

*CONGRESSIONAL PUBLIC HEARING*

*BEFORE:*

**CONGRESSMAN GUY V. MOLINARI**

---

**on ALTERNATIVE or  
NON-TRADITIONAL CANCER  
THERAPIES and TREATMENTS  
BY EMANUEL REVICI, M.D.**

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*PRESENT:*

**MICHAEL TORRUSIO**

**DIANE CISMOWSKI, *Court Reporter***

**26 Federal Plaza  
New York, New York**

**March 18, 1988  
9:55 o'clock a.m.**

**CONGRESSMAN GUY MOLINARI:** This is Guy Molinari, representing the 14th Congressional District.

We would like to get started here this morning. I have prepared a formal opening statement, which has probably been distributed, but I choose not to read that. Instead, let me set the record here by relating some of my prior experiences in a similar matter a couple of years back.

It was a great learning experience for me, a very disturbing experience as well.

Similar to what happened preliminary to this formal hearing today, several years ago our governmental agencies were instrumental in bringing pressure upon the Pan American Health Organization.

In turn, it brought pressure upon the Bahamian Government, and the Burton clinic in Freeport, Bahamas, was closed.

Some forty or fifty patients of Burton visited Washington and appealed to those of us that took time out of our day to listen to them to try to help.

Now, I'm certainly not an expert in this field, but I do have a heart.

I saw a look of panic in the faces of the people, and I made one promise to them that day, and that was to get down to Freeport and to see for myself what was going on.

Through our State Department I made arrangements to go to the Island, and on the first day, with the help of the Embassy, to visit the Burton clinic.

On the following day, I was supposed to take a plane and go over to Nassau and meet with the Bahamian Ministry of Health.

There it was my goal to determine what specific reasons were being cited for the closure of the facility, and, of course, (what I was trying to determine), whether steps could be taken to satisfy the complaints and to determine whether the clinic could be reopened.

What a surprise I was in for.

The State Department set up the trip. I landed in Freeport. I met a gentleman from the Embassy, and I was quickly alerted to the fact that I would be able to visit the Burton clinic —and, in fact, did for about four hours— but the Ministry of Health had decided they were not going to meet with me the following day.

That puzzled me and nagged at me as well, because it wasn't a specific request from a Congressman from this country, but rather a visit that had been set up through the sponsorship of our State Department.

I was angered and I called a press conference in Freeport. I couldn't understand why it was that we couldn't even have a dialogue, and, of course, I had made arrangements to turn around and go back home, convinced at that point that certain people in this country had brought pressure on the Bahamian Government so that we didn't have the meeting.

You may all recall that the war cry that was being used at that time was AIDS, that Burton was causing AIDS to his patients.

Indeed, we had Lester Maddox, who went on television, devastated and claiming he had AIDS that was caused by Burton. There were all kinds of

charges. I was watching them and reading them with great interest.

We did this hearing. I received a letter subsequently from Lester Maddox, taking a totally different view, thanking me for what I did in conducting the hearing. He didn't have AIDS. There were so many misstatements made.

I received a number of phone calls from the Establishment telling me how wrong it was for me to do what I was doing.

After conducting a hearing that lasted for some eight or nine hours, I took the testimony, sent it to every member of Congress. I sent it to the New York State Medical Society. I sent it to the National Cancer Institute and others.

I subsequently requested a meeting with the New York State Medical Society.

There were about thirty-five doctors in the room that day, and, interestingly enough, they had the minutes of the prior meeting there, and I asked them if I could read it. "Sure."

I read the minutes, and what I read in part were statements indicating that in the case of Burton there was massive political pressure being brought upon members of Congress, and that we were responding to those massive pressures and would be going after the Medical Society to try to seek help.

Well, that was pure poppycock. There were maybe only 500 patients there. There are 435 members of Congress, and what would we average one patient per Congressional District?

But I learned that the information they were getting was not accurate. Indeed, I was quite upset when my turn came to speak. I let them know how I felt about the thing.

I must tell you that when I left at least three or four of those doctors very silently told me, "Keep going, keep doing what you're doing." "He's onto something."

We did and were able to convince (by going to some influential members of Congress), the Office of Technology Assessment, OTA, to study alternative forms of cancer treatment, cancer therapy.

There's a very high level physician who I knew from years ago, and I had occasion to talk to him one day, and he told me that the hammers of hell were coming down on his skull because of his involvement.

All he was doing was not evaluating whether any of this therapy worked or didn't work; he was merely setting up the protocol for the testing and any other specific therapies. There again, he ran into this very powerful "Establishment."

We know that any of the doctors, M.D.'s, that have been supportive, and we learned this at the Burton hearing, were almost drummed out of the profession.

Now, I cannot say that Burton's therapy works or doesn't work. That's far beyond my ability to make that judgment call.

I did hear enough testimony, enough stories, and talked to enough patients, and I've been back to the clinic down there, to suggest that we should be looking at that very carefully; and, indeed, a study will be done.

Anybody in the audience who wants to tape-record what takes place here is free to do so. Anybody that wants to tape-record or take pictures may do so. I understand that some of you might have been present at the Food & Drug Administration hearing last week on the National Health Fraud Conference, and you weren't free to take pictures or tape-record what was said that day; in fact, they had armed guards there that would escort you out of the room if you did so. That puzzles me and bothers me.

Also, for the record I would like to make a statement that we've invited to this hearing the National Cancer Institute, the American Cancer [Society], the Food & Drug Administration, and they all turned down the request.

We would really have preferred that we hear from both sides so that we could have a balanced hearing, and when we finish and have published a hearing record, it would be preferable from my standpoint that we hear the pros and cons.

But their view, obviously, is that they would be giving credence to Dr. Revici and his techniques by being here. So, to hell with them! They're not here and we're going to proceed without them.

I know that Dr. Revici has been fighting with his lawyers to prevent his license from being taken away in this State.

I just buried, less than thirty days ago, my mother-in-law, who died from cancer. My daughter is engaged to be married. The date is set for July 16th. Her doctors told her and told my daughter that she would be alive and well, well enough to participate in the wedding proceedings, but she, of course, died a month ago.

The question was raised by my wife and by my daughter, "Why didn't you take her to Dr. Revici, why didn't you take her to Burton or somebody else?"

And, of course, the question came to my mind as we thought about these hearings, that imagine if after having the Establishment diagnose that my mother-in-law was going to live past July 16th and be well enough to participate in proceedings, if she had gone to Revici or if she had gone to Burton and died now, I'm sure we'd have the charge that, "Well, look, you didn't listen to us, and, as a consequence, your mother-in-law didn't survive July 16th, as we said she would."

So, I suspect that what we're seeing here is, to a large extent, a refusal for some people to want to look at this thing with open eyes. We're talking about a man whose been doing this for a long period of time, and we'll hear the testimony today.

But I must tell you, my friends, I am not happy with my own experiences, having been through this before and knowing the incredible opposition that is generated, the misstatements of facts.

Virginia Knauer put out a statement, after consultation and after approval by Dr. Curt of the National Cancer Institute, that they documented hundreds of cases of AIDS as a result of Burton's treatment. Hogwash.

Now, if they are as wrong in some of the public statements that they've made, and these are formal presentations, my friends, as they are in not giving a

closer look to those who have spent their lives working at alternate methods dealing with the scourge of cancer, then we all have reason to be concerned.

And that's why I'm here. I am here to give you all an opportunity to create a record, and that record will be widely disseminated.

Perhaps at this time I would like to read into the record several statements from elected officials that asked me to do so. The first one is from Senator Christopher J. Dodd of Connecticut.

It reads as follows:

"Dear Mr. Molinari,

"I want to commend you for conducting this very important hearing on alternative or nontraditional cancer therapies and treatments.

"Cancer is the second leading cause of death in the United States, behind heart disease. More than 900,000 Americans will be diagnosed with cancer this year, and each year about 470,000 Americans will die of cancer.

"A review of the statistics is certainly disheartening when most of us believed that we were making real progress in the war against cancer.

"As you know, the vast majority of patients afflicted with this dreaded disease are treated in U. S. cancer centers, teaching hospitals, or in the community. Conventional cancer treatments, even when successful, can be painful and disfiguring and of long duration.

"Each year many American cancer patients, including many who have tried conventional approaches but have not been helped, opt for treatments that are out of the main stream. Such alternative or non-traditional treatments exist both within the United States and outside the country. Some are offered by respected members of the medical community, and others that many would term as quacks. Many of these treatments may be devoid of benefit, some may actually be harmful, and some, probably a small number, may be helpful.

"Indeed, I am aware of two of my constituents from Connecticut who have benefited from alternative or non-traditional cancer therapies offered by Dr. Emanuel Revici of New York City.

"Constituents have contacted my office about the availability or the lack thereof of nontraditional cancer treatments. Unfortunately, there is a general lack of objective information about them, rendering rational and well-founded decisions about such alternate therapies extremely difficult to make.

"Obviously, I am not in a position to assess the efficacy of these alternative treatments. Moreover, I am most certainly not in a position to advocate or endorse these treatments.

"However, I do feel that we need to have more information about non-traditional treatments.

"As a member of Congress, I am interested in learning more about this issue. I, therefore, commend you for holding this hearing and look forward to examining the testimony and the record."

Second one: Congressman Bob McKuen, a colleague of mine:

"Recently, a concerned constituent of the 6th Congressional District, Howard

Rosenberg, informed me of the plight of Dr. Emanuel Revici. Mr. Rosenberg's mother is a patient of this physician.

"Several months ago, Mrs. Rosenberg was diagnosed as having terminal cancer. Surgery was not helpful, and radiation therapy did not offer any real chance of improvement for Mrs. Rosenberg.

"When the cancer metastasized to her liver, traditional medicine had nothing to offer. Mrs. Rosenberg was sent home from the hospital to wait a terrible death. At best it was hoped that morphine would help the pain.

"Approximately ten weeks ago Mrs. Rosenberg began treatments with Dr. Revici. Since then the pain has decreased without the use of morphine, and now she has a ray of hope. Over the last three weeks, her condition has actually improved. She has more energy, less discomfort, and has regained some of the weight she had previously lost.

"If Dr. Revici's license is revoked, it would be tantamount to imposing a death sentence upon Mrs. Rosenberg and others in this situation. That should not be allowed.

"Informed patients should have the right to choose the form of their medical care. Dr. Revici's treatments have had a positive physical effect upon Mrs. Rosenberg.

"Congressman Molinari, I share your compassion and concern for patients afflicted with cancer. Moreover, I support your humanitarian efforts in this hearing to demonstrate the many problems and concerns associated with this issue of national dimension.

"In my view, the results of Dr. Revici's treatments should be given fair and balanced consideration.

"Thank you for the opportunity to share my views with you on this important matter. If I can provide any additional information, et cetera."

We have others that I think I won't read, although they are all important—maybe I will read this one, because it's the first one I read and it kind of tells the whole story.

This was from State Senator Michael T. Tully, Jr., sent to him by William Allen Rosenberg, and Senator Tully sent it to me and asked me to include it, and to send a copy also of the completed record to him.

"Dear Senator Tully,

"I am writing to elicit your support and involvement in a fight to protect the rights of Emanuel Revici, M.D., and in turn the lives of thousands of his patients who are solely dependent upon the therapy of this caring and courageous physician in order to remain alive. If you will indulge me for a moment, I will give you some background information explaining the nature of my concern and interest in this specific issue.

"My mother has been recently diagnosed as having terminal illness, large cell carcinoma of the lung with liver metastasis. She has been under the care of a group of physicians at New York Hospital Cornell Medical Center. Having been through major thoracic surgery, which was unsuccessful (the tumor was too large to be removed and involved the aorta and other vital organs),

followed by six weeks of radiation, the physicians had very little further to offer in the strict orthodox therapies, and had made a prognosis of life expectancy of approximately two months.

"In order to remain alive during this period of time, my mother would have needed to receive large dosages of morphine, of morphine based narcotics, to ease the pain, and tranquilizers to get through the night.

"Obviously, this was not the quality of life that my family wanted for my mother. We had hoped and prayed ever since the initial diagnosis of cancer that the one thing we would have some degree of control over would be the quality of life during the later stages of this terrible disease.

"Approximately three months ago, my mother became a patient of Dr. Revici, and I have seen a definite improvement in the quality of life. With a non-toxic form of therapy, he has been able to control the pain and ease other symptoms, difficulty in breathing, sleeping, et cetera.

"I don't know at this time if the hopes and prayers of my family will be answered and Dr. Revici will be able to not only improve the quality of my mother's life but extend it as well.

"However, I do know that he's already given us something that none of the other physicians were able to.

"Based on the initial prognosis of the doctors, my mother should be dead and buried by now. Instead, she is very much alive, with continued indications of improved quality of life, and hopefully much more.

"The New York State Department of Health, under the direction of the Board of Regents, has been engaged in a form of medical McCarthyism since 1983, in an attempt to unfairly and arbitrarily impose sanctions and/or revocation of Dr. Revici's license, while ignoring the collective death sentence that they would automatically be imposing on his patients.

"In accordance with the democratic principals upon which this great country was founded, each individual is entitled to make their own choice concerning the medical care they wish to receive.

"What right does the State Health Department and/or the Board of Regents have to deny me and my family this freedom of choice?

"Under the guise of protecting the general welfare of the public, my mother and perhaps hundreds or even thousands of others may be given their collective death sentence. I would hate to think that my mother and many others like her would be denied access to such a fine and caring physician.

"Dr. Revici is a national resource, world resource, whose intellect and concern for humanity must be treasured, not trampled upon.

"Congressman Molinari, Staten Island, has taken a leadership role in arranging for a Congressional hearing on Dr. Revici, to take place on Friday, March 18th," et cetera, et cetera, "to allow a fair democratic and open hearing.

"Expert witnesses supporting Dr. Revici's treatment will have a chance to appear."

Then he winds up by saying: "My mother is an immigrant from Germany

who survived World War II because of her courage and determination to live, and the opportunity to come to the United States and reestablish her right in a free and democratic country.

"I made a promise to myself as a very young child, that I would never again allow anyone to hurt my mother.

"In my mind, as a child, I envisioned fighting off the Nazis; however, I find myself in a position of fighting for my mother's life by doing everything within my power to see that the only doctor in this world able to possibly intervene and help my mother stay alive be allowed to continue practicing.

"For me and my entire family, it would be tantamount to another Holocaust if this man is not allowed to continue treating my mother.

"In God's name, please do not allow this tragedy to occur."

One last statement, and then we'll go on with our hearings.

(Applause.)

There's a lady who works in my office, who is loved by everybody in the office, and a couple of months ago she was taken ill. Her doctor diagnosed it as cancer.

She went to Sloan Kettering. They opened her up, and, of course, they told the husband there was nothing they could do.

The husband came to my office to pass the bad news on to us, of a relatively young woman, and, of course, the whole office was terribly saddened.

I never talked to her about any alternate form of medicine. That's not my job.

But I was in Washington, and I learned that, facing the prospect of no hope whatsoever, and given maybe two months to live, she inquired; she knew that we did this thing on the Burton center. She made some inquiries and she went down there.

I called her a couple of times, when I had the time to do so, and I think the most profound thing was the spirit that this woman had, one thing that she didn't have before, hope.

