

P.S.A. NEWSLETTER

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A Member of the Association of Prostate Cancer
Support Groups (SA) Inc.

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Support Group
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Report on the July & August Meetings.

Held at the Burnside Hospital on 12th July & 2nd August '04

Thank you to our sponsors: Abbott Australasia Ltd., City of West Torrens Council and the Burnside Memorial Hospital for use of their Lecture Room.

Next meeting is on **Monday 13th September.**

Mr. Ray Nicholson will come along from The Cancer Care Centre, Unley, to give us a talk on Meditation, Complementary Medicines, Yoga exercises etc. more on page 5.

Chair: John Mayes (both nights)

Members present 12.7.04....27

Members present 2.8.04...28

Apologies Gerry & Cynthia, Barry & Margaret, Ken, Kerry, Eric, John, Keith & Joy, Pam & Ross, Lin, Mel, Jim & Elaine, Noel, Roger, Harry & Alma. (Get well Gerry! Gerry has just had bout of pleurisy & a lung biopsy, but thankfully no cancer detected. Gerry said "I'll be back!").

New Member: Dennis. (Welcome Dennis).

It is with regret that we announce the passing of member **Bill Hughes** at the Daw Park Hospice on 15th July. Bill was 75 years of age and was a member of the Adelaide Group for 5 or 6 years. Bill had advanced prostate cancer. Our sympathy goes to his wife Barbara and daughter Donna. We have sent the family a sympathy card from all our members.

Correspondence:

Letter of thanks from **Gina Growden**, CEO, PCFA, for the \$30 donation we sent to the Foundation.

Letter from **Ms. Chris Hygonnet**, Co-ordinator of Cancer Connect, Cancer Council SA, together with a copy of their new "**Cancer Connect**" pamphlet. Any member wishing to join this program as a **Peer Supporter**, should ring Chris on **8291 4111** and have a talk with her.

E-mail from Ms. **Pam Sandoe**, Leader, **Sydney Adventist Hospital P/C Support Group, N.S.W.**, asking us if we could place **three Tasmanian Support Groups** on our "Newsletter" mailing list. The Tassy groups want to produce their own Newsletters and wanted some ideas re how to go about it. Pam thought that our Newsletters are pretty good and suggested us to the Taswegians. We have done this and also sent them 3 or 4 copies of this year's earlier Newsletters.

Letter & pamphlet from **Mr. Richard New**, **American Medical Systems**, concerning a free **Information Night** which was held on 15th July. The discussion dealt with **impotence problems, penile implants and surgical and non-surgical treatments**. About 25 people attended including 4 or 5 of our own members. Gary went along and told us that the new penile implants now have an anti-bacterial coating on them. There is now less danger of infection. About 4% of Australian men suffering from impotency problems use the penile implants. The aim is to educate more men to look at this device instead of suffering from the problem. There is also another device that works on a spring system. The cost is fully refundable under private medical benefits. Urologist Mr. Peter Sutherland spoke to the gathering. Everyone present found the talks very informative.

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\$2m grant for cancer

PROSTATE cancer researchers hope a new prostate tissue bank will help them find new ways to diagnose the cancer through blood tests.

The Queensland University of Technology has received \$2 million over five years to establish the Brisbane branch of the Australian Prostate Cancer Collaboration Bio-Resource.

Current blood tests can be unreliable. *Advertiser 21.7.04*

SCOOP! At our next meeting on 13th Sept, Reg & Ian will screen a 15" video about "The Doctor many believe can cure cancer". This film deals with Dr. John Holt's controversial radio-wave cancer therapy treatment in Perth and was screened on Ray Martin's "A Current Affair" program on 10 & 11 August. We don't know if many prostate cancer patients have been treated by this method or not, but nevertheless, the film is very interesting and has already caused quite a few ripples in the medical profession and Government circles.

Our Newsletter:

We did not print a July edition of our Newsletter as only 3 weeks elapsed between our July & August meetings. We might be able to print an extra Newsletter in November or December. By the way, if any member has an idea, story or article they believe would make interesting reading in one of our Newsletters, tell Reg about it or drop him a line at **39 Greenfield Rd, Seaview Downs, S.A. 5049**.

