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Presentation to the White House Commission on Complementary and Alternative Medicine Policy

Washington, DC
February 23, 2001

Karen Scott
Colleen Smethers, CRNP (ret.)
Shula Edelkind

Volunteers:
Progress in Medicine Foundation
PO Box 1565
Fontana, CA 92334
www.treatmentchoice.com

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Divider Title: _____

The Medical Board f California vs Robert Sinaiko, M.D.

Can an exceptional physician, researcher, and professor be sanctioned for applying the best knowledge available to his patients?

Can accredited medical schools routinely teach classes and courses in progressive, and alternative medicine and have a physician **lose his license** for correctly applying what he learns to his patients?

The answer is absolutely **yes!**

Dr. Robert Sinaiko, a respected board-certified allergist and immunologist was using the latest advances in medicine to help people suffering from Multiple Chemical Sensitivity (MCS), Chronic Fatigue, Attention Deficit Hyperactivity Disorder (a.k.a. ADHD) and Autism.

Despite Dr. Sinaiko's excellent record of improving quality-of-life for these difficult-to-treat patients, and despite the fact that no patient was harmed and no patient complained, Dr. Sinaiko has had his medical license put under a highly restrictive probation by the Medical Board of California, **forcing the closure of his practice in the San Francisco Bay Area**. He is being punished for being **above** the "Standard of Care".

The nightmare for Dr. Sinaiko started with a custody dispute, when a pediatrician falsely wrote a "child endangerment" letter to help the father of a patient prevail in family court. The pediatrician later testified under cross-examination that she knew perfectly well that the oral amphotericin B that Dr. Sinaiko had prescribed for the child was, in fact, safe.

In Dr. Sinaiko's Medical Board hearing, the prosecutor leapt to the groundless conclusion that the Doctor practices "alternative medicine." He then characterizes "Alternative Medicine" as:

"...unproven, ...unscientific, ...questionable, dubious, ...fraudulent, quack and quackery." (TR Vol.1, p.36)

He follows with:

"The Medical Board will show that (the Doctor) uses **unproven, unscientific, so-called "alternative" therapies.** The evidence will also show that no *serious* research studies show that his treatments are safe or effective..."

The prosecutor **repeatedly** insisted that no research supported any of Dr. Sinaiko's treatments --- but at no time did he discuss the research that was introduced. The research presented was from **mainline, peer-reviewed medical literature**. THE PROSECUTOR SIMPLY IGNORED IT. In the original hearing the Judge followed his lead and ignored the research. At the Reconsideration hearing additional scientific research was **disallowed**.

From the **Center for Public Interest Law** Amicus brief prior to reconsideration:
"In this case, ... the respondent is not making misleading claims and advising the abandonment of more efficacious treatments. The record includes exhibit after exhibit from the respondent of peer reviewed literature from respected journals on point that is wholly excluded from mention in the decision."

The prosecutor continued to misrepresent the case against the doctor. He used dubious "experts" who were not in the same specialty as Dr. Sinaiko. He brought in and encouraged witnesses to give lengthy testimony about the dangers and terrible side effects of intravenous amphotericin B, knowing full well that Dr. Sinaiko **never** used amphotericin B intravenously.

The prosecutor misread the patient charts to his advantage, **LEAVING OUT** every mention that the patient's health had improved.

With this kind of creative misrepresentation **any** doctor could have his/her license revoked---at the whim of their State Medical Board.

From the **California Medical Association's** Amicus Brief prior to reconsideration:
"After reading this decision, we are at a loss to understand how this case ever warranted $100,000 of costs, much less this amount of cost expended *before the hearing ever started.* **There were no patient injuries, no patient complaints, and much of the medicine alleged to be inappropriate by the Medical Board apparently has at least a significant, if not a majority following, among the medical profession."**

The Medical Board of California has arrogated to itself the right to decide which medicine they prefer -- based not on scientific fact but on their own biased opinions. They function as Judge, Jury and Executioner.

From the **California Medical Association's** Amicus Brief prior to reconsideration:
"If the Medical Board just wants to **'get the doctor'** at any cost, this decision shows how it's done."

The consequences to the Doctor and his patients have been devastating. Dr. Sinaiko has had his reputation ruined by derogatory articles. Upon reconsideration he has been assessed $50,000 for the prosecution of himself and been forced out of practice entirely.

Many of Dr. Sinaiko's patients have been unable to find the help they need for their medical problems. In desperation, some patients are now traveling out of state for medical care. And of even greater concern, numerous patients have worsened without the care of Dr. Sinaiko, with some describing themselves as having **substantially deteriorated**.

The Medical Board of California says they don't set the "Standard of Care." Yet in Dr. Sinaiko's case they prosecuted him for:

- off-label drug use
- treating an ADHD child for allergies
- treating non-existent (in their opinion) illnesses, such as Multiple Chemical Sensitivity (specifying that the only allowed treatment is psychotherapy)
- and using Enzyme Potentiated Desensitization (EPD), an allergy treatment with proven efficacy.

Few physicians' have the where-with-all or sufficient financial resources to fight the state-funded Medical Board. With a reputation in ruin, emotionally devastated, and finally being required to pay the exorbitant medical board cost recovery charges (comparable to being charged for the bullet that executes you), most doctors just give up. The Board wins by default, whether or not this is a fair or even legal process.

Strong Federal legislation prohibiting State Boards from setting the "Standard of Practice", and choosing sides in scientific controversy; as well as declaring cost-recovery unconstitutional is urgently needed. As the system stands now, it is clearly open to abuse. Every day, doctors and their patients are paying an unacceptable price.

Testimony prepared by Karen Scott, a patient of Dr. Robert Sinaiko and a volunteer for the Progress in Medicine Foundation. For more information on Dr. Sinaiko see www.treatmentchoice.com

In the complex world of medicine, "somebody has to be making decisions," Sinaiko says. "Should it be the physician who's face to face with the patient, who has read the literature, understands the controversies, and is at least in a position to make an intelligent choice for the person he's treating? Or should it be lawyers and judges who are not trained to make medical decisions at all—but are making them anyway?"

From Medical Economics, written by Michael Parrish, June 1999

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ALLERGY/IMMUNOLOGY EDITION

JULY 1999

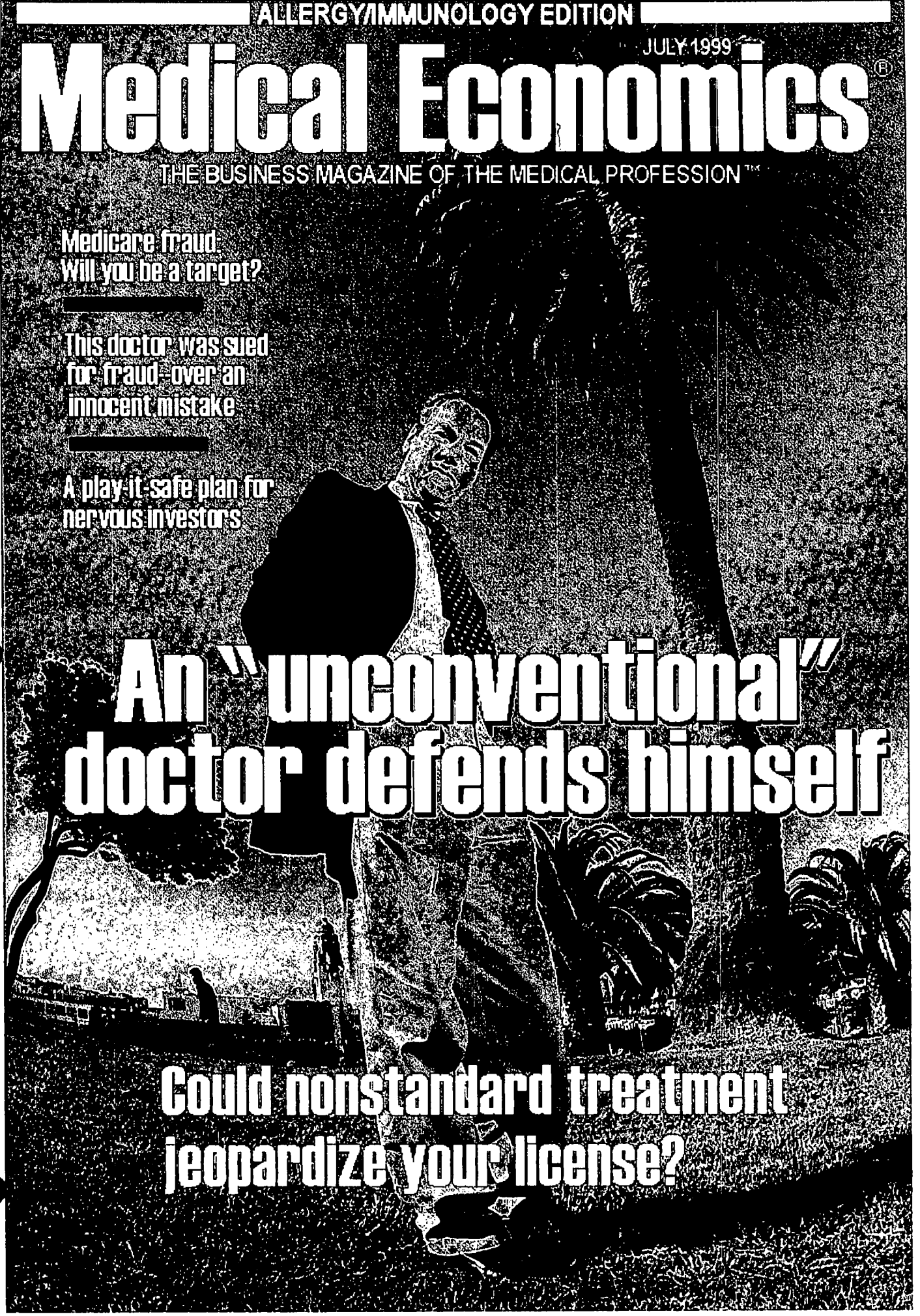
Medical Economics®

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION™

Medicare fraud: Will you be a target?

This doctor was sued for fraud—over an innocent mistake

A play-it-safe plan for nervous investors



An "unconventional" doctor defends himself

Could nonstandard treatment jeopardize your license?

Was this doctor "unconventional" enough to lose his license?

Widely regarded as a solid, thorough clinician, he nevertheless uses nonstandard treatments. The Medical Board of California is deciding his fate right now.

By Michael Parrish

Even physicians who don't endorse therapies used by Robert J. Sinaiko, a San Francisco internist and allergist, strongly defend his right to continue practicing medicine in California. But in a case that many colleagues fear may limit all doctors' latitude to choose among treatments for their patients, the Medical Board of California last August voted to revoke Sinaiko's license—and to assess him $99,000 for the cost of his own prosecution. The board's charges included gross negligence, excessive prescribing, and unauthorized experimentation on patients.

Sinaiko specializes in therapies seldom used by mainstream US allergists—including diet and antifungal medications to treat attention deficit-hyperactivity disorder in children. He has also used enzyme-potentiated desensitization, an allergy treatment method involving low-dose injections of common allergens. EPD and antifungal treatments have each become something of a cause celebre for advocates of alternative medicine.