Hope. That's how I got into this thing. I cannot understand how we can pull the plug on hope in cases like this woman, Dolores, who works for us, whose doctors, the best in the world, and the "Establishment" told her, "No hope."

And she went down there. I don't know what's going to happen. I do know that her spirits are good. I do know that she's been told she's so riddled with cancer that I didn't expect very much, but so far she's responding to treatment. She's had some complications, but her family feels good about it. They feel they've tried something and they're seeing some positive results.

We don't know how long that lady has to live, but I do know that she was offered some hope that wasn't there otherwise.

And that's what got me into this, my friends, purely from a humanitarian standpoint. I will never be in a position where I can say that Burton's therapy works or Dr. Revici's works. That's for people with far more expertise than myself to make that judgment call.

But I can establish a body of evidence, and I can let all these other members of Congress know about this man and his background and what he's done



and let them formulate their own decision.

So, that's what we're here for. I'm pleased at the size of the turnout. The fact is I think we have probably more people here today than we had at the Burton hearing.

I've kept in touch with some of those folks. Some of them are still alive twelve years after their initial diagnosis of cancer, and I am pleased that our country, our government is going to be studying, at least, and it took some doing on our part, because there was an awful lot of opposition.

The Office of Technology Assessment will be making studies of the variety of alternate therapies and treatment of cancer.

So, with that as a background, I've talked enough, but I had to say what I've said. I am far from satisfied with the reaction of the Medical Establishment in this country. They have a tendency to dismiss everything as quackery, and I think they could be missing some very important keys.

And I think Burton may have put it properly when he said, "Look, we only have four components that I deal with. I don't cure cancer. We don't know how many components, it could be thirty, that will eventually be required to be put together to eventually say that we have a cure for cancer.

"But these four work in many cases to control cancer, it doesn't claim to cure cancer."

Then you look at some of the patients and you've heard their stories. We had doctors who testified, Dr. Kunderman, who was given three months to live six years before, one of the healthiest specimens I'd ever seen.

So, the stories are there. I think at this point I've talked enough.

I would like at this point to ask, instead of Dr. Revici first, I think we can set the record by having Marcus Cohen first to address us.

He is the Executive Director of the Friends of the Institute of Applied Biology.

Marcus, if you would come up, please, and take a seat, we'd be happy to hear from you.

**MR. COHEN:** Congressman Molinari, before further words are spoken, on behalf of all of us assembled here, I want to thank you for making it possible for us to testify about Dr. Emanuel Revici.

I regret that my speech today may be a little long, but I am setting the stage not for myself, but for the patients, physicians and others who will follow.

By the way, forgive me, I also want to congratulate and thank your staff.

My remarks will be confined, first of all, to placing on record certain facts about Dr. Revici which I believe are essential for a true understanding of the man and his work, but which are scarcely known.

Dr. Revici came to the United States in 1946. It was at the invitation of the head of the Medical School at Chicago University. He, his wife, and daughter had three special visas to enter our country [approved] by no less than President Franklin D. Roosevelt.

This was in recognition of Dr. Revici's courageous service with the French Resistance in the Second World War against the Nazis; also in recognition of his scientific achievement.

Prior to his arrival here, Dr. Revici's research into the relationship of lipids to cancer and other pathological conditions had earned him praise in Europe, and later in Mexico City, where he and his family resided for most of the war years.

Five papers by him were deposited in his name in the [French] National Academy of Science by the Assistant Director of the Pasteur Institute, in 1937 and 1938.

American physicians, visiting the clinic he established in Mexico City, expressed great interest in his cancer treatment, especially in his ability to control pain without narcotizing patients.

In the late 1940's, the United States Navy, conducting tests with atomic bombs in the Pacific, twice invited Dr. Revici to study the effects of lethal radiation for them, and he received the highest clearance in each case to conduct such studies.

In the end he preferred, however, to concentrate his efforts towards perfecting his nontoxic tumor-specific chemotherapy for cancer and other degenerative diseases.

Dr. Revici founded the Institute of Applied Biology as a non-profit corporation in 1947. Its charter provided for the treatment of terminal patients at no charge.

Funds were raised by a group of prestigious local businessmen and professionals; for example, in the 1950's, the Board of Directors included a world famous Catholic theologian and philosopher, Jacques Maritain and one former and one future president of the Medical Society of the State of New York.

Dr. Revici, incidentally, is a life member of that Society, and a letter was sent to him by the Society in 1970, congratulating him for fifty years of devoted service to patients, with the personal compliments of the President at that time.

Dr. Revici and the Institute purchased a hospital in Manhattan in 1955, renaming it Trafalgar Hospital.

The outpatient clinic, Dr. Revici's office, was relocated on the same block, 90th Street, and a five-story building on 91st Street was purchased as a research facility.

The hospital was chartered as a voluntary non-profit institution. It had over 150 beds, some 200 residents and visiting physicians in various specialties, and was fully accredited by the State.

The lab facility was occupied at its height by thirty-five scientists and technicians, with 10,000 animals for research and testing.

I can give you an idea of the colleagues with whom Dr. Revici worked, if I may tell you, that Dr. Milan Bier, who worked with him in the '50s and '60s, whose specialty was electrophoresis, is now at the University of Arizona, where he has sent two experiments up in the space shuttle before the shuttle shut down. He has an \$800,000 a year grant from NASA, and he lists on his CV that he was at the Institute of Applied Biology.

Financial difficulties forced the closing of the hospital and the consolidation of the outpatient and lab facilities into the current home of the Institute in the late 1970's.

In 1961 D. Van Nostrand Co., a very respected scientific publisher, published Dr. Revici's monograph, entitled, **Research in Physiopathology as Basis of Guided Chemotherapy: With Special Application to Cancer.**

It represented the summarization of the laboratory and clinical findings of his entire career until that time, and, as such, it was a treasure chest of innovative concepts and their prolific applications in treatment and pharmacology.

In a sense, too, the book constituted a blueprint for a medicine in the future. It fairly teemed with leads which researchers and clinicians who carefully read through its pages could simply pick up and follow to productive new terrain.

In time, a number of these territories have been independently rediscovered, and today they constitute the "cutting edge" of science.

For example, Revici's study of lipids in general have resulted in a grasp and method of transporting medication specifically to tumors and other abnormal foci.

(Researchers looking for greater specificity in administration of medicine are just beginning to explore the use of lipidic carriers.)

His research on abnormally conjugated fatty acids prefigured work on the part prostaglandins and leukotrienes play in the pathogenesis of certain serious and lethal conditions.

I might note here that in 1982 Dr. Bengt Samuelsson won a Nobel Prize for his description of the effects of leukotrienes. These are the same trienic conjugated fatty acids Dr. Revici described as a deadly product of irradiation in a paper delivered in London in 1950.

In 1970 through 1972, Dr. Revici ran a drug addiction program at Trafalgar Hospital. The drug addiction program was a spin off of his cancer treatment and his investigation into lipids.

There were hearings, a full day's hearings in Congress, April 28, 1971, before

the House Select Subcommittee on Crime, then chaired by Congressman Pepper. The hearings were arranged by Congressman Rangel.

I would like to quote very briefly a section from Congressman Rangel's statement, on pages 284, 85 of that hearing, where he says:

"I would like to state for the record that it was Dr. Revici I am speaking about when I first had the opportunity to join this committee, and having been born and raised and still living in this community, I don't suppose anybody is more cynical when it came to drug rehabilitation than myself.

"I felt a need to bring with me the Administrator of the Harlem Hospital's Drug Rehabilitation Program.

"What we witnessed with patients was so unbelievable that the doctor from Municipal Hospital has now gone back on a daily basis in order to continue to see the miraculous results that have taken place.

"I personally have gone back on several occasions to the clinic. I have talked with patients, talked with youngsters that have given up on being decent human beings, have talked with their parents and grandparents many times in the presence of responsible state officials that have subscribed publicly to the Methadone Program, and yet vigorously support the efforts that have been made by Dr. Revici.

In 1972, there was an article [in Barron's], a feature article —

**THE CONGRESSMAN:** Excuse me. I think it would be appropriate at this point in the record to mention that we have in our possession a copy of a letter of Congressman Charles Rangel that was sent to Governor Cuomo, dated December 8, 1987, and the basis of that letter was to urge the Governor to use his influence to protect Dr. Revici and not to have his license revoked.

Charlie Rangel is a man that doesn't send letters like this very easily. He's a man who has a reputation for doing research and yes, indeed, he has established a great reputation in the drug field, nationally and internationally.

It's significant that a man of his stature has injected himself into this issue. I thought we should enter that into the record at this point. I'll have his letter entered into the record.

**MR. COHEN:** Thank you very much, Congressman. I might also add, with your permission, that this is not the first time in the last four years of our struggle that Congressman Rangel has come to our assistance. We are very grateful for every assistance he has given us.

Now a question I often hear is the following: Why hasn't Dr. Revici, if he is so good, if his treatment is so good, why hasn't he been more widely recognized?

I am going to cite two very quick examples of what has happened in Dr. Revici's career, which perhaps will make it clear why this has happened.

In 1951 there was a doctor in Queens, a radiologist, Board certified, I believe, who was studying Dr. Revici's lipid therapy in combination with his own radiation therapy.

He noticed that the combination resulted in a greater painkilling effect; it had a palliative effect.

He wrote a paper, which he read before the American Medical Association in 1951.

We know, incidentally, because we have an itemization of the material in the files of the American Cancer Society, that they noted that the paper was delivered in 1951, and it was received with interest.

This doctor went to the committee in his hospital in charge of experimental treatments, and he asked them, "Could we continue this experiment, could I conduct another experiment, this time in the therapeutic effects of the medication?"

The head of the committee didn't like the idea. He wrote the head of the American Cancer Society and asked what could be done to prevent the doctor in Queens from continuing.

The American Cancer Society's response was, in effect, stack the committee.

This was done. The project was voted down.

It didn't stop there, however. They punished the doctor by taking away his residency program. I want to repeat that: They punished the doctor by taking away his residency program for a certain period of time.

The final incident I will relate I think is perhaps the most tragic.

I mentioned in 1961 that Van Nostrand published Dr. Revici's textbook. I spoke to the President of Van Nostrand, the President at that time, and he assured me that they certainly knew what they were doing when they published that book; they certainly thought that the book had merit, even though it was a departure from accepted medicine.

The book was published in July. In March/April that same year, four months before the book was published, the American Cancer Society, in its journal *CA a Journal for Clinicians*, put Dr. Revici officially on their unproven methods list.

8,000 copies of the book were printed; possibly 7500 were destroyed, because they were not able to be sold or remaindered.

If the ideas in that book at that time had been allowed to circulate, to disseminate, who knows how many people might have benefited from the research that Revici had made, from the findings that he was publishing. It's totally uncalculable to know how much suffering could have been prevented.

I think those examples are telling enough. I will move on.

A few days ago there was an article in *Newsday*, a very good feature article on Dr. Revici and his controversy with the State. They quoted the State Attorney, Mr. John Shea, as saying about all our patients here, and I want this understood and heard again, "They never had cancer. The previous treatment cured them. Anyway, it's all anecdotal, it doesn't mean a hill of beans."

Well, imagine how that strikes a patient, any patient who has indeed had cancer, who has learned that his prognosis is very unfavorable, in fact

terminal, who has tried conventional treatment and has not succeeded, and then finds Dr. Revici. Imagine being subjected to that kind of ridicule and brushoff, in a sense.

Today, thanks to you, Congressman Molinari, these patients will freely tell their stories; and on hand we will have several experienced Board certified oncologists to confirm these objective remissions.

These are going to include some of the patients rejected by the Office of Professional Conduct hearing panel. I think that this is the most important testimony that we can produce today.

There's another question that I must address, and I apologize again for going on so long.

We have been accused, the patients of Dr. Revici, of delaying these proceedings, of refusing to attend a Remand Hearing that the Regents scheduled for us.

I've already referred to the harassment and ridicule our patients received when they testified for Dr. Revici before the hearing panel of the OPMC.

Our attorney in this matter, if he appears today, will also testify to various violations of due process, and, in fact, question the validity of the State's case.

Again, I'm going to use two very quick examples: The American Cancer Society sent an expert. He produced a report from a black box. He looked at the black box, as though needing to refresh his memory.

Our attorney said, "Are you refreshing your memory? Let's look into the box and see what else you have."

Objection from the State. Objection from the hearing officer. Can't do it. Okay. Subpoena the box. We subpoenaed the box.

Next time, two lawyers appeared for the American Cancer Society. "Here's the box."

"Can we look inside?"

"No, you only subpoenaed the box; you only subpoenaed the box, not the contents."

This is the kind of thing that was allowed to go on.

At another point, John Shea, I think the pages begin at hearing testimony 2,222 and run through 2,229, in referring to the report pulled out of the black box, was questioned by our attorney, because we had put witnesses on the stand to destroy the credibility of the report.

Our attorney said to him, "Mr. Shea, if, in fact, it turns out that that report is a fraud, not a valid scientific report, does that mean that you're still going to hold Dr. Revici accountable for fraud?"

"Yes. He's been put on notice. It doesn't matter if the report is false. He's been put on notice."

We were subjected to nineteen such hearings.

We went through the looking glass into Wonderland, only it wasn't Alice who led us, it was John Shea.

We were no longer willing, even though we should have perhaps been

willing, to go back to this State Agency, to appear once more before these judges, before this prosecutor, to waste Dr. Revici's precious time—remember he's 91—to subject the patients again to the kind of harassment and ridicule that they had to withstand throughout this proceeding.

So, we chose something else, and we've been blistered for it by the PR people from the Health Department.

I want to again thank you for letting me state on the record what our side of the story is.

Throughout this testimony today, finally, you are going to hear about Dr. Revici's character, his remarkable ability to relate to and to encourage patients, and his incredible accessibility. The patients will do this far better than I can.

I just want to recall one story of a lady who was a very close friend of mine, a colleague, a comrade really, in this battle that we've been engaged in, Dorothy Tymon, about whom former Assemblywoman, Rosemary Gunning, who is here today, may say more.

Dorothy was so sick once that we prevailed upon Dr. Revici to take her into his own house and treat her: this was not the first patient he had done this for.

She was never able to forget how in the morning, after she had been in terrible pain all night, and couldn't keep anything down, water, food, there was Dr. Revici in his bathrobe and slippers with a little bowl of rice gruel that he had cooked for her himself, tending to her as though he might be her father.

This is typical of the man, and it's my own shared experience with you now.

In summation, Congressman Molinari, as you know from your experience with the Burton clinic, there are indeed lives of patients at stake here, many, many lives, perhaps even the life of Dr. Revici, because I frankly don't know how the man will carry on if he's prevented from seeing his patients and continuing his work.

Certainly the life of his treatment is at risk here, because that, in my mind, is really what's under indictment. The State has indicted his whole therapy; now, nobody, no doctor, very few anyway, (certainly we'll have some sterling exceptions today), associate openly with Dr. Revici.

If it weren't for that, I could produce twenty or thirty doctors at this hearing. But, because of Section 230 and various other sections of the State Law, and the intimidation we've mentioned, doctors are reluctant to become involved.

