

Cancer - Reprint

# CANCER

and the  
Medical Research Business

By Malcolm Lawrence

Special Reprint 5-62

LEE FOUNDATION OF NUTRITIONAL RESEARCH  
Milwaukee 3, Wisconsin

This article is published under a non-de-plume. Its author is very much an "insider" in the milieu under examination. We are satisfied that his desire at this time not to disclose his identity is in the interest of promoting the integrity of medical research. But the author does not seek personal immunity as to liability for the veracity of any and all statements made. Any individual or organization which might feel unfairly reflected upon in this article and might wish to initiate legal action against this publication and/or the author, is invited to do so. If such complaint should be filed with any court against the author of this article as "John Doe," we have been authorized by him to disclose his identity at that time.

We do not propose to pass upon the merits of the various drugs and treatments dealt with in the article. In publishing it, we are primarily guided by the desire to counteract the coercive conformity and intolerance practiced in the American medical journals.

—Ed.

In November 1961, one thousand doctors and researchers met in Washington for a federal conference to review the progress made in finding chemotherapeutic answers (the use of drugs) to the supposedly growing problem of cancer. The medical fraternity, except for a substantial number of diehards, has for some time been admitting, that surgery and radiation have reached the limit of their abilities to cope with the situation. In the case of advanced cancer, where there is widespread invasion of the disease in the patient, the destructive approach of cutting and burning is useless and can often hasten death. The use of surgery pre-dates Christ, and Hippocrates himself warned that the knife could stimulate cancer growth.

Since the start of a serious effort in clinical cancer chemotherapy research, commenced about eight years ago (20,000 experimental patients, 175 experimental drugs and \$141 million experimental dollars), the "accepted" researchers can report that only one or two very dangerous drugs show any real signs of actually "curing" cancer. These drugs can claim only two or three five-year survival cases (five years being the time-criterion for a "cure"). The heralded cases are a rare form of cancer, choriocarcinoma, which strikes about 300 women in the U. S. each year. Each case is so rare as to be called a "museum piece" by Dr. Emerson Day of the famed Sloan-Kettering Institute.

Last year alone the National Cancer Institute "screened" about 50,000 different substances on animals to determine if they had anti-cancer effect. The cost of the "screening" was \$30 million out of a total of over \$100 million dollars which Congress has given to the Institute for one year's activities. In addition to other groups which raise money directly from the public, the American Cancer Society garners some \$30 million a year from which it adds a mere \$10-12 million to the research pot.

Despite all this money spent, despite all of our surgeons and radiologists, despite all of our "true blue" drug researchers, about 500,000 Americans are hospitalized each year for cancer at a hospitalization cost of \$350 million dollars. About 265,000 men, women and children continue to die each year. Is this tragic situation due to the mystery of the disease or is it due to the mystery of the medical research business?

### THE OPTIMISTIC PITCH

Dr. I. S. Ravdin (a surgeon who, according to *Medical World News*, is one of the few people who control U. S. medical research) announced the following at the termination of the big Washington conference: "Matters have improved in the cancer fight and we are beginning to see the light. The answer could come next month, next year—or next week."

Ravdin's hopeful remarks appeared in one newspaper story under the bold three column headline: "Cancer Control Held Near". Statements like this have repeatedly been made by Ravdin and others. Their frequency and optimism usually coincides with fund-raising campaigns for or Congressional hearings on medical research appropriations. As a matter of fact, soon after Dr. Ravdin made his Delphic prediction, a fund-raising letter from a community division of the American Cancer Society went forth: "Increasingly optimistic predictions are being made." It went on to quote Dr. Ravdin.

The American Cancer Society claims that about 37% of patients treated for cancer survive five years. However, the Society does not issue to the public a breakdown of the types of cases included in that 37%. Aside from the fact that practically none of these cases were far advanced or terminal, at the time treatment commenced, the 37% figure unquestionably includes a large number of primary skin cancers, which are not the major problem. Consequently, the progress claimed

and the figures issued are misleading when it comes to therapeutic achievement. Undoubtedly, the campaign on "danger signals" has increased the doctor's revenue, but it has also increased the chances for early diagnosis of some kinds of cancer. However laudable this is, the major problem of more effective treatment for *advanced* cancer has not been significantly furthered by the activities of all of the "accepted" people and organizations.

### CANCER ECONOMICS

Economically, cancer is one of the most important diseases to both doctor and patient. To the former the flow of money is "in"; to the latter the flow is "out." It is no less than astounding that a surgical procedure which hardly has one long-term survival to boast of is still followed if the patient can afford it. Some students of the subject believe that a poor cancer patient has a better chance for survival than a rich one because the poor man might escape the full surgical treatment.

To dispel any doubt, consider the interview given some time ago by a non-conformist surgeon, Dr. Paul R. Hawley, who by some mistake became president of the American College of Surgeons. He told a reporter that one "... would be shocked at the amount of unnecessary surgery that is performed." (*U. S. News & World Report*, 2/20/53)

The reporter asked: "Why do you suppose a doctor makes an unnecessary operation?"

"Money," Dr. Hawley replied.

"Just plain dishonest money-making? . . . Do you think there are doctors who would do this just for the sake of money?" the interviewer pressed.

Said Dr. Hawley, "I don't think it, I know it, and I can prove it."

Dr. Hawley may or may not have been talking about cancer surgery, however, no more lucrative field for the surgeon's knife exists in the entire kingdom of medicine. And the surgeon is top dog in the medical hierarchy because he can show "dramatic" results by his art. Before antibiotics, the ordinary physician whistled in the dark most of the time; and it is still said that in any encounter with a doctor, the patient has a 50-50 chance of coming away from it no worse off than he was.

