

MINUTES OF THE MEETING  
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE  
MONTANA STATE SENATE

MARCH 25, 1981

The meeting of the Public Health, Welfare and Safety Committee was called to order by Chairman Tom Hager on Wednesday, March 25, 1981 at 12:30 in Room 410 of the State Capitol Building.

ROLL CALL: All members were present. Senators Johnson and Halligan arrived late. Kathleen Harrington, staff researcher, was also present.

Many visitors were in attendance. (see attachments.)

CONSIDERATION OF HOUSE BILL 445: Representative Audrey Roth of District 10, chief sponsor of House Bill 445, gave a brief resume of the bill. This is an act to create a procedure to obtain a variance from rules issued pursuant to the Montana Solid Waste Management Act.

This act creates a procedure to obtain a variance from the rules issued pursuant to the Montana Solid Waste Management Act. This act also provides that anyone who wished to obtain a variance from the Montana Solid Waste Management Act must have a hearing under the Montana Administration Procedure Act. It also states that Board of Health must comply with the Resource Conservation and Recovery Act and may not adopt rules less restrictive than that act.

Duane Robertson from the Solid Waste Management Bureau stood in support of the bill. He stated that many small communities are having trouble with this at the present time.

Holly Franz, representing herself, stood in support of the bill. She stated that the bill is needed to allow small communities flexibility in meeting the state's solid waste regulations.

With no further proponents the meeting was opened to the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Berg asked what kind of variance this would be. Mr. Robertson stated some examples that this would effect.

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Senator Berg asked Representative Roth if most communities comply with the variance. She reported that they do.

With no further questions from the Committee, Representative Roth closed. She read a letter from the residence of Fort Benton encouraging the Committee to pass this piece of legislation.

DISPOSITION OF HOUSE BILL 445:

A motion was made by Senator Olson that House Bill 455 BE CONCURRED IN. Motion carried unanimously.

CONSIDERATION OF HOUSE BILL 797: Representative Gary Bennett of District 15, chief sponsor of House Bill 797, gave a brief resume of the bill. This bill is an act to authorize the sale by prescription of DMSO.

Section 1, DMSO is exempt from making a new drug application to the Department of Health and Environmental Sciences and under-going qualifications by either the federal government or the state Department of Health.

Section 2 defines DMSO.

Section 3 provides that the manufacture, sale, possession, and distribution of DMSO by prescription is lawful in this state.

Section 4 provides that a hospital may not restrict or forbid the use of DMSO when requested by a patient and prescribed or administered by a physician.

Section 5 provides that no hospital, health care facility, pharmacy or employee may be held liable for administration of DMSO.

Section 6 provides that physicians may not be subject to disciplinary action for prescribing or administering DMSO.

Section 7 provides that the use of DMSO is not endorsed.

Section 8 make the manufacture selling and distribution of DMSO permissive.

This bill is patterned after our present laws on Laetrile.

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Representative Bennett stated that most doctors would like to be able to use DMSO.

Dr. John Shollenberger of Billings stood in support of the bill. He stated that DMSO has been found to be extremely effective in the treatment of arthristis. DMSO can be bought presently in our state in a solvent grade, most people do not realize what they are even getting in the solvent grade, as it has many impurities in that form. This bill is designed to protect the doctors from liability. DMSO is not beneficial in all cases of arthristis.

Walter Reisig of Billings stood in support of the bill. Mr. Reisig stated that DMSO is an important druf to be administered by Doctors and pharmacists.

With no further proponents the meeting was opened to the opponents.

Dr. Jack McMahon, representing the Montana Medical Association, stated that they have a definite need to protect the public. DMSO in the solvent form is very potent and could cause problems for the person using it because of the impurities in the solvent form. DMSO has not been approved by the American Medical Association for use other than interstitial cystitis. Dr. McMahon handed out a pamphlet from the magazine "Orthopedics Today". The article doncerns some controversy and confusion in regards to DMSO. (See attachments.)

With no further opponents, Chairman Hager opened the meeting to a question and answer period from the Committee.

Senator Johnson asked if the impurities found in the solvent form of DMSO could be carried into a persons body.

Dr. Shollenberger stated that DMSO is already being used in Montana either in the solvent form or from the vets being purchased for vet use, however they are using intead on themselves. The F-od and Drug Administration has been dragging its feet for years in regards to DMSO. Perhaps passage of this bill would make the FDA move a little faster.

Senator Johnson asked if DMSO is being sold on the "black market" at the present time. Dr. Shollenberger reported that it is being sold at the present time this way.

Senator Olson asked if the pure form is available in Montana, and was told that it is.

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Senator Olson asked if any stated sell DMSO legally at the present time. Louisiana, Oregon, and Florida have legalized DMSO. Dr. Shollenberger then stated that the drug should be used under the supervision of the medical profession.

Senator Johnson asked if the hospital associations opposed this bill in the House and was told that they did not.

Dr. McMahon stated that he would like to see the people protected from themselves. He felt that the the purest form in Montana available was only 50%.

Representative Bennett closed. He felt that the drug should be used under medical supervision and this was the best way to handle the situation.

CONSIDERATION OF HOUSE JOINT RESOLUTION 21: Representative Carl Seifert of district 21, the chief sponsor of HJR 21, gave a brief resume of the bill. This bill is a joint resolution of the Senate and the House of Representative of the State of Montana requesting the Congress of the United States to enact amendatory legislation to return to the states the right to regulate or participate in regulating mines relating to mine safety and health standards.

This resolution urges the Congress to enact amendatory legislation to return to the states the right to regulate or participate in the regulation of mines relating to mine safety and health standards.

Representative Serifert stated that a duplication of services is not needed. At the present time there are several inspections.

There were no further proponents, therefore, Chairman Hager called on the opponents.

Don Judge, representing the Montana State AFL-CIO, stated that having standards which can vary from state to state would be unfair to American miners who work in a dangerous occupation. These workers deserve to be protected by sound federal standards which are the result of substantial research and proven experience. Those standards have proven to be fair to the industry while still adequately protecting the health and safety of the workers.