Instead, we get a continuing process, patients dying at a greater rate each year but little progress; a billion dollars spent annually at the National Cancer Institute for research that has taken us further and further along a dead end.

There are underlying issues in this case, Congressman, as I guess you must know by now, as you know certainly from your involvement with the Burton clinic and with the OTA: there are movements of change abroad

in the country; cytotoxic drugs are being phased out, immuno-augmentative medicines are being phased in. A recent **Journal of Commerce** article noted that in the 1990's, the latter will be a multi-billion dollar business.

This is, of course, the material that has been pioneered by Dr. Revici, by Dr. Burton, by Dr. Burzynski.

But there are people out there, and we know them, your staff knows them, who have been holding conferences, acting very positively they think in hunting us down as quacks, as frauds.

In fact, there was a conference in Kansas City, March 13th through 15th, held by the FDA, and the people attending have been heard to threaten us as follows:

We intend to litigate every case of questionable therapy up to the hilt.

We have evidence, by the way, from around the United States, not only Dr. Revici but other doctors, too, are being harassed in this way -primarily because they have found some new and perhaps better way of treating patients whom they care about.

It is the genius of this country, however, that from the time of the founders we have been able, through law mainly, to reconcile conflicts which seem to be unreconcilable.

Sometimes, however, the process is long; and terminal patients don't have very much time to live. They need treatment now.

As I'm speaking, one patient every four minutes dies in the United States of lung cancer.

One patient in the United States every hour dies of brain cancer.

If I could get everyone of my patients to testify, we could present seven cases of brain cancer that are alive today in long remission and functioning, five cases of lung cancer alive today and functioning long after they were supposed to be dead.

I have to ask a question when I think of that:

When the National Cancer Institute contracts with the Bronx Botanical Gardens to send scientists down to the Amazon to seek out cancer destroying plants, why aren't they going to Dr. Revici, Dr. Burzynski, and looking at the results of these people who already have gains, starting impartial evaluations?

Of course, Congressman Molinari, you have begun that process through your initiation of the OTA study, and we congratulate you again for doing that.

There is also a tension that exists today in the law itself: the State has the power to regulate and to protect the public; the Constitutional right of privacy is guaranteed to all patients, to all people; you have the right, in fact, to do pretty much what you wish with your own body.

We have already set precedent in one of our law cases, in the *Schneider versus Revici* case, in the Federal Circuit Court here.

The Appellate Court in that case, the second highest court in the land, made a very, very important statement, a very short one, which I am going to read. It says as follows:



“We see no reason why a patient should not be allowed to make an informed decision to go outside currently approved medical methods in search of nonconventional treatment.

“While a patient should be encouraged to exercise care for his own safety, we believe that an informed decision to avoid surgery and conventional chemotherapy is within the patient’s right to determine what shall be done with his own body.”

And that decision, by the way, goes back to the basis of the privacy right, a decision by Judge Cardozo in 1914.

I want to also add that we won the Schneider appeal, and that Dr. Revici as he sits here today is guilty of no crime whatsoever, has never been convicted of malpractice.

Until these cases were brought against him (the same cases that the State is bringing against him), in over sixty years of practice, he’d never had a major malpractice case.

How come? It’s the same therapy he’s been practicing all this time.

How come?

As I said, we made legal precedent in the Schneider versus Revici case.

Shortly, in making a final determination in the Health Department’s case against Dr. Revici, the Regents of the State of New York will have an opportunity to act independently themselves. We should pray that wisdom and mercy will guide them, so that they will arrive at a truly just decision, one which helps all.

Perhaps, Congressman, at the very root of this whole controversy, we’ll find the issues raised by our founding fathers: life, liberty, and the pursuit of happiness.

Our patients are possibly going to be deprived of their lives.

They don’t have the liberty to choose the treatment they wish.

And where will they pursue happiness after that?

Our common Judeo-Christian heritage provides a possible guide.

When Moses makes his last speech to the people of Israel, in the **Book of Deuteronomy**, he gives them many laws, many commandments, but the last commandment is the simplest and perhaps the most telling with regard, I think, to this whole case.

He tells the people, “I call Heaven and earth to witness against you this day that I have set before you life and death, blessing and curse. Therefore, choose life, that you and your descendants may live.”

Congressman, we think we know where your choice would be.

We certainly know what Dr. Revici’s choice has been. He’s put his life and career on the line every day, upholding this choice, making this choice, regardless of the consequences to himself personally.

From my own experience, I can’t see a greater evil than causing unnecessary suffering, unnecessary loss of life, unnecessary strain on the part of our patients who have a double burden to bear — illness and concern about whether or not their lifesaving treatment will be interrupted, or terminated permanently;

and, with either, their lives also ended.

In any case, Congressman Molinari, the path to a resolution of this conflict begins with a fair and open and full hearing, and this you have provided us.

This is the first major step, as the OTA is the first major step in seeing what alternative therapy has to offer.

You have shown both the wisdom and the spirit of our founding fathers in this, and we here assembled are in your debt.

(Applause.)

**THE CONGRESSMAN:** Thank you, Mr. Cohen. Just be seated, if you will. I want to thank you, first, for a very comprehensive statement.

I think everybody in the room would recognize we cannot allow everybody to speak at that great length, but he was speaking in a representative capacity, and I thought it was important, to set the record, that we allow him to do so.

I do just have several questions that I'd like to ask, so that we can create the proper record.

How did you get involved with Dr. Revici, Mr. Cohen?

**MR. COHEN:** I heard about him on the radio. Gary Null, who is going to be here, has talked about him; I heard through Dr. Carlton Fredricks. I live nearby and I happened to be a free lancer in publishing at the time, and I had a little bit of time.

When I heard over the radio that his license had been suspended, that he was in trouble, my wife came to me and said, "Marcus, why don't you try to do something for Dr. Revici?"

I said, "Well, yes." I had been to him a number of times for simple ailments, colds.

**THE CONGRESSMAN:** He was your personal physician?

**MR. COHEN:** Yes. No major disease, but he was available, and believe me, he was very inexpensive.

When I first saw him in the early '80s, it was \$15 or \$30 a visit. It was only after the law cases against us and the State action against us that we had to raise considerably the fees.

I was quite content with his treatment.

Then I started to investigate and, frankly, when I first came to see Dr. Revici, and worked for his patients and for him, I didn't know if he was a quack. I had to do a lot of fact finding myself.

I delved into his records, I delved into masses of papers in his apartment, I and Harold Ladas, Professor Ladas, who is sitting here, who began that process.

We really reconstructed his life, and the more we reconstructed, the more substantial it was, as far as I was concerned, and the more there was to offer humanity.

And that's how I got involved.

**THE CONGRESSMAN:** Are you paid, in your capacity?

**MR. COHEN:** Yes, I am paid by the Friends of the Institute of Applied Biology, Incorporated, which I am executive director of. It is a support group for Dr. Revici.

**THE CONGRESSMAN:** How long have you been operating in that capacity?

**MR. COHEN:** About a year, I would say. Unofficially I've been acting together with a group of us who compose a kind of board, constitute a board, and we have been helping Dr. Revici meet his legal expenses, because they've risen to over 450,000 by now. It's a terrible burden.

**THE CONGRESSMAN:** The legal expenses incurred by him have reached a point of \$450, 000?

**MR. COHEN:** Yes, although, Congressman, I am not sure they are incurred by him; they are incurred by the actions against him. He certainly wouldn't have wanted to go to court.

Yes, they have, and we mainly raise it through the patients, and it's a very tough job to continue to raise it.

We are faced, as I say, with deep pockets. The State can reach into an endless bag, apparently, and any time we have to go to the well, it's drier and drier.

We may lose this case simply because we can't defend it.

**THE CONGRESSMAN:** I understand. Is this something you do on a part-time basis or has it become a full-time occupation?

**MR. COHEN:** Maybe some day, Congressman, it will become a part-time obsession again, but right now it's a full-time obsession.

**THE CONGRESSMAN:** Finally, in the early part of your statement, you mentioned that the, I think it was the hospital, was forced to close because of financial difficulties?

**MR. COHEN:** Yes.

**THE CONGRESSMAN:** I didn't get the year on that.

**MR. COHEN:** I think it was '78 or '79. I'm not entirely certain myself.

I have seen documents, and I'm not exactly sure of the reason, but I am sure the hospital was in difficulty.

Dr. Larry LeShan, who will be here later to testify, who was another colleague of Dr. Revici, can comment on that.

There were several instances where Dr. Revici, because the hospital was losing its shirt, had to ask the staff to hold off on their salary. You can, by the way, ask Dr. LeShan, who can testify that Dr. Revici was the last person to get paid, if he got paid at all.

**THE CONGRESSMAN:** You don't know the specific reasons why the close?

**MR. COHEN:** No, I would not. It's not that I wouldn't know, I just haven't found any specific reasons in the documentation yet.

**THE CONGRESSMAN:** I see.

**MR. COHEN:** We're looking.

**THE CONGRESSMAN:** You quoted from this article, which I had only had occasion to read last night when I got home from travelling through several states, the news article you talked about.

**MR. COHEN:** Yes.

**THE CONGRESSMAN:** Interestingly enough, though, it mentions something that we have heard before, and that is the question of spontaneous remission.

We have heard that term. You hear that term a lot.

I have talked to oncologists who were very upset with me when I got involved with the Burton matter and I started reciting to some of the people who I talked to on this book; you made an awful lot of comment about it, and they argued this issue of spontaneous remission which, of course, is a legitimate issue to be raised because without question it does occur.

However, if we are to give some credence to the theory of spontaneous remission, it was my observation in the Burton case, and I would suspect and I'm not going to prejudge here today, that we are probably going to hear something similar, that the incidence of spontaneous remission in the case of Burton, perhaps Revici, and later Burzynski might be twenty, thirty, forty times that of conventional hospitals.

Is that generally what your experience has been?

**MR. COHEN:** Congressman, I think you've hit it on the head. Whenever we put them in remission, it's a spontaneous remission, whenever they do it it's a miraculous new discovery on the horizon that's coming around.

The actual rate of spontaneous remission is very rare, from what studies I have read.

But you are going to have here Dr. Seymour Brenner, a radiation oncologist, Dr. Falk from Canada, who is an internationally famous oncologist, and we

have other doctors. Address the question to them. I think you'll be satisfied at the end of the record.

I'm not an expert. So, my answer will also be stricken, in some way or another, from the record.

**THE CONGRESSMAN:** Fine. I have no further questions for you at this time.

I know you will be here for the rest of the day. It may well be that after a couple of hours we might want to ask you to come back and ask you some further questions.

**MR. COHEN:** Congressman, I'd be delighted. I was a little frightened at the beginning of the speech. I've never spoken in this way before.

**THE CONGRESSMAN:** We try to frighten our people.

**MR. COHEN:** If that's an example of it, I'd like to speak before you again at any time.

Thank you.

**THE CONGRESSMAN:** Thank you. (Applause.)

**THE CONGRESSMAN:** We are going to take a break for five minutes.  
(A recess was taken.)

**THE CONGRESSMAN:** We have an attorney present who has brought a proceeding against Dr. Revici. We're delighted to have him. We invite him to testify here today.

We have made it clear, and I hope if there's anybody else out there who would like to testify against Dr. Revici and his therapy, they will have that opportunity here today to speak their piece.

We have tried, as we did in the past, to invite people.

Having said that, I am delighted to have visiting with us today a colleague of mine, a lady who has achieved a very outstanding reputation in Congress; in fact, she was elected in my class. We're kind of proud of that class of 1980.

She is a woman who has amassed a tremendous record, particularly in the environmental field, known as one of the most skilled and articulate ladies, members, really, not ladies, but members of the Congress, and has a very, very full schedule.

She is from Rhode Island. I was stunned to see her come in here today. We're talking about the lady seated there now, Claudine Schneider, who is from Rhode Island, a great, dear friend of mine, and somebody who has a story to be told that ties into what we're doing here today.

Claudine, it's a delight to have you with us. I am so pleasantly surprised.

**MS. SCHNEIDER:** Thank you. (Applause.)

**MS. SCHNEIDER:** As you know, Congressman, I had a very busy schedule this morning, but when I learned from your office that you were holding these hearings, I felt that I would go out of my way and make a concerted effort to be here today, because you are discussing a topic of great importance to me, both as a decision maker and Congresswoman in the United States, and also as an individual.

I wanted to share with those who are interested in looking at the whole question of health and health care and how we take care of our own health, share with you some insights.

The reason that I am here is two-fold: One, because I feel that I have a responsibility, as a government decision maker, to voice my opinion on the discussion that is taking place here today.

Two, I am here because I believe that I have a responsibility in sharing some insight with those who will be making decisions as to my own personal history.

When I was twenty-five, I was told that I had cancer. At that time, as occurs with anyone who is told that they have a life threatening disease, it occurred to me very quickly that I had the possibility of dying. My chances for survival were 50/50.

It took me about twenty-four hours before I came to the conclusion that I was going to be part of that 50 percent that was going to survive. I made up my mind and I had the will to live. At the same time I felt that I needed to take control of my health, but yet not knowing nor having the medical expertise of where to go, the truth came very hard.

Well, I had checked with five different doctors during the course of one year about a little lump that had been found on my neck. The first doctor said, "Well, you're prone to sore throats, aren't you?"

And I said, "Yes, I am."

And he said, "Well, that's a swollen lymph node."

Well, throughout the course of one year and visits to everyone from an eye, ear, nose and throat doctor to a specialist, a surgeon, et cetera, et cetera, I finally went to a doctor when I found a second lump on my neck, and I knew at that time that it had to be cancer.

So, I went to a cancer doctor and he felt the lump and said right away, "well, we have to operate tomorrow morning." Then he told me I had cancer, after the operation.

My conclusion was that I trusted this doctor. I had faith in him. I didn't have faith in the previous five decisions that were given to me; if I had, I might not be sitting here today.

But, I used my own intuition to determine that this was a doctor that I could trust, and I was going to go with what regimen he said.

Well, he had suggested that I have radiation treatment, which I did.

Since that time, I go back to my doctor regularly for checkups. But, it is a participatory process. I do not give that doctor power over my body, or any doctor power over my body. I decide which doctor I trust, which regimen I support, and if he were to say to me, "Claudine, there is something strange here, we want to check it out," first I would check it out with myself, and then make sure I trusted that particular doctor.

Well, since having survived in a very healthful and fit stage, and as you know, Guy, I continue to win the Congressional races, and I'm a jogger and will be working toward a triathlon probably later in the fall, I think that I pretty clearly am the picture of health, and I feel that that is a special blessing, that I have survived, and I have a purpose beyond the work that I am doing.

So, as a Congresswoman, in my spare time I do cancer consultation with different constituents who choose to talk to me. I think that one of the most important aspects that I bring to talking to people who have cancer, or who have any kind of disease, is the understanding that there is a reason for that disease, and once we can better understand the causes, which are oftentimes blocked emotions in conjunction with the physical (which is what more often than not the medical doctors only focus on), that then we have that result which is known as disease.

I have found a willingness in different individuals that I have talked to over the years who have cancer to be hungry for the opportunity of knowing that there are alternatives.

