

Congress of the United States, House of Representatives,
Committee on Government Reform
Hearing on "Integrative Oncology—Cancer Care for the New Millennium"
June 7 and 8, 2000, Washington, D.C.

Outline of Testimony of Burton Goldberg

Founder and CEO of *AlternativeMedicine.com*;
Publisher of *Alternative Medicine: the Definitive Guide*,
the *Definitive Guide to Cancer*, *Cancer Diagnosis: What to Do Next*, etc.;
Publisher of *Alternative Medicine Magazine*

1) Difference in Paradigm between Alternative and Conventional Medicine

- a) First do no harm. Do not weaken the body—or spirit—because ultimately it is the body and mind that heals itself
- b) Treat the root cause of the disease; don't just try to suppress symptoms
- c) Each patient is unique with different genetic predispositions and life histories: two people with the "same disease" might have to be treated entirely differently
- d) Treat each patient holistically: each organ and biological function is connected and must be treated with regard to the entire organism

2) Prevention vs. Cure

- a) It is possible to see disease coming years before symptoms manifest using alternative medical techniques, including
 - Darkfield Microscopy
 - ElectroDermal Screening
 - Thermography
- b) The importance of nutritional, lifestyle and stress management education and counseling

3) The Suppression of Alternative Medicine

- a) Why conventional medicine sees it as a threat
 - Financial threat to corporations
 - Intellectual/emotional threat to individuals

4) Examples of Alternative Cancer Therapies

- a) General Approach
 - Evaluate and Diagnose
 - Mobilize the lymphatic and excretory functions
 - Detoxify
 - Fortify and balance
 - Apply individual anti-cancer protocols
- b) Examples of alternative anti-cancer protocols:
 - Insulin-induced hypoglycemic therapy
 - Local and whole body hyperthermia
 - Anti-mycoplasma and immune-stimulating vaccines
 - Advanced nutraceutical immunotherapies

5) The Need for Activism

- a) Environmental
 - Reduced toxins in our air, water, food, households
- b) Consumer
 - Clear labeling of irradiated and transgenic foods
- c) Political
 - Access to medical freedom
 - Medical insurance reform
 - Independence and funding for the National Center for Complementary and Alternative Medicine

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When it comes to medical emergencies, contemporary conventional medicine is magnificent. For the treatment of trauma and when extreme, life-saving interventions are called for, conventional medicine's heroically complex surgical techniques and arsenal of pharmaceutical drugs are without parallel.

When it comes to the prevention of illness, however, and the treatment of cancer, heart disease, diabetes and the epidemic of degenerative diseases that presently afflict our society, conventional medicine has proven catastrophically inadequate.

A century ago, one in 33 people had cancer; today, according to the American Cancer Society (ACS), it is more than one in three, and growing. When I was born in 1926, cancer was the tenth leading cause of death among children—now I am 73 and it is second. No other health topic today has the urgency of cancer because no other health condition is escalating as fast.

In March of this year, the National Cancer Institute (NCI) released its *Annual Report to the Nation on the Status of Cancer, 1973-1997*. According to the report, some types of cancer had declined more or less, while others had increased. But the NCI proudly trumpeted the fact that for the first time ever in this country, overall cancer incidence and mortality rates had both declined from 1990 through 1997. The amount of decline was the same for both: 0.8%. Taking this number at face value (the field report's raw data has yet to be analyzed by objective sources), while it might be statistically significant, this less than 1% decline pales in the face of the grim reality of the ACS's prediction that one out of two men in this country will get cancer. Or that, while in 1950 one out of 20 women got breast cancer, in 1960 it was one in 14, and today it is one out of eight. This is not much to show for spending \$2 billion per year—now \$3 billion per year—for over a quarter of a century.

Conventional medicine still admits ignorance as to the causes of cancer: without knowing the cause how can there be prevention and cure?

Our message is simple, direct, and lifesaving: cancer can be—is being—successfully reversed using alternative medicine. Although many of the alternative methods for treating cancer have been with us for perhaps 50 years, it is only recently that these approaches have achieved major clinical breakthroughs and moved into wider public awareness. I wish I had known more about them myself when my sister and my mother were dying of cancer. Seeing them ravaged not only by cancer but by the toxic treatments of conventional medicine made me think there must be a way to treat cancer without poisoning the body and destroying the immune system, and I vowed to find it.

This is another aspect of conventional medicine that is too little addressed: even in cases in which surgery, radiation and chemotherapy can extend life, at

what cost to the *quality* of life? Another year—or month—of debilitation and pain may be statistically significant, but is it meaningful?

Over the years I have met with hundreds of alternative doctors. I visited their clinics and talked to their patients. I looked at their records, their lab results, their x-rays and scanning images. I learned how a myriad of health conditions are successfully treated using alternative methods. Their recommendations and views became *Alternative Medicine: The Definitive Guide*, a national best-seller that changed the lives of many readers by showing them, as I tell everyone I meet, “You don’t have to be sick.” You can get better using safe, effective, inexpensive, and nontoxic methods from the world of alternative medicine. Let me give you an example. I have given you a copy of our latest book, *Cancer Diagnosis: What to do Next*. In Chapter One is the story of Cheryl Wilkins, who used alternative medicine to reverse malignant melanoma. Instead of chemotherapy, which she had been told would probably not be effective for her cancer, she underwent a detoxification and nutritional therapy program. Today, she is healthy and cancer free. But she is only one of a thousand I have met and spoken with.

A great deal of what you will hear about alternative medicine will probably be new to you and you may well say, “If alternative medicine for cancer were any good, my doctor would know about it and would have told me.” I offer you two reasons why this is not the case. First, your doctor may not know about it. Very few physicians are taught in medical school even the rudiments of nutrition or the immune system. Until the mid-1990s, no conventional medical school discussed alternative approaches to treating illness. Too often, physicians blindly follow the conventions of their field and never look beyond to see what might work better.

Presently, 60% of medical schools teach courses on alternative medicine. They are doing so because patients and younger doctors are demanding it.