But the medical aspects of the board's case against Sinaiko aren't as melodramatic as the legal skirmish that brought it about: It was sparked by a squabble between the divorced parents of a young boy, in which the father argued that his ex-wife had taken their son to Sinaiko, who used a dangerous drug to treat the boy's hyperactivity.

The state attorney general's office, which prosecuted the case for the board, also cited Sinaiko's treatment of three other patients, alleging inappropriate prescribing of oral antifungal agents.

Sinaiko was not accused of harming any of these patients. But, in the words of the administrative law judge who decided his case, he had hurt the public by "lending the legitimacy of a physician's reputation to unproven, disproven, and potentially harmful diagnoses and treatments."

Is that enough to warrant lifting a doctor's license? The arguments were complex, and the initial hearings encompassed 26 days, concluding in February 1998. In the end, the judge decided that Sinaiko had overstepped the "appropriate limits of medical practice in California"—and should lose his license.

The board accepted the judge's proposal, but is now reconsidering its decision. A final verdict is expected in July.

"I don't do alternative medicine; I'm more of an early adopter"

After earning an undergraduate degree at Brandeis University, Robert Sinaiko graduated from Loyola University Chicago, Stritch School of Medicine, in 1970. He interned at the San Francisco hospital of the US Public Health Service, where he did a residency in internal medicine, then went on to another residency, in allergy and immunology, at Kaiser Foundation Hospital in San Francisco. He was board-certified in internal medicine in

The author is a freelance writer in Los Angeles.

Photo by Jamie Tanaka

1979, and in clinical immunology in 1985.

Sinaiko set up solo practice in 1985, and since 1988 has been an assistant clinical professor at the University of California, San Francisco, School of Medicine. He has also conducted research on the enzyme phenolsulfotransferase under the direction of UCSF's Committee on Human Research, in a study funded by SmithKline Beecham.

At Kaiser, Sinaiko worked under Benjamin Feingold, head of the allergy department and a researcher who saw strong connections between diet and behavior. Feingold's dietary treatments are widely known and often tried, but still not

Why this case is important

The possible revocation of internist/allergist Robert J. Sinaiko's medical license, an issue now under review by the Medical Board of California, has produced an unlikely alliance of physicians—including the California Medical Association—consumer activists, and alternative health care advocates. Their angry contention is that the board has intruded upon the clinical prerogatives of competent physicians, misunderstood the difference between individual therapeutic investigation and clinical trials, misinterpreted the legality of off-label drug use, and in the process set its own narrow and inappropriate standard of care.

Colleagues who have dealt with Sinaiko professionally describe him as an honest and careful, if unconventional, physician. He has been subject to no other disciplinary action in nearly 30 years of practice and has become known for taking on exceptionally difficult cases. Other doctors, including conventional allergists, have referred their nonresponsive patients to him as a safe, last-chance option. And patients—including parents reluctant to put their hyperactive children on Ritalin—have spread the word of Sinaiko's treatments nationwide.

But California physicians who gave expert testimony against Sinaiko say that the board's original decision was the right one. Sinaiko's therapies, they believe, are still too much on the fringe to be tolerated in a licensed doctor.

The case has fostered deep and bitter argument over acceptable medical practice and even simple science. For instance, the prosecutor dubbed the antifungal medication amphotericin B "amphoterrible" and "pharmaceutical plutonium," and called Sinaiko's use of it dangerous and experimental. Indeed, the drug's intravenous form can be risky and is generally recommended for use only in potentially life-threatening fungal infections. But oral amphotericin B has been approved by the FDA since 1971. The capsule form—what Sinaiko prescribed—is considered no more dangerous than aspirin by physicians and medical researchers who were interviewed for this article.

Critics of Administrative Law Judge Ruth S. Astle's draconian recommendation in the Sinaiko case are disturbed by her and the prosecutor's apparent confusion over the leeway physicians have always had in deciding therapies for their individual patients vs. the stricter requirements for conducting formal clinical trials. They also feel the judge and prosecutor don't understand the legitimate off-label use of drugs—hence, the charge that Sinaiko "experimented" on his patients.

The CMA, which takes no position on the efficacy of Sinaiko's therapy, objects to both the "tone and substance" of the decision. The judge and prosecutor, says the association, inaccurately broad-brushed the off-label use of drugs as inherently "dangerous," and they accepted the testimony of one of Sinaiko's direct competitors while dismissing the testimony of 10 respected California physicians. One was internist Philip R. Lee, former chancellor of the University of California, San Francisco, and twice assistant US Secretary of Health.

In an amicus curiae letter that the board has refused to consider officially, the CMA maintains that $99,000 was a questionable use of public funds to prosecute a case in which no patient was harmed and in which "two conflicting but arguably legitimate segments of the medical community are simply at odds as to the methods of diagnosis and treatment at issue. . . ."

"The big red flag for us," says Sandra E. Bressler, CMA director of professional standards and quality of care, "was that off-label use of drugs was one reason for disciplining him for unprofessional conduct. That gave us considerable concern for all other physicians who do this commonly. It's really what got us into the case."

Meanwhile, many physicians simply feel that the board would have better spent its years-long investigation going after a doctor who more clearly needed to be curbed. "We don't want to stifle innovation and creativity; we don't want cookbook medicine," says Toni Brayer, an internist and chief of staff at California Pacific Medical Center in San Francisco. "Sinaiko certainly steps out of what we'd call evidence-based medicine. But he has the best interests of his patients in mind. I wouldn't refer to him, but neither do I think he needs to be punished by the medical board."

generally accepted among physicians. Sinaiko came to share Feingold's interest in the possibilities of diet-based treatments.

He also made a discovery of his own: The behavior problems of a small group of children seemed to be helped by oral antifungals. These included nystatin and an oral form of amphotericin B. Feingold assured Sinaiko that both drugs were safe, and he recommended that Sinaiko continue to see what benefits he could achieve for his Kaiser patients.

"Sinaiko's treatments for ADHD, as ambiguous as the condition is, were outside the standard of care for North American physicians."

— Lawrence Diller, MD

"I don't think of myself as doing alternative medicine," says Sinaiko. "I'm more of an early adopter."

In private practice, Sinaiko has continued to focus on the possible roles of diet and fungal colonization in allergies, ADHD, and other conditions. For support, he points to studies published in *The Journal of Pediatrics, The Lancet, Archives of Disease in Childhood,* and other publications.

Yet when he thinks that an ADHD patient may need Ritalin after all, Sinaiko refers the child to conventional pediatricians. "I decided in medical school, on the advice of one of my favorite professors, that I didn't want to be involved in prescribing Schedule II drugs of any kind," he says. "I just didn't want to get into the hassle of prescribing drugs that were open to abuse."

"I will ruin him,"
a former patient vows

In June 1993, Sinaiko became the defendant in a medical negligence complaint filed on behalf of a former patient, Suzanne Northington. According to court records, the complaint charged, among other allegations, that Sinaiko had treated her "serious symptoms" with "medically unnecessary and contraindicated drugs and antibiotics in the absence of any infection," had failed to diagnose chronic fatigue syndrome, and had "misrepresented medical acceptance of certain types of treatment." The case was dismissed in January 1996. Northington declined to speak with *Medical Economics* during the preparation of this article, though she did respond later to a draft.

Northington's negligence complaint also alleged that Sinaiko had ignored her "repeated oral and written efforts to advise the doctor of her concerns." According to Trish Miles, Sinaiko's former office assistant, Northington repeatedly phoned the office before her first visit, demanding to speak with Sinaiko. After several visits, Sinaiko declined to treat her further and suggested that she seek a psychological evaluation. Miles says Northington then resumed calling, sometimes several times a day, demanding to speak with the doctor. When Sinaiko stopped returning her calls, Miles says, Northington wrote long letters insisting on an apology and claiming that she had been abandoned.

Miles says Northington also told her that she had filed a complaint with the Medical Board of California. "She said to me, 'I will ruin him,' " Miles recalls. After seeing an early draft of this article, Northington denied making the statement. She also said that she didn't initiate a complaint with the board, but that its investigators did contact her.

The medical board doesn't comment on complaints and investigations. But ultimately, Sinaiko's care of Northington did not become an issue in the board's review of his license. In 1993, however, an inquiry about Sinaiko in another case did.

Ray Sutton, a retired electrician in Concord, CA, questioned the treatment that his ex-wife, Kellie Robison, had obtained for their son, Travis. The boy had been newly diagnosed with mild ADHD, but the Ritalin prescribed by Ray's family physician had caused side effects. "I did not want to go the drug route as the first alternative," says Robison. Within weeks of the start of the Ritalin, she brought Travis to Sinaiko for an evaluation.

"He was a wonderful doctor," Robison recalls. "He's honest, he takes his time with his patients,

"Even if a practitioner believes in some fringe practices, (s)he must still follow sound medical practice and use good medical judgment."

—Administrative Law Judge Ruth S. Astle

and he always examined my son; many doctors don't do that when the child is on drugs."

Sinaiko recommended dietary controls and amphotericin B by mouth, suspecting from the boy's history that he could have an intestinal fungal colonization. Sinaiko had found the best service and price for the drug in capsule form—a legal though unlabeled use—from a compounding pharmacy in Oregon.

But this regimen wasn't followed long enough to see whether it worked. "When Travis went to his father's for visitation," says Robison, "Ray always fed him pizza—when Ray knew Travis wasn't supposed to be having milk products."

"Here's a [prosecutor] who got hold of a case like a dog with a shoe in its mouth, wouldn't let go, and went well beyond what we think was reasonable."

—Sandra E. Bressler, California Medical Association

The father, for his part, became alarmed when he looked up amphotericin B in the Physicians' Desk Reference. He found information about intravenous and topical preparations, but nothing that mentioned a capsule.

"That's what blew me away," says Sutton today. "That, and the fact that Travis' capsules were unmarked and unlabeled. And that's when I called the Food and Drug Administration." Though an oral form of amphotericin B has been approved in the US since 1971, the FDA's San Francisco regional office referred the matter to the state medical board, noting that Sutton had said he "will sue FDA if his son dies."

Sutton also called Sinaiko, who had been trying to get him to come in with Travis to discuss the boy's treatment.

"Dr. Sinaiko," says Sutton, "was very nice and everything, very cordial. But I asked him: 'Where are you getting this from?' When he told me that it was brought in through Canada and Oregon, that sort of got my attention. Why would you bootleg it in, like whiskey, instead of just buying it from the local drugstore? I went full-fledged to stop the medication."

Sutton contacted his son's family physician, Gloria Vreeland, in Pleasant Hill, CA. Vreeland consulted *Goodman & Gilman's The Pharmacological Basis of Therapeutics*, which notes that "absorption of amphotericin B from the gastrointestinal tract is negligible." Nevertheless, in a letter she gave to Sutton addressed "To Whom It May Concern," Vreeland cited *Goodman & Gilman's* statement that more than 80 percent of persons given amphotericin B develop decreased renal function and abnormal urine sediment. Vreeland added that "this form of therapy could be considered child endangerment. Please discontinue the use of this medication." Vreeland also declined to speak with *Medical Economics*.

