "real" doctor to get "real" medicine. Here's why (in 200 words or less):

> *When the American Medical Association (AMA) was first started, there were over 150 medical schools in the United States. These ranged from homeopathy and chiropractic to herbology and nutrition. AMA founder George Simmons realized that doctors would not be able to make much money.*

In 1904, Simmons created the Council of Medical Education, an organization that ranked medical schools in order to "upgrade" the education system. In fact, this organization penalized any school whose practices hindered Simmons' ability to make money.

A few years later, the Rockefellers and Carnegies joined forces to create an education fund. This fund sponsored the "Flexner Report," which has permanently altered the way we teach medicine in the west.

AMA
AMERICAN MEDICAL ASSOCIATION

https://www.prnewswire.com/news-releases/new-hampshire-physician-georgia-tuttle-newly-elected-to-ama-board-of-trustees-124289619.html

Armed with Rockefeller/Carnegie money and the Flexner Report, the AMA soon became recognized as THE national accrediting agency for medical schools. Funding and accreditation soon became available only to schools who focused on pharmacology. By 1950, physicians couldn't find a job unless they graduated from an AMA-certified school.

Thus began the era of pharmacology.

Western medicine as we now know it lives in orbit around the pharmaceutical industry. Medical schools teach doctors how to match symptoms with prescriptions, hospitals negotiate with insurance companies based on the cost of drugs, and the race is ongoing to create the latest and greatest drug that will cure what ails ya.

The healers of today are no longer the heroes of old. The healers of today are trained, funded, and accountable to the pharmaceutical industry. The following are a collection of true stories from the past several years highlighting the absolute corruption of Big Pharma.

These are not conspiracies or hunches; these are documented instances that will demonstrate how today's modern medical mafia has deceived us, is deceiving us, and will continue to deceive us if left unchecked. All in the name of profits and science".

Before you read on, be sure to register for your FREE ticket to watch* PROPAGANDA EXPOSED*, the 8-part docu-series that exposes the truth about Big Pharma, the media, and government corruption. You won't want to miss it.

CLICK HERE TO REGISTER

KILLER DRUGS

For just about as long as pharmaceutical drugs have existed, so have side effects. Some of these are mild and considered worth the risk. Others are far more dangerous and even lethal. The worst part? Many times, the manufacturers KNEW that the drugs were dangerous and sold them anyway.

Zantac

People who take Zantac or similar drugs to combat heartburn may be unknowingly giving themselves cancer. In 2019, the FDA announced that it had detected a cancer-causing contaminant called N-nitrosodimethylamine, or NDMA, in ranitidine heartburn medications.

But the FDA fell short of ordering a recall, and it wasn't until a week later that distributors began to pull the drugs off the shelves. In response to the discovery, Sanofi spokeswoman Ashleigh Koss said,

"Sanofi takes patient safety seriously, and we are committed to working with the F.D.A."

She went on to say that Zantac "has been around for over a decade and meets all the specified safety requirements for use in the O.T.C. market."

At the time, Koss stated that Sanofi had no plans to recall the drug. But as evidence and consumer outrage grew over the following week, pharmaceutical company Novartis decided to stop the distribution of its generic Zantac drugs in all markets. Sanofi and the FDA had still failed to issue a recall.

PEOPLE WHO TAKE ZANTAC OR SIMILAR DRUGS TO COMBAT HEARTBURN MAY BE UNKNOWINGLY GIVING THEMSELVES CANCER.

This is not the first time that NDMA has been found in popular drugs. In 2018, blood pressure medication valsartan, sold under the brand name Diovan, was also found to be contaminated. In that case, the FDA issued a voluntary recall of the drug, citing the risk of developing cancer.

Millions of people take ranitidine to relieve symptoms of heartburn and other gastrointestinal issues. But the potentially life-threatening drugs can still be found in pharmacies across the United States. In Canada, health officials have requested a

stop to all distribution of the drug, making it the only country in which Sanofi has ceased distribution.

NDMA is an industrial byproduct that can often be found in cured meats like bacon. The FDA says that it is "reasonably safe" to ingest up to one microgram a day. But safety testing has found levels significantly higher. In the 2018 Valsartan recall, the FDA found up to 17 micrograms of NDMA per dose. Valisure, a pharmacy that tests all drugs it distributes, found that Zantac had NDMA levels reaching 3,000 micrograms.

Valisure petitioned the FDA to recall all forms of ranitidine, though the agency has yet to take any such measures. They claim that NDMA may be "inherent" in the ranitidine molecule and have urged regulators to recall the drug until its safety can be guaranteed. But the FDA, as usual, seems apathetic about consumer safety.

Steve Berman, the lead attorney for the case against Zantac.

Photographer Michelle Poole, The Design Poole

FDA spokesman Jeremy Kahn said in a statement:

"The FDA will take appropriate measures based on the results of the ongoing investigation."

But they failed to recommend that people using the drug stop taking it. Instead, they simply suggested that alternative medicines are available.

This is the same "profits over patients" approach that we've seen repeatedly with our regulatory bodies. Safety testing – especially for generic drugs – is significantly lacking. Dinesh Thakur is a drug-safety advocate and whistleblower who exposed corruption and faulty quality control as an executive at Ranbaxy Laboratories. He says the FDA is not doing enough to protect consumers:

"I think this is another good example of how our regulations need to change. Things like this will never get caught, unless somebody is actually actively looking for stuff."

Meanwhile, a lack of oversight and testing standards has resulted in pharmacy shelves filled with drugs that can literally kill you. The FDA knows that Zantac has been contaminated with a carcinogen. Sanofi knows that something has gone terribly wrong with one of their flagship drugs. But the money is too good to recall them now.

Zantac was the first drug to total $1 billion in sales. In 2018, the drug generated nearly $130 million dollars for Sanofi. But a new class-action lawsuit filed earlier this week claims that the French drug makers have known the risks all along, hiding them from regulators and consumers in order to maintain profits.

The suit claims that each 150mg tablet of Zantac contains 26,000 times the FDA-approved daily limit of NDMA. Steve Berman, the lead attorney for the case, believes that consumers have been intentionally put in harm's way.

Millions of people in the U.S. suffer from heartburn, and for years, Zantac has been sold to the masses as a safe and easy-to-find remedy for that common ailment. "We're certain that if those millions of consumers knew that the Zantac they take contains known carcinogens, they would be rightfully outraged."

"Sanofi knew that Zantac contains a carcinogen, yet it chose to conceal these risks to the public to line its own pockets," the suit claims.

"Had defendants disclosed that Zantac results in unsafe levels of NDMA in the human body, no person, let alone a reasonable person, would have purchased and consumed Zantac."

But all statements from the FDA and Sanofi say basically the same thing:

"We care about consumer safety. We're looking into it."

Talcum Powder

Health and wellness giant Johnson & Johnson knew that their products caused cancer and chose to keep that information secret while manipulating research and regulations to protect the company. Executives allowed consumers to become ill and die, even going so far as to lie in court, in order to protect the company's reputation and bottom line.

According to an investigation by Reuters, Johnson & Johnson knew for decades that its signature baby powder contained asbestos and kept the information from regulators and the public. Though executives at the company have denied the report, Johnson & Johnson stock fell nearly 13% over that weekend, costing more than $50 billion in market capitalization.

Talc, one of the softest minerals on earth and the primary ingredient in J&J's baby powder, is mined from underground deposits. Asbestos is a dangerous carcinogen responsible for causing mesothelioma, lung cancer, and ovarian cancer. Asbestos is also found underground and can often be found in talc deposits, creating a risk for cross-contamination.

J&J has been sued countless times over claims that their baby powder causes cancer, but plaintiffs were often unable to obtain the internal records they needed to prove the company's guilt. Several of these cases have gone to trial, including a case this

summer in which 22 women, who blamed asbestos in the baby powder for causing ovarian cancer, were awarded $4.7 billion by a St. Louis jury.

You see, Johnson & Johnson has been able to keep their internal documents private for years, labeling them "confidential." This new report sheds light on information that has not been made available to the public before – including internal documents, research results, and trial testimony – which tells a chilling tale. According to Reuters:

"[The information] shows that from at least 1971 to the early 2000s, the company's raw talc and finished powders sometimes tested positive for small amounts of asbestos, and that company executives, mine managers, scientists, doctors and lawyers fretted over the problem and how to address it while failing to disclose it to regulators or the public."

It goes on to say that the documents "also depict successful efforts to influence U.S. regulators' plans to limit asbestos in cosmetic talc products and scientific research on the health effects of talc." Reports from as far back as 1957 describe talc contaminated with fibrous tremolite, a recognized type of asbestos.

You can read these previously unreleased documents for yourself here.

Americans have been using Johnson and Johnson products since the 1880s, and Johnson's Baby Powder (officially branded in 1893) has been used by mothers to help prevent chafing in diaper-aged children for well over a century. The Johnson & Johnson brand was established on the "Safety First" motto and is one of the only health and beauty companies in the world to put the company name on all of their products.

And for 125 years, that approach has worked. Johnson & Johnson is a massive company that has been trusted by consumers to be safe and effective. In addition to Johnson's Baby Powder, the company also manufactures:

- **Band-Aid**
- **Motrin**
- **Tylenol**
- **Benadryl**
- **Listerine**
- **Aveeno**
- **Acuvue**
- **Clean & Clear**
- **Neutrogena**
- **Rogaine**
- **Lubriderm**
- **and a host of other recognizable brands**

Although Johnson's Baby Powder accounts for only a small percent of their nearly $80 billion annual revenue, it is one of the most widely used personal care products worldwide. With one of the most recognizable fragrances in the world, the powder has been used for infants in diapers, as a feminine hygiene product, to prevent chafing, and as an all-purpose freshener.

And its users invariably inhale the carcinogenic, airborne powder.

Johnson & Johnson has since launched an aggressive campaign, attempting to stop one of the biggest financial slides in the company's history. They've redesigned their website, revising a section called "Talcum Powder and Cancer" which used to say that "all talcum products have been asbestos free" to now say that guidelines state talc products should be free of asbestos. The website's homepage now features a message from CEO Alex Gorsky about talc safety. Gorsky even appeared on CNBC's Mad Money in an interview with the show's host, Jim Cramer.

Johnson & Johnson
CEO Alex Gorsky

"What's really important to focus on is not to select just one document, one piece of evidence, but to look at the body of evidence in totality" Gorsky said on the show. "And when you do that, in this case, again, we remain very confident in the safety of our products, but more importantly, the actions of our people."

But the evidence tells a different tale, in which J&J executives repeatedly made efforts to silence any studies that showed the powder to be harmful. In the 1970s, several studies and independent researchers found trace amounts of asbestos in Johnson & Johnson powders. But that didn't stop a powerful spin machine from protecting the money-making giant.

In 1971, researchers from Mount Sinai Medical Center found asbestos in the lungs of people who had never worked with the mineral. They posited that talc powders, often contaminated with asbestos, may play a role and reported their findings to New York City environmental protection chief Jerome Kretchmer. A press conference was called, and an inquiry opened by the Food and Drug Administration (FDA).

The company issued the following statement:

> *"Johnson & Johnson takes great care to assure the purity of its products, even to the extent of mining and processing our own talc for use in baby powder. Our fifty years of research knowledge in this area indicates that there is no asbestos contained in the powder manufactured by Johnson & Johnson."*

Months after the statement was released, mineralogist Arthur Langer, of the Mount Sinai research team, wrote a letter to Johnson & Johnson. He informed them that he had found a "relatively small" amount of chrysotile asbestos in Johnson's Baby Powder. Both the researchers and Kretchmer were added to the company's list of "antagonistic personalities" a year later.

Meanwhile, Johnson & Johnson appeared to be cooperating with the FDA, sending samples of its talc to private labs for testing. The company sent the results of the tests to the FDA with a cover letter stating that the results "clearly show" no sign of chrysotile asbestos. An FDA document said that J&J provided "evidence that their talc contains less than 1%, if any, asbestos."

But the information Johnson & Johnson shared with the FDA was incomplete. It excluded the results of testing on Shower to Shower by University of Minnesota professor Thomas Hutchinson. Professor Hutchinson found chrysotile in the popular powder that he described as "incontrovertible asbestos" in his lab notes.

The Reuters investigation found several more instances in which Johnson & Johnson deliberately omitted information or research results to present their products in a more favorable light. Still, the company had to acknowledge that there may be trace amounts of asbestos in their powders.