Allowing each state to adopt its own standards would prepare the way for a state versus state competition to entice industry. This would result in compromising workers' safety for the sake of economic development. Such a lack of standard regulations

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could also pose a problem for mining companies which operate in various states. Design, construction and operation would vary from state to state because of the difference in the states' regulations.

State enforcement could be a problem, because state politicians and local enforcement administrators would be more susceptible to local pressures regarding enforcement.

If the Congress did return to the state the regulation, in accordance with this resolution, the state would have to adopt rules, regulations and guidelines for the mining industry. Most states do not have the expertise, experience not the personnel to adequately establish and enforce fair standards. Montana would have to expand the number of state employees and beef up the costs for travel in order to enforce mine health and safety laws effectively. That would require additional state funds which would have to be increased as the industry grows.

Joan Miles, representing the Environmental Information Center, stated that although the EIC is normally in support of state's rights legislation, the obvious implication of this resolution is to allow for a weakening of mine safety standards and is only thinly disguised as a state's rights issue. EIC has consistently supported legislation that would protect the most important of all environments---the work place. Usually when there is a conflict between industry and the environmental standards that regulate that industry arbitration is sought between those factors. However, HJR 21 is now an attempt to weaken health and safety standards in order to maximize profits in the mining industry. It is claimed that the mining industry is in jeopardy because mine safety regulations--the key question that is not addressed, however, is what threats will exist for miners if safety standards are weakened. EIC cannot support legislation that would possibly weaken safety standards. They cannot justify maximizing profits at the expense of person's lives that may endandered.

Representative Seifert closed by stating that this is a much need bill and urged the Committee to concur with the House.

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CONSIDERATION OF HOUSE JOINT RESOLUTION 36: Representative Bob Ellerd is the chief sponsor of HJR 36, he is from district 75. This is a joint resolution of the Senate and the House of Representatives of the State of Montana urging the president of the United States to call attention to the plight of the prisoners of war in any declaration concerning Veterans' Day.

This resolution states that the Senate and the House of Representatives urge the President to call attention to former prisoners of war, to those unaccounted for after past wars, and to their families in any declaration concerning Veterans' Day by asking people to place a red, white, and blue ribbon in every noticeable place on that day.

Bob Durkee, representing the VFW and the American Legion, stood in support of the bill. He stated that there are still 2,500 men unaccounted for from the Vietnam War. There should be efforts made to continued to demand accounting by the North Vietnam Government.

There were no opponents to the bill and there was no questions from the Committee.

Representative Ellerd closed by asking the Committee to treat this bill better than the last bill he had in this Committee.

DISPOSITION OF HJR 36:

A motion was made by Senator Johnson that HJR 36 BE CONCURRED IN. Motion carried unanimously. Senator Halligan will carry this bill on the floor.

DISPOSITION OF HOUSE BILL 701: Representative Cal Winslow is the sponsor of this bill. This bill is an act to revise the physical theray licensing law .

Kathleen gave a report on the bill. .

Senator Norman asked about temporary licenses.

A motion was made by Senator Johnson that HB 701 be amended. Motion carried. (See attachment for the amendments.)

A motion was made by Senator Olson that HB 701 BE CONCURRED IN , as amended. Motion carried with all voting yes except Senators Johnson, Halligan, and Hager.

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A motion was made by Senator Halligan that the Statement of Intent for HB 701 be adopted. Motion carried.

DISPOSITION OF HOUSE BILL 797: This is the DMSO bill.

Senator Olson stated that DMSO has not been approved by the FDA as of yet. He then stated that DMSO is a good paint thinner. This bill would tie the hands of the Board of Medical Examiners.

Senator Johnson asked who is checking on the three states which have approved the use of DMSO. No one could answer this.

Senator Olson stated that there is a reason that the FDA has not approved the use of DMSO, whether it be good or bad.


A motion was made by Senator Olson that HB 797 BE NOT CONCURRED IN. Motion carried.

DISPOSITION OF HOUSE JOINT RESOLUTION 21:

A motion was made by Senator Halligan that HJR 21 BE NOT CONCURRED IN. Motion carried.

ANNOUNCEMENTS: There will be no further meeting of the Public Health, Welfare and Safety Committee until the study resolution comes to the Committee.

ADJOURN: With no further business the meeting was adjourned.

  
\_\_\_\_\_  
Chairman, TOM HAGER

eg

SENATE COMMITTEE PUBLIC HEALTH, WELFARE & SAFETY

Date MARCH 25, HOUSE JR Bill No. 21 Time

NAME	YES	NO
TOM HAGER		<input checked="" type="checkbox"/>
MATT HIMSL		
S. A. OLSON	<input checked="" type="checkbox"/>	
JAN JOHNSON		<input checked="" type="checkbox"/>
BILL NORMAN	<input checked="" type="checkbox"/>	
HARRY K. BERG		
MICHAEL HALLIGAN	<input checked="" type="checkbox"/>	

Elaine Graveley  
Secretary  
ELAINE GRAVELEY

Tom Hager  
Chairman  
SENATOR TOM HAGER

Motion: A motion was made by Senator Halligan that HJR 21  
BE NOT CONCURRED IN, Motion carried.

(include enough information on motion--put with yellow copy of committee report.)



SENATE COMMITTEE PUBLIC HEALTH, WELFARE & SAFETY

Date March 25, HOUSE Bill No. 797 Time

NAME	YES	NO
TOM HAGER		✓
MATT HIMSL		
S. A. OLSON	✓	
JAN JOHNSON		✓
BILL NORMAN	✓	
HARRY K. BERG		
MICHAEL HALLIGAN	✓	

*Elaine Graveley*  
Secretary

ELAINE GRAVELEY

*Tom Hager*  
Chairman

SENATOR TOM HAGER

Motion: A motion was made by Senator Olson that House Bill 797

BE NOT CONCURRED IN. Motion carried.