Hi Intensity Focused Ultrasound:

A lady rung me the other day to ask if I knew anything about this type of treatment as her husband was interested in it. Well the answer was no. The lady was good enough to supply me with the following info for the benefit of members:- The treatment, known as HIFU, is for P.B.H (enlarged prostate) and prostate cancer T1 and T2. type cancers only. It is known as the Ablatherm treatment and involves the burning of cancer cells in the prostate gland by using a probe and high intensity focused ultrasound waves. There are a lot less side effects using this method instead of the present normal treatments, such as prostatectomy, radiotherapy, brachytherapy etc.

The treatment is licensed for use in the EU countries, Russia, Canada and South Korea, but not in the USA where it is at present undergoing clinical trials only. Thousands of patients have been treated in the EU countries (includes the U.K) over the last couple of years. It is not available in Australia. Why not? Most procedures are being carried out in France and Germany. Munich was mentioned as one of the treatment centres.

Anyone wanting to know more about this interesting treatment, side effects, locations for treatment etc, should have a look at the following web site:-

<http://www.edap-hifu.com/eng/patient/prostatecancer/index.htm>

Many thanks to the lady who supplied us with this information. We'll keep you posted.

The latest Library News:

We have now sent all S.A. P/C support groups lists of our best books and videos we hold in our library. **John Mayes** was good enough to make some brief comments about each item. We have placed the lists on our web site <http://www.psaadelaide.org> The idea is to make it easier for support groups and other interested persons to buy the best books and videos for their own libraries. **This was Trevor Hunt's idea.** John has also compiled two folders that give advice to men contemplating radiotherapy treatment. These have now been placed in the library. Thanks goes to John and Trevor.

The Association Brochure and Letter Heads:

We would like to mention that the kind and generous printer who printed **3,000 copies** of the Association's new brochure, **free of charge**, was **PMP Print (A division of the Griffin Press)**, and the **Arte Grafica Printing Pty. Ltd.** Many thanks to these two companies, and to Gary Bowes for organizing it. Should any member want some of the brochures to place in their doctor's surgery, or at other establishments, please see Reg. Since March 1, 2004 we have photo copied 700 copies of our new brochure and have received another 700 printed ones from the Assoc. Nearly all have now been distributed around Adelaide (in doctors & urologists surgeries, chemist shops, Cancer Council SA Hot Line, hospitals etc.) We now need another 700 or more to cover other outlets & surgeries etc that have missed out. (Note the brochure is also available as a Acrobat pdf file from the our website.)

We have now received a supply of new Assoc. letterheads for all S.A. P/C Support Groups. The Cancer Council SA kindly arranged the printing of these letter heads and many thanks goes to Kathriye Strassnick for organizing this for us.

Stop press! Stop Press!

Free Community Education Seminar, **Men's health! "Prostate Disease -presenting the facts"**,
Speaker: Dr. Richard Wells, Urologist, Date: Monday 23rd August 2004. Time: 7.30pm - 8.30pm
North Eastern Community Hospital. 580 Lower North East Road Campbelltown.
RSVP: 20 August to (08) 8337 7200

Sponsored by Abbot, Ramsay Health Care and North Eastern Community Hospital

Coming Event:

There will be a Royal Adelaide Hospital Public Health Seminar
"Dealing with men's health", from 7pm to 9.30pm on Thurs 2nd September 2004
in the Robson Lecture Theatre, Level 1, Eleanor Harrold Bldg,
R.A.H., entrance off Frome Rd to the R.A.H. car park.
Phone 8222 5193, RAH Health Promotion for particulars.

The prominent speakers include Ray Grigg, Tim Noona, Dr. Rosie King, Prof. Willis Marshal (speaking on prostate cancer), James Smith and Dr. Rod Pearce

The Cancer Council of Australia's Annual Report:

The Cancer Council of Australia has **just released an 137 page report** dealing with their activities and at the same time launched their **cancer prevention policy** highlighting basic measures needed during the next 3 years in order to save thousands of lives. Reg has received a copy by e-mail and has just finished analysing it. This took some doing reading the 137 pages on a small computer screen. The report is on line at <http://www.cancer.org.au> should anyone like to have a read of it. We have included a short newspaper report about it from "The Advertiser" later in this Newsletter.

