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Cancer: Does the American Health Empire Really Want a Cure?

By David Sherman

It has been almost a decade since Richard Nixon signed into law the National Cancer Act, which officially declared America's "war on cancer." Since this declaration we have had as much success in our war on cancer as we had in our war with Vietnam.

The American Government has poured huge amounts of both money and manpower into cancer research. Augmenting these government subsidies have been donations by the American public to the American Cancer Society. In 1979 alone, these donations by the public totalled 126 million dollars.

Yet, despite this enormous mobilization of resources against cancer, there has been no significant advancement in the war against the disease. In 1971, when the war on cancer was inaugurated, one in every six deaths in this country was attributed to cancer. By 1978, after billions of dollars were spent on conventional therapy, cancer accounted for one in every five American deaths. At the present rate of increase, by the year 1986 the rate will increase to one in four. Furthermore, the remission rate for conventional cancer therapies has remained lamentably low, between seven and eight percent.

Despite the seeming failure of conventional cancer therapies (which consist of surgery, chemotherapy, and radiation treatment), there seems to be mounting evidence that the American medical establishment has been suppressing certain areas of research dealing with the treatment and prevention of cancer. Dr. Pauling, the only person ever to win two solo Nobel prizes, is hardly a layman or charlatan. As a renown biochemist, Pauling had been extolled by the scientific establishment, that is until they branded him a heretic when he maintained that ascorbic acid, Vitamin C, was an effective weapon in combating cancer.

In conjunction with Dr. Evan Cameron of Scotland, Dr. Pauling found that terminally ill patients who received Vitamin C at a dosage level of 10 grams a day or higher were able to live, on the average, four times longer than a control group. Furthermore, 16% of those receiving Vitamin C lived dramatically longer, some of these experiencing a total disappearance of the cancer. (Moss, The Cancer Syndrome 1980)

Pauling had stated that Vitamin C therapy would only be effective when chemotherapy and radiation had not been previously administered to the patient. In 1979, 8 years after the Pauling and Cameron experiment, the Mayo Clinic performed a research study of its own on the viability of Vitamin C in
cancer treatment. Disregarding Pauling's statement, the Mayo Clinic study was conducted using subjects who had undergone chemotherapy and radiation. Subsequently, the clinic declared that Vitamin C was valueless in cancer treatment.

An earlier example was Dr. Max Gerson, who did extensive work in the field of diet and nutrition and its relation to cancer. Gerson found that a diet of fresh fruits, fresh vegetables and calf's liver, coupled with enemas to detoxify the body was an effective weapon against cancer. In his lifetime Gerson achieved a 40% rate of remission in terminal patients, people given up for dead by the medical establishment.

In 1946, Gerson was called to testify before a U.S. Senate Committee investigating cancer. He arrived at the investigation with X-ray photographs, pathology reports, and patients he was treating. In addition many others who had been successfully treated by him came to give their own testimonials to Gerson's methods. The investigation proceeded favorably for Gerson, yet the committee, led by Senator Pepper from Florida did not follow Gerson's advice to promote an approach to cancer based on diet and prevention. (Interestingly enough, according to Ralph Moss, Senator Pepper was politically in the American Cancer Society's debt, Moss, ibid.)

Gerson continued to be harassed. His medical privileges at Gotham Hospital in New York were revoked. In 1953 his malpractice insurance was discontinued. In 1958 he was suspended from the New York Medical Society. He died a year later.

Gerson's death, the humanitarian, physician Nobel Prize winner Albert Schweitzer stated, "I see in him (Gerson) one of the most eminent medical geniuses in the history of medicine— he has achieved more than seemed possible under adverse conditions. He leaves a legacy which commands attention and which will assure him his due place. Those whom he cured will now attest to the truth of his ideas." (S. J. Haught, Has Max Gerson a true cancer cure? 1962).

In addition to Pauling and Gerson there have been, and are others who have crossed over from orthodox cancer treatment to "heresy". These individuals not only propose different cancer therapies, they have different explanations for the actual causes of cancer. Later we will see why the "cancer establishment" is reluctant to blame certain factors for causing cancer.

