

*The*  
**GREAT**  
**CANCER**  
**FRAUD**

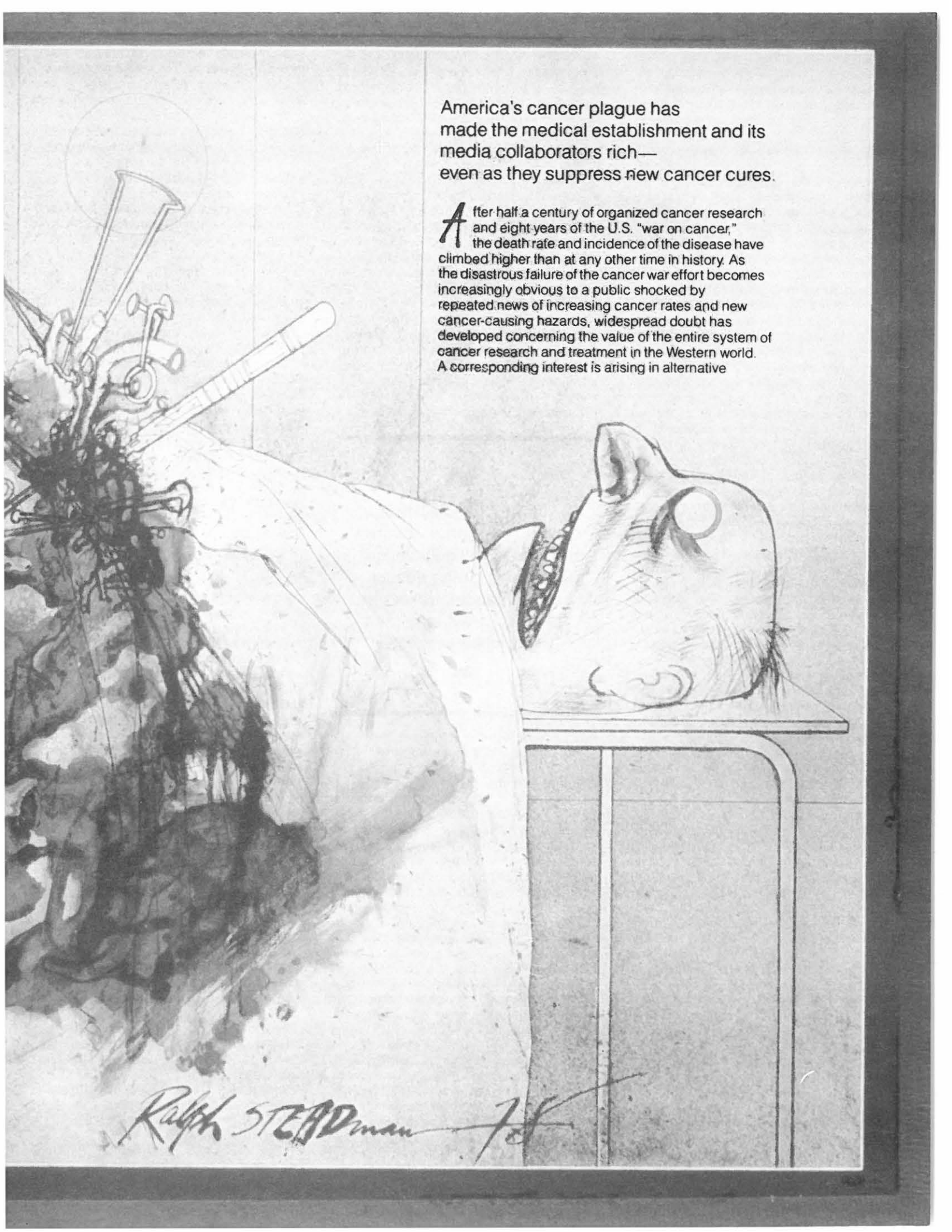
By GARY NULL and ROBERT HOUSTON

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# The Great CANCER FRAUD

BY GARY NULL AND ROBERT HOUSTON





America's cancer plague has  
made the medical establishment and its  
media collaborators rich—  
even as they suppress new cancer cures.

**A**fter half a century of organized cancer research and eight years of the U.S. "war on cancer," the death rate and incidence of the disease have climbed higher than at any other time in history. As the disastrous failure of the cancer war effort becomes increasingly obvious to a public shocked by repeated news of increasing cancer rates and new cancer-causing hazards, widespread doubt has developed concerning the value of the entire system of cancer research and treatment in the Western world. A corresponding interest is arising in alternative

Ralph STEADman J.F.



approaches to cancer therapy, including nutritional and immunological methods, as the failures and hazards of the standard treatments—surgery, radiation, and chemotherapy—become increasingly apparent.

The issues involved are not merely of academic interest, but are likely to intrude at a dramatic, personal level at some point in the life of the reader.

At present rates, two out of three families will be struck by cancer. Today one in five deaths is due to it; just ten years ago the ratio was one in six. According to a recent American Cancer Society study, the probability at birth of developing cancer in one's lifetime increased in white males from 23 percent in 1950 to 26 percent in 1970, and in white females from 28 percent in 1950 to 30 percent in 1970; for nonwhites the increase was even more marked. The odds are one in four that someday you'll get it.

The failure of the war against cancer is obviously at least as important as Watergate, Koreagate, and other examples of recent media crusades. But there is evidence now to indicate that the same news organizations that so vigorously pursued social justice are pawns of a socio-political establishment that acts to control our most precious commodity—health. Often more powerful than the federal government, this group has for the past fifty years been steadily suppressing innovative ideas in medicine, particularly new ideas in cancer prevention and treatment. This collusive pressure group, sometimes known as the Medical Establishment, is made up of the prestigious American Medical Association, the powerful drug and chemical industries, the National Cancer Institute, the public-supported American Cancer Society, the federal Food and Drug Administration, and many science writers who work for the national news media.