It is a very comprehensive report that deals with all types of cancers such as breast, lung, skin, ovarian, liver and prostate cancer etc. It must be said that the **Cancer Council of Australia did not mince words when it came to the tobacco industry and put forward some very strong points against the tobacco lobby. However, when it came to prostate cancer, PSA testing and screening etc., in my opinion, they fell by the wayside.** Only 6 pages were devoted to prostate cancer, and **Professor Alan Coates still puts forward his view that "there are risks associated with PSA testing". What risks, we would like to know?** The only risk we see is in **NOT** having the PSA test and therefore not taking action to combat the disease until it is too late. We know he opposes having a PSA test himself. Why? He also maintains **"the current evidence does not support population screening of "well" men for prostate cancer"**. Doesn't he know that there are no actual symptoms in "well" men for the disease and that when actual symptoms do develop, **it may be too late to do anything?** What I would like to know is what is the position re screening men for prostate cancer in, say, the U.S.A., England, France, Germany and the Scandinavian countries? **Maybe Professor Coates should take a trip to these countries and find out. I think he would be in for a big surprise.**

Reg has copied the 6 pages dealing with prostate cancer and has posted them off to the five P/C Support Groups in S.A., also to the Prostate Cancer Action Group (SA) Inc. Con Casey, who is looking after the interests of all the Support Groups in Australia has advised us that the **P.C.F.A. intend to fully discuss this matter at their Annual Conference to be held in Brisbane on 19th and 20th August.** We will receive a report in due course. Thanks Con. Con is secretary to the PCFA support and advocacy committee.

Saddam Hussein:

We would like to know how **Saddam Hussein** came to get into this Newsletter? Well, we read in "The Advertiser" on 27th July, that "he has been on a self imposed diet and is resisting all fatty foods whilst on remand in Iraq. Also, he is being treated for high blood pressure and chronic prostate infection, for which he was given antibiotics. **He has refused a biopsy (and we presume a PSA Test) for prostate cancer"**. Hmm this sounds a bit **like someone else we know**, but we won't mention any names. We'd venture to say that Saddam Hussein is **not** a member of any Prostate Cancer Support Group

It's Good News Week: Federal Government Grants:

At the beginning of our August meeting, **Ms Trish Draper, M.P. for Makin**, was able to pop in and hand **Gary Bowes**, Chairman of the Association of Prostate Cancer Support Groups (SA) Inc., a cheque for **\$2,900 from the Federal Volunteer Small Equipment Grants Department, Canberra.** Trish said that the Federal Government was very interested in men's health and is looking at ways to get the message across



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for men to visit their GP's for health check ups etc. Trish said that she was a nurse before entering Parliament and therefore knows something about prostate cancer and its associated problems. Trish said she was astounded when at a parliamentary lecture the word "voiding" was used, two MP's came up to her and asked her what the word meant. *(after that, all I can say is that some men certainly need educating on health matters. Reg).* The grant is for a computer and a printer/fax machine. Gary suitably responded on behalf of the Association and thanked Trish for coming along to our meeting and of course for the cheque.

But that's not all-----Last week Reg was advised by **Ms. Trish Worth, M.P., Member for Adelaide**, that the **PSA Adelaide Group (that's us) has been awarded \$1,863** from the same Volunteer Department, to enable us to purchase a **new XP computer and a scanner**. Our computer is 9 years old, and is pretty slow (or is it the operator) and we haven't got a scanner. Many thanks to the Federal Government for making these two grants available.

Lecture by Ms. Prue Rymill, Pharmacy Educator:

Prue commenced her power-point lecture by telling us a little about the company **Alphapharm Pty.Ltd.**, which is the third largest company in Australia manufacturing prescription medicines. The manufacturing plant and research development centre is based in **Carole Park, Queensland**. The company is not allowed to advertise and they supply pharmacists and hospitals with their products, both here in Australia and some 30 overseas countries including the U.S.A., Canada and the U.K. **In Australia, the company is the No.1 supplier of drugs and medicines to the Government's P.B.S. Scheme.**



In 1982 they employed 72 people and **today they now employ some 700**. Last year the company made 2.7 **billion tablets** of which over half were exported. The factory is accredited by the **USA Food and Drug Administration allowing them to export to the U.S.A. The cost of getting a new drug onto the market is about \$300 million** and it takes 5 to 7 years for the company to get their research money back before they start to make a profit. New drugs can be patented in Australia for **25 years**. In the U.S.A. it is only **18 years**. After 25 years other manufacturers in Australia can copy and re-name a drug and sell it for whatever price they can get for it. These drugs are known as "**generic drugs**" and are exactly the same as the drugs sold by the original patent holder. They must pass a stringent test by the F.D.A. before being allowed onto the market.