(include enough information on motion--put with yellow copy of committee report.)

ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

47th LEGISLATIVE SESSION - - 1981

Date May 25

NAME	PRESENT	ABSENT	EXCUSED
Tom Hager	/		
Matt Himsl	/		
S. A. Olson	/		
Jan Johnson	/		
Dr. Bill Norman	✓		
Harry K. Berg	✓		
Michael Halligan	/		

Each day attach to minutes.

# STANDING COMMITTEE REPORT

MARCH 25, 1931

MR. PRESIDENT:

We, your committee on PUBLIC HEALTH, WELFARE, & SAFETY

having had under consideration HOUSE Bill No. 701

WINSLOW (HAGER)

Respectfully report as follows: That HOUSE Bill No. 701

third reading copy be amended as follows:

1. Title, lines 7 and 8

Following: "by"

Strike: "PROVIDING FOR COMPENSATION FOR BOARD MEMBERS; TO CLARIFY"

Insert: "CLARIFYING"

2. Title, lines 9 through line 13.

Following: "APPLICANT;" on line 9

Strike: Lines 9, 10, 11, and 12 through "BOTH;" on line 13.

3. Title, lines 15 and 16

Following: "SECTIONS"

Strike: "37-11-203,"

Following: "37-11-303"

Strike: "37-11-304, AND 37-11-307 THROUGH"

Insert: "AND"

~~EXPRESS~~

CONTINUED

Chairman.

# STANDING COMMITTEE REPORT

MARCH 25, 1981

MR. PRESIDENT:

We, your committee on PUBLIC HEALTH, WELFARE & SAFETY

having had under consideration STATEMENT OF INTENT, HOUSE Bill No. 701

Respectfully report as follows: That STATEMENT OF INTENT, HOUSE Bill No. 701

be adopted.

## STATEMENT OF INTENT RE: HB 701

A statement of intent is required for this bill because rule making authority for the issuance of a temporary license is given in Section 6. The Board may adopt necessary and reasonable rules to govern the procedure for the application for and the issuance of a temporary license. The license shall be issued for a period not to exceed 1 year as provided in Section (6) (1) or until the board makes a final determination on the applicant's examination scores as provided in Section (6) (2).

First adopted by the Senate Public Health, Welfare, and Safety Committee on the 25th day of March 1981.

~~DEPAXX~~

March 25

19 81

Public Health  
HB 127

federally funded and supplemental security income assistance or aid to dependent children;

(b) upon application he would be eligible for financial assistance under any one of the federally aided programs referred to above;

(c) he would be entitled to financial assistance under one of the federally aided categories except that he does not meet the durational residence requirements or relative responsibility requirements of any of the public assistance programs above enumerated;

(d) he is in a medical institution and if he were no longer in such institution he would be eligible for financial assistance under one of the above programs;

(e) he is under 21 years of age and meets the conditions of eligibility in the state's pay plan for aid to dependent children, other than with respect to school attendance;

(f) he is under 21 years of age and in foster care under the supervision of the state;

(g) he has income less than 133 1/3% of the amounts specified as maximum income levels for federally aided categories of assistance;

(h) he is under 21 years of age and medically needy, as defined by the department of social and rehabilitation services; or

(i) he is under 21 years of age, was in foster care under the supervision of the state, and has been adopted as a "hard-to-place" child.

(2) The department of social and rehabilitation services may by rule establish more restrictive property ownership eligibility criteria than required by federal law for federally aided categories of public assistance.

Section 2. Effective date. This act is effective on passage and approval."

And, as so amended,  
BE CONCURRED IN

PA

# STANDING COMMITTEE REPORT

March 25 19 81

President:  
MR. ....

We, your committee on Public Health, Welfare and Safety

having had under consideration House Bill No. 127

Respectfully report as follows: That House Bill No. 127

, third reading copy, be amended as follows:

1. Title, line 9.

Following: "MCA"

Insert: ";AND PROVIDING AN IMMEDIATE EFFECTIVE DATE"

2. Strike: all of the bill following the enacting clause

Insert: "Section 1. Section 53-6-131, MCA, is amended to read:

53-6-131. Eligibility requirements. (1) Medical assistance may be granted to a person who resides in the State of Montana, including a resident temporarily absent from the state and who meets the requirements of one or more of the following categories:

(a) he receives all or part of his income from

XXXXXX  
DO PASS

(Continued)

# STANDING COMMITTEE REPORT

March 25, 1981

MR. **PRESIDENT:**

We, your committee on **PUBLIC HEALTH, WELFARE & SAFETY**

having had under consideration **STATEMENT OF INTENT on HOUSE** Bill No. **127**

Respectfully report as follows: That **STATEMENT OF INTENT on HOUSE** Bill No. **127**,  
third reading bill, be amended as follows:

## STATEMENT OF INTENT RE: HB 127

1. Page 1.

Following: line 4

Strike: lines 5 through 16 in their entirety

Insert: "The bill as amended gives the Department of Social and Rehabilitation Services rulemaking authority to grant medical assistance to one or more categories of persons who are eligible for federal financial assistance. These categories include supplemental security income assistance, aid to dependent children, and aid to certain others who may be in financial distress due to high medical expenditures. Furthermore, the bill gives the department the authority to adopt rules that include eligibility criteria that are more restrictive than federal criteria.

Under present law, the department must grant medical assistance to all persons in the categories listed in 53-6-131, MCA. The department presently has express rulemaking authority to adopt rules to include federal eligibility requirements for each category and to define medical ~~EXPENSE~~ assistance but does not have authority to limit services by category of persons.

(Continued)

The availability of federal financial assistance as well as federal eligibility criteria will probably be changed next fiscal year. The department needs to have the authority to redetermine eligibility criteria and to limit the categories of persons to whom medical assistance will be made available in order to choose the options which offer the most efficient and least costly eligibility system within financial limits.