In his book, The Cancer Syndrome, Ralph Moss, former assistant director for public affairs at the Memorial Sloan-Kettering Cancer Center in New York City, sums up the present cancer crisis along Kuhnian lines. Moss states that, "the proven methods of treating cancer are in a state of crises—clearly, the cancer problem cannot be solved in any ultimate sense by sticking to today's 'safe and sound' methods. Something radically new is needed—approaches that are fresh and daring." He goes on to state however, that "In the United States today, the direction of cancer management appears to be shaped by those forces financially interested in the outcome of the problem. Distinct circles of power have formed which, while differing among themselves on many issues, are sufficiently cohesive and interlocking to form a 'cancer establishment'. This establishment effectively controls the shape and direction of cancer prevention, diagnosis, and therapy in the United States."

Despite its fundamental anomalies and contradictions, the monolithic cancer establishment has been able to suppress alternative cancer therapies, if not by merit, then by virtue of its overwhelming power. Consequently, in the words of Theodore Cooper, a former official of the Department of HEW, the war on cancer is suffering "a crisis of credibility." (Wall St. Journal 10/24/78) Perhaps the most accurate, if not eloquent, statement was made by the eminent American geneticist, Nobel Laureate James Watson. Watson stated that the entire cancer program could be summed up as "a bunch of shit". (New York Times 3/9/75)

In order to understand the stimulus behind the suppression of "unconventional" cancer treatments, irrespective of their merit, we must understand the nature of the groups which comprise the cancer establishment.

The major political force in American medicine today is the American Medical Association (A.M.A.). The A.M.A. is one of the largest lobbyist groups in the United States, channelling huge sums of money into Washington in order to influence the government to promulgate the "right" type of national medical policy. One A.M.A. function is accrediting medical schools. This has given the A.M.A. the power to restrict the supply of new doctors, creating a shortage of doctors in the United States. As Spencer Klaw states in his book, The Great American Medicine Show, "the prosperity of American doctors, and the magnitude of their fees, thus reflect, in part, the A.M.A.'s success in limiting the supply of doctors and thereby driving up the price of their services."

Further exacerbating this shortage of doctors is the trend toward specialization in the medical profession, as well as the A.M.A.'s goal of destroying its competition in adjacent fields. In addition to ostracizing and attempting to outlaw its "competitors" in the field of cancer therapy, the A.M.A. has attempted to outlaw osteopaths, chiropractors and optometrists.

With regard to the suppression of alternate cancer therapies, the most disturbing aspect of the A.M.A. is its affinity toward the American drug companies, another component of the cancer establishment. In 1974, a Congressional Hearing investigating the pharmaceautical industry took place. Dr. William Barclay, the assistant executive Vice-President of the A.M.A., brought to light some startling statistics. According to Barclay, more than a quarter of the A.M.A.'s income in 1973, in fact nine million dollars out of thirty-four million,
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came from the drug industry, mostly in the form of payments for advertising in various A.M.A. publications. Moreover, he stated that the A.M.A. held investments of approximately twenty-eight million dollars in drug company stock.

The more cynical among us must wonder, given this situation, whether the promulgation of chemotherapy by the cancer establishment is the result of the economic interests of both the drug companies and the A.M.A.

Generally, the use of chemotherapy is predicated upon the assumption that highly toxic drugs can kill every last cancer cell in the body. For this reason Dr. Victor Richards, an oncologist, calls chemotherapy "at best an uncertain method of therapy." (Richards, Cancer, the Wayward Cell: Its Origins, Nature and Treatment, 1972) In addition to attacking cancerous cells the toxic drugs also attack and destroy normal cells.

As Gary Null states, "the toxic side effects of chemotherapy are well documented. The patient literally wastes away, his body under attack by both the cancerous growth and the cytotoxic chemical agents used to kill the growth. The blood cell count drops dangerously low and the entire immunological defense system is practically destroyed. At times major body organs permanently cease normal functions. The damage is often irreversible; many times the patient cannot recover even if the cancer vanishes completely." In addition, chemotherapy causes nausea, vomiting, loss of hair, anemia, and loss of appetite.

Given the relative impotence of chemotherapy as evidenced by its low remission rates, coupled with its devastating side effects, one would be inclined to agree with Dr. Richards' statement that chemotherapy is "at best an uncertain method of therapy." Yet Richards himself states that, "chemotherapy serves an extremely valuable role in keeping patients oriented toward PROPER medical therapy--judicious employment and screening of potentially useful drugs may also prevent the spread of cancer quackery. Properly based chemotherapy can serve a useful purpose in preventing improper orientation of the patient." (ibid) (emphasis added)

Richards seemingly believes that it is better to subject a cancer patient to the horrors of chemotherapy, and even risk the patient's premature demise, (given chemotherapy's track record) in order to keep the patient "oriented toward PROPER medical therapy." It is my belief that Richards' view is not uncommon among members of the cancer establishment. Unquestionably, the pharmaceutical industry shares Dr. Richards' ideas, for they're congruent with PROPER profit margins.

