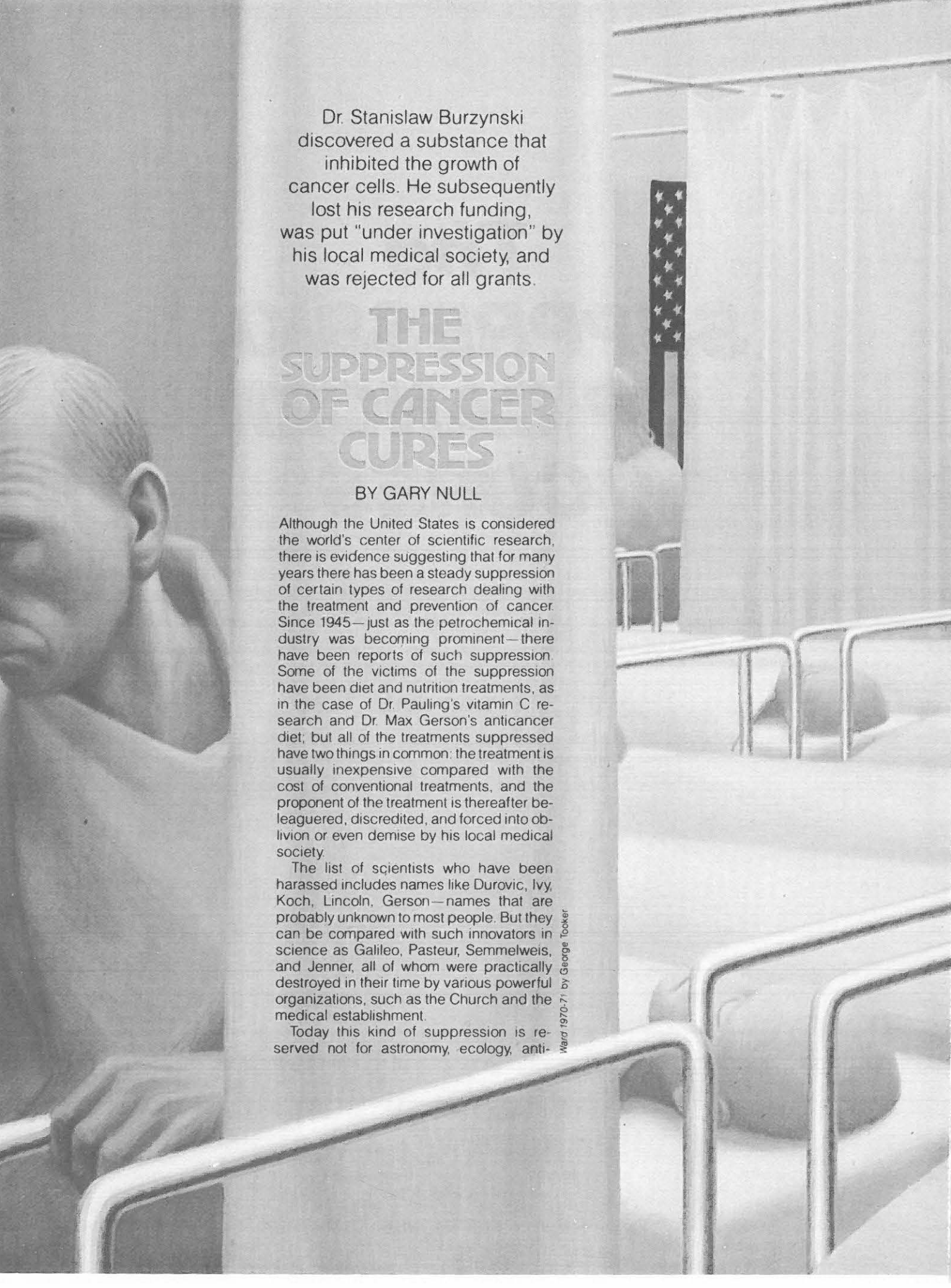


The
SUPPRESSION
OF CANCER
CURES

By GARY NULL



Dr. Stanislaw Burzynski discovered a substance that inhibited the growth of cancer cells. He subsequently lost his research funding, was put "under investigation" by his local medical society, and was rejected for all grants.