Sutton took the letter to family court and got a restraining order against Robison to discontinue Sinaiko's treatment. The judge was at first reluctant to overturn the mother's medical choice, Sutton recalls. But the judge relented when Sutton asked, "Are you going to wait until my son is dead?"

Ray Sutton thought that the matter had ended there, but three years later, in 1996, the California attorney general's office subpoenaed him to testify. Sinaiko would be prosecuted.

At the same time, former patient Suzanne Northington got in touch with Alfredo Terrazas, the deputy attorney general who would prosecute the case. "She contacted me regularly," says Terrazas, "sending me reams and reams of information, most of it off the Internet."

Sinaiko and his staff believe that Northington brought other cases to Terrazas' attention, though she denies doing so. Eventually, three more patient records were combined with the Sutton inquiry—one involving a patient with chemical sensitivities and two involving patients with allergy symptoms.

One of the allergy patients told a Terrazas investigator, well after leaving Sinaiko's care, that he "didn't get any better" from the doctor's therapies. The other was a young man described by the prosecutor as "clearly" suffering from "a psychiatric disorder." He left Sinaiko's practice, moved to an Arizona desert location, and two years later committed suicide.

Any attempt to place blame on Sinaiko for this man's fate constitutes "prosecutorial overreaching," says Deane Hillsman, a pulmonologist who is chairman of the Due Process Committee of the Union of American Physicians and Dentists in Sacramento. "Sinaiko hadn't seen the patient for two years, and he wasn't treating him for psychiatric problems."

Continues

Just how unconventional is Sinaiko?

Although internist/allergist Robert J. Sinaiko specializes in therapies that few mainstream US allergists use, he's gained considerable support from the mainstream medical community.

In addition to treating attention deficit-hyperactivity disorder with diet and antifungal medications, Sinaiko has used enzyme-potentiated desensitization, a method of immunizing patients from allergies by injecting them with small doses of common allergens.

Robert Goldsmith, a tropical medicine specialist who retired in 1996 as a professor of epidemiology at the University of California, San Francisco, School of Medicine, met Sinaiko through a mutual physician friend. Goldsmith's experience with EPD has been as a patient, and he's impressed with the therapy.

"I'm a scientist, and I've done evaluation studies," he says. "But I'm just one case. That doesn't establish anything in medicine." Still, he has had such "remarkably good results" with EPD injections for his late-onset food allergies that he now takes one every three months. Sinaiko, whom Goldsmith considers "very solid, careful about how he does his work," had said that EPD might be "worth a try"—that it might improve Goldsmith's condition by 10 to 15 percent. Goldsmith estimates he's experienced a 90 percent improvement and thinks EPD deserves formal investigation.

Another physician, whose son failed to respond to Sinaiko's therapies, nevertheless commends Sinaiko's approach and full disclosure to patients and their families. Internist Jeffrey Silvers, a specialist in infectious diseases and infection control, and medical director of San Leandro Hospital, near Oakland, took his son to Sinaiko on a referral from the boy's psychiatrist. The youngster, diagnosed with bipolar disorder and severe learning disabilities, had committed a number of destructive acts, including setting fires. The psychiatrist hadn't been able to improve the boy's behavior.

Silvers characterizes Sinaiko as "exceptionally attentive." Sinaiko recommended diet adjustments and antifungal treatments with nystatin, which cleared up a case of oral Candida. But in the end, Silvers and Sinaiko agreed that the boy's behavior was unimproved. Silvers took his son to another practitioner.

"Sinaiko's trying treatments that are a little unconventional, for patients who are obviously difficult for their families," says Silvers. "He's trying to help them, and he's doing it with a safe method. I feel that he has become a sacrificial lamb."

Sinaiko had more success with a boy being treated with Ritalin by Deborah Sedberry, a behavioral and developmental pediatrician and director of pediatric pain management at Children's Hospital, Oakland. With Sedberry's cooperation, Sinaiko put the boy on a diet and EPD treatment. Sedberry was impressed with the detailed, lay-language patient information that Sinaiko gave the youngster's parents, his cooperation with her as a physician, and the effectiveness of the treatments as they proceeded. The boy began to get As in school and his behavior problems waned, even when he took a drug holiday from the Ritalin.

Sedberry was also satisfied with the collaboration. "I always felt that I knew what was going on," she testified at Sinaiko's hearing. "Dr. Sinaiko made it very clear that he doesn't see these kinds of children unless they're being followed by a behavioral pediatrician or a psychiatrist, or somebody who is working with them. . . . I never felt that anything was being done under the table or covertly."

Child psychiatrist Glen R. Elliott, director of child and adolescent psychiatry at UCSF's Langley Porter Psychiatric Institute, began referring patients to Sinaiko after Sinaiko presented at a Grand Rounds at the institute. Elliott is no convert to Sinaiko's therapies, but neither does he dismiss them. And he considers Sinaiko's practice to be within the legitimate arena of debate in his specialty.

"I don't always agree with his approach," says Elliott, "but he's not unreasoning. He does an excellent job of staying up with the research areas in which he has expertise. And he handles specific cases thoughtfully and carefully."

Elliott was especially intrigued by one study that found that a subset of 5 percent of ADHD children might be helped through diet—200,000 in this country alone, by his calculation. Meanwhile, Elliott began referring to Sinaiko—"the cases in which I had tried conventional treatments, nothing worked, and the families were eager to look at other strategies," he says. None of those parents came back to report miraculous cures, but neither did they complain that Sinaiko was suggesting dangerous or otherwise inappropriate treatments.

Elliott obtained foundation funding for himself and Sinaiko to work on a double-blind study of whether alternative treatments for ADHD children could be as effective as conventional therapy. The project was abandoned when the state medical board moved to discipline Sinaiko.

Continues

"Somebody has to be making medical decisions. Should it be the physician who's face to face with the patient? Or should it be lawyers and judges?"

—Robert J. Sinaiko, MD

"His treatments were outside the standard of care"

"There's lots of literature on all sides of these issues," says Sinaiko. "The board has to draw a line between quackery and appropriate innovation. Just tell me what the rules are, and I'll live by them." According to most of the prosecution's medical experts, however, Sinaiko's treatments—by any measure—were outside the standard.

One such expert was Lawrence Diller, a behavioral pediatrician and an assistant clinical professor at the UCSF School of Medicine. He is the author of *Running on Ritalin: A Physician Reflects on Children, Society, and Performance in a Pill* (Bantam 1998), a critique of the overuse of Ritalin to treat ADHD. In his testimony for the prosecution, Diller said he was unfamiliar with Sinaiko's specific treatments, but unimpressed by the studies Sinaiko cited to support them.

"I do believe Dr. Sinaiko believes in what he's doing," Diller says, "but I think that's tragic. Is it not hurting the patient to use these questionable treatments? Is it not hurting the medical profession? His treatments for ADHD, as ambiguous as the condition is, were outside the standard of care for North American physicians."

Diller acknowledges that he doesn't like some things that are *within* the standard of care. "If someone were prescribing Ritalin, clonidine, and Prozac to a young child, I'd be extremely uncomfortable with it," he explains. "Yet the trend in child psychiatry these days, supported by work in the journals, is combined pharmacotherapy. But to give a kid amphotericin B for ADHD, orally or not, even though it may do no harm, is not within the standard of care."

Administrative Law Judge Ruth S. Astle, who presided at the hearing, accepted the prosecutor's contention that "amphotericin B was not then, nor is it now, a drug approved for oral administration in a solid pill, capsule, or tablet form by the [FDA] for any medical purpose, and is a dangerous drug as defined by law."

She also accepted the views of the prosecution's expert witnesses and dismissed the defense witnesses—including internist Philip R. Lee, former chancellor of the University of California, San Francisco, professor emeritus at the UCSF School of Medicine, and twice Assistant US Secretary of Health—as of "questionable credibility in that their testimony was not based on generally accepted scientific and medical principles."

Astle concluded that Sinaiko had engaged in "clearly excessive" prescribing of antifungal agents and other medications, over a long period of time and in the absence of objective data to support their use.

The judge's verdict did not assert that Sinaiko's care had directly harmed any patients, but noted that "economic harm" could be inflicted by having patients pay for ineffective therapy that they can't afford, or pay for unproven treatments when the money might be better spent on counseling.

About Sinaiko, Astle concluded: "Even if a practitioner believes in some fringe practices, (s)he must still follow sound medical practice and use good medical judgment. When fringe practices fall below the standard of care and result in repeated negligent acts, gross negligence, and overprescribing, the Board must take disciplinary action." She proposed that Sinaiko be stripped of his license, and the board concurred.

To the criticism that she has no medical background, Astle said recently, "There's nothing magical about medicine, understanding it. The little view of the world that they're asking you to try to understand, you just have to read it, take the dictionary out, and you know what they're talking about."

Prosecutor Terrazas still maintains that amphotericin B is "dangerous per se," apparently because it requires a prescription. He further maintains, "There isn't any proof that it works, so it's an inappropriate prescription. Physicians can't just take a medicine and say, 'Let's try it.' "

Terrazas, who's been prosecuting Medical Board cases since the early 1980s, explains why he discounted Sinaiko's experts: "The allegations refer to four specific patients. Lee and Blum [public health and preventive medicine specialist Henrik L. Blum, professor emeritus of health, public policy, and planning at UC Berkeley School of Public Health] hadn't reviewed the patient records, and they weren't experts in the issues involved."

Lee agrees that in this case he doesn't qualify as an expert in reading patient charts. "That's a matter of one doctor's judgment vs. another's," he says. "The question is: Did Sinaiko prescribe for experimental use or for a therapeutic purpose? I was convinced, based on my discussions with him, that it was for a therapeutic purpose."

Lee also strongly questions a doctor's losing his license based on a nebulous definition of "standard of care." He asks, "What *is* the standard of care? The board's decision is very, very worrisome."

Lois Salisbury, Sinaiko's wife and president of Children Now, a national children's advocacy group, rallied support for her husband. She alerted the Center for Public Interest Law at the University of San Diego School of Law—itself a frequent critic of physicians—which tried to file an amicus curiae brief to protest the board's decision. So did the Union of American Physicians and Dentists. The California Medical Association wrote a strong protest. All such submissions were kept from board members.

Annotated copies of some case documents have been put on the Internet by the Medical Defense Fund of the Progress in Medicine Foundation. Numerous former patients and fellow physicians have donated money on Sinaiko's behalf to his attorney, Richard Turner of Sacramento.

Meanwhile, the CMA is calling for reforms. To get them, it has offered to support the medical board's request that the legislature raise physician license fees to ease the board's strained budget. Proposed reforms include a policy of prosecuting physicians only for a "pattern of care," not for single incidents; eliminating prosecutors' ability to pick and choose among the board's approved expert witnesses; and prioritizing cases so that the most egregious are prosecuted first.