They launched studies and lobbied the FDA, citing a "large safety factor" for talc containing less than one percent asbestos. They claimed that the exposure was still inside OSHA's workplace exposure limits and shouldn't be an issue for consumers. An FDA official named Dr. Shaffner was quoted as saying the idea was foolish, because "no mother [is] going to powder her baby with one percent of a known carcinogen irregardless [sic] of the large safety factor."

NO MOTHER IS GOING TO POWDER HER BABY WITH ONE PERCENT OF A KNOWN CARCINOGEN, REGARDLESS OF THE LARGE SAFETY FACTOR.

And why would they? Why would any of us continue to use a product that's been shown to cause cancer? The answer is: ***we wouldn't***. And that's why Johnson & Johnson has gone to such great lengths to keep this information from both federal regulators and consumers. What's worse, Johnson's Baby Powder only accounts for half a percent of the company's annual revenue. The lies and deceit are protecting an extremely small part of the pharmaceutical giant's empire.

On CNBC CEO Alex Gorsky stood in front of a camera on national television and told the American public that he believes "unequivocally" that J&J powders don't contain asbestos. He went on to say that we needed to look at the body of evidence "in totality," claiming that any evidence that showed the presence of asbestos could be blamed on varied testing methods or statistical outliers. But is that true?

Lawyers defending Johnson & Johnson in court have given a plethora of wild excuses for the presence of asbestos in their talc samples. "This sample was intended for industrial use" they claim. "That type of asbestos is harmless." They've even suggested that some talc samples had been contaminated by "background" asbestos. That the talc was pure and must have been contaminated somehow during testing.

But if that's true, why has the company kept the information from the public for so long? Why, as Reuters discovered, have they made such a concerted effort to influence policy and regulation involving talc purity and testing? In her ruling against J&J, Middlesex County Superior Court Judge Ana Viscomi said:

> *"Providing the FDA favorable results showing no asbestos and withholding or failing to provide unfavorable results, which show asbestos, is a form of a misrepresentation by omission."*

To be clear, "misrepresentation by omission" means lying.

A confidential memo to Johnson & Johnson managers in the baby products division shows the precise strategy used to deal with the issue of talc powder and cancer:

> *"Our current posture with respect to the sponsorship of talc safety studies has been to initiate studies only as dictated by confrontation. This philosophy, so far, has allowed us to neutralize or hold in check data already generated by investigators who question the safety of talc. The principal advantage for this operating philosophy lies in the fact that we minimize the risk of possible self-generation of scientific data which may be politically or scientifically embarrassing."*

Belviq

At the start of 2020, the FDA issued a warning that the weight loss drug lorcaserin hydrochloride (sold under the brand name Belviq) was associated with an increased risk of cancer. The drug was designed to increase feelings of fullness. While the studies are ongoing, the initial data suggests a connection between the diet pill and cancer.

Eisai INC and Arena Pharmaceuticals

Researchers don't yet know the mechanism and can't say definitively whether there is correlation or causation, but one thing is clear: people taking the weight loss drug are more likely to develop cancer. The research is just recently underway, even though the drug was approved by the FDA way back in 2012.

The decision was a relatively controversial one, given that lorcaserin only showed a 3.3% improvement over the placebo group. There was also concern that lorcaserin could cause heart valve issues, but there was not enough data done to prove it one way or the other. Still, the FDA's Endocrinologic and Metabolic Drugs Advisory Committee voted 18-4 – with one abstention – in favor of approving the drug.

It was also not the first time that lorcaserin has been before an FDA review panel.

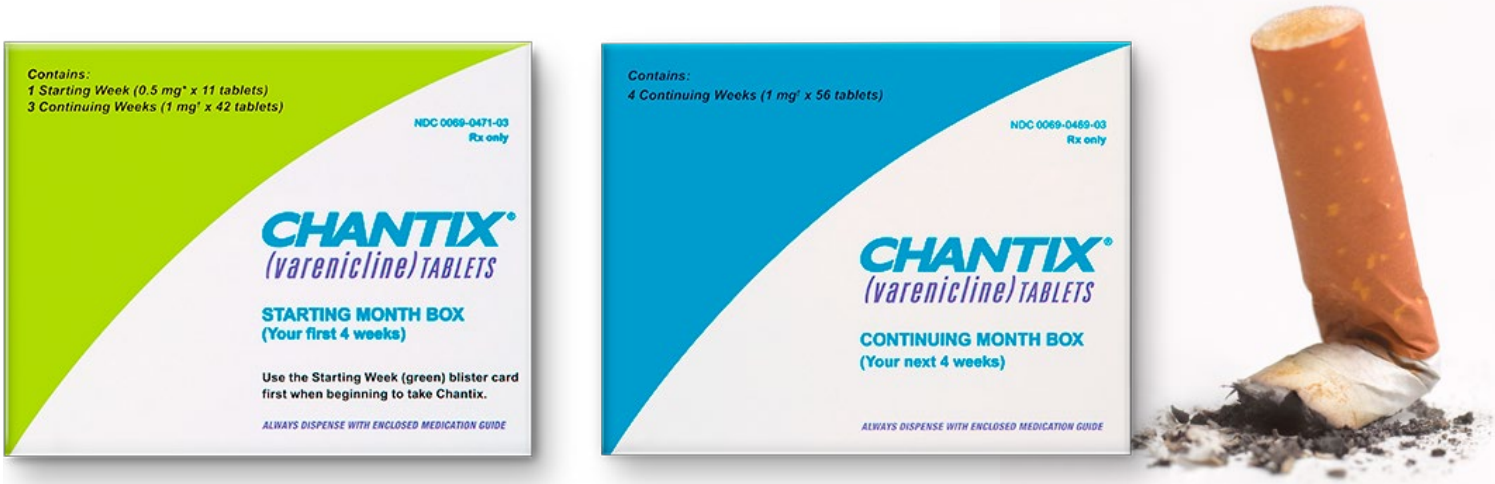
In 2010, Arena pharmaceuticals, the creators of Belviq, went before the FDA committee but were denied approval by a vote of 9-5. The committee members were asked to determine if the medical benefits of the drug outweighed the potential risks.

These members believed that the benefit of the drug was minimal, with less than half of all patients achieving at least a 5% loss in body weight. They were also concerned about data from animal studies that suggested an increased risk of tumors in rodents who received the drug.

The committee recommended in 2010 that the drug not be approved, citing small benefits and potential risks for cancer and valvulopathy (disease of the heart valves). They recommended further research to prove the safety and efficacy of the drug.

Just two years later, Arena brought the same drug in front of the committee. There was still concern about heart valve disease (and several panelists recommended that patients taking Belviq receive regular echocardiograms as a precaution). And the link between the drug and tumors in rats was waved off as something that should be of no concern in humans.

THEY WERE ALSO CONCERNED ABOUT DATA FROM ANIMAL STUDIES THAT SUGGESTED AN INCREASED RISK OF TUMORS IN RODENTS WHO RECEIVED THE BELVIQ DRUG.



Chantix

In 2021, Pharmaceutical giant Pfizer expanded its recall of anti-smoking drug Chantix after testing found high levels of carcinogenic material in the pill. The leading prescription for smoking cessation, Chantix is prescribed to over half a million people each year and accounts for $1.1 BILLION in revenue for Pfizer each year.

While commercial cigarettes are undoubtedly unhealthy, the market for pharmaceutical cessation products is enormous. So is the money spent on advertising. Pfizer spends over $200 million a year to promote the drug (which is over 400% more expensive than it was in 2008).

As it turns out, patients looking to improve their quality of life and reduce their cancer risk by quitting cigarettes may have been ingesting a potent carcinogen instead. The cancer-causing agent in question – nitrosamines – are part of a large group of genotoxic chemical carcinogens that can be found naturally in some dip and chewing tobacco products.

Unfortunately, the issue of Pfizer making millions of dollars by selling unsafe drugs isn't new. Pfizer has paid out BILLIONS in fines and settlements for promoting unsafe products, pushing off-label use on doctors, and lying about the safety or efficacy of their products.

In 2009, Pfizer (and its subsidiary Pharmacia & Upjohn Company) paid $2.3 BILLION to settle criminal and civil liabilities for illegal promotion of their pharmaceutical products. The amount included payment of more than $102 million in civil settlement to six whistleblowers of the company's fraudulent practices.

Bextra, an anti-inflammatory drug that was withdrawn from the market in 2005 due to safety concerns, was marketed by the company for various off-label uses. The company also illegally promoted several other drugs, including antipsychotic drug Geodon, antibiotic Zyvox, and anti-epileptic drug Lyrica. Healthcare providers received payments for prescribing these drugs to patients for off-label use... literally bribing doctors to prescribe untested and unapproved drugs to patients.

False claims were submitted to government healthcare programs, allowing them to bypass the insurance programs. Pfizer had to pay approximately $1 BILLION to Medicare, Medicaid, and other government insurance programs under the settlement.

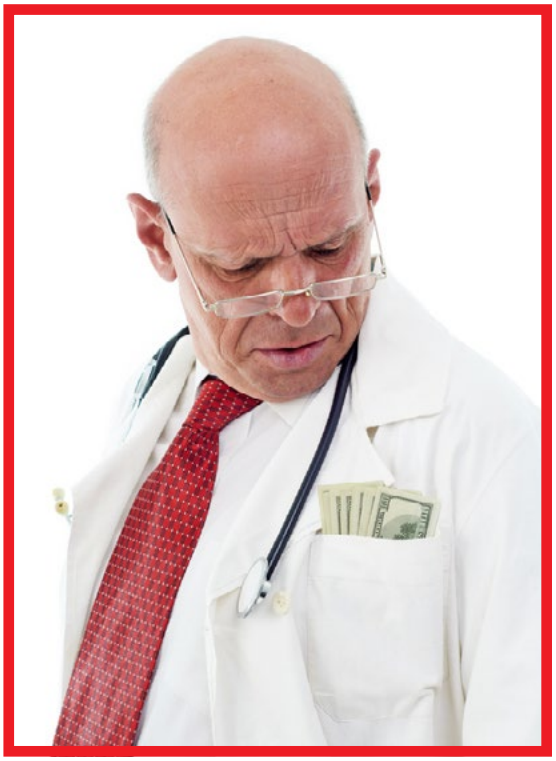
And those are just a few examples.

THE COMPANY ALSO ILLEGALLY PROMOTED SEVERAL OTHER DRUGS, INCLUDING ANTIPSYCHOTIC DRUG GEODON, ANTIBIOTIC ZYVOX, AND ANTI-EPILEPTIC DRUG LYRICA.

In 1993, anti-seizure drug gabapentin was widely prescribed for off-label uses such as treatment of pain and psychiatric conditions. Courts ruled that Pfizer utilized propaganda campaigns, paid for favorable research and coverage, and suppressed unfavorable research regarding the drug. Several regulatory bodies found the drug ineffective for the associated ailments, and Pfizer paid $430 million in one of the largest settlements to resolve criminal and civil health care liability charges.

A "whistleblower suit" was filed in 2005 against Wyeth, which was acquired by Pfizer in 2009, alleging that the company illegally marketed sirolimus (Rapamune)

for off-label uses, targeted specific doctors and medical facilities to increase sales of Rapamune, tried to get transplant patients to change from their transplant drugs to Rapamune, and specifically targeted African-Americans.



According to the whistleblowers, Wyeth also provided doctors and hospitals that prescribed the drug with kickbacks such as grants, donations, and other money. In 2013, the company pleaded guilty to criminal mis-branding violations under the Federal Food, Drug, and Cosmetic Act. By August 2014, it had paid $491 million in civil and criminal penalties related to Rapamune.

In June 2010, health insurance network Blue Cross Blue Shield filed a lawsuit against Pfizer for allegedly illegally marketing drugs Bextra, Geodon, and Lyrica. Blue Cross alleged that Pfizer used kickbacks and wrongly persuaded doctors to prescribe the drugs. According to the lawsuit, Pfizer handed out 'misleading' materials on off-label uses, sent over 5,000 doctors on trips to the Caribbean or around the United States, and paid them $2,000 honoraria in return for listening to lectures about Bextra.