In cross-licensing agreements, the original company can make their own brand of generic drug. They are usually cheaper but except for the box, the drug is the same. If you have doubts about a drug and whether generic brands are available or not, **just ask your Pharmacist and he will tell you**. Putting it briefly, a generic drug is one being manufactured after the **25 year** patent has expired and can be made by the original patent holder and/or some other company. The drug **must be the same as the original one** and pass stringent tests by the F.D.A.

You can save up to **\$2 per prescription**, sometimes more, simply by asking your chemist for the **Alphapharm** brand of your prescription medicine. Prue said that you should get to know the actual drug and its strength that you are taking. This is written on the box of both prescription and generic drugs, even though the name of the brand on the box is different

When manufacturers or the **T.G.A. (Therapeutic Goods Administration)** test drugs before they are released onto the market, they often conduct clinical trials using, for example, students. On occasions, students are **paid \$130 per day**, plus motel accommodation, to test drugs. This sometimes entails taking one-hourly blood tests (even in the middle of the night). **Anyone here for a clinical trial?** However, there are lots of other trials that are not as harsh as this.

Due to many people being intolerant to **gluton**, this is not now being used as "filler" for drugs. Instead, "**lactose**" is being used in 90% of cases. This material transports the active ingredients of the drug. The cost of a drug is determined by the manufacturer and not the chemist, as many people believe. The Government will only reimburse you for the lowest priced brand of the similar prescription drug that is on the market. The PBS ceiling price is **\$23.70** if you are not a pensioner or don't hold a Commonwealth Health Benefit Card. If you hold a concession card the cost is **\$3.80** per prescription

Many people do not realize the actual cost of some drugs. **For example, a single injection for hormone treatment for prostate cancer costs \$1,400, but if you are a pensioner the cost is only \$3.80**. For non pensioners, it is only \$23.70. The Government picks up the difference under the PBS scheme and pays the full amount to the manufacturer. **The Free Trade Agreement** now being negotiated with the U.S.A. hinges on various aspects of the **P.B.S. scheme**. In one instance, the U.S.A. wants a shorter period in Australia for patents to expire, but the Federal Government has said that the PBS scheme will continue as it is at present and will not be altered. **Various aspects of the Free Trade Agreement are being argued at the moment in the Senate.** (See an article about the F.T.A. later in this Newsletter.)

In closing, Prue said that the choice is yours when choosing between a "generic" brand of drug and the normal prescription drug as **the active ingredients are the same**. Remember though, that generic brands are not available for all prescription drugs, only those where patents have expired. Acting President John Mayes then thanked Prue for her

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very informative talk that opened up our eyes a bit and then handed her a bottle of the very best **Eaglehawk Riesling** (no, it wasn't a **generic brand or a cleanskin** that some wag in our audience yelled out.)

Our next meeting is in 6 weeks time on **Monday 13th September**. In our brochure it was advertised that Ms .Sue Boxhall, Prostate Nurse Adviser from the Daw Park Repat Hospital, was going to give us a talk on "Living with the side effects of treatment", but **Sue will not be available** on that night. Instead we have arranged for Mr. Ray Nicholson to come along from The Cancer Care Centre, Unley, to give us a talk on Meditation, Complementary Medicines, Yoga exercises etc. Ray will also tell us about his battle with a rare form of cancer and also about a forthcoming fund raising project by the Masonic Lodge to raise \$65,000 for Prostate Cancer Research. This should be very interesting. Roll up! Roll up!

Before the meeting was opened for a General Discussion, Reg and Ian showed a couple of short videos dealing with Macular Degeneration Vision, Ovarian Cancer and the latest treatment for kidney stones.

Watermelon, Packs More Than We Think!

HealthNewsDigest.com - July 12, 2004

(HealthNewsDigest.com)..Watermelon is a fruit that packs more than we may think, more in the way of nutritional value that is. It's post July 4th, and summertime, and watermelon is a popular American summer fruit. Many of us (this included me once upon a time), think that watermelon is high in calories containing only our enemy sugar, and water, but, this sweet red fruit does pack more than we think! By June Lay.