The CMA is also pushing for the elimination of cost recovery—such as the $99,000 from Sinaiko—which it contends discourages prosecutors from bailing out of a bad case and doctors from defending themselves. It would like to see medical board review of longstanding investigations as well. (Sinaiko's case lingered three years before it was prosecuted.)

"Here's a person [Terrazas] who got hold of a case like a dog with a shoe in its mouth, wouldn't let go, and went well beyond what we think was reasonable," says Sandra E. Bressler, CMA director of professional standards and quality of care. "And at that point, the medical board loses control over the case by losing sight of its priorities."

The board has agreed to reconsider its decision to revoke Robert Sinaiko's license, and is currently reviewing all 3,500 pages of hearing transcripts and exhibits generated by the case.

Today, Sinaiko is still in practice, but years of legal costs have wiped out his children's college funds and other savings. And he still faces the $99,000 state bill for his prosecution if the decision is sustained. In May of this year, after former patient Suzanne Northington was sent a draft of this article, Sinaiko went to court to request a temporary restraining order against her seeking to prevent telephone calls, faxes, E-mails, and voice-mail messages.

Meanwhile, Travis Sutton, now 15, is currently in good health and taking no medication of any sort.

In the complex world of medicine, "somebody has to be making decisions," Sinaiko says. "Should it be the physician who's face to face with the patient, who has read the literature, understands the controversies, and is at least in a position to make an intelligent choice for the person he's treating? Or should it be lawyers and judges who are not trained to make medical decisions at all—but are making them anyway?" ■

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From Karen Scott...a patient of Dr. Sinaiko's as presented to the White House Commission on Complementary and Alternative Medicine Policy--In San Francisco on September 8, 2000.

For the past 16 years, my sister and I have been patients of Dr. Robert Sinaiko. He was an allergist and immunologist in the San Francisco Bay Area until October of last year. His story exemplifies how our access to Alternative and Progressive physicians and treatments has been denied.

Dr. Sinaiko is an exceptional physician who was working to improve the lives of people suffering from complex and poorly understood problems such as Chronic Fatigue, Multiple Chemical Sensitivity, Attention Deficit Hyperactivity Disorder (a.k.a. ADHD) and Autism. In an effort to bring to his patients the latest advances in medicine, Dr. Sinaiko was using a treatment called EPD, Enzyme Potentiated Desensitization. EPD consists of low-dose antigens mixed with an enzyme.

EPD has been used in Europe for decades and a number of studies have been published on EPD proving its effectiveness. It is currently in this country under an IRB (Institutional Review Board) through the Great Lakes Association of Clinical Medicine.

Dr. Sinaiko was also working on ways to improve the care of his patients using the best knowledge of several fields of specialty; he was particularly involved in developing more knowledge of the sulfation system function and its relation to diet therapy in Autism and ADHD. His research included developing a non-invasive test that would pre-determine which ADHD and Autistic children would respond to diet and anti-fungal therapies. Usually, these children are simply given drugs, namely, Ritalin. Additionally, Dr. Sinaiko taught a medical ethics class at UCSF.

In a zealous attempt to stamp out alternative medicine, the Medical Board of California has forced this physician out of practice with a "kangaroo trial" that had nothing to do with justice. Despite the fact that no patients have been harmed, and that his use of new diagnostic and therapeutic measures has improved the quality of life for his patients with chronic illnesses.

Experts who testified on the Doctor's behalf -- including a former Assistant Secretary for Health at the Department of Health and Human Services and the City Physician for the City of Oakland -- were deemed "of questionable credibility" by the Board. On the other hand, the Board's expert witnesses consisted of two psychiatrists, a neonatal specialist, and, as the sole representative of the allergy/ immunology field, an allergist who practices in the same vicinity as Doctor Sinaiko, competes for patients with Dr. Sinaiko, and has had patients leave his practice to go to Dr. Sinaiko.

Further, the Medical Board refused to allow into evidence science and research studies that validated the progressive care Dr. Sinaiko was providing his patients. They instead followed their own "experts' opinions" -- with no supporting evidence or research.

The Medical Board has stated that the aforementioned illnesses do not exist and has chosen not to look at evidence to the contrary. It becomes clear that diagnosing Chronic Fatigue or Multiple Chemical Sensitivity, treating an ADHD child for allergies, or bringing the latest advances in science to patients is dangerous to a medical practitioner's license in the

State of California. The California Medical Board has arrogated to itself the right to decide scientific controversy ... and remove the license or severely punish anyone who dares disagree.

Dr. Sinaiko now works at Sharper Image. The Medical Board of California put him on a "probation" so restrictive and horrendous that he is not allowed to care for any of his patients. His office has been closed and countless patients are unable to find medical care for their difficult-to-treat illnesses. **Their access to progressive medical care has been denied**. My sister and I have been forced to seek medical treatment two states away. Many patients are in fragile condition and more than a few patients say that they are in danger of dying without the care they need. **Their access to alternative care has been denied.**

The Principals of Medical Ethics adopted by the American Medical Association in 1980 states that " **A physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public,"**.....

The World Medical Association's International Code of Medical Ethics under Duties of Physicians to the Sick -- "**A physician shall owe his patients complete loyalty and all the resources of his science."**

And their **Declaration of Tokyo** states that "4. A doctor must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The doctor's fundamental role is to **alleviate the distress of his or her fellow men, and no motive, whether personal, collective, or political shall prevent against this higher purpose."**

I believe that all human beings have the inherent right to choose how to best care for their health. That the Medical Board of California would use public funds in an administrative office to carry out a private agenda against Alternative and Progressive physicians is an outrage. They have put many people at risk and I believe have violated basic medical ethics with their actions.

Additionally, we have just learned that the FDA is "investigating" Enzyme Potentiated Desensitization. They have restricted use of the informational website, and disallowed new patients to the IRB. Despite the very successful treatment of thousands of patients with EPD, **and the science behind EPD**, we are very afraid that the treatment we depend so much on is on the verge of being banned in this country by the FDA.

We are in desperate need of Federal intervention-- such as The Access to Medical Treatment Act or The Thomas Navarro FDA Patient Rights Act. We need protection against private agendas being played out publicly.
It is my hope that the White House Commission on Complementary and Alternative Medicine will be a positive step forward in restoring freedom of Medical Choice to Americans, and preventing the persecution and injustices done to forward-thinking physicians using leading-edge medicine.

Karen Scott adaughaus@mindspring.com

Additional Information:

Additional information about Dr. Sinaiko's case can be found at: www.treatmentchoice.com

Enzyme Potentiated Desensitization (EPD)

Following its serendipitous discovery more than thirty years ago, EPD was ushered through a series of painstaking animal and human trials under the leadership of Dr. Len McEwen, at St. Mary's Hospital Laboratory in London, England. Among the physicians who have advocated and adopted the use of EPD are some of the outstanding allergists in England and Europe, including Jonathan Brostoff, the author of a number of widely used medical textbooks, including *Food Allergy and Intolerance*, and *Clinical Immunology,* and Josef Egger, a pediatric neurologist who has co-authored an outstanding series of articles in *The Lancet*, a leading British medical journal, proving with his elegantly controlled studies the importance of food allergy in the causation of migraine and certain learning disorders and seizure disorders in children. In 1992, Drs. Egger and McEwen co-authored a landmark article in *The Lancet,* proving the effectiveness of EPD in hyperactivity of childhood. Dr. Egger has published a double-blind, placebo-controlled study demonstrating the effectiveness of EPD in the treatment of migraine. A number of studies published in European medical journals over the past several years have demonstrated the effectiveness of EPD for nasal allergy. Professor Luisa Businco, of Rome, Italy, has published the very positive results of her placebo-controlled trial of EPD in childhood asthma, and a recent editorial by Jack L. Pulec, M.D., in the October, 1996 issue of Ear Nose and Throat Journal, advocates EPD as "a major breakthrough" in allergy treatment.

Excerpts from the California Medical Association's Amicus Brief on Dr. Sinaiko's Reconsideration Hearing

"The opinion in the Sinaiko case is disturbing insofar as it: ...

> reflects that the Medical Board should choose to make a priority of spending $99,000 worth of its staff and DAG time and labor prosecuting a case where there is no patient harm, not a single patient testified or complained, and where two conflicting but arguably legitimate segments of the medical community are simply at odds as to the methods of diagnosis and treatment at issue in this case. "

"The testimony of more than ten expert witnesses for Dr. Sinaiko, each highly qualified with an 'impressive Curriculum Vitae,' were simply dismissed with a cryptic comment by the ALJ that they were: '...of questionable credibility ..."

"There were no patient injuries, no patient complaints, and much of the medicine alleged to be inappropriate by the Medical Board apparently has at least a significant, if not a majority following, among the medical profession. "

"CONCLUSION
The Medical Board's decision in this case does not inspire confidence. The decision fails to show how the Medical Board proved by clear and convincing evidence that Dr. Sinaiko was guilty of the charges alleged. The fact that there was no harm to patients, and no patients complained against Dr. Sinaiko, raises a question as to exactly why the Medical Board went after Dr. Sinaiko with such a vengeance, a vengeance reflected amply in its cost recovery bill. ... **If the Medical Board just wants to "get the doctor" at any cost, this decision shows how it's done.** "
The complete California Medical Association Amicus Brief can be found at http://www.treatmentchoice.com/cma.html.

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So Who Needs Medical School?

"There's nothing magical about medicine, understanding it. The little view of the world that they're asking you to try to understand, you just have to read it, take the dictionary out, and you know what they're talking about."

---Administrative Law Judge Ruth Astle to Michael Parrish of Medical Economics Magazine, regarding her lack of medical background, confirmed prior to publication in the June & July 1999 issues of Medical Economics

This is the attitude of the one who stood in judgment of Dr. Sinaiko, a physician with two Board certifications, 28 years experience in caring for chronically ill patients (including other doctors), and with no patient complaints.

Judge Astle's "medical training" was a 5-day seminar provided by the Medical Board. Something is very wrong with a system in which a doctor's medical career stands or falls at the decision of such a judge.

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Excerpts from the Patients' Letters

Below are excerpts from letters written by Dr. Robert Sinaiko's patients to the White House Commission on Complementary and Alternative Medicine. These comments are just an example of the letters received ...