An internal marketing plan revealed that Pfizer intended to train physicians "to serve as public relations spokespeople." The case was settled in 2014 for $325 million. Fearing that Pfizer was "too big to fail" (and that prosecuting the company would result in disruptions to Medicare and Medicaid), federal prosecutors instead charged a subsidiary of a subsidiary of a subsidiary of Pfizer, shielding them from virtually all financial responsibility.

In 2013, Pfizer agreed to a $964 million settlement for selling insulation laden with asbestos. That same year, Pfizer withdrew "between $400,000 and a million dollars" worth of ads from Harper's Magazine following an unflattering article on their depression medication.

In 1994, Pfizer agreed to pay $10.75 million to settle claims by the United States Department of Justice that the company lied to get approval for defective heart valves that killed roughly 500 people.

In 1996, an outbreak of measles, cholera, and bacterial meningitis occurred in Nigeria. Pfizer representatives and personnel set up a clinical trial and administered an experimental antibiotic, trovafloxacin, to approximately 200 children. Local officials reported that more than fifty children (over 25%) died in the experiment, while many others developed mental and physical deformities.

PFIZER DOESN'T CARE IF THEIR PRODUCTS ARE SAFE.

We could continue, but you probably see the pattern here. Pfizer doesn't care if their products are safe. They're willing to bribe doctors and silence the opposition to sell more products. They're willing to KILL CHILDREN to make a buck.

One of the biggest examples warrants its own chapter:

Opioids

In August of 2019, an Oklahoma judge ruled that Johnson & Johnson was directly responsible for fueling the state's opioid crisis. Attorneys for the state called Johnson & Johnson the "kingpin" of the opioid epidemic. The landmark ruling is the first to hold a manufacturer responsible for the opioid crisis and will likely serve as a litmus test for over 2,000 similar cases across the nation.

In the afternoon decision, Judge Thad Balkman ordered Johnson & Johnson to pay over $572 million to help the state combat addiction and provide treatment for those already affected. Balkman was incredibly clear in his verdict, saying that Johnson & Johnson had used "false, misleading, and dangerous marketing campaigns" that "caused exponentially increasing rates of addiction, overdose deaths," and harm to infants.

The case, accusing manufacturers of violating public nuisance laws by fueling the opioid crisis, originally included Purdue Pharma (the creators of OxyContin) and Teva Pharmaceuticals (a major supplier of generic opioids). Both chose to settle with the state for $270 million and $85 million, respectively. Johnson & Johnson chose to fight the accusations in court.

Known for Band-Aids and baby shampoo, Johnson & Johnson generates about 90% of their profit from prescription drugs and medical equipment. Over the course of the trial, which was televised and streamed live online, the company was exposed as perhaps the worst offender in deliberately misleading doctors and patients about opioid safety as the death toll continued to climb.

While Johnson & Johnson may not be one of the largest distributors of opioid drugs, it was revealed that Johnson & Johnson's subsidiaries manufactured about 60% of the raw ingredients used to make opioid painkillers. They aggressively marketed opioids to doctors and patients as safe, minimizing the risks of addiction and encouraging expanded use.

When these drugs were first introduced, they were used sparingly, for terminal cancer, surgery, or end-of-life patients with extreme pain. Thanks to an aggressive marketing campaign, opioids are prescribed much more liberally. From 2015 to 2018, over 18 million opioid prescriptions were written for a state with a population of less than 4 million. This equates to more than 1.15 prescriptions for every man, woman, and child in the state each year.

Over the past 20 years, more than 6,000 Oklahomans died from opioid overdoses. In 2017, the number of opioid prescriptions dispensed by pharmacies reached 479 every hour.

18 MILLION OPIOID PRESCRIPTIONS WERE WRITTEN FOR A STATE WITH A POPULATION OF LESS THAN 4 MILLION.

State attorney Brad Beckworth summarized the issue in his opening statements with this simple phrase:

"If you oversupply, people will die."

He provided detailed statistics showing a direct correlation between opioid prescriptions and overdose deaths, accusing Johnson & Johnson of knowingly placing

patients in harm's way in order to generate profits. "We've shown that J & J was at the root cause of this opioid crisis," Beckworth said after the ruling.

It made billions of dollars from it over a 20-year period. They've always denied responsibility and yet at the same time they say they want to make a difference in solving this problem. So do the right thing: Come in here, pay the judgment."

Witnesses in the trial included the family members of those who perished due to opioid overdose, including Craig Box. Box's son Austin was a star football player at the University of Oklahoma with a bright future. Austin was plagued with injuries during his football career, some of them requiring surgery. Doctors prescribed opioids to help him manage the pain. In 2011, he was found dead at a friend's apartment, another victim of opioid overdose.

Through tears, Austin's father described the devastation of losing his son.

> *"I can't explain what happens to you as a parent when a child dies," he testified. "We never suspected anything. In 2011, this crisis that everybody on both sides of the aisle calls it, nobody knew about it. [Parents] had no idea and had no clue about the prevalence of these drugs and the dangers of these drugs," he added.*

The state's final witness may have been the most heart-wrenching. Terri White, the Oklahoma mental health commissioner, testified that Johnson & Johnson were wrong in denying responsibility. She says their claims of innocence are "absolutely incorrect" and "one of the most difficult things to swallow."

"To hear them say that they bear zero responsibility, it's painful," she said. "They unleashed a series of bombs on the United States of America, and those bombs hit squarely – squarely – on the middle of our country in Oklahoma. When you prey on a state that is vulnerable to addiction, that offends my decency."

During a video montage of Austin Box, White burst into tears once again. "Austin is one of the reasons I fight every single day," she said.

Dr. Andrew Kolodny, the co-director of the Opioid Policy Research Collaborative at Brandeis University, testified that Johnson & Johnson was perhaps the worst offender when it comes to the opioid crisis, saying that their role may be even worse than OxyContin maker Perdue Pharma.

He compared the importance of this trial to that of The Master Settlement Agreement against Big Tobacco in 1998. It was the first time that the tobacco industry was truly exposed for hiding the dangers of smoking and profiting at the expense of public health. The settlement required manufacturers to pay a minimum of $206 billion over the first 25 years, and permanently changed the way Americans view smoking.

Dr. Andrew Kolodny, the co-director of the Opioid Policy Research Collaborative at Brandeis University.

https://www.businesswire.com/news/home/20130913005663/en/Phoenix-House-Appoints-Dr.-Andrew-Kolodny-as-Chief-Medical-Officer-%E2%80%93-National-Expert-on-Opioid-Addiction-Epidemic

The trial in Oklahoma was a victory against the greed of big pharma. Although the settlement was much less than the $17 billion the state was seeking, it sets a precedent that will undoubtedly be used against opioid manufacturers who face over 2,000 lawsuits throughout the country. This October, a federal judge in Ohio is set to hear a combined lawsuit brought by almost 2,000 cities, counties, and native American tribes.

But Oklahoma is not alone in this crisis, despite seeing thousands of deaths and countless more cases of addiction across the state. In an exposé by the Washington Post, a DEA database was used to determine just how hard counties were hit by the blatant negligence, apathy, and greed of the pharmaceutical industry.

The data shows a systemic failure by manufacturers, pharmacies, doctors, and distributors. From 2006 to 2012, the number of oxycodone and hydrocodone pills shipped by the industry skyrocketed from 8.4 billion to 12.6 billion – a 50% increase in just 6 years. The period saw the distribution of more than 76 billion pills, almost 40 pills for every American citizen every year.

As bad as the opioid epidemic has been, it's only the tip of the iceberg. Grab your free spot to watch **PROPAGANDA EXPOSED**, *the 8-part docu-series that blows the lid off the medical mafia and their corrupt practices by registering now.*

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The Sackler Family

The Sackler family are the founders and owners of Purdue Pharma – the company that created OxyContin. Since 2008, the Sacklers have made at least $4 billion from Purdue, most of it from opioid profits. They are currently worth more than the Rockefellers. But the family members are far from innocent investors. A lawsuit filed in Massachusetts claims that the Sacklers continued to push the most dangerous forms of OxyContin long after the risks were known.

David and Joss Sackler.
PHOTOGRAPH BY PETER HAPAK. https://www.vanityfair.com/news/2019/06/david-sackler-pleads-his-case-on-the-opioid-epidemic

Internal documents from Dr. Richard Sackler paint a nefarious picture of the company's leadership. He said that the launch of OxyContin would be followed by "a blizzard of prescriptions that will bury the competition." After the severe risk of addiction and overdose was exposed, Sackler had a simple plan: blame the victims.

"We have to hammer on the abusers in every way possible," Sackler wrote in a 2001 email. "They are the culprits and the problem. They are reckless criminals."

You see, opioids were originally intended to treat extreme pain in cancer patients and end-of-life palliative care. Doctors were understandably concerned about the potential for addiction and abuse related to opioids. But the Sacklers realized that bolstering reeducation efforts to remove the "stigma" surrounding opioids could open the prescription floodgates. And so, they did.

The company has actively sponsored "pain management education," including the American Academy of Pain Medicine, the American Pain Society, and Academy of Integrative Pain Medicine. The latter two have recently shut down operations. They cite lack of industry support and a flood of opioid-related lawsuits as the driving factor.

The company also assembled a massive sales force dedicated to preaching the OxyContin "gospel." In this twisted religion, chronic pain was "sin" and OxyContin was "the savior." They proselytized day and night about the scourge of chronic pain, and the safety of opioids. They developed a mantra:

"OxyContin is the drug to start with and stay with."

But as OxyContin sales soared, so did the body count.

Now, the Sacklers would have you believe that their cause is just; they're simply trying to help those with chronic pain. But the behavior of the company and its founding family seems to be more in line with a false profit than a savior.

First, the Sacklers would have you believe that their drugs are not the biggest problem. They would point to data showing that Purdue was only responsible for 10% of all oxycodone sales in the United States, insisting that they were a small player in the market. But U.S. Drug Enforcement Agency (DEA) data shows that the Sacklers were selling the highest doses of the drug.

Despite selling only 10% of the pills, they sold 27% of the dosage – more than any other company. These higher-dose pills are the most dangerous, as they have higher addiction rates and are more likely to result in an overdose. This is information the Sacklers already know.

Mallinckrodt, one of Purdue's competitors, sold 39% of all oxycodone pills from 2006-2012. But despite selling nearly 4 times more pills than the Sacklers, they actually sold less milligrams of the dangerous drug. The higher doses are also more valuable on the street, increasing their potential for abuse.

Richard Sackler knew this and wanted to place more emphasis on selling higher dose pills. In a 2008 email uncovered in the Massachusetts lawsuit, he wrote that the company should "measure our performance by strength, giving higher measures to higher strengths and[d] especially the new strengths."

Former chairman and president of Purdue Pharma Richard Sackler.

https://www.youtube.com/watch?v=zUNrhPUV6Ew&t=58s

Meanwhile, the Sacklers wanted you to believe that they were genuinely invested in combating addiction and abuse. In 2018, Richard Sackler received a patent for his new opioid addiction drug, allowing the family to profit by treating an addiction that they fueled in the first place.

The Sacklers, once known as philanthropists, are quickly becoming pariahs around the world. Many institutions who have previously accepted donations from the Sacklers are now refusing them. The Metropolitan Museum of Art, which has an entire wing named after the Sacklers, has said that it will no longer accept any gifts from the family. Even JPMorgan Chase, who have worked with notable villains like Bernie Madoff, won't go near them. In May, the company cut ties with Purdue Pharma and the Sacklers, forcing the family to find a new bank to handle their multi-billion-dollar wealth.

But no matter how much evidence is brought against them, they refuse to acknowledge any wrongdoing. Internal documents and secret financial data show that the

family has actively contributed to one of the worst health crises of our generation, actively working to confuse doctors, patients, and regulators.

They have become one of the richest families in the world while hundreds of thousands have died. They have lied, cheated, and blamed their victims while launching one of the most aggressive marketing campaigns in pharmaceutical history. They have cash in their pockets and blood on their hands.

But still, they deny any wrongdoing.

In the summer of 2019, David Sackler sat down with Vanity Fair – against the advice of his family and their advisors – to plead his innocence.

He claimed that changing science was behind the villainization of his family, and that the company did everything it could to keep up. But this was before the fraudulent funds were discovered. This was before pharmaceutical leviathans like Johnson & Johnson were taken down in court as directly responsible for the opioid crisis.

There are many facets to this issue, and many people to blame. Doctors should have been more responsible for asking questions and turning down bribes. Regulators should have seen a problem when rural counties were flooded with the drugs. People selling the pills on the street made it even easier for addicts to feed their addiction.

