

# MEDICAL GENOCIDE

PART TEN

Despite an unbelievable  
waste of taxpayers' dollars, the  
incidence of cancer death  
is increasing more rapidly than  
it did before we had  
the National Cancer Program.

## A BILLION-DOLLAR BOONDOGGLE

BY GARY NULL  
AND LEONARD STEINMAN

On December 9, 1969, a full-page ad in *The New York Times* excited public attention by suggesting that a cure for cancer was close at hand. Urging President Nixon to open the sluice gates to pour federal funds into cancer research, the ad, prepared by an elite group of five calling themselves the Citizens Committee for the Conquest of Cancer, claimed: "There is not a doubt in the minds of our cancer researchers that the final answer to cancer can be found." The ad quoted a former president of the American Cancer Society as saying, "We are so close to a cure for cancer" that all that was needed to guarantee it was "the will and the kind of money and comprehensive planning that went into putting a man on the moon." With that kind of serious effort,

the Committee contended, a "cure" by 1976 was a distinct possibility.

The ad was the opening salvo in a well-orchestrated drive for a national cancer program. By the end of 1971, President Nixon had signed the National Cancer Act into law, and the taxpayer-financed crusade against cancer was underway. The National Cancer Institute (NCI) in Bethesda, Maryland, in existence since 1938, was transformed into a monolithic superagency, responsible for directing cancer research in the United States through its burgeoning staff of bureaucrat/scientists.

Congress targeted 1976 as the year by which the conquest of cancer would be complete. But in January 1977, Benno Schmidt, then chairman of the President's

Cancer Panel, submitted his report to the President on the first five years of the National Cancer Program. The report could not hide the fact that the program was a failure. "Just as the past five years have brought a greatly enlarged science base," he wrote in part, "they have also brought important improvements in . . . dealing with cancer, but . . . our progress only serves to emphasize how far we have to go."

Some months later, at a subcommittee hearing under the auspices of the House Committee on Government Operations, the evidence was manifest that we were facing an expanding cancer epidemic with nothing but a failed, ineffectual cancer research and treatment program to deal with it. Congressman John W. Wydler of

PAINTING BY KUNIO HAGIO

New York, who was then the ranking minority member of the subcommittee, observed, "Every family, every person, I think, lives in fear of cancer for themselves and their loved ones. Therefore, this is a very personal kind of disease that has affected nearly every American family. As a consequence of this, we all have a stake in determining how well the fight against cancer is going. Congress now appropriates about \$800 million annually to help finance the war against cancer. We need to know how well this money is being spent. . . ."

In 1976 Dr. Morris Zedeck, a researcher at the Memorial Sloan-Kettering Cancer Institute, stated, "When Nixon signed the Cancer Act, people got the idea it was like a moon shot; you give more money, we'll get the answers. . . . You can pour \$12 billion into this program for the next five years and maybe we'll come a little closer to understanding."

These are the results 15 years after the NCI was commissioned to lead the war against cancer: The NCI has spent more than \$10 billion funding cancer-research programs that have had little effect in preventing or eliminating cancer. The incidence of cancer death is increasing more rapidly than it did *before* we had a national cancer-research program. The annual U.S. cancer mortality toll has risen from approximately 120,000 in 1930 to 460,000 in 1985.

The lack of progress in NCI-sponsored research programs and the NCI's waste of billions of dollars are matters that demand public outcry and congressional action, since the future health and well-being of the American public are at stake. The excuse that attempting to unravel the mysteries of cellular behavior leading to cancer is an extremely long-range affair, and that we are only at the very beginning, must be regarded as a rationalization for boondoggling, ineptness, and stagnation. At best, probing the mysteries of cellular behavior is an endless occupation that must be regarded as secondary to the task of rolling back the climbing cancer death rate.

Dr. Samuel Epstein, author of *The Politics of Cancer*, states, "The job of the NCI has got to be cancer prevention. Cancer prevention has got to be moved to a number one priority." Dr. Epstein feels that the entire decision-making apparatus of the NCI is slanted in favor of chemotherapy and "basic research." He comments bluntly that "without intense congressional oversight, the NCI will just not change. . . ."