And as so amended,  
BE CONCURRED IN



# STANDING COMMITTEE REPORT

.....MARCH 25,.....1981.....

MR. ....PRESIDENT:.....

We, your committee on.....PUBLIC HEALTH, WELFARE & SAFETY.....

having had under consideration .....HOUSE..... Bill No. 445

ROTH (HAMMOND)

Respectfully report as follows: That.....HOUSE..... Bill No. 445

~~DO NOT~~ BE CONCURRED IN

ga.

# STANDING COMMITTEE REPORT

MARCH 25, 1961

MR. PRESIDENT:

We, your committee on PUBLIC HEALTH, WELFARE & SAFETY

having had under consideration HOUSE Bill No. 797

BENNETT (HAGER)

Respectfully report as follows: That HOUSE Bill No. 797

~~XXXX MASS~~ BE NOT CONCURRED IN

# STANDING COMMITTEE REPORT

.....MARCH 25,.....1981.....

MR. PRESIDENT:.....

We, your committee on .....PUBLIC HEALTH, WELFARE & SAFETY.....

having had under consideration .....HOUSE JOINT RESOLUTION..... Bill No. 36.....

ELLERD

(HALLIGAN)

Respectfully report as follows: That.....HOUSE JOINT RESOLUTION..... Bill No. 36.....

~~XXXXXX~~ BE CONCURRED IN

# STANDING COMMITTEE REPORT

MARCH 25,

19 81

MR. **PRESIDENT:**

We, your committee on **PUBLIC HEALTH, WELFARE & SAFETY**

having had under consideration **HOUSE JOINT RESOLUTION** Bill No. **21**

**SEIFERT (HAGER)**

Respectfully report as follows: That **HOUSE JOINT RESOLUTION** Bill No. **21**

~~DO NOT CONCURRED IN~~

BE NOT CONCURRED IN

# STANDING COMMITTEE REPORT

MARCH 25, 1981

MR. PRESIDENT:

We, your committee on PUBLIC HEALTH, WELFARE & SAFETY

having had under consideration HOUSE Bill No. 127,

FEDA ( JOHNSON )

Respectfully report as follows: That HOUSE Bill No. 127

third reading copy, be amended as follows:

1. Title, line 9.

Following: "MCA"

Insert: ", AND PROVIDING AN IMMEDIATE EFFECTIVE DATE"

2. Strike: all of the bill following the enacting clause

Insert: "Section 1. Section 53-6-131, MCA, is amended to read:

"53-6-131. Eligibility requirements. (1) Medical assistance shall may be granted ~~in-behalf-of-all-persons:~~ to a person who reside resides in the State of Montana, including a residents resident temporarily absent from the state; and (2) ~~who meet any of the following requirements:~~ who meets the requirements of one or more of the following categories:

XONPAX

CONTINUED

Chairman.

(a) ~~he receives~~receives all or part of their his income from the federally aided-public-assistance-programs-old age-assistance-aid-to-the-blind-funded supplemental security income assistance or aid to dependent children ~~7-and-aid-to-the-permanently-and-totally-disabled;~~

(b) upon application, he would be eligible for financial assistance ~~under~~ any one of the federally aided programs referred to above;

(c) he would be entitled to financial assistance under one of the federally aided categories except that they ~~he~~ do ~~does~~ not meet the durational residence requirements or relative responsibility requirements of any of the public assistance programs above enumerate;

(d) he is ~~are~~ in a medical institutions institution and if they ~~he~~ were no longer in such institution he would be eligible for financial assistance under one of the above programs;

(e) he is ~~are~~ under 21 years of age and meet ~~meets~~ the conditions of eligibility in the state's plan for aid to dependant children, other than with respect to school attendance;

(f) he is ~~are~~ under 21 years of age and is foster care under the supervision of the state;

(g) he has ~~have~~ income less than 133 1/3% of the amounts specified as maximum income levels for federally aided categories of assistance;

(h) he is ~~are~~ under 21 years of age and medically needy, as defined by the department of social and rehabilitation services; or

(i) he is ~~are~~ under 21 years of age, were ~~was~~ in foster care under the supervision of the state, and have ~~has~~ been adopted as a "hard-to-place" children child.

(2) The department of social and rehabilitation services may by rule establish more restrictive property ownership eligibility criteria than required by federal law for federally aided categories of public assistance.

Section 2. Effective Date. This act is effective on passage and approval.

And, as so amended BE CONCURRED IN

Statement of Intent Attached

DATE \_\_\_\_\_

COMMITTEE ON \_\_\_\_\_

## VISITORS' REGISTER

[illegible]

(Please leave prepared statement with Secretary)

HOUSE BILL 445

Introduced by Representative Roth.

This act creates a procedure to obtain a variance from the rules issued pursuant to the Montana Solid Waste Management Act. This act also provides that anyone who wishes to obtain a variance from the Montana Solid Waste Management Act must have a hearing under the Montana Administration Procedure Act. It also states the the Board of Health must comply with the Resource Conservation and Recovery Act and may not adopt rules less restrictive than that act.



NAME: Holly Franz DATE: 3/25/81

ADDRESS: 1226 Laurel #14

PHONE: \_\_\_\_\_

REPRESENTING WHOM? —

APPEARING ON WHICH PROPOSAL: HB 445

DO YOU: SUPPORT? X AMEND? \_\_\_\_\_ OPPOSE? \_\_\_\_\_

COMMENTS: Bill is needed to allow small  
communities flexibility in meeting the  
state's solid waste regulations.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

HOUSE BILL 797

Introduced by Representative Bennett.

This act authorizes the sale by prescription of Dimethyl Sulfoxide (DMSO).

In Section 1, DMSO is exempt from making a new drug application to the Department of Health and Environmental Sciences and undergoing qualifications by either the federal government or the State Department of Health.

In section 2, DMSO is defined.

In section 3 provides that the manufacture, sale, possession and distribution of DMSO by prescription is lawful in this state.

