The Impact of Medical Censorship on Patient Care: Part 3

The word "Unproven" as used by the ACS is a highly and unjustly weighted word...I would submit that no less than six, at the very least, of the ACS's "Unproven Methods" would be worthy of immediate scientific investigation by the NCI on a basis of nontoxic but potential efficacy...I was aware of many more methods and compounds already being investigated by individual investigators or small institutes whose efforts are literally dying on the vine for lack of due support that now goes to greatly more expensive but far less immediately promising priorities under the present NCI program.

-- Dean Burk, Head Cytochemistry Section, NCI, in an open letter to Dr. Frank J. Rauscher, Jr., Director, NCI, April 20, 1973; Published in Cancer Control Journal, Vol. 1, No. 3, 1973.

This is the third column about censorship in medicine. The first on bias and other defects in peer review, the second on dogmatic elements in clinical practice, appeared in the Aug./Sept. and October issues. These factors can impede dissemination of information about novel or minority approaches to care. Patients unable to respond to conventional therapy are the group most disadvantaged by restricted circulation of such information.

Here the focus is on the American Cancer Society because of a blacklist it has compiled of methods for controlling cancer that the ACS considers dubious. The Society periodically updates the list to warn cancer specialists and the public that claims of effectiveness for these methods are not substantiated by evidence the ACS accepts.

In March/April 2004, CA-A Cancer Journal for Clinicians ran an article titled "Alternative Cancer Cures: 'Unproven' or 'Disproven'?” Andrew Vickers, PhD, was the author. The ACS publishes this journal, and Vickers is an Assisting Attending Research Methodologist at Memorial Sloan-Kettering Cancer Center.

The terse abstract stated in part: "Alternative cancer cures have often been described as 'unproven,' suggesting that appropriate clinical trials have not been conducted and that the therapeutic value of the treatment is unknown. Contrary to much popular and scientific writing, many alternative cancer treatments have been investigated in good quality clinical trials, and they have been shown to be ineffective...The label 'unproven' is inappropriate for such therapies; it is time to assert that many alternative cancer therapies have been 'disproven'."

Two years after the federal government declared war on cancer in 1971, Dr. Dean Burk, a high-ranking NCI insider, raked the NCI for its "widespread but scientifically unjustified scorn of searches for truly nontoxic efficacious anticancer compounds, as distinguished from merely less toxic, more efficacious, anticancer compounds." The ACS has included a number of these "truly nontoxic" alternatives to conventional cancer treatment on its list.

Illustrating the scornful attitude toward nontoxic compounds outside the NCI, Burk pointed to the ACS list: "An excellent and well known example of this open scorn," he wrote, "is to be found in the booklet issued from time to time by the American Cancer Society under the title of 'Unproven Methods of Cancer Treatment,' but unsupported by little evidence beyond the oft-repeated refrain, 'After careful study of the literature and other information available to it, the American Cancer Society has found no evidence that treatment...results in any objective benefit in...human cancer,' a statement close to zero scientific worth, however much sheer propaganda value." Attribution: Townsend.

Recently, the ACS retitled its list "Complementary and Alternative Methods." Vickers wrote as a researcher at Memorial Sloan-Kettering, but the ACS saw fit to carry his views in one of its publications, inviting scrutiny of the evidence Vickers cites.

The ACS list of approaches it deems worthless, even dangerous, is another side of the Society's self-appointed mission - to help set priorities in research and policy on treatment in the fight against cancer.

Basic Reading on the American Cancer Society

Townsend readers interested in the American Cancer Society's influence on the flow of information about research and treatment should start by consulting The Cancer Industry by Ralph W. Moss and The Dread Disease by James T. Patterson. Moss published The Cancer Industry (originally The Cancer Syndrome) in 1980, revising and updating it through the 1990s. In the preface to the first revised edition (1991) he categorized his book as "an analysis of selected cases, not a definitive history or survey of the field." Then he expanded its scope, saying it was "an exposé of everything that was wrong with the 'war on cancer.'" And he sounded a personal note in accounting for the book's inspiration:

"I wrote it just after being fired by Memorial Sloan-Kettering Cancer Center, where I was assistant director of public affairs, for my opposition to their coverup of positive data on laetrile. I had 'failed to carry out my most basic responsibilities' in other words, to collaborate in falsifying evidence. In a sense...the book was not only an expose...but my own apologia."

The Cancer Industry did shed light on the shadowy failings of conventional care in its first section, knocking "proven" methods of treatment. Its second section looked deeply into approaches on the ACS "unproven" methods list, contending that scientific evidence showed efficacy. The third section explained the low priority that mainstream medicine has assigned to prevention, offering the environmental carcinogen asbestos as an example. The fourth section identified and connected the basic components of the conventional research and treatment complex; there, seven pages related the history of the ACS.
Patterson, a professor of history, wrote The Dread Disease as a monograph on "cancer and modern American culture" (the book's subtitle). Put out by a university press in 1987, it chronicled the impact of cancer on Americans for roughly a century, beginning in 1885.