It's no wonder then that the surgeon dominates medicine and that non-surgical approaches to cancer—aside from radiology which had a very tough time gaining acceptance—have actually been *suppressed*. There is evidence to prove that this suppression continues today, despite the lip service and the bustle of activity in the new chemotherapeutic approach to the illness. The way in which this suppression operates in the middle of the Twentieth Century is a complex story, no small part of which is the very mid-Twentieth Century itself. For this is a time in which money and power have pervaded every activity of man, truncating moral considerations.

### A SCEPTIC'S QUESTIONS

New ideas, in any field, have always run up against the vested interests of entrenched forces. But in the field of science and medicine we have the supreme examples.

In a recent article in *Science*, Professor Barber of Columbia documented this phenomenon and analyzed it as a sociologist. He pointed out that there has hardly been one single major advance in science that was not discredited at the time of its announcement; and noted that "The mere assertion that scientists themselves sometimes resist scientific discovery clashes, of course, with the stereotype of the

scientist as the 'open-minded man'."

Whereas opposition to new scientific ideas has in the past been based on the "natural" factors of status quoism, jealousy, stupidity and fear—nowadays this opposition seems to have an almost entirely economic basis, superimposed from without; an "outer-directed" opposition, if you will, in the terms of "The Lonely Crowd."

Just what is the true story of cancer and cancer research in the United States? Is a "cure" just around the corner? Are the millions being spent properly and honestly? Is research "controlled" as *Medical World News* let slip (to its medical readers)? Is a "cure" for cancer being seriously *sought* by the vast complex of orthodox, institutionalized medical research in the U. S.? Perhaps the mere promulgation of these questions is rank heresy. But they are posed with an increasing frequency and some of the answers may shock the uninitiated.

Answers in depth would require a very large book to be added to the several revealing ones already written. The myth of American superiority in medicine and medical care (hardly any major medical advance was American in origin and a large number of foreign treatments, drugs and theories far surpass those in use in the U. S.—another very big story) is one of the roots of the tree of answers.

Essential to any complete understanding is an acquaintance with the history of medicine and the forces and elements which have culturally and psychologically shaped our attitudes toward doctors. For the medical profession has, from humble and ignorant beginnings, achieved a unique position of virtual omniscience and invulnerability. Society has endowed it with an immunity from the ordinary scrutiny a democracy purportedly applies to other groups. Most important, it is necessary to view the medical profession and medical research in the context of ordinary, mortal, commercial enterprise. Hundreds of millions of dollars are involved in bricks and mortar, equipment, salaries, grants, fees, production, distribution, sales—all of the elements of business and finance necessary to operate General Motors. Such elements are just as surely connected with medical research and medical practice.

### RESEARCH OR INVESTMENT?

The powerful juggernaut that is U. S. cancer research rides on four wheels and that's why it looks like such a normal vehicle. The fact that they are Big Wheels only helps to keep them acceptable to us because we are a Big Wheel-minded nation. Let's consider each of these wheels; and it doesn't make any difference which one we look at first, because they all run at the same speed. This article can only survey the areas that should be investigated, shed some light in dark alleys and indicate situations that justify the questions already posed.

Consider the American Cancer Society. It owns half the patent rights to at least one anti-cancer drug, 5-FU, which is produced by a private drug company. The original research for that drug was paid for by public contributions to the American Cancer Society. This we learn from a report by the Comptroller General of the U. S. who also revealed that a quantity of this very same drug was sold to the National Cancer Institute for \$715,750, under conditions which apparently caused the Comptroller General to conduct an investigation. A recent financial statement of the American Cancer Society showed a net income, other than from contributions and legacy funds, of \$1,252,718. This income was classified as "interest and miscellaneous income". Since it would require a huge investment to accrue this amount as one year's interest, one wonders if this money came from patent royalties. If it did, then it means that the public is not getting the benefit of research it financed, in terms of the lowest cost for the end product,

because of royalties paid to the American Cancer Society by drug companies.

Ownership of patents in anti-cancer drugs by the Society gives it a vested interest in *certain drugs*, as opposed to others. It places the organization in the posture of a commercial business enterprise which, automatically, requires it to concern itself with "competition".

That the financial affairs and financial reporting of organizations like the ACS leave much to the imagination was only recently emphasized by Harvard's Dr. Robert H. Hamlin who conducted a study financed by the Rockefeller Foundation of those research organizations. ("*Voluntary Health and Welfare Agencies in the U. S.*") Dr. Hamlin had the courage to report that many voluntary health and welfare agencies, although set up as "public trusts" using tax-exempt funds, are actually "misleading" the public. He even raised the delicate question as to whether these organizations were not more interested in their own self-perpetuation than in finding the solution to a disease problem. Naturally, most of these organizations responded by saying, in effect, that Hamlin was out of his mind; they call him a "publicity seeker."

But as public pressure grows, the larger of the research groups are mounting counter-attacks. Their defense, pioneered by the American Cancer Society in California, is to invoke the help of their mighty professional associates in organized medicine in setting up special State boards to control "unworthy" fund-raisers. Thus, under pressure from an awakening public and in the guise of improving the situation, the big outfits like the American Cancer Society can actually become more entrenched and eliminate all competition!

#### A FEW CASES IN POINT

Before leaving the strictly financial side of the matter it is interesting to note that, according to the Hamlin report, the difference between the total amount raised from the public by 56 voluntary agencies and the amount accounted for by them is an unexplained \$58,000,000! John Lear, writing in *Saturday Review*, has pointed out that "salaries paid to executive directors and other senior administrators . . . are not common knowledge as are the salaries of government and corporation officials." Mr. Lear described the dual occupation of the paid executive director of the Massachusetts Division of the American Cancer Society; he also owns the fund-raising firm working for the ACS in Massachusetts! Or, consider that Mr. Elmer Bobst, now chairman of the board of the Warner-Lambert Pharmaceutical Co., was a key figure in the American Cancer Society. He is still quite active, having recently donated \$50,000 to the production of a special *N. Y. Times Sunday Supplement*, heralding the "great" work of the Society. In the book "*Cartels, Challenge to a Free World*," by Wendel Berge former Assistant Attorney General of the U. S., Mr. Bobst is mentioned among those prosecuted by the Department of Justice for violations of the anti-trust laws. He was found guilty in 1941 and fined \$6,000. According to Mr. Berge, the shortcomings included "the hostility of cartel members toward a new product which endangers their control of the market . . ." Among the methods used by the cartel (Mr. Berge said) "*It has attempted to suppress the publication of scientific research data which were at variance with its monopoly interests.*"

It is interesting to note that the private drug company which shares the patent rights with the American Cancer Society for the drug mentioned earlier (5-FU), is Hoffman-LaRoche, in which company Mr. Bobst served as president before joining Warner-Lambert!