Before we discuss the full value of watermelon, let's look at just how much sugar and water it contains. One cup of diced watermelon is about 90% water, and contains 50 calories (doesn't sound too bad to me). 44 of these calories do come from sugar, but let me say that this is a natural, healthy fruit sugar. If we remember our "Sugar, Not an Enemy" tip, we will remember that sugar is vital for our energy, and it is the sole source of fuel for our brain. Along with water and sugar, watermelon contains vitamin C while our cup has less than 1 g of fat, with no cholesterol.

Now, what else does watermelon have? Watermelon contains the phytochemical lycopene, one of our colorful disease preventing carotenoids! This time if we remember our "Tomato, a Superstar" tip, tomato was the leading source of lycopene when cooked (so much for the raw diet all the time?). Lycopene appears to be released from the plant cell wall and used by our body (defined as bioavailable) when sources such as the tomato are cooked. Unfortunately, we don't always eat tomato sauce, or heat processed tomato juice, do we? Now, we have a study which has shown that raw watermelon unlike the raw tomato, contains a source of bioavailable lycopene! More about this Press Release from the USDA research agency titled "Watermelon Shows its Lycopene Stripes" appears in the June 2002 Agricultural Research Magazine. Here's just a small quote about how much lycopene watermelon contains from the USDA research team :

"Watermelon is fat free and is a source of vitamins A, B6, C, and thiamin. Studies have shown that a cup and a half of watermelon contains about 9 to 13 milligrams of lycopene. On average, watermelon has about 40 percent more lycopene than raw tomatoes. Red, ripe flesh is the best indicator of the sweetest and most nutritious watermelon, though it's hard to choose the ripest melon when it's uncut".

Do we need a quick refresher on the disease fighting merits of lycopene? Well, studies indicate that lycopene protects against cardiovascular disease, and certain types of cancer most notably prostate with some studies showing protective properties against breast, endometrium and lung cancers as well.

So, Watermelon definitely packs more than sugar and water. It packs a lot of Lycopene even when it's raw!

A cup of watermelon anyone? June <http://www.junefit.com>

Don't forget the Cancer Council SA's Daffodil Day on Friday 20th August and buy a Daffodil to help cancer research.

The Fund Raising Dinner Dance:

We thought you would like to know that **Ms. Simone Casuana's** Dinner Dance held on 17th July was a great success with 300 people attending and raised \$12,000 which included \$7,000 from auctioning various items. The money raised will be going to the Australian Cancer Research Foundation. Well done Simone!

Correction:

Your Annual Check Up. PAP Test or Cervix screening message for women.

The following letter has been received from Katherine Healy, CALD Support Officer, Cancer Council SA, and deals with an article we printed in our last Newsletter under the heading "Your Annual Check Up." We got the item from an American internet site <http://www.About.com> through another P/C Support Group Newsletter.

"I read the content of you most recent PSA newsletter with great interest however I write to ask that you correct an inaccuracy on cervix screening. The newsletter reads, under the heading "Your Annual Check Up: Tests for Women - PAP Smear and Pelvic Exam" that "This test should be done every three years, or yearly if at a higher risk for cervical or vaginal cancer." This information is inaccurate as the National Cervix Screening guidelines and South Australian Cervix Screening Program recommend that cervix screening be done every two years not three years for women aged 18 to 70 years. Also with regard to yearly screening for women this is not recommended though women who are being followed for pre-cancerous changes to their cervix may be required by their doctors to have more frequent screening. Many thanks for your attention to this matter and all the very best with your newsletter."

Basic steps can cut the risk of cancer by half By Medical Writer JILL PENGELLEY

HALF of all cancer cases can be avoided if people were better informed, the Cancer Council of Australia says.

The council yesterday launched a prevention policy, highlighting basic measures needed in the next three years to save thousands of lives.

Chief executive officer Alan Coates said Australians were "critically under-informed" about how to reduce their risks. "An illness that claims over 35,000 Australian lives each year sends its own message to the community, which is why 60 per cent of Australians cite cancer as their number one disease concern," Professor Coates said.

"The message that is not getting through is that more than half of the cancers diagnosed in Australia could be prevented through basic risk minimisation measures, or treated successfully through early detection."