Section 4 provides that a hospital may not restrict or forbid the use of DMSO when requested by a patient and prescribed or administered by a physician.

Section 5 provides that no hospital, health care facility, pharmacy or employee may be held liable for administration of DMSO.

Section 6 provides that physicians may not be subject to disciplinary action for prescribing or administering DMSO.

Section 7 provides that the use of DMSO is not endorse.

Section 8 makes the manufacture, selling and distribution of DMSO permissive.

This bill is patterned after our present laws on Laetrile.

NAME: JOHN SHOLL ENBERGER, M.D. DATE: 3/25/81

ADDRESS: 3450 LAREDO PL

PHONE: 4-652-1111 O 248-7611

REPRESENTING WHOM? SELF

APPEARING ON WHICH PROPOSAL: DMSO BILL 797

DO YOU: SUPPORT? X AMEND? \_\_\_\_\_ OPPOSE? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: WALT REISIG

DATE: 3-25-81

ADDRESS: 1101 20th WES<sup>h</sup>.

PHONE: 259-3675

REPRESENTING WHOM? LEAGUE CITIES & TOWNS.

APPEARING ON WHICH PROPOSAL: 797

DO YOU: SUPPORT? ~~X~~ AMEND?            OPPOSE?           

COMMENTS: \_\_\_\_\_

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: John W. McArthur, M.D. DATE: 3-29-81

ADDRESS: 2275 11<sup>th</sup> Ave., Helena, MT

PHONE: 442-~~444~~ 6671

REPRESENTING WHOM? M.M.

APPEARING ON WHICH PROPOSAL: 747

DO YOU: SUPPORT? \_\_\_\_\_ AMEND? \_\_\_\_\_ OPPOSE? ✓

COMMENTS: \_\_\_\_\_

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

FOR MORE INFORMATION  
From the Executive Office  
Mortara Medical Association

# Orthomolecular Today

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STERLING R HAYWARD, MD

PCS-2P

ATTN: MC

VOLUME 1, NO. 2

MARCH-APRIL 1981

**Controversy and Confusion are Sure DMSO Side-Effects**  
Testing Continues; Over-the-Counter Sales Flourishing After Media Flurry

# Controversy and Confusion are Sure DMSO Side-Effects

## Testing Continues; Over-the-Counter Sales Flourishing After Media Flurry

THOROFARE, NEW JERSEY—There are only a handful of known facts about dimethyl sulfoxide or DMSO. Most other information "known" about DMSO is, at best, inconclusive, and, at worst, erroneous. "What most people hear about DMSO is primarily media hype," explained Charles Bennett, Director of Public Education at the Arthritis Foundation in Atlanta, Georgia. "It is unlikely that DMSO will turn out to be a miracle drug, at least not for arthritis."

The recent controversy about DMSO could lead people to believe that the drug is a fairly new discovery. Not so. DMSO was discovered by a Russian scientist in 1866. This discovery, however, generated little interest in further study.

In the 1950s, DMSO found its way into industrial plants. Derived as a byproduct when converting ureas to paper, DMSO was found to be a versatile solvent for many chemicals, and can be used as an antifreeze.

Crown-Zellerbach Corporation of San Francisco patented DMSO as a drug in 1963. Also in that year, the University of Oregon School of Medicine published a report that found,

### Facts: What We Know...

*Fact:* DMSO is a commonly used industrial solvent.

*Fact:* DMSO, in diluted form, is used to treat painful conditions in various animals.

*Fact:* DMSO, in diluted form, is used in countries such as Canada, Great Britain, Germany, and the Soviet Union to treat shingles, bursitis, and certain skin diseases.

*Fact:* DMSO is illegal for human use in all but three states in America, except in the treatment of interstitial cystitis.

*Fact:* DMSO, in diluted form, is commonly used by professional athletes to temporarily relieve pain and swelling from sprains and bruises.

*Fact:* DMSO, undiluted, is sold throughout the country.

*Fact:* DMSO has not been adequately tested by scientific methods.

The news spread quickly about this "revolutionary new drug," and by 1963, thousands of people were using

applied topically DMSO is rapidly absorbed by the skin, travels throughout the bloodstream, and quickly reduces pain and inflammation.

Stanley Jacob, MD, a surgeon at the University of Oregon Health Sciences Center, began exploring DMSO's medicinal applications in the early '60s. Initially, Dr. Jacob administered the drug to some of his patients suffering from burns, sprained ankles, or arthritis.

the treatment of interstitial cystitis, which remains the only legal human application of the drug.

One of the primary complications in testing DMSO is its easily detectable properties. Most drugs are evaluated in double-blind experiments where neither patients nor drug administrators know who is given the drug and who is given a placebo. But since DMSO leaves an oysterlike aftertaste and a garlicky breath odor, patients quickly realize they have been given the drug. No other scientific method for testing such a distinguishable drug has been developed by the FDA to date.

Herein lies the current physicians versus government dilemma: In spite of glowing testimonials touting DMSO's efficacy and safety, the FDA cannot approve any drug that has not undergone the necessary scientifically controlled testing procedures. The FDA readily admits that it does not consider DMSO to be unsafe, and that it is "willing, indeed anxious," according to Dr. J. Richard Crout, Director of the FDA Bureau of Drugs, to approve further applications of the drug if claims could be substantiated.

Dr. Jacob's 20-year campaign to legalize DMSO for human use is one of the most enduring and intensive efforts in motion today, and his frustration with the FDA is something he readily admits.

In 1966, the FDA eased its testing restrictions to allow experiments involving the effects of DMSO on interstitial cystitis, scleroderma, and rheumatoid arthritis. As a result of this testing, DMSO was approved only in

"DMSO's too good," claims Dr. Jacob. "If I had said it was only of value for sprained ankles, it would have been approved. But when I talked about a huge gamut of usage, it was anathema. It had not been seen before."

Robert Herschler, a biochemist involved in the early stages of DMSO development in America, shares Dr. Jacob's enthusiasm about the drug. He and his family have been using DMSO for 20 years. He says it is a potent anti-inflammatory agent, an analgesic, and a diuretic.