Patterson and his cultural study of cancer thoroughly adhered to academic tradition, and in typical scholarly fashion he sought to avoid conscious partisanship; so his book contained a number of pages that capture and elaborate on the dissatisfaction with establishment care voiced by critics. ACS activities came in for a large share of criticism, concentrated in the pages covering the mid-1940s through the mid-1980s.

Moss and Patterson supply extensive references, suggesting that both may have spent as much time on research as they did in writing. But neither is the last word on the subject. When President Richard Nixon declared "war on cancer" in 1971, researchers thought that viruses induced many cancers. Since the early 1990s, the theory driving research holds that cancer is a varied complex of diseases stemming from inherited defective genes, carcinogens that result in malfunctions in gene expression, and mutations in replication of RNA (gene programming).

Origin and Growth of the American Cancer Society

John D. Rockefeller, Jr., funded the establishment of the American Society for the Control of Cancer (ASCC), the predecessor of the ACS, in New York City in 1913. Moss, using Richard Carter's The Gentle Legions (1961) as his primary source, related that the Harvard Club was the birthplace of the ASCC, that most of the individuals "present at the inception" were associated with Rockefeller financial interests, and that "for several decades the ASCC was kept small and elite, a vehicle for the charitable impulses of New York's wealthiest families" (Moss).

From the start of its modest campaigns to educate the public about cancer, the ASCC "vacillated between a fear technique and the dissemination of hope" (Carter). Moss explained: "The reason for this vacillation is fairly obvious. If the Society spoke only of the brilliant hope for cancer patients (which was far less realistic in the 1920s than it is even today) people would not feel compelled to consult their doctors. On the other hand, if the Society only stirred up fear, they would feel the fatalism that still hangs over the word cancer like a pall."

A crucial dilemma raised by the ASCC's educational pitch, Moss pointed out was "that it could urge people to consult their physicians for annual checkups...but it could not expand the medical services...to have these examinations."

The managing director of the Society, George A. Soper, PhD, proposed free cancer clinics as a way out of this dilemma, a populist solution that didn't fly given the elitist, wealthy makeup of the ASCC membership; so out walked Soper and in as new director walked Clarence C. Little, a prominent geneticist.

Little favored "increasing the number of private practitioners interested in cancer" (Moss). Along with the Society's leadership, Little also trained a wary, hostile eye on non-conventional approaches to cancer, which rose in popular interest through the 1930s into the 1940s.

Patterson's history summed up how the ASCC was faring three decades after its founding. Its budget for 1943 amounted to roughly $100,000. The membership stood at only 1,000. The Society's fund-raising efforts didn't produce enough money to operate mass-scale educational programs (The March of Dimes collected 15 million dollars toward wiping out polio that year.)

Dissatisfied with the leadership of the Society in combating cancer, a handful of individuals banded together and gained control of the ASCC executive committee in the mid-1940s. These people were not part of the ASCC's social elite. Their wealth had recently been acquired from such fields as advertising and pharmaceuticals.

Changing the name of the ASCC to the crisper, broader "American Cancer Society," this lay group set about applying promotional techniques from their businesses to the business of charitable fund-raising. "Making use of radio and appealing aggressively to philanthropists and corporations," wrote Patterson, they and their friends "raised the staggering sum of $4.29 million in 1945." In 1948, collections shot up to an astounding $14 million" (Patterson).

The men who had long directed the ASCC, "reacted with predictable alarm and outrage," continued Patterson's narrative of the ASCC's transformation. "James Murphy of the Rockefeller Institute complained privately in January 1946 that the situation of the last six months has been so discouraging that it is difficult for me to keep up any interest in the Society. Little, too, became disenchanted. 'The businessmen,' he wrote Murphy, 'established their reputations outside the field of cancer and have taken up cancer control as a civic interest which is in no way comparable to the relationship of the professional men in the field.' He objected especially to the 'unjustifiable, troublesome, and aggressive attitude of 'knowing it all' which that group at present...is developing.'"

Dr. Little departed for the Jackson Laboratory in Maine, and the take-over band quickly gained solid control of the executive committee. An auxiliary of the ASCC organized in the 1930s, the Women's Field Army, got the boot. According to Moss, the WFA, whose primary mission was to channel Americans thought to have cancer into doctors' offices for confirmation and care, raised over $630,000 between 1942 and 1943—in the depths of World War II. By 1944, the number of WFA volunteers nationwide had climbed to a million (while the ASCC membership edged toward a thousand). But the reformed ASC executive committee had no use for the WFA, which it considered "a 'Ladies Garden Club style' operation composed of 'do-good amateurs'" (Patterson).