In discussing the establishment and the growth of the "voluntary" health agency, H. Bloomgarden, once the prodigy of Mrs. Albert D.

Lasker (she and her late husband got the ACS into high gear) wrote in his book, "*Before We Sleep*":

"Up until the point that a decision is reached to go to the public, and up until the point at which personnel are employed, there is no profit in the picture, and dedication and selflessness are the most common attributes of the organization and its membership. But once a staff is hired, an office is rented, and the services of outside organizations have been called upon for the success of the fund-raising drive, professionals begin to step in and, as they do, the role of the volunteer becomes subordinate to the purposes of the profession and indeed, the volunteer is now used by the professional to further the purposes of the organization, or *perhaps his own.*" (Italics added.)

#### BOYCOTT OF INDEPENDENT RESEARCHERS

Why is it that independent researchers in the field of cancer who believe they have something worthwhile can never get any place with the American Cancer Society? The Society spends millions of the dollars the public gives it for research to tell the public that it is looking in every nook and cranny for the answer to cancer. But as soon as a scientist comes along who is not a cog in the finely meshing wheels of organized medical research, he is put under the thumb of the "recognized" researchers. He either has to sign away personal rights to his discovery, or (more likely) he is stalled and ignored.

Typical was the experience of Dr. Henry K. Wachtel, former Associate Professor of Physiology and Director of Cancer Research at Fordham University, who discovered an anti-cancer substance called Antineol. He wrote: ". . . the team entrenched in the American Cancer Society was in complete control of the public money spent on cancer research and could monopolize this money for projects agreeable to the bosses of the combine, and to deny it to projects which are disliked. A financial dependence was created of the favored researcher who had to comply, to support, and agree with the activities of the group, because any opposition or criticism endangered the rebellious with the loss of financial support of his project." Thus spoke Dr. Wachtel when he gave up his attempt to benefit mankind with the aid of the American Cancer Society, because he couldn't get that aid.

Thus, our first Big Wheel in U. S. cancer research, the American Cancer Society, even on a cursory look, is revealed as an organization whose financial affairs are partially veiled; whose leaders include a proven anti-trust violator who just happens to be in the drug business; whose record of achievement and methods of operation are quite equivocal; and whose efforts to discourage independent cancer research are common knowledge among independent scientists.

How does the ACS get away with it? To answer this we must look at the other wheels on the wagon.

The American Medical Association, Wheel No. 2, has had complete freedom from inquiry into its sacrosanct "scientific" machine. Most "laymen"—including most Congressmen—believe themselves incapable of questioning learned doctors about the technical aspects of their trade. They know they will be victimized by medical jargon and they know that to say or to imply that not all doctors are selfless, dedicated servants of mankind, would be akin to a direct attack on God and Country. The AMA is fair game on the matter of its economic views, but how in the world can an ordinary "layman" question the AMA pronouncements on the treatment of athlete's foot, let alone cancer? Psychiatrists say we poor non-doctors fear to antagonize our physician because he might not take care of us in our need!

## THE AMA EMPIRE

For documented proof that the AMA controls the practice of medicine in the U. S., lock, stock and barrel see "The Doctor Business" by Richard Carter. Medical doctors are reachable and controllable by AMA. AMA is the judge, jury and licenser of all medical practice with or without the consent of the governed and AMA is really just four or five paid executive staff members who run the show.

Our question is not whether AMA is all-powerful, or why it is all powerful; but rather whom does this power serve and how is this power exercised in the area of medical research. The unbalanced purpose of that power is to improve the economic and social status of doctors regardless of the public health interest. To stay in power the leaders of the business association must deliver such self-serving benefits. AMA's power is exercised by placing members in good standing in all positions, private and public, where control is exercised over medical thought and activities. A good example is a layman's group like the American Cancer Society. Must not a doctor be its president? Of course. Take government research in cancer, who else but an AMA member could direct this? Consider the Federal Food & Drug Administration which passes on the use of drugs. Who else but a doctor can evaluate their worth and safety? Or, in private industry—must not the drug company have a doctor in good standing in a position of importance?

Such is the axle between the first two Big Wheels, the American Cancer Society and the American Medical Association. They are interdependent because the ACS can have no authority, cannot even utilize the medical profession for any activity, unless it is on good terms with AMA. And AMA would never allow a group of people beyond its control to go off on their own in the AMA's province of medical research. Such uncontrolled activity could possibly result in something detrimental to the best interests of the medical business association.

But AMA's exercise of power goes far beyond the relatively minor operation of the ACS. It goes into every medical research laboratory, every hospital, every Public Health Agency, city, state and Federal. Aside from its own economic interests, are there economic interests of others which might coincide with or abet those of the AMA? Approximately one half of the total AMA budget comes from drug advertising revenue in its numerous medical journals.

So let's take a look at the Big Wheel of medical research, the drug industry.