"I've seen people with head injuries who were not expected to live. They walked out of the hospital. But the drug must be administered intravenously within the first hour after trauma," explained Mr. Herschler.

"I feel DMSO should be in every emergency car in every state of the union. I consider the actions of the FDA to be criminal. They are a very biased organization...not capable of evaluating and approving any drug."

DMSO is available in at least four strengths, the most common being 50%, 70%, 90%, and 100%. The 50% solution is prescribed in treating interstitial cystitis, and is not considered strong enough to treat arthritis, bursitis, and other similar conditions. The 70% concentration is the most effective version of the drug for topical use. Recommended for patients suffering from conditions ranging from sprains and bruises to rheumatoid and osteoarthritis, the 70% solution is potentially the most utilitarian strength of the drug.

Anything beyond the 70% concentration is not recommended for human use. The 90% solution is used by veterinarians to treat various painful conditions in horses, dogs, and other animals. And the 100% solution is no longer a medicine or a drug, but a toxic chemical solvent. Regrettably, these two strengths are most often used to treat athletic injuries, and are usually the concentrations bootlegged to over 100,000 unwitting Americans each year.

One of the greatest concerns about people using the two stronger solutions of DMSO is the drug's "carrier chemical" quality. Whether ingested, injected, or applied topically, DMSO can carry impurities into the bloodstream along with it. And since 90% and 100% solutions are not manufactured for use by people, purification standards are not as stringent, which means that harmful contaminants are often present.

"People are taking a risk whenever they use a substance of unknown quality and effect," said FDA Commissioner Dr. Jere E. Goyan.

Some of DMSO's contraindications include headaches, nausea, burning during urination, and change in color perception. But the most frequent complaint has been a burning of the skin where the drug is applied, as well as rashes or hives over other areas of the body. Despite the development of cataracts in test rats during 1965 experiments, eye damage has not been confirmed.

Florida, Oregon, and Washington are the only states that have approved DMSO for human medicinal use. However, claims Charles Bennett of the Arthritis Foundation, DMSO is not being manufactured in at least one of these states, Florida, so its legalization there is purely academic. Marcia Epler, Physical Therapist/Research Associate at Temple University's Sports Medicine Department, claims the drug is being shipped from these states to other areas of the country. Regardless of who is manufacturing it and who is shipping it, DMSO is easily obtainable. As Bennett puts it, "There's hardly a town large or small that doesn't advertise DMSO for sale."

DMSO is the chief claim to fame of many Mexican arthritis clinics. Thousands of Americans cross the Mexican border each year to receive DMSO treatments which reportedly relieve arthritis pain in some cases. The primary problem with these treatments is that the drug being administered is often not DMSO. Phenylbutazone, dipyrone, corticosteroids, and tranquilizers, all readily available in the United States, are being used under the guise of DMSO. Close medical supervision is usually indicated when dispensing these drugs, and these clinics are not necessarily affording their patients the attention they need while on these drugs. Physicians know that, in massive doses, corticosteroids can cause bleeding ulcers, diabetes, arteriosclerosis, and other debilitating conditions. And dipyrone is capable of causing death.



*Consumer Reports* has revealed "three notorious clinics" that operate in Mexico. The Mexicali clinic is run by Dr. Luis Carillo, the Piedras Negras clinic is run by Dr. Ernesto Chavarria, and there is a third clinic located in Juarez. The Arthritis Foundation has also identified three Mexican clinics. Known as "Arthricare" clinics, they are located in Tecate, Nogales, and Juarez. The Juarez clinic is just a short walk across the border from El Paso, Texas, and could be run by Dr. N.D. Rodriguez. Dr. Rodriguez is believed to be operating a chain of three clinics in border towns.

Several El Paso residents with various painful ailments have sought Dr. Rodriguez' help through one of her clinics. A 54-year-old woman who suffered with rheumatoid arthritis for 30 years told her rheumatologist that she was feeling better since her clinic treatments. Most medications prescribed by her doctor were ineffective, but the Mexican medication, she reported, allows her to function with limited pain. A 51-year-old man experienced pain in his joints. After visiting Dr. Rodriguez' clinic, he too now functions with little or no pain. Both of these patients return to the clinic semi-annually for a blood test, urine analysis, and an electrocardiogram before they are given what is said to be DMSO for self-administration at home.

According to Marvin Grosswirth, a journalist who investigated the Mexican clinics for *Science Digest* last year, the interviews he held with some of Dr. Rodriguez' patients and with Dr. Rodriguez' spokesperson revealed conflicting information. The patients said they had to be examined at the clinic before receiving their semi-annual allotments of "DMSO," while the spokesperson said a friend or relative could pick up the drug for the patient. The spokesperson declined to name a muscle relaxant that was administered along with the "DMSO," and one of the patients was told that the substance was called atanjil, a drug that is not listed in *Physicians' Desk Reference* or in Spanish pharmaceutical references. And none of the patients experienced the oysterlike aftertaste or garlicky odor associated with DMSO. The explanation, according to one of Dr. Rodriguez' patients, is that her DMSO is imported from Germany, and German DMSO does not have these properties.

The most suspicious aspect of Mr. Grosswirth's investigation occurred en route to Dr. Rodriguez' clinic. He discovered that her clinic had changed its name twice and had moved to a different location than the one he had originally identified. He found Dr. Rodriguez' staff sharing a small, private maternity hospital.

Charles P. Cavaretta, a rheumatologist-internist in El Paso, discussed the Mexican clinic situation with Mr. Grosswirth.

"Rheumatoid arthritis, the monster, the one that does all the terrible destruction and crippling, is not caused by emotions, but I think there's no question that emotions make it worse," explained Dr. Cavaretta.

Can it be, asked Mr. Grosswirth, that the Mexican clinics seem to work because people want them to work?

"Maybe," concedes Dr. Cavaretta, "but I'm still bothered. I don't know that that can be the whole answer."