THE SUPPRESSION OF CANCER CURES

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Although the United States is considered the world's center of scientific research, there is evidence suggesting that for many years there has been a steady suppression of certain types of research dealing with the treatment and prevention of cancer. Since 1945—just as the petrochemical industry was becoming prominent—there have been reports of such suppression. Some of the victims of the suppression have been diet and nutrition treatments, as in the case of Dr. Pauling's vitamin C research and Dr. Max Gerson's anticancer diet; but all of the treatments suppressed have two things in common: the treatment is usually inexpensive compared with the cost of conventional treatments, and the proponent of the treatment is thereafter beleaguered, discredited, and forced into oblivion or even demise by his local medical society.

The list of scientists who have been harassed includes names like Durovic, Ivy, Koch, Lincoln, Gerson—names that are probably unknown to most people. But they can be compared with such innovators in science as Galileo, Pasteur, Semmelweis, and Jenner, all of whom were practically destroyed in their time by various powerful organizations, such as the Church and the medical establishment.

Today this kind of suppression is reserved not for astronomy, ecology, anti-



sepsis, or vaccinations, but for the most steadily increasing and least understood disease of our time—cancer. The suppression of valuable treatments is the cancer blackout.

We can see how the cancer blackout works by looking at the case of a young Polish doctor named Stanislaw Burzynski. In the past few years, this doctor has published ten papers on the positive results of a substance called antineoplaston on certain types of tumors.

One of the youngest men in his native country to hold an M.D. and a Ph.D. degree, Dr. Burzynski found life under communism difficult and decided to come to the United States to seek more freedom for his scientific research. After five unsuccessful attempts to leave Poland, Dr. Burzynski finally persuaded the government to let him go. He arrived in the United States about ten years ago. At this time he developed the theories he had been working on for several years and quickly gained recognition.

In an exclusive interview given this last year, Dr. Burzynski described how he discovered his ideas for cancer treatment. "We simply asked different questions. Instead of asking why the patient has cancer, we asked why certain people *do not* have cancer. We came to the conclusion that it must be a natural defense against cancer in their bodies. We thought that there might be a system other than the immune system—a system that would simply correct cancer cells. This is a better system, from a scientific point of view, because it's not aimed at destruction, but is aimed instead at *correction* of cancer cells."

Documented cases of spontaneous remission and prolonged cancer arrest in humans led Dr. Burzynski to consider how the body might fight cancer on its own. The body must have some way, he thought, to correct errors that occur in cellular differentiation and to redirect potential cancer cells into normal paths. The theory is, of course, that cancer cells have lost the "information" needed to develop into differentiated body-organ cells. Burzynski's antineoplaston allegedly supplies that "information" in the form of a protein peptide—one of the best biological information carriers—that would reprogram cancer cells into normal growth.

Although antineoplastons are found in all normal body tissues and fluids, they are most easily extracted from urine. They appear to "normalize" cancer cells without inhibiting the growth of normal cells. Actually, urine therapy has been used as a folk remedy for cancer and other ailments for over 2,000 years. Even within the past 30 years, at least 45,000 injections of urine or urine extract were given in the United States and throughout Europe without any toxic side effects. Now Dr. Burzynski has isolated more specific antitumor agents. Working with 105 gallons of normal human urine, Burzynski's group at his Houston clinic isolated four different antineoplaston peptides that restrained up to 99 percent of the growth of three different types of

cancer cells—leaving no inhibitory effect on the surrounding normal tissues. Contrast this with the effects of radiation or chemotherapy on surrounding normal tissues.

