MEDICAL GENOCIDE

PART SEVEN

Despite the fact that
he is saving more terminally ill
cancer patients than
any conventional U.S. treatment
center, the medical
establishment is committed
to the professional
destruction of a pioneering scientist.

THE VENDETTA AGAINST DR. BURTON

BY GARY NULL
AND LEONARD STEINMAN

A haze hung over the city of Freeport in the island commonwealth of the Bahamas. By 9 A.M. on July 17, 1985, all the indications were that it was going to be an oppressively sultry day. The waiting room of the modern clinic of Lawrence Burton, Ph.D., in Freeport—a ranch-house–style building—was crowded with cancer patients. As on previous mornings, they were at the clinic to be treated with an injectable anticancer serum, the essential element of an immunological therapy developed a number of years before by Dr. Burton, a controversial expatriate scientist from the Bronx, New York, who specialized in cancer research. More and more cancer patients were reporting that Burton's immuno-augmentative therapy worked, that it was effective in controlling cancers previously pronounced terminal by leading cancer specialists, and that it was nontoxic.

That morning, a rumor spread like wildfire among the patients that some scientific mission had recently visited the Bahamas to convince the Bahamian government to close down Dr. Burton's Immunology Research Centre. When Dr. Burton appeared in the waiting room, the buzz of nervous chatter ceased. A pall descended on the patients as he announced that a telephone message from the Bahamian Ministry of Health had been received, directing that the clinic immediately be shut and forbidding any further treatment of its patients. The prospect of being cut off from their treatment made these patients feel like diabetics deprived of insulin—as if they were ticking biological time bombs. And the evidence was overwhelming that their fears were justified. Without daily injections of Burton's serum—which appears to control but not to "cure" cancer—a patient's deadly cancer would again proliferate. Patients of the clinic, who lived throughout the United States, had stood by Burton's therapy, which had enabled them to survive and recover from the most deadly types of cancer.

An anxious chorus of patients' voices besieged Dr. Burton and the clinic's physicians with a bedlam of urgent questions. But Burton and his physicians had no answers.

No scientific explanation had been furnished by the Bahamian government for its order. Dr. Burton informed the patients that he knew of no reason for the shutdown. Under the circumstances, he said, the clinic

PHOTOGRAPH BY DAVID KENNEDY

would have to close until further notice. Dr. Burton and the clinic's physicians had no idea about when or whether further word might be forthcoming either from the Bahamian prime minister, Lynden O. Pindling, or his minister of health, Dr. Norman Gay.

On July 19, *The Freeport News*, a daily newspaper in Grand Bahama Island, reported that the reason given by the Bahamian minister of health for the shutdown was that the clinic's continued operation constituted "a serious health hazard." The nature of this "serious health hazard" was not described.

THE WAR AGAINST BURTON

Dr. Gay attributed the shutdown of the clinic to a joint report by the Pan American Health Organization (PAHO) and the U.S. Centers for Disease Control (CDC) in Atlanta. Their report, it would appear, was based on an alarm sounded a few weeks earlier by two physicians in Tacoma: Dr. Sam Insalaco, medical director of the Tacoma–Pierce County Blood Bank, and Dr. Gale Katterhagen, director of oncology at the Tacoma Hospital and a member of the National Cancer Advisory Board, an adjunct of the U.S. National Cancer Institute (NCI). Insalaco and Katterhagen had found HTLV-III antibodies in vials of serum issued at Burton's clinic. HTLV-III is the virus which is believed to cause AIDS.

Since its inception, Dr. Burton's clinic had been under constant attack by the NCI. The shutdown of the clinic in Freeport was but the latest episode in the 17-year guerrilla war conducted by the NCI against Dr. Burton's cancer therapy.

The NCI, a juggernaut created by Congress to direct cancer research, was unremitting in its efforts to persuade the Bahamian government to shut down Dr. Burton's clinic, but all of its prior attempts had failed.

The motive behind the NCI's efforts has been to discredit and destroy Burton, even though two U.S. pharmaceutical companies and a Japanese company have poured a total of $80 million into producing TNF (tumor necrosis factor)—a factor similar to one found in Burton's serum—while others in the United States are cloning tumor antibodies for use in treating cancer. So far, no one has acknowledged Burton's pioneering extraction and use of these substances.