To see how insidiously this alliance works, one need only look at the facts in the web of politics, fear, and intrigue that is spun around the minds, hearts, cancer-ridden bodies, and savings of an unsuspecting American public. In so doing, however, one must distinguish reality from its often distorted reflection in the press.

The national news media consist of the three major television networks; the two major wire services, Associated Press and United Press International; the newspapers with national influence, such as the *New York Times* and the *Washington Post*; and the two major news magazines, *Time* and *Newsweek*. On health issues as well as other topics, they tend to interact as a system to feature the same stories: the networks and newspapers take their cues from the wire services, and the magazines take their cues from the *New York Times*. A total of perhaps a dozen persons controls these giant spotlights in their focus on health stories for the nation.

With reliable skill and efficiency, the reporters grind out an immense amount of copy, extolling the progress of establishment medicine and parroting its views on

issues of controversy. Much of the product is well-written, useful information, for which the public can only be grateful. Science, for many people, is a complex subject and one by which they are constantly intimidated. Therefore many people, feeling they are uneducated about the "scientific progress" of the medical establishment, depend more heavily for their information on what they read than they do with practically any other subject. Only since the dawn of "self-health" consciousness and attention to nutrition at the grass-roots level has there been real controversy over matters of health. People all over the country have begun to take health into their own hands. Almost invariably, however, the news coverage has not undergone any such change and still remains in the horse-and-buggy era when it comes to health and medicine. Even today, practically all news coverage of health issues seems to be sharply skewed in favor of the AMA-FDA position. After all, as conventional wisdom

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In 1973 a leading cancer researcher charged that virtually all conventional anticancer drugs actually caused cancer. Editors at *Time* and the Associated Press killed the story.

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has it, "your doctor should know."

But what do doctors really know? It's interesting to note that medical schools require *no* courses in nutrition and diet for doctors. "In fact," says Dr. Roger J. Williams in his book *Nutrition against Disease*, "medical schools in this country are now standardized (if not homogenized). A strong orthodoxy has developed that has without a doubt put a damper on the generation of challenging ideas. Since we all have one kind of medicine now—established medicine—all medical schools teach essentially the same things. The curricula are so full of supposedly necessary things that there is too little time or inclination to explore new approaches. It then becomes easy to drift into the convention that what is accepted is really and unalterably true. When science becomes orthodoxy, it ceases to be science. It ceases to search for the truth. *It also becomes liable to error.*"

This blindness and rigidity on the part of establishment medicine and its media apologists is superbly illustrated by the example of the late Dr. Hardin Jones, professor of medical physics and physiology at the University of California at Berkeley. Jones, a pioneer in epidemiological re-

search linking smoking to cancer, was asked to speak at the American Cancer Society Science Writers' conference in 1969. Jones delivered a bombshell report on his research concerning cancer survival statistics. According to Jones, the failure of past survival studies was that they did not take into account the fact that the worst, inoperable cases were left in the groups that were untreated. Thus many cancer studies were based on research done with operable and "healthier" cases, giving the mistaken judgment that surgery and radiation were of value in cancer treatment. When Jones corrected for such bias statistically, he found that "the apparent life expectancy of untreated cases of cancer . . . seems to be greater than that of the treated cases." In short, conventional cancer therapy didn't work.

Only two reporters present at this conference reported this astonishing information: Dave Cleary of the *Philadelphia Bulletin* and John Matonis of *Health Bulletin*. Though repeated in 1975 and 1977, Jones's findings were incredibly ignored by the major news media until he died in 1978.

The fact remains, however, that there *is* hope. There are various public groups and dedicated scientists who are fighting cancer in effective, innovative ways with essentially nontoxic agents. Some researchers feel they may have discovered therapies that not only arrest cancer but also check it completely, and they present clinical reports that will back them up. *Why haven't we heard about these?*

Every year, millions of dollars are spent hoaxing the public out of good nutrition into chemically polluted low-health diets—and ultimately into cancer. Then start the treatments that knife, burn, poison, and, in some cases, kill you sooner than any cancer could. And all this costs thousands of dollars, hard-earned money that goes right into the pockets of the medical establishment every day to continue the work of "the cancer factory."

The plain fact is that the news media do not investigate health issues thoroughly. With regard to the scientific results of a health issue, only the official view is generally recognized, however intense the public controversy. In fact, the more intense the controversy over the issues, the more rigorous appears to be the *exclusion* of the dissident scientific viewpoint. This is not balanced, or even honest, reporting—in the political arena it would be termed propaganda or, at best, public relations. By such practice many health reporters of the national news media have thus become little more than PR agents for the medical establishment, highly praised and paid in their preparation of supportive puffery and propaganda for its never-ending war against dissent.

Let us look at how the cancer establishment influences these reporters—and then see how the reporters go into action to quash new cancer treatments.

The action begins every spring, when the American Cancer Society, one of the

largest charitable" organizations in the world, holds its national Science Writers' Seminar at a resort locale. Here, selected health reporters from the leading media are soireed and surfeited in poolside luxury—a luxury that bespeaks the \$126 million the ACS raised last year from the public—and slipped rah-rah cancer progress stories from acceptable researchers. The American Cancer Society seminars are essentially the spring fashion shows of cancer research, letting health and science reporters know where the big money's going—though in actuality the expense has yielded almost complete failure at reducing the overall mortality level. There is always a "breakthrough" or two announced, and this right around contribution time, which neatly and coincidentally dovetails with the science writers' conference.