Conventional doctors are losing patients to alternative practitioners. The reason for this is the superior results many patients receive from alternative medicine: it works. Sadly, while a great deal of new information about alternative approaches to cancer actually appears in mainstream medical journals, too few doctors seem to pay any attention.

Conventional doctors and laypersons alike still tend to think of "alternative medicine" as an umbrella term encompassing a number of separate, unrelated types of therapy—acupuncture, chiropractic, herbal remedies and nutritional supplements are the most familiar—in the same way that conventional medicine encompasses a number of basically unrelated specialties, such as radiology, anesthesiology, oncology, etc. Alternative medicine still connotes naïve and ill-trained practitioners claiming that a little St. John's Wort is all that is necessary to cure depression. But true alternative medicine is a comprehensive system, incorporating more than 50 different disciplines, and employing sophisticated diagnostic techniques to determine the causes and mechanisms of a patient's health problems. Having determined a person's unique condition and needs, it then incorporates the appropriate detoxification regimens, nutrition programs and any of a number of treatment protocols ranging from ancient Asian traditions to high-tech, cutting edge devices using light or sound waves to enhance the healing process. This is an entirely different paradigm from conventional medicine; it is something that can hardly be grasped, let alone mastered, by taking one or two courses in medical school.

The second reason your doctor might not have told you about alternative medicine is, sadly, that he or she may not want *you* to know about it. Many powerful economic forces—pharmaceutical drug companies, physicians' trade groups, insurance companies, the Food and Drug Administration (FDA) and the National Institutes of Health (NIH)—want health care to stay exactly the way it

is because they are thriving under it. The reason alternative cancer treatments are not yet mainstream has little to do with alleged therapeutic ineffectiveness and far more to do with political control over the therapy marketplace. Successful alternative approaches to cancer are seen as a direct financial threat to this system. The politics of cancer have an overriding influence on the science of cancer and, ultimately, on what the public thinks about cancer treatment options.

If you think that authorities in the government health agencies would never sacrifice the wellbeing and lives of Americans to maintain the status quo—if you think that “it couldn't happen here”—let me give you an outrageous example that has been well documented and would be easy for you to verify.

In the early 1970s, physician and independent researcher Joseph Gold, M.D., had an idea about a new approach to treating cancer. He realized that most people do not die from the invasiveness of cancer tumors themselves but from the side effects of the cancer process. One of the chief side effects is a wasting process called cachexia: this is extreme weight loss due to the loss of lean tissue and muscle mass.

Cancer cells use sugar (glucose) from the body as fuel and release lactic acid as a waste product. The body detoxifies the lactic acid in the liver and reconverts it into glucose with a huge energy drain on the patient. This new glucose is once again taken up and used as fuel by the cancer cells, and the vicious cycle continues; the body uses up its reserves and healthy tissue turning toxic cancer wastes into new fuel for cancer cells.

Dr. Gold came upon a reference to a chemical called hydrazine sulfate, an easily synthesized substance that could block a particular liver enzyme necessary to convert lactic acid into glucose. He reasoned that this could break the cycle and inhibit the growth of cancer tumors while preserving normal tissue. He first proposed using hydrazine sulfate to combat cachexia in 1969.

Preliminary animal studies supported his concept and by 1973 about 1,000 cancer patients were using hydrazine sulfate. The FDA issued a few Investigational New Drug permits and Dr. Gold organized the Syracuse Cancer Research Center to develop the drug and its protocols.

In clinical trials in the United States, the compound significantly improved the nutritional status and survival of lung cancer patients. In a study of 740 patients with various types of cancer, 51% of patients reported tumor stabilization or regression. Almost half the patients also reported subjective improvement, notably decreased pain and better appetite. Further, and this is crucial, similar studies were performed in Russia with almost identical results. Dean Burk, M.D., at that time the head of cell chemistry research at NCI, called hydrazine sulfate the "most remarkable anticancer agent I have come across in my 45 years of experience with cancer."

Dr. Gold's research revealed two important caveats to the protocol:

- 1) Dosage amounts were critical: too high a dose would not only be devoid of beneficial effects but could create a toxic environment that would increase mortality.
- 2) Patients had to absolutely avoid certain other drugs, including alcohol, barbiturates and antidepressants; these negated hydrazine sulfate's action.

Then, in late 1973, Memorial Sloan-Kettering Hospital in New York started clinical trials—but used dosages far higher than what Dr. Gold considered safe or effective. It is no coincidence that Sloan-Kettering is a bastion of the cancer establishment, heavily supported by pharmaceutical companies. It was clear to Dr. Gold that they were setting things up to scuttle his research and, indeed, in these trials hydrazine sulfate not only failed to work properly but produced the predicted negative results.

Nevertheless, independent trials still went on, including four double-blind, placebo-controlled studies conducted in the 1980s by Harbor-UCLA Medical Center that reported increased survival rates for cancer patients using hydrazine sulfate. Because of this success, certain officials in the FDA began to look for a pharmaceutical company that would agree to undertake the expensive testing necessary to get the drug approved and so widely available.

Traditional chemotherapy attempts to kill cancer cells with poisons—cytotoxins—which also poison and weaken the entire body. Chemotherapy is expensive: every approved cytotoxin is the patented product of a pharmaceutical company that spent tens or hundreds of millions of dollars developing it and bringing it through the approval process. Hydrazine sulfate, on the other hand, was unpatentable and dirt cheap—treatment cost less than a dollar a day. In proper doses it was without side effects. It represented an entirely new approach to cancer treatment. And it worked. It was, in other words, a huge threat.

At that time NCI's director was Vincent DeVita, M.D., considered one of the fathers of cytotoxic chemotherapy. In 1981 he appeared on ABC News and flippantly discounted hydrazine sulfate: "I'm very unexcited," he said about the UCLA and Russian studies. "We throw away drugs that are better than hydrazine sulfate." What a far cry from Dr. Burk's ringing endorsement!