The council policy calls for a Federal Government commitment to education, research and early detection screening.

He said obesity was "certain to give rise to a new generation of cancer sufferers".

More than 6000 deaths each year could be attributed to inadequate fruit and vegetables, lack of exercise and excess weight.

"Without co-ordinated national programs to encourage people to modify their diets and become more active, Australia faces an increase in the incidence rates of up to 12 types of cancer," Professor Coates said. Those linked to obesity included colon, breast, kidney and oesophagus cancers.

On smoking, the council calls for a greater commitment from all levels of government to reach a target of less than 15 per cent of adults smoking by 2010.

The current incidence is about 19.5 per cent.

Among its strategies, the council recommends increases in tobacco tax in line with rise in wages and the elimination of colour and design on cigarette packs. *The Advertiser 24.7.04*

Cancer tests excite

A CANCER vaccine which showed great promise in early trials needed further testing before it could be released on to the market, researchers said yesterday.

The vaccine, trialled in Melbourne, was designed to target a molecule present in melanoma and other cancers - including those affecting the prostate, breast, oesophagus, head and neck, bladder and lung - but not in other cells.

Program director Jonathan Cebon said the results of early testing were sufficiently exciting to put the resources into mounting further trials. *Advertiser 22/7/04*

THIS wry observation was sent to a colleague by a friend, who got it from a friend, who...

"(A) The Japanese eat very little fat and suffer fewer heart attacks than the British or Americans.

(B) On the other hand, the French eat a lot of fat and also suffer fewer heart attacks than the British or Americans.

(C) The Japanese drink very little red wine and suffer fewer heart attacks than the British or Americans.

(D) The Italians drink excessive amounts of red wine and also suffer fewer heart attacks than the British or Americans

(E) Conclusion: Eat & drink what you like. It's speaking English that kills you."

New Scientist 13.7.02

New cancer treatment

A MEDICAL treatment which stimulates the body's immune system is being heralded as a breakthrough against cancer. Scientists from Melbourne's Monash University will now extend their research which targets cancer and potentially HIV/AIDS.

Human clinical trials on 40 patients in Melbourne will be extended from Australia into the US and Europe.

The researchers, backed by Melbourne-based biotechnology group Norwood Abbey, have found a way to make the body produce more T-cells which fight disease. *From "The Advertiser: 25.6.03.*

Letters to the Editor

Implications of the Australian/American Free Trade Agreement For Men suffering Prostate Cancer

Media comment on the Free Trade Agreement has been getting a great deal of prominence. Certainly if one believes the Political commentators in the Press and on TV, one would get the impression that there is nothing but gain in the deal for Australia. Certainly the 'Murdoch' press in particular has been most vociferous, and Business Organisations have been demanding that Australia signs the Agreement. Their leaders see some possibility of gain and have been able to successfully lobby all State Premiers who are Labor, to become spruikers for the Agreement, after all none of them want to appear anti-business. With this deluge of positive comment and with incredible media, business and political pressure on the Labor Party to vote for the Agreement in the Senate, it is easy to think that all will be well, particularly as our Prime Minister and the Coalition Government have assured us that the Pharmaceutical Benefits Scheme, which delivers affordable medicines/drugs to Australians, will not be jeopardised in any way. This assurance from the Government certainly left me as a Prostate Cancer patient uneasy as the track record of the last two Howard Governments has shown that truth and political expediency often have nothing in common.

Why am I uneasy? Firstly when one hears that the overwhelming vote in favour by both houses of the U.S. Congress was accompanied by 'high fives' and comments that it is a 'slam dunk', then one cannot but be aware that 'slam dunk' refers to the basket ball player outwitting the opposition to record a convincing goal. Secondly one reads of Bob Zoellick, the US Special Trade Representative, reassuring US Pharmaceutical Companies and other major Intellectual Property holders that the US got what it wanted. Zoellick was heard to murmur quietly, Australia offers the "low hanging fruit". To make matters worse, the Canberra Times' Jack Waterford reported a US diplomat as saying to him, "We like you Aussies, because you are such an easy lay". Are you beginning to feel a bit uneasy now or are you still "comfortable and safe" as our Prime Minister wants you to be?