In July 1980 *Penthouse* reported in an article, later reprinted in *The Congressional Record*, that "the vendetta against Dr. Burton is an example of how the cancer establishment employs its formidable power—to the detriment of all cancer victims—against legitimate cancer researchers who will not knuckle under to ironfisted, monolithic control over the cancer field wielded by powerful vested interests. Because the establishment's leaders and hirelings have a stranglehold on most government and private research funding in the United States, they have incredible leverage not only to promote their own economic interests but also to minimize innovations and discoveries not of their own sponsorship. In effect, scientists and doctors who do not conform to the cancer establishment's fire-worshiping ways of treatment . . . thinking, and . . . use of prescribed methods face professional tarring and feathering and eventual consignment to professional oblivion by government superagencies that fund and regulate cancer research and the nongovernmental cancer institutions."

The closing of Burton's clinic shows how prophetic those words were.

Some critics, such as a hit-and-run editorialist in a recent issue of the New York *Daily News*, have charged that Dr. Burton's therapy is but "snake-oil" gimmickry, a "rip-off" engineered by "a zoologist" who is "not even a horse doctor."

To settle the questions raised by the *Daily News* allegations, we examined Dr. Burton's credentials.

> Since its inception, Dr. Burton's clinic has been under constant attack by the government's National Cancer Institute . . . but until now, its efforts had failed.

In 1955, Burton received his Ph.D. in experimental zoology from New York University. Since his postdoctoral days, he has specialized in researching the relationship between immune-mechanism responses and cancer in invertebrates, laboratory animals, and humans. Dr. Burton's major fields of research expertise include genetics, cancer etiology and carcinogenesis, oncolysis (destruction of tumor cells), and immunobiology.

As postdoctoral fellow and then as research associate at the California Institute of Technology, Burton published many of his papers in leading scientific journals. Returning to New York, Burton was appointed research associate at New York University, and continued publishing the results of his cancer research in scientific journals. In 1958, he became research associate in pathology at St. Vincent's Hospital. In 1964, he was appointed associate in oncology at the same hospital, and from 1966 to 1973 was senior investigator and senior oncologist in the cancer research unit at St. Vincent's, a noted teaching hospital. In this capacity, he was the principal author of a scientific paper on a common factor found in both mouse and human tumors. The paper was published in a prominent medical journal, and related papers by Burton followed.

So much for Dr. Burton's credentials.

BLOOD MONEY

Starting from what Burton's team had learned from their experiments, first on fruit flies and then on mice, Burton went on to develop a serum derived from human blood for use in inhibiting deadly human cancers.

Burton's serum therapy is based on four protein components found in blood: a tumor antibody capable of destroying tumor cells; a tumor complement, needed to activate the tumor antibody; a "blocking" protein, a substance which inhibits the tumor antibody; and a "de-blocker," a blood protein which keeps the "blocking" protein neutralized so that the attack of the antibody and complement on tumor cells may be facilitated.

These four blood fractions, which were isolated by Burton and his associate Frank Friedman, Ph.D., are believed to be involved in the operation of the body's immune system against cancer. Theoretically, when these elements are in balance, the cancer cells that normally reside in everyone's body are routinely destroyed or prevented from proliferating. By administering daily injections of his serum, Dr. Burton has been able to bring about remissions in various types of cancers, sometimes even in terminal cases. This immuno-augmentative process is nontoxic, because it uses the body's own mechanisms to fight cancer.

Immuno-augmentative therapy is a two-phase process, consisting of daily measurement of the immune system's deficiencies of the components described, and serum-injection therapy to correct the deficiencies. Therapy is individualized and is based on one or more daily evaluations of the blood-factor relationships.

Burton's discoveries could have a sweeping effect on how science views cancer genesis and treatment. As we reported in 1980, "One of the major implications of Burton's work is that the body has its own means of warding off cancer. Some patients' immune systems, pathologically weakened by a quantitative lack of certain fractional blood factors, can be restimulated through Burton's immuno-augmentation so that the body's systems can . . . become effective in destroying cancer cells. Burton's discoveries, therefore, could eventually overturn the present methods of treating cancer and render obsolete the deadly triad of radical surgery, chemotherapy, and radiology. Considering that these . . . are the economic support of the cancer industry, it is no wonder that the establishment views innovators with savage hostility." That goes a long way toward explaining the sustained ferocity of the attempt to smash Burton's therapy—particularly when we

compare the dismal record of conventional cancer treatment with the results obtained by the clinic.