But there's no doubt that families like the Sacklers are at the root of this problem. Their greed and lies are directly responsible for tens of thousands of deaths. We've seen them try to maneuver around lawsuits by using tactical bankruptcy and hiding assets. We've seen them lie about the dangers of opioids even while profiting from the treatments.

THE SACKLERS ILLUSTRATE WHY SO MANY OF US ARE WARY OF THE MEDICAL INDUSTRY.

The Sacklers are a prime example of what's wrong with the pharmaceutical industry. They are the reason that doctors, patients, and regulators are kept in the dark as patients are injured and killed by unsafe drugs. The Sacklers illustrate why so many of us are wary of the medical industry.

David and Joss Sackler.

David Sackler testifies via video to a House Oversight Committee hearing on Dec. 17, 2020.

Source: *House Television/AP*

The Sackler family – from their deceased patriarchs to their youngest members – are stained with the blood of the innocent. And no matter how hard they try, their money cannot absolve them. There is a single path to redemption for this family: repentance.

The Sacklers need to stop making excuses and acknowledge their part in all of this. They need to stop trying to protect their blood money and focus on making amends to their victims.

In his interview with Vanity Fair, David Sackler lamented the day that his 4-year old son returned from nursery school and asked,

> *"Why are my friends telling me that our family's work is killing people?"*

But David can change the world in which his son is raised. He can change the tide and set an example for future generations.

And it all starts with telling the truth.

Unfortunately, telling the truth is extremely rare in today's medical-industrial complex. Find out what people like Rickard Sackler DON'T" want you to know (and what you can do about it) by claiming your free ticket to watch* PROPAGANDA EXPOSED*, the 8-part docu-series that has pharma reps deleting their social media accounts.

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ANTIBIOTIC ABUSE

Not all drugs are inherently bad or dangerous. But too much of a good thing can be a bad thing. When the medical community relies too heavily on medication, miracle drugs can become murderous. Antibiotics are a great example.

Since the discovery of penicillin in 1928, antibiotics have played an essential role in destroying bacteria and combating infections. Antibiotics have undoubtedly saved tens of millions of lives, helped to extend life expectancy, and removed communicable diseases as the leading cause of death in the developed world. But as with all medical breakthroughs, there are risks.

The 1950s to the 1970s marked the golden era of antibiotic discovery; virtually all antibiotics in use today derive from the antibiotic classes discovered back then. But as antibiotics became more specialized and more accessible, we began to see the evolution of antibiotic resistance. Bacteria become resistant to the drugs that had previously contained them.

This began a vicious cycle in which antibiotics are administered more extensively to combat resistant bacteria. Doctors then turn to more specialized antimicrobials to combat new strains of resistant bacteria. **Eventually, overexposure to antibiotics results in "super bacteria" that can no longer be treated with antibiotics**.

These ultra-resistant bacteria are often deadly.

Currently, drug-resistant infections, or "superbugs," kill about 700,000 people every year. According to the Interagency Coordination Group on Antimicrobial Resistance (IACG), the overuse of antimicrobial drugs is poised to cause "a global crisis" that could have a severe and lasting impact. If we don't act now, the death toll could increase by more than 1400%, resulting in 10 million fatalities each year.

Antimicrobials are one of the most commonly prescribed drugs in the world. In 2015, U.S. pharmacies dispensed nearly 270 million doses of antibiotics – enough for five out of every six Americans to receive antibiotics every year. The CDC reported that at least 30% of these prescriptions were unnecessary.

The pharmaceutical industry plays a major role in influencing physician behavior and prescription trends. And since the drug lobby largely controls the curricula in medical schools, doctors are learning from a biased perspective that emphasizes drugs and surgical intervention as the standard of care. These smart and well-intentioned professionals simply aren't getting all the information they need.

MANY DOCTORS PRESCRIBE BROAD-SPECTRUM ANTIBIOTICS FOR ALMOST ANY INFECTION BECAUSE THAT'S WHAT THEY WERE TAUGHT IN MEDICAL SCHOOL.

Making doctors aware of the serious threat of drug-resistant pathogens is absolutely vital if we're going to reduce the use of antibiotics in medicine.

In 2009, a Japanese woman was diagnosed with a drug-resistant fungal infection in her ear. The previously unknown fungal strain was named Candida auris (candida is a fungal genus and "auris" is Latin for "ear"). But unlike the more commonly known Candida albicans, C. auris is dangerous and deadly. Since its discovery, there have been more than 650 cases in the U.S. alone.

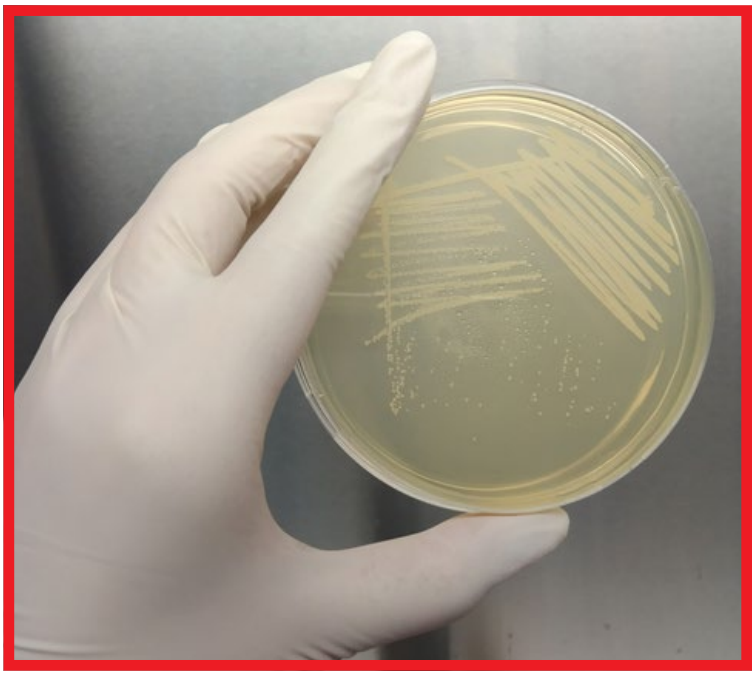
The disease is most commonly found in hospitals and elderly care facilities, particularly impacting those with weakened immune systems. In addition to the hundreds of clinical cases, over 1200 patients were found to be colonized with the disease, meaning the fungus was found on the body but had not yet resulted in illness.

C. auris is extremely communicable. Its spores have been known to stick to walls and ceiling tiles and are exceedingly difficult to clean from medical equipment, clothing, and bedding. The fungus may even be spread through the air.

What's worse, Candida auris is extremely resistant to antifungal drugs. Of the 3 classes of antifungal drugs, 90% of C. auris strains are resistant to at least 1, while 30% are resistant to 2 or more. The CDC recently confirmed the first U.S. cases of pan-resistant strains, which are resistant to all antifungals. The germ is adapting quickly to treatment, making it stronger and more lethal.

Of those who have contracted Candida auris, nearly half have died within 90 days. And while the CDC has clarified that not all of these deaths can be directly attributed to the disease, one thing is certain: Candida auris is extremely resilient and becoming harder to treat.

This is the type of drug-resistant germ that the world's scientific community has warned us about. If we don't make drastic changes now, illnesses like this could become extremely common.



CANDIDA AURIS IS EXTREMELY RESISTANT TO ANTIFUNGAL DRUGS.

The new killer fungus has been especially prevalent in New York, New Jersey, and Illinois, resulting in a disaster that is confounding the medical community and exhausting public resources. In New York, which has seen over 350 confirmed cases, state and federal health officials are working frantically to find a solution.

Nearly 60 hospital officials met with the New York state health commissioner and an expert from the CDC to find a solution to the growing pandemic. But the proposed guidelines could be a huge burden on the hospitals. Screening efforts, quarantine, lab testing, and sanitation efforts would be expensive and labor-intensive, and may be more than some institutions can bear.

Dangerous and uncontained microbial illness has not been a major problem in the developed world for nearly a hundred years, but experts warn that we could see serious ramifications if the overuse of antibiotics continues. An article published in the Annals of Ibadan Postgraduate Medicine explains:

Prior to the beginning of the 20th Century, infectious diseases accounted for high morbidity and mortality worldwide. The average life expectancy at birth was 47 years (46 and 48 years for men and women respectively) even in the industrialized world. Infectious diseases such as smallpox, cholera, diphtheria, pneumonia, typhoid fever, plaque, tuberculosis, typhus, syphilis, etc. were rampant...

The inappropriate use of antibiotics in the agricultural sector must be regulated. Antibiotics must be given to animals under veterinary supervision and avoided for growth promotion or to prevent diseases... There should be promotion and application of good practices at all steps of production and processing of foods from animal and plant sources. Farmers must improve biosecurity on farms and prevent infections through improved hygiene and animal welfare.

THE INAPPROPRIATE USE OF ANTIBIOTICS IN THE AGRICULTURAL SECTOR MUST BE REGULATED.

The threat of antibiotic resistance is real. Therefore, all the stakeholders must employ strategies to prevent and control antibiotic resistance in order to prevent an imminent post-antibiotic era, a condition that may be worse than pre-antibiotic era." (emphasis added)

This is one of the most pressing global issues facing our generation. If we don't make changes now, the next generation will live in a world ravaged by deadly bacterial disease. ***We need to reduce overuse of antibiotics in patients and eliminate agricultural use in order to keep these drugs effective.*** We're already seeing the global spread of dangerous new germs.

But there's yet ANOTHER obstacle to overcome if we want to prevent cataclysmic suffering: transparency.

Too often, drug-resistant infections go unreported by health institutions, putting patients at risk. And while the CDC often issues warnings about these fatal outbreaks abroad, it is prohibited from identifying hospitals within U.S. borders. The New York Times journalists Andrew Jacobs and Matt Richtel say that hospitals are resistant to disclosure, fearing that the information may deter people from seeking medical care.

In the article, Jacobs and Richtel elaborated:

> *"Those pushing for increased transparency say they are up against powerful medical institutions eager to protect their reputations, as well as state health officials who also shield hospitals from public scrutiny."*

In California, State Senator Jerry Hill, a Democrat and longtime advocate for tougher restrictions on antibiotic use, found himself stymied in his effort to improve the industry's reporting on drug-resistant infections. A bill he introduced in the State Legislature would have required hospitals to regularly disclose resistant infections and deaths. In 2017 the Senate passed the bill, 40 to 0, but it had powerful opponents, including the California Hospital Association, the Infectious Disease Association of California and the state's Department of Health. The bill then moved to the Assembly, where last year it stalled for lack of support.

California, State Senator Jerry Hill, a Democrat and longtime advocate for tougher restrictions on antibiotic use.

https://www.fightcancer.org/releases/senator-jerry-hill-receives-2020-state-legislator-year-award

Federal legislation that seeks to combat antibiotic resistance through stronger surveillance and better data collection has also stalled. The bill, introduced by Senator Sherrod Brown, Democrat of Ohio, has yet to emerge from a Senate health committee. 'We've ignored this looming crisis by doing nothing,' Senator Brown said."

In a free society, citizens should not be put unknowingly in harm's way. As we march toward global calamity, it is essential that we introduce absolute transparency. There may still be time to avert the scourge of antimicrobial resistance, but we need to act decisively, and we need to act NOW. Otherwise, it will be too late.

Global experts have been exceedingly clear about the potential devastation humanity faces if we don't make significant changes. Some of these warnings may sound like alarmism, but the threat is very real. According to the recent report to the Secretary General of the United Nations:

> *"Antimicrobial resistance is a global crisis that threatens a century of progress in health and achievement of the Sustainable Development Goals. There is no time to wait. Unless the world acts urgently, antimicrobial resistance will have a disastrous impact within a generation."*

A U.N. resolution acknowledges that:

> *"Due to antimicrobial resistance, there will be fewer options for the protection of people most vulnerable to serious life-threatening infections, especially women giving birth, newborns, patients with certain chronic diseases or those undergoing chemotherapy or surgery."*

Sadly, pushing dangerous drugs and overprescribing safe ones are just a few of the money-making tricks in Big Pharma's bag. The simplest and most effective is to keep prices for these drugs astronomically high.

