

# HealthWorks

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## Global Tobacco Summit

Coinciding with the 13<sup>th</sup> World Conference on Tobacco or Health in Washington, D.C., Seventh-day Adventists invited leaders to look back and ahead for how Adventists can best address the problems that tobacco creates worldwide.

More than 100 leaders attended the Adventist summit at Sligo Church and Washington Adventist Hospital July 14-16. They included representatives from evangelical churches, a Sikh, a Muslim, pulmonary specialists and physicians active in smoking cessation.

The scope of those dying from tobacco was likened to those dying of AIDS – about four million deaths worldwide each year. These deaths occur predominantly in developing countries where tobacco companies take advantage of the young and ignorant.

Since the Surgeon General's report in 1964, smokers have dropped from nearly one in two to one in five adults and one in seven young people in the U.S. This looks good, but there are still 2.5 billion smokers worldwide, with a high cost to health. "One third of all heart attacks and strokes are due to tobacco use. Eighty to ninety percent of all lung cancers are the result of tobacco use," said John Hodgkin, MD from St. Helena Center for Health in California.

Wayne M<sup>c</sup>Farland, MD, cofounder of the 5-Day Plan to Stop Smoking was the featured guest. His program was revised and became the nine-session Breathe-Free Plan to Stop Smoking 20 years ago. The original plan paired doctors and ministers. The need was expressed for pastors and their churches to learn more about dependency and addictions.

Understanding tobacco company strategy to target the young in America, there is a growing need to oppose tobacco greed by placing tobacco companies and products under FDA control. This could reduce their ability to impact children.

Legislation (H.R. 1376) is proposed that would do so and this bill needs support in the House, which twice rejected it in spite of a strong Senate approval.

One of the strategies of tobacco greed is to introduce smokeless tobacco. They hope for an image of much less risk and have maligned the Mayo Clinic for its stand against those products, but "tobacco in any form" causes disease and is a form of bondage unacceptable to Seventh-day Adventists.

Targeting teens to take up smokeless tobacco is not acceptable because they are more likely to smoke later, as well as develop cancers of mouth, throat and stomach.

U.S. District Judge Gladys Kessler summarized data to say, "Over the course of more than 50 years, [tobacco] defendants lied, misrepresented and deceived the American public, including smokers and the young people they so avidly sought as 'replacement smokers.'"

"Tobacco addiction kills 1,200 Americans every day," said Dr. Richard Land, President of the Ethics and Religious Liberty Commission of the Southern Baptist Convention. This is perhaps the largest number of preventable deaths in the U.S., but conference attendees noted increasing difficulty to get smokers to attend stop smoking programs.

RJ Reynolds' youth smoking prevention website has bland pictures of a grandfather, a community leader and a teacher each talking to young people, presumably about tobacco, but no clear messages like "Quit or Die" or pictures of black lungs with tumors.

One focus of the conference was a discussion regarding the use of pharmaceuticals in smoking cessation and whether or not to include such in a Breathe-Free update.

Dr. Greg Wise from Kettering lamented that "many congregations are apathetic and fatigued after being drawn into so many causes, from homelessness and poverty to the global spread of AIDS."

Dr. Allan Handysides, Director of Health Ministries for the worldwide Adventist church, suggested that churches become community health hubs. "Would your community miss your church if it closed its doors?" he asked. "Our churches must be instruments of care and compassion."

# PERSPECTIVES ON TOBACCO

**A**s a senior medical student, I attended a 5-Day Plan by co-founder Elman Folkenberg in 1965, and subsequently have helped in numerous stop-smoking programs.

There is a bond of gratitude between participants who quit and a fellowship that Christ calls us to experience in His command to “loose the bands of wickedness.” Isaiah 58:6

With this background, here’s my view of the issues as expressed by some of the conference attendees:

**Adventists used to be in the forefront of stop smoking programs. Other programs seem to be more successful.**

But with Christ as our model, as He neared the end, the multitudes departed and He was left with twelve who also fled. We are not called to straighten out the world, but to be there for those who want help. Offering a program two or three times a year should satisfy the need of those who look forward to quitting, and our need to help them. The best times seem to be in early January, spring and fall.