Burton's problems with the big-time cancer establishment began in the late fifties. He was then a key member of the prestigious cancer research team at the Hodgkin's disease research laboratories of St. Vincent's. The team was headed by Antonio Rottino, M.D., an advisory board member of the Damon Runyon Memorial Fund who worked in the field of carcinogenesis, attempting to find substances that promote tumor growth. Other team members included Drs. Frank Friedman, Robert Kassel, and Martin L. Kaplan. Their work was funded by major grants from the Damon Runyon organization and the U.S. Public Health Service.

Trouble began after Burton and his associates extracted a tumor-inhibiting factor from mouse blood which they found caused long-term remissions of cancer in a special breed of leukemic mice. Excited by this discovery, the team contacted the Sloan-Kettering Institute and shared their findings. Sloan-Kettering dispatched Dr. John J. Harris, one of its senior scientists, to work with the St. Vincent's team. Harris's reports about the continuing experiments with the tumor-inhibiting factor prompted Sloan-Kettering to offer the St. Vincent's team a "joint cooperation" research contract. However, concern about protecting the revolutionary extraction methods forced the team to reject the offer.

In November 1962, the team published reports on the extraction of the tumor-inhibiting factor. One of these reports was coauthored by Dr. Harris. Dr. Harris was fired for publishing with the St. Vincent's team and for allowing his name to be listed behind two unknowns, Burton and Friedman. Soon afterward, the Damon Runyon Memorial Fund canceled its grant, and the U.S. Public Health Service followed suit.

The withdrawal of funding resulted in the partial disbanding of the St. Vincent's team. Only Rottino, Burton, and Friedman were left.

During 1964 and 1965, Burton and Friedman, with the help of limited private funding scraped together by Dr. Rottino, continued their work at St. Vincent's. Convinced they were on to something with their immunological approach, they perfected for use two natural substances that kill tumors in mice.

In the fall of 1965, Patrick McGrady, Sr., science editor for the American Cancer Society, was being treated at St. Vincent's for a minor ailment. McGrady was given a special demonstration by Rottino, Burton, and Friedman of the tumor-inhibiting factor's ability to rapidly shrink away tumors in a special strain of cancerous mice. McGrady was stunned. "They injected the mice, and the lumps went down before your eyes—something I never believed possible," McGrady reported. McGrady invited Burton and Friedman to repeat their demonstration before the March 1966 Science Writers Seminar in Phoenix, sponsored by the American Cancer Society. Before 70 scientists and 200 science writers, Burton and Friedman injected cancerous mice that displayed massive tumors with the serum substances they had isolated. According to a science writer for the *Philadelphia Bulletin*, "The two gentlemen from St. Vincent's Hospital demonstrated before our very eyes that injection of a mysterious serum . . . caused the disappearance of massive tumors in mice within a few hours." The next day, the *Los Angeles Herald Examiner* ran a banner headline: "15 MINUTE CANCER CURE FOR MICE. HUMANS NEXT?"

Oncologists who were present confronted McGrady, claiming that Burton and Friedman were tricksters. McGrady invited the oncologists to inject some remaining cancerous mice with unused ampoules of the serum. They refused.

In September 1966, Burton and Friedman repeated their demonstration at the New York Academy of Medicine. This time the mice were selected by oncologists and pathologists attending the meeting. About one hour following injection, the tumors began to shrink and disappear.

Not long afterward, the American Cancer Society dispatched its senior vice-president of research, Dr. Richard P. Mason, to make a proposal to the St. Vincent's team. He offered Rottino, Burton, and Friedman a one-year $15,000 grant in exchange for revealing their techniques to the NCI and Sloan-Kettering. The offer was rejected.

Early in 1967, the NCI dispatched another of its officials to visit the St. Vincent's team and see what he could learn about their methods and data. After spending two weeks with Burton and his associates, this official encouraged the team to apply for a $500,000 NCI grant—with the proviso that, in return, Burton and Friedman would reveal their extraction methods and data. In July 1967, Burton was told that the grant proposal had been approved and was requested to turn over the information sought by the NCI. By some clerical snafu, the NCI's hand was revealed: An NCI letter rejecting the proposal had been prematurely mailed and received. Burton did not send the NCI the information sought.