While cancer mortality in the United States now ranks 13 out of 46 countries studied, the NCI is unwilling to fund research into promising anticancer therapies. These include the work of Dr. Josef Issels, with his documented 16.6 percent *cure* rate in terminal cases and 87 percent nonrelapse rate in nonterminal cases; Drs. Ewan Cameron and Linus Pauling's vitamin C therapy; Dr. Law-

rence Burton's blood-fraction therapy; Dr. Joseph Gold's hydrazine-sulfate therapy; and others described in previous *Penthouse* articles.

Instead of *results* based on effective research and practice, the NCI continues to make stale claims which seek, by a kind of verbal sleight of hand, to transform 20 years of ineffectual work into an illusion of progress. So, in June 1977, upon the opening of yet *another* congressional investigation into the National Cancer Program, it was pointed out that Frank J. Rauscher, Ph.D., former head of the National Cancer Institute, and Dr. R. L. Clark, president of the American Cancer Society (ACS), had stated in an article they coauthored in *The Washington Post* that one out of every three cancer victims was being cured as a result of progress in cancer research. But Congressman Wydler pointedly remarked, "Information has been brought to my attention showing that 20 years ago, in 1957,

---

6

This NCI-produced  
fiasco has wasted billions  
of dollars on  
predictably worthless  
cancer programs.

9

---

the *same* proportion of cancer cases—one in three—was being cured." He continued, "If the . . . figure is correct, we will want to know why, despite all of the effort and money devoted to cancer research . . . the cure rate has remained unchanged." Eight years later, the ACS cheerfully informed us, "Today . . . three out of eight patients who get cancer this year will be alive five years after diagnosis." This, however, does not represent a lengthening of survival due to advances in cancer therapy, but merely reflects technological improvements in methods of diagnosis.

In May 1978, Senators George McGovern and Robert Dole called Dr. Arthur Upton, the new chief of the NCI, on the carpet. Upton admitted there was a rising tide of evidence that many cancers may be due to dietary causes. But despite these indications, the NCI had allocated little more than *one* percent of its total funds for research in this area! In 1975, the NCI told Senator McGovern that by 1981 it would be spending \$33 million on such research. Yet three years later, its projection for 1981 was for an allocation of only \$12 million. Exasperated at

these contradictory claims, McGovern tartly observed: "We are having great difficulty, frankly, Dr. Upton, finding out what your budget is. Why, for example, have we had three different budgetary estimates from the National Cancer Institute as to what you spent on nutrition [research] in 1977?"

In June 1977, Congressman Wydler stated, "I am disturbed when I hear that the quality of research supported by Federal monies is not as it should be; and I am startled when some of the so-called cures [surgery, radiation, chemotherapy] show evidence of being as bad as the disease itself. Knowing that the war on cancer is now a multimillion-dollar business, I wonder about the potential conflicts of interest between those who grant the money and those who do the research. Finally, I am concerned about the overall administration of the program, especially when . . . articles appear . . . detailing waste and inefficiency, and calling the cancer program a billion-dollar mess."

The National Cancer Program, heralded over the past decade as the way to wipe out cancer—the second leading cause of death in the United States—is a *devastating failure*. That is the frank evaluation of the objective experts, despite a continuing campaign by leaders of the cancer establishment to hoodwink the public into believing that the war against cancer is being won. Dr. Haydn Bush, director of the London Regional Cancer Center of the Ontario Cancer Treatment and Research Foundation, has stated in an interview: "If cancer *control* and *not* perpetuation of our own institutions is our major aim, then surely it's appropriate and logical and certainly scientific to evaluate the null results that we have been seeing persistently over the past 20 years." Dr. Epstein believes that NCI officials have a vested interest in perpetuating the myths about the improvement in cancer statistics. Said Epstein, "People in the NCI and ACS have a lifetime of professional interest in cancer treatment and are . . . attempting to mold and shape public opinion to reflect their own special interests of a professional nature."

This NCI-produced fiasco has wasted billions of the taxpayers' dollars on predictably worthless cancer programs. Some, like the mammography program for women, have turned out to be high-risk health hazards. Millions of trusting cancer patients have been sacrificed to ineffective treatments that were often deadlier than the cancer itself.