It was at this time that NCI decided the best way to handle the situation was to sponsor studies of hydrazine sulfate themselves, which allowed them complete control. And in trials they sponsored they administered hydrazine sulfate to patients who were also taking those very drugs that Dr. Gold had determined would deactivate hydrazine sulfate and even increase mortality. The mechanism which made hydrazine sulfate incompatible with barbiturates, alcohol, etc., was well understood and well publicized. Dr. Gold had even written a letter to NCI before their trials began, warning them of the dangers. Yet an

analysis of a study by one of NCI's test managers, Dr. Michael Kosty of the Scripps Institute, revealed that almost everyone in his test group had ingested one or more of the incompatible substances. By sabotaging the trials, NCI managed to discredit the drug's use in the minds of most of the world's doctors who take the word of the NCI as the last and final word on cancer treatments. NCI made it as difficult as possible for other studies to be continued or to have research published. Armed raids were even staged, confiscating the substance from suppliers.

Nevertheless, hydrazine sulfate, properly administered, just worked too effectively to be totally quashed. In 1987, Jeffrey Kamen, at that time Washington correspondent for Independent Network News television, had seen almost miraculous results from hydrazine sulfate therapy administered for his mother's metastasized lung cancer. He started investigating all the bad press it was receiving and ran a series of articles on how NCI was trying to suppress the truth about hydrazine sulfate. His stories gained the attention of two members of Congress, Edolphus Towns of New York and Christopher Shays of Connecticut, ranking members of the House oversight subcommittee with authority over the National Institutes of Health (NIH). They ordered the General Accounting Office (GAO) to investigate the matter.

In 1994 a 14-month investigation was begun under the leadership of GAO assistant director Barry Tice, a 28-year veteran of probes of government agencies. His group compiled a report that scathingly criticized the NCI: "NCI did not conduct adequate oversight of these trials. It did not take sufficient measures to appropriately address concerns over alleged incompatible agents. . . ." The report was initially titled "NIH Actions Spur Continued Controversy Over Hydrazine Sulfate Therapy."

On June 5, 1995, the report was sent out to the FDA, the Public Health Service and NCI for review and comment. When top officials at NCI read the

report their reaction was characterized by eyewitnesses as going "ballistic," and "really crazy." NCI went on a campaign to have the GAO change the report—and they succeeded. In-house politicians at the GAO altered or deleted damning portions of the report and retitled it: "Contrary to Allegation, NIH Studies of Hydrazine Sulfate Were Not Flawed."

Barry Tice strongly objected to having his 14 months of work distorted: "You can imagine how upset I was—and still am—about that title," he told Mr. Kamen in a subsequent interview. "The impact of the changes and a few key deletions was tremendous. Those changes took NCI almost completely off the hook." Mr. Tice has since left the GAO and is a consultant to the healthcare industry.

Mr. Kamen wrote another article on this cover-up by the GAO that caught the attention of attorney Jeff Robbins who was acting as chief counsel on the Senate Subcommittee on Investigation. Mr. Robbins ordered officials of the GAO to appear before him and explain the mutation of the report, from criticizing the NCI to exonerating it.

After going through mountains of documents and, after having to overcome GAO stonewalling before being able to locate the original critical report, Mr. Robbins brought to light the facts as to how the GAO overruled its own staff and buckled under political pressure from the cancer establishment. He sent a letter of record to the GAO denouncing their handling of this affair.

Mr. Robbins returned to private practice but, in an interview later, Jeff Kamen asked him about the validity of the NCI trials of hydrazine sulfate. "The studies are flawed to the point of being meaningless," he said. Did the GAO tell the truth about NCI? "No," he replied. "And let me add this: I am not a doctor. I do not know if hydrazine sulfate cures cancer, but I do know that the American people did not get what they paid for in all of this: an unbiased test of the drug,

or for that matter an unbiased report on the conduct of the NCI. That is wrong and should not stand.”

Dr. Gold, along with a few other independent physicians, is still championing the use of hydrazine sulfate. Looking back over nearly three decades of work, he tallies up the numbers of Americans who endured needless suffering because of NCI's tactics. The data from the UCLA-Harbor Hospital trials indicated that out of the one million new cases of cancer every year, about 50% would be helped. Some could have been cured outright, others have considerable extensions of their survival rates, and most would have lessened pain and an improvement in the quality of their lives. All from a substance that, in contrast with chemotherapy drugs that cost hundreds and even thousands of dollars per dose, would cost about a dollar a day—and in many cases works far more effectively.

But that is precisely the point. Such is the power of the cancer establishment that hydrazine sulfate is slated to be banned by the FDA in November of this year. Members of this subcommittee, I appeal to you: do not let this happen. Do not let ego and greed triumph over true science and possible help for millions of cancer patients.

Alternative approaches are not just a financial but also a serious intellectual threat to the belief systems of conventional medicine. Nutrition and the immune system are crucial to health and healing from cancer but they have never been addressed either, and this means conventional doctors will have to “go back to school” to catch up.

For all their crowing about science, most conventional doctors are highly unscientific in their practices. Studies published in the likes of the *Journal of the American Medical Association* reveal that many doctors get the majority of their information about new medical treatments from sales representatives from the

pharmaceutical companies. There is presently one pharmaceutical salesperson for every 11 doctors in the United States, and the drug companies spend over \$5 billion dollars annually “educating” doctors about their wares, and sweetening their presentations with little—and not so little—“extras.”

As the *New York Times* reported in their January 11, 1999 article, “Fever Pitch: Getting Doctors To Prescribe Is Big Business”: “These [extras] range from reprints of pertinent articles and colorful charts to hang in the office, to ballpoint pens and pocket calendars bearing product or company logos, to trays of cookies, bagel breakfasts and pizza lunches. Many representatives routinely lug cartons of drug samples with them to keep office cabinets stocked with their product.

“And often the extras take on another dimension entirely, always in the name of education. Some representatives buy expensive textbooks or pay for trips to conferences for a doctor or the doctor’s trainees. Others sponsor golfing outings, river cruises or lavish dinners at expensive local restaurants where an after-dinner speaker discusses the state-of-the-art treatment of a given condition and, inevitably, the place therein of the sponsor’s drug.”