"In our search for antineoplastons," says Dr. Burzynski, "we were able to find peptides in normal human urine, blood, and corresponding tissues that were active against every type of human neoplasm [tumor] we tested, including myeloblastic leukemia, osteosarcoma, fibrosarcoma, chondrosarcoma, cancer of the uterine cervix, colon cancer, breast cancer, and lymphoma."

It became clear that in tissue culture and animal studies, Dr. Burzynski's antineoplastons worked specifically against certain types of cancer, seeming to program the undifferentiated neoplastic cells back into their specific "duties." And all this with no toxic side effects.

Dr. Burzynski presented his startling results to the annual meeting of the Fed-



The better his results,
the less encouragement
he received from
his superiors.



eration of the American Societies for Experimental Biology. When he met with enthusiastic responses, he knew then that it was time to begin human research.

However, soon after this Dr. Burzynski's funding was decreased; then it was discontinued. His work was channeled into other areas of research, and his superiors discouraged his pursuit of cancer therapy. He couldn't know at this time that this was only the beginning of his long battle with the medical establishment. Determined to continue, Dr. Burzynski struck out on his own and leased a 2,500-square-foot garage space in Houston, which he turned into an impressive private lab and office, despite warnings that the medical establishment would challenge his activities.

Working for the past two years in the relative freedom of his own lab, Dr. Burzynski has amassed some impressive results. For example, there was the case of a 63-year-old white male with lung cancer that had spread to the brain. Before coming to Dr. Burzynski, the patient had received chemotherapy and cobalt treatment, whereby a part of the brain tumor had been reduced. However, a new tumor had sprung

up in another part of his brain, and doctors had decided that nothing more could be done. Undaunted, the patient's family searched out Dr. Burzynski, who examined the patient and cautiously agreed to help.

After just two weeks of the antineoplaston treatment, in which the patient was given the substance intravenously, the tumor on the left lung decreased substantially. After six weeks it disappeared entirely. After a month both brain metastases decreased in size and, in six weeks, also disappeared. Amazingly, the only side effects of this highly effective treatment were chills and fever. These were attributed to the release of toxic products into the bloodstream after the breakdown of cancer cells. Contrast this with the deleterious effects of conventional therapy, which in this patient's case had increased the metastasis. In most cases it has the effect of assaulting the natural defense mechanisms of the body.

Thus far, Dr. Burzynski has treated 41 patients with his antineoplaston therapy, with excellent results. A positive response to the treatment and definite clinical improvement were found in 86 percent of the cases with advanced cancer and leukemia. There was total remission—complete disappearance of all demonstrable disease—in 19 percent of the cases, including advanced cases of acute lymphoblastic leukemia, cancer of the bladder, and cancer of the mouth and tongue, all of which are highly resistant to conventional methods of treatment. Recently, Dr. Burzynski's treatment has shown very good results with malignant brain tumors.

He has obtained partial remission—defined as 50 percent or greater reduction of the tumor—in colon cancer with liver metastases, synovial sarcoma, lung cancer with metastases to the brain, breast cancer with metastases, bladder cancer with metastases, cancer of the prostate, and two cases of chronic lymphocytic leukemia.

The treatment usually lasts for six weeks, starting with small doses of antineoplastons and working up to more effective amounts. These are usually given intravenously or by intramuscular injection. For the first few days, patients are treated at Twelve Oaks Hospital in Houston to determine whether there are any side effects. Then they return home, and for the following weeks Dr. Burzynski sees them once or twice a week in his office. While a patient is under treatment, Dr. Burzynski conducts careful evaluation, including a complete blood count, differential and platelet counts twice a week, a weekly urinalysis, tumor measurements every two weeks, and appropriate radiologic studies every two months.

Although it is still too early to evaluate this treatment, many researchers feel that it needs more testing than the 40-odd cases that Dr. Burzynski has been able to treat in his small clinic. The apparent nontoxicity, the specificity of the substance for certain tumors, and the speed of its effect indicate

a new and valuable treatment, free from side effects. Physicians throughout the country who have referred their "hopeless" patients to Dr. Burzynski's clinic were so impressed with the results that they've sent recommendations to Burzynski for further clinical studies on a larger scale.