The NCI has stubbornly persisted in pursuing these expensive and dangerous blind alleys despite years of warning by respected scientists, inside as well as outside the cancer establishment. As far back as April 1973, Dean Burk, Ph.D., then head of the cytochemistry section of the NCI, criticized Dr. Rauscher for claiming that the NCI's "cancer chemotherapy program . . . has provided . . . ef-

fective treatment for cancer patients all over this country and the world." Dr. Burk pointed out to Rauscher that the NCI continued to maintain a tragic preoccupation with relatively ineffective yet exceedingly harmful chemotherapeutic cancer agents. Burk then went on to advise Rauscher that "virtually all of the chemotherapeutic agents now approved by the Food and Drug Administration for use or testing in human cancer patients are (1) highly . . . toxic at applied dosages; (2) markedly *immunosuppressive*, that is, destructive of the patient's native resistance to a variety of diseases, including cancer; and (3) . . . highly *carcinogenic* in rats and mice, themselves producing cancers in a wide variety of body organs."

These well-established facts have been reported in the NCI's own publications, as well as in medical journals throughout the United States and in other countries.

In May 1972, on the occasion of being sworn in as NCI director, Rauscher told a White House press conference that "of the 100 cancers that afflict man, about 15 percent of these can be treated extremely well, to the point of at least 50 percent five-year survivals." But Burk reminded Rauscher that his estimate did not present a true picture inasmuch as "from this . . . must be *subtracted* . . . estimated survival rates of *untreated* patients," which would undoubtedly reduce the proven effects of chemotherapy to an insignificant fraction.

More negative reports continue to be released. A study published in the *New England Journal of Medicine* in 1984 concluded that colon-cancer victims "do not live any longer if they receive chemotherapy along with standard surgical removal of the tumors." This 70-week trial, involving 572 patients at 13 hospitals, was conducted by the Gastrointestinal Tumor Study Group of the Roswell Park Memorial Institute in Buffalo. The five-year follow-up showed *no significant improvement* in the survival rates of those who had received traditional treatment. The doctors involved in this study agreed that a new and more effective approach is needed.

At the root of this problem, explains Dr. Gio Gori, formerly head of the NCI's program of nutrition research, are the ever-increasing funds over which the NCI has had control. Ever since the end of 1971, when Congress commissioned the NCI to lead the war on cancer, it has had almost unlimited power to parcel out vast sums for research. Hence, the NCI became a kind of giant pork barrel for those who knew how to play the political game.

First and foremost were the kingmakers—the godparents, so to speak—of the NCI. A small, powerful group of elite stalwarts able to influence congressional legislation, the House and Senate appropriations committees, and the president himself, this group pressured and manipulated Congress to invest phenomenal

annual sums in the crusade against cancer. It consisted of the same people who had launched the so-called crusade against cancer with that full-page newspaper ad in 1969, demanding that President Nixon pour money into cancer research so that the disease could be conquered by the same kind of effort that put us on the moon.

The kingmakers made certain that "the right people" were placed on the country's top-drawer cancer advisory boards. "If you make an analysis of the people who've been on the National Cancer Advisory Board for the last nine years, you'll see that it's loaded with representatives of the big cancer institutions," Dr. Gori points out.

The President's Cancer Panel is one of these top-drawer groups. Its function is to advise the president about the progress of cancer research. At one time, Benno Schmidt, an adviser to Sloan-Kettering, headed this panel. "Such people,



If you make great discoveries, you're finished. They don't want persons capable of new ideas. They just want what's been done before.



smack in the center of things, have wielded tremendous power" over the direction of our cancer research policies for the past decade, says Dr. Gori. They are oriented toward what some critics have called the "magic bullet" approach: the belief that cancer can be treated like an infectious disease, and that some particular new drug—comparable to the antibiotics so effective in treating diseases caused by bacteria—will be developed to safely destroy cancer tumors.

But this approach makes no sense with cancer, because tumors are the result of the body's own processes gone awry. Dr. Gori believes that cancer researchers should work toward finding ways of strengthening the body's immune system and straightening out its own metabolic processes:

"You don't try to kill the tumor selectively, but you try to increase the capacity of the organism to counteract the effects of the tumor. This kind of an approach has been singularly neglected by the establishment so far. . . . I don't think they will find a cytotoxic drug effective against cancer. The odds against it are infinite, because the metabolism of the cancer

cell is not very different from the metabolism of the normal cell. The hope of finding a cytotoxic drug which is effective against cancer cells but doesn't kill or damage normal cells is a pipe dream. We've got to pay more attention to other approaches. And not only to the cure, but also to the quality of life of the cancer patient being treated. It's not enough to try to fight cancer, and forget we're treating a human being, in the process often subjecting him to worse injury and trauma than is being inflicted on him by the cancer itself.