- I inherited Robert Sinaiko after Joe McGovern, M.D. was forced to quit by the same forces who hated and despised the whole field of clinical ecology. Robert still is the greatest diagnostician of all the medical people I have known. HE LISTENS! a true art in this modern medical attitude of "I AM THE DOCTOR...I HAVE ALL THE ANSWERS!" His treatment of injections that I was given over a number of months would not logically be considered EXPERIMENTAL, for the process and cure were well documented in England. I felt 100% better and in earlier documentation I have stated clearly and simply that "Robert saved my life!" ....The medical trial was a farce. All through the ages of medical history men and women who truly followed the Hippocratic oath have been punished by their peers. I can cite Semmelweis, Pastuer, Lister, Salk, etc., and later after much careful research and successful outcomes, these pioneers have been proven correct. In the meantime, patients suffer as I have been doing without Robert Sinaiko's attention. Part of the answer for the attitude of the Medical Board lies in fear, part in jealousy, and part in ignorance. Carolyn Kendall, Emerald Hills, CA

- I believe the present system of Administrative Law is the real issue here. As a fellow licensed health professional I am aware that the fundamental lack of due process rights, where licensing boards are judge, jury and prosecution, is inherently biased and unfair. Dr. Sinaiko's case is one of the most blatant examples. He is an excellent physician. Dr. Thomas Irish, San Francisco, CA

- The following excerpts were in a letter originally addressed to the Medical Board of California:

  How in the world can you capriciously destroy a man's life, career and family? Is the reward for a man of medicine also blessed with compassion, intellectual curiosity, vision, and innovative procedures to be punished and banned from the medical community? ...I am horrified at what has befallen Dr. Sinaiko.

  The last time I checked I was still living in America, the land of the free. Were my immigrant parents still alive today, they would be incredulous that such a travesty of justice would occur in the land they chose for their children and future. ...As Jimmy Durante used to say, "What a revolting development this is!" This letter is from the heart but the bureaucracy is in severe need of a transplant! Carmela Ventre Olvera Livermore, CA

- I was a patient of Dr. Robert Sinaiko's when he was forced out of practice by the California Medical Board, a board which is notorious for prosecuting doctors (especially on drug charges), but has been of minimal effectiveness in ridding the state of incompetent physicians. ...I feel extremely angry and cheated by a "government" program supposedly established to protect me, but rather took away from me an effective method of treatment as well as destroying the life of an extremely competent, intelligent and innovative physician. Warren E. Hawes, M.D., San Francisco, CA

- I was a patient of Dr. Sinaiko and had wonderful results with his treatments after spending twenty years and much money trying to find a cure for my problem. I will now have to fly to another state for treatment.

  The current California Medical Board seems to be in existence for one reason – to protect their particular methods of treatment. We need to remember that at one time the preferred method of treatment was bloodletting! Berniece Patterson, Moraga, CA

- I would like to add that Dr. Sinaiko's treatment made a tremendous difference in my health and I finally conquered my asthma for the first time in 30 years. I cannot believe the Medical Board could be so unprogressive and rigid in their action and thinking. They are denying many people who suffered the way I did, the chance to regain their health. The conventional treatment I had been given for the 30 years preceding Dr. Sinaiko did nothing in all that time, while his treatment gave me almost total relief in less than three years. Janice Greenberg, Woodland Hills, CA

did, the chance to regain their health. The conventional treatment I had been given for the 30 years preceding Dr. Sinaiko did nothing in all that time, while his treatment gave me almost total relief in less than three years. Janice Greenberg, Woodland Hills, CA

- Conventional medicine treats everyone the same. I need doctors who can deal with illnesses that don't fit the textbook. I have a right to decide my medical care and to talk with a doctor who can offer suggestions without fear. Nancy Erreca, Santa Cruz, CA

- My right to choose my own medical care was recently trampled on by the California Medical Board. ...Dr. Sinaiko is an astute diagnostician and his loss to me and to other sick folks is a crime. Lois Knowles, Willows, CA

- Please be advised that Dr. Robert Sinaiko is to be commended for the care given my mother who was treated for allergy. The treatment/shots gave my mother a new lease on life. I do believe she would have expired if not for his knowledge of the need to use alternative/progressive medicine. ...Today she is regressing. Rosa Logan White, Oakland, CA

- I was astounded to hear what was going on with the Medical Board, because of claims from a party that were in the process of <u>divorcing,</u> not because of harm to their child. It really angered me! ...I am becoming more & more turned off by standard practice. If Dr. Sinaiko ever were to come back in his practice, I would cheerfully be his patient. Val Tietz, San Francisco, CA

- As a severe allergy sufferer my entire life, I was referred to Dr. Sinaiko by a doctor who herself had successfully undergone his treatments, and was living allergy free. I went through Sinaiko's program for 2 years with no side effects or complications and am now 95% allergy free. It has completely changed my quality of life and overall health for the better. ...As a tribute to Sinaiko's program, I think it speaks strongly that I commuted from San Jose to San Francisco (3 hour roundtrip) for two years to receive his medical treatment. As an active owner, and president of 2 Silicon Valley Corporations, my time is obviously at a premium. ...It is with enormous sadness and frustration that I write this letter. How discouraging and unjust, that a Doctor without a single complaint filed by any of his patients would undergo such 'Macarthy-like' treatment in this Age. Steve Zehring, San Jose, CA

- I credit Dr. Sinaiko with giving me my life back again! What would I have done without him? ...I just thank God that I was able to receive treatment before Dr. Sinaiko had to close his office. What about others who were not so lucky? Sandra Howley, Fountain Valley, CA

- Dr. Sinaiko made a tremendous difference in my health. We found no other traditional health practitioner who had any suggestions or was able to relieve my chemical sensitivity until I saw Dr. Sinaiko. This letter is to commend Dr. Sinaiko for the excellent health care I received from him. ...Because of Dr. Sinaiko I am again able to work and carry on a near normal life as a productive member of our society. The medical board actions in California did not protect patients, for none were harmed or complained of Dr. Sinaiko. The medical board is preventing California citizens from receiving the exemplary alternative care to restore their health which Dr. Sinaiko provided. Dr. Sinaiko provided me with excellent medical care and should be allowed to continue practicing. Jerry Cross, Berkeley, CA

- ... I am currently unable to undergo many safe, effective treatments for my allergies because the current climate of persecution discourages doctors from investigating new and better medical treatments. ...Over the past year, I have noticed more frequent allergy attacks, and while not as severe as before EPD treatment, I am in need of booster shots. Unfortunately, I cannot get them. Because of the actions of the California Medical Board and Deputy Attorney General Alfredo Terrazas, Dr. Sinaiko was prohibited from providing EPD to patients. ...Then there are those like Dr. Sinaiko. Competent, thoughtful, well-informed, and willing to practice both traditional *and* alternative medicine, these doctors scare the medical establishment the most.

They are both within the system, as well as exploring new ground over which the FDA, the HMOs' and the drug companies don't have complete control. I believe that Dr. Sinaiko's reputation and standing in the medical community combined with the progressive (but ALWAYS safe) treatments he used were the reason he was singled out by the California Medical Board. This atmosphere of punishing doctors who practice responsible progressive medicine has to change. Such physicians should be encouraged and rewarded. I am lucky. I was fortunate enough to live in one of the very few areas where there was a doctor who practiced EPD. I was also fortunate to gain access to treatment *before* his license was revoked (for a time, anyway). There are many people who are not so lucky. David Fisher, Berkeley, CA

- Unfortunately, recent Medical Board of California actions have impaired patients' abilities to access the care they need and deserve. He (Dr. Sinaiko) helped me so much that I was able to go back to school to get my teaching credential, and work in the public schools. I was treated by Dr. Sinaiko for about two and a half years. Two years after discontinuing treatment, I again became ill. At this time, I again turned to Dr. Sinaiko, but unfortunately he was forced to close his practice soon after, leaving me without access to my doctor. This was one and a half years ago, and I have still not been able to get well enough to go back to teaching. Lisa Peizer, Berkeley, CA

- Robert Sinaiko was my physician for almost 15 years – from my first year here in California to the time his San Francisco office was closed last year. During that time, he turned my life around 180 degrees.

  I arrived in California so chemically sensitive, I had built a new house with special materials to allow myself some semblance of normal breathing. I could not go into any polluted areas or areas with chemical spray without a respirator with special filters. In addition, mustering energy to get through my work day was difficult and took almost all the energy I had. I would get up at 4A to prep for my workday and go to bed at 4:30 or so as soon as I got home. I had little time for any personal life. I had no opportunity for a social life, even on weekends. The scents and fragrances others wore or used in their homes so seriously affected my breathing and well-being that I could not be around them.

  However, Doctor Sinaiko diagnosed and treated a well hidden thyroiditis that did not show up on conventional screens as well as a hidden parasite infection I seem to have been carrying for well over a decade. With diagnosis and treatment of these conditions, my life improved amazingly. Breath flow and energy increased significantly. My immune system became less and less overreactive. I became less and less sensitive to chemicals in my environment. I was able to go and be with people in places that were not accessible to me before. When Dr. Sinaiko began treating with EPD several years ago, my life again took yet one more enormous upward turn. Though he has cautioned me against doing so, I fondly call this treatment the 'miracle shot'. The change in my overall well-being from this treatment has *felt* like a miracle to me.

  At this point in my life, both my access to the world and my life style are so normalized that those I have recently met are unaware of my having any illness or disability at all. I owe the incredible increase in the quality of my life to Dr. Sinaiko's timely and astute diagnoses and treatments which pinpointed and *treated the cause* of my symptoms. Prior treatment had, at best, resulted in some partial and very temporary masking of symptoms, further delaying accurate diagnosis.

  In summary, I can not say enough good things about my experience as a patient of Dr. Robert Sinaiko. But since a picture is worth a thousand words, let me paint a last word picture for you. At the high point of my illness, I had a hard time walking anywhere without falling flat on my face unpredictably, flat on the floor, down subway stairs, wherever. Now, I do aerobics most morning, easily lift weights, and have no problem running three miles whenever I feel like – just for fun. Old friends often comment that I am not the same 'me'. Judith Rosen, Redding, CA

- We are eternally grateful to Dr. Sinaiko for helping our family. Our 13 year old son is now living a normal life, riding horses and playing piano, and we attribute this to our choice of Dr. Sinaiko and his openness to alternative care that works.

  We have now been forced to find other medical care. We are currently seeing an alternative MD in Reno, Nevada. The drive to see him is 3.5 hours away. David and Jean Hector, Mountain Ranch, CA

- Prior to becoming Dr. Sinaiko's patient, I saw numerous traditional allergists who were unable to help me with my condition beyond the use of prescription drugs, which made me lethargic and depressed. ...Dr. Sinaiko treated me using EPD (Enzyme Potentiated Desensitization) with great success. ...I continue to receive alternative and progressive medical treatment and seek out practitioners who are willing to work in this way. However, in this managed care environment and due to the actions of the Board, I fear that the numbers of practitioners who are willing to disagree with traditional, mainstream medicine will continue to diminish. Rena Palloff, Ph.D., Alameda, CA

- Dr. Sinaiko was the best doctor I've ever had & I witnessed his so-called trial/hearing and it was a joke! The board members had their minds made up before anyone walked into the room. It was a lynching! Dr. Sinaiko, is one of the best, brightest and most compassionate doctors I've seen. He did not deserve this! Without his medical care, I'd be on permanent medical leave thanks to the doctors of conventional medicine. Thanks to Dr. Sinaiko, I'm an active full-time employee, mother of 2 & wife & healthy. Beverly Curtis, Pleasanton, CA

- As both a patient and a health professional, I experienced Dr. Sinaiko's approach to caring for his patients as carefully thought out and researched; both conscientious & careful of my safety. ...I believe the Medical Board of California is guilty of an appalling misconduct of justice. Elise Judy, RN PHN, Walnut Creek, CA

- I grew up in a medical family, my father is a M.D. I am a physical therapist and have held several positions as Director of Physical Therapy in Hospitals and in Rehabilitation Facilities; I have witnessed a great deal of medical care, good and bad. As a medical legal expert, I have testified in trials and depositions. Not only is Dr. Robert Sinaiko a capable physician, his knowledge and skills exceed that of most physicians.