It was only after Burton and his team refused to be bought out for a song that aspersions were cast on their discoveries. Overnight, all their major funding was withdrawn, while efforts to buy their discoveries cheaply or to expropriate them by any means continued. From that time forward, the big-time scientific publications refused to publish their papers and findings. Forums that had previously welcomed them now turned them away. In short, Burton and his colleagues found themselves frozen out.

When any governmental agency—or its sub-rosa spokesman—accuses Dr. Burton of secrecy, lacking scientific expertise with regard to cancer, or seeking to foist his therapy on a gullible public, it is nothing more than a smoke screen. The fact is that for more than 20 years Dr. Burton and his colleagues have tried to share the results of their research with the cancer establishment on a fair basis.

On July 29, 1974, *New York* magazine published a story on Burton and Friedman entitled, "Why Won't the Medical Establishment Pay Attention to These Two Men?" Afterward, U.S. Senator Howard Metzenbaum, whose wife had died of cancer, attempted to draw the attention of the NCI to the therapy which the article had described. When the NCI replied, dismissing the article out of hand, the senator pressed the federal superagency to investigate the therapy. The NCI dispatched its associate director of immunology programs, Dr. William D. Terry, to visit Burton and Friedman. Reportedly, Terry offered to secure the NCI funding in return for NCI access to their methods. Terry denies that any such offer was made. In any event, contact between the NCI and Burton was broken off in an atmosphere of mutual hostility.

In 1975, Burton and Friedman filed for three patents covering their tumor complement, de-blocking protein, and blocking protein fractions, and the methods of extracting them. These patents, and two other related ones, were granted, but when the Food and Drug Administration denied Burton and Friedman permission to conduct clinical trials of their serum on cancer patients, Friedman threw in the towel.

In July 1975, the Bahamian government, over the objections of the NCI and the PAHO, granted Dr. Burton permission to open a treatment clinic for cancer patients. The clinic opened in Freeport the following year.

Continued attempts by the NCI and the PAHO to reverse the Bahamian government's decision met with failure. It looked like Burton's clinic, the Immunology Research Centre, was in Freeport to stay—until last summer.

THE AIDS SCARE

Some 20,000 cases of hepatitis are transmitted each year in the United States through contaminated blood supplies. A growing number of AIDS cases have also been attributed to contaminated blood furnished in hospital transfusions. One resident of Tacoma died of AIDS two years after receiving an AIDS-contaminated blood transfusion at St. Joseph Hospital. None of the medical facilities using or furnishing blood contaminated with such infectious agents have been closed down or quarantined. The indicated preventative course in such cases would be to prescreen for suspicious substances and to discard contaminated units. Screening apparatus for detecting HTLV-III antibodies in blood specimens has been available only since the spring of last year;

previously, screening was accomplished by interviewing the donor.

Yet Burton's clinic was closed with practically no explanation. *Penthouse* was refused an interview with Dr. Norman Gay, the Bahamian minister of health, and repeated phone calls to the Bahamian consulate in New York were not returned. At the request of the Bahamian government, the PAHO will not release the report on its investigation of the clinic. PAHO spokesman Dan Epstein explained to *Penthouse* that the Bahamian government requested the examination of the clinic after the Tacoma doctors' discovery of hepatitis and AIDS antibodies in serum issued at the clinic. The PAHO report stated that the investigators had found a lack of rudimentary safety precautions in the handling of blood and blood products, a poorly trained staff, and unhealthy working conditions. But according to *Penthouse* sources, the PAHO report does not contain any specific information to back up its charges of mismanagement.

A ground-floor apartment in an aging motel in Freeport had been turned into a makeshift office. Newspapers, clippings, crumpled balls of paper, and pairs of scissors were strewn across the floor. This was the hastily improvised headquarters of patients denied their treatment by the clinic shutdown.