Isolating antineoplastons from healthy human urine is an expensive process, requiring the separation of a specific substance from thousands of other chemicals found in the urine. Dr. Burzynski currently charges patients only for materials; the rest comes out of his own pocket. Yet the cost of medication for the treatment of one cancer patient is in the range of \$4,000 per month. In order to reduce costs, Dr. Burzynski is working on the isolation of large amounts of antineoplastons and trying to determine the chemical structure so that he may synthesize them cheaply. He expects to be able to synthesize antineoplastons within the year.

Dr. Burzynski's research findings have already been confirmed in tissue cultures and in animals in tests on leukemia and HeLa cells by the Department of Experimental Therapeutics at M. D. Anderson Hospital and Tumor Institute, by the Department of Biochemistry at New York Medical College in tests of hepatoma, by the Rega Institute in Belgium in tests of fibrosarcoma, and by the Department of Pediatrics at Baylor College of Medicine in tests of breast cancer. Now many feel that it is high time to begin human research on a large scale.

Yet at this time Dr. Burzynski is "under investigation" by his local county medical society, which has told him to limit his lecturing in universities and to avoid all publicity about his discoveries; he has also been refused a grant from the American Cancer Society, and the National Cancer Institute (which once funded his research on chemical identification and tissue cultures) has no immediately available funds for him. Also, he has had abstracts for publication rejected by cancer-research conventions, notably in May 1978, at the American Association of Cancer Research, the largest meeting of cancer researchers in this country.

Why has Dr. Burzynski received such treatment? Why has the medical society in Houston put him under investigation?

None of this, of course, is public knowledge. However, it seems that even the executive director at the medical society—a Mr. Hickock—is "not privy" to this knowledge. "Well," he said in a recent interview, "strange as it may seem, the Board of Ethics, which is our highest ethical body, is a closed panel within the medical society. The president is not privy to it; I'm not privy to it. We have one staff person who staffs it, and I never discuss it with them."

The secrecy surrounding Dr. Burzynski's case has tended to bog down the publicity he needs in order to encourage further research work with his treatment. This was evident when, in September 1978, Dr. Burzynski was invited to speak on my radio

show on natural living. He appeared to be hesitant to talk about his research and, when pressed for details, said that the Board of Ethics of the Harris County Medical Society had asked him not to give interviews to the press because he was being "investigated." However, if reporters from our show could secure the approval of the Harris County Medical Society, Dr. Burzynski would be willing to discuss his work.

When contacted, the Society said only that Dr. Burzynski was "under investigation" and intimated that it would not be wise to have anything to do with him. When the reporter still expressed interest in knowing when Dr. Burzynski could be interviewed, the Harris County Medical Society said they would "let them know." When called recently, the county medical society refused to give information as to whether or not he is being investigated at all.

But the "investigation" indeed plodded on, and the only difference this year was that Dr. Burzynski was unafraid to speak. In

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a recent interview he explained the nature of the Harris County Medical Society investigation.

"I was afraid to speak before because I would prefer to be a member of the Harris County Medical Society—if you are not, you may have some problems. But now this investigation has been going on for two years. And I really feel that this is an unjust situation. In the beginning they informed me that they would like to investigate me because various people were asking them what I was doing."

Dr. Burzynski described how he had cooperated by sending the Society documentation of the safety and efficacy of his experiments in human research. This documentation not only summarized his research and listed his publications in scientific journals but also included extensive research done by other groups in support of his findings.

But when the county medical society was contacted, this reporter was informed that it did not conduct investigations for informational purposes. Said Mr. Hickock: "We don't investigate clinics; we're a professional association of physicians. We're not authorized to conduct investigations.

We don't pursue informational aspects of new treatments. That gets out through time-honored procedures: papers, scientific presentations, research, postgraduate seminars—easy information to come by. The protocol on these is time-honored."