Finally, the third and most important component of the cancer establishment consists of a few large organizations. Most notable in this group, which
basically determines the direction of cancer research, are the American Cancer Society and the National Cancer Institute. The American Cancer Society (ACS) is the largest private voluntary health organization in the world, and the National Cancer Institute (NCI), which is a Federal agency, spends almost one billion dollars a year in the war against cancer.

Despite the enormity of the National Cancer Institute's resources, even in comparison to the American Cancer Society, "an American Cancer Society-controlled clique...dominates National Cancer Institute policy and funding decisions," wrote journalist Ruth Rosenbaum. "They've turned it into a dollar pump," stated a member of the House Appropriations Committee. (Moss, The Progressive, Feb. 1980)

Dr. Samuel Epstein, in his book, The Politics of Cancer, reiterates this point when he states that, "The close links that have developed between the NCI and the society have been cemented by the personal relationships between members of the same lobby that supported both organizations...These interlocking relationships have also helped create a fiscal pipeline from the NCI to clinicians in leadership roles in the American Cancer Society. Certainly, the interlocking relationships between members of the NCI National Cancer Advisory Panel and Board and the American Cancer Society leadership have been important factors in maintaining high NCI priorities on problems of treatment and low priorities in problems of prevention."

Thus, we see that a clique based in the American Cancer Society has amassed huge amounts of power in the cancer establishment. Who comprises this clique which dominates the policies of not only the American Cancer Society, but the National Cancer Institute as well? And why does this clique assign such a low priority to the prevention of cancer? Ralph Moss succinctly answers the first question when he states that the American Cancer Society 'continues to be dominated by what has been called 'a Who's Who of the American establishment'. It's House of Delegates includes eighteen officers or directors of banks, seven members of investment firms, thirteen top business or industrial executives, and an assortment of men and women from communications, advertising, media, manufacturing, insurance, and pharmaceuticals.'

In addition to controlling the policies of both the American Cancer Society and, subsequently the National Cancer Institute, the captains of industry also determine the policies of the Memorial Sloan-Kettering Cancer Center, the largest private cancer research and treatment facility in the country. The Chairman of the Board of Trustees at Sloan-Kettering is Laurence Rockefeller, grandson of oil tycoon John D. Rockefeller. As Moss points out, ten oil and gas companies sit on the Sloan-Kettering Board of overseers as well as officials of General Motors, Union Carbide and Olin, to name a few. In addition, a member of the Phillip Morris cigarette empire sits on the Board as well.

Considering the composition of the cancer establishment it seems logical and predictable that a strong cancer prevention campaign has not been implemented, and even more understandable that it has not opposed cancer causes indigenous to Big Business. As Dr. Samuel Epstein states, "Apart from being uninvolved in cancer prevention, other than to a limited extent tobacco, senior officials have developed for the society a reputation of being indifferent if not actively hostile to regulatory needs for the prevention of exposure to carcinogenic chemicals in the general environment and workplace."

When industrial interests have clashed with potential cancer prevention programs, the American Cancer Society has adopted the following platforms: 1) it has assaulted the Food and Drug Administration for its proposed ban on the carcinogen saccharin; 2) it has objected to the FDA proposition of inserting cancer warnings in Premarin packages, (Premarin is a female hormone used to combat women's menopause related problems); 3) it has refused to endorse an FDA proposal to ban the carcinogen DES in cattle feed; 4) it has refused to support the Clean Air Act; and 5) it has objected to the FDA requirement that mandates the reporting of adverse drug reactions in humans receiving experimental anticancer drugs in NCI programs.

When queried about occupations that might lead to cancer, Dr. Frank Horsfall, Director of Sloan-Kettering's research wing in the mid-sixties mentioned only one: "A farmer...who works in the sun all day, with the ultraviolet rays beating on his skin." This he added, "plus the dirt that gets into the crevices of the skin, may lead to skin cancer." (Moss, The Progressive, Feb. 1980)

Dr. Leo Wade, Horsfall's successor, was equally contemptuous of the notion that chemicals in industry could cause cancer. Perhaps his hostility towards the possibility that increasing cancer rates are due to industry was fueled by the fact that he had been a member of the American Petroleum Institute, the Manufacturing Chemists Association and the National Association of Manufacturers.