It is no wonder then that many physicians are unaware of or simply ignore reported results of failed treatments (such as standard chemotherapy) and instead refuse to change their “scientific” methods regardless of outcome. They forget that the true meaning of being scientific is observing patients and studying what works, then adjusting the therapy accordingly.

In spite of its promise, hydrazine sulfate is no miracle cure for cancer. There is no single magic bullet cure for cancer. Many factors contribute to the development of cancer and many modalities and substances must be used to reverse it. To be successful, cancer doctors must become generalists and address the whole person along with the many interdependent factors that contributed to this cancer. Nutrition, diet, the vitality of the immune system, and the emotional

life and beliefs of the person with cancer must all be examined. Doctors must use safer, more effective ways of treating cancer must be utilized, from fields such as naturopathy, acupuncture, and homeopathy, which have long been recognized for their nontoxic holistic approach to treating illness.

Now I am going to say something that might shock you: mammograms cause cancer. Since mammographic screening was introduced in 1983, the incidence of ductal carcinoma in situ (DCIS), which represents 12% of all breast cancer cases, has increased by 328%, and 200% of this increase is due to the use of mammography, reported *The Lancet* in July, 1995. This increase is for all women: since the inception of widespread mammographic screening the increase for women under the age of 40 has gone up over 3000%.

According to *The Lancet*, even for women over the age of 40 it does more harm than good: "The benefit is marginal, the harm caused is substantial, and the costs incurred are enormous, [so] we suggest that public funding for breast cancer screening in any age group is not justifiable."

How does mammography cause breast cancer? First, because of the mutagenic effect of the ionizing radiation used in the x-rays. And second, the extreme mechanical pressure on the breasts during the procedure can cause the metastasizing of existing cancer cells. This is acknowledged by the American Cancer Society, but they feel the benefits outweigh the risks—that more women are saved by the procedure than are killed. Whether this is actually the case or not is still a matter of controversy.

For instance, in general, about 40 replications or doublings of the breast cancer cells create a potentially lethal burden, yet mammography cannot detect a mass until 25 to 30 such doublings have already occurred. By this time, the cancer is far less treatable than it would have been after 15 to 20 doublings.

There is an alternative medical technique that is able to detect breast cancer earlier: advanced thermography. Thermography uses natural infrared radiation from the body and, by measuring temperature variations, can spot abnormalities. Without using any ionizing radiation or mechanical pressure, the latest thermographic equipment can see breast cancer developing years before mammography could image a tumor. Thermography accomplishes this because it is able to detect the beginnings of angiogenesis, when cancer cells first try to form their own blood supply—a necessary step before they can grow rapidly and metastasize.

Briefly, the pooling of the blood caused by factors secreted by cancer cells as a prelude to creating blood vessels is not under the control of the sympathetic nervous system. The normal response of the sympathetic nervous system to cold is to reduce blood circulation near the surface to conserve heat. But areas of angiogenesis in the breast are not under control of the sympathetic nervous system, and are not affected. They will therefore, in contrast to normal breast tissue, give off a heat signature visible to a thermographic device.

Thermography is by no means the only diagnostic device that allows alternative physicians to see disease coming earlier than conventional techniques. Another important technique is called ElectroDermal Screening (EDS), which is a form of computerized screening based on acupuncture. By taking readings at the different acupuncture points, doctors can tell the health of the organs and of the body itself. Then by having the patient hold substances or remedies while the EDS tests the acupuncture points, the physician can tell what the patient is reacting to and what might heal him or her. EDS can be used to detect many disease states, plus the presence of chemical toxins, food and substance allergies, and imbalances in the body.

Darkfield Microscopy is another invaluable tool in early disease detection. This is a technique that allows physicians to observe the form and motion of

blood components, including living organisms such as mycoplasma. Mycoplasma are extremely small microorganisms present in one form or another in everyone and active in the blood of many persons with cancer. Smaller than DNA, mycoplasma are cell-wall deficient and therefore able to easily evolve into different forms. Often called pleomorphs (form changing), they are normally able to hide away in the body.

Using a Darkfield microscope to look at live blood cells, an experienced physician can observe the changes in platelets caused by mycoplasma that are predictive of or evidence of cancer. Some alternative cancer clinics using Darkfield Microscopy report that they see evidence that mycoplasma are highly active in 80% of their cancer patients. (Mycoplasma are also implicated in the autoimmune process, playing a role in conditions such as lupus and rheumatoid arthritis.) The forms that the pleomorphs take and the extent of damage they do to blood cells correlates with the stage a cancer or other disease is in. With this information some alternative physicians create immune-stimulating anti-cancer vaccines produced from the patient's own blood.

These diagnostic techniques are safe and very effective. Properly trained doctors using them can see cancer coming years before any presently available conventional methods. "Early detection" is not the best protection: preventative medicine is. This is true healthcare, as opposed to our present system of sick care. But early detection is important, especially in cancer, because it gives patients many more options for treatment and cure than mutilating and debilitating surgery, radiation and chemotherapy. Yet alternative techniques are being used by only a tiny percentage of doctors in this country.

Here is another area in which the members of this committee could do much to advance the state of healthcare in this country. Give the National Center for Complementary and Alternative Medicine the independence and funding to allow them to train doctors and sponsor trials of thermographic breast

cancer screening, ElectroDermal Screening and Darkfield Microscopy. This branch of the NIH was set up with only \$2 million (I spent more than that of my own money publishing my first book, *Alternative Medicine: The Definitive Guide*). The NCCAM is presently just a poor cousin in NIH. It needs to be run not by doctors from or beholden to the NIH, but by physicians who are experienced in and advocates of alternative methods.

In the book *Cancer Diagnosis: What to Do Next*, which I have presented to you, you will learn about 33 contributing causes to cancer. You will see how each of these factors can weaken your immune system, start breaking down your health, and make you more susceptible to developing cancer following additional exposure to one or more of the causes. You will see also that a healthy, strong, and vital immune system can withstand a great deal of such exposure and prevent cancer from ever starting.