Yet, if the Harris County Medical Society puts so much stock in these "time-honored" procedures, why was it limiting Dr. Burzynski's participation in the Society, and why was it ignoring his work? Indeed, if the Society does not investigate for "informational purposes," as it had told Dr. Burzynski, then what *is* it doing?

Mr. Hickock said that there were certain circumstances when the county medical society would conduct an investigation "as it applies to membership and living up to the bylaws of the Harris County Medical Society." And then he informed this reporter that the protocol was very strict in these matters—it all had to be in writing. "First, the physician is informed that there has been a complaint lodged against him. They call the physician in, or they ask him to respond to it. If they're not satisfied with the response, they talk to him, and they talk to the complainant. They meet with the committee—and in 99 percent of the cases there is a reasonable settlement. It's just that simple." Mr. Hickock also told me that to his knowledge no physician would be investigated without being told the nature of the grievance as well as the identity of the complainant. "If somebody accuses you of something, you'd like to know who the accuser is and what the charge is; that's only fair."

When asked whether he had ever been informed of a complaint or grievance against him, Dr. Burzynski said, "No, they just mentioned that various people were asking what we were doing, and they needed to know in order to give the information to them." When Dr. Burzynski was asked whether he had ever received any complaints from the patients he had treated or their doctors, he said that he had not. "In fact," he said, "it's quite the reverse. We have letters in which patients thank us for taking excellent care of them and helping them. And we have very nice letters from the families of patients who died, saying they thought we did whatever we could. We have letters from doctors, thanking us for taking care of their patients and telling us they thought we got very good results. So nobody complained. And I don't know why the Harris County Medical Society is taking up so much time and effort with me."

Why didn't the Society follow strict protocol in its investigation of Dr. Burzynski? When asked this question, Mr. Hickock replied, "Well, I guess a person can say anything he wants to say."

Yet where are the letters of complaint against Dr. Burzynski? Where are the grievances? Perhaps we should take a look at some strangely similar cases that have "graced" the records of medical societies for the past few decades.

There's the case of Dr. Andrew Ivy, one of America's greatest scientists, who was

suspended in 1953 from the Chicago Medical Society as well as from the AMA and the prestigious University of Illinois Medical School, which he had headed for many years. The suspension was for his association with the controversial immunotherapeutic anticancer drug Krebiozen. And all this after an "exhaustive investigation" conducted by his medical society, with which he willingly cooperated. Even after he had provided it with incontrovertible proof of his experiments, Dr. Ivy was found to be "unethical" by his medical society. He was never reinstated, nor was Krebiozen ever thoroughly tested. Later it was found out that certain members of the AMA had tried to acquire distribution rights to this new medicine, Krebiozen, or to "wreck all those who were connected to it," thereby forcing its inventors to beg for terms.

Then there's the case of Dr. Max Gerson, who published scientific papers throughout Europe and the United States on a special anticancer diet. He was attacked repeatedly, most violently by his own colleagues. His New Jersey clinic fought to survive for many years. In 1946 the U.S. Senate invited Dr. Gerson to hearings on a bill that would authorize funds for the prevention and cure of cancer. After appearing with five cancer-free patients and presenting their case histories to the Senate, a favorable congressional committee report was issued. However, Document 89471, which acknowledges Dr. Gerson's treatment, now gathers dust in the archives of the government printing office. One reporter was informed that "there are no copies left." By 1956, just ten years after the congressional hearings, Dr. Gerson was expelled from his medical society; then, after "exhaustive investigation," he was not allowed to practice medicine in any New York hospital.

Another fighter was Dr. Robert E. Lincoln, who was hounded to his death by a merciless display of political power. Although Dr. Lincoln had discovered that certain staphylococci bacteria were a cause of many perplexing disease symptoms, including those of cancer, he was expelled from the Medford, Mass., Medical Society. If it had not been for the successful treatment of a U.S. senator's son, perhaps we would never have heard of Dr. Lincoln today. The senator intervened, and Dr. Lincoln was reviewed again by his medical society. In eight months all evidence of Lincoln's treatment as being beneficial had been rejected. Two years later Lincoln died after being finally expelled from his society.