Under its new leadership, the ACS initiated a grants program for extramural research—alloting 25% of its funds to grants the first year of the program. In the 1996 update of The Cancer Industry, Moss supplied figures for the expansion of the Society's research budget, citing two fairly recent years: $40 million in 1978, $77 million in 1987, with the ACS awarding 639 grants in '78 and 810 in '87. Recipients included institutions around the US and abroad: the three topping the list in 1978 were the University of California, Memorial Sloan-Kettering, and Yeshiva University (NY); in 1987, the top three were the University of California, University of Texas, and Memorial Sloan-Kettering. Grants to foreign research laboratories went to cancer facilities in England, France, Israel, Scotland, and Switzerland.

Supporting the ACS's grants, of course, was the muney swept up through fund drives; $140 million in 1978, $331 million in 1987. Moss chiefly attributed the Society's "phenomenal success" to its "skillful and sophisticated" pitch to the public, primed by a native dread of cancer which the ACS and other American opinion-setting institutions fanned in various ways.

Professor Patterson offered additional reasons for the ACS's success. Developments in science and health care following the Second World War made it easier for the Society to tap into this
nation's profound cancer phobia in soliciting donations and bequests.

During the War, teams of scientists had "designed and developed fantastic weapons" (Patterson), foremost among them radar and the atomic bomb. Medical researchers had come out with penicillin and other drugs that impressively reduced deaths from bacterial infection. In 1955, Dr. Jonas Salk and his colleagues produced a generally effective vaccine against polio, a viral scourge. In the 1960s, space scientists perfected huge rockets that lifted astronauts into Earth orbit and to the moon. These achievements earned scientists, clinical researchers, and physicians unprecedented esteem among Americans.

In the 1950s and 1960s, "demands for good health," Patterson wrote, "were becoming central to American society." He elaborated: "At the root of these demands was the...greater prosperity that transformed the daily lives of the middle classes...As one scholar put it later, 'the more affluent a society becomes, the lower is its threshold for discomfort, and the greater the demands for relief of even the most minor indispositions.'...As people...enjoyed the pleasures of the burgeoning consumer culture, they cherished the Good Life." Americans, said Patterson, "grew ever more afraid of dying before their time...Untimely death, moreover, flouted the prevailing faith in technology and science. Fatal diseases – particularly a slow and 'certain' killer such as cancer – were especially distressing...Premature death dulled the gloss of the affluent, technological society."

"In the minds of many Americans," Patterson went on, "the conquest of cancer was the next great challenge." The public expected scientists to overcome cancer as they had solved the problems involved in the production of the A-bomb, antibiotics, the polio vaccine, and space flight: put teams together, fund them adequately, and – hopefully sooner rather than later – they were bound to find a way.

But most scientists knew that such analogies were, in Patterson's words, "spurious and dangerously misleading." He quoted a science writer on the analogy between the bomb and cancer to stress this point: "The basic principles of atomic fission had been discovered in Germany long before we laid out a nickel for the Manhattan Project. The basic principles of the insidious biological fission we call cancer, however, are still among the scientific unknowns."

Undoubtedly, credit for the ACS's growth into the most successful and largest health care charity in the US must go to its fund-raising smarts. High faith in medical science, enjoyment of economic prosperity, and the dread of a disease that could unexpectedly cut one down in the prime of life need to be taken into account as well. The Society's lay leadership shared these leanings with most Americans; people were partly paying the piper for playing familiar tunes.

Reference

Tien Hsien Liquid is the latest breakthrough from research done in Asia using new concepts and principles to strengthen the body's immune system which fights against diseases, such as cancer.

Tien Hsien Liquid is a combination of rare and powerful herbs that have been proven effective in boosting energy levels, helping the immune system, adaptogenic, and in promoting healthy liver and kidney function. In addition, Tien Hsien Liquid is a powerful antioxidant.

- Strengthens the body's own natural immune system without any problem.
- When used in conjunction with radiotherapy or chemotherapy, it can help support these therapies and as antioxidants will help protect blood from free radicals damages which are common among cancer patients. Helps patients continue their chemo or radiation therapy without any interruption due to low RBC and WBC.

Distributed by:
Natural Options, Inc.
244 Fifth Ave., Suite #T266, New York, NY 10001, USA
Tel: +1 (718) 874 8518, Fax: +1 (212) 898 1383
Toll Free: +1 (877) TIENTHSIEN / +1 (877) 843 6474
www.tienhsien.com, info@tienhsien.com

The above statements have not been evaluated by the Food & Drug Administration. This product is not intended to diagnose, cure or prevent any disease.