  As a professional and a consumer of medical services, I am concerned beyond my wildest beliefs that something of the nature that happened to Dr. Robert Sinaiko could have happened. I pray that he will be vindicated and resume practice. Bonnie Brill, PT, MS, San Francisco, CA

- The current climate in California is dismal at best. Based on recent Medical Board of California actions, it is even more anti-progressive, reductive and requires a 'hall pass' from a usually self-interested doctor whose knowledge is antiquated and not for the benefit of their patients. ...

  I became a patient of Dr. Sinaiko's in 1993 after 4 years of searching for a knowledgeable doctor capable of open and progressive thinking about the causes and possible treatments for the debilitating ill health I had been experiencing. After interviewing dozens of other doctors (including the very offensive and insulting Stanford Medical Center's Allergy Division), I found Dr. Sinaiko – and as a direct result of his care and treatment, I found substantial recovery of my health.

  Under his care, I took a series of EPD treatments which I believe is the most significant reason for my improvement. I found Dr. Sinaiko to be an exceptional, highly ethical and compassionate doctor. His professionalism was outstanding at all times. I have the utmost admiration and respect for Dr. Sinaiko – plus he is the reason that I again have a vital life.

  It is therefore utterly bewildering and outrageous to me that he became the target of the Medical Board, whose vengeful actions forced him to close his practice. This has denied me further treatment and follow-up from this brilliant doctor. This should never be allowed to happen. Elaine Ireland, San Francisco, CA

- I feel that my condition has deteriorated substantially since I can no longer be treated by Dr. Sinaiko. I do <u>not</u> have confidence in other asthma specialists. I felt that Dr. Sinaiko was truly interested in my situation and that under his guidance my health had greatly improved. I had a major attack on Sunday 10/29/00 and probably should have been hospitalized. I feel that I no longer know where to turn with any degree of confidence. This is not a good feeling to have. Howard Wight, San Francisco, CA

- Haley has a "developmental delay," and for 4+ years before taking her to Dr. Sinaiko, we tried everything (traditional and alternative) to help with her behavior. Dr. Sinaiko's methods were the first to help her. She is definitely worse off now without his care.

I think it's a travesty what was done to him. My father's a licensed internist in California and he also agrees. Beth Farrar, Petaluma, CA

- I was a patient of Dr. Robert Sinaiko from 1983 until his license was revoked. I was so ill at the time I do not remember the medications but under his care my health improved. His first words to me were. "You are going to get well." The doctors I saw previously made jokes about my condition or ignored me. None said I was going to get well. I had never been ill before. I had breast surgery, in a hospital which had been growing bacteria in the antiseptic used to clean the operating room. ...People died. I survived because I was healthy but it ruined my health for a long time.

  Dr. Sinaiko treated my friend Evelyn Anderson Martinez free of charge because she could not pay him. He is a dedicated physician who truly cares for his patients. I miss him. Marianne Olguin, San Leandro, CA

- I and another patient of Dr. Sinaiko's were present at the probation hearing, and we both thought it was a travesty. ...For the three years that I was under Dr. Sinaiko's excellent care, I often felt he had given my life back to me. No physician had been able to discover the cause of my numerous ailments, which were becoming increasingly debilitating. My future was very bleak. Yet at the conclusion of my treatment, I was healthier than I had been for 25 years.

  As an administrative legal secretary specializing in medical malpractice defense, I was familiar with medical quality and standard of care issues. My office represented medical doctors who were being sued, and in that capacity, I was continually exposed to information that made me a very informed medical consumer. It is my firm opinion that Dr. Sinaiko is one of the finest physicians I have ever been privileged to meet. It was a blessing to me to be under his care.

  Unfortunately, there are powerful vested interests who seek to suppress any alternative methods of healing. ...If patient welfare were in reality the determining factor, other methods of treatment would be welcomed, not squashed. Helena Fuentes, Walnut Creek, CA

- I am speaking for my wife who suffers from chronic fatigue syndrome. The doctor who was treating her decided to leave the practice leaving her with no physician in her medical group who "believed" in CFS. She was given a reference to Dr. Sinaiko, however considering the Medical board action, he was not accepting any patients. ...The actions of the Medical Board I find disgusting and unprofessional. I know as a research scientist that there are many alternative views in science as well as medicine (as if the two were really different!) Alternate views should be supported and allowed to practice, especially when these patients are getting better.

  The medical profession NEEDS progressive medical doctors and forward thinking physicians. Remember they all thought Galileo was a heretic just because be believed differently. Glen Winkel, Ph.D., San Francisco, CA

- Dr. Robert Sinaiko was my physician for 14 years. He practiced traditional medicine including alternative and progressive treatments. I went to him after numerous other doctors had not been able to help me. At my first appointment Dr. Sinaiko diagnosed me and started my treatment. Over time, Dr. Sinaiko diagnosed and treated me for several other diseases including thyroid cancer. After 14 years of very significant help with my health problems, I had developed a deep and personal respect for Dr. Sinaiko as a person and as a physician. I felt secure knowing that Dr. Sinaiko was there to help me.

  Then the Medical Board prosecuted Dr. Sinaiko and took away his license to treat patients. Dr. Sinaiko closed his office. As I kept in touch with the events of his trial, it became clear that the prosecutor and the judge had no interest in the truth or justice. They had an agenda of their own. They ignored all the testimony on Dr. Sinaiko's behalf. It was a false trial and Dr. Sinaiko, his family and his patients paid the price.

  Since Dr. Sinaiko's practice has closed, I have not been successful in finding other medical care that equals the quality that he provided. The EPD allergy treatments that my son and I had been receiving (with success) had to be discontinued unfinished. No other doctor was available to provide this treatment. Perhaps no one was willing to admit they offered it after Dr. Sinaiko was prosecuted for using this treatment. The EPD allergy treatment has been used in England and other European countries with success for over 20 years. Dr. Sinaiko braved the difficulties of offering an unusual but simpler and safer treatment right here in our own country.

In addition, it has been difficult to have my yearly cancer checkup done. Dr. Sinaiko would check it routinely whenever I saw him. At present, my "primary care physicain" has been changed four times in the last 3 years, and I have to struggle on my own to have this test performed. None of the doctors understand my medical history, so I must keep track of this and other tests myself. I feel as though I have "fallen through the cracks." I wonder if I developed cancer again, would I be diagnosed in a timely manner with my present doctor?

Over the last 18 years of my life I have turned towards alternative and progressive types of care, due to the general ineffectiveness of conventional care for my needs. I am one of those whose health is chronically compromised. I need a truly competent and resourceful physician like Dr. Sinaiko. Susan Deixler, Alameda, CA

- About three and a half years ago I became a patient of Dr. Robert Sinaiko. He had been highly recommended by an acquaintance and I was not to be disappointed in him. I found him to be conscientious, thorough, and caring. He suggested that I receive the course of Enzyme Potentiated Desensitization shots. ... It was after the initial nine shots had been given that the Medical Board of California swung into action and penalized Dr. Sinaiko. One of the limitations they imposed was to forbid him to use EPD. Although the original series of shots had relieved my allergies by about 80%, after nine months the symptoms began to recur and I realized that it was time for a booster. Of course there is no way I can get one. Now, after spending a couple of thousand dollars on this effective treatment, I am back where I was prior to the EPD because I can't get the necessary follow-up treatment.

  My husband Stephen and I attended the Medical Board hearing regarding the Sinaiko case. The members of the Board seemed to have very little knowledge of the types of treatment provided by Dr. Sinaiko. We understand, for instance, that EPD is widely used in England and is not an experimental, unproven, or counter-culture course of treatment. I am walking proof that it works. The members of the Board also seemed to have made up their minds before the time of the hearing and weren't about to let facts or evidence get in the way of their preconceived beliefs. Bettina Woolard, Walnut Creek, CA

- In 1995 the "widely accepted standard of practice" had sentenced me (at 48 years of age) to a lifetime of crippling arthritic pain and excruciating eczema that prevented sleep. Literally crying on the phone to my various Kaiser Hospital doctors, I begged for cortisone shots in my shoulder, hip, and thumb. I had already reached the maximum number of cortisone shots (3!) allowed in my thumbs and the doctor was recommending surgery next.

  Dr. Sinaiko's treatment saved me from that dreadful fate and I have been completely well since 1997. Dr. Sinaiko's brilliant, conservative, thorough, and profoundly honest medical care is responsible for my complete recovery and my ability to fully maintain my successful practice in clinical psychology. My patients, my family, and I are deeply indebted to Dr. Sinaiko for having BOTH the GENIUS as well as the DEDICATION to know how to help people whom other doctors deem hopeless.

  Dr. Sinaiko provided me with the most thorough informed consent I have ever received from a physician. As a gifted diagnostician, he continually monitored all levels of functioning and responses to treatment with thorough and necessary blood, urine, and lab tests. Although I obtained a complete recovery from the two year Enzyme Potentiated Desensitization, Dr. Sinaiko always gave me cautious and guarded prognoses.

  Without Dr. Sinaiko's revolutionary help, I would be living an excruciatingly painful life of crippled disability! If doctors like Dr. Sinaiko are prevented from practicing their carefully researched, scientifically creative healing, then we are reducing Medical Care to Medical Technology and destroying the "Health Care" in this country. Dr. Polly Bloomberg, Clinical Psychologist, Berkeley, CA

- I first went to Dr. Sinaiko because I'd been told he was an unusual diagnostician in the allergy field. He listened to my descriptions of my symptoms and before treating my multiple allergies, he determined through his diagnostic skills followed up with lab tests, that I had two intestinal parasites. These were symptoms that three other respectable physicians who are still in practice had missed.

  Once I was clear of the parasites, he began to address my allergies and I was looking forward to the day when I, too, would feel as the patient who'd recommended him told me she felt after two years of treatment

with him: "All I can tell you is that I've never felt better in my life." After only a few months of my treatments, he was forced to close his office. Ellen W Hill, Berkeley, CA

- This letter is to express outrage at the treatment of Dr. Sinaiko, by the Medical Board of California.

  Dr. Sinaiko is a brilliant physician who came to the attention of the Board as a result, I believe, of adverse political activities among his peers. He was exhaustively investigated and except for his occasional appropriate use of drugs for "off label" purposes (which almost every physician does) had nothing that would justify his equivalent to crucifixion by the Medical Board.

  He diagnosed an unsuspected hypothyroidism in my son and as a result caused the young man to go from a worrisome failure to graduate Summa Cum Laude as an electrical engineer from Cal Poly in San Luis Obispo. He is now a key engineer in product development at Lucent.

  Dr. Sinaiko has treated other members of my family with considerable success.