These are four examples of vastly different, innovative cancer treatments: Ivy's immunotherapeutic Krebiozen, Gerson's nutritional treatment, Lincoln's bacteriophages, and, finally, Burzynski's antineoplastons. All these scientists seem to be the victims of a medical establishment resistant to change. There is one difference with the Burzynski case—this could be the first time the local medical society has been caught in the act. Ironically, this familiar sequence of events is taking place in

one of the nation's largest cancer-research communities.

"Yes, it's upsetting because we get great cooperation from international researchers," says Dr. Burzynski. "We have very good relations with Japanese doctors who'd like to try the medicine; also, the Hungarian National Institute of Cancer would like to try it. They'd like to try it in Poland and even in the Soviet Union. We get letters from the Chinese. Unfortunately, here in Houston we are getting most of the problems."

Why should a medication developed here be tested in Japan, Switzerland, or anywhere else? Why not here? Dr. Burzynski explained that this had happened before, as in the case of the smallpox vaccine; it was invented by Jenner in Great Britain and tested in other countries. The British people were the last to receive it.

Says Dr. Burzynski of this problem: "I think this should change because the American people are having great casual-

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ties for cancer every year, and I think they're entitled to something new. I'm willing to submit what we have to any tumor institute in this country in order to conduct very detailed and well-controlled studies."

But this has not yet been possible for Dr. Burzynski's treatment. If anything, he has been rejected, even after he had initially received letters expressing interest. Dr. Burzynski cited the local M. D. Anderson Institute, which, he said, "was the most interested" in his research. Dr. Burzynski said he knew that a number of professors there were very interested in his work and would be willing to try it out. However, the person responsible for experimental therapy would not allow it. Dr. Burzynski refused to give his name.

When asked whether he got requests from any of the major cancer institutes like Sloan-Kettering, the National Institute of Health, or the Roswell Park Memorial Institute, Dr. Burzynski said that he hadn't. "As a matter of fact," he said, "when I submitted an abstract for presentation at last year's meeting of the American Association for Cancer Research, a Dr. Mihich from Roswell Park Memorial Institute—chairman of the program committee—rejected it. When

I asked why, Dr. Mihich told me that he was not a specialist in the field and couldn't evaluate why my paper had been rejected by the committee." When Dr. Burzynski asked to be in touch with members of the panel who were specialists, he heard nothing from Dr. Mihich. When Dr. Mihich was contacted at Roswell Park Memorial Institute, he said that he could not remember the case; he also said that it was very rare for an abstract to be rejected from publication—"perhaps five or six out of a thousand applicants." Later, Dr. Mihich's secretary uncovered a file of letters that Dr. Burzynski had sent to Dr. Mihich. Apparently, this file had been sent to Dr. Frederick Phillips at Sloan-Kettering, the secretary of the American Association of Cancer Research, because Dr. Mihich had felt that "an official letter from Dr. Phillips might be useful."

When contacted about this matter, Dr. Phillips said that he would "rather not answer anything in haste," and that he would call me back. Upon doing so, he told me that "the program committee, working under some constraint of time, is not constrained to explain its actions. If it were, I think the whole system of arranging for an annual meeting would break down." Dr. Phillips then quoted from a letter he wrote to Dr. Burzynski, "explaining" his rejection: "Most members of the association have confidence in the judgment of the program committee. Most members are also likely to support the notion that such committees cannot be asked to provide written reviews of each of those actions which result in disappointment each year to a minority of members whose abstracts are not accepted. I trust you can agree with this point of view. Many of us had at one time or another the kind of disappointment that you describe in your correspondence. About all that we can do is to try again next year when there'll be a new program committee which may view our work in a different light. With best wishes, most sincerely, F. R. Phillips." And I'm afraid I can't say much more than that at this time."