Why is there so much cancer today? In simple fact, we are being slowly poisoned to death. The list of poisons includes pollution, pesticides, carcinogens in our food, air, and water, electromagnetic radiation, tobacco smoke, antibiotics, conventional drugs, hormone therapies, irradiated foods, nuclear radiation, mercury toxicity from dental fillings, diet and nutritional deficiencies, parasites, toxic emotions, x-rays, and more. Most conventional doctors do not take these factors into consideration when treating cancer.

Here is a telling example. A man was diagnosed with prostate cancer. His tumor biopsy was examined by two different types of doctor: one a pathologist, the other a toxicologist. The pathologist saw only clear signs of cancer in the tissue sample, but the toxicologist found something more because she knew what to look for. She found abnormally high levels of a variety of carcinogenic chemicals including arsenic, DDT, DDE and chlordane. In other words, there was evidence of pesticides and other environmental toxins in the tumorous

tissue sample itself. The patient was overloaded with toxins and his liver could no longer detoxify his body.

If you know the toxin, you can remove it. But first you have to be looking for toxins and, here, conventional medicine is inexcusably lax. Most conventional oncologists disregard toxicity as a factor in cancer. The pathologist missed the point entirely: he did not understand that in a tumor itself are some likely causes of the cancer. With this gap in understanding, he designed a treatment for the patient that could not possibly be effective, because it would fail to address the root causes.

Is this an isolated incident? No. In 1973, a study conducted by the Department of Occupational Health at Hebrew University-Hadassah Medical School in Jerusalem found that when cancerous breast tissue is compared with non-cancerous tissue from elsewhere in the same woman's body, the concentration of toxic chemicals such as DDT and PCBs was "much increased in the malignant tissue compared to the normal breast and adjacent adipose tissue." Following public outcry, Israel banned these chemicals from being used on feed for dairy cows and cattle. Over the next ten years, the rate of breast cancer deaths in Israel declined sharply, with a 30% drop in mortality for women under 44 years of age, and an 8% overall decline. At the same time, all other known cancer risks—alcohol consumption, fat intake, lack of fruits and vegetables in the diet—increased significantly. During this period, worldwide death rates from cancer increased by 4%. The only answer scientists could find to explain this was the reduced level of environmental toxins.

Members of this committee, this information has been published in peer-reviewed journals. Why is it being ignored?

Not only can our doctors show you the multiple causes that lead to cancer, they offer steps that lead to the removal of these causes. Alternative medicine does not offer a simplistic "cookbook" solution to cancer treatment. Rather, it

emphasizes the unique individuality of each case, with certain consistent elements in its approach: mobilize the lymphatic and excretory systems and then detoxify the body of its many cumulative poisons; fortify the body with nutrients; do everything possible to strengthen the immune system; stress the importance of early detection and preventive strategies; and honor the Hippocratic Oath—first, do no harm.

Conventional cancer doctors today cannot uphold this vow. Chemotherapy and radiation are toxic and often do as much damage to the body as the cancer itself. Even though conventional medicine presents and often forces these treatments (along with surgery) as the only options in existence for cancer, this is simply and unequivocally not true. There are many successful alternatives to conventional care that can remove the root causes of cancer and restore you to health without further poisoning or damaging your body.

Even when conventional treatments are employed, there are ways to minimize the side effects of chemotherapy, radiation, and surgery, to prevent nausea and hair loss and fortify the weakened body. There are also techniques, such as localized hyperthermia, that amplify the effectiveness of chemotherapy agents, and so allow half or even one-fifth of the normal dosages to be used, with a concomitant reduction in deleterious side effects.

Patients often hear their oncologist say, “Well, this or that drug works in 35% of our patients, so we’ll try it and see how you respond.” Robert A. Nagourney, M.D., founder and medical director of Rational Therapeutics in Long Beach, California, developed a lab test that takes much of the guesswork out of conventional—and alternative—cancer treatments. His “Ex Vivo Apoptotic Assay” takes a living tissue sample of cancer cells obtained from a patient by biopsy and determines which substances produce cancer cell death during a 72- to 96-hour process in which the cancer is grown in a test tube. The result objectively indicates the likely human response of the individual patient to specific drugs.

The test can also indicate just how much of a particular drug is needed, thus minimizing its side effects.

You can see here that the emphasis in alternative medicine is on treating the individual; there is no one school of dogma, Alternative medicine is the antithesis of the "one size fits all" approach of conventional medicine.

Compared to even more sophisticated alternative modalities, conventional medicine seems barbaric and medieval. While mainstream medicine ignores such techniques, this information is available to empower and inspire doctors and patients by demonstrating proven, successful ways to reverse cancer—even end-stage cancer.

The situation today seems similar to one over three centuries ago, when accused of heresy, the astronomer Galileo pleaded with his critics to simply look through his telescope. In a letter to his friend Johannes Kepler he wrote, "My dear Kepler, what do you say of the leading philosophers here, to whom I have offered a thousand times of my own accord to show my studies, but who, with the lazy obstinacy of a serpent who has eaten his fill, have never consented to look at the planets or moon, or telescope? Verily, just as serpents close their ears, so do men close their eyes to the light of truth."

There is a famous saying by the physicist Niels Bohr that I love to quote: "Science and medicine advance funeral by funeral." This means old beliefs and practices die out and give way to new approaches only when the older generation of scientists holding them literally die off and leave the field. We no longer have time to wait for those who swear by conventional medicine to leave the field. The escalation of the rate of cancer demands this urgency. Doctors of all ages must open their minds to new possibilities, to alternative approaches that have been clinically proven to work. Otherwise, the toll of cancer deaths will continue

to mount as thousands of cancer patients fail to hear about alternatives that could save their lives.

Let me adapt that previous famous quote: Cancer care will advance patient by patient. As each cancer patient recovers his or her health, thanks to alternative medicine, and tells a friend and the family doctor, this will transform Western medicine. Conventional physicians will have to start using alternative approaches because these are the only ones consistently getting results and saving lives. If they do not, both their patients and more progressive colleagues will leave them behind in the archives of failed medicine. With your help, we can make this change happen quickly and decisively.

— Burton Goldberg

Mr. HORN. You stated it very eloquently.