  My wife and I were both witnesses at the "trial", and we were both disgusted with the proceeding. Subsequently I became acquainted with what happened when we were not there and the disgust continued.

  I seriously wonder how the physicians and others who participated in the Final judgement of his case can sleep. Richard Jobe, MD, Scotts Valley, CA

- I am an attorney and have been a member of the California Bar for thirty years. I was a patient of Dr. Sinaiko's for over four years. I am outraged the Medical Board California imposed such severe and unwarranted restrictions on Dr. Sinaiko that he was unable to continue to see patients. Dr. Sinaiko's medical knowledge and skills aided me immeasurably. Denis Clifford, Albany, CA

- I am a disabled nurse and in over thirty years of acute care special unit nursing I have never met a more dedicated physician. He showed great courage in his willingness to help those of us who have been declared to have non disease (in California by the Medical Board) and who are very difficult to treat and diagnose. ...Had Dr. Sinaiko not been my doctor I would not be alive today... Since Dr. Sinaiko was forced to give up his practice, I have been unable to find any conventional doctor with Dr. Sinaiko's abilities and willingness to treat me. Other patients of his have had to go to other states to find physicians who are willing to treat them. Unfortunately for me, due to my limited resources, I am unable to do this. Consequently, once again my health is deteriorating. Barbara H. Smith, Chico, CA

- I am a retired dentist who became ill in the early 1970's. For the last 14 years, I have been flying to California to see Dr. Sinaiko, a man who always was, and continues to be there for me. In the early 1990's he started me on EPD and I improved dramatically. ...Since I am part of the medical community even as a dentist, I can tell you with confidence that the general medical community is completely baffled when they see a patient with environmental problems. I play golf with over ten physicians and not one of them can even begin to understand what I have been through, let alone what I presently go through to remain symptom-free. I learned what my problem was 14 years ago and it appears the medical schools today are graduating physicians who are ill-equipped to offer the most basic treatment for environmental illnesses. I had access to top physicians and was treated at first class medical facilities, but I still wound up in deep trouble. I am far from alone. The difficulties I have been through are affecting thousands and thousands of people. Where do these people go for help?

  Thank God I was given the choice 14 years ago. I was one of the lucky ones. Thanks to Dr. Sinaiko, I have a life, three happy, well adjusted children and a wonderful wife. I'm not aware of the complaints against Dr. Sinaiko, But there has to be some kind of insanity at work here. I don't understand how this situation could have been allowed to progress to this level. You all need to wake up and see what's going on here and put a stop to this. This is truly a tragedy in the making. Like I said, there are thousands of people out there just like me. What are they supposed to do? Dr. Jerrold-Koenig, Boca Raton, FL

- Use of EPD has been at the center of the controversy surrounding Dr. Sinaiko, with the Medical Board of California declaring that EPD is not the "standard of practice." This controversy is groundless and the ruling that EPD is not the standard of practice largely specious. EPD is the standard allergy treatment in the United

Kingdom; there is a sizeable literature, including placebo controlled studies of its effectiveness, in scientifically respected journals of allergy and immunology, including Lancet, the leading medical journal in the United Kingdom. The Medical Board of California prohibited Dr. Sinaiko's use of EPD because it is a nonstandard allergy treatment in the U.S. No has ever been harmed by EPD as has occurred with allergy shots used by some allergists in the United States. In the U. S., there is no oversight of the methods allergists use, and no effort has ever been made to regulate allergists' procedures. Any allergist may concoct any mixture of allergens at any strength he deems adequate. This mixture is then injected into patients' blood streams where the mixture may or may not produce the anticipated benefits. Sometimes the mixture kills the patient. It is little wonder that in the U.K., where 26 deaths have occurred using standard American allergy treatments, the standard American method has been strictly, indeed prohibitively, regulated. EPD has never caused a patient death. Clearly, the same cannot be said of allergy treatments that are the standard of treatment in the U.S. With respect to EPD, Dr. Sinaiko's only "nonstandard practice" was to use a safer, more effective, better scientifically evaluated allergy treatment of which other American allergists remain largely, and inexcusably, ignorant. His only nonstandard practice was to be ahead of his American counterparts; no patient of his has ever been harmed by EPD, many have been helped; and no patient has ever testified against Dr. Sinaiko's use of EPD. Note that a small number of American physicians use EPD, about fifty, and that the FDA is presently carrying out a study of EPD's effectiveness, a clinical trial, among the physicians who use it. Pending the outcome of the FDA's study of EPD, it may well become a "standard practice" in the U.S.

Although the term alternative medicine has been often been used in discussion of Dr. Sinaiko's case, Dr. Sinaiko was not an alternative practitioner. Dr. Sinaiko was on the faculty of the Medical School of the University of California, San Francisco (UCSF) hardly an institution where "alternative practitioners" are likely to be found or tolerated. Dr. Sinaiko was also on The Board of Internal Medicine and the Board of Allergy and Immunology of the American Medical Association, bodies in which "alternative practitioners" are also unlikely to be found or tolerated. ...Dr. Sinaiko met my high standards for professional services and exceeded them in a number of ways. First, he was current in his field, that is, he was knowledgeable about the most recent developments regarding the treatments he used. His knowledge of and use of EPD exemplified this. Second, he was generous in devoting time to his patients. This is rare among physicians. More importantly, Dr. Sinaiko offered free phone consultations to patients, first of ten minutes duration later extended to fifteen minutes. I know of no other doctor who does this. Additionally, he took exhaustive notes during each telephone consultation, typing into his computer while talking with the patient and between calls. ...Finally, in general competence and intelligence, Dr. Sinaiko was head and shoulders above any physician I have met.

Ironically, the Board reprimanded Dr. Sinaiko for treating as yet unaccepted illnesses such as Multiple Chemical Sensitivity (MCS) and Chronic Fatigue Syndrome (CFS) although the Centers for Disease Control has had formal criteria for diagnosing CFS dating back to at 1988. ...

The California Medical Board's "trial" of Dr. Sinaiko was little better than a kangaroo court. ...In the California Medical Board's hearing, the same body, the Board, was judge, jury, and executioner with no accountability to anyone. It is now apparent that the Board's final decision on the case was predetermined from the beginning and that the hearing process was simply a pro forma procedure to give official sanction to a ruling that was preordained from the outset. It should be noted that the Board did not revoke Dr. Sinaiko's license, but so burdened him with restrictions that he had to abandon his practice. Had the Board revoked Dr. Sinaiko's license, the media would have given far greater attention to his case, attracting unwanted public scrutiny of the evidence for and procedures by which the Board makes rulings. ...

The real crime committed in Dr. Sinaiko's case was by the California Medical Board and the Assistant Attorney General. They removed from medical practice a physician who helped and gave hope to his current and former patients and all future patients. The California Medical Board has unjustly punished an exceptional physician in large part for his exceptionality and denied his patients his irreplaceable gifts for helping them.
Fred W. Johnson, Ph.D., Berkeley, CA

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Divider Title: _____

American Justice for Doctors

Shula Edelkind
Progress in Medicine Foundation
February 22, 2001

You have heard in some of these meetings that doctors using non-standard treatments are attacked by their medical boards; that patients have no access to needed medical care because doctors are afraid to give it. Some treatments have never been blessed by medical boards or the FDA – even though scientific research shows they are useful. Doctors who read the scientific literature and use it to help their patients do so at the risk of their medical licenses. . . they are the heroes -- and sometimes the martyrs -- of medicine today.

We could create a separate medical board for alternative medicine. But many doctors use both allopathic and alternative or progressive treatments – what Board would police them? Who would define which "camp" a new treatment belongs to?

We could add people from the "alternative" community to existing medical boards. But people are not the problem – it is the system itself. The medical board system is BROKEN.

Compare it to our criminal justice system, one of the best in the world. *(See Section 7 in our written materials.)*

Now look at what we do to our doctors – In this system, the Administrative Law System, the Medical Board itself

- TRAINS THE JUDGE;
- Can BE THE PLAINTIFF, (Complainant) with no Victim needed;
- CONDUCTS the investigation;
- Can BE THE JURY and even rule directly;
- Then can SET and CARRY OUT THE SENTENCE.

And the doctor often must PAY THE BOARD for his investigation and prosecution. This so-called "cost recovery" was ruled unconstitutional for teachers, but continues in practice for doctors.

As Americans, we should be ashamed. An axe murderer has a better chance of a fair trial than a healer with no injured patients.

We can do better than that.

One - address these overlapping responsibilities. And it must all be public. This sort of thing can only thrive in the dark.

Two - surely only allergists should pass judgment on allergists, and only accupuncturists on accupuncturists. A psychiatrist should not decide if an immunologist did his job right – as happened in the Sinaiko case – and a gynecologist should not evaluate a brain surgeon, or vice versa.

Three – change the focus of the Board. We do need to protect the public from practitioners with substance abuse problems, incompetence or criminal intent. But we must not allow the Medical Board to be used as a tool to outlaw treatments. It is not OK to denigrate a treatment by dismissing or ignoring existing research, by claiming that none of it is sufficiently "valid," "significant," "supportive," "conclusive," "acceptable," or other non-quantifiable things, to exclude clinical experience, or to exclude testimony by misuse of the Daubert rule.

The Sinaiko case was used to destroy a safe low-dose allergy treatment used in England for over 30 years. Called EPD, it is no longer available. There is no access. *(See Section 8)*

As a consumer of medical care, I believe it is worthless to legislate access to anything if you cannot protect the doctors able to provide it.