This annual spectacle exemplifies how some health reporters become engaged in not so much journalism as *advertising*, thereby boosting the profits of the medical establishment.

From the conference, the public receives a barrage of "progress on cancer" articles, through which its cancer consciousness is raised and its resistance softened by paraded false hopes. Then the fund raising is put into high gear, and checks by the millions are raked in for the avowed purpose of furthering research to the imminent triumph that lies "just over the horizon"—where it has remained stuck since the ACS began in 1913 as an "emergency temporary organization." What happened between that emergency time and now is a story filled with politics and with the needless deaths of millions of Americans. Suffice it to say that the American Cancer Society has been turned by members of the Madison Avenue advertising community into a self-perpetuating, propagandistic money machine.

The American Cancer Society had an income of \$140 million in fiscal 1978, with assets totaling over \$228 million; it spends less than 30 percent of its yearly income on research studies. Many feel that the American Cancer Society is largely responsible for the ineffectiveness of the War on Cancer today. Contrary to the image it cultivates, the ACS doesn't conduct much of its own research but funds certain outside research.

Examining the economics of "charity," we find that 56 percent of the ACS budget goes to its staff and office expenditures (some of its executives make up to \$75,000 a year). Over \$200 million of its nest egg is invested, making the ACS a prime banking customer. On its board of directors are *eighteen* people who are affiliated with banks. As of August 1976, over 42 percent of its assets were invested directly in those banks with which these directors were affiliated. Quite as shocking are the findings of an audit of the ACS in 1976–1978 by the National Information Bureau, the nationally recognized independent overseer of charities. It concluded: "Questions [must]

arise with respect to the ACS's accumulation of assets beyond the amount required for its next year's budget. . . . ACS repeatedly claimed over the past several years . . . that it would have made more research grants had sufficient funds been available, a statement not substantiated by the facts."

What the National Information Bureau has couched in polite terms is only too censurable for the many grief-stricken and cancer-ridden people of this country who think their only hope is a "checkup and a check."

Approximately 70 percent of the ACS's meager research budget goes to support research that is carried on by institutions with which the board directors affiliate. Patrick McGrady, Sr., science editor for the American Cancer Society for twenty-five years before he resigned in disgust at the extent of its ineptitude, said that ACS officials "close the door on innovative ideas." A notable example is Dr. Linus Pauling, who

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has come up with some very positive findings to show that vitamin C can extend cancer survival manyfold. This eminent scientist, who is the only living person to have won the Nobel Prize twice, never had any trouble getting grants before he became involved with vitamin C. Since then he has been rejected by the American Cancer Society as well as by the National Cancer Institute research grant committees *five times*.

How can the American Cancer Society get away with it? For the answer, we must now return to the national news-media science writers at the luxurious resort where the ACS was holding its annual Science Writers' Seminar.

Dave Cleary, writing in the *National Association of Science Writers Newsletter* in June 1971, said: "How much longer are we of the science-writing fraternity going to be subjected to these annual extravaganzas, consisting in significant part of unjustified speculation?" At the 1971 ACS seminar, Cleary also criticized "science writers for not being more discerning in their reports on what scientists say."

Science writer Daniel Greenberg echoed the sentiment. As editor of *Science*

and *Government Report*, Greenberg has also taken issue with the Pollyanna image of cancer-research progress in the columns of his colleagues. Examining the final data of the National Cancer Institute on survival rates, he concluded that "the public is getting a snow job about progress in cancer research and treatment. . . . After twenty-five years and several billion dollars expended on research for cures, survival rates for the most common types of cancer—those accounting for some 80 percent of all cases—are virtually unchanged [and] in some instances have worsened."

Greenberg blames this problem on "a generally passive lay press" that refuses to investigate. Why? The answer appeared in an article by Greenberg for the *Columbia Journalism Review* in 1975, for which he talked confidentially to insiders in the research establishment. In their defense these researchers told Greenberg that "there is no conscious intention to mislead the public. Rather, there is a desire to sustain public support and federal appropriations by conveying a picture of an immensely difficult problem that will slowly yield if we spend on it and work at it."

In other words—they want money.

Thus, public and government funds go to support researchers who are *not* working on feasible cures, while more people needlessly die agonizing deaths in the interim as the "immense problem" is "slowly yielding." This becomes doubly disturbing when we realize that today there are as many people *making a living from cancer* as there are those who are dying from it each year. The figures are staggering: the disease will strike this year 765,000 Americans and kill about 400,000. As one researcher summed it up, "There's a good deal of harm [from the laxity of the medical establishment in seeking a cure], because as long as the establishment is persuading the public that results are being achieved, there isn't going to be any pressure for supporting *alternatives* to these dead-end lines of research that dominate the program."

Where are these alternatives, and how can we support them? The public may want to know, but the public *will not know*—the alternatives have been covered up by those science writers of the national news media who ride shotgun for the medical establishment's solid-gold cancer train.

Nobel Prize-winning geneticist Dr. James Watson, codiscoverer of DNA and director of the Cold Spring Harbor Lab on Long Island, asserts: "The American public is being sold a nasty bill of goods about cancer. While they're being told about cancer cures, the cure rate has improved only about 1 percent. Today the press releases coming out of the National Cancer Institute have all the honesty of the Pentagon's."