## THE THIRD PARTNER

Among all of the groups under study, here at least is one that makes no bones about what it purports to do; make money. Senator Kefauver thinks it makes too much; perhaps it does. But this is not really the crucial issue. The all-important issue is whether or not the drug industry, in concert with the American Medical Association and such organizations as the American Cancer Society (and we'll later discuss possible government connections), acts to suppress drugs, devices or treatments because they are a threat to its private business affairs. Also, if the industry, or the favored ones in the industry, cannot get control of new discoveries, are these new discoveries suppressed by the concordat?

It's not easy to decide whether AMA controls the drug industry or the drug industry controls AMA. Probably, it's just Siamese twins with each taking its share of the spoils, each keeping hands off the other's territory.

Senator Kefauver is on the right track when he asks the industry

about the quality and efficacy of its products. But he would get bigger headlines if he asked questions about products the industry does not offer to the American public. The Kefauver-Celler Bill has as its purpose greater protection of the public health by providing greater authority to the government to regulate the drug industry. The primary if not the only need of such legislation is predicated on previous findings that prices for drugs are excessive and that drugs of dubious or non-existent value are being marketed. It may not have occurred to Senator Kefauver:

- 1) That the drug industry may be keeping valuable new drugs off the market, because they are competitive to more profitable existing products. Drugs developed by others than the industry would not provide maximum profits to the manufacturers. Often the established members of the industry cannot gain profitable control of such new drugs. One new drug, not under their control, by cross-licensing can at times render obsolete numerous profitable drugs already under their control.
- 2) That the American Medical Association may act in concert with the drug industry (by scientific publication or non-publication, for example) to accomplish the industry's objectives when these objectives coincide with economic benefits to the AMA. (For instance, when a drug is involved which could reduce the need for surgery or radiation or prolonged treatment as would be the case with an effective anti-cancer agent.)
- 3) That the drug industry may be acting with and through the AMA, or independently, to exert improper influence within the Public Health Service and the Food and Drug Administration to promote its products and to prevent the approval of potentially competitive products.
- 4) That the drug industry may have obtained positions of influence within the research arms of the National Institutes of Health, as well as in the "voluntary" research agencies to further achieve its objectives, as outlined above; or to obtain the benefits of medical research achieved with tax funds and tax-exempt foundation funds.

We do not have to look far for evidence to support this line of inquiry. The Sabin live-polio vaccine, finally admitted to be superior to the Salk vaccine was held back in the U. S. for a long time under conditions which have never been adequately explained. Bee Venom, an inexpensive but effective specific for arthritis—although in widespread use abroad—has never gotten any place in the U. S. No anti-cancer agent developed under any aegis other than the "accepted" groups has ever seen the light of official approval. A long list of such examples is available. And one must remember Dr. Welch of the Federal Food and Drug Administration who made thousands of dollars publishing medical papers about the very antibiotics he was in an official position to evaluate and control.

Thus the third Big Wheel is geared with the first two described.

## CONFLICTS OF INTEREST: A FEW EXAMPLES

Before going on to Wheel No. 4, perhaps we should pause to tick off just a few of the remarkable "coincidences" of important positions held on our medical research vehicle.

Former Surgeon General Leonard Scheele is now president of Warner-Lambert, the very drug company of the previously mentioned Mr. Bobst; Dr. I. S. Ravdin who, as you may recall, is "one of the few who control U. S. medical research", is president-elect of the American Cancer Society; Dr. John R. Heller, former director of the National Cancer Institute, is now president of Memorial Sloan-Kettering Cancer Center; James Adams, an international investment banker (also

named by *Medical World News* as one of the few in medical research control), is on the Board of Directors of the American Cancer Society as well as on the board of Warner-Lambert; Matthew Rosenhaus, president of Pharmaceuticals, Inc., is the prime mover of the newer Eleanor Roosevelt Cancer Research Foundation; the present chairman of the AMA Council on Food and Drugs, Dr. William C. Spring, Jr., is a recent employee of Pfizer; Dr. Austin Smith, president of the Pharmaceutical Manufacturers Association, is a former editor of the *Journal of the American Medical Association*; Dr. Richard S. Schreiber, a vice president of the Upjohn Company, is a member of the National Advisory Cancer Council; Dr. Alexander M. Moore of the Parke-Davis Co. is a member of the Chemistry Panel of the National Cancer Institute; Dr. Andrew C. Bratton, Jr. of Parke-Davis is a member of the Drug Evaluation Panel of the National Cancer Institute; as is Dr. Karl A. Folkes of Merck, Sharpe and Dohme. This recital only begins to show some of the relationships that exist. One is reminded of the words of Justice William O. Douglas: "We have also suffered a decline in ethics . . . The Pentagon official looks forward to the day he is vice president of the company doing business with the Pentagon. The forester looks forward to the time when he adds to his retirement pay by getting on the payroll of the lumber company that he is supposed to keep in bounds while he is an official of the Forest Service." (*The Minority of One*, August, 1961.)

The people listed above are typical of what that eminent student of medical history, Paul DeKruif, calls Big Committee Men ("*Life Among the Doctors*"). In medical research, the Big Committee Men have an "incestuous" relation with each other and with all of the wheels on the wagon. But, you may say, is it not normal for interrelated people in medical research to be in exchangeable positions? Is there really a conflict of interest involved? After all, about 1500 former military officers hold positions in the defense industry!

### AN ANALOGY

If one compares the situation in medical research with that in armaments production, the similarities are indeed striking. Cancer research, and medical research in general, is a big commercial business like any other business, and it is controlled and operated to benefit relatively few people under the guise of being exclusively for the public's benefit. Any benefit the public gets is a by-product just as in other business endeavors. The only difference is that the public doesn't know this and has been taught to believe otherwise. The medical research business has as many special advantages as the aircraft and missile makers. The public can't understand too much about the "scientific" details of what's going on or why. Management gains great commercial advantages from the use of taxpayers' money which is expended for research, the products of which are sold at a profit to the drug industry and the doctors (the Salk vaccine, et al). The business's public relations can exploit the natural desires of all people to end disease and prolong life just as the armaments industry can wrap itself in the American flag. All those who interfere with the established medical research business are called "quacks," just as all those who question our progress toward war are called Communists. The "owners" of the business are not subject to public questioning because they belong to an elite whose initiation fee is a medical degree, thereby constituting a "closed operation," just like the "security" protection afforded the armaments industry. But the crowning asset held by the medical research industry is the sure knowledge that no citizen in his "right mind" could possibly believe that doctors don't want to cure disease as fast as possible! After all, don't doctors and their families get cancer too?