Some people feel that it is just not a good idea for them to get radiation therapy, or they may not feel that their doctor is really looking at them as a whole person, and is recommending a form of chemotherapy, whereas they might like to have a reduced dosage.

I think that we have to trust our instincts and to know that we are a partner

in our own cure. I feel that as a People, we owe one another the opportunity to have choices in our health care regimen.

For years, there have been different types of disciplines dealing in dealing with cancer, both in prevention and in treatment. I don't think anyone can say without a doubt that you are guaranteed to be cured if you have radiation treatment, or if you have chemotherapy, or if you have laetrile, or if you have some other alternative treatment, because it is not just the treatment alone that makes a difference, it is the mind and the body working together that decides whether you want to live or you want to move on.

That's my personal story.

I will say that I've known many people who have chosen regimens that I think are totally bizarre, that I personally would never consider for myself, and, because they seem so bizarre. Yet I've had the experience and I feel that I'm open minded, I feel it is necessary for each individual to know, to advance, to try whatever regimen they think is best for them, knowing, of course, that it may or may not work.

The second reason that I am interested, that I am here, is my responsibility as a Congresswoman. I happen to serve on one of the most technical committees in all of Congress; I serve on the Science and Technology Committee. In my capacity on that committee, I've had the opportunity to hear testimony of Nobel laureates, from doctors all around the world on a variety of topics.

One of the areas that our committee will be covering under the auspices of Congressman Scheuer from New York, the great State of New York, later in the year will be the topic of psychoneuroimmunology

Now, this is the study of the connection between the mind and the body. There are many people who receive no health regimes that suddenly go into remission. Well, it's not so sudden. The will to live plays an enormous role in making that determination. The cooperation of medical doctors, or the cooperation of family and friends, has an enormous healing impact.

I think that all too often, we, as legislators, get caught up in looking at the definitive proof. Well, I will tell you that whether we're dealing with your favorite topic of acid rain and we're looking for scientific consensus, you know that no two scientists can agree on anything.

Let me share with you that there is a growing consensus now that there is more to disease oftentimes than just the virus, there is more connected to the mind and to the emotions and that linkage.

There is a great deal of dollars being expended in this area. There are many different reputable doctors who are doing research in this area Dr. Jonas Salk, for one, and Norman Cousins perhaps is the most popular; he's not a doctor, but he's the most popular of the journalists and teachers that are discussing this topic.

It seems to me that what all too often happens in our government structures is that we try to run other people's lives. I think here is an opportunity for us to take what is our prime role, and that is provide information, to let people know regimens that Dr. Revici is providing may or may not work.



They've worked for some individuals, maybe they didn't work for others. I can count on this hand how many people who were told that they'll be all right and they've taken chemotherapy or they've taken radiation and they are no longer with us today.

There is no definitive cure for cancer right now. I work very closely with the National Institutes of Health and the National Cancer Institute, and I can tell you that anyone who pretends that they have the ultimate cure to any of these diseases is pulling your leg.

So that I think that what we need is the freedom of choice, the freedom to choose what we, as individuals, know is best.

I think that Dr. Revici offers that opportunity. I have not had any personal encounters with the gentleman, but I will say that I know many people from Washington, from up and down the East Coast, who have been his patients, and they have said that he's a wonderful man and has been effective. But I have know other doctors who are under the same kind of scrutiny and they are questioned because their regimens are not so called typical of the medical professions.

I think that we need to broaden the scope of opportunities for cancer patients, and for all patients of whatever disease, and allow them to choose, knowing full well that they may or may not survive. But, at least this is their choice.

Thank you.

**THE CONGRESSMAN:** Very good. (Applause.)

**THE CONGRESSMAN:** You raised some very interesting questions, Claudine, and it brought back to my mind, in a prior hearing like this, two questions that I would like to ask you.

The National Cancer Institute, Dr. Curt, just flabbergasted me when he looked at this Burton clinic results, and at one point seemed to be making a concession that, in fact, people do live longer there, but not because of the treatment, but because of the wonderful weather and perfect climatic conditions and whatnot.

Of course, the immediate response you would have is, "Well, my God, if that's so, if you want to make that concession and you say that, in fact, they do live longer because of the climate, why then doesn't this country operate hospitals there so that our people could enjoy a longer life?"

**MS. SCHNEIDER:** I think that there is something to that, and it relates to the environment. Yes, people are under less stress if they are in a warm home environment as opposed to fighting traffic or the snow or whatever, but also depending on those care givers; if they are nuturing, if they show that they really do care about the patients who are there, if there is love, if the food is prepared with special attention and concern and love, that environment, I believe, has an enormous impact on the health of the patients there.

**THE CONGRESSMAN:** One further question: The charge has been made here today that by our conducting a hearing we're giving legitimacy to the treatment of Dr. Revici, and in so doing we may be jeopardizing the lives of people.

Would you respond to that?

**MS. SCHNEIDER:** Congressman Molinari, you have a responsibility to respond to your constituency. Dr. Revici is part of your constituency; many of the patients of his also are.

But you are not responsible as to whether his patients live or die. You do have a responsibility, as do I, to provide information to constituents.

I think that that is precisely what you are doing here today, and I commend you for that. You are airing both sides of the issue. But I think more importantly you are not letting that option of his kind of treatment be dismissed without discussion, and to me free and open discussion is one of the basic tenets of our country, that unless we hold strong to that as decision makers then we are not living up to our own decision making responsibilities.

**THE CONGRESSMAN:** Thank you very much. I'm just delighted that you are here to share that wonderful testimony with us.

**MS. SCHNEIDER:** Thank you. I hope that those who will be testifying after me will share with you some of their personal insights, because I think that we are moving sort of closer to greater insights in the medical profession.

I think those insights are coming to the understanding that we each have responsibilities for our own lives, and that we can choose to bring a doctor or a Congressman or whoever, but in the end, when we meet our maker, we're the one who will have the ultimate responsibility.

Thank you very much.

**THE CONGRESSMAN:** Thank you so much. (Applause.)

**THE CONGRESSMAN:** Now we'd like to ask Dr. Revici to come forward.

(Applause.)

**THE CONGRESSMAN:** Dr. Revici, would you just state your name and address so that we can get a sound level to have you heard throughout the room?

**DR. REVICI:** My name is Emanuel Revici, R-e-v-i-c-i. My home is 1111 Park Avenue, New York; my office is 164 East 91st Street, New York.

**THE CONGRESSMAN:** We're going to turn the volume up. So, if you just bear with us a second, that we can have you folks around the room hopefully be able to hear his testimony, because he is the star witness of the day, obviously, and he's the man who's going to tell us what he's doing. So, I want to be sure everybody has an opportunity to hear.

Maybe I can ask some preliminary questions. How old are you today, Dr. Revici?

**DR. REVICI:** Ninety-one years old. (Applause.)

**THE CONGRESSMAN:** When did you come to this country?

**DR. REVICI:** In 1946.

**THE CONGRESSMAN:** Why did you come to this country?

**DR. REVICI:** I worked in Mexico where I had an Institute of Applied Biology and a lot of research.

There came a doctor from the United States, a major, Mr. Freeman, Dr. Freeman, Gustave Freeman.

He became interested in our research in the sense he came over, saw patients.

He was assistant professor to Professor Dick in Chicago, so that he became interested also with the idea possibly to start, to make the research in the United States.

**THE CONGRESSMAN:** Let me interrupt you a moment. Were you involved in, prior to 1946, cancer research?

**DR. REVICI:** Surely, yes.

**THE CONGRESSMAN:** Okay. Then let's go back then, if you will, to when you became involved originally.

**DR. REVICI:** In Rumania, I was Assistant Professor in medicine, and I was chief of laboratory of bacteriology, being a bacteriologist also for the Army. I worked, I saw patients.

But one day, I saw a patient with a cancer of the stomach, which was operated. In the operation, they found an enormous amount of metastasis in the abdomen.

One was taken out for biopsy, and the grave prognosis, like everybody else, was she would live a short time.

Around a year and a half or two years, somebody came in my office I didn't recognize, and said, "Hi, I'm Mrs. so and so."

I believed she was dead. She told me, "Dr. Revici, it was an error. I didn't have cancer, I was only pregnant."

She had a baby, but she put in my mind to see the relationship between pregnancy and cancer. But I related something more, pregnancy, cancer, and operation, because pregnancy and cancer in animals didn't influence too much favorably; but in operation, I saw changes in cancer in animals.

I became interested. For the moment it was purely laboratory research. I made an extract of placenta —

**THE CONGRESSMAN:** May I interrupt. I hate to do this to you, but are you saying that by the chemical changes that occur during pregnancy, that in the case of that woman it was the chemical changes in her body that killed the cancer that might have been in her system?

**DR. REVICI:** No.

**THE CONGRESSMAN:** No? Okay.

**DR. REVICI:** It was also the operation. Pregnancy alone didn't kill this. In animals, everybody gets it, that they know it is the same; it has some influence, but not to make cancer disappear.

I saw also the relation between placenta, and I started to make a study in animals with extract of placenta, to obtain unbelievable changes in animals.

Based on this, I took several cases of cancer and I injected same extract of placenta to see very important changes.

I became very interested, and with a number of interesting cases, I went to Paris.

In Paris, people there became very interested. Professor Mesnil, who was sub-director of Pasteur Institute, after looking at my research, made five communications in my name at the Academy of Science.

I moved to Paris. I worked there, and I must recognize it was possibly the most agreeable period in my life, the contributions, the interest of the people.

I was obliged to leave Paris. I received one evening the police telling, "Dr. Revici, go away, the Nazis are looking for you." And I left.

Before this, I had what I believe is interesting, some papers, some affidavits, if you want. One was from Professor Leroux, who was Professor of the Faculty of Medicine, at this moment the only one in cancer, and he was also Deputy Director of the Cancer Institute in Villejuif.

He wrote here in French, but is in translation:

"I, Professor Leroux, Professor of the Faculty of Medicine in Paris, certify that Dr. Revici has been working in my laboratory for two years.

"He is carrying on a program of very interesting research in physiopathology in connection with the metabolism of lipids. It is vital that his research be continued without interruption, for the results obtained by Dr. Revici open up a multiplicity of new paths to research of all kinds, particularly in the field of cancer."

I read only one more. It is interesting for the person presenting it, Chifoliau, member of the Surgical Academy in Paris:

"On several occasions, and in cases of patients afflicted with grave surgical conditions, I requested the aid of Dr. Revici, who willingly applied to our patients the results of his laboratory research.

"The results obtained in almost hopeless cases were always the amelioration of pain and quite often the progressive disappearance of large tumors.

"Dr. Revici's research must be continued and fostered, and may change the therapy of tumors completely."

Member of the [Surgical] Academy of Paris, Chifoliau was really a personality.

Professor Leroux's letter is stamped "Faculty of Medicine."

I left Paris, I left Nice, invited by the Ambassador of Mexico, a friend of mine, to continue my research in Mexico.

I was very well received, and I made an institute with the same name, Applied Biology.

This represented a rarity in biology. Biology, a very interesting field of research, very often remains sterile, not being applied or not being applied as it should be.

My aim was to apply biology, apply the findings directly, and for this, even the Institute which I made in Mexico was named "Instituto de Biologia Aplicada."

I had very interesting cases there. I had groups of American doctors visiting. It was very curious; they were enthusiastic one moment, but some changed after they left.

Dr. Gustave Freeman, through Professor Dick [Chief of Medicine, University of Chicago] invited me to come to Chicago. I arrived in Chicago a few days later to continue my research.

Professor Dick had a conflict with the dean and resigned.

The man who came in his place, I met him only once. He was not interested, so I didn't start at all there.

Somebody else was, who I am sure will be very important again in the future—Professor Andrew Ivy. Professor Ivy was acclaimed then for his knowledge, for his attitude. He was an editorial member of fifteen scientific journals.

He stayed with me several nights, and he became interested in my research. He asked me to do an experiment, not in cancer, an experiment in which I

showed that convulsion can be prevented through some fatty acids, lipids.

I made the experiment. It came out perfect. After, he asked me to lecture to doctors there; and he make me a proposition, to be Chairman of the Department of Physiopathology at Illinois University.

I didn't accept, a possible mistake.

I always like to work independently, not to have anybody to even discuss, because I don't want to alter at all my basic ideas. So, I refused.

I came to New York and I went to the National Cancer Institute.

**THE CONGRESSMAN:** When was that, Doctor?

**DR REVICI:** 1946. I spoke with them, and apparently they became interested; they asked me the next day to speak to a bigger group.

And, at the end, they told me, "We are sorry, we don't have patients, but we can recommend you to some people which we know will be interested in your research."

One was in Boston, the other one in Philadelphia, and the third was in New York.

I could not, would not go to the one in Boston because they asked citizenship, and I was just coming in [to the U.S.].

The other asked one year internship. I made resident/internship in Europe, and that didn't count here.

I accepted New York, because I could have the license surely after making the exam without being a citizen and without new residence.

And I made here the same thing as in Mexico, an Institute of Applied Biology, with the same aim, with the intention to continue not only in the question of cancer, but in many different other fields, physical chemistry—some of them apparently a little far from medicine.

I should not discuss this now, but I do it because it's related with the actual treatment.

I found a method to determine the electrical charge of atoms in the molecule, and I found two atoms with the same electrical charge bound together. I called them twin formation, and published. *Ref?*

I looked in the entire literature, and found only one word about it; [Linus] Pauling, telling that this is impossible, it would break the molecule. ✓

I took the plane and I went to San Francisco and I saw Pauling. I showed him hundreds of different twins, and more, their importance, because in the treatment which I now make, not only in cancer but in general, I utilize largely this concept, because these substances, as I showed, have a specific energetic activity. ✓

I worked in all the fields in physical chemistry. I was very interested in lipids because they were, I showed, intervening in many different phenomena.

But I could not find in the literature a satisfactory definition of lipids. So I made a new definition based on physical chemistry and directly related with the forces in the molecules. ✓

Now I know colleges are using my definition, in Europe much more; and the more I look, I see the importance of this definition of mine. The entire basis of my activity in the last sixty years is related to my definition of lipids.

I showed something interesting: in the lipids in the body, besides the normal lipids, I found abnormal lipids. I made their physical analysis and I determined exactly what they are.

They are some fatty acids with a specific characteristic—three double bonds conjugated.

I published it in my book. There are almost fifteen pages speaking about these abnormal fatty acids.

I was very pleased a few years ago to see somebody, Samuelsson, studying exactly the same thing and arriving at the same thing, conjugated trienes, and receiving for this the Nobel Prize.

And my writing, anything which I speak, so long as it is not published, has no value... Published, it has effect.

I study lipids especially, and I found something very interesting about abnormal lipids.

I found that radiation induces these abnormal lipids and that animals or human beings die when these abnormal fatty acids arrive at a certain value.

This was very interesting because it led immediately to the corollary, "Let's find substances attacking, neutralizing these abnormal fatty acids." I did this and neutralized the fatty acids in irradiated animals: the control died a hundred percent and those I treated possibly only one or two percent died.

I communicated this to the Radiological Society in London [in 1950]. I published it in my book. Today, the material is in the hands of the Department of Radiation/ Burns of the United Nations, in Vienna.