Indeed, a better way to describe the media-manufactured War on Cancer would be to call it the War on Cancer Cures. In the past fifty years, a number of economical and clinically documented cancer



therapies have been suppressed by the medical establishment.

One possible remedy for cancer that was buried under the mountain of red tape and fear was the controversial Gerson Diet. Dr. Max Gerson discovered the diet as a cure for his own migraine headaches; later he adapted his cleansing, salt-free, vegetable-and-fruit diet to the cure of lupus and tuberculosis. In the early twentieth century, to say that TB could be cured by a special diet was to appear ridiculous, even though there was even then much research on diet and nutrition. Gerson compiled his results and proved clinically that his diet worked; his scientific papers appeared in several issues of *Medizinische Welt* in the late twenties and thirties. Some newspapers and magazines in Europe hailed the discovery, but the bitterness of the medical fraternity knew no bounds. "It's not scientific!" they cried.

Why were physicians so upset when Gerson had legitimate findings? Was it possible that it was more profitable to look for a cure than to find one? Gerson continued publishing and in the 1930s refined his diet for the treatment of cancer patients. Finally, after decades of clinical testing, Gerson published a book called *A Cancer Therapy* in 1958. This volume described a strikingly effective treatment of cancer and outlined in detail the case histories of fifty patients. Gerson's cancer diet was described as satless and low-fat, with proteins held to a minimum for a long period of time. The theory revolved around the idea that a healthy body would be able to fight and defend itself against disease. This was not a new idea, but it was approached by Gerson in a very scientific way, with measuring of the effect of foods on the way the body functions.

The Gerson diet, in fact, was the logical outcome of the work of many cancer doctors who had bravely opposed the pain and mutilation of surgery since 1764, when a London doctor actually inferred that surgery might contribute to the growth of cancer rather than eradicate it. Many doctors before Gerson had taken the view that cancer was a disease of the whole body, and that nutrition helped the whole body to fight it.

In 1809 London doctor William Lambe published a treatise advocating an anti-cancer diet of fruits, vegetables, and pure water, a diet whose value he eventually saw as extending to the treatment of all diseases. It is significant that many cancer therapists of the nineteenth century who abandoned the practice of surgery also recognized the curative value of a proper diet. It is also true that the so-called official school regarded such thinking with such aversion that to stress the nutritional approach to cancer eventually became the surest way to be branded a quack.

Max Gerson was repeatedly attacked, most violently by his own colleagues, and his New York clinic fought to survive for many years. Cancer patients came to Gerson as a last resort. When—in many

cases—they became cancer-free, their former doctors sometimes destroyed records confirming that they even had the disease.

In 1946 the U.S. Senate invited Gerson to hearings on a bill to authorize funds for research on the prevention and cure for cancer. He appeared and presented five cancer-free patients and their case histories before a Senate committee, all members of which were impressed with his findings. The favorable, 227-page Congressional Committee Report—document #89471—now gathers dust in the archives of the Government Printing Office. A newspaper reporter who inquired was informed that there were "no copies left." Just five years after the congressional hearings, Gerson was not allowed to practice at any New York hospital and found it difficult to secure assistants. Up till then he had for over twenty years demonstrated excellent results in treating cancer. His approach was on a highly scientific level, and his credentials were the finest. Yet Gerson never received a penny from cancer-funding agencies to aid his researches. He was the victim of a by-now-familiar *cancer blackout*: the inventor is isolated; the medical journals won't publish his work; and when he publishes elsewhere, they say it is "not scientific."

Meanwhile, the graves were filling up with the frightening and awful mutilations of operating and X-ray rooms: those burned and butchered victims turned out of hospitals to go limping hopelessly toward their final rest, those poisoned victims of toxic chemotherapy whose every body cell had tasted the painful effects of a full-scale chemical assault. "Nothing more could be done for them," said the medical establishment. They had already had their checkups, sent in their checks, and traveled the same worn, one-way road to suffering and death.

Gerson died in 1959 at the age of seventy-seven. The man who cured Albert Schweitzer's wife of tuberculosis and who was totally unrecognized by the medical world was hailed at the end by Schweitzer: "We who knew and valued him mourn him already today as a medical genius who walked among us, and as a man who was destined to be a fighter who proved himself in this adverse fate."

Today, thanks to a handful of courageous physicians whose names cannot be mentioned, Gerson's work has not been buried with him. But the congressional investigation of the American Medical Association that everyone thought was so imminent in the early sixties has yet to occur. It is a chilling fact that almost twenty years have elapsed, and still the medical establishment wields the dogmatic power that has sent millions of Americans needlessly to their painful deaths. Add to the list of suppressed cancer therapies such little known names as the Coley Toxins, the Coffey-Humber Extract, the Glover Anti-Cancer Serum, the Hoxsey Treatment, the Revici

Cancer Control Method, and Wachtel's Pituitary Approach, and one begins to get an idea of what's been going on *underground*.

Then there's the amazing case of Koch's Glyoxylide—one of the saddest stories ever to disgrace the medical power structure in the United States.

Koch's Glyoxylide was a treatment to stimulate cell oxidation and included a diet that stimulated the cleansing of the body. (Dr. William Koch's theories implicitly supported Gerson's and contradicted the conventional opinion.) His internal treatment of cancer, in combination with diet, would extinguish the torments of surgery and irradiation. In Koch's view, a surgeon who claims to cure cancer by operation "not only belies the statistics but also shows his ignorance of the minute structure of the body, together with an ignorance of pathology."