The next part of my journey of discovery was when by accident I discovered on a US Internet Blog, an interesting comment. Apparently the Congressional vote of approval has thwarted efforts to help poor people's access to cheap generic drugs. The posting was entitled "Health care: Not only do the Republicans oppose universal health insurance for us, they want to destroy it for others!" It continues: - "Of course, worrying about importing cheap prescription drugs from countries with national health insurance is just tinkering round the edges, since it's the market clout of the single payer [that's referring to what our PBS is prepared to pay] that keeps the prices low. Of course Bush wants drugs to be expensive here and everywhere: - Congress is poised to approve an international trade agreement that could have the effect of thwarting a goal pursued by many lawmakers of both parties: the import of inexpensive prescription drugs to help millions of Americans without health insurance. The agreement, negotiated with Australia by the Bush administration, would allow pharmaceutical companies to prevent imports of drugs to the United States and also challenge decisions by Australia about what drugs should be covered by the country's health plan, the prices paid for them and how they can be used."

Then there was a link to an article in the **July 12 edition of the New York Times**. It was basically addressing how the Agreement would be used to undercut inexpensive drug imports. The following excerpts from the article will give you an insight into what our government has signed us up for. "In negotiating the pact, the United States, for the first time, challenged how a foreign industrialized country operates its national health program to provide inexpensive drugs to its own citizens. Americans without insurance pay some of the world's highest prices for brand-name prescription drugs, in part because the United States does not have such a plan." "Bush administration officials oppose legalizing imports of inexpensive prescription drugs, citing safety concerns. Instead, with strong backing from the pharmaceutical industry, they have said they want to raise the price of drugs overseas to spread the burden of research and development that is borne disproportionately by the United States." [Our Government claims that only decisions by the PBS to not accept a drug for subsidy can be challenged – this is based on a simple minded interpretation of the Agreement wording and ignores the Enforcement and Review provisions in the Agreement and the realities of the Power Politics of dealing with an economy hundreds of times bigger than ours. Moreover apparently Australians and Americans have significantly different understandings of what 'Review' means, with the Americans considering a 'Review' under the terms of the agreement, to be legally binding] "Gary C. Hufbauer, a senior analyst at the Institute for International Economics, said "the Australia free trade agreement is a skirmish in a larger war" over how to reduce the huge differences in prices paid for drugs in the United States and the rest of the industrialized world." Kevin Outterson, an associate law professor at Virginia University, agreed. "The United States has put a marker down and is now using trade agreements to tell other countries how they can reimburse their own citizens for prescription drugs." He said. "For years, drug companies have objected to Australia's Pharmaceutical Benefits Scheme, under which government officials decide which drugs to cover and how much to pay for them. Before the government decides whether to cover a drug, experts analyse its clinical benefits, safety and "cost-effectiveness," compared with other treatments. The trade pact would allow drug companies to challenge decisions on coverage and payment. Joseph M. Damond, an associate vice president of the Pharmaceutical Research and Manufacturers of America, said Australia's drug benefit system amounted to an unfair trade practice. "The solution is to get rid of these artificial price controls in other developed countries and create real marketplace incentives for innovation," Mr. Damond said. " "Dr. Mark B. McClellan, the former commissioner of food and drugs now in charge of Medicare and Medicaid, said last year that foreign price controls left American consumers paying most of the cost of pharmaceutical research and development, and that, he said, was unacceptable." -[US Drug Companies typically spend much more on advertising a particular drug than what was spent on research and development and of course these costs are also subsumed into the pricing structure. This is conveniently ignored!] Are you now feeling more uneasy and perhaps a little worried? You have good reason to be worried.

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But hey, it is a Free Trade Agreement, surely Free trade is a good thing? Not so. It is really half a free trade agreement. It will mean free trade for American exports to Australia. The day the agreement begins, 99 per cent of US exports will enter Australia duty-free, with complete free trade within 10 years. But it will not mean free trade for Australian exports to the US: not ever. The US will retain a ban on exports of Australia's world-leading fast ferries. It will limit Australia's sugar exports to token levels. It will exclude most Australian textile exports by tailor-made rules of origin. The US will still severely limit Australian dairy exports. And it will maintain indefinitely quotas on Australian exports of beef and 30 other areas of farm produce – openly for 18 years, and then reappear whenever US prices significantly fall. [I am indebted to former diplomat Tony Kevin's home page for the above.]