The gentlelady from Illinois, for questioning.

Ms. SCHAKOWSKY. I wanted to ask Dr. Nixon a question.

In your written testimony, actually you referred a little bit more even to the issue of smoking as a way of preventing many, many thousands of death, and smoking in children. And you probably are aware of the recent Supreme Court decision that struck down FDA regulations that would have prevented tobacco companies from marketing products to children. And it was not because they think that they should be marketed to children, but basically turned, passed the ball back to the Congress and said that the Congress should act on this. And so far, Congress has failed to do so.

I wondered if you had any suggestions for us on what we might do to make sure that we have done everything possible to prevent children from beginning to smoke and thus creating the most preventable cause of disease that we have in this country.

Dr. NIXON. Yes, you are correct, the cause of cancer, the percentage of cancer attributed to cigarettes and tobacco use is about 35 percent of the total, and about 30 percent from nutrition. How do you convince children not to do hazardous things? We have a pediatric task force, headed by one of the leaders in the Nation's pediatric development research community addressing these issues now. We have an affiliation with a group in New Orleans to look at our Know Your Body program and to move that into a younger age group, rather than the grades one through six, but at the pre-K and the K.

What we're trying to address is the situation that we all see as parents, that if you tell an adolescent not to do something, they're going to do it. Don't drive fast, they go drive fast, don't smoke, they tend to smoke. So what we want to do is through the pediatric task force and another task force on spirituality and health is try to teach a philosophy of health to very young children, which would include smoking cessation, proper dietary habits, drug avoidance, all the good things of life and health promotion.

We haven't been able to do it in the current KYB milieu of teaching, the age group that we're looking at. So I again would call for congressional attention toward teaching, learning how to teach very young children, perhaps as young as the age of 2, not facts, but philosophy, and how to maintain their health.

Ms. SCHAKOWSKY. Are you concerned at all that the financial interests of the tobacco companies may have some undue influence in policymaking? In your view, is this an issue?

Dr. NIXON. I think it's clear that the tobacco companies would like to sell more cigarettes to whoever they can, overseas, young people, any age group. Whether that influences congressional thought, I would hesitate to say that.

Ms. SCHAKOWSKY. I don't mean congressional, necessarily. We find all kinds of races being sponsored by tobacco companies and all kinds of institutions, private as well as public, where there's a close relationship between tobacco companies and there seems to be a contradiction there.

Dr. NIXON. There's clearly a contradiction there. The American Health Foundation's founders first linked tobacco and lung cancer, so we go back at least 50 years in this area. And it's focusing spe-

cifically on youth education as one of the things that Dr. Wynder did for decades. And the KYB program is designed as a smoking cessation program, and now we're just trying to move it backward into earlier ages.

The problem of what to do with tobacco companies' influence is immense. I don't have any bright ideas there, I'm sorry.

Mr. HORN. The gentleman from South Carolina, Mr. Sanford, 5 minutes for questioning.

Mr. SANFORD. Yes, sir.

I would first of all say to Dr. Nixon, thank you very much for coming up this way, or down this way, I'm not sure which direction we're coming from today. But as one who lives down in the low country of South Carolina, I appreciate all that you've done to make a difference in people's lives back home.

I went to the University of Virginia for graduate school. And there they believed in the Socratic method. So it struck me as Mr. Goldberg was speaking that some of what he was saying was contrary to some of what you had said. It would help me if you all would just bicker a little bit back and forth. In other words, would you pick out three things that he said that didn't make any sense, and then if you would say why he's wrong in suggesting that what he's suggesting you said didn't make sense, and really does make sense, just a little bit of back and forth would help me a whole lot in trying to get to the bottom of the cancer thing.

And at the end, if you would just tack on as a personal supplement to me one, I notice that you're not pasty white. And I thought that, I grew up on a farm down in South Carolina, I love being outside. We've got four young boys, I'm constantly outside. But I never grew up putting on sunscreen. My mother-in-law says, whatever you do, don't put on sunscreen, it actually causes cancer. So which is the truth there?

And too, if you would give me sort of three personal pointers, Mr. Goldberg, aside from hell no, I won't go to the dentist, what would be two other pointers in terms of things you'd suggest in terms of personally avoiding cancer. But Dr. Nixon, if you'd lead off.

Dr. NIXON. Thank you very much. I do disagree with a number of things that were said, and I think that would be pretty apparent.

Let's talk first about pesticides. There is no doubt that pesticides occur in human tissue. There is no doubt that pesticides, that exposure to pesticides 20 years ago can still lead to pesticide residues in the breast.

The problem with the argument, and I'm not saying it's a good thing to have pesticides in your breast, maybe it's related to the asthma epidemic or something like that, but as far as cancer is concerned, breast cancer rates increased in this country extraordinarily rapidly around the turn of the century and before, about 1870 and 1900. And in fact, the American Cancer Society was founded on the recognition of a group of surgeons in New York that there was an epidemic of breast cancer.

The pesticide argument fails here because there were not any pesticides at that point in widespread use, and breast cancer rates went like that. The last 50 years or so, they've been sort of wavering up and down a little bit at a very high level.

So in the pesticide era, breast cancer has not changed a great deal. So that would be my first point. Do you want to respond to that, or do you want me to go with the other three?

Mr. SANFORD. Let me just throw one more zinger at them, because I'm going to be tight on time with 5 minutes.

Mr. HORN. Don't worry about the 5-minutes. I have a special rule for South Carolinians. [Laughter.]

Dr. NIXON. We're neighbors on Sullivans Island.

The other big thing I take strong exception to is the contention that the National Cancer Institute does not want to cure cancer. I take absolute violent almost exception to that. I've worked at the NCI, I've been in the cancer field for now 30 years. Never seen anybody in cancer research or cancer treatment that didn't hate the disease and want to get rid of it in any way that they can. There is not a conspiracy against, to promote cancer. It's just not there. I'm sorry, but it's not.

Mr. BURTON. Well, I don't believe you have read the report of the General Accounting Office and the article, and I'd like you to have a copy of my testimony where I lay it forth. The report absolutely shows this. As a matter of fact, Barry Tice, the man who did the report, this 28 year old veteran, Barry Tice strongly objected to having his 14 months of work distorted.