THE TRUTH ABOUT DRUG PRICES

Inflated drug prices are causing hospitals to cut staff and reduce services, putting patients at risk. Combined with manufacturer shortages, the steady increase in the price of drugs has had a major impact on hospitals' ability to manage their budgets. Over 40% of hospitals over the last five years have been forced to reduce staff or services just to keep up.

And this isn't a new trend. Drug manufacturers have been raising prices for years, and New Year's Day is more like Halloween for the pharmaceutical industry. In fact, Reuters reported in 2019 that nearly 40 drug companies raised the prices of almost 300 drugs to start the new year.

The average increase was 6.3%, though many drugs increased by 9% or more. To put that in perspective, inflation in the United States during 2018 was about 2.2%.

Alarmingly, these inflated drug prices are relatively low for the pharmaceutical industry. Both the number of increases and the average percentage of those increases are lower than they were over the previous few years.

That's likely due to pressure put on Big Pharma by the White House, instigated by a tweet from the president in July 2018 saying that drug manufacturers "should be ashamed that they have raised drug prices for no reason. They are merely taking advantage of the poor and others unable to defend themselves, while at the same time giving bargain basement prices to other countries in Europe & elsewhere."

To be clear, the U.S. is one of the few countries that allows the free market to determine drug prices. Many other nations, including the European Union, control the cost of prescription drugs either directly or indirectly.

According to Reuters, Rx Savings Solutions Chief Executive Michael Rea believes there has to be meaningful changes to the marketplace, rather than new regulations in order for drug prices to drop. He calls the dramatically inflated drug prices "business as usual."

From 2015-2018, there were 96 price increases for every price cut on prescription drugs, according to the Associated Press. But drug prices are much more convoluted than you might think. The list prices are often high, but pharma representatives usually negotiate rebates or discounts with benefits managers.

FROM 2015-2018, THERE WERE 96 PRICE INCREASES FOR EVERY PRICE CUT ON PRESCRIPTION DRUGS, ACCORDING TO THE ASSOCIATED PRESS.

This leads to preferential treatment by insurance providers, and more business for manufacturers. But for those without insurance (or high deductibles), the inflated drug prices make most medicine completely unaffordable.

These drugs include everything from insulin to OxyContin, which increased by 9.5% that year. Purdue Pharmaceuticals, the makers of OxyContin, have been under heavy criticism for their sketchy marketing practices and are facing several lawsuits. The drug is one of the most addictive on the market, and recent statistics from the National Safety Council show that the chances of dying from an opioid overdose are higher than the chances of dying in a car wreck.

Many of these drugs have not changed over the past several years, and yet the average price increase is nearly 3 times greater than inflation.

So why are these prices continuing to go up?

One reason may be the increased spending on lobbying efforts by the pharmaceutical industry. Lobbying group Pharmaceutical Research & Manufacturers of America (PhRMA) spent a record $27.5 million on lobbying efforts in 2018. PhRMA represents most of the country's largest drug companies, including Merck, Sanofi, and Johnson & Johnson.

In addition to that amount, CNN reported that individual companies within the pharmaceuticals and health products sector spent $194.3 million on lobbying as of October 24, 2018. Another reason could be one as old as time: greed. While companies continue to log record profits and executives take home massive salaries and bonuses, the American people bear the cost.

From 2012 to 2016, diabetics saw the price of insulin nearly double, with the average price per person rising from $2,841 a year to $5,705 a year.

Now, hospitals are facing an increase of nearly 20% on drug spending in only three years. Some hospitals saw increases over 80% for things like anesthetics and chemotherapy drugs. Pharmaceutical companies often take advantage of drug shortages, which can be caused by their own anti-competitive behavior. Some manufacturers actually pay the creators of generic alternatives to delay entering the market simply to improve profits.

As a result, hospitals are cutting staff and delaying investment in upgrades and new equipment. This means patients receive a lower standard of care while pharma executives continue to line their pockets. Until we can find a way to curb corporate greed, the trend is likely to continue for years to come.

But there's another issue at stake, and that's the way in which drugs are patented to prevent competition. Here's a story from March 2018 highlighting that exact issue.

Treanda is a chemotherapy drug designed to treat chronic lymphocytic leukemia and B-cell non-Hodgkin's lymphoma. It is a bendamustine hydrochloride marketed by Teva Pharmaceuticals. In 2008, Treanda was approved by the FDA and soon granted orphan designation (meaning other companies cannot make generic versions of the same drug for 7 years). Bendeka, another bendamustine hydrochloride nearly identical to Treanda, was approved in 2015.

Produced by Eagle Pharmaceuticals, Bendeka was originally denied orphan status, but after winning a suit in federal district court, it was awarded exclusivity until December of 2022.

In 2015, Teva and Eagle entered into an exclusive licensing agreement for Bendeka in which Teva handles promotion and distribution and Eagle handles regulatory approval and clinical studies. Scott Tarriff, President and Chief Executive Officer of Eagle Pharmaceuticals, said:

> *"Given their strong presence and unsurpassed knowledge of this market, we believe there is no better company than Teva to optimize the market potential of this product."*

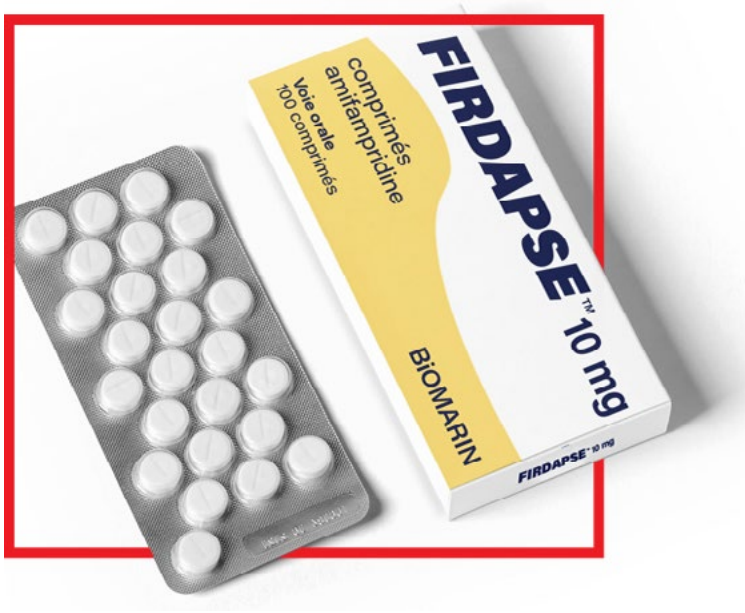
Now, because Treanda and Bendeka share the same active ingredient, the FDA is compelled to extend orphan status to both drugs, effectively blocking the introduction of any generic competition for three and a half more years. This loophole essentially doubles the amount of time that the drugs are protected, which will hurt consumers.

In fact, Ronny Gal, an analyst for Bernstein, estimates that the FDA decision will cost the public $3 billion. He called the decision "illogical" in issuing the following statement to his clients:

> *"This is poor performance by FDA which shows that even in the Gottlieb era, the risk-averse bureaucracy can get lost in its own maze of regulations. The illogical decision will cost the public some $3B in added costs."*

Gal says that at least five different companies are pursuing generic versions of the drug(s).

"While my position on chemotherapy drugs is not in question, the fact that companies continue to manipulate the system to generate profits is infuriating. With a virtual monopoly on the specialized blood cancer drug, Eagle Pharmaceuticals can set their own price without fear of competition."



We've seen this before, when Catalyst Pharma was awarded orphan drug exclusivity for Firdapse, a drug designed to treat the autoimmune disorder Lambert-Eaton myasthenic syndrome (LEMS). For decades, this drug was made available for free by Jacobus Pharmaceuticals through the FDA's compassionate use program. Jacobus lacked the financial backing to pursue market exclusivity, but said it wasn't a priority.

After patenting the drug and receiving an orphan designation, Catalyst slapped a $375,000 price tag on the drug, ge nerating hundreds of millions of dollars in revenue for investors – a cost borne by patients. When asked why Jacobus had not made an attempt to register and market the drug for sale, they replied:

> *"First and foremost we wanted to make the drug available to the patients and the physicians. That was our No. 1 priority, so that was what we did."*

A rare sentiment from the pharmaceutical industry.

The Orphan Drug Act, passed in 1983, was introduced to encourage drug manufacturers to develop treatments for rare diseases with a small market. In addition to the 7 years of exclusivity protecting these companies from competition, pharmaceutical companies awarded an orphan drug designation receive tax credits, waived FDA fees, grants for research and development, and other incentives.

This law was designed to help the patients, but corporate entities, who substitute investor interests for a moral compass, have found ways to exploit both the patients and the law to generate massive profits. And regardless of my stance on any particular drug, we need to remember that the people suffering most are among society's most vulnerable.

These aren't wealthy vacationers being charged $1,500 for front row seats to see Celine Dion in Vegas; these are people who are sick, scared, and desperate for hope. But Big Pharma doesn't care about patients and they certainly aren't interested in disease prevention. They're interested in money. And ethics continue to be trampled on the road to revenue.

Although legal jujitsu is one of the ways in which drug prices stay high, perhaps the most devastating blow to affordable healthcare is the pharmaceutical lobbying industry. In the summer of 2019, these lobbyists stormed the U.S. Capitol to protect Big Pharma. Here's what happened:

Pharmaceutical Research and Manufacturers of America, or PhRMA, is a lobbying group that represents some of the biggest players in the pharmaceutical industry.

Here are just a few of their members:

- **Bayer**
- **Bristol-Myers Squibb**
- **AbbVie**
- **GlaxoSmithKline**
- **Eli Lilly**
- **Johnson & Johnson**
- **Merck**
- **Pfizer**
- **Purdue**
- **Sanofi**
- **AstraZeneca**
- **Teva**

These companies make billions of dollars every single year peddling drugs, vaccines, and surgical equipment. They spend a small fortune to make sure that their interests are protected in congress and the FDA. To learn more about how the pharmaceutical industry has gained control over their own regulatory bodies, be sure to lock in your spot to watch* PROPAGANDA EXPOSED*, the 8-part docu-series that exposes the influence of BIG pharma on global health policy.

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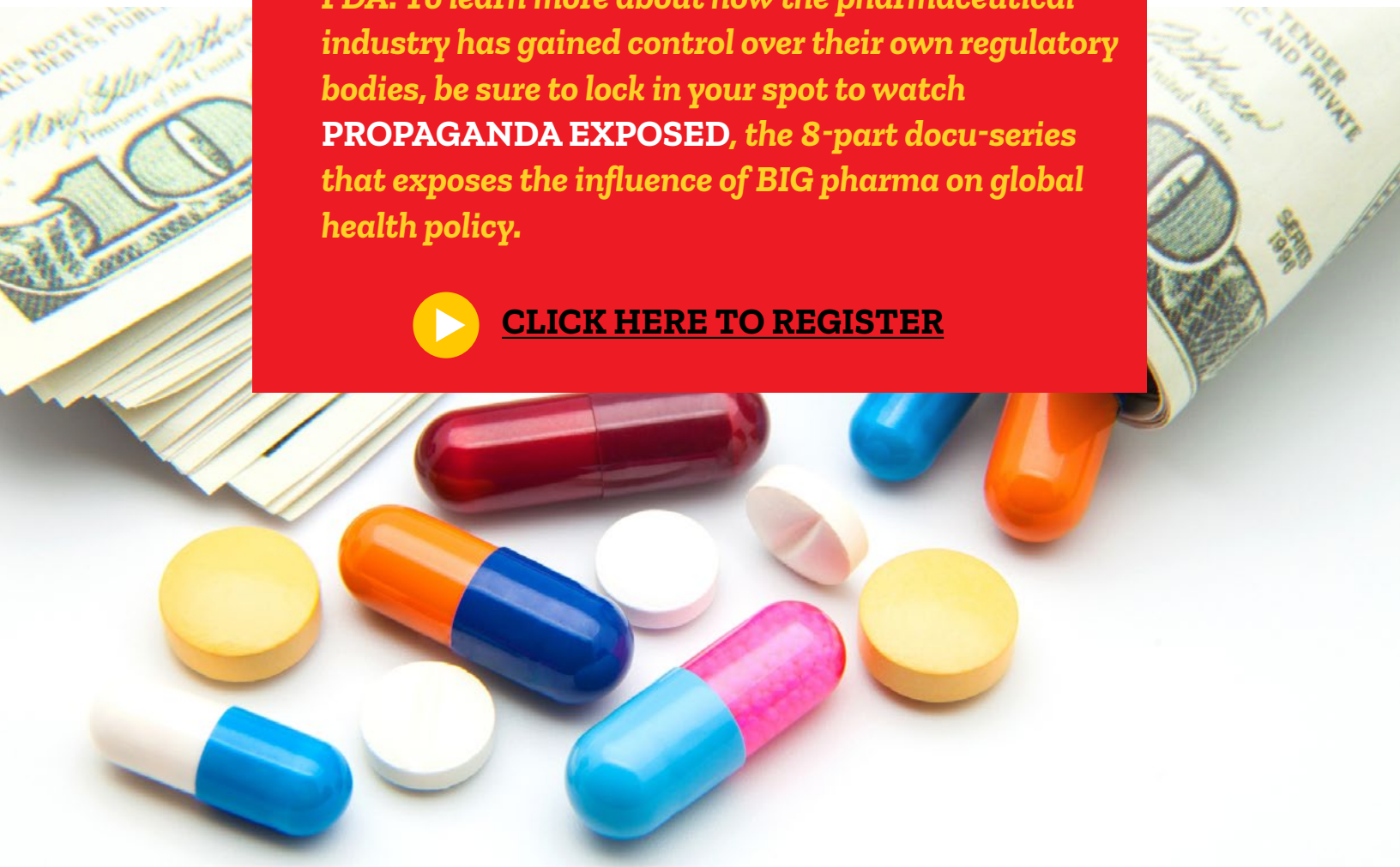


The company generates billions in lobbying efforts and has been one of the most influential forces in our government. PhRMA is known for being sneaky, working with outside firms to push their agendas. Groups like the United Seniors Association and lobbying firms like the DCI group have both been paid to do PhrMA's bidding.