Koch's work was judged and condemned to be worthless by the "Cancer Committee" of the Wayne County Medical Society in 1923—a committee made up for the most part of surgeons and radium or X-ray "experts," a class of people that assumed cancer to be curable only by these methods. As a result, both Koch and his cancer treatment were suppressed, and the oppression extended to other doctors who attempted to use his methods in any kind of test. However, significantly successful reports were coming in from Belgium and Canada, where the treatment was being tested without interference. At the Canadian hearings, doctors testified about using Glyoxylide treatment for over fourteen years and reported on terminal patients who became cancer-free. But persecution forced Koch to work in Mexico and Brazil, where he was also condemned for his successful treatment of leprosy, tuberculosis, and mental disorders. In 1941 he claimed to have produced a rapid recovery from dementia by injection of Glyoxylide. A representative of a big pharmaceutical firm then reaping huge profits from drugs for mental patients threatened to prevent Koch from remaining in Brazil.

In 1942 and 1946 the FDA prosecuted Koch in two bitter trials, contending that his remedies were "indistinguishable from distilled water." A permanent injunction against the Koch laboratory was granted in 1950. After this several physicians were expelled from their medical societies for use of Glyoxylide—though the newspapers published letters from their gratefully cured patients. Such oppression finally destroyed the Glyoxylide treatment as well as its courageous inventor. At present it is no longer being manufactured.

The suppression of independent thought is one reason why doctors today have become frightened pawns of an overbearing system. They can't talk about their mistakes, because they simply can't afford to make mistakes. Present-day physicians give tests more than they do anything else: they're practicing medicine defensively and badly. Afraid to look for any new

theories, they are at best unscientific in their approach. Not only are today's doctors wasting millions of dollars on obscure research, but they are also wringing the last drops of blood from an innocent and docile citizenry instead of protecting its health.

One of the most useful treatments ever covered up by the medical establishment was the Lincoln Bacteriophage Method, for which Dr. Robert E. Lincoln was hounded to his death in a merciless display of political power.

Lincoln identified bacterial strains as contributing factors in hundreds of perplexing disease symptoms plaguing the human body, symptoms ranging from tiredness to leg cramps to mental depression to the common cold—and, ultimately, to cancer. In the late forties, Lincoln isolated two such strains of pathogens and with various diseases achieved a successful cure rate by using certain viruses (bacteriophages) against them. One cured cancer patient was the son of Sen. Charles Tobey, who spread the word about Lincoln's therapy.

In 1952, after Lincoln was expelled from the Massachusetts Medical Society, Senator Tobey became so incensed that he presented the particulars to Congress: (1) in 1946 the *Journal of the American Medical Association* rejected Lincoln's paper on clinical results with his "antibiotics"; (2) in 1948 the same paper was rejected by the *New England Journal of Medicine*; (3) in 1948 the director of a large Boston hospital was "unable to find the time" to review Lincoln's work, after being invited to do so; and (4) Lincoln's requests for assistance in publication were ignored by science editors.

After the influence of Senator Tobey was felt, Lincoln was personally brought before a study committee of the Massachusetts Medical Society—on the back porch of his own home. The committee agreed that a further study should take place, and Lincoln was overjoyed.

But then the dean of Boston University's Medical School, where Lincoln's bacteriophage was prepared, informed Lincoln that his viral supply had been cut off. It actually required the pressure of congressmen to induce the dean to resume supplying the bacteriophage until another lab could be set up. When the university lab turned over the viral strains to the newly created lab, the original strain was not present. Had it not been for the maintenance of this viral strain in other places, Lincoln's production would have been completely sabotaged.

Finally, after an eight-month "study" in 1952, the Massachusetts Medical Society rejected all evidence that Lincoln's treatment was beneficial. Lincoln died two years later, after being expelled from the society. The loss of an inexpensive, effective, and healthful cure to many chronic diseases is incalculable. Only today has the Lincoln Bacteriophage Method come to be reinvestigated—cautiously.

One may object that all of these events took place long ago and could never happen today. It is true that incredible suppres-

sion of innovation in science has always occurred, from Galileo to Pasteur. But it has occurred with renewed ferocity since World War II with the rise of the powerful petrochemical industry, one of whose members has the temerity to use the slogan "Something we do will touch your life today." Indeed, this industry has not only touched but also invaded every aspect of our lives, bringing with it more cause for disease.

Chemotherapy was hailed in press stories throughout the sixties and seventies as the great new hope in cancer, with little mention of the hideous side effects of such drugs and their power to induce cancer and fatality themselves. But it was not until 1976 that reports of the cancer-causing hazards of the standard anticancer drugs began to trickle into the popular press. In 1973 Dr. Dean Burk, head of the Cytochemistry Section of the National Cancer Institute, issued an open letter to then NCI director Frank Rauscher, charging that virtually all the conventional anticancer drugs had been found to cause cancer in NCI's own studies. This story was enthusiastically accepted by the general news editors at Associated Press and *Time* magazine only to be killed by science and medical editors.

The food-processing industry, another arm of the medical-drug complex, has found today that a highly effective way to promote consumer confidence in the food supply is to work with or create organizations composed primarily of academic scientists. All industry needs to do is assist—financially or otherwise—organizations of industry-oriented academic scientists in order to exercise a greater control over the public as well as the government. More important, no newspaper or television reporter can accuse industry of serving its own corporate interests when it is the professors who are the spokespersons. While legislators and reporters may think that statements by industry scientists are biased, they readily accept similar statements from academic scientists as being objective.