I was there. I presented it. They took my paper, reproduced it, and sent it immediately to Russia. It was a little late.

Some things fundamental to the question of lipids no one but myself has found, not one word in the literature before my work.

I have shown that in the body lipids work very efficiently, relating with certain elements, forming something completely new.

I found a method to determine which elements interfere.

I was surprised to find that one element bound to lipids, copper, is missing in cancer—something which was never seen. I synthesized an entire series of lipids, introducing into their molecules different elements. In all modesty, this is surely the beginning of a new field in biology.

I utilize now a lot of these lipids bound to elements. Iron, the bond is extremely active; magnesium, very interesting in hypertension; in pain, an entire series of elements.

I opened a new way in pharmacology and a new way of therapy through this group of incorporated elements in molecules, in specific molecules of lipids.

Today, 80 percent of the medication I am giving to cancer patients has either a twin formation or incorporated lipids.

✓ Selenium is an interesting case.

Mr. Cohen spoke about the results which I had in drug addiction; and they are really good. Why? It was selenium incorporated in a lipid. This substance gave us enormously impressive results. *1000 - Data*

Now, there's a little detail which I believe is worthwhile adding:

To incorporate an element in a lipid in a specific place requires a specific method. I have a patent for this method, and the resulting substance is practically non-toxic.

With selenium, I treated 2,000 addicts, so I should have a very good study about toxicity.

The Academy of Science has said don't give more than 150 micrograms of selenium by mouth. The usual selenium is toxic. *max = 9 pts*

Not our selenium. I injected in patients with drug addiction up to 1 million micrograms, without any side effect. Usually, the patient had only 500,000, but 500,000 compared with hundred and fifty is very important: no toxicity.

This method of mine permits the injection of copper. Usual copper compounds kill the treated animals. With the copper compound which I use in the treatment of cancer, I cannot kill a mouse. It is non-toxic and very efficient, because it goes specifically to the lipids in the body. *1000 - Data*

My entire work has centered on the problem of lipids, their role.

Lately, I have shown the importance of lipids bound to metal in different diseases. In the studies on which I am now working, I am trying to determine for each disease which metal bound to lipids produces the the disease, being either too much or too little.

This I call a profile (again, a patent of mine); this profile determines for each disease what lipidic element is in charge.

More, we are starting to determine for each individual the specific element involved in deficiency or excess, and to treat him accordingly.

It is a new method, my treatment of cancer, based on a new idea. It is not one substance; it is a group of substances.

But more than this, by studying lipids and their preponderant role in determining disease, I found that they can be of two kinds: ~~positively charged sterols; or negatively charged fatty acids.~~

I found it very important that each one produces a form of disease. This is the basis of my work for many years, the existence of a "dualism" in disease. *Every*

For instance, migraine, which is always a catabolic condition. Very recently, I had a patient, very important, come in from abroad specifically to see me about a headache which could not be controlled, a migraine. Fifteen drops of medication, butanol, a butyl alcohol, stopped it in ten minutes — and stopped it now for four months; it didn't come back. *do work*

This [treatment] was published by myself and Dr. Welt, who published it in the AMA Archives of Otolaryngology. I laughed when he published the first time, showing one hundred percent results in migraine, and told him, "Nothing in medicine exists one hundred percent."

I am sorry that today I have not one case yet of migraine not responding



to this treatment, and there are so many people suffering migraine.

It's true the cost of the entire treatment is less than one cent, but doesn't count.

**THE CONGRESSMAN:** You published a paper, Doctor?

**DR. REVICI:** This is published in my book.

**THE CONGRESSMAN:** When was that now?

**DR. REVICI:** In 1961. It's published, and not only by myself, but by Dr. Welt in the AMA Archives of Otolaryngology, where he concluded that my butyl alcohol gave one hundred percent positive results.

Another thing, other headaches only 60 percent; but he put clearly one hundred percent result in migraine.

We have other, different patents, other diseases responding.

Let's come to a problem much more fundamental. A disease can be dualistic, with a predominance of one group of lipids, sterols, or with a predominance of the opposite, fatty acids.

One characteristically anabolic, constructive; the other, catabolic, destructive.

I found that for any patient, primarily important for his disease, is determining that it's anabolic or catabolic. The entire therapy is related to this. And relating to this, again I found there's something very interesting and specific.

**THE CONGRESSMAN:** Before you leave that and go forward, how do you make that determination?

**DR. REVICI:** Certainly I tell you that in a minute.

I found surely a beginning, broad analysis, symptoms. I concentrate now in some urine analysis; specific gravity, pH and surface tension.

I made an apparatus with Clay Adams, called the Revici urotensiometer. This helps give us an idea if the patient is anabolic or catabolic.

Now, this was the first part which I consider capital for my research—recognizing that one of the principal fundamental characteristics of a disease is that it is either anabolic or catabolic.

The second part was a kind of correlation.

I gave to the patient one substance and determined, for instance, that the pain disappeared. I gave the opposite, the pain went up.

And this told me, "Let me see the elements, let me see the substances."

And I found a clear distinct method of analysis to recognize the substances, anabolic or catabolic.

Surely, I was very much aided by chemistry.

I showed that substances with a positive polar group are anabolic, those

with a negative polar group catabolic.

I went farther, and I took the elements and I made a study of the periodic table. I found that all the substances of elements which are in the same series are either anabolic or catabolic. But I found something more interesting: the periods, meaning the horizontal rows, indicate where in the body an element works; in the level of the subnuclear, in the nucleus, in the cell, or the tissue, or systemic. And I made a new systematization.

I was laughing a few days ago, when I saw this idea published by two centers with the name "Revici Periodic Tables." It was not Revici's periodic table, but an interpretation, mine, of the existing periodic table.

Now, in the treatment, if I determine that the element is anabolic, I utilize it for catabolic disease; if the element is catabolic, for anabolic disease. This is the second important part of my approach, the approach which I utilize entirely in the treatment of cancer.

When a patient with cancer comes, the first thing I ask is a biopsy; second, what is the condition of the disease, anabolic or catabolic. I will treat it accordingly; anabolic agents for catabolic, catabolic for anabolic.

So, there is not one substance. There are several substances which I propose, which I brought myself, not one substance which will destroy cancer, but a method. And this method gives me the possibility to recognize substances more active, more able to destroy tumor.

Experiment first in animals; after, when you you know the toxicity, then apply. And I must recognize that very seldom have I a deception, almost always I recognize that the method is good.

I am unhappy about the fight against me, not for me personally. I am very, very far from this. But they prevent this method of mine, this approach, from being utilized by others, and utilized successfully.

I give you one example: the treatment in cancer with chemotherapy. Everybody has observed the following.

A patient is treated with a substance and is doing very well. One day the same injection has an opposite effect. They stop the treatment. What happened? What has changed? The substance? Not at all. The patient changed. He changed from one imbalance to the other.

The time is limited?

**THE CONGRESSMAN:** You keep going.

**DR. REVICI:** My idea, apply this in chemotherapy.

They have a new substance, and ten types of analysis. Instead, determine if for the patient it is anabolic or catabolic.

Very simple. You first do it through urine analysis, and if there's some doubt, some blood analysis.

If the condition is anabolic, and the new substance is catabolic in character you can give it for the condition.

But as this condition can change character, if you give too much of the new

substance, you can make the condition catabolic. And the patient who respond perfectly doesn't respond well.

Now you look at the urine and you see the state is catabolic, so you must stop the new substance and give an anabolic substance. Here is the need for frequent analysis.

We ask patients who may be changing to make urine analysis themselves. Very simple, with a pH indicator. If it is green, you take one agent; if brown, a lesser amount; if red, don't take it, or if the red continues, change to the other group, its antagonist.

What I want to say is not for detail. I am working with a method, and this method is the key in my treatment of disease.

Anabolic and catabolic are in all disease, and in all the diseases you are able easily to recognize one or the other.

For substances, I have several myself. But there are so many others much better than mine, which will come in the future by applying the method.

At ninety-one years, I must not think more on my contributions. The future is for others, and for this I fight. For me, it is more important to fight for the method which I developed, which I gave you in resume here, for it to be utilized by scientists. They started already in Europe, and practically everyday I have news how they are utilizing it.

I know, for instance, that Dr. Hellmann, the Director of the British Empire Cancer Fund, has tested our substances, and he asked me if he can publish it. I told him I would be very happy, yes; and probably in a short time it will be done.

I know, for instance, I should be in Italy this week, where they have a very big number of cases. (Somebody should have come today with data, but he could not.) I have to teach the method to doctors at ten hospitals, each one to treat between ten or twenty cases of cancer.

There are many cases here that did not respond well to one agent, that responded well to other, adequate agents found by applying the method.

I am very grateful to you, Congressman, that you gave me this possibility without interrupting me.

**THE CONGRESSMAN:** Thank you very much. (Applause.)

**DR. REVICI:** I would be obliged to come back, with your permission.

The other part of my problem is persecution. It is a little—even the word is not too harsh. I don't take it as something personal, only because it prevented the development. When I came from France, Professor Chifoliau telling of such big tumors disappearing, Mesnil, who put my papers on the treatment of cancer with placenta in the Academy of Science; it is now fifty years almost. I had also in Mexico, South America.

Why here continuously adverse? I am resigned to this.

I thank you because I hope some people will understand that there is not—I didn't find a cure of cancer. I didn't find a miracle drug. I found a method,

a method which will be in the hands of many other good resources. And this is what I want.

**THE CONGRESSMAN:** What you are telling us, then, is that you do not claim to have developed a cure for cancer?

**DR. REVICI:** Number one, excuse me. I never utilize the word “cure.” It’s inapplicable to cancer.

Why? A cure would mean that you have the certitude that in the entire body doesn’t exist one single cell, even dormant, alive. You have not the means.

I have, I don’t know if he is here in the hall, possibly a guest, a doctor from Yale, who, with a brain tumor, opened, could not be operated.

They took a biopsy and told him there is nothing to be done, a bad tumor, brain tumor.

I treated him. In November, it’s twenty-four years, and this man is working, practicing medicine.

And in joking, I told him the side effect is that he is now a composer, in **Who Is Who In Music**, and this was a side effect of the treatment, but not a cure.

I didn’t find a cure. I found a treatment. Yes, I found treatment.

I will say a little more what is on my mind. I found ways to treat. Surely, utilizing my concept, my method, there will be substances more active, and more progress. At ninety-one years, I look for the progress of others.

**THE CONGRESSMAN:** One more question, one or two more questions:

Did I understand you that this therapy of yours is one that applies generally to disease that would affect the body, not necessarily cancer, but whatever disease would show this abnormality, then you would apply—after developing a profile of the system itself, that would dictate to you the nature of the treatment, the nature of what they would take orally to preserve that balance that the body would have to have in order to cope with that disease; is that a fair statement?

**DR. REVICI:** Exactly.

**THE CONGRESSMAN:** Now, you obviously are struggling now to retain your license, but, as I understand you, you are not very concerned for yourself in preservation of the license as much as you are —

**DR. REVICI:** I tell you why, from one point of view —of my patients.

I am assured that some of them need me. This is painful, because dying I can’t resolve their problem, and for the moment I don’t; so that I am afraid that taking away my license will mean many of these people suffering, or possibly some of them loosing their lives.

If I fight, I find it very offending, very offending, that they say I am a fraud,

fraudulent. They don't know that from the Institute I am taking salary; but I didn't take it for the last five years. I am living on Social Security. I am not ashamed.

So, fraud on my part, this makes me fight. Otherwise, no money? I say good-bye. I go to France, Monaco, Florida, to California, and other places where I was invited to go in conditions infinitely better than here; big laboratories, big hospital.

I didn't, for my honor. I am not fraudulent.

**THE CONGRESSMAN:** Let me ask you one or two more questions.

Do you have an attorney with you representing you? He's not here yet?

Do you have a lawyer representing you? I don't want to tread in an area where I shouldn't tread. Let me ask you this. I think we can do this safely enough:

Several years ago there was action taken by the State of New York to seek revocation of your license.

But, as I understand it, your license was not revoked, they permitted you to continue your practice, but with certain restrictions and limitations; is that correct?

**DR. REVICI:** Surely. Offending, but doesn't count.

**THE CONGRESSMAN:** I missed that answer. What did you say?

**DR. REVICI:** Offending, but I accept it because it was a question to continue to treat patients.

**THE CONGRESSMAN:** Yes. Now I am going to ask you a question. I don't want you to answer it unless you feel that you should answer it, because I don't want to jeopardize —

**DR. REVICI:** I answer anything.

**THE CONGRESSMAN:** I know. I am a lawyer, and you have a lawyer. Don't answer the question. Let me ask the question first.

The question I was going to ask you is have you violated the terms of the agreement that the State set down when they didn't revoke your license and gave restrictions and limitations? The obvious question that a Congressional hearing would want to know, and that might have a key on your future.

So, I wanted to ask a question and not have you answer without —

**DR. REVICI:** One of them is that I tell the patient that I don't cure and I don't guarantee. That is something very natural.

There are seldom patients—there are about a thousand patients It is possible to be one of a thousand. I don't know. I don't know. I know that when

a patient comes, I tell them clearly, "Look, I don't promise neither to cure you nor to guarantee something. The thing is experimental, you may go to see another doctor". I sign it and I give them to sign. It is because I wrote it.

Possibly, we have one for a thousand, one for 500, it is possible something else, that they———But, in general, I didn't feel I violated this thing.

**THE CONGRESSMAN:** All right. We are going to give you a break right now. I thank you for your testimony.

We might ask you to come back later.

**DR. REVICI:** I want, to the question, very important, the question of fighting not so much only against me, but through me the progress of cancer.

**THE CONGRESSMAN:** I appreciate that very much. Thank you, Doctor.

**DR. REVICI:** Thank you.  
(Applause.)

**THE CONGRESSMAN:** Now I'm going to ask for Harvey Wachsman, who is an attorney who has sued Dr. Revici and who I understand was outside claiming that we were not being fair in not permitting the other side of the story to be told.

Certainly we want the other side to be heard, and we have invited a whole host of people and didn't know you were here.

Please take a seat and we'd be happy to hear from you.

Would you mind, for the record, stating your name, your address and your background?

**Dr. WACHSMAN:** Harvey F. Wachsman. My address is 175 East Shore Road, Great Neck, New York. My background is that I'm a trained neurosurgeon, completing my residency in neurosurgery at Emory University in Atlanta, Georgia.

In addition, I'm a licensed physician in the State of New York and seven other states.

In addition to that, I'm an attorney who is licensed, or at least a member of the Bar of the State of New York and six other jurisdictions as well across this country.

I am also someone who sues doctors and hospitals, and probably have the largest plaintiff practice in this country suing doctors and hospitals for malpractice.

In addition, we've written the national textbook in the area, which is a three volume text, the American Law of Medical Malpractice.

And, I'm a professor, full professor, at the Brooklyn Law School.

In addition, I'm also on the faculty of the University of South Florida College of Medicine.

Just recently, just this past week, I was visiting Professor, Brown Medical School in Providence, Rhode Island, for several days and gave surgical grand rounds and lectured to departments of medicine and other departments and residents, faculty and other group throughout Brown University.

So, I am involved, certainly, on the national level in regards to medicine and law.

