

THERE'S A CURE FOR CANCER

by Contributing Writers, Kimberly Bankston-Lee and Dr. Tom Hopkins

There's a cure for cancer. It just hasn't been invented yet." That was part of a radio ad I heard a few years back. It is just a matter of resources, money and research to find it.

In 1971, President Nixon declared "war on cancer" with his National Cancer Act of 1971. When the president signed the act, he proclaimed, "I hope in the years ahead we will look back on this action today as the most significant action taken during my administration." It was that important to him 41 years ago—just as it is important now.

Research leads to clinical trials. Clinical trials lead to treatments. Treatments lead to cures. With Proposition 29 on the June 5th ballot, supported by the American Cancer Society, American Heart and Lung Associations, and Livestrong Foundation, we have an opportunity to fund research to cure cancer and other tobacco-related diseases. But that's not all; we also have the opportunity to continue to fund tobacco prevention programs and to fund cessation programs that help those who smoke with the necessary resources to help them quit.

Let's step back for a moment and look at other tobacco taxes. In 1988, California voters passed Proposition 99, which funds the California Tobacco Program. The success of this program has demonstrated a reduction in tobacco use; a reduction of exposure to environmental tobacco smoke where people, work, live and play; a reduction in the illegal sales of tobacco to minors; and countered the tobacco industry influence with award-winning TV and radio ads.

Figure 1 (Note: no data available for 1990 for smoking bans at home) shows that from 1990 to 2008, current rates of smoking went down from 20 percent to 13 percent, while smoking bans at work and home went up from 37 percent to 97 percent and 64 percent to 84 percent, respectively. This means people quit smoking and were more protected from environmental tobacco smoke where they worked and at home. However, Proposition 99 funding is disappearing, and we still have work to do among young adults, those living with low income and those from communities of color. For example, in California, 19 percent of African Americans, 27 percent of American Indians, 18 percent of those living below the federal poverty levels and 19 percent of young adults 25-34 years old currently smoke compared to 13 percent for all ages, races and income levels.

"I understand the addictive nature of tobacco and its dangerous consequences on the human body. I counsel, treat and prevent each and every day in my practice. Those for whom I can't help, I pray for a cure."



Thomas W. Hopkins, M.D.

Proposition 29, the California Cancer Research Act, will help us close the gap on racial, economical and social injustices for the state. It will help us reach the Center for Disease Control's recommended level of funding in order to finish the fight against tobacco. Right now, California is ranked 37 out of all 50 states in regard to how much we spend to adequately address our remaining tobacco-control issues: environmental exposure to tobacco smoke; the tobacco industry's targeting of youth, young adults, communities of color and Lesbian/Gay/Bisexual/Transgendered communities; and cessation resources.

Opponents of proposition 29 will argue that the money won't go to treatment, that the money will go out of state and that it will create just another bureaucracy. The truth is this funding will backfill Proposition 99 in addition to new programs. And funds will be shared with tobacco-prevention programs, research institutions and the depart-

ment of education. It will create more jobs, and less money will leave the state as a result of reduced tobacco sales, which currently go to other states like Virginia and North Carolina, headquarters of Philip Morris and R.J. Reynolds tobacco companies. Incidentally, these two companies are paying for the "No on Proposition 29" ads.

As a physician, I have a duty and moral responsibility to uphold my Hippocratic oath that states "I will prevent disease whenever I can, for prevention is preferable to cure." Therefore, I wholeheartedly support and endorse Proposition 29.

Every day in my clinical practice, I care for individuals who have been harmed by their current or past tobacco use. I understand the addictive nature of tobacco and its dangerous consequences on the human body. I counsel, treat and prevent each and every day in my practice. Those for whom I can't, I pray for a cure.

Like many of you, I have a loved one who has suffered greatly from the ills of tobacco use. My father was recently diagnosed with throat cancer and has suffered a number of vascular problems including the loss of his leg. He has changed from a robust, active man to a bedridden individual with a poor quality of life. All of these consequences are directly related to his many years of tobacco use. So, my support of Proposition 29 is professional, while my endorsement of this measure is deeply personal.

So I ask you to join me in voting yes on Proposition 29 on June 5th. Please spread the word to vote yes on Proposition 29 to those who truly want to find a cure to end the "war on cancer" and to fund tobacco prevention and cessation programs to help provide the necessary resources to keep kids from ever starting and to help smokers quit. ■

Thomas W. Hopkins, M.D. is a board-certified physician in Internal Medicine specializing in Bariatric Medicine (the study of obesity and weight loss); Dr. Hopkins offers patients a medical practice without borders or boundaries. Over the years, he has become a primary source for medical evaluations relating to gastric bypass surgery and is also well known as the chief medical correspondent for KCRA-TV, the NBC affiliate in Sacramento. Dr. Hopkins is committed to recapturing the old-fashioned doctor-patient relationship of the past and continues to offer his patients a rare combination of personalized service, current technology and evidence-based medicine.

For appointment information or to book speaking engagements with Dr. Hopkins, please call (916) 446-4449.