Two quasi-industrial scientific groups that you may have noticed in the news are the Council for Agricultural Science and Technology (CAST) and the Expert Panel on Food Safety and Nutrition of the Institute of Food Technology (IFT). Both are "non-profit" organizations. Yet both send numerous task-force reports to Congress and press releases to the media. Each of CAST's professional societies pays an annual fee from \$5,000 upward, based on its size. So far, dues from Dow Chemical, Monsanto, Hoffman-LaRoche, and ninety-four other companies make up half of CAST's income.

It isn't enough that these organizations have paved a road to questionable nutritional practices for all Americans by planning "dietary programs" that are influenced by the profit motive of the food and chemical industry; they have also minimized and even misled the public on the problem of

cancer-causing additives to their foods. One of the first reports of IFT's Expert Panel was on nitrites, nitrates, and nitrosamines (carcinogenic food additives and their derivatives found in processed meats). The panel members emphasized that processed meat contains only minute amounts of these carcinogens, but they totally omitted the fact that similarly minute levels can cause cancer in animals.

Such reports have staggering effects, in view of the amount of control these "official statements" have in the media. Legislators and consumers reading such a report or any news articles based on it would certainly be misinformed. And this simple misunderstanding can meanwhile lead to cancer.

It's interesting to note that both IFT and CAST favor the replacement of the Delaney Amendment—the law that outlaws cancer-causing food additives—with a risk-benefit analysis that would pave the way for the use of carcinogens in accordance with "government established" (and most likely industry-influenced) tolerance levels.

"Safe" levels are another myth that is perpetuated by a chemical industry looking for any outlet to sell its products. Most cancer experts agree that safe levels of carcinogens cannot be determined, because of lack of scientific data, especially data on humans. Besides, many doctors interested in cancer prevention point out, toxins can be compounded in the body over a long period of time—in which case there is *no* safe level of exposure for anyone.

Will the IFT and CAST panels let you know this? Many feel they won't, because they are hopelessly biased in the favor of industry. In fact, no "critic" is ever invited to or present to discuss "the other side." After all the experts have agreed with one another, an even more insidious event happens: a completely vague report is carefully written. Sentences are juxtaposed to imply theses that are not scientifically accurate but that have the effect of adding support to industry. Careful wording often hides the true meaning of some statements, as in the case of the nitrites statement above, in which much was omitted.

But in spite of all these biases, CAST reports carry considerable weight on Capitol Hill, and many are used to counteract consumer arguments. Although CAST views are thought of by many legislators to be scientific and very soundly researched, today many health, civil-rights, and consumer groups regard them as one of the biggest threats against careful decision-making in that collective process that affects all of our lives—government. Since such panels often do not reveal their connections to industry, many people consider them to be objective.

Obviously, one of the first steps in seeking truly objective data is the unmasking of these groups whenever possible—another job that could and should be done by a responsible press. But to date not one of these organizations has been investigated



thoroughly by any member of the national news media.

The American Cancer Society lends its support to prominent science writer Jane Brody of the *New York Times*. In 1977 she coauthored *You Can Fight Cancer and Win* with Arthur Holleb, M.D., vice-president of the American Cancer Society. In the same year, the society awarded Brody its media award for "excellence in communications" for her gushingly prochemotherapy article, "The Drug War on Cancer."

As president of the American Society of Journalists and Authors, science writer Pat McGrady, Jr., told broadcaster Barry Farber in 1977: "Many of our medical writers have a tendency to work with the establishment, to shoot for those thousand-dollar prizes offered by the establishment organizations, in addition to the fee that they get from the magazine."

McGrady, Jr., whose father had resigned from the American Cancer Society on reasons of principle, wrote a celebrated article on the success with vitamin A and enzyme therapy for cancer at the Janker Clinic in Bonn, West Germany. The piece, which many feel is one of the classics of American journalism, finally appeared in *Esquire* in April 1976, after *five years of rejection* by many other major magazines. Why the turn downs?

"Because," said Pat, "it eventually got to a place at the magazine where a query was sent to the American Cancer Society or somebody at the National Cancer Institute: 'What do you think about this idea?' And they would say simply, 'Well, if it's out-of-town, how can it be any good, because we've got the best right here in this country? So forget about it.'"

According to reports by doctors who have visited the Janker Clinic in Bonn, there is a freedom for innovative ideas and new research in Germany that is not found in the stifling atmosphere of American research. Said Dr. Harold H. Buttram in *Choice* magazine: "During my visit, I was often possessed with a sense of frustration in observing certain superior methods of therapy which cannot be brought back legally to America for care of patients here because of present laws. . . . I feel that the majority of our doctors are dedicated and humanitarian, but we have a system of health care in which innovative research has been stifled and discouraged, and this can only lead to stagnation."

Said McGrady of the Janker Clinic in his *Esquire* article. "Here were two men [Drs. Wolfgang Scheef and Hans Hofer-Janker] who were largely responsible for developing four of the most potent anticancer agents known to the medical world. . . . Yet it seems nothing short of scandalous that neither the ACS nor the National Cancer Institute has been able to spare a couple thousand dollars to send one American investigator to Bonn to learn how . . . the Janker therapies could save the lives of thousands of American cancer patients."

McGrady also had a chance to remind Frank Rauscher—now vice-president and

director of research at the American Cancer Society—on the June 5, 1978, installment of Gary Null's "Natural Living" show that Rauscher had told his father, Pat McGrady, Sr., former science editor of the ACS, that he would look into the Janker Clinic *five years earlier*. Pat wanted to know why nothing had been done.

Rauscher replied, "I invited people to send information into the National Cancer Institute or the American Cancer Society. . . . We never got it. I repeat that invitation now. We'll take a look at it." Even after this confrontation, to the best of our knowledge *there has been no response* by the American Cancer Society to the Janker Clinic, which has repeatedly sent them information regarding its clinical results.