When the Surgeon General made his report in 1964, it was a revelation to many smokers who did not know the dangers of tobacco. Not so with the current generation. We can’t grab them and ask if they are saved like some Christians used to do. Neither can we urge physical salvation on those unwilling to talk about it. “Come, let us reason together” is worthy of a try once, then we have to leave it to God and circumstances.

**Do we need to change or update the program?**

David couldn’t fight in Saul’s armor. There are those who like the 5-Day Plan better than Breathe-Free. Let people use what they feel most comfortable with. There are 12 gates to the New Jerusalem—“different strokes for different folks.”

Those agitating to update the program may want to use the pharmaceuticals that others are using. Time will tell whether drugs can help overcome the drug of nicotine. Other means have been touted as helpful, but time has shown that tranquilizers or hypnosis are not the answer. People who sweat through the withdrawal are less likely to regress. Some need more help. A good friend who is quitting is a valuable help.

Some urged updating the program to be in step with science as if pharmaceutical agents made that difference. We need to take a look at both sides of this issue. Pharmacology is not what most laymen think it is.

“Drug action always represents artificial interference with the natural functioning of the organism. In the widest sense of the word, every drug is by definition a poison. Pharmacology and toxicology are one, and the art of medicine is to use these poisons beneficially.” [*Drill’s Textbook of Pharmacology in Medicine*]

Dr. Mervyn Hardinge, former chairman of the Pharmacology Department, shared the following with me after he became Dean of the School of Health at LLU.

“Ellen White’s use of tea when seasick may suggest a legitimate use of drugs, much like one would use crutches with a sprained ankle. But crutches or drugs should not become a way of life. Short-term use of symptomatic help often becomes long-term bondage, and this is without even looking at the possible adverse effects of the drug.”

The countless thousands that have quit using the 5-Day Plan show that drugs do not have to be part of the program.

The mayor of Southwest City, Missouri said, “I’ve tried many times, but this is the easiest I have ever found it [quitting].” This is because he left off coffee as a source of caffeine that makes it almost impossible to quit.

Many quit tobacco for a while without giving up coffee; eventually they succumb to the craving created by the caffeine. It whips their nerves to the point they need the numbing effects that nicotine provides to offset the opposite effect of caffeine.

**The Summit also aimed to “reposition Adventists as players in the forefront” of anti-smoking efforts.**

A Catholic priest told a group at St. John’s University in 1983 that tobacco was a pimple on the rear end of a giant, alcohol. He had killed someone while driving under the influence. So it’s a matter of perspectives.

Adventists got the spotlight by addressing a timely, newsworthy problem with a creative program designed around the eight remedies that Ellen White listed in *The Ministry of Healing*, a book which “contains the wisdom of the great Physician.” *Testimonies for the Church*, vol. 9 page 71.

The best way to reposition ourselves on the cutting edge is to back up, take a broader look and do what was done 40 years ago—address a larger need!

# A Leading Cause of Death

Do you know what the fastest growing cause of death in the United States is? It's something that wasn't even on the charts a decade ago, and is now the largest component of the number three cause of death?

Writing in the *Journal of the American Medical Association*, Barbara Starfield, MD, MPH summed up the medical deaths from unnecessary surgery, errors, infections and adverse drug reactions in hospitals:

"These total to 225,000 deaths per year from iatrogenic [doctor] causes ... 225,000 deaths per year constitutes the third leading cause of death in the United States." JAMA, July 26, 2000, page 484.

Starfield acknowledged "most of the data are derived from hospitalized patients." The largest component of medical deaths was from drugs "properly prescribed and administered" under monitored conditions in the hospital.

This begs the question, how many people die at home from drugs not "properly prescribed" with no monitoring or reporting required? Our trend today is to no longer ask for an autopsy to determine the cause of death. How many MD's do you think want to find out that their prescription killed the patient? The "politically correct" way to sign a death certificate when someone dies suddenly is to call it a heart attack or arrhythmia.