And their relationship with the government is... cozy.

The group has been led by CEOs and Chairs that include congressmen and pharmaceutical pros alike (Joaquin Duato, chairman of Johnson & Johnson's pharmaceutical division, is chairman-elect). What's important about this particular story is what it proves: THE MEDICAL INDUSTRY DOES NOT CARE ABOUT PATIENTS.

It only cares about money.

So, what caused such a powerful group to "scramble the jets" and head to the capital? A bipartisan bill in the Senate designed to lower prescription drug prices. In a time when our politicians were more divided than ever (or at least since the Civil War), members of both parties in congress came together – backed by the White House – to lower drug costs.

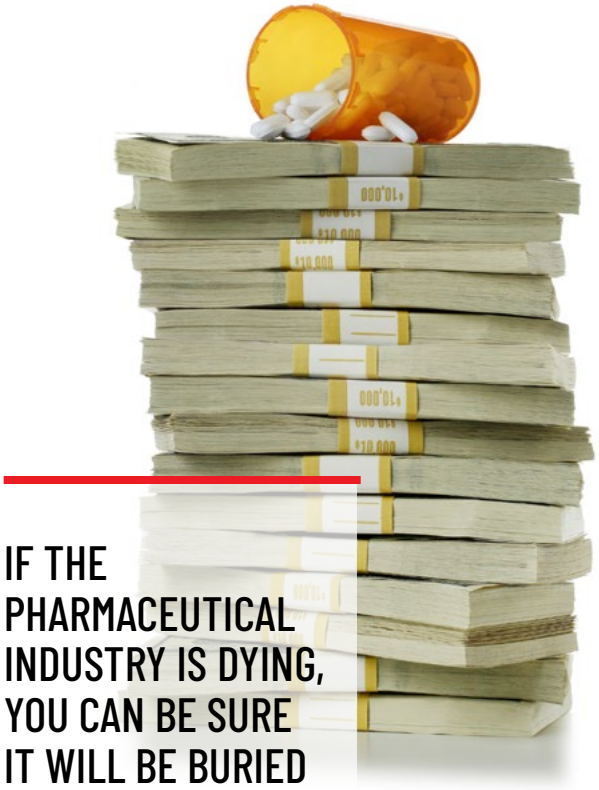
This is a major issue that affects nearly every facet of our society. Any move by our elected officials to hold the pharmaceutical industry accountable for its greed is a good one. The bill is designed to lower drug prices by forcing pharmaceutical companies to pay rebates if they raise their prices faster than inflation. It also caps out-of-pocket costs for some drugs covered by Medicare.

THE MEDICAL INDUSTRY DOES NOT CARE ABOUT PATIENTS. IT ONLY CARES ABOUT MONEY.

And congress is not alone; the president, Department of Health and Human Services (HHS), and Food and Drug Administration (FDA) have also tried to make headway. Reuters reported that the president was considering an executive order that would cut the prices of all branded prescription drugs sold to the government; HHS and FDA said it would pursue rules to allow prescription drugs to be imported from Canada.

If you need a sign that Big Pharma has too much say in our government, look no further than that. Our own agencies are considering programs to import drugs from other countries as a way to keep prices down. PhRMA representatives cried like children, saying in a statement that "we're getting killed!"

But if the pharmaceutical industry is dying, you can be sure it will be buried under piles of money. Just this year, the industry has pressured senators to block a bill that would limit intellectual property rights. They also blocked a rule that would require them to disclose prices in television ads, and watered down several bills to the point that they may as well not have been passed at all.



IF THE PHARMACEUTICAL INDUSTRY IS DYING, YOU CAN BE SURE IT WILL BE BURIED UNDER PILES OF MONEY.

And it isn't just about keeping prices up. Lobbyists also want to remove regulation, write their own studies, and hide any harmful side effects. They do this by targeting key officials with outside pressure or bribes. And it seems that the industry has discovered that you can catch more flies with honey than with vinegar.

Executives from many of the aforementioned pharmaceutical companies joined lobbyists to donate hundreds of thousands to specific politicians just a few months ago. North Carolina Senator Thom Tillis received maximum amount donations from the CEO of Pfizer. The CEO, Albert Bourla, also donated at least $10,000 to Texan Senator John Cornyn. These elected officials have accepted hundred of thousands

from executives representing Merck, Bristol Myers-Squibb, Eli Lilly, Sanofi, and Amgen, just to name a few.

In 2018, drug industry PACs donated over $10 million to various candidates. Just before the influx of donations, Senator Cornyn sat on the Senate Finance Committee and lambasted AbbVie CEO Richard Gonzalez on the company's practice of patent-thickening. (Note: patent-thickening is the practice of filing multiple patents for the same product in hopes of extending exclusivity). For AbbVie's Drug Humira, over 100 patents had been filed.

Illinois Senator Dick Durbin.

He then championed legislation to end patent-thickening once and for all, taking a hardline stance against Big Pharma. Then came the money. Senator Tillis joined in the effort alongside Cornyn and, by the time the dust had settled, the once-promising bill had been reduced to an empty shell. The existing bill simply limits the number of patents a company can assert in a lawsuit, doing virtually nothing to solve the problem of thickening.

This happens all the time in Washington. Illinois Senator Dick Durbin, who recently saw a patent bill killed off by the drug lobby, says they may be the biggest player on the Hill.

"Big Pharma has replaced Big Tobacco as the most powerful brute in the ranks of Washington power brokers," he said.

"Pharma's billions allow them to continue to rip off American families and taxpayers."

ONE OF THE BIGGEST PROBLEMS WITH THE AMERICAN HEALTHCARE SYSTEM HAS BEEN TRANSPARENCY; PATIENTS HAVE NO IDEA HOW MUCH THEY'LL BE CHARGED FOR CARE UNTIL AFTER THEY RECEIVE IT.

And hospitals are complicit in the crime. Contrary to what you've been told, hospitals are not a public service. They are for-profit businesses who exist for the sole purpose of making money. And while they may stitch you up after an accident, they'll bleed you dry with their labyrinth of billing codes and insurance policies.

One of the biggest problems with the American healthcare system has been transparency; patients have no idea how much they'll be charged for care until after they receive it. Under a federal law proposed by President Trump and signed into law on January 1st of 2021, hospitals are now required to make their pricing easily accessible to patients.

This is extremely important. Unlike virtually every other service provider in the world, hospitals have been able to keep their prices secret... until now. And for good reason. **When a woman gets a cesarean section at the gleaming new Van Ness location of Sutter Health's California Pacific Medical Center, the price might be $6,241. Or $29,257. Or $38,264. It could even go as high as $60,584.**

The fact that the same services – by the same providers at the same facility – could be ten times more expensive based on your insurance plan is an absurdity that is exclusively possible because of the secrecy surrounding price policies. In fact, Americans spend over $3.6 trillion each year on healthcare... nearly 20% of our GDP.

Under Trump's new law, hospitals and other care providers are required to make the cost of all services easily accessible to patients. This means that patients can compare the cost of care across different hospitals, choosing the most affordable option. It also provides transparency that allows insurance companies to negotiate better deals for their clients.

In the case of Sutter Health, some cardiac procedures ranged from $89,752 to $515,697, depending on the insurance plan. That's a 574% markup on potentially life-saving procedures simply based on your insurance provider. A hip or knee replacement, which is performed over a million times each year in the U.S., may cost you around $4,500 or nearly $80,000. It all depends on the deal your provider was given.

Although the new transparency law went into effect at the start of 2021, hospitals have been slow to comply. Officials overseeing New Jersey's employee-health plan, which covers around 800,000 people, found "a disappointing patchwork of willful noncompliance and attempted compliance that is not in the spirit of the rule."

The new rule requires hospitals to release prices for all services. Hospitals typically have a sticker price, which can be a starting point for discounted rates they negotiate with insurers. Hospitals also have cash prices for the uninsured. The new regulation requires disclosure of those rates, in addition to the insurers' prices.

The rule also says that the data file with all of the rates has to be displayed prominently on a public website, and that a hospital has to ensure the data "are easily accessible and without barriers."

Hospitals that violate the rule face a penalty of up to $300 a day.

But it appears that hundreds of hospitals are still trying to circumvent the transparency law, using Google search parameters in their website code to hide the data.

According to a new investigation by the Wall Street Journal, hospitals that have published their previously confidential prices in order to comply with this new federal rule have also blocked that information from web searches with special coding embedded on their websites.

As we've discussed, this information must be disclosed thanks to Trump's federal rule aimed at making the $1 trillion healthcare sector more consumer friendly. But hundreds of hospitals have embedded code in their websites that prevented Google and other search engines from displaying pages with the price lists.

The code, content="no index" keeps pages from appearing in searches, such as those related to a hospital's name and prices, computer-science experts said. The prices are often accessible in other ways, such as through links that can require clicking through multiple layers of pages.

> *"It's technically there, but good luck finding it," said Chirag Shah, an associate professor at the University of Washington who studies human interactions with computers. "It's one thing not to optimize your site for searchability, it's another thing to tag it so it can't be searched. It's a clear indication of intentionality."*

Think of it this way:

When you build a website, search engines like Google routinely comb through the site to generate search results. If you search for "vitamin d" within thetruthaboutcancer.com, you'll find several pages within our site that reference vitamin D. But a simple line of code can instruct Google and other search engines to ignore that page, making it impossible for you to find the information without navigating directly to it.

And that's what hundreds of hospitals have been doing. After begrudgingly posting their pricing data, these healthcare systems have been going out of their way to ensure that patients like you and me won't be able to actually find the information we need.

Among websites where the Journal found the blocking code were those for some of the biggest U.S. healthcare systems and some of the largest hospitals in cities like New York and Philadelphia. They include hospitals owned by HCA Healthcare Inc., Universal Health Services Inc., the University of Pennsylvania Health System, and NYU Langone Health. Some regional systems also had such code on their websites, including Michigan's Beaumont Health and Novant Health in Winston-Salem, N.C.

Penn Medicine, NYU Langone and Novant Health said that they used blocking code to direct patients first to information they considered more useful than raw pricing data for which they also included links. Universal Health uses the blocking code to ensure consumers acknowledge a disclosure statement before viewing prices, said spokeswoman Jane Crawford.

"We are making NO efforts to hide any information," Ms. Crawford said in an email.