As Patrick McGrady, Sr., summed it up, "Nobody in the science and medical departments [at ACS] is capable of doing real science. They are wonderful pros who know how to raise money. They don't know how to prevent cancer or cure patients; instead they close the door on innovative ideas."

According to the American Cancer Society, "The ACS aids in creation and strengthening of state laws to control worthless cancer remedies and tests. An active file of information on such new or unproven methods is maintained. This information is available . . . to physicians, science writers, editors, and the general public to assist in evaluating claims for unproven methods."

This unproven-methods list is in effect a blacklist of remedies that include some of the most promising methods for control of cancer in the world today, among them many dietary and nutritional programs. Once a treatment gets on this list, it becomes virtually impossible for any of its proponents to continue their research. Grants dry up; doors to publications are closed. The unproven-methods list can be compared to the Index of Heresy in the Catholic Church in medieval times. It is a fast and efficient way of dealing with new remedies without all the fuss and bother of "trials."

But it is nonetheless encouraging that now—because of pressure by the public—two remedies have been taken off this "list" and are being further investigated: the Coley Therapy and the Lincoln Bacteriophage Method. This demonstrates, if anything, that the American Cancer Society has been incompetent in its evaluations of new methods. In an emergency meeting in June 1978, the ACS decided to reevaluate the unproven-methods list and to remove more therapies from it. At the time, the ACS was planning to add a few more, such as Dr. Harold Manner's vitamin A enzyme and Laetrile treatment, which proved to produce *total tumor regression in 90 percent of the animals treated*. (Note that Manner combined the Janker Method with Laetrile.) According to Manner there have been dramatic results in preliminary human studies. With subsequent public exposure of its plans, the ACS has delayed

putting Manner on the unproven-methods list for the time being.

This brings us to the case of Laetrile, which today has become the central target of American Cancer Society door-slaming. The American Cancer Society has opposed Laetrile for *twenty-five years*, without—so far as is known—spending a dime of its money on research to support its position. Any American physician using Laetrile on cancer patients can lose hospital privileges and even his license. Although there are well over a thousand American doctors using Laetrile or prescribing it, very few of them can risk their entire practice by open defense of this method; thus very little is heard about it from doctors. This is important in the matter of influence on the public, because whenever Laetrile is discussed in the national news media, the Establishment can easily round up spokespersons who have many degrees in medicine, whereas the proponents of Laetrile (publicly) are those dedicated patients, journalists, volunteers, or scientists whose degrees are not in medicine.

Meanwhile, the official statement of the ACS carries more weight because it is defended by those medical doctors who stand to lose nothing—and, indeed to gain much—by aligning themselves with the ACS. "Laetrile . . . has received exhaustive tests in animals and never has shown any effectiveness in the prevention, treatment, or cure of cancer," according to the ACS. Its policy is to "totally reject Laetrile as a substance of any benefit in the treatment of cancer."

Now that we have the "official position," let's look at the facts. The first reports on Laetrile in the early 1950s—from the work of Drs. Ernest Krebs, Jr. and Sr. (based on a 1902 theory by Dr. John Beard)—showed that Laetrile had a definite effect on cancer. A 1953 study of Laetrile by the California Cancer Commission concluded in forty-four cases that there was no objective evidence of the control of cancer but acknowledged "increases in the sense of well-being and appetite, gain in weight, and decrease in pain" in the Laetrile-treated patients.

Meanwhile, doctors across the country began to see results with Laetrile. The first successful international reports, which demonstrated the clinical success of Laetrile and appeared in newspapers all over the world, were not reported in the American press. Also not reported was the 1966 discovery of a simple early-detection test for cancer, developed by Dr. Manuel D. Navarro, professor of biochemistry and therapeutics at the University of San Tomas, Manila. Navarro discovered this early-detection test through his studies of the theory behind Laetrile. Still not a word from the American press.

In 1963 Laetrile was prohibited in interstate commerce; and even books, including Glen D. Kittler's well-documented *Laetrile: Control for Cancer*, were coming back faster than they were being shipped



out. Why? The owners of drugstores, a vital outlet for paperback health books, had been notified that any druggist who displayed Laetrile books would not receive any more prescriptions from the members of the AMA; moreover, the Federal Trade Commission brought pressure against the book publishers.

The censorship went further. An arrangement was made for pro-Laetrile representatives to appear on a major television show. The show was canceled because the network was told that if one minute of time was given to a discussion of Laetrile, no member of the FDA or the AMA would appear on the program in the future.

Pro-Laetrile representatives were interviewed by the New York office of the United Press International. But no article ever appeared. When the article was sent to the UPI office in Washington, it went to the FDA—and never came out again.

Where is the press? American Cancer Society collaborator Jane Brody went into valiant action—but in the wrong direction—in the *New York Times* of July 21, 1975, to scotch mischievous rumors that positive results had occurred in animal tests of Laetrile at Sloan-Kettering Institute. Her article claimed that initial positive findings were "spurious results" and that all other animal studies at the institute and elsewhere had shown no beneficial effect. Only the views of detractors of Laetrile were quoted.

There were no comments from supporting scientists, including Dr. Kanematsu Sugiura of Sloan-Kettering. Readers would not know that positive animal findings had recently been reported in the scientific literature—by Sugiura in *Science* in 1973, by George Brown, Jr., in *Veterinary Medicine* in February 1974, and by P. G. Reitnauer at the Institute von Ardenne in East Germany in 1973. They would not know that all eight of Sugiura's independent experiments had found that Laetrile prevented metastasis, or distant spread, of the tumor cells. His results were confirmed by Dr. Franz Schmid at Sloan-Kettering, the very place that claimed that there never were any corroborative results. (This can now be verified in the published report of the Sloan-Kettering Institute's studies in the *Journal of Surgical Oncology* in 1978.)