That is why it is necessary to draw a line between the men "in control" and the anti-disease rank and file. The rank and file only knows what it is told, for doctors have a hierarchical system that finds its only parallel in the military organization. The general tells the colonel, the colonel tells the major and so on down the line, so that by the time the word gets to the private-private-practicing physician that is, he can't tell fact from fiction. He hasn't the time, nor the facilities to find out. He runs the risk of being "court martialed" (expulsion from his medical society, withdrawal of hospital privileges), if he defies the written or unwritten orders of the "commander."

There was recently announced a Congressional investigation of the improper use of special information gained by scientists on government projects for their own financial gain. It seems a Congressman can understand that a missile scientist can use his government relationship to know a good common-stock buy; but who can believe that a scientist might approve or not approve a drug because of his private financial or other interests? After all, is not health, life and death involved?

### THE PUBLIC ONLY PAYS THE BILL

This brings us to the fourth Big Wheel in medical research, you and me; at least to the extent that the United States Government is you and me. For the fiscal year of 1962, you and I, gave the National Institutes of Health \$738,300,000. This is in addition to all the money used to run the other activities of the U. S. Public Health Service and the Federal Food and Drug Administration. The National Institutes of Health, of which the National Cancer Institute is one segment, are supposed to spend this money to solve major disease and public health problems. Its two leading Congressional supporters are Representative John Fogarty from Rhode Island and Senator Lister Hill from Alabama. *Science* magazine has pointed out that the "force-feeding generosity of Congressional health champions has caused considerable uneasiness, largely on two grounds: some regurgitation in the medical field itself, as heard in sporadic reports that NIH officials are 'out beating the bushes' for ways to spend their 'embarrassing riches', and the alarming casualness with which Congress opens the Federal purse strings." Indeed, Congress gave the National Institutes of Health this year not only 34% more money than it had last year, but 26% over what the NIH had itself requested from Congress!

It turns out that the "consultants committee" which studied and okayed the appropriation to the NIH was largely selected by Senator Hill and was chiefed by Boisfeuillet Jones, then a Georgia college executive and now special assistant for medical affairs to Secretary Ribicoff. Mr. Jones, incidentally, is another one of the few who, according to the *Medical World News*, control U. S. medical research, along with Mrs. Albert D. Lasker of the American Cancer Society, who is a close personal friend of Senator Hill!

Looking into this state of affairs *Science* magazine notes that "Not only were all the consultants except one (Sarnoff of RCA) members of the NIH study section or advisory councils (either at the time of their study or in the past). Six of the twelve were also recipients of NIH research grants in fiscal 1960, the year in which they were called upon to pass judgment on NIH for the Senate."

### CRITERIA OF RESEARCH

By now we have some idea as to who decides how to spend medical research money. The study panels and advisory councils of the National Institutes of Health are loaded with pharmaceutical company employees, members of special AMA councils, researchers employed by private foundations such as Sloan-Kettering, and orthodox re-

searchers and doctors of the Big Committee type. Not an independent renegade in the whole shebang!

What is the result? In a report issued by the National Institutes of Health for the year ended June 30, 1959, a list was revealed of the grants *refused* by the NIH and the reasons were given. Let's consider a few of these reasons:

- 1) The problem is of insufficient importance or is unlikely to produce any new or useful information.
- 2) The proposed research is based on a hypothesis that rests on insufficient evidence, is doubtful, or unsound.
- 3) The problem is scientifically premature and warrants, at most, only a pilot study.

Undoubtedly, control must be exercised over allocations of federal money for medical research. But one imagines that Sigmund Freud might well have been turned down by this group because his hypothesis rested on "insufficient evidence"; and Pasteur would have been turned down because the germ theory was "scientifically premature." The major conclusion to be drawn, however, is that a tightly-knit group decides what research is to be done and who is to do it, and the complete motivations for these determinations remain in a cloud of stifled independent research, unholy alliances and the company policies of those in the medical research business.

There are many "trailers" hitched to the big Four Wheel Wagon, such as the "science" columns in the communications media; but the most important trailer is the Food & Drug Administration which does the "axe job" on people, products and ideas which somehow might escape the direct control of the "organization". The job of the FDA appears to be to discredit and clamp down on anything in medical research that doesn't stem from or benefit the Right People, or that is too advanced for them to understand. Independent researchers are often tarred with a promiscuous brush called "quackery."

During the recent Kefauver hearings, AMA bragged about how closely it worked with the FDA to kill off products the AMA didn't approve. On the other hand, the FDA has had a very difficult time enforcing Federal Law requiring food manufacturers to prove the safety of chemical additives and in 1961 went to Congress for permission to extend enforcement of the law until 1963! What gets into the food between now and then does not seem as urgent to the FDA, for example, as trying to discredit self-administration of vitamins by the public; which very self-administration might, incidentally, protect that public from the chemical additives the FDA now allows to enter our food supply.

Perhaps the picture we have drawn defies your imagination. Perhaps you have no stomach for our line of inquiry. Perhaps you can accept the possibility of corruption in any other activity of man except medical science. One of the best elucidations of what can happen if you are so fortunate (or unfortunate) as to make a really important scientific discovery outside of the charmed circle, is what is known as the Krebiozen story.