"I would hope," continues Dr. Gori, "we may be able eventually to bend the establishment into searching new avenues. . . ." Even today, he stresses, there exist nontoxic therapies, well-grounded in scientific rationale, that are capable of greatly increasing the capacity of the body's own immune-defense system to counteract cancer (whatever its particular form), eliminate it, and restore the individual to health. Through such means, says Dr. Gori, the "quality of life for cancer patients in this country could be improved in a practical way to an extent that would be unbelievable today."

"I don't know," Dr. Gori says pointedly, "if you've ever visited a chemotherapy ward where you see these youngsters with their gums bleeding, their hair falling out, full of bleeding lesions in their intestines that make it impossible for them to evacuate their bowels due to the chemotherapy they're getting. Their skin falls off, their teeth get loose, they vomit, they feel miserable—just because these drugs are so toxic. These cytotoxic drugs can and too often do cause secondary cancers to develop. . . . It's not a cure, it's far worse than the disease."

Dr. Gori also reveals a startling fact about the way many NCI-funded experiments are set up. He says that NCI cancer researchers are encouraged to choose subjects for their experiments based on a "play the winner" policy. "For the purpose of conducting cytotoxic drug trials—later to be reported in the medical journals—the researchers take in only those [patients] who have the best chance of surviving."

In his book *Cancer Crusade*, Richard A. Rettig, a consultant for the Rand Corporation, points out that the melancholy state of affairs in the cancer field has to be measured against the fact that "in the period . . . [from] 1972 through 1981, 7 to 8 billion will have been appropriated to NCI for the National Cancer Program. This amount will exceed by more than three times the funds appropriated in the prior thirty-five years. . . . On this basis alone, the public will deserve a thorough accounting of performance."

The very reason for the National Cancer Act of 1971, as Rettig says, "was the . . . intense desire of the American public to be free from the threat of cancer." What have we gotten instead? For all the millions of dollars the NCI has pumped into

its profligate extravagances, we have reaped the following, according to Rettig: The incidence of cancer and cancer mortality skyrocketed to record levels in the 1970s, with more than 3.5 million deaths from cancer that decade and more than 6.5 million new cases reported.

The NCI's failure to affect the incidence or mortality rate of cancer in the United States raises the gravest doubts about its qualifications to continue administering the National Cancer Program. At the time Nixon signed the National Cancer Act, concern had already been expressed about the foreseeable marriage of cancer research to big business, and about the prospect of the NCI's conversion from a respected research institution to a den of self-serving wheelers and dealers.

Benno Schmidt, nominated by power figures in the business world to advise the president on cancer research, quickly became, in Rettig's words, "the most powerful figure in the leadership of the cancer program." He was influential in the selection of candidates to the National Cancer Advisory Board, which is the sole overseer of the NCI's activities. In the spring of 1972, Schmidt replaced Dr. Carl G. Baker, the blunt, analytical director of the NCI, with Dr. Frank J. Rauscher, a specialist in virology.

The virology program was and continues to be one of the largest contract programs of the NCI. The contract awards were hardly paltry sums. From 1964 to 1974, for example, the NCI allocated a quarter of a billion dollars to virology.

By March 1973, rumors of major conflicts of interest, financial wastefulness, incompetence, and confusion regarding the NCI's Virus Cancer Program had begun to filter out to the public with such frequency that Rauscher was ordered by Congress to convene a committee to review its operation.

The committee appointed to investigate the virology program exploded several bombshells. Named for its chairman, Dr. Norman Zinder of Rockefeller University, it noted—according to the December 1983 issue of *Science* magazine—that the "Virus Cancer Program is a closed shop. . . . Too few people, all on friendly terms with each other, are in charge of handing out large sums of money to each other. It's too incestuous."

One of the most serious weaknesses of the virology program, the Zinder Committee Report noted, was that "the segment chairmen at NCI have too much power. The program is in large part an NCI in-house operation, and those who run it are often the recipients of large amounts of the money they dispense. They tend to come from a narrow section of the scientific community, and were not

originally selected for NCI employment on the basis of their ability to run large contract programs." A kind of "cronyism" prevailed between segment chairmen, segment members, and contractors, so that "when the work is finished or the contractor fails to produce, understandably it becomes difficult to terminate the contract. . . ." Failure of a program or experiment by one of the members or contractors leads to "an attempt to prop up his program with more money support instead of . . . phasing out or termination. The information we received indicates . . . it is more difficult to terminate a bad contract than an unproductive grant."