It is also known that many of these findings had been brought to Jane Brody's attention at the *New York Times*, prior to the publication of the article, both by an insider at Sloan-Kettering and by an outside science writer. But she chose to ignore the information. In her article Brody anathematized defenders of Laetrile as "cultists" for attacking a purportedly negative study from the Southern Research Institute. Yet these critics included Dr. Dean Burk of the National Cancer Institute, Dr. Bernard Kenton of City of Hope Medical Center, and Dr. W. E. Deming, a leading statistician, who had found that the studies in fact showed clearly significant increased life-span with Laetrile.

In an article entitled "See How They Lie," Burk presented statements by officials in the news media that Laetrile was "totally without evidence" alongside positive animal findings. He wrote: "The facts are . . . that positive, statistically highly significant anticancer activity by Laetrile in animal tumor systems has been observed in at least five independent institutions in three widely separated countries of the world, with a wide range of animal cancers."

The Medical Establishment hadn't counted on the power of the public. By the 1970s, many people had become interested in alternative health therapies, including diet and nutrition. Supporting a "freedom of choice" philosophy, 43,000 people deluged President Nixon with petitions demanding clinical trials of this forbidden agent. These were forwarded to Nixon's cancer advisor, Benno Schmidt, who told *Science* magazine, "When I answer these [pro-Laetrile] people and tell them that Laetrile has no effect, I would like to be able to do so with some conviction." All of Schmidt's medical consultants were anti-Laetrile, but when Schmidt tried to find scientific research to back up these anti-Laetrile sentiments, he found that "I couldn't get anybody to show me his work."

Schmidt therefore encouraged work to be done on Laetrile, and in 1972 tests began at Sloan-Kettering. The first actual experimental work was done by Sugiura, and within two years he reported that it had "a strong inhibitory effect on the development of lung metastases." Moreover, "the general health and appearance of the . . . treated animals was much better than that of the controls."

To Sugiura's surprise, his findings were not released. In fact, Dr. Chester Stock, Sugiura's superior, told *Medical World News* in August 1975 (more than a year after Sugiura had completed six positive Laetrile experiments): "We have found amygdalin [Laetrile] negative in all the animal systems we have tested." In April 1975 Dr. Lewis Thomas, president of Memorial Sloan-Kettering Cancer Center, said, "Laetrile has shown after two years of tests to be worthless in fighting cancer." Dr. Robert Good, president and director of Sloan-Kettering Institute, said in January 1974, "At this moment there is no evidence that Laetrile has an effect on cancer."

Two months before this, it had been found that pineapple enzymes combined with Laetrile resulted in total tumor regression in 50 percent of experimental animals. These results were independently obtained by two researchers: Dr. Lloyd Schloen and Dr. Elizabeth Stockert, both of Sloan-Kettering. These experiments seem to anticipate the recent claims of Harold Manner that a combination of Laetrile, enzymes, and vitamin A has had a similar positive effect on mice with cancer.

No one would know of the extent of Sloan-Kettering Institute's Laetrile results today had it not been for one member of the

public-relations staff at Sloan-Kettering who could not stand by and watch while such suppressive actions were being committed: Dr. Ralph Moss, former assistant director of public affairs at Sloan-Kettering. Moss made the revelation during a press conference at the Hilton Hotel in New York on November 17, 1977. He was fired the next working day. And it was Moss, in conjunction with Gary Null on WMCA's "Natural Living," who stirred up the public and the media reporters.

Finally, Sloan-Kettering retracted some of its negative claims, but only after the New York Academy of Sciences, *Science* magazine, and Sloan-Kettering's underground employee newspaper, *Second Opinion*—along with an outraged public—brought the credibility of the entire institute into question. It was also important that Sugiura, one of the most respected researchers in the world, stood by his findings and enabled the entire world to see his results.

Probably the most significant result of the Sloan-Kettering exposé was that it focused worldwide attention on the politics and actions of the medical establishment and on the possibility of an alternative therapy for cancer. Most important, nutritionists, a health-conscious public, courageous scientific men, and the organizations for Freedom of Choice in Cancer Therapy have come together to make cancer the political issue of our time. By the spring of 1979, twenty U.S. state legislatures had legalized Laetrile (also known as vitamin B17) within their borders, allowing for its use by doctors and patients. Amazingly, Laetrile became one of the hottest issues in states' rights since the Civil War, and it was the power of a health-conscious public that began to turn the tables.

But the battle has just begun, and we have the weight of almost two centuries of suppression to overcome. The work of Ivy, Pauling, Lincoln, Koch, and Gerson as well as that of the Janker Clinic must now be brought to light. Their scientific evidence must be reinstated as important findings that may well aid in finding the solution to cancer. The new findings of Harold Manner must be brought out as constituting evidence of a possible cancer cure. The unproven-methods list of the American Cancer Society must be exposed as an effectual blacklist for innovative ideas that are being branded as heresy. We must allow individuals who have been locked out to share in the research money that is due them in their valiant efforts.

Right now, our generals in the battle against cancer are inept. The guns of the medical-petrochemical complex are pointed in the wrong direction—straight at us. We must demand our most inalienable right, the right to life—and, therefore, to health. The work that has been done by courageous scientists will help us win the war without a single shot—or deadly "silver bullet." ☉