A review of the Krebiozen story will bring all of our Big Wheels into clearer focus and will answer as well the very specific questions posed at the beginning of this article. Yet, this story is only *one* of many that can be told—each with its own particular ramifications. But because none of the others have the benefit of so much documentation, so much sworn testimony, nor have they miraculously survived all of the power and fury of the "organization", Krebiozen provides the most illuminating study. It is a big story (see "A Matter of Life or Death," by Herbert Bailey, G. P. Putnam's Sons) spanning more than a decade; and right at this moment it appears to be reaching a climax.

## WHAT IS KREBIOZEN?

Krebiozen (Kre-by-o-sen), a substance found to be of great value in the treatment of cancer, has inspired three books, hundreds of thousands of newspaper lines (in Chicago) and thousands of letters to Congressmen. Over it, the medical profession has bruised itself under circumstances, which, viewed in historical perspective, have kinship with the days of Lister and Semmelweis. If you haven't heard about Krebiozen, it is due to the Paper-and-Air-Wave Curtain that descended on it in 1951, or it's because you have, fortunately, never been face to face with the problem of cancer in yourself or your immediate circle.

A Yugoslav medical doctor and researcher, Steven Durovic, labored some twenty years on the theory that the normal body contains a natural biological defense against the onslaught of cancer, just as it successfully defends itself against attacks of other diseases. He postulated that cancer, being the uncontrolled growth of cells, resulted from the failure in some cells to maintain a normal balance between the purposeful and coordinated growth-pattern of the organism on the one hand, and the biologically necessary *growth-restraining* factor on the other hand.

If this were not so, organs and extremities of the body would never stop growing at precisely the right, coordinated time. When any part of the body, inside or on the surface, suffers injury from any cause (mechanical, chemical, toxicological, viral, etc.), the body normally repairs the injury with new cell growth. But, if there were not some cell growth-regulating mechanism or substance, a cut finger would not just heal itself and the new skin cease growing at precisely the right instant—the body would "over-repair" itself and the new skin would keep growing and growing, forming a neoplasm or what is called cancer. He reasoned that people who develop cancer under the same conditions of exposure as those who do *not* develop it, must have a *deficiency* of the growth-restraining substance.

Since one out of about 100,000 cases of cancer cures itself spontaneously, the body in these very rare instances must have within it this ability to overcome the disease. What if one could actually find this growth-regulating substance and give it to a person whose inherited supply was deficient? Naturally, a supply of it could not be found in the vast majority of persons who already had the disease, else, according to this theory, the disease wouldn't have occurred. Perhaps a supply could be obtained from healthy people or *animals*.

It should be made clear here that this hypothesis does not involve the vaccine concept of immunology wherein an antigen is used to produce an antibody. (This idea is now being researched by the "orthodox" who have not entirely caught up with the Krebiozen idea.) The Durovic concept concerns itself with a substance normally always present. Although capable, by stimulation, of increased natural production in the body, it is always active in the normal metabolism of the organism. This concept also means that cancer is one basic disease and not 300 different diseases as we are told.

In 1947-48, Dr. Durovic isolated a growth-regulating substance, or what may be a part of a complex of substances, from the blood stream (and later from the tissue) of horses by a process of stimulating an overproduction of the substance in sufficient quantity to be obtainable. He and others tested it in Argentina (where the discovery was made) on spontaneous tumors in dogs, and found it remarkably effective.

## DR. IVY'S ENDORSEMENT

Wishing to corroborate his observations and do additional research, Durovic brought Krebiozen to Dr. Andrew C. Ivy at the University of Illinois Medical School in 1949. Ivy, at that time, was at the pinnacle of

a long and most distinguished career in medical science. It would take over four closely typed pages just to list the biographical data of this famous physiologist and teacher. But some idea of his stature can be understood from a few of the positions he held: Professor of Physiology, Head of the Department of Clinical Science at the University of Illinois and one-time vice-president in charge of all of the University's professional colleges including the college of medicine; Executive Director of the National Advisory Cancer Council of the U. S. Public Health Service; a director of the American Cancer Society; President of the American Physiological Society. In 1946, on the recommendation of AMA, Ivy represented the free world medical view on clinical practice and ethics at the Nuremberg War Crimes Trials. Ivy was himself a Big Committee Man, but one with enemies, since he was direct, unrelentingly scientific and the proponent of such causes as equal opportunity for medical students regardless of race or religion.

Ivy, had long been thinking along Durovic's line of "natural immunity" to cancer. In 1947, he published a paper in *Science* called "*Biology of Cancer*" which advocated a study of the natural resistance of certain organs to cancer as the most promising and neglected area of research. After hearing Durovic's story, Ivy told him, "You're barking up my tree." Subsequently, Dr. Ivy and two other physicians tested Krebiozen on twenty-two advanced and terminal cancer cases and witnessed unprecedented results. During the period between 1949 and 1951, Ivy distributed Krebiozen for clinical testing to several other cancer researchers with whom he was, at that time, on good terms. Several of these, who later recanted under pressure, reported favorably; and one of them even used the words "amazing" and "astounding."

When Ivy presented the clinical observations on the twenty-two patients in March 1951 to a meeting of leading cancer researchers, as well as the scientific theory of natural immunity upon which Krebiozen was based, he was greeted with criticism and skepticism. Ordinarily, this is a healthy thing in science, but, as we shall see, there were numerous non-scientific factors at work. Despite the initial reaction to his presentation and the *fantastic efforts that were exercised to keep Ivy from doing further research on Krebiozen*, he continued the work with his original group to which were added two outstanding cancer research institutions as well as several thousand individual physicians throughout the United States and in foreign countries.

One of these institutions, the famed Lankenau Institute for Cancer Research in Philadelphia, reported in 1952 after experimenting with Krebiozen on forty cases: "Since this represents the first and only non-toxic chemical agent to show definite biological activity of any degree against tumors of many types, it seems justifiable to encourage as much basic and clinical investigation as possible. . . ."