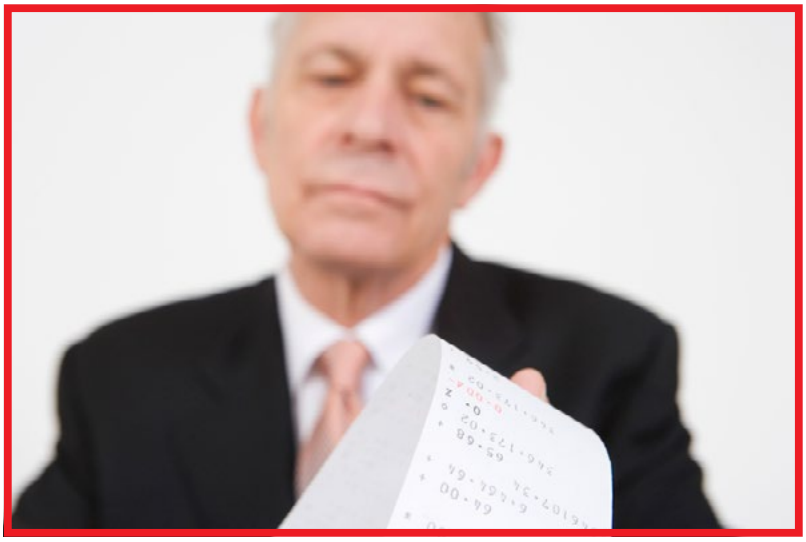
But experts agree that the "no index" code is rarely used, and always removed once a page has been built. The idea that hundreds of hospitals "accidentally" ended up with code hiding the exact pages that they don't want patients to see tests the limits of human imagination.

After the Journal approached hospitals about its findings, the search-blocking code was removed from sites including those of HCA, Penn Medicine and Beaumont, and of South Dakota-based Avera Health, Tennessee-based Ballad Health, Maine's Northern Light Health and Gundersen Health System in Wisconsin.

An HCA spokesman said the search blocker was "a legacy code that we've removed." Avera, Ballad, Beaumont and Northern Light said the code had been left on their websites by mistake. A Gundersen Health System spokesman said a website vendor had inserted the code. "It's not clear why," he said.

Computer-science experts said such code can be used during web page development to prevent search engines from storing an incomplete copy as a backup, known as a cached copy. The code is typically removed when a page is completed. Some hospital owners said they had recently completed their pricing-data pages to comply with the rule.

Federal officials who developed the price transparency regulation said the data could help consumers to find better deals and help doctors and employers to select the hospitals where they steer patients for service. The use of blocking code is one way hospitals have fallen short of the rule's requirements, experts on the new regulation said.



When confronted with their crimes, the corrupt medical industry did what it does best:

LIE.

To identify web pages hidden from search results, the Journal wrote a program that read the contents of 3,190 disclosure pages whose addresses were provided by Turquoise Health Co., a startup working with the price-transparency data. The program searched for a tag in the pages' background coding that instructs search engines not to index the page.

The Journal found 164 web pages hosting disclosure files for 307 hospitals that contained versions of that blocking syntax. Some pages include information for more than one hospital within a system. The code was removed from pages with data for 182 hospitals after the Journal contacted their owners.

Let me say that again:

About 10% of hospitals reviewed were hiding price data. Of those, nearly two-thirds deleted the code once reporters confronted them.

"They're taking an active step to make something harder to find," said Thomas Barker, a healthcare attorney at Foley Hoag and former official at the Department of Health and Human Services. "I would say it violates the spirit of the rule."

Remember, hospitals are **required** to ensure the data "are easily accessible and without barriers." I'd say that writing code into your webpage to block search engines from finding it violates that mandate. And blocking search results is just one of the ways that hospitals try to hide this important information from us.

Turquoise, which has searched for price disclosures on the websites of U.S. hospitals since the January 1st rule took effect, has found that many facilities are falling short of compliance with the new rule. Some 45% of the 2,267 short-term, children's, and rural hospitals that Turquoise has rated so far scored a three or lower on the company's five-point rating of compliance. Many hospitals with low ratings disclosed only sticker prices for procedures, not actual rates negotiated with insurers.

NYU Langone is among hospital operators that posted only sticker prices. "We are continuing to work on meeting the new requirements," an NYU Langone spokeswoman said.

Houston Methodist hasn't posted negotiated rates. The eight-hospital system has posted sticker prices and average charges for certain inpatient services, but the pages containing those files include the blocking code. A spokeswoman said Houston Methodist believes listing the negotiated rates would be confusing and misleading. The available pricing data can be found through a web search, she said. An adjacent site does appear in searches.

Some hospitals list prices in spots on their websites that require many scrolls or clicks to reach. That can make the information hard to find, computer-science experts said.

> *"The more clicks or scrolls it takes to get something done is a pretty good predictor of how many people will succeed," said Ben Shneiderman, a professor emeritus of computer science at the University of Maryland.*

UPMC, a 40-hospital system based in Pittsburgh, has placed the price lists on each hospital's website, which can require seven clicks to reach from UPMC.com. A user navigates through links with labels including "Locations," "Hospitals," "Patients & Visitors," and "Patient Information" to reach them. UPMC, which removed blocking code from price-data websites for two hospitals after the Journal reached out, didn't include the negotiated commercial rates for insurers in its data. The health system did offer other data points required under the rule, such as sticker prices and cash prices.

The truth is that foul play like manipulating online search results is par for the course when it comes to the medical establishment. Despite what this trillion-dollar industry would have you believe, U.S. healthcare is about profits, NOT patients. And keeping vital information out of the hands of patients is on the first page of the healthcare playbook.

When I tell the story of how Ty and I first started The Truth About Cancer, I first share how we lost several family members to cancer... or rather the prescribed treatments for cancer. But the reality is that they died because of censorship. Without access to all of the information we needed, our options became severely limited.

KEEPING VITAL INFORMATION OUT OF THE HANDS OF PATIENTS IS ON THE FIRST PAGE OF THE HEALTHCARE PLAYBOOK.

This pricing cover-up is just another example of that censorship. Hospitals don't want you to know what they charge for stitches, knee replacements, baby deliveries, or overnight stays. They also don't want your insurance company to know what kind of rates their competitors have negotiated.

Why?

Because that would force them to be competitive. Because that might create an environment in which health care truly becomes affordable for the average American. Because honesty will hurt their bottom line. Here's a breakdown of how much money the top executives at Hospital Corporation of America made in 2019:

- **Jonathan B. Perlin, M.D. – Chief Medical Officer: $3,588,875**
- **R. Milton Johnson – Executive Advisor: $3,777,878**
- **Jon M. Foster – President of the American Group: $4,353,542**
- **Charles J. Hall – President of the National Group: $4,742,962**
- **William B. Rutherford – Chief Financial Officer: $6,323,179**
- **Samuel N. Hazen – Chief Executive Officer: $17,206,908**

It seems crazy that hospital executives are making SO MUCH money when the average American can barely afford basic healthcare, doesn't it? To discover WHY this happened and WHAT you can do to change it, make sure to reserve your spot to watch* PROPAGANDA EXPOSED *– the 8-part docu-series that these healthcare fatcats don't want you to see.

CLICK HERE TO REGISTER

That's a grand total of roughly $40 MILLION DOLLARS to just 6 high-level executives each year. And that's not including stock awards. Extra compensation brought CEO Samuel Hazen's gross income to 26.8 million dollars during his first year on the job. That's 478 times more than the average HCA employee made that year.

And yet, this seemingly thriving company has gone out of its way to hide essential pricing data from patients and insurance companies; an act that is both morally and legally objectionable. And while executives and shareholders reap the rewards, patients and their families are dying – both literally and figuratively.

A 2007 study found that 62.1% of bankruptcies were caused by medical issues. Another claims that over 2 million people are adversely affected by their medical expenses. The medical industry is a racket, exploiting the people that need help the most. And although they'll claim that this corrupt coding cover-up was an accident, history has told us that sneaky, greedy behavior is the standard, not the exception.

All of these problems exist because the pharmaceutical industry controls everything. Corruption and collusion abound, from individual doctors all the way up to the CDC itself.

CORRUPTION AND COLLUSION

Bribing Doctors

First, it's important to understand that most doctors receive gifts from Big Pharma in one form or another. A 2018 survey published in the Journal of General Internal Medicine found that nearly three out of four doctors have financial ties to Big Pharma. The vast majority of these relationships were with representatives of prescription drug or medical device manufacturers. Gifts included drug samples, meals, and payment for consulting or advisory roles.

Since 2013, federal law has required that payments to doctors by medical device and pharmaceutical companies be publicly reported. The database (which you can access here) has published over 11.5 million records between August 2013 and December 2017, reflecting $8.4 billion in gifts and payments.

NEARLY THREE OUT OF FOUR DOCTORS HAVE FINANCIAL TIES TO BIG PHARMA.

Dr. Aaron S. Kesselheim, an associate professor of medicine at Harvard Medical School and lead author of the survey, says this may be influencing doctors' behavior. According to the study, "Free samples are used as a marketing tool and have been linked to prescribing of high-cost, brand-name drugs over lower-cost generic alternatives." He suggests that money paid for public speaking and consulting engagements may have an even more acute impact on doctor behavior. "Social scientists will tell you that any amount of money will influence people, but I think larger sums can influence behavior more," Dr. Kesselheim said in a statement to The New York Times,

This information is terrifying.

We trust our physicians to make the best recommendations for our health, but the majority of these doctors are receiving gifts from Big Pharma that may influence the treatments they recommend. For example, an orthopedic surgeon in Manhattan

received almost $2,000,000 from companies that manufacture hip and knee replacement products between 2015 and 2017. Not coincidentally, the surgeon, Dr. Geoffrey Westrich, performs hundreds of hip and knee replacements each year. In 2017, this doctor received $870,573.39 in general payments from pharmaceutical and medical device companies, including $448,000 for "consulting fees", $28,580 for non-educational speaking engagements, and over $23,000 in travel and lodging.

Is it possible that these payments have no effect on the equipment, materials, and drugs the good doctor uses?

Sure.

Is it likely? Dr. Kesselheim doesn't seem to think so.

> *"Financial connections between physicians and industry remain a prevalent force affecting prescribing practices and health care costs."*

And while health insurance often shields patients from the bulk of these inflated prices, they end up being passed down in the form of higher rates and higher deductibles. And who profits? Big Pharma and the medical device industry.

Remember Purdue Pharma, the makers of OxyContin? In 2015 they paid nearly $12 million to doctors not associated with research studies. This included 4 payments totaling over $460,000 to Dr. Glen Apseloff, the president and lead researcher at Ohio Clinical Trials, Inc. These were reported as "consulting fees" and were paid directly to Dr. Apseloff, not Ohio Clinical Trials.

We've talked about how doctors can profit from chemotherapy, and the lengths pharmaceutical companies will go to promote their products. Medical schools focus almost exclusively on pharmaceutical and surgical intervention strategies used to reactively address health issues rather than homeopathic strategies to proactively prevent these diseases in the first place.

And why not? There's far more money in prescription drugs and medical equipment than there is in holistic and homeopathic treatments. In a 2009 article by Dr. Art Van Zee, it was reported that Purdue Pharma conducted more than 40 national pain-management and speaker-training conferences at resorts in Florida, Arizona, and California. More than 5000 physicians, pharmacists, and nurses attended these all-expenses-paid symposia, where they were recruited and trained for Purdue's national speaker bureau. This coincided with the launch of OxyContin.

It is well documented that this type of pharmaceutical company symposium influences physicians' prescribing, even though the physicians who attend such symposia believe that such enticements do not alter their prescribing patterns," says Dr. Van Zee. Dr. Kesselheim agrees, saying that company-sponsored presentations "provide a very narrow educational experience."

Buying the FDA

From 2014 to 2019, the FDA approved nearly 150 new anticancer drugs. And although this may seem like good news, cancer patients may want to hold their applause. As it turns out, a significant portion of these approvals – nearly 1 in 5 – were based on clinical trials that don't prove the effectiveness of the drugs.

A study published in JAMA Oncology evaluated 143 cancer drugs approved by the FDA between 2013 and 2018.

Analysts found that 17% used "suboptimal control arms" and showed no benefit over standard therapies. In other words, ***many anticancer drugs approved by the FDA haven't shown any real benefit to patients.***

To better understand the implications of the new analysis, it's important that we first understand the process for drug approval.

Most drugs seeking FDA approval undergo something called randomized clinical trials to prove their efficacy. This means that participants are separated randomly into different groups to compare the effects of different drugs.

In a randomized clinical trial, the group that does not receive the experimental treatment is called the control arm. The control arm may receive no treatment, a placebo, or the accepted standard of care.