A book by Carolyn Dean, MD, ND has shocking information on the number of non-hospital deaths from medical care. In *Death by Modern Medicine*, Dean shares authorship with two other MD's and two PhD's who are well-known in alternative health issues—Gary Null, PhD (with a large audience to his NYC radio program), Martin Feldman MD, Debora Rasio MD and Dorothy Smith PhD. They say the drug deaths at home are nearly double those in-hospital, 199,000. With the in-hospital deaths, they total 305,000.

These are "non-error" drug deaths. The patients got the right drug for their condition, but died. How does this happen? Like with Vioxx, Fen-Phen and other drugs taken off the market after being given to millions of trusting patients.

Let's say you are watching TV, enjoying the good life, eating pizza and drinking [root]beer. You get some gas or heartburn and "ask your doctor" who prescribes the purple pill to "heal the damage" as the ad says. It seems to help and you continue the good life and purple pill for a month when you develop a headache. You go to Emergency and after tests and scans are negative (and a four-digit bill) you are given a prescription for the headache and they say to check with your doctor. You see him in a couple weeks. He asks how things are going. You tell him you've had several headaches but the medicine they gave you in Emergency takes care of it. He says to continue and let him know if you have any problems.

In a couple months (or years) you die suddenly. How could that happen? By ignoring a sign of drug toxicity (headache) and continuing to take the drug while using a second drug to cover up the side effect. Thousands of people are doing this every day in America and about 840 of

them are dying daily, most of them labeled "heart attack!"

Like the corn flake advertisement says, "taste it again for the first time."

"People need to be taught that drugs do not cure disease. It is true that they sometimes afford present relief, and the patient appears to recover as a result of their use; this is because nature has sufficient vital force to expel the poison and to correct the conditions that caused the disease. Health is recovered in spite of the drug. But in most cases, the drug only changes the form and location of the disease." *The Ministry of Healing*, page 126.

"Adverse drug reaction" is what we call it.

We can still have health if we are willing to repent of wrong habits and bring our practices into harmony with the natural laws of the body.

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# A Leading Cause of Death *continued*

This is not information best-suited to laymen. It comes in a chapter, "The Physician an Educator."

"The true physician is an educator. He recognizes his responsibility, not only to the sick who are under his direct care, but also to the community in which he lives. He stands as a guardian of both physical and moral health." Ibid, page 125

If the alumni of Loma Linda would rise to the challenge, Seventh-day Adventists would again be positioned at the forefront of an issue that will not go away until Babylon falls, because pharmakeia is the Greek word for sorcery in our message.

"Babylon is fallen ... Come out of her, my people, that ye be not partakers of her sins and that ye receive not of her plagues ... for by her sorceries [pharmakeia] were all nations deceived." Revelation 18:2,4,23

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Dr. Richard Ruhling is board-certified in internal medicine, but he now believes internal medicine is risky and that food should be our best medicine. He offers his Total Health Seminar for health emphasis on Sabbaths at no charge to churches. For more information, write us at the Health Ministries Department or e-mail Dr. Ruhling at [Ruhling7@juno.com](mailto:Ruhling7@juno.com).

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Symptomatic care is touted every evening to millions on TV. Seventh-day Adventists have a health message that has the "true remedies," and as such, they address the true causes while medical textbooks list most conditions as having "unknown etiology." If they don't know the cause, they can't address the cure.

God said in response to obedience, He would put "none of those diseases" on His people (Exodus 15:26). Times may have changed, but body physiology and chemistry have not changed. We can still have health if we are willing to repent of wrong habits and bring our practices into harmony with the natural laws of the body.

In the field of health, the greatest discovery that we can make is that the body is designed for self-healing and we can be well—it's the good news of health in the face of bad news that medical care is now a leading cause of death.

What more could we possibly ask for as an opportunity to reposition ourselves? It's like David repositioning himself in front of Goliath and this information is solid as a rock. There will be more on this in the next issue. It's time for the wise virgins to light their lamps and share what they know.

## Upcoming Health Ministries-Related Events:

**September 6-11, 2006** .....  
Health Summit North in Montreal, Canada

**October 18-23, 2006** .....  
Health Summit West in Portland, Oregon

**January 28-February 3, 2007** .....  
Health Summit in Orlando, Florida