Even the process of assembling review groups belies objective scientific judgment. The segment chairmen selected their review groups from NCI people and "the small pool of contractors." Assignment of a particular working group seemed to be determined, in part, by personal relationships. Participants in the

---

6

The NCI's failure to affect  
the morality rate  
of cancer in the U.S. raises  
the gravest doubts  
about its qualifications to  
administer our  
National Cancer Program.

9

---

working groups had little knowledge of the virology program as a whole, did not suggest changes in any contracts the segment chairmen seemed to favor, and felt uneasy at the lack of critical review. The Zinder Committee found that a contractor was often a member of the working group that would be reviewing his contract, and often would be in the same room when his contract was discussed.

The Zinder Committee also found that the program was directed by NCI management to grow from the inside out, "instead of allowing the direction of the scientific program to come from . . . working scientists by opening it to all." It generated a kind of scientific make-work and encouraged mediocrity. As *Science* magazine reporter Barbara Culliton pointed out, "Scientists should not, for example, sit in the room when their own contracts come up for approval. Nor should members of a review group have among the NCAB, some of whose mem-

ber of the group."

The stinger in the Zinder Committee Report was its recommendation that all existing virology contracts be "terminated over the next three years," and that the NCI ought to make a "public and widely advertised announcement . . . to the scientific community" that the virology program was open to proposals.

The committee found that the virtual assurance of contract renewal, regardless of poor past performance, eliminated the incentive provided by competition, and this accounted "in part for the poor quality of some of the research done to date. A little competition should be stimulating."

The Zinder Committee Report, presented to a closed meeting of the President's Cancer Panel, the National Cancer Advisory Board (NCAB), and top NCI brass in the winter of 1973, turned out to be a hot potato. It caused an uproar among the NCAB, some of whose members were themselves contractees under the virology program. Some members of the NCAB refused to accept the report, claiming that its recommendations were "illegal"; and finally, the board demanded that the Zinder Committee "revise" its report—in short, do a whitewash job. Reporter Culliton buttonholed Dr. Zinder soon afterward and asked him to comment on the NCAB's demand. "A report is a report," he replied to her. "What is there to change? We stand behind it."