Perhaps we should now ask what has happened to the idea of the open forum for the reporting and presentation of new scientific ideas. If there were some problem with Dr. Burzynski's scientific protocol, if he had not published papers on his subject, if he had not gained solid, positive proof of the value of his treatment, then perhaps we could understand his rejection. But there is nothing to suggest that his scientific method is lacking; indeed, there seems to be little reason for his rejection. But as Dr. Phillips said at the end of our conversation, "That's the way the review system works in this country. It is our policy that the program committee is not obliged to explain to anyone the basis of what its decisions are." Again, we see how secrecy surrounds an important, scientific decision-making panel, secrecy that cannot help deterring open discussion on unproven treatments, whether it is Dr. Burzynski's work or any other unusual research.

It seems clear that Dr. Burzynski's suppression has reached a national level; indeed, the National Cancer Institute, empowered by the U.S. Congress to give more than \$800 million a year for research of promising cancer treatments, has also not been a recent source of support for Dr. Burzynski. Although he had once been funded by the NCI, the funds were cut off and Dr. Burzynski has ceased requesting NCI support because NCI cannot make funds immediately available.

"Altogether, we applied to NCI four or five times. At the beginning we were very successful. As a matter of fact, NCI funded the basic research on these compounds. We received two grants and one supplemental, but after that they told us that the project looked interesting, but that they didn't have sufficient funds for us."

Dr. Burzynski also told us that his research proposal had been rejected by the American Cancer Society.

In these matters the situation is also strangely familiar. Two-time Nobel Prize winner Linus Pauling has been rejected five times by the NCI for his work in vitamin C and cancer. Dr. Pauling also had published positive results to corroborate his theories, and it's interesting to note that previous to his association with vitamin C, he had no trouble at all getting funds.

Dr. Burzynski described the last time—two months ago—that members of the Harris County Medical Society visited his clinic to continue their "investigation."

"The Harris County Medical Society sent three practicing oncologists to my lab. From the beginning they were very hostile. The lab didn't make too much of an impression on them, even though we are using some of the most sophisticated equipment you can get in this area. Some of these doctors didn't care to look at our specimens of tissue cultures under the microscope. I showed them, for instance, a case of colon cancer which had metastasized to the liver; on the scan there were huge tumors which were very visible—even a layman could see that the liver was completely taken by the tumor. What the doctors from the Society said was 'It doesn't look like a liver.' I told them politely that maybe it doesn't look like a liver because of the tumor. We went on to the scan that had been taken after two months of treatment, which shows the tumor greatly reduced. Then the doctors said, 'Who cares about scans? You can't base your opinions on scans; they don't have much value. You can't even be sure that this was a liver at the beginning.'"

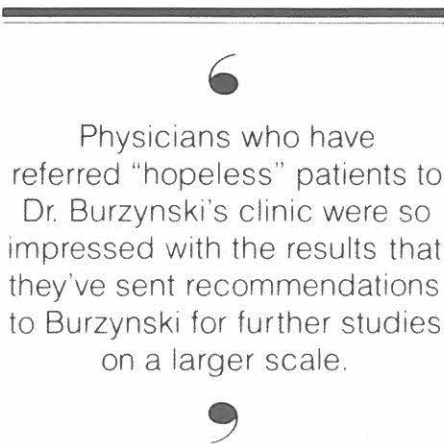
Dr. Burzynski went on to explain how this particular case was already published in one of his scientific papers and how everyone had been very excited because it showed an almost perfect reduction of the tumor. "But for them," he said of the medical society team, "it was nothing."

The same brutal rejection of facts held true when Dr. Burzynski showed the visiting oncologists his other cases, some of which included cancers like tongue cancer that

are very resistant to conventional methods of treatment. One such case had been examined and followed up at the same time by one of Houston's leading head and neck surgeons, who wrote that Dr. Burzynski had achieved "a completely phenomenal response." But when Dr. Burzynski showed the visiting oncologists this report, they said, "it doesn't mean anything."