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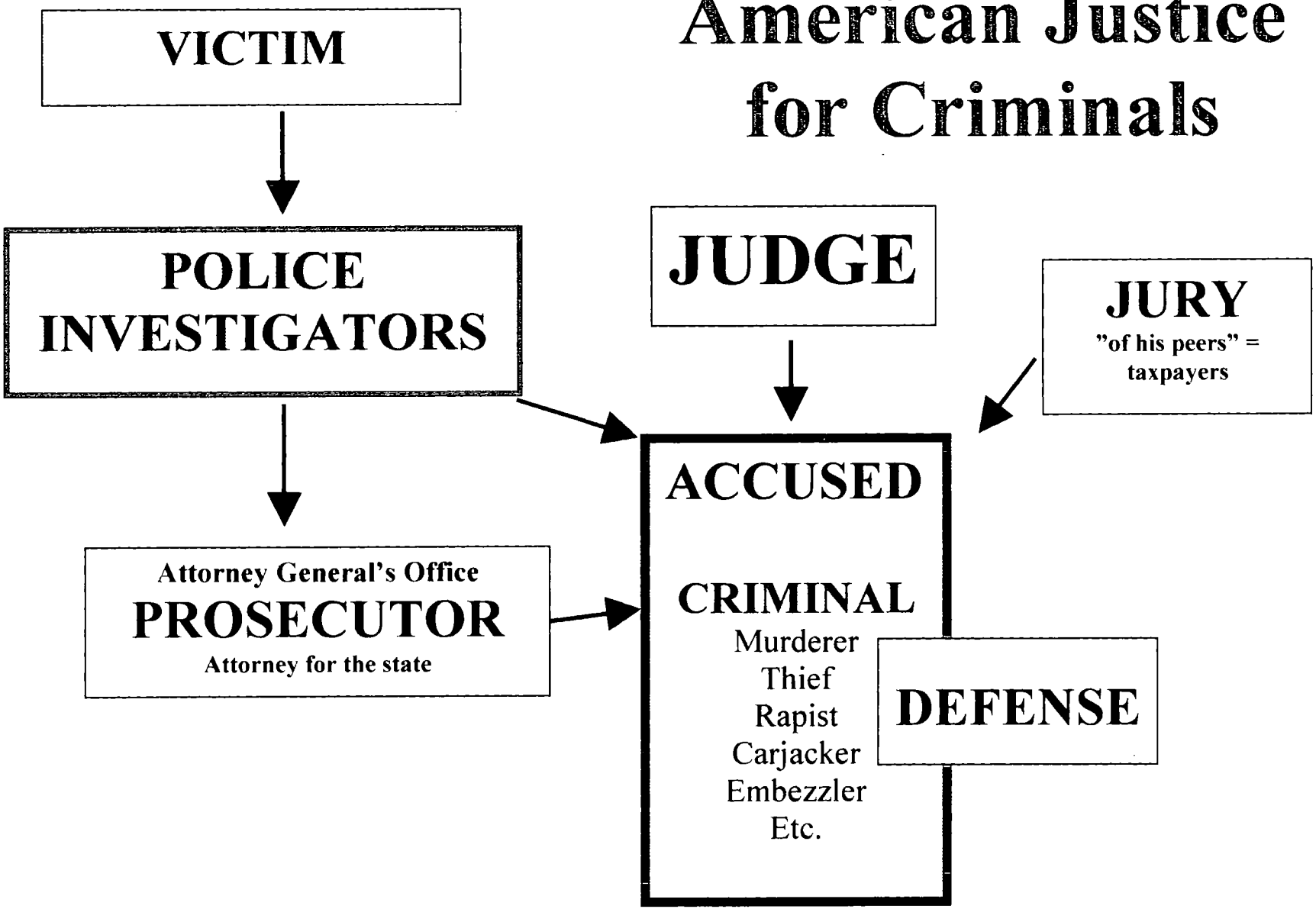
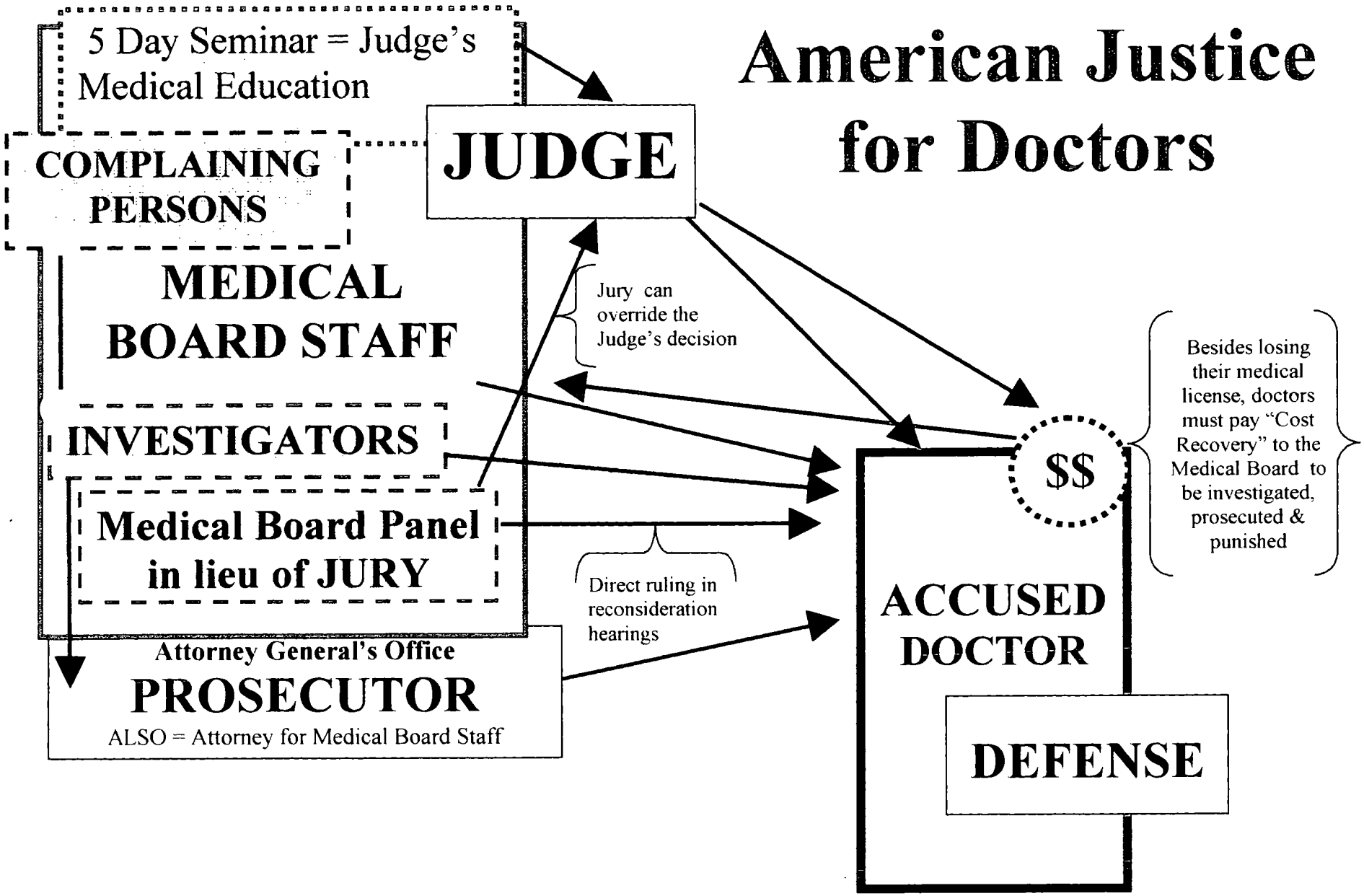
ON THE NEXT 2 PAGES ARE CHARTS WHICH COMPARE 2 SYSTEMS OF JUSTICE IN AMERICA: JUSTICE FOR CRIMINALS AND JUSTICE FOR DOCTORS

TURN THE PAGE

COMPARE AND UNDERSTAND WHY WE SAY THAT THE SYSTEM OF AMERICAN JUSTICE FOR DOCTORS - THE ADMINISTRATIVE LAW SYSTEM - IS BROKEN

American Justice for Criminals




American Justice for Doctors
5 Day Seminar = Judge's Medical Education
JUDGE
COMPLAINING PERSONS
MEDICAL BOARD STAFF
INVESTIGATORS
Medical Board Panel in lieu of JURY
Attorney General's Office
PROSECUTOR
ALSO = Attorney for Medical Board Staff
Jury can override the Judge's decision
Direct ruling in reconsideration hearings
$$
Besides losing their medical license, doctors must pay "Cost Recovery" to the Medical Board to be investigated, prosecuted & punished
ACCUSED DOCTOR
DEFENSE

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Progress in Medicine Without Fear of Reprisal

See Page 3

Volume 01 No. 01
Jan-Mar 1999

Newsletter of the Progress in Medicine Foundation

Editors:
Shula Edelkind
Colleen Smethers, CRNP(ret)

Let there be no doubt ... EPD Doctors ARE under attack !

We are supporting the fight against this mockery of justice.

If this involves you, we can help you tell your story.

See **"HOW YOU CAN HELP"** Page 7

Progress In Medicine *UPDATE*

UPDATE ON THE ATTACK ON EPD
The Medical Board of California has gone way too far ...

In a shocking decision by an Administrative Law Judge, the Medical Board has decided that Californians should not be treated with EPD. Judge Ruth Astle, who received her medical training at a 5-day seminar put on by the Medical Board itself, ruled in Finding No. 81 in her Decision against San Francisco allergist Robert Sinaiko, MD, that such treatment causes "harm to the public by lending the legitimacy of a physician's reputation to unproven, disproven and potentially harmful diagnoses and treatments such as ... EPD."

And thus it happened that Administrative Law Judge Ruth Astle recommended revocation of Dr. Sinaiko's license to practice medicine.

Board "experts" even tried to attack Dr. William (Butch) Shrader – the top EPD physician in the States – by claiming:

- That the list of diagnoses in the EPD Information Booklet (called the Pink Book) is "fraudulent" because "unproven" disorders such as MCS, CFS, and Candidiasis were listed as benefiting from EPD treatment.

- That "fraudulent" claims are made in the EPD literature put out by Dr. Shrader about ADHD and other disorders which could not possibly respond to EPD, according to the decision of this Administrative Law Judge.

- That the writings and statements made by Dr. Shrader at scientific conferences and elsewhere, reporting high rates of success with EPD treatments, – are bogus.

Other testimony by the Medical Board (prosecution) "experts" claimed:

- That the EPD web site at epdallergy.com is not only an "advertisement" and "promotion" for EPD, but it is also a "false advertisement."

- All reports that EPD is successful – are bogus. The "experts" were sure this was so, because, as one said, "if it were any good, I would have heard of it."

- That witnesses who testified that they benefited from EPD did not really benefit, but just think they did. The judge diagnosed this as a placebo effect. (And she ought to know – after all, she *did* have 5 days of medical training, which is 5 days *more* than the prosecuting attorney who made this stuff up.)

Dr. Shrader has the good fortune to not live in California. Dr. Robert Sinaiko, however, does live in California, and he is the current focus of the wrath of the Board. *Continued on Pg. 3*

What is EPD? *

Enzyme Potentiated Desensitization (EPD) is an allergy treatment developed in the 1960's by Dr. Leonard M. McEwen, an immunologist in England. Extremely low dose allergens are administered with an enzyme called beta-glucuronidase. The enzyme "potentiates" the immunizing effects of the allergens. EPD appears to specifically induce the production of "activated" T-"suppressor" cells, and creates a much longer lasting desensitization than does any other existing immunotherapy. More information about EPD is on the informative EPD web site at www.epdallergy.com or call the EPD Society at 505-983-8890 to find a physician in your area trained in EPD.

**This information is from www.epdallergy.com*

Progress in Medicine Foundation
Post Office Box 1565
Fontana, CA 92334

Progress in Medicine Foundation

Purpose

- To develop an institution to educate the public about health care issues.
- To act as a clearing house for medical, scientific and research information about promising "orphan" medical treatments. *
- To promote medical research into promising "orphan" medical treatments.
- To support the rights of physicians to offer their patients access to "orphan" medical treatments supported in the peer reviewed medical literature.

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* Just as "orphan disease" is a term used to describe a rare disorder not being researched because it is not economically advantageous, so, too, we use here the term "orphan treatment" to indicate a treatment which – because of lack of financial benefit to funders or any other reason – has not been adequately researched.

The Medical Defense Fund is part of the Progress in Medicine Foundation
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