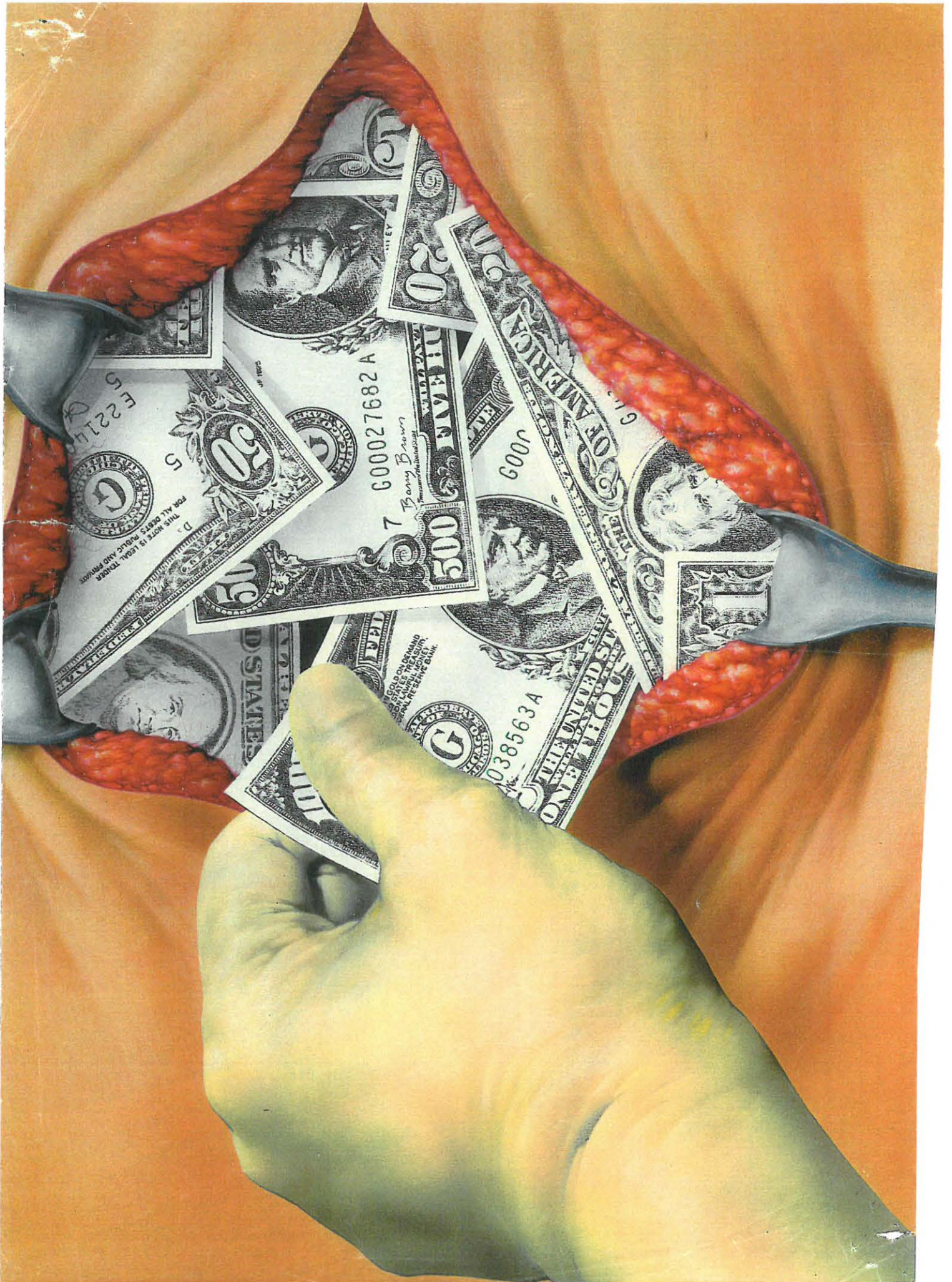
That was in 1973. Thirteen years later, things do not seem to have changed substantially at NCI, the NCAB, or in the general management of the National Cancer Program.

The virology boondoggle is only the tip of the iceberg. The bulk of the problem is the NCI's method of awarding contracts and grants. What seems to matter to the NCI about a research idea or proposal is whether the proponent has influential friends on the President's Cancer Panel, the NCAB, or within the so-called peer-review system.

Dr. Irwin D. J. Bross, past director of biostatistics at the Roswell Park Memorial Institute in Buffalo, agrees that the whole system of peer review at the NCI is merely a collection of interlinked clubs of chums; a close-knit community more interested in perpetuating funding among friends than innovative research. "If you're into research," Dr. Bross adds, "and you want to stay in business, you might think that the thing to do is to make great discoveries. . . . If you did that, you're finished. These people [at the NCI] are mediocre, they don't want persons capable of new ideas, innovative ideas, original thinking. They just want what's been done before."

---

This article originally appeared in the  
December 1986 **PENTHOUSE**.



FOR ALL DEBIT'S PUBLIC AND PRIVATE  
D  
THE FEDERAL RESERVE BANK OF ST. LOUIS, MISSOURI  
SERIALIZED AND REGISTERED AT THE ST. LOUIS, MISSOURI OFFICE  
OF THE FEDERAL RESERVE BANK  
FEDERAL RESERVE NOTE  
FEDERAL RESERVE BANK OF ST. LOUIS, MISSOURI  
G  
E 2214

600027682 A  
7  
Barry Brown  
FEDERAL RESERVE NOTE  
FEDERAL RESERVE BANK OF ST. LOUIS, MISSOURI  
SERIALIZED AND REGISTERED AT THE ST. LOUIS, MISSOURI OFFICE  
OF THE FEDERAL RESERVE BANK  
FEDERAL RESERVE NOTE  
FEDERAL RESERVE BANK OF ST. LOUIS, MISSOURI  
G

038563 A  
FEDERAL RESERVE NOTE  
FEDERAL RESERVE BANK OF ST. LOUIS, MISSOURI  
SERIALIZED AND REGISTERED AT THE ST. LOUIS, MISSOURI OFFICE  
OF THE FEDERAL RESERVE BANK  
FEDERAL RESERVE NOTE  
FEDERAL RESERVE BANK OF ST. LOUIS, MISSOURI  
G

6000