### VICTORY OF AN IDEA

Now, after nearly 13 years of clinical experimentation, the data accumulated is quite overwhelming and represents the most extensive clinical research ever conducted with a cancer chemotherapy agent in the whole history of cancer research. Persons with advanced and terminal cancer, who failed to respond to any other treatment, including surgery and radiation, have so far survived up to 11 years on Krebiozen, in numbers that have no comparison with the "norm" for such survivals. The basic chemistry of Krebiozen, long locked in the secret of nature, is now known. A study which took one year to prepare, embracing over 1,000 pages of clinical, statistical, chemical, toxicological, graphic and conceptual data, covering the treatment of about 4,000 cases treated by approximately 3,000 physicians during the past 12 years, was turned over last September 29th to the National Cancer Institute as a basis for the "design and conduct of clinical tests". How it

finally got there, after 12 years, and what might happen to it is a part of this story.

But whatever does happen to it, of great significance is what has happened to the idea of "natural defense" against cancer since 1951 (when Krebiozen and its theory were announced). It is now "orthodox" and has gained important adherents in the field of cancer who studiously avoid the slightest mention of Krebiozen, Durovic or Ivy.

Indicative of where we stand today, after years of attack on Krebiozen and its proponents, is the medical paper published in the *Journal of the American Medical Association* on November 18, 1961. The article, "*Natural Resistance of Animals to Cancer*" says, among other things, that a "tumor inhibitory principle" (a factor preventing the growth of cancer) "is not peculiar to the guinea pig (the animal of the authors' experimentation) but is also present in other mammals, albeit in lesser concentrations or amounts." The article concludes with the astounding observation that cancer is a "deficiency disease" and the deficiency of a single factor, either general or local, "*may be the single ultimate cause of cancer.*"

Any honest investigator, scientific or otherwise, would have to admit that Krebiozen, Ivy and Durovic have already been vindicated in that Krebiozen "merits further study." Why did it not get further study by the "organization men" since 1951? If this were a case of the usual "scientific" resistance to new ideas or the normal history of the requirement of time to duplicate, validate and finally accept a new concept, our only complaint could be the snail's pace of medical progress. However, such is not the case with Krebiozen. During a period when all "Four Wheels", as described before, were telling us that anything which may even *remotely* have value in the treatment of cancer is being explored, there is no excuse for the treatment dished out to Krebiozen. And herein lies the problem of today—the fact that there is *no excuse* places every one of the Four Wheels in such jeopardy of exposure that, in self-preservation, there has been and there will be no limit to the devices employed by these people to prevent exposure. The fact that we will eventually get Krebiozen, *by some other name perhaps*, is consoling, but what of the lives already unnecessarily lost, what of the corruption in the scientific world that allowed this to happen, what of the basic tenet of all science—that man shall be free to inquire whomsoever the inquiry and its findings offend?

### SOME BEHIND-THE-SCENES

How did all this happen? Before the early favorable results on the twenty-two cases treated with Krebiozen were announced to the scientific community, they were known to a small group of businessmen, doctors and officers of the American Medical Association. This knowledge precipitated a battle for its commercial control. The original research, culminating in the isolation of the substance, had been financed by a small group of investors in Argentina who supported Dr. Durovic. He had gone to Argentina after his release from an Italian prisoner-of-war camp, where he had been incarcerated subsequent to his capture as a medical officer of the Royal Yugoslavian Army in World War II. It was the expectation of the investors that, if proven of value, Krebiozen would eventually be marketed under the usual conditions and procedures followed in free enterprise countries with other pharmaceuticals. (Uninformed people do not understand that in our country, no matter who does the research, no matter who pays for it, the product created ends up as merchandise of the drug industry. Thus, although the Salk vaccine research was done with public contributions, the drug industry reaped enormous profits from its sale.)



Commencing with the meeting held by Dr. Ivy in March, 1951, to announce his findings, three events occurred in sequence which have to this day prevented the normal distribution of Krebiozen (it is now distributed as an investigational drug under FDA regulations, although the vast majority of doctors call it a "worthless hoax" and will not use it). First, two large drug companies (Eli Lilly and Abbott Laboratories) made independent offers to Durovic for the commercial rights to Krebiozen. These offers were refused, according to Durovic, because the product was not yet ready scientifically.

The second event was a visit paid to Durovic by the then treasurer of the American Medical Association, Dr. J. J. Moore. Moore owned a pathological laboratory, had himself seen a biopsy slide showing the effect of Krebiozen on cancer tissue, and was known to be one of the most powerful men, if not *the* most powerful, in AMA. During this visit, accompanied by other officers of AMA, Moore attempted to have Durovic give the commercial rights to a Chicago business group which was later found to have direct connection with Dr. Moore. (All of this information was revealed, under oath, in an investigation conducted by the Legislature of the State of Illinois in 1953-54.) This "demand" was also refused by Durovic.

The third event, which occurred within five months of Moore's visit to Dr. Durovic, was the publication in the *Journal of the American Medical Association* (October 1951) of an article purporting to be a scientific report on the "testing" of Krebiozen. It concluded that Krebiozen was a "secret" remedy and was *worthless* in the treatment of cancer. Ivy proved under oath that the report was falsified! The report listed twenty-four Krebiozen-treated patients as "dead or dying." Today, eleven years later, seven of those "dead or dying" Krebiozen-treated patients are alive and in good health!

The written warnings to Ivy that such an article would appear and that it would spell the end of Ivy, Durovic and Krebiozen, as well as the countless pressures and intrigues leading up to the publication of the article; the effects of its publication, and the manner in which all Four Wheels of cancer research were brought relentlessly and methodically to bear on Krebiozen, constitutes a story so incredible that its incredibility has been the greatest obstacle to getting it across to the American people, *particularly, to the liberal minds of the scientific and intellectual community who have not taken the time to study the facts.* Some who have studied the facts have not had the courage to stand up in support of the truth, so great is the fear of retribution.