Dr. Cavaretta considers spontaneous remission another possibility. He says about 20% to 30% of all rheumatoid arthritis cases experience a marked improvement or total disappearance in their condition.

Mr. Grosswirth's report concluded that there may be "legitimate" arthritis clinics in Mexico, but it is currently difficult to separate those from the frauds. He found that those clinics that did deliver what they promised were reluctant to release information about their work to the press.

The FDA has received more than 30 applications from drug companies and doctors requesting permission to test DMSO. Bill Grigg, Press Officer for the FDA, said these applicants are interested in testing DMSO's effects on various medical conditions including mental retardation, herpes disease, bursitis, stroke, acute spinal cord injury, joint injury, soft tissue injury, and scleroderma. The main testing, he explained, is being done by Research Industries of Salt Lake City, Utah, in conjunction with the FDA. Research Industries has only been working with DMSO for a short while, testing its efficacy as a liniment for athletic soft tissue sprains, but Mr. Grigg feels they may obtain FDA approval for this application within a year or so.

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**Many celebrities have used DMSO, though some are more willing to admit it than others.**

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Most of the initial studies permitted by the FDA will involve DMSO application on acute injuries such as sprains and dislocations since they require short periods of treatment and, therefore, offer minimal side effects risks. The FDA has been encouraging acute injury experiments since Spring,

One such study is currently being conducted by Temple University's Sports Medicine department (Philadelphia). In conjunction with a New Jersey-based pharmaceutical company, Temple University is studying the effects of DMSO on acute ligamentous ankle injuries. The study began last October, and is scheduled to continue through October, 1981. Ninety patients between 18 and 65 years of age, with moderate stable ankle sprains that occurred within a 24-hour period are being tested. The patients do not have any known allergies, must not have experienced any bone breakage from the ankle injury, and must exhibit moderate pain and swelling so that any improvement after DMSO treatment can be felt and seen. DMSO in 1%, 35%, and 70% concentrations is being administered.

West Point is conducting the same ankle injury study as Temple, and Ms. Epler added that studies involving other painful conditions are also currently underway.

"None of the athletes here at Temple use DMSO," said Ms. Epler, "and nobody (in other public schools or colleges) should be using it in Pennsylvania since it's illegal."

She added, "most of the stuff that's being advertised is the industrial (100% concentration) stuff, which is toxic to the brain, kidney, and liver."

Several doctors and medical experts throughout the world have responded to questionnaires about their experiences with DMSO. The House Aging Committee issued a DMSO questionnaire in 1979 which went to thousands of medical practitioners. The outcome is that many doctors question DMSO's efficacy, while none indicated any evidence of harmful effects. Nearly all the veterinarians reported no ill effects on animals treated with DMSO, even after prolonged use.

At least two foundations are particularly interested in the progress of DMSO research.

Arkie Barlet, a 61-year-old New-castle, Pennsylvania woman, is the founder and president of the Scleroderma International Foundation. Her first experience with DMSO was in 1969 when she received treatment for a combined arthritic/sclerodermic condition that had plagued her for over two years. The Cleveland Clinic in Ohio treated Ms. Barlet with DMSO, and she reports a radical change in her skin and a continual improvement in her overall physical condition today.

A group of arthritis centers are currently involved in a cooperative study of DMSO's effects on finger ulcers in scleroderma. This study is being sponsored by the National Institute of Arthritis, Metabolism and Digestive Diseases, a division of the National Institutes of Health.

The Arthritis Foundation, while it does not have any funds to offer toward DMSO research, advocates such research and is interested in learning if the drug can indeed safely help the nation's 31 million arthritis sufferers.

"We are not against DMSO itself," explained Bennett, "but against the misrepresentation of DMSO."

Arthritis patients are the most frequent victims of bootlegged DMSO ads, he continued, and we don't know of anyone who is trying to stop it.

"There is no good evidence that DMSO reduces inflammation, but, at the very least, it could have analgesic value and should be tested as such. At least two companies are testing its analgesic values now."

Many celebrities have used DMSO, though some are more willing to admit it than others. Reportedly, John Wayne, George Wallace, Oakland Raiders quarterback Darryl Lamonica, and other Oakland, Denver, and Atlanta football players have used the substance.

But, as Bennett admits, people who knowingly take some unknown, illegal route to ease their pain may not want to publicly confess they took illegal drugs, especially if the drug fails to work for them.

Research reported this past Fall and Winter reveals even further animal and human reaction to DMSO.

The November 8, 1980 issue of *Lancet* featured an article describing two serious reactions to DMSO. An elderly British couple who had been given DMSO intravenously for an arthritic knee condition experienced liver damage following treatment. In addition to severe liver damage, the wife vomited blood and had to be hospitalized when she suffered a small stroke. The *Lancet* article concluded that DMSO that is administered intravenously is dangerous.

In Austin, Texas, an elderly woman was also given DMSO intravenously for an arthritic condition. She died after the treatment, and the death certificate listed the cause of death as "heart attack." Mr. Grigg from the FDA feels that DMSO was the true cause of this woman's death.

A study reported in January, 1981 was released by scientists from Johns Hopkins Medical Institutions. Drs. Alan Pestronk, assistant professor of neurology, and Daniel Drachman, professor of neurology and myasthenia gravis specialist, concluded that DMSO is effective in treating myasthenia gravis. Some 50,000 to 100,000 people suffer from this disease, a deteriorating muscle condition where the body develops an antibody that blocks the transmission of muscle impulses. The patient becomes very weak and can even be unable to keep his eyes open.

Rats were treated with both DMSO and frentizole, a legal drug that was the initial subject of the study. Since

frentizole is not water soluble, DMSO was used to dissolve it before injecting the rats with the solution. Rats that were given the DMSO/frentizole solution showed a "dramatic" reduction in myasthenia gravis antibodies after only one week of treatment. However, a control group of rats that were given only DMSO showed the same dramatic improvement, and later studies confirmed that the DMSO was solely responsible for the improvement.