In addition, I am also a member of the Board of Governors of the American College of Legal Medicine, and have been the Chairman; at least for several years I was the Chairman of Education for this country, as I was a Chairman of the Education Committee.

I have written extensively, lectured extensively, but in actuality my job is, in basic, to protect the individual rights of individuals throughout this country, and particularly when it comes to medical/legal affairs to see to it, at least as far as legal means, to protect the public, because I believe the public needs protection, that the State Boards of Medical Examiners throughout this country, and particularly here in New York, are ineffectual, do nothing; New York is the 44th in the union.

The Medical Societies in this country and the AMA do nothing to protect

the individual patients, since there were some 1700 complaints, I believe, last year or the year before to the Office of Professional Medical Conduct here in the State of New York, and yet only five came from the sixty-one county Medical societies in the State of New York.

So, I believe, certainly, that there is little policing that is done in this country other than through medical malpractice means and through the courts, which are the legitimate ways to air a grievance, and also to determine who is right.

The point I am making with this is that clearly I am not a defender, so to speak, of medicine as such, but, in fact, I'm a defender of the individual rights of individuals to do what is right and to be treated properly, and not to be mistreated.

There are many cases, unfortunately, of cancer, for example, that are misdiagnosed, and there are delays in the treatment of cancer, particularly breast, colon, uterine cancers, where there are, in effect, deaths that occur due to delay in appropriate treatment.

The fact is there is appropriate treatment.

The Congresswoman from Rhode Island, where I was last week, pointed out that she had a mass on her neck. She did not state what kind of tumor, but it was probably some sort of lymphoma or Hodgkin's disease.

Hodgkin's disease back in 1965 could not be treated, and, in fact, was the subject of the "Bramble Bush", which was a movie that came out regarding the death associated with people with Hodgkin's disease.

But the present treatment or treatment which she underwent, which may have been what she had, I don't know, because clearly she did not state what she had. The fact is that is a treatable disease at present, and with proper radiation and surgery, people go on to survive and have very high survival rates, in the 90 percentile.

Rhabdomyosarcoma, a disease which was fraught with death, clearly now has a 94 percent cure rate when they are retro-orbital tumors, with appropriate radiation and appropriate chemotherapy treatment.

The point of this is, and the reason I am here is, because I believe certainly that people have a right to make a choice, people have a right to be properly informed and to properly make a decision, but, one, they have to have basic information which is true.

They have to have information that they can base their life upon.

My concern certainly is not that we have to protect physicians or the Establishment, so to speak, but what we have to do is protect individuals and the public at large.

I believe your job as well, as a Congressperson, is also to protect the public, and I believe that these hearings, in which there is no other side from the American Cancer Society or other areas, certainly do not inure to the public's benefit. I believe they lend legitimacy to a treatment that, as far back as 1965, there was an article in the *Journal of the American Medical Association* which pointed out clearly, and that was the October 18th issue, which was



done by individuals who were professors at Columbia Presbyterian, including Arthur Purdy Stout, one of the outstanding pathologists of this 20th Century, Haagenson, with the breast, and others clearly who are outstanding physicians who reviewed thirty-three of Dr. Revici's best cases, and found in that article that the method had no value.

The point is that clearly it is not easy for somebody like me to come here, my feeling is that Dr. Revici, I respect his age, I respect him as —

**THE CONGRESSMAN:** Please, please, no outbursts.

**DR. WACHSMAN:** I respect him as a human being, which he is, clearly. I think he believes what he is doing is right. I believe he does.

But I believe there are many people here who are sitting here, who are very fine people, who believe what they are doing, and they believe in what they are professing or at least promulgating; and perhaps you do, at best.

My concern is that you do not, and that this is a forum for an attempt to legitimize a treatment that has no legitimacy, has had no rate of any kind of independent scientific thought; certainly, to say these things in the face of this kind of audience, so to speak, certainly is not fraught with attempting to get applause.

My interest, certainly, is in seeing that the public is protected, and I think you do a disservice to the public by virtue of holding hearings like this that potentially legitimize treatment that is not legitimate, that does not treat, and effectively can injure many people, in fact cost the lives of people not only in this state but across this nation.

My concern is that this kind of hearing, so to speak, in effect, does nothing to inform or to gain knowledge, but, is, in fact, testimonials which, in effect are useless in a scientific, any kind of scientific research and basis.

It is my position, clearly, and only mine, that I believe that this kind of thing should not be something that's done, but, in effect, to find out what, in effect, treatments there are, perhaps inform these people who are here who believe that this treatment has great efficacy, because it does not.

**THE CONGRESSMAN:** Please, please.

Now, that you've had your say, Mr. Wachsman —

**MR. WACHSMAN:** It's Dr. Wachsman.

**THE CONGRESSMAN:** Dr Wachsman. Let me say this to you: It was my impression—you have an impression of me, I have an impression of you.

My impression of you is that you came here today in the hope that you're going to get more cases in the future.

**DR. WACHSMAN:** Are you going to give me a chance to respond?

**THE CONGRESSMAN:** You'll have the opportunity to respond.

**DR.WACHSMAN:** Thank you.

**THE CONGRESSMAN:** I guess you didn't hear some of the prefacing remarks that I made before.

I take no position on Dr. Revici's treatment. What I am doing is trying to get both sides.

We have invited the National Cancer Institute, a whole host of cancer societies here to give their side.

This will be bound, as was the prior hearing.

I mentioned in my opening remarks that my mother-in-law just died less than a month ago. She went through conventional treatment. I sit around and wonder, as do my wife and my daughter, maybe whether we should have looked at some other form of alternate cancer treatment; maybe she would be alive today. I don't know. I'm not qualified to respond to that question.

But what I am here for is to find out what this gentleman is doing, to get some body of empirical evidence together and then to submit it to the Office of Technology Assessment, where, in fact, for the first time in years, we are going to have some of the top scientists in the world who are going to make an evaluation whether Revici's treatment has any validity to it, whether Burton's has any, or whether any of the other forms as well will give us some lead in the fight against the scourge of cancer.

Now, if you have a problem with that, sir, that's your problem. It doesn't bother me in the least. I'm here to help and I'm going to continue on that path, and you can go on your way and do whatever you please.

**DR.WACHSMAN:** First of all, I would like to comment about your first comment. We have now, and I mentioned earlier, probably the largest firm in the country. We do not need another case to go on for the rest of whatever time I have to certainly practice law. So, that's number one.

Number two, my concern is pandering to the masses. My concern is bringing forth this kind of hearing without having any hearing. I mean, I know you invited these other people, and suddenly none of them wanted to come.

Now, there must be a specific reason for that. Perhaps they didn't want to either legitimize this kind of therapy and this kind of treatment and this kind of behavior.

Your idea that cancer should be treated and people should be treated as a way to find and to do research in attempting to help people with cancer I applaud.

Certainly, if that is your interest, specifically that portion I applaud.

However, using this kind of forum with this kind of audience, and being as you are, solicitous, to Dr. Revici, and he's an elderly gentleman, and he is a gentleman, and perhaps he's entitled to some solicitous treatment, clearly you are more concerned with protecting than, in fact, interested in the truth.

And my concern is that that's what the real picture is, and that what this is for you is to get in front of these T.V. cameras and to be told this great person that's interested in free choice, when perhaps you're really not.

And that's my position.

**THE CONGRESSMAN:** Let me give you a shot, sir. This is not a hearing that I looked forward to do. I say that very honestly. My staff—I have a very full agenda, and really didn't have the time to take on this assignment. I argued with them.

But there's another part of me, that I think is a very distinct part of this country, that says, "We should look and explore."

I had one experience with the Burton clinic. I didn't like what I was exposed to during that interview and post interview. What I saw, it sickened me; I saw things out there that shouldn't have occurred in this country.

So, responding to "pandering to this audience", the reason why you don't have this hearing is because there isn't enough constituents in any Congressional District to worry somebody to get political advantage out of holding a hearing like this, period.

But if you've got any spark of humanitarianism in you, and you have families dying, as I do, and I guess everybody else here, from cancer, and you think that, perhaps, the medical and scientific bodies of this country are not giving it close enough attention to the Revici's and the others—I'm not here to say that it works or doesn't work, I don't have the qualifications. You, indeed, have far better qualifications than myself to make that judgment, perhaps.

But, I'll tell you one thing, I'm here because I want to be here, and I'll be here until everybody has an opportunity to be heard.

Sir, I hope that someday, whether it's Revici or Burton or somebody else, one of these people will come up—as Burton said, he doesn't cure cancer; Revici said the same thing. They both have something that they believe, if science would pick up and bring forward, they may be able to open the door.

Burton said he has four components. It may take thirty to cure cancer. He couldn't get anybody to listen to him.

We listened to him. We bound this, and we are going to have a study, and wouldn't it be interesting after, when that study is conducted and concluded, the OTA comes back and says, "He has found something that indeed works," and then we build upon that.

That's my hope and that's my prayer, and that's why we're here.

You and I may not agree, and we don't agree. I don't like what you had to say, and I'm sure you don't like what I had to say. That's fine. We can leave not being friends. It's fine by me, and I'm sure it's fine by you.

**DR. WACHSMAN:** I think a lot of things you said, certainly with regard to finding a cure to cancer, certainly, again, I applaud; however, not grasping at straws and wasting effort and time in the areas that are not worthwhile exploring, is my question.

But, more than that, sir, more than that, more than that is the issue as to whether people will be informed by virtue of these hearings that there are other methods.

Clearly they can't say they can have a cure, because if they do, as you know as an attorney, they are liable as the day is long, and, therefore, will not say such a thing, and rightfully so.

However, the fact is that in this situation, certainly promulgating that these are alternative methods of treatment is the danger, my concern, because they're not; perhaps there will be a cure from somewhere and not from any one specifically now, but sometime in the future, and, again, I applaud that.

However, certainly I don't applaud this kind of, again, hearing in this circumstance, in this position, at this time.

**THE CONGRESSMAN:** At least concede one thing, if you will: You had the opportunity to come in and have your say.

**DR.WACHSMAN:** I appreciate that. Thank you.

**THE CONGRESSMAN:** Thank you.

The gentleman is saying things that are not going to be pleasant to you people, but I'm pleased that he had the opportunity to say the other side. We do want—we wanted more people to give the other side, and we extended an invitation.

We want to continue. We have a lot of people that we've yet to hear, to be heard from, and I wish that we could move on.

After the last witness they seem to be more anxious to speak than before. So, we want to give everybody an opportunity.

We have before us Dr. Lawrence LeShan. We had called another witness, but she's temporarily delayed, and we want to move this thing along.

**THE CONGRESSMAN:** Dr. LeShan, we'd like to welcome you here today. I know that you have extensive background in the area here, and maybe you can help us in filling in some of the holes for us, what's been happening here, and your assessment.

**DR. LeSHAN:** I worked, was not paid by the Institute. My money came from private foundation grants, which I raised myself.

During that time, I had an opportunity to observe Dr. Revici, the patients, and I can speak from these viewpoints, how he behaved during those twelve years, and how the patients felt, and about the pain level at the Institute. These are things I am qualified to speak of.

I have never seen a more dedicated physician. I have never known before a physician who told every charge nurse in the hospital that if he was needed at any time by any patient he should be called, and to my personal knowledge, if he was called at two, three, four in the morning, he was always there within twenty minutes.

We made no money at the Institute. There were many times when everybody was asked who could afford not to be paid this month, or could put it off for another two months. Dr. Revici was always at the forefront of this, was paid less than ever, less than everyone else. But, one aspect of that, two aspects of that.

One is that I was the person who convinced the Institute to start charging patients. At the time I was there, and I started '52, '53, '54, patients were not charged at all. We had a problem at that time in which many patients were not taking the medication given to them. They would come, they would talk, they would go home with the medication and often not follow the regime.

As a psychologist I was asked for a suggestion about this, and my suggestion was, "Charge everybody \$5 a visit; anybody who doesn't pay, don't dun them, but charge them." The rate of medication intake and following the regime went up tremendously.

The second financial thing that I would like to talk about very briefly is what happened to one particular patient in Trafalgar Hospital. She was a patient I worked with for a long time. She was in the front room, with a view of a couple of trees and a telephone. These were very important to her. After about six months as a hospital patient, she ran out of funds and was transferred to welfare.

This meant she had to be moved to a back ward, with neither window or a telephone.

In a kind of despair, I went to Dr. Revici and said, "We've got to do something about this. It will be disastrous for this person."

And he said, "Let me take care of it. I'll see what I can do."

The patient was never moved. After she died about seven months later, I found that he personally had picked up the tab for the hospital for the difference between what welfare paid and what a front room cost.

That was the atmosphere.

From the patient's point of view, we never had a patient who felt abandoned. So often in cancer a patient is completely abandoned medically. They are told, "We can give you palliative treatment," or maybe it's put in other words that the patient knows — "we'll try to make you more comfortable."

Every patient there was fought for down to the gates, and every patient knew it. They knew they were fought for by somebody who really cared for them as individuals.

I could see Dr. Revici's face crossing the street sometimes from my office window, and if a patient had died that night or the day before, I would know too. He had cared.

Thirdly, I'd like to talk very briefly about the whole problem of pain.

We were a court of last resort at that time; people only came to us when surgery and radiation, which were the main treatments at that time, had failed. We were in large part a terminal cancer hospital.

After working there for about five or ten years, I grew accustomed to the level of pain there.

I went down to do a project, do some work at Walter Reed, which is a very good hospital, to work at their oncology service.

I was shocked and astonished. I'd forgotten how much pain there is, because whatever else the medication did, and I'll talk about that in a moment, it cut down the level of pain tremendously without narcotizing the patients. This was another difference.

**THE CONGRESSMAN:** You are able to say this unqualifiedly as a result of your background.

**DR. LeSHAN:** Unqualifiedly, and I was there for twelve years full time. I can say it without the slightest equivocation.

As to the results, I'll tell you one quick story.

**THE CONGRESSMAN:** If I may interrupt —

**DR. LeSHAN:** Please.

**THE CONGRESSMAN:** I think that's quite important.

How do you make an objective assessment as to the pain threshold and whether a person is, indeed, suffering pain, or whether it's being blocked psychologically because of some environmental —

**DR. LeSHAN:** You cannot. You cannot actively measure pain. It is not quantitative. Pain is not "quantified" in *dols*, from the Latin *dolor*. To say I have two *dols* of pain in my toothache and you have three *dols* in yours is meaningless. You cannot quantify.

What you can say is how the patient feels according to the world. Do they feel in pain, is the loud silence of pain driving them within themselves,

making it impossible to function, overwhelming their defenses. You can say this kind of thing.

**THE CONGRESSMAN:** What about the manifestation of pain?

**DR. LeSHAN:** The manifestation of pain which would be complained-about pain, statements about it, and demand and need for painkilling substances. This is the only way you can measure it. Outside of that it's a hopeless quest.

In terms of these things, in terms of the patient feeling comfortable and at ease, as opposed to the patients I saw at Walter Reed and I've also seen at Memorial and various other places, the amount of pain was either tremendous in these services, or the painkillers used (like barbituates), were so strong that the patient couldn't function at all; you had a group of zonked out zombies.