Since 1951, the proponents of Krebiozen have been trying to do something about the situation created by the falsified report which appeared in the *AMA Journal*. (If you do not believe a falsified article can appear in a scientific journal, read the letter of apology from the editors of *Science* magazine for a falsified scientific article which they unfortunately published on another subject. The letter appeared in the September 29, 1961 issue—pp. 945-946.)

### CITIZENS' ACTION

But the proponents of Krebiozen could get no one in the AMA, in the drug industry, in the American Cancer Society or in the research arm of the government to do anything. *All they have been asking for is a scientific clinical test under conditions which would rule out the interference of prejudice.* Until such a test confirms their findings, they are being prevented from obtaining a license to market Krebiozen in the normal manner so that doctors and patients will have the free choice of its use in the treatment of cancer. Every attempt to secure such a reasonable and normal solution to the controversy has been denied; denied, as of press time, by the American Medical Association

the American Cancer Society, and the National Cancer Institute.

Many thousands of Americans, who have read the true facts about Krebiozen, have for years been pleading with all of these agencies to test it. In Congress, where Senator Paul H. Douglas is the leading exponent of this scientific test, no real action has as yet been taken. An organization, known as the Citizens Emergency Committee for Krebiozen (240 Central Park South, N. Y. 10), has through a herculean effort, with nickels and dimes, tackled the problem of arousing the public. The group publishes a periodic bulletin, tries to interest the communications media and the general public.

Almost inevitably the "science" writers on newspapers and magazines, head bowed to the power of the Four Wheels, upon whom they depend for releases on other subjects, will do nothing. People like William Laurence, science writer for the *N. Y. Times*, don't even answer letters on the subject. But a lone woman, Barbara Yuncker did get a series run in the *N. Y. Post* for five days (September, 1960) which told some of the story and concluded that a test be demanded, immediately, in the public interest. This article precipitated a response by the new director of the National Cancer Institute, Dr. Kenneth M. Endicott (who replaced Dr. John R. Heller after the latter went to Sloan-Kettering). A meeting was held in October 1960 at which agreement on the preparation of the study, described earlier, was obtained, as well as the understanding that clinical tests would be conducted by the National Cancer Institute. Relevant material was turned over to the Institute on September 29, 1961. A statement was issued by the participants in the meeting (Krebiozen scientists and the NCI) which concluded: "all of this information and material was submitted to us (NCI) as a basis for the design and conduct of clinical tests. After the study of the Krebiozen data, we will have another meeting looking toward such clinical tests."

### PROJECTION

If history is any guide, the promise of clinical tests (which had been earlier promised by Secretary Ribicoff and which newspapers headlined with such optimistic words as "Krebiozen—At Last It Will Be Tested") may *not* be fulfilled unless the public acts. The Four Wheels will find a way out. They have in the past and they may be counted on to do so again. The reasons for the refusal or delays will all *sound* most scientific, of that you can be sure. But whatever reason is given at the time, the question will be as valid as ever: "If Krebiozen is worthless, as it has been said to be by the Four Wheels, wouldn't the quickest way to discredit it be by a scientific test? He who refuses such a test must do so *not* because Krebiozen might be found to be worthless and thus prove the position of organized medicine for the past 11 years, but because it might be found of *value* and compromise the position of organized medicine. The Krebiozen proponents have unequivocally offered to submit Krebiozen for such a test—of this fact there is complete documentation known to honest members of the press. If it is not tested, the fault will not lie with the Krebiozen's proponents.

If the chilling prediction that a test may not be conducted proves true, wherein lies the answer to Krebiozen and to the whole question of the modus operandi of the medical research business? In 1953, Senator Charles W. Tobey of New Hampshire, whose stricken son was benefited by "unorthodox" methods, caused an investigation to be made of cancer research utilizing the services of an attorney in the Department of Justice. The investigator's name was Benedict F. FitzGerald,

Jr. and what he found out caused him to write to Dr. Durovic in August, 1953:

"I am confident that the outrageous machinations of the American Medical Association with respect to its treatment of research activities such as you are conducting will be met with stern resistance on the part of the United States Senate as well as by the people of America."

Unfortunately, Senator Tobey passed away before FitzGerald could turn in his report. He was forced to give it to Tobey's successor in the Senate Interstate Commerce Commission, the late Senator Bricker of Ohio who forthwith buried it. FitzGerald never got his job back in the Department of Justice from whence he was "loaned" to Senator Tobey to conduct the investigation!

The FitzGerald Report now reposes in the Library of Congress (*Congressional Record*, August 3, 1953, pages A-5350-A-5353) where it awaits some fearless Senator or Representative, some fearless labor organization, some fearless civil liberties union, some fearless scientific society, some fearless newspaper or magazine editor of mass circulation, to read it and ask questions. Until then, the meaning of Krebiozen both as a medical discovery and as an issue of scientific freedom will be withheld from mankind along with countless other hopeful discoveries antagonistic to medical research profits.

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The trials and tribulations of Krebiozen throw a sharp light on problems of a scope far beyond cancer research. Whatever the scientific-medical merit of Krebiozen; whether it actually provides an answer to the toll-taking malady; whether it provides a partial answer; or, whether it provides no answer at all, its handling by the Medical Research Business proves that all too often profit considerations take precedence over the application of knowledge to human welfare. Medical research is all too often no more than a pretext for economic aggrandizement, and as such a part of the booming national death industry.

The American people are at least entitled to ensurance that medical research will serve strictly medical purposes. However great the influence of those vested interests which stand in the way of research integrity, they must be challenged. The United States Congress has an absolute obligation to disregard all self-serving pressures and to scrutinize the allegations above. Such a stand would be supported by the thousands of honest doctors and researchers whose personal integrity is presently subjugated by the coercions of powerful professional organizations.



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