This is a quote from Barry Tice. He's now retired, living in Maryland, and I spoke to him the other day. You can imagine how upset I was, and still am, about the title, he told Mr. Kamen in a subsequent interview. The impact of the changes and a few key deletions was tremendous. Those changes took NCI almost completely off the hook. This is Mr. Tice of the General Accounting Office, and you know what kind of a reputation they have. There's politics.

As far as pesticides are concerned, I give you numbers that I get from medical journals. The New England Journal of Medicine had an article on, one of the gentlemen said, we've lost this war on cancer. We've got to do so many other things. But the numbers are this. Breast cancer in 1950 was 1 in 20 women. Pesticides started coming in 1950, big time. In 1960, it was 1 in 14 would have breast cancer. In other words, it was 1 in 20, and today, in other words, it comes down, the lower the number, the more women have it today. One in eight American women have breast cancer. This is in the world of pesticides, the wonderful world of chemistry.

Now, how do I know this? Because when you look at the research at Connecticut General Hospital on split biopsies and toxicology, you don't hear this. They don't talk about this, because this flies in the face of the food industry, the chemical industry, the pharmaceutical industry, the medical industry and everybody else whose economic, petroleum industry where a lot of these things come from, it's in their interest. And you don't hear it in the media, because they're the recipients of the ads. How many ads have you seen for drugs now, going directly to the patient? And then with the side effects of the drug, your left ear will turn yellow and fall off, your nose will this, you'll have a headache, you'll vomit and so forth and so on.

Drugs today are the third cause of death in our society. First is heart disease, cancer and then drugs. Used to be fourth behind strokes.

The sun, melanoma usually occurs where the sun doesn't shine. It is important, most of our doctors will agree that the sunshine, getting vitamin D3 on the pineal gland and on the face, not too much sun, certainly you don't want to injure the skin, so that's why you put the stuff on. But the sun God provided to nourish us. Our eyes get the light of the sun and it affects us. So many people living in Wisconsin, so far away from South Carolina, have the SADD disease, because there's not enough sun and they go into depression and so forth.

The dentist, silver fillings are 50 percent mercury. If your kid broke a thermometer in the mouth, you'd go crazy. You would put him in a hospital. The American Dental Association says it doesn't leach. But if you put a device in that measures the vapors, you will see that it's wrong. It does leach. And it goes into the ganglia and all through the bodies.

And one of the techniques of detoxification, which is the word you will hear for this century, your liver is the filter of the body. And if it gets clogged and dirty, it can no longer filter, it's like a barrel you put the poisons in, one thing on top of the other. When it overflows, that's when we end up with degenerative disease, including cancer.

And mercury goes into the ganglia. In the case of breast cancer, the blood supply and the lymph system, which is not paid attention to at all by conventional medicine, which is the seat of your immune system, lymphocytes in the small intestine, control and help your immune system. And if you don't open up that lymph system and allow the garbage to come out of the body, as a matter of fact, in chemotherapy—

Mr. SANFORD. Could I interrupt on that point? Dr. Nixon, I'd be curious to hear your thoughts on that. I had a friend that actually went to Switzerland and had the traditional fillings taken out of his teeth to put in some kind of plastic or whatever. But then I talked to another friend who's a doctor who actually said the data is bad on that, taking out the fillings really doesn't make any difference. Do you agree or disagree?

Dr. NIXON. I disagree that the tooth filling has anything to do with malignant disease, the tooth filling composition, the amalgams that dentists use. There is certainly mercury toxicity, there's a Japanese disease that is a central nervous system disorder from excessive mercury. There's no doubt that mercury is toxic. But the link between teeth, fillings of teeth and cancer is in my opinion very, very weak and tenuous.

Mr. GOLDBERG. I would like to balance that out with, the Coors Beer people had a daughter-in-law and she was not doing well, out in Colorado. So they sent her to Hal Huggins, a dentist in Colorado Springs. And they paid, after she got well by having in part her dental work done and other things, they paid for a study. And here's how the study went.

There were 33 patients with silver fillings, I think there were an average of 18, 20 fillings in the mouth. They gave a quarter of a million dollar amount for this study. They took the immune system competence by blood test before they removed the fillings. Then when you remove these fillings, you have to properly do it, otherwise the patient can get very bad, you have to use oxygen in the

nose, they use a dam in the mouth and they have the suction, and most of the doctors wear gas masks in the chamber in the office.

They remove the fillings and then they put in plastic fillings. They then took the competence of the immune system and it went from the basement to the ceiling. They then removed the plastic, put back the mercury and the immune system went back into the basement.

I'm going to tell you a story of a little boy by the name of Smith in Denver, CO. He couldn't swallow when he was born. And the mother took him to all the hospitals, Denver Children's, he even went to Boston, and nothing they could do. They were about to put a tube in his belly to feed him, for his life. I directed the family to Dr. Lee Cowden in Dallas, TX, who's a holistic physician and who is my co-author of my cancer book. He discovered that the boy was laden with mercury, and the mercury was in the ganglia of the throat.

He used the DMPS, which is a drug out of Russia, and there are studies done in this country, to pull out mercury. The child got back his swallowing ability and no longer needed the tube and is living a happy, normal life. That speaks to dentistry.

How to avoid cancer. No. 1, organic food, chicken, beef, vegetables, range-grown beef and chicken, vegetables that are organically grown. If you can't afford to have organic, use grapefruit seed extract from a health food store or Blue Label Clorox, wash your vegetables there, a tablespoon per gallon. It will take care of pesticides, herbicides and parasites. And parasites play an enormous role.

No. 2, filter all your drinking water. And your shower water, you have eight times more poison from the skin, the largest organ in your body than from the shower. Avoid fluoride. They tell you that it stops children's cavities. Not true. There is no difference between those areas that fluoridate and those that don't. It's a rat poison.