But what happens when new drugs are tested against inferior therapies? Or therapies that are rarely used? This is called a "suboptimal" control arm, and it essentially nullifies any findings of the study. When the control arm is suboptimal, there is no scientific evidence that the new drug offers any benefit over the standard-of-care.

What this means is that the FDA is regularly approving new anticancer drugs that may not be any better than the standard drugs already in use. But whenever a new drug is approved, company stock goes up and people get paid. And as long as the new drug outperforms the control arm, it's off to market.

Here's a list of anticancer drugs approved by the FDA based on suboptimal control arms since 2013:

- **afatinib**
- **apalutamide**
- **bosutinib**
- **brentuximab vedotin**
- **brigatinib**
- **cabozantinib**
- **ceritinib**
- **everolimus**
- **ixazomib (+ lenalidomide + dexamethasone)**
- **obinutuzumab (+ bendamustine)**
- **obinutuzumab (+ chlorambucil)**
- **olaparib**
- **olaratumab**
- **pembrolizumab**
- **ramucirumab**
- **venetoclax**

Cancer patients deserve better, and companies should not be allowed to set their own parameters for success. According to the study's lead author, Talal Hilal:

> *"The take-home message from our analyses is that FDA approval doesn't automatically make a new drug better than treatments doctors are currently using... People being treated for cancer must often withstand physical and financial toxicity. It is only right that any new treatments offered to them must have been proven to be better than what is already available."*

Hilal suggests that the FDA set clear standards for acceptable control arms to ensure better outcomes for patients, but we've seen how hard it can be to get the FDA to regulate an industry that pays them so handsomely. In fact, we discussed the way that pharmaceutical companies influence FDA approval decisions not long ago.

Johnson & Johnson, the latest company on trial for fueling the opioid crisis, recently won a timely approval for their cancer drug Balversa. [Editor's note: get the latest on the J&J trial here.] Here's how big pharma makes sure their drugs get approved:

When a new therapy is up for FDA approval, advisory committees are formed to review the new drug and vote on whether or not it should be approved. The FDA always follows these recommendations.

But a look into the finances of these committee members paints a more sinister picture. Physicians who sit on these advisory boards nearly always end up taking money from the companies relying on their votes. These bribes are not well-masked, showing up as consulting fees, travel compensation, or research grants.

According to sciencemag.org:

> *"An analysis of pharma payments to 107 physicians who advised FDA on 28 drugs approved from 2008 to 2014 found that a majority later got money for travel or consulting, or received research subsidies from the makers of the drugs on which they voted or from competing firms."*

The reason that the FDA is so corrupt may have to do with its employees. In July of 2019, former FDA commissioner Scott Gottlieb took on a new position – on the board of pharmaceutical giant Pfizer.

Mr. Gottlieb will now profit from a company that he was responsible for regulating less than 3 months prior. The move has been widely criticized, and for good reason. The revolving door between government regulators and the pharmaceutical industry has completely eroded the public's faith in the FDA.

Pfizer is a massive company worth billions. Since Gottlieb was nominated as FDA commissioner, Pfizer's market value has exploded from $200 billion to $240 billion. For the first year as commissioner, Gottlieb was forced to recuse himself from making decisions involving nearly 20 pharmaceutical companies with whom he had relationships. These companies included Vertex Pharmaceuticals, GlaxoSmithKline, and Bristol-Myers Squibb, among others.

Former FDA commissioner Scott Gottlieb took on a new position – on the board of pharmaceutical giant Pfizer.

Before becoming commissioner, he also did work for Pfizer.

The announcement has received much criticism, with one U.S. Senator calling for his resignation, saying that the move "smacks of corruption." Leigh Turner, a bioethicist at the University of Minnesota, tweeted the following:

> *"The next chapter of Scott Gottlieb's career will be played out in the inner sanctums of Big Pharma — forever reinforcing the FDA's critics of the revolving door between the agency and the industry."*

Though Gottlieb has said that he is "proud" of his relationship with Pfizer and that he's "very confident" about his record at the FDA, his dealings with the massive pharmaceutical corporation were sketchy to say the least. When it came to concerns about Pfizer's rheumatoid arthritis medication, Gottlieb was notably soft.

In February, a safety trial run by Pfizer found that higher doses of the drug Xeljanz resulted in a "statistically and clinically important difference" in the instances of blood clots and death. While Gottlieb's counterparts in the European Union quickly put restrictions on the drug, the FDA simply warned doctors of the study's results.

In addition to rheumatoid arthritis, the drug was marketed for the treatment of ulcerative colitis and psoriatic arthritis. But the safety study required by the FDA did not focus on these other conditions, even though the dangerous higher doses were already recommended for patients with ulcerative colitis. Patients with inflammatory bowel disease like colitis have a higher risk of clots – as much as 3 times higher. Nevertheless, these patients continue to receive the dangerous higher dose.

"It sounds like a reward for a job well done," said Carl Elliot, another bioethicist from the University of Minnesota. While Gottlieb denies any involvement in the decisions about Xeljanz, his prior involvement with Pfizer and quick appointment to the board following his resignation certainly raise doubts. "It sure does look suspicious," Elliot said in an interview.

Unfortunately, the unseemly relationship between Big Pharma and the FDA is nothing new. For nearly 40 years, every FDA commissioner but one has joined the board of a pharmaceutical company after leaving the agency.

Robert Califf

Scott Gottlieb's predecessor, Robert Califf, was a consultant who was paid tens of thousands of dollars by the pharmaceutical industry. His clients included Merck, AstraZeneca, Eli Lilly, and Johnson & Johnson, the last of which paid him over $78,000 in 2012. Following his tenure as commissioner, he took a job with the publicly traded pharma company Biokinetics.

Scott Gottlieb's predecessor, Robert Califf.

Margaret Hamburg

Before Califf, Margaret Hamburg was in charge of the FDA. She was charged in a racketeering lawsuit shortly after leaving the office. The suit accused Hamburg of collusion, conspiracy, and racketeering involving Johnson & Johnson's drug Levaquin. Hamburg and J&J allegedly withheld the risks of the drug, which ended up killing over 5,000 patients and leaving tens of thousands injured by life-threatening disease.

During her tenure, Hamburg's husband made hundreds of millions thanks to her work with Johnson & Johnson. She also approved the opioid painkiller Zohydro ER, manufactured by Zogenix Pharmaceuticals. An advisory panel voted 11-2 against approving the drug, citing its risk for abuse and overdose. They were joined by law enforcement agencies, anti-addiction groups, and addiction experts who voiced the same concerns.

Before Califf, Margaret Hamburg was in charge of the FDA.

Hamburg's husband's hedge fund held stock in the drug and made tens of millions on its approval. After stepping down as FDA commissioner, she took a lucrative job with Alnylam Pharmaceuticals.

Andrew von Eschenbach

Before Hamburg was appointed, Andrew Von Eschenbach was the FDA head. After leaving his post, von Eschenback took a position on the board of BioTime, a publicly traded biotechnology company that develops stem cell therapies and cancer drugs. Von Eschenbach took over the FDA suddenly, after a 2-month stint by his predecessor, Lester Crawford.

Before Hamburg was appointed, Andrew Von Eschenbach was the FDA head.

Lester Crawford

Lester Crawford served only a few months before resigning in the wake of allegations that he had failed to disclose conflicts of interest. A year later, he pled guilty to conflict of interest and false reporting of information about stocks he owned in agricultural and pharmaceutical companies – the very industries he was meant to regulate.

He was given 3 years of probation and a fine.

He soon joined Policy Directions, a lobbying firm that represents companies regulated by the FDA, including Merck, Nestle, and Alpharma Inc., a pharmaceutical company specializing in morphine-based painkillers.

Lester Crawford served only a few months before resigning in the wake of allegations.

Mark McClellan and Jane Henney

Before Crawford, the FDA was run by Mark McClellan, who went on to work for Johnson & Johnson. McClellan was preceded by Jane Henney, who followed her FDA appointment by becoming a director at Amerisourcebergen Corp, a wholesale drug company. The cycle is virtually endless.

But it's not just the FDA. Here's a quick highlight reel of how the CDC has worked hard to protect patients:

- In 2016, a group of CDC scientists filed an ethics complaint claiming that its agency officials were being manipulated by corporate interests. The CDC claims that it "does not accept commercial support" and has "no financial interests or other relationships with the manufacturers of commercial products." As it turns out, several high-ranking CDC officials were discovered to be colluding with Coca-Cola to

Mark McClellan (Top) and Jane Henney (above).

publish studies and influence public health policies in Coca-Cola's favor. According to studies, Coca-Cola is linked to 180,000 deaths per year.

- That same year, it was discovered that CDC officials lied to Congress about its WiseWoman heart disease prevention data and then covered up their lie. Millions of dollars were allocated to the project based on falsified data.

- In 2018, the CDC decided to cut efforts to prevent disease outbreak by 80%. The cuts included oversight and prevention efforts in China, where the Coronavirus outbreak first occurred.

- In March of 2018, Robert R. Redfield became the director of the CDC, where he took a $375,000 annual salary – nearly 60% higher than his predecessor. Here's his track record:

In March of 2018, Robert R. Redfield became the director of the CDC.

- **1992:** Redfield is accused of lying about the effects of an experimental HIV vaccine by the Defense Department.

- **1993:** A subsequent investigation by the U.S. Army found that Redfield had an inappropriate relationship with a private organization of the failed vaccine.

- **2020:** Redfield supported doomsday models of the coronavirus spread that have been proven to be completely wrong. This model was the basis for the draconian lockdown measures (despite being WAY off), and Redfield continued to make excuses defending it.

But CDC failure during the coronavirus outbreak extends beyond Redfield...

- At the beginning of the coronavirus outbreak, avoidable lab contaminations at the CDC ruined initial testing performed in the United States. Many of the tests were tainted with COVID-19.

- Officials have also accused the CDC of lying to the president about their ability to produce test kits.

- Emails reveal that chaos and a lack of organization at the CDC dramatically slowed early response to the virus.

- The CDC also failed to use other diagnostic tools, refused help from qualified volunteers, and promoted cloth face masks that actually increase the risk of infection.

- Perhaps worst, the CDC has continued to lie about the death count by artificially inflating it. CDC guidelines for determining COVID-19 deaths include:

    - Anyone who tests positive, even if they died from other causes.

    - Anyone who had COVID-19 symptoms, even if they aren't tested.

They say that the proof is in the pudding, and this pudding is SOUR. We've been led to believe that doctors are to be trusted and revered. That their vast knowledge extends beyond the marketing materials of Big Pharma. That regulatory bodies exist to protect us from unsafe drugs and practices. That insurance companies help keep medical costs down.

These are all LIES.

The sad truth is that the examples above are just a small glimpse into the evil inner workings of a medical mafia that's willing to do anything and everything to make an extra buck. Our doctors, our news, our political leaders, our educational institutions... all of them have been corrupted. Each day, you're likely to hear more lies than truths. To discover why, be sure to tune in to **PROPAGANDA EXPOSED**, *the 8-part docu-series that exposed the history of lies and corruption that now control our medicine and media. It's 100% free to watch... and it may just save your life.*

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ABOUT THE AUTHORS

Ty & Charlene Bollinger are devoted Christians, health freedom advocates, health researchers, documentary film producers, and best-selling authors.

After losing several family members to conventional cancer treatments, they set out to learn the truth about cancer and the cancer industry, working together tirelessly to help others to learn the truth that sets them free to live healthy, happy lives.

Ty & Charlene's heartbreak and grief coupled with their firm belief that chemotherapy, radiation, and surgery were NOT the most effective treatments available for cancer patients, led them on a path of discovery.

On their journey, they interviewed cutting-edge scientists, leading alternative doctors, and groundbreaking researchers to learn about hidden alternative cancer treatments. What they uncovered helped to create The Truth About Cancer and its four awe-inspiring documentaries: *The Quest for The Cures*, *The Quest For The Cures Continues*, *The Truth About Cancer: A Global Quest*, and *Eastern Medicine: Journey Through ASIA*.

Ty and Charlene speak frequently at seminars, expos, conferences, and churches. Together, they host a biweekly internet news program: TTAC Global Health News.

Their message is clear:
CANCER IS NOT A DEATH SENTENCE. THERE IS ALWAYS HOPE.

Charlene Bollinger

Ty Bollinger