Our Minister of Trade Mark Vaile basically did not achieve any of the important matters that he set out to achieve moreover he was forced in to accepting provisions involving the PBS, local media content and quarantine, all of which had previously been said to be inviolate. Why was the Agreement concluded? Apparently Vaile was ready to walk away however John Howard picked up the phone to George Bush and sealed the deal.

Peter Drahos Professor of law at the A.N.U. has made it quite clear that the US has an agreement duly entered into by Australia's government. The enabling legislation in this context is domestic housekeeping this end. As a nation our obligations now lie in what we have undertaken as represented in the FTA text. Under challenge in a trade dispute this is all that matters, not any laws that we may have passed in Australia at whatever level of government. In a trade dispute, a panel of lawyers, only one of whom is appointed by us, hears the case extrajudicially and in secret, without reference to our laws or our democratically derived policies and practices. That decision is legally binding on the parties. [Our loss of sovereignty could not be more clearly illustrated, it also demonstrates why any 'Review' by such a Panel using the US understanding of 'review' could be so disastrous for us.]

You can now appreciate why members of Congress were so delighted and why Australia is regarded as "such an easy lay". We have been conned, outmanoeuvred, out-witted and basically have been taken to the cleaners. A bilateral Agreement with the remaining World Super Power, is not a matter of equality but leaves us scrabbling to salvage what we can from an agreement with a country which believes might is right as does its Pharmaceutical Corporations. Certainly the fine print indicates that Pharmaceutical Companies can only challenge when the PBS fails to accept and subsidise a drug. Unfortunately Australian politicians are unbelievably naive in this respect. The quotes from the New York Times spells out the intention and the reality. An analysis by Peter Drahos Professor of law, A.N.U., Thomas Faunce Senior Lecturer in the Medical School & Law Faculty, A.N.U., Martyn Goddard former ABC journalist and documentary maker specialising in National Pharmaceutical Policy & David Henry, Professor of Clinical Pharmacology at the Univ. of Newcastle and architect of our present PBS system, entitled 'The FTA and the PBS' is scary. **It is very long and detailed and makes it clear that the American expectations canvassed in the New York Times article inevitably will come to fruition. Not immediately but progressively to its 'full horror' in about five years time.** See for yourself at

<http://evatt.org.au/publications/papers/126.html> to check that I am not taking a liberty with the truth like our Government.

Labor's efforts regarding an amendment on 'Evergreening' as applied to the Pharmaceutical Benefits Scheme is useful but just 'fiddling at the edges'. Imagine the little Aussie Goldfish being put into an aquarium with an American Piranha the size of an elephant. What do you think would happen? It would be a no-brainer! Just to indicate that I am not being fanciful, In the North American Free Trade Agreement a Panel Review has determined that the US levied \$2 billion in duties on Canadian soft lumber without justification. The US Commerce department has responded that it is under no legal obligation to repay the money. [Might is right!] Also NAFTA includes unprecedented ways for corporations to attack laws through so-called "investor –to-state" law suits. Already Canada has been forced to repeal a law banning a chemical linked to nervous system damage. This is the image of our future. What do you think the big Pharmaceutical Companies perhaps the most profitable sector in the US economy, are going to do to our PBS?

The bottom line is that those men who might eventually be or are on hormone blockade, at \$1400 a shot as cost to the PBS, but personally on anything from \$4 to \$30 out of their own pockets, and those on Zometa for example at \$500 a tablet but very much less out of their own pockets, need to prepare for the 'hurricane' to come. It is now unfortunately inevitable. Do remember exactly which people are responsible for the problems that you are likely to have in future in funding your medication.

I would dearly love people to be able to laugh at what I have written in years to come and say what a nervous, suspicious fool. I very much fear that people will be unable to do this.

John Mayes Adelaide PSA Group, Librarian.

This Newsletter was compiled & typed by Reg Mayes, excluding the "Letter to the Editor". Ian Fisk re-arranged the news items, supplied the photographs and printed the master copy. Ian, Paul Ferrett, Reg and Amy Mayes folded and posted the Newsletter. Anne Milne at the Cancer Council South Australia photocopied 265 copies. The Cancer Council South Australia does not necessarily agree with the contents of this Newsletter.