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It is becoming increasingly apparent that the cancer establishment is comprised of groups with similar goals and objectives. Unfortunately, it does not appear that the alleviation of the cancer problem, from the perspective of both treatment and prevention, is their primary concern. The cancer establishment has practiced a unique form of sophistry. Theoretically, the cancer establishment is at the vanguard of a movement, on behalf of the American citizenry, to endeavor to eradicate cancer, which has reached nothing short of epidemic proportions. In reality however, as a result of its diversified interests, which extend well beyond the
cancer problem, the cancer establishment has been guilty of pursuing policies which have contributed to the cancer problem. Despite its proclamations to the contrary, the cancer establishment, in many respects, has been the greatest deterrent to the establishment of a comprehensive, consistent cancer policy.

Given the composition of the cancer establishment it is a joke, albeit a very grim one, to expect this type of comprehensive cancer policy. Industry profits by exposing workers to such carcinogens as asbestos, vinyl chloride and benzene. Industry profits by "feeding" us foods dyed with carcinogenic chemicals. Industry continues to unconscionably pollute the air we breathe and the water we drink when it could avoid doing this, albeit at a greater cost. Industry profits by ignoring preventive medicine. Industry controls the cancer establishment. It is clear that as long as this continues we will be plagued with cancer.

Just as the NCI has been subordinated to the American Cancer Society, government directives, to an extent, have echoed corporate directives. The public interest is inadequately represented at the Federal and local levels where narrow economic and political interests are joined.

It appears that the only way the public will get a comprehensive cancer policy which emphasizes the prevention of cancer, as well as explores promising alternative cancer therapies which are now suppressed, will be for it to mobilize. What is needed is a grass-roots public movement, which has the power to exert enough political influence to change the present state of affairs. This is absolutely necessary in light of the successful mobilization of industry to bring about the present sham.

Psychotropic Drugs continued. . .

create a seemingly absolute right to refuse, both holdings within the context of non-emergency circumstances. Just how real the distinction may be is difficult to say at this point. Rennie's qualified right to refuse allows the state to override where there is a determination that to do so would be a valid exercise of its police or parens patriae power. The Rogers court, on the other hand, has stated that the only justifiable use of the state's police power is confinement and that such power may not be extended to forcible medication absent compelling circumstances. It also declared that guardians must be employed to stand and act for those patients who are found incompetent, thus eliminating the parens patriae power from the state's arsenal. But the seemingly disparate treatment of the state's power by the two courts gets somewhat muddled when one examines the standards set forth by each for exactly what constitutes an "emergency" in which forced medication may be employed. The Rogers standard of "substantial threat of harm" sounds much like the circumstances under which the police power may be exercised according to the Rennie court. Rennie included the constitutional right of other patients to protection from harm as a factor to be considered in bypassing a patient's refusal of medication.

The Rogers standard, however, does appear to have caught on. The Oklahoma Supreme Court in In Re K.K.B., 609 P. 2d 747 (1980), adopted both the standard and the rationale of Rogers in holding that in non-emergency situations legally competent adults involuntarily admitted to a state mental hospital have an absolute right to refuse organic therapy, including the use of psychotropic drugs. And, as in Rogers, where there has been an adjudication on incompetency, the court must appoint a guardian to make an informed decision for the patient. Yet both Rogers and In Re K.K.B leave unanswered the question of the nature of any judicial review of a guardian's decision whether or not to permit medication.

And in Roth v. Clarke, No. 79-449 (E.D. Pa. Jan. 22, 1980), a federal court approved a consent decree in a suit by a twenty-two year old involuntarily committed legally competent male against Pennsylvania State Hospital for the forcible injection of psychotropic medication. The decree expressly adopts the standard set forth in Rogers, stating that defendant hospital 'shall not forcibly medicate plaintiff...without his consent, or the consent of his guardian if any, except where there is a clear and present danger of extreme violence, personal injury, or attempted suicide.'

Conclusion

It is clear that the legal system, on the whole, is no longer content to sit back and accept unquestionably the psychiatric prescription for treatment of the mentally ill. As Rogers and Rennie and subsequent cases have demonstrated, boundaries have begun to be defined and risks delegated. It is a difficult, yet compelling area in which to do so, as there are delicate balances which must be achieved, both in a constitutional and psychological sense. And pervading the entire controversy is the exquisitely intangible reality of mental illness, tugging at the edge of our consciousness with the question: To what extent are any of our actions—legal or psychiatric—helping to quell the fires that rage inside a mind disturbed?