Still, Dr. Burzynski has complied with the county medical society and has kept a low profile. But, apparently, it was not low enough, because Dr. Burzynski has had to attend special meetings of the Board of Ethics for months. "I was never brought to court," he said. "At these meetings they would ask me questions like, 'Are you still pursuing your endeavors, Dr. Burzynski?' and when I answered that I was, they would say, 'You have to come to visit us, because if you don't, you'll go to the court of the Harris County Medical Society.' I was having a very hard time with them."

But the Harris County Medical Society is



Physicians who have referred "hopeless" patients to Dr. Burzynski's clinic were so impressed with the results that they've sent recommendations to Burzynski for further studies on a larger scale.

not content with Dr. Burzynski's attendance at these meetings; now it is openly accusing him. In a confidential letter dated September 1, 1978, which was made accessible to this reporter, the Harris County Medical Society Board of Ethics found "after exhaustive review" that Dr. Burzynski's methods of research were "unethical for the following reasons: this is an investigative form of therapy which is being financed at least in part by the patients involved, which patients are emotionally distraught and unrealistic because of the delicate situation in which they found themselves."

When questioned about his financial situation, Dr. Burzynski told me that "only about 9 percent of the patients paid the whole amount for the treatment. Actually, our policy was not to charge people at all—over 25 percent of our patients receive the treatment completely free, and for the other 60 percent or so, it is paid for by insurance." Dr. Burzynski said he himself survives on loans because he gets no support from the NCI or the ACS or any of the normal cancer research funds.

The accusatory letter from the Society also states that "the Board could find no evidence of peer review or outside consul-

tation either in the choice and evaluation of the patients for this therapy, or in follow-up evaluations as a result of the treatment."

Dr. Burzynski said this was completely untrue. "There were at least fourteen doctors, specialists, who were following patients with me. All the patients were referred by their doctors, who thought that these people would die very soon because there was no hope for them. Conventional therapy failed them; so they finally asked me to try to do something for them."

"I was constantly referring back to the doctors who had treated them previously so that we could evaluate their response together. I have letters from these doctors, and I have their evaluations. In addition, every patient was followed up by at least two doctors. So this is simply not true."

What other allegations have been directed against Dr. Burzynski? The board states that he was "treating patients with an investigational or experimental drug, who might well benefit from accepted and proven methods of cancer therapy." But as we have already seen, Dr. Burzynski only accepted patients who were referred by their doctors, who had felt that conventional therapy had indeed failed. And in many cases—86 percent, in fact—the patients had responded positively. Nineteen percent of the patients have complete remission to date.

It appears that the Harris County Medical Society Board of Ethics disregarded the facts in the case of Dr. Burzynski. They have suppressed his right to lecture in the university and to give public interviews, and, most shockingly, they have violated their own strictly enforced protocol for investigation by not informing Dr. Burzynski two years ago of the reasons for their intense interest in his work.

In the case of Dr. Burzynski, it seems clear that his positive results deserve to be scientifically tested on a larger scale. So far, he has made no radical claims, he has followed strict scientific protocol, and he has published papers in respected journals. If his approach had been different, perhaps he would indeed be suspect. On the contrary, it is the actions of the Harris County Medical Society, the NCI, and the American Association of Cancer Research that deserve the investigation of a concerned public. This may be the first time the secret workings of the medical establishment have been exposed before a good scientist and his work have been destroyed. We owe Dr. Burzynski our watchful interest and support as he continues his long battle with the overwhelming political forces in Houston and at the national level.

Dr. Burzynski has decided to fight. "I'm going to fight no matter what they do," he said, "because I believe I'm doing the right thing. I believe that this is our obligation to the people. If you find something that's valuable, you must continue, and I believe that we've found something that may be able to save lives." □

(This is the second article in a series.)