We didn't have that. We had full functioning people. I must say I had lost my judgment at the Institute, that I'd simply forgotten how much pain there usually was in the cancer service.

**THE CONGRESSMAN:** Why is that? I've witnessed the same phenomenon with Burton where people went down on narcotics, and after a number of weeks, at least with respect to that pain issue, off the painkillers, off the narcotics, and taking nothing...

If, in fact, we'd be able to establish that as a fact, and I think it's somewhat obvious in what you said and I heard before, why is it that at least that part of the therapy has not been adopted, so that, if nothing more, the medical establishment can reduce the awful pain some of these people suffer from.

I'm wondering, in your position whether you ever attempted to convey that message, and why they haven't picked up on that.

Maybe they don't believe Dr. Revici's program works, or Burton, or the rest of them, but certainly with the aspect of pain, that seems to be something that could be clearly established, and if so, why don't we try to hope, having just witnessed [someone] in my own family suffer that awful pain, why, why don't we do it?

**DR. LeSHAN:** I don't know the full answer to that. I do know that in medicine you are trained, very highly trained, that there is a main point of view that works, that your job is to protect the patient, protect the patient from illness, pain, from disease but also from charlatans, and when it becomes oriented to the fact that the main line approach is the "right" approach, you feel very much like this.

In addition, you're in a terrible problem if you have somebody like Revici around and you've been an oncologist, say, for many years, let us suppose, as many of the people are, Haagenson, and the others, dedicated, caring oncologists. Revici's been down the street for thirty years now. Can I afford to believe that he really has something?

Because, if he does and many of my patients have died, and often die in extreme pain, and I cared about them and I'm a good physician, if this is true, than I've been a murderer, because I hadn't done this thirty years ago or twenty years ago.

So, as something goes on it gets harder, not easier, and I am speaking now of honest, sincere, dedicated physicians, in the way their conscience works.

Let me give one last example of that:

We had one patient at the Institute, a man with four major spots on his lung, lung cancer, who was told at a number of places that he was going to die.

He came to the Institute. I worked with him for a number of years, and I could see the spots get smaller and smaller on the X-ray; even a nonphysician couldn't miss that.

He left the hospital, went back to New Jersey, where he lived, and apparently about a year and a half later developed a heart attack.

I went out to see him. He was hospitalized in New Jersey. I went to see him, and I was talking to his physician the day afterwards, and the physician said, "You come from Revici's? I know all about Revici."

He says, "I'm not one of these people that just dismisses something. I've examined his medications and I've read his book, and his book is garbage, it's meaningless, his medication is nothing, but there's one thing about that guy that puzzles me."

And I said, "What's that?"

And this is a direct quote. He said, "That son-of-a-bitch has the highest rate of spontaneous remission in the country."

(Applause.)

It's very hard very often for people to change their minds.

**THE CONGRESSMAN:** What is your function? Can you just describe with some little detail what you do.

**DR. LeSHAN:** I don't do this now. I was there from 1952 to 1964, during that period.

**THE CONGRESSMAN:** I see.

**DR. LeSHAN:** During that period, my function was primarily working on a research grant, saying, "Is it fruitful from the viewpoint of cancer treatment to examine the emotional aspects of it; is it fruitful to view it as a psychosomatic disease?" This was the research grant.

At the end of twelve years, I was convinced it was fruitful.

During that time also I functioned as -well, today you would call it a liaison psychiatrist. I prefer to use "liaison psychologists," since there were no psychiatrists there, but when patients were particularly upset, distressed, confused, whatever, I would go to see them and bring what a clinical psychologist could for the matter. That was my function.



**THE CONGRESSMAN:** Were you here when Congresswoman Schneider was here?

**DR. LeSHAN:** Yes.

**THE CONGRESSMAN:** She raised an interesting question about the relationship between attitude and the ability of the body to fight a disease like cancer.

Since you are a psychiatrist —

**DR. LeSHAN:** Psychologist.

**THE CONGRESSMAN:** Psychologist, and since you worked with people for twelve years, could you comment on your own experiences, from an observational standpoint of view?

**DR. LeSHAN:** Yes. I have no question that the individual functions as a whole, and that the lifestyle, the emotions and whatever you want to bring to it, have a very important effect. They have an important affect on the chemistry of the body, on the hormones of the body, and these are the environment in which the cancer functions.

I do not think cancer is a disease of cells. As Smithers, who was head of the British Cancer Society once said, "Cancer is no more a disease of cells than a traffic jam is a disease of automobiles. They are both diseases of the total ecology of a person." You change the ecology in many ways.

Today, the major treatment approach is through the cellular treatment.

I've never had a group of cells come into my office with cancer, or a psyche come in; I've had a whole people come in, body and mind.

I think what you do is you try to approach it on as many levels as possible. I think that psychological factors play a major part.

This is part of the research I was doing at that point, and I've been doing for many years, and many others are doing now also.

**THE CONGRESSMAN:** I thank you very much for your very interesting and informative testimony.

(Applause.)

**THE CONGRESSMAN:** Caroline, I ask that you please take your spot up there, and give us your address, please.

**DR SPERLING:** 371 Millwood Road, Bethesda, Maryland.

I am a clinical psychologist, Diplomate in clinical psychology and I founded and direct the Cancer Counselling Institute in Bethesda.

**THE CONGRESSMAN:** When was that?

**DR.SPERLING:** I guess we started in 1982.

**THE CONGRESSMAN:** You obviously have a story to tell, and I ask you at this point to go ahead and please do so.

**DR.SPERLING:** All right.

In 1973, after a tragic breakup of a twenty-three year marriage, I found a lump in my left breast.

The doctors chose to follow it for a year and a half, until they told me it had grown. Thirteen years ago yesterday, I had a modified radical mastectomy. I had infiltrative ductal adenocarcinoma, no node involvement. No treatment was suggested. I was just sent home.

Four years later, there was a lump on my chest wall that was biopsied, proved to be a — — recurrence of the disease, and within days, literally, it was all over the chest wall in great horrible—said they looked like w-e-a-l-s, weals, as if I had been beaten and they looked like the spokes of a wheel; they were hard and red and quite terrible.

By then I had moved from Philadelphia, where all this had started, to Washington, D.C. I went around to the various doctors there, and Georgetown, and all the great cancer centers.

Looking at my chest wall, looking at the pathology reports and so forth, they gave me six months if I took no treatment, no more than two years if I did.

Nobody gave me any hope. I mean, it was just so discouraging I was in shock. Just as I had seen the last doctor there on a Friday afternoon, a prominent New York psychiatrist, Dr. Daniel Casriel, with whom I was in training, was doing a work shop in Virginia, and I had a number of patients there, and I went to see him.

He was just shocked at what I told him, and he said, “Caroline, you deserve to live.” I can still hear him. he’s dead now, but I can just hear him. He said, “I want you on that 3:00 o’clock shuttle with me on Sunday. I have a friend in New York,” et cetera.

Well, I had nothing to lose; nobody was offering me anything. So, I was on the 3:00 o’clock shuttle with Dr. Casriel, and he brought me to his best friend, Dr. Emanuel Revici, on Monday morning.

Over that weekend, my belly had swollen so that I looked seven or eight months pregnant, and without a stethoscope I could hear the fluids sloshing

around in my abdomen.

Dr. Revici did not tell me what he told me later, that this had probably reduced my prognosis to four months, because it was real last stages. What he said was, "I hope you will respond to the treatment, dear."

I heard hope. None of these doctors in Washington had given me any hope. I would lose my hair, my practice for nothing. He gave me hope.

I started his treatment. In three weeks, I saw ~~the tumors~~ on my chest wall start to go down.

In two months, the fluid was all reabsorbed out of my abdomen.

In nine months I was out of treatment. I did not lose a day of work that entire time. I felt well, but the muscles had been blown from all of this pressure, so I needed some reconstructive surgery. That was done in Washington.

When they operated —and of course nobody believed my story, and the whole surgical staff was there to watch— they couldn't believe it. They said that my tissues showed no sign of my age, ~~59 now~~, if you need to know —

**THE CONGRESSMAN:** Great age.

**DR. SPERLING:** A great age. But that was at 51, I guess. It showed no sign of either my age or the trauma that I had been through.

There was a small lump on the chest wall and they asked me, "What do you want to do? We'll biopsy it. If it's positive, what shall we do?"

I said, "Well, you continue the surgery, of course."

They said it was positive and the surgeon, the plastic surgeon came in and said, "This is amazing. You have done so well with Dr. Revici. You need some more treatment. Go back."

I sent the slides to Dr. Revici. He did not feel this was a true recurrence. However, he put me into treatment, to be very conservative.

That was September of 1980. I have not had even the slightest trace of anything connected with cancer or most anything else. I had flu a month ago, and that was kind of nasty, but it's kind of nice to be worried about having the flu and to be alive to deal with it, you know.

I have had no further problems with cancer, and I don't expect them. I stay in maintenance treatment, I take several capsules a week of one of Dr. Revici's medications, and I shall continue to do that. I just couldn't feel better about the treatment.

I see many cancer patients. I see many die on conventional treatment, and nobody holds the doctors responsible for those deaths, it's just assumed that people are going to die. But let Dr. Revici, or Dr. Burton, or Dr. Burzynski, or someone lose a patient and suddenly we've got a national emergency. That doesn't just doesn't bear out the facts.

So, I am very happy to be here to say that I am glad that there was a Revici treatment for me, and I hope there will continue to be for the many people who will get this disease and others; and with what he said, let the method be known so that research can really get off of this dead end that it keeps

following itself around in, and move into good things.

**THE CONGRESSMAN:** I just want to ask you a couple of questions.

**DR.SPERLING:** Yes.

**THE CONGRESSMAN:** Especially because of your background, you wouldn't be an average patient?

**DR.SPERLING:** No.

**THE CONGRESSMAN:** The type of treatment that you receive, is that pretty much as described by Dr. Revici when he testified?

**DR.SPERLING:** Absolutely.

**THE CONGRESSMAN:** And he changed the prescribed treatment from day to day, did he?

**DR.SPERLING:** I spoke to him everyday, and came up about every month. The amazing thing about this man is that he is available to patients twenty-four hours a day. He was always there with the treatment as tailored to each individual.

**THE CONGRESSMAN:** What were you taking?

**DR.SPERLING:** Oh, various substances. The selenium one he mentioned was a prime one on the catabolic side, various alcohols and glycerols, and fluorines on the anabolic side, and that was -I didn't fit a box, because I wouldn't have fitted. The medications were fitted to where I was. I had no other treatment.

I testified for Dr. Revici before the Office of Professional Medical Conduct, where they proceeded to rip me apart, things like I said he did a good physical exam, and immediately the doctor said, "Dr. Sperling, do you have a medical background?"

And I said, "Well, no, I'm a psychologist," and they said, "Well, how would you know what a good physical is then?" Things like that just ripped me apart.

In the end, they dismissed all the cases. Of course, my documentation is perfect, et cetera.

So, it seems to me I had no other treatment, and if his treatment is worthless, then they must think I got well by psychology alone, and I would like an affidavit for that because it would be very good for my business.

**THE CONGRESSMAN:** Just briefly, maintenance consists of what?

**DR.SPERLING:** A capsule of T-Sel that he mentioned, the selenium, which

is a very strong antitumor agent. It used to be in the soils. Our ancestors were protected. All the selenium in the soils has been neutralized by the nitrogen fertilizers, so we're not so fortunate.

So, I keep that level high with a capsule of his lipidic selenium three times a week. Easy to do.

**THE CONGRESSMAN:** Well, you certainly look well.

**DR.SPERLING:** I am well. I am very happy to be here.

**THE CONGRESSMAN:** Thank you very much.  
(Applause.)

**THE CONGRESSMAN:** We are going to ask Dr. Seymour Brenner to step forward at this time.

Would you mind just giving us a little background first, then say what you would like.

**DR. BRENNER:** I am a physician in practice in radiology. I am trained and Board certified by the American College of Radiology.

I now limit my practice to radiotherapy, which is the treatment of cancer using radiation techniques.

I've been in practice since 1955.

Very much like Mr. Wachsman, or Dr. Wachsman, I don't know what to call him, I'm rather successful. My accountant might tell you that I make five million or ten million, or \$15 million a year, and I can substantiate that. So, I don't come here to make money. I don't come here to enhance myself.

I come here out of tremendous frustration with my fellow professionals, and with my Congressman, and my lawyers, and the public at large, in general.

I heard so many things said here today, so I may be rambling a little bit, but please, bear with me.

First, let me tell you a simple story about the "incompetence" of Dr. Revici as a physician.

About six months ago, I got a call from a doctor whom I interned with from West Virginia.

This doctor's wife had been operated on at a hospital in West Virginia, and was told she had cancer of the stomach, which was spreading to other organs, and therefore there was no treatment and she would die rather quickly.

He heard from somebody about what I'm doing, and he called me and he said, "Would you think I should go see Dr. Revici?"

I said to him, "Before I make any comments, you speak to your medical oncologist."

I might say that this physician is the Director of Cardiology at the major center in West Virginia, certainly a man of position in medicine.

He went to his oncologist and asked him, "What is the outlook for my wife, with treatment, without treatment?"

Then he called me. And the response that he got from the oncologist was that "Your wife will live three to six months without treatment, six to nine months with treatment, but I'll give her the treatment, because she'll live three months to six months longer."

Of course, he didn't mention to him that her hair would fall out, her hands would get numb, that she would have to be in the hospital every three weeks. But, that's accepted.

So, this Dr. Selinger called me and he said, "I don't want to put my wife into that misery. Would you refer me to Dr. Revici," which I did. I used Dr. Selinger's name because he gave me permission to use his name.

The patient went to Dr. Revici, and Dr. Revici, in his state of "inadequacy," "incompetence," examined the patient and said, to my understanding, I was

not there, “You know, she has a lump in her breast.”

Now, this woman had been under the care of the most competent oncologists in the State of West Virginia, and had been examined two weeks before, and nobody discovered the cancer—the lump in her breast.

Dr. Revici requested that that lump be biopsied. It was cancer of the breast. She didn’t have cancer of the stomach, she had cancer of the breast metastatic to the stomach.

Now, neither one is a good disease, but, the fact is that cancer of the stomach is treated differently than cancer of the breast, and cancer of the breast does, in fact, even though it has metastasized, have a relatively good prognosis.

So, this “incompetent” physician who treats in an unapproved manner, not only discovered what the diagnosis really was, but put her on a treatment program, and six months later, when she was told she’d be dead, she’s in perfect health and she and her husband, in celebration, just bought a new house which they moved into.

This is the gentleman that I’m here to talk about.

Now, there were many things said here today which I think I would like to mention briefly.

First, I have in front of me an article from the **Oncology Journal**, which is a national journal. There is an article written by Edwin Sondik, S-o-n-d-i-k, who is the Chief in Operations Research Branch, Cancer, Prevention and Control Division of the National Cancer Institute.

The lead paragraph says: In the sixteen years since the establishment of the National Cancer Program in 1971 —which I’m sure in those seventeen years it cost a billion dollars or some such number— much has been learned about the causes and cure of cancer.

I challenge him to show me what we have learned about the cure of cancer since 1971. I’ve been treating cancer since 1953.