One of the patients, Curry Hutchinson, a redheaded man of 45, was a former Florida systems planner. He described his condition when he sought out Burton 16 months before:

"See my waist? It's down to 32 inches now; that's normal. When I came here it was 48 inches, and filled with ascites fluid. I was diagnosed in 1979—metastasized malignant melanoma of the lung. They told me after I was operated on that my chances were good. But in 1983 I had a bad relapse. I was in the hospital over a year, and became a walking skeleton—95 pounds. Do you know what it's like having nurses make bets when they think you're asleep that you won't make it to the next day? Then a friend of mine, a medical doctor, heard about this Burton therapy, came down here, and investigated it. He laid it on the line: 'Curry, you're terminal. You're not going to make it anywhere else, you might as well give it a try.' That was 16 months ago.

"I remember Burton interviewed me, and he said, 'I gotta tell you quite frankly, kid, you've come too late. I can't do anything to help you.' I pleaded with him to give me a chance. Burton said he'd try it for a month. If there was no response, I'd have to go back home. That was the longest month of my life. End of the month, I showed a little response, so he agreed to do it one more month, and another, and another. Now I'm 145 pounds, and the ascites fluid is gone. When I came here I was in a wheelchair. My mother had to care for me constantly. Two months later, she was able to go home.

"I'm walking, jogging, swimming—alive. I've been working 14-hour days, seven days a week, trying to get this clinic opened. Physically, I'm fine. Spiritually and emotionally, I feel beat up. If only I can continue on this therapy, I know I've got every chance of living a long life. My improvements are unbelievable. . . . Burton's critics claim there's no proof his therapy works. I disagree. I'm proof. They say Burton should do double-blind tests if he wants to prove his therapy, but double-blinds on terminal cancer patients are tantamount to murder, if you know your therapy works. Dr. Burton refuses to put his patients at risk."

Burton was reluctant, at first, when *Penthouse* asked for an interview. At his office in the clinic, he bellowed that he didn't want to talk to any reporters. They were all a bunch of yellow journalists, he said, and he didn't need to waste his time on them. "I just told off a bitch of a know-it-all TV reporter from Manhattan. I told her that her family deserved dying of cancer, because they didn't have enough sense to look for my therapy." Following this, he bragged about how he had kept two NBC reporters off the island.

"I don't need this shit anymore," said Burton. "I can go to Europe, or I can close the door and live very comfortably for my remaining years.

"NCI said we got the blood from New York and the homosexuals. That's a damned lie. . . . They [PAHO and CDC] have been telling people this clinic is filthy and should be closed. The dirty, filthy bastards have spread the lie that we haven't got basic sanitation equipment. See for yourself." Indeed, each room in Burton's clinic has its own separate air-conditioning system and ultraviolet lighting for maintaining a sterile environment. "The bastards said I don't have any autoclaves. Here are two. Here's a spectrophotometer. Look around. The best hospitals don't have better equipment."

According to Burton, PAHO and CDC representatives spent about ten minutes visiting the clinic. During this time they gathered no specimens and did not perform any tests on Burton's serum, nor did they examine any of his patients or speak to any of his staff. To this day, neither the PAHO, the CDC, nor the Bahamian government has furnished Burton with any report, oral or written, of their visit, or sent him so much as a pro forma note of thanks for escorting them through the clinic.

WHAT'S IN THE SERUM?

In Tacoma, the *News Tribune* announced that the scientific expertise of local doctors Gale Katterhagen and Sam Insalaco had led to the closing of the Burton clinic in the Bahamas.

A year earlier, a letter from Dr. Gregory A. Curt of the NCI appeared in the *New England Journal of Medicine* stating that the serum issued to four patients at the clinic tested positive for antibodies to hepatitis B. But the letter did not provide any specifics regarding these tests. One of Burton's patients (whom we'll call Jane Doe) had heard through another patient that the serum, a mixture of blood products from various donors, might be contaminated with hepatitis B. Jane Doe brought her vials of serum to the Tacoma–Pierce County Blood Bank to be tested. At a later date she submitted vials belonging to two other patients, whose identities she has still not revealed. A total of 18 vials were tested, and according to Insalaco and Katterhagen, all were positive for hepatitis antibodies. Since the vials were from the Caribbean, a high-risk area for AIDS transmission, Katterhagen and Insalaco tested the vials for AIDS antibodies; eight out of 18 were positive. The presence of antibodies indicates that the donor has been exposed to the virus or that the serum has been contaminated. It does not mean that the donor or patient has, or will contract, the disease. Jane Doe tested negative for AIDS and hepatitis.