And the union for the Environmental Protection Agency is totally against fluoridation of the water, and another thing, one of the reasons we have so much Alzheimer's in this country, they use aluminum sulfate by the truckload to take the cloudiness out of water in communities. And then they put it back into the rivers after they complete it and it goes into the next village. And it builds up, and that's one of the reasons you find aluminum in Alzheimer's.

We can go on and on and on, because in my book, which you will receive a copy of, we give you the 33 categories of the causes of cancer. Now, we have a holocaust. What's causing it? Come up with another solution, Mr. Nixon. How do you explain this holocaust, this increase? One in two men in America, by the American Cancer Society, will have cancer in his lifetime? This is outrageous.

Mr. SANFORD. Any last refutation point?

Dr. NIXON. Well, the example of the kid with the swallowing difficulty may have been mercury toxicity. I'll give you that. But that's not a cancer case, that's something else.

Mr. GOLDBERG. Well, you say there's no relationship.

Dr. NIXON. No, I said mercury is toxic.

Mr. GOLDBERG. Well, we know mercury is toxic.

Mr. SANFORD. Could we say this? In other words, if you listen to his suggestions in terms of organic food, filtering water, because

my mother-in-law, in fact, she must have read your book, she says the same stuff, which is you need to filter your shower, filter the water, eat organic food, whatnot. If you were to do those things, do you think that would reduce one's chances of cancer, or it would be a placebo?

Dr. NIXON. Well, he asked what I think the cause of cancer is. I think it's nutritionally based and too much exposure to toxins from tobacco. Those are the two big things. So if you eat a vegetarian diet with lots of fruits and vegetables and grains, we are in agreement there. I wouldn't fuss on whether it's organic or not. But fruits and vegetables and grains are preventive and cancer protective.

Mr. SANFORD. How about filtering your water in your shower and whatnot?

Dr. NIXON. I don't do it at home. Although the Sullivans Island water may need it some. But it's a different problem. But no, I think that that is not very high on my worry list for cancer, the water.

Mr. GOLDBERG. Mr. Sanford, I'd like to know who is financing your studies and whether we have chemical companies, agricultural companies and pharmaceutical companies that are funding your research.

Dr. NIXON. No, actually, 99 percent of our funding comes from the Federal Government, the National Cancer Institute. We are a cancer center funded by the NCI.

Mr. GOLDBERG. And we're back into old things, the how dare you prove us wrong. They're not going to find the cause of cancer. They haven't been able to do this—with \$3 billion a year, to be able to go on satellites, as Mr. Cummings said, and we can't knock out cancer? I have many clinics that can knock out cancer, even end stage cancers, using the system known as alternative medicine.

Mr. SANFORD. I thank you all for your time. Mr. Goldberg, my mother-in-law is going to be calling you. Mr. Nixon, I look forward to seeing you back on Sullivan's Island.

Mr. Chairman, I yield back to you.

Mr. HORN. Thank you very much. We really appreciated that line, and I've learned a lot from you today, as I've learned throughout the campaigns in the last year. There's where we ought to get something changed, is with all you experts on how you change things. And campaigns can do it.

A number of us tried to talk to previous Presidential nominees about a decent war on cancer. And we never got much attention from them back in the, like 4 years ago and 8 years ago and so forth. So there's a lot of things that we have learned today, and I think we've got to followup on them. And we will, because Mr. Burton is pretty well focused, our committee chairman. And I'm partially focused, so anyhow, we really thank you for coming and we've learned a lot.

Mr. SANFORD. Mr. Chairman, if you're closing out the time, could I ask one last question?

Mr. HORN. Please.

Mr. SANFORD. And this would be of Dr. Pizza. Sir, if you were to suggest from the European or from the Italian perspective, two things that we're doing wrong in terms of either addressing the

cancer issue from the standpoint of surgery, or from the standpoint of research, what would they be?

Dr. PIZZA. I think surgery and chemotherapy and radiotherapy are the most important approach in treatment. But it is not enough to cure cancer. We do immunotherapy, we did immunotherapy the last 27 years. And we cured a lot of patients, using very simple products that are used from the immune cells of our body to communicate each other to do something.

One of these molecules is called the transfer factor, it is extracted from the lymphoid cells of the spleen or blood, and it can be produced also in vitro. This small molecule is completely non-toxic. It is today wasted in your country, because you could take for example, the buffy-coat of blood bank and extract it from the buffy-coat and inject to cancer patient, mainly two types, in which we showed, demonstrated the effectiveness.

Prostate metastatic cancer in stage D3, when the tumor is not more responsive to the hormones, we showed that the median survival for these patients treated also with the transfer factor is about 110 weeks, with respect to 55, 40 weeks of untreated patients. And in lung cancer, we treat the patients with lung cancer and we have a long experience with that. We have 14 years of experience of treatments for lung cancer. And we have a long series of patients treated and control series also, evaluated longitudinally. And we observe that the transfer factor improved significantly the survival of patients in stage III of the disease and in stage II.

So my suggestion is not to say, to do more research in your country. I believe that your country is more advanced, I think it is the most advanced. I have been visiting scientists at NIH, National Cancer Institute, in 1980. I have collaboration with the epidemiology branch of National Cancer Institute. I collaborate also with George Washington University. So I cannot suggest to do more research. It would be not right.

What I am suggesting is to do today what can be done, and what can be done is to use the new products that we are already sure that are working. You can take transfer factors simply from the buffy-coats that you put into garbage. A very simple way to take this is one source. If you want to go to the specific transfer factor, you can produce in vitro.

So I would not suggest to make different research. But being a practitioner, being a medical doctor treating patients, I would suggest to do that, because this can be done today.

Mr. HORN. We thank you, gentlemen. And one of the traditions we have here is to thank the staff that worked on this hearing. And we had T.J. Lightle as legislative assistant, Beth Crane, intern, Robin Daugherty, intern, to my left here and your right is Beth Clay, the professional staff member in charge of this area. And Lisa Arafune is the clerk and Bob Biggs is the assistant clerk.

So with that, we thank all of you for coming and spending your time with us. We are adjourned.

[Whereupon, at 3:29 p.m., the committee was adjourned.]



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