This study reveals that DMSO works on the immune system, and, therefore, misuse could harm the body's natural defenses. However, DMSO could be effective in treating myasthenia gravis, rheumatoid arthritis, and some forms of diabetes, which are just a few of the many immune system diseases.

Dr. Pestronk estimates that DMSO might be approved in treating myasthenia gravis within a year.

Recent House and Senate hearings on DMSO, and bills that would approve the drug's use for brain and spinal cord injuries, illustrate the government's heightened interest in determining if and when DMSO can be safely and effectively administered.

Ms. Epler may have made the most unanimously sanctioned statement with which government, research and drug companies, and medical practitioners would agree when she stated: "DMSO has its place, but not in every pain situation. If found safe and effective, more power to it."

HOUSE JOINT RESOLUTION 21

Introduced by Representative Seifert.

The resolution urges the Congress to enact amendatory legislation to return to the states the right to regulate or participate in the regulation of mines relating to mine safety and health standards.

NAME: Don Judge DATE: 3/25/81

ADDRESS: P. O. Box 1176 Helena

PHONE: 442-1708

REPRESENTING WHOM? MT STATE AFL-CIO

APPEARING ON WHICH PROPOSAL: HJR 21

DO YOU: SUPPORT? \_\_\_\_\_ AMEND? \_\_\_\_\_ OPPOSE? \*

COMMENTS: Prepared statement left with committee

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.



Box 1176, Helena, Montana

JAMES W. MURRY  
EXECUTIVE SECRETARY

ZIP CODE 59601  
406 442-1708

Room 100 "Steamboat Block"  
616 Helena Ave

TESTIMONY OF DONALD R. JUDGE, MONTANA STATE AFL-CIO, ON HOUSE JOINT RESOLUTION 21,  
BEFORE SENATE COMMITTEE ON PUBLIC HEALTH, MARCH 25, 1981

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I am here today on behalf of the Montana State AFL-CIO to speak in opposition to HJR 21, which requests the United States Congress to enact legislation returning the regulation of mine safety and health standards to the states.

Having standards which can vary from state to state would be blatantly unfair to American miners who work in a dangerous occupation. These workers deserve to be protected by sound federal standards which are the result of substantial research and proven experience. Those standards have proven to be fair to the industry while still adequately protecting the health and safety of the workers.

Allowing each state to adopt its own standards would prepare the way for a state versus state competition to entice industry. This would result in compromising workers' safety for the sake of economic development. Such a lack of standard regulations could also pose a problem for mining companies which operate in various states. Design, construction and operation would vary from state to state, because of the differences in the states' regulations.

State enforcement could be a problem, because state politicians and local enforcement administrators would be more susceptible to local pressures regarding enforcement.

If the Congress did return regulation to the state, in accordance with this resolution, the state would have to adopt rules, regulations and guidelines for the mining industry. Most states do not have the expertise, experience nor the personnel to adequately establish and enforce fair standards. Montana would have to expand the number of state employees and beef up the costs for travel in order to enforce mine health and safety laws effectively. That would require additional

(over, please)

state funds which would have to be increased as the industry grows.

Returning mine health and safety regulations to the state would also place public officials, both the legislators making the rules and those charged with their enforcement, in a position where they will be subject to pressures from both labor and industry. The AFL-CIO has a clear position against allowing workers' health and safety to be pitted against industrial development on a state by state basis. Industry, on the other hand, has made its position clear, too: Less regulation -- greater profits.

We urge you to vote against HJR 21.

NAME: Toan Niles DATE: March 25, 1981

NAME: Toan Niles DATE: March 25, 1981

ADDRESS: 800 HUNTER AVE Helms NC 59601

PHONE: 442-8017

REPRESENTING WHOM? Environmental Transition Center

APPEARING ON WHICH PROPOSAL: \$ AIR-21 (1940)

DO YOU: SUPPORT? \_\_\_\_\_ AMEND? \_\_\_\_\_ OPPOSE?   ✓  

[illegible]

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

broken society standards; we cannot justify maximizing profits at the expense of profits that that may be realized.



HOUSE JOINT RESOLUTION 36

Introduced by Representative Ellerd.

This resolution states that the Senate and the House of Representatives urge the president to call attention to former prisoners of war, to those unaccounted for after past wars, and to their families in any declaration concerning Veteran's Day by asking people to place a red, white, and blue ribbon in every noticeable place on that day.

NAME: Bob Burke DATE: 3-25-81

ADDRESS: DELEUA

PHONE: \_\_\_\_\_

REPRESENTING WHOM? FW & AM Legion

APPEARING ON WHICH PROPOSAL: HR 36

DO YOU: SUPPORT? X AMEND? \_\_\_\_\_ OPPOSE? \_\_\_\_\_

COMMENTS: Our support for HR 36 lies in the facts  
that there still are "Missing in Action  
Vietnam Service men" unaccounted  
for and the belief that efforts  
should be continued to demand  
accounting by the North Vietnam  
Government.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

March 24, 1981

Mr. George M. Fenner  
Administrator  
Division of Hospital and Medical  
Facilities  
Department of Health and  
Environmental Sciences  
Helena, Montana

Dear Mr. Fenner:

During the telephone conversation of March 24, 1981, you asked if the State Survey Agency could utilize the College of American Pathologists survey findings to establish deemed status for certification of Medicare laboratories (independent and non Joint Commission Accredited Hospitals) rather than conducting regular agency surveys.

Based on contact with our Central Office we have reached the following conclusions:

1. Medicare does not recognize deemed status for laboratories meeting College of American Pathologists requirements.
2. Current policies, agreements, and regulations require the State Survey Agency to conduct regular compliance surveys of laboratories.

If we can be of further help in this matter, please let us know.

Sincerely yours,

  
Heino Rubin, M.D., Director  
Division of Survey & Certification  
Operations

Dictated by  
Richard Palmer

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