Katterhagen was concerned that the presence in the serum of the antibody to the AIDS virus, HTLV-III, could possibly be a vector for the heterosexual transmission of the disease.

When the Tacoma doctors' results were confirmed by the state lab in Olympia, Katterhagen, who serves on the National Cancer Advisory Board, contacted the NCI and the CDC, setting off the chain of events that culminated in the closing of the clinic.

The Burton clinic dispenses separately coded, sealed vials of frozen serum for each patient to take home for self-injection. Patients are instructed to keep all their vials frozen, and are provided with a special device to keep the serum isolated in their freezers. Even those vials that have to be partially thawed for immediate use must be immediately refrozen after withdrawal of the required serum. In addition, patients are directed to use a certain type of disposable needle and to discard the needle immediately after a single use. The whole procedure has been meticulously designed to prevent microbial or viral infection.

Jane Doe told *Penthouse* that she "took the first batch in, it was mine, and that was in three groups. Then I took another batch in that was another person's." She didn't give Dr. Insalaco the name of the other people. She also told *Penthouse* that she had not been asked for information regarding the maintenance of the serum from the time it left the Bahamas to the time it reached the Tacoma blood bank.

As for the condition of the vials she delivered in the first batch, "I made sure they were all thawed. I couldn't tell you how thawed they were . . . but they were pretty well thawed; it was summertime. They were all in a thawed condition at least an hour before the blood bank got them. So I took the first batch in, it was mine. . . . Then I took another batch in that was another person's. . . . And then

someone else gave me some serum for testing, and this had come from another patient I knew, and this serum was a little older. . . . I didn't give the names of the other patients; Dr. Insalaco never asked He never asked me about the history of the serum from the time it left the Bahamas. I removed the original markings on the vials, and put on my own. Over a period of time I had 22, not 18, vials delivered to the blood bank. The last group of four was about one and a half weeks after the second batch."

Dr. Insalaco used the immunoassay method, marketed by Abbott Laboratories, to test the Jane Doe vials for hepatitis-B and HTLV-III antibodies. The immunoassay kit had been licensed for use only two months earlier; before March, no testing kit had been commercially available. But, as *The New York Times* reported last fall, the immunoassay method "often registers positive even when no antibody is present."

The Olympia labs also used the immunoassay test. Their confirmation of the Tacoma results was actually inconclusive. The vials and accumulated test results were then shipped to the CDC for additional testing. According to an official published report of the CDC, testing of the specimens by both the immunoassay and Western Blot (a similar test) methods yielded inconclusive, "uninterpretable" results.

That's where matters stood on July 2, 1985, when a joint team of scientists from the Pan American Health Organization and the CDC went to the Bahamas to confer with Bahamian officials and to inspect Burton's clinic in Freeport.

Two weeks later, the Bahamian Ministry of Health ordered the clinic closed. No statement of the reasons for the closing has ever been furnished to the clinic or the media, and neither the PAHO nor the CDC has ever released any scientific information supporting the action.

The presence of HTLV-III and hepatitis-B antibodies in Jane Doe's serum does not establish by any acceptable scientific standard that the viral source was Burton's clinic. Even the CDC's subsequent claim that their scientists "isolated" the HTLV-III virus from one of nine vials does not establish that the source was Burton's clinic.

The following description of events was reported in the CDC's weekly newsletter of August 9, 1985: "Subsequent to the closure of [Dr. Burton's] clinic, HTLV-III was isolated at CDC from one of nine specimens that had been placed in lymphocyte culture. This finding was confirmed by isolation of HTLV-III from a second aliquot of this specimen. . . . Reportedly, this specimen vial had not been used by the patient who received it at the clinic, and it had been kept frozen until it was obtained by the laboratories in Washington."

The CDC report added, oddly and gratuitously: "The Washington Laboratories do not maintain stocks of HTLV-III." The dates and specific procedures used by the CDC to grow out the HTLV-III virus were not documented in its newsletter claims.

Dr. Harold Jaffe, a CDC scientist, confirmed that the results obtained by the two laboratories in Washington State were "uninterpretable" and that the methods of testing were not adaptable for use upon the material in the vials. But, he said, "what we've done now is quite different, which is actually culturing the virus from the material." He stated that the CDC had been told that the materials had come directly from a patient treated at Burton's clinic, that they had not been used, and that they had been kept frozen until the patient gave them to the Tacoma blood-bank director.

According to Jaffe, "only one vial actually had virus in it of the vials that we cultured." In addition, Jaffe has stated that "the tests [for AIDS antibodies] weren't designed to be used on whatever is in this material. Secondly, the backup test is uninterpretable." This reduces to zero the probability that the virus originated in Burton's clinic.

> "Burton's critics claim there's no proof his therapy works," says a patient. "I disagree. I'm proof. . . . Dr. Burton refuses to put his patients at risk."

According to Burton, no cases of AIDS have arisen among the clinic's patients, and out of some 2,700 patients treated with hundreds of thousands of immuno-augmentative-serum injections over a 17-year period, only one developed hepatitis B. That is a record not surpassed by any treatment facility in the United States.

On the other hand, last year 53 cases of hepatitis B were reported in Tacoma. There were 89 reported cases of hepatitis A in 1983, and 125 additional cases in 1984. More than 150 cases of AIDS have been reported in the Tacoma area, 50 of them in 1985. One man recently died of AIDS, allegedly as the result of a blood transfusion he received two years earlier at a Tacoma hospital following injuries he had sustained in an automobile accident. Yet no one has suggested closing down the hospital—or for that matter, its principal blood supplier, the Tacoma–Pierce County Blood Bank.

The contention that Burton has failed to screen blood and serum for AIDS is questionable. The screening kits, as we noted, have been available for use only since last spring. The kits, however, are proven to be unreliable. Approximately 75 percent of U.S. test results showing an initial positive reading by one kit turn out to be negative using another kit. New York State Health Commissioner David Axelrod summed it up: "We do not encourage people to seek HTLV-III testing since the medical significance of antibodies in the blood in healthy persons is unknown. The test will not indicate whether a person has AIDS, or will contract the disease in the future, or is capable of transmitting the HTLV-III virus."

Dr. Jaffe confirmed that "at the time that visit was made, the information on the virus culture did not exist." But, he said, there had been a "history of other health problems" related to the serum. When we asked him about these "other health problems," he said that about a year ago there had been an "outbreak of bacterial skin infections called 'nocardia' " among cancer patients receiving immuno-augmentative-serum injections at the clinic. Dr. Burton told us that the "outbreak" consisted of 12 cases, which were treated and cleared up quickly. Traced to a few loose ceiling tiles in the laboratory, the situation was immediately remedied, and there have been no recurrences since then. Dr. Jaffe mentioned the single case of hepatitis B of unknown origin contracted by one of the clinic's patients. According to Burton, the patient recovered completely within three weeks, and has had no residual effects.

CONCLUDING EVIDENCE

In order to put Burton's claims and his detractors' criticisms into proper perspective, it is necessary to look at the facts. Up to September 1980, Burton's clinic had treated 410 patients. Ninety percent, or 369, of these had been certified by their physicians as terminally ill. When talking to *Penthouse*, Dr. Burton had his secretary pull the records at random of 65 patients who were still alive after five years of immuno-augmentative therapy. All of these patients, by their own choice, have had no other treatment since they first began Burton's therapy, and have had follow-up examinations that show that either there is no cancer presently in their bodies or that their cancers are in remission.

Those who would explain these cases as spontaneous remissions are not aware of the statistical realities—spontaneous remissions occur in only one out of 40,000 cancer patients. Even allowing for a ten percent margin of error, the percentage that statisticians say must be subtracted to compensate for the "built-in bias of retrospective studies," it is clear that Dr. Lawrence Burton is saving more cancer patients who are terminally ill than any conventional cancer-treatment center in

the United States.

Dr. Gregory Curt, deputy director of the division of cancer treatment at the NCI, recently described Burton's serum to the press: "The stuff is junk. . . . I wouldn't give it to a dog." Well, we've got news for Dr. Curt. We know of 45 cancerous dogs and cats that are being experimentally treated with the "junk" after their vets had held out no hope for them. Our latest information is that the pets are doing very well under this treatment.

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