Now, there are certain areas where we’ve made progress, like in the rare tumor, coreocarcinoma. Acute leukemias of children, we’ve made some progress. Ovarian cancer, we’ve made some progress.

But, in the prominent cancers, like cancer of the breast, cancer of the colon, cancer of the lung, more common cancers, aside from ability to make the diagnosis at an earlier stage and therefore be more effective--

Colon cancer is the number one cancer in America today. If you develop cancer of the colon, and you get it in a Dukes’ A or Dukes’ B lesion, and I don’t want to get too technical, you can cure that with standard technique, radiation, surgery, chemotherapy. But if you detect it in Dukes’ B or Dukes’ C, the two worse categories, there are no treatments.

Yet the people in my medical profession, and I’m not their adversary, think nothing of taking a person and giving him chemotherapy and radiotherapy, knowing that they’re going to die in one year instead of six months.

And what about the effect economically on the family, the stress and strain of going to a doctor, the nausea of radiation, the nausea of chemotherapy, et cetera, et cetera?

So that, because of my frustration, because of the fact that I've been doing this for thirty-five or more years, and I might say that I've been involved in organized research; I've been a member of ECOG, which is Eastern Cooperative Oncology Group, which I started in 1953; I'm now a member of CALGB, which is the largest nationally funded cancer research group in America; I can tell you that the progress that I have seen is limited.

Therefore, I am here as an advocate of alternative medicine as a result of my frustration.

I challenge anybody to sit with me and listen to a thirty-year-old woman plead for her life, or a mother plead for the life of their four-year-old child, and I know I cannot help them (and I'm aware of all forms of accepted medicine), and I know that these people must die.

So that, first of all, I would like to talk about patients' rights, which has been discussed here. And many of you may not like what I am going to say. But, I must say it because I am here to help.

Patients must be allowed to choose the doctor to direct them, but I'm not sure at this point that I'm in favor of people going on alternative methods and ignoring accepted methods until the matter is understood a little further, and I'll develop that in another moment.

The second: Dr. Revici's rights. I think that Dr. Revici must be protected because he has a great deal to offer, and I think I need help, because I'm not an attorney, I'm not a Congressman. This man must be kept functioning until the plan that I'm going to present is completed.

Now, what about the cure for cancer rights? And that's what I want to talk about.

I have in this envelope a list of patients that Dr. Revici has cured. I am prepared to show these charts to any competent oncologist, and I challenge them to deny that Dr. Revici has brought about cures in patients who otherwise would have died.

**THE CONGRESSMAN:** Excuse me.

**DR. BRENNER:** Yes, sir?

**THE CONGRESSMAN:** Are these patients that you have referred to him or —

**DR. BRENNER:** No. These are patients from every, from many hospitals throughout the country.

I have charts in here of a patient from Memorial Hospital.

I have a chart in here of a patient from Mount Sinai Hospital.

I have three charts in here from a doctor, a very competent neurosurgeon at NYU, probably the top neurosurgeon in America.

I have charts in here from some of the major centers in America.



These are not Dr. Revici's charts. All I got is the name from Dr. Revici, and then I got the charts from the hospital where the diagnosis was established; and I might say that I did not accept the data from those hospitals.

I'll tell you briefly what happened.

One of the patients that Dr. Revici has had a superb result with was a gentleman who came from a major hospital in New Jersey with a diagnosis of inoperable cancer of the pancreas.

Cancer of the pancreas, when it's inoperable, has a 99 percent death rate within one year, and here was this gentleman three or four years later, alive and well. Miraculous.

Unfortunately, when I reviewed the data, I disagreed with the diagnosis. The patient really had pancreatitis, a totally benign condition which had been misdiagnosed.

So, I haven't accepted Dr. Revici's data. I've substantiated the data by using independent respected specialists who reviewed the charts of these patients and have established and confirmed the diagnosis.

Now, what I am recommending, and what I would like to request from you and people like yourself is this:

I have now spoken to directly five respected oncologists, men who are all Board certified, who are members of major hospitals in the New York area, who are members of national research programs, each one of whom would be applauded by the medical profession as an achiever.

Each one of these gentlemen have agreed with me to go on a panel to investigate alternative methods. Now, what do I mean by that?

I would like a vehicle whereby we can send notification to the medical profession that we are embarking upon a Federally approved study in which patients who are deemed hopeless or not treatable by standard methods will be entered into a study whereby they'll be treated by alternative methods.

Now, this is putting two strikes against alternatives, because I'm not taking early cases, I'm taking late cases, and I am going to, before I accept them for Dr. Revici's program, have my panel of five oncologists verify the data, agree that these people are untreatable by standard therapy.

If they say standard therapy can work, I do not want them on Revici's program, because then if the results come out, they'll say, "Well, if you put him on X, Y, Z, they would have done better"

So, we are documenting hopeless cancer. So, we lose nothing. The family loses nothing, the patient loses nothing, because they have no hope.

And now we will send him to Dr. Revici, let him use his treatment, and when six months have elapsed, and six months sounds like a short time, but in diseases like I'm talking about six months may be a lifetime.

We will then take the data back to this committee, evaluate it independently, not necessarily guaranteeing, "Dr. Revici, we're going to support you," but guaranteeing we're going to be objective and fair.

**THE CONGRESSMAN:** Doctor.

**DR. BRENNER:** Yes, sir?

**THE CONGRESSMAN:** It sounds like such a marvelous idea. Having myself testified about two hours before the New York State Medical Society, having heard prior testimony of doctors who suggest that some of these alternative forms were working, will these oncologists be able to continue, or will they not be subjected to incredible pressures to the point where they would be forced to back off?

**DR. BRENNER:** I must say to you that each one of them told me that I cannot use their name until an FDA number or some organized Federally approved study is agreed upon, and then they have no fear or threat of recriminations, because we have been involved in research—I've been doing research for thirty years, and many of the studies which cost millions and millions of dollars to do proved to be a failure.

So that we're not guaranteeing anything. All we are saying is that the medical profession in 1988, the number of deaths from cancer, projected by the American Cancer Society, are in the range of 450,000 people.

The number of new cases are projected at one million. Of those one million, 500,000 are projected to die from the disease ultimately.

So, we are talking about, next to heart disease, the biggest threat to the American population that there is. There's treatment for heart disease today. I'm saying take a condition which has no treatment and do a controlled approved investigation. These five physicians have agreed to go on a panel; their names can be used once you figure out a way to give us a number.

Now, I might tell you briefly that my name has already surfaced, and one of the hospitals that I've been associated with has already been questioned by the State as to whether I'm a qualified doctor, and how come a doctor like me is on the staff.

I said to you before that I'm here because I'm sixty-two years old, and I feel frustrated with the number of people that I've buried on qualified treatment. If they take my license away, I'll move to my estate in Florida and live like a millionaire. So, I have nothing to lose.

All I'm saying is that I think that Dr. Revici can save lives, and one of those lives might be somebody in this room, other than the people who have already been to him. It might be you or me.

Therefore, as a husband, as a father of children and grandchildren, I'm being selfish. I'm willing to give my time to save somebody's life. I have nothing to gain personally, except the fact that I'm tired of burying people. I am saying Dr. Revici, Dr. Burton, the doctor from Canada who's coming out, Rudy Falk—I don't know. There are many, many alternative programs.

I am saying that this may be the beginning of a study that might take fifty years, or it might take one year and we'll have the answer. But I'm saying let the Federal Government, instead of spending—I don't know what the budget is for the NCI, 100 million a year? Give a few million to testing alternative techniques under controlled experiment in the same way as we test other things that I've been involved with, and maybe, maybe, we'll have an answer.

I don't know why they say no. What have we got to lose?

**THE CONGRESSMAN:** Let me say this. I'm excited about your offer.

**DR. BRENNER:** Yes, sir.

(Applause.)

**THE CONGRESSMAN:** I guess it was the frustration that many of us have felt that are involved in this area. We hear gentlemen such as the man that was before with all the negatives; and, of course, having one experience myself and see the doors shut, I was looking for a vehicle where we could fairly test some of these systems to see whether they work.

You're now offering us something that gives us an avenue that I think holds a lot of promise. Certainly here's what I am going to do:

What I'd like to ask you to do is to put this in a formal presentation. I will then take it to my own people and sit down with some of the powerful members of Congress who helped me move the study that I got moving now. I think this is something that we can do that I think might even prove to be of more value in the near term future, and that's what we've been looking for.

**DR. BRENNER:** I would just like to tell you an anecdotal episode.

**THE CONGRESSMAN:** I didn't want to interrupt you, I just wanted to make that clear at this point.

**DR. BRENNER:** I mentioned a moment ago, a few moments ago about this neurosurgeon. I can't use his name because he won't let me. But any doctor in the country who knows anything about neurosurgery will immediately say this is one of the top neurosurgeons in America.

He had three patients who had different kinds of brain tumors, young girls.

All three of these young girls were operated on, had radiation and chemotherapy. All three of them following the accepted treatment began to get progression of their diseases.

Each one of them chose to go to Dr. Revici. I understand that when they told Dr. —again, I can't reveal his name—told this doctor that they were going to Dr. Revici, some of them were told, "Oh, if you're going to that quack, I want nothing further to do with you."

When I became interested in evaluating Dr. Revici, we did CAT scans of the brain on these three patients, or NMR's, which are diagnostic methods of evaluating brain tumors.

Each one of them, incidentally, is alive and functioning in a much improved level for three, four, five, one of them is ten years. Each one of them has CAT scans or NMR's that show marked improvement.

So, what I did was, playing it rather cool, I sent this doctor a letter saying—I didn't tell him I was involved in this investigation. I said, "Three of your patients appeared in one of my diagnostic centers and we did CAT scans on them. They gave me a history that they had malignant brain tumors, and you know that malignant brain tumors don't do well, and they're all doing very well, and here's their CAT scans.

Could you give me the information as to whether they really know what's wrong with them, or whether they're really better from a non-malignant condition?"

He sent me a letter. The opening sentence is "Wow," exclamation point. "This is amazing. Keep in touch with me."

About two or three weeks after that, one of my friends, a fellow physician, came to my office because he was dizzy. We did a CAT scan. He had a brain tumor. I sent him up to Dr.—this doctor, for treatment, because this, again, is the number one neurosurgeon in the northeast.

He made a diagnosis of glioblastoma, the most malignant brain tumor; 99 percent of those people die within one year on standard therapy.

He started him on radiation. I called him and I said, "What do you think about him going to Dr. Revici?"

He said, "I agree totally. I'll cooperate any way I can. Don't use my name."

So, from a totally negative position, here's one of the top physicians in America suddenly understanding.

Maybe this gentleman we're talking about has something to offer.

So I think that if the Federal Government could give us a stamp of approval to do this study, they won't meet with adversaries from the medical profession after a couple of months. Maybe initially they will, because many of my friends, when I sit and talk to them, my physician friends, they say, "Brenner, what are you doing? You're going to get into trouble."

They don't understand why I'm doing this.

All I'm saying is that if you give us a vehicle that's legitimate and legal, we might save the Government \$100 million a year. We might save Medicare billions of dollars a year. And more important, we may save the life of a very sweet person.

So, we need your help. I'll get the medical profession to help if you give me a route to help. And that's what I'm here to ask.

**THE CONGRESSMAN.** That's an interesting challenge.

(Applause.)

**THE CONGRESSMAN:** Let me say this: I am grateful for the offer that you've made. In the couple years that we've been looking at this area, just in response to the quest of people crying out for help who've come to myself or anybody who'd want to respond, I was, frankly, looking for this kind of thing, and to have an offer like yours come forward, I can promise you that I will be carrying the message, and we'll be seeing if we can't set something up like that.

I think that I really know enough members of Congress who are looking at these alternate forms. Why? One lost a wife, another one lost a wife, another one had cancer. The personal experience with your own family —

**DR. BRENNER:** There's only one thing. We met with a Senator's committee on health, and they told us they would get back to us with a response, and we got no response.

I had a phone call from a Congressman from Long Island, whom I have a mutual friend with, and he asked me to come and visit him. I said, "Rather than waste your time, I would rather just send you a summary of my program, my projection, what I'm requesting, and then if you're interested I'll come and see you."

I sent him that letter at least a month ago. I never heard anything.

So, I don't think you're going to meet with easy times.

What I will do is give you a complete summary of the plan, of the patients that Dr. Revisi has kept alive and well for measurable periods of time, of the lack of risk or danger to these people. — —, in fact, write protocols very similar to some of the protocols that I wrote for the Federal Government, which I worked on with hundreds and hundreds of millions of dollars and found nothing to be effective.

So, here at almost no cost to the Federal Government, because all of my associates will contribute their time without any expense, we can, maybe, do a major job.

So, I will do anything that is necessary to help you present this data and make a strong case. I will send you a summary of what I've said, plus the summary of some of these patients, for you to make a presentation, and if I can help in any way, night or day, I'm willing to.

All I ask is that we make a major effort to solve one of the biggest problems in America.

I don't know how many men we lost in the Vietnamese War or in the Second World War. All I know is we'll lose 450,000 people in 1988 from this one disease. What greater problem do we face in America?

What greater contribution can you make as a member of Congress but to help in finding a cure for this disease?

**THE CONGRESSMAN:** A wonderful challenge.

Let me just say to the people in this room: I know many of you have talked to me individually and mentioned that you've talked to a member of Congress from your own area, and you're disappointed that they didn't respond; you've

recited cases where you may or may not get a response.

I think, not to defend my colleagues, but understanding the enormity of the problem and having, I guess, all of us brainwashed into the acceptability of the finality of cancer, looking at it as opposed to other problems the members of Congress are faced with, they have a tendency to throw their hands up in the air and say, "My God, that's something much beyond my scope."

But it isn't beyond your scope, if you take the time to do what we're doing here; and we've done it before.

You listen to people like yourself, who have a hell of a lot more background than we do, a very impressive bit of testimony and offer that we shouldn't turn aside; I am definitely going to pursue this.

Since we have already broken ground and used the services of some of the most powerful members of the House of Representatives to get this other study under way, I have a feeling that we have at least some promise that we might be able to pursue this project.

I would love to be affiliated. As you say, if I did nothing more in my Congressional career, I think, than to contribute one little spark in the fight against the spread of this disease, it would be a marvelous challenge for me, something I would feel very good about.

**DR. BRENNER:** The one thing I would like to say is that we must be careful as a member of the lawful side of the fence that, and you'll forgive me again, that we should not defend a concept that people can go on alternatives because that's the right of the patient.

I don't want a patient who has a treatable cancer, even though it means surgery, radiation, chemotherapy, all that horror, they should not deny themselves the right of control on an accepted treatment and go on an alternative treatment, because it serves two problems, and I pointed it out to Dr. Revici.

He saw a patient once who was operated on on Long Island Jewish Hospital, had an aspiration biopsy of a lump in the breast which proved to be cancer. That is just the first step in treatment.

But stage one breast cancer treated by accepted modality in America today according to—at Memorial Hospital they have a 91 percent eight-year cure rate; at Harvard they have a 96 percent eight-year cure — I'm sorry, not cure, 91 percent control rate and 96 percent control rate, which is very good for stage one breast cancer.

Now, this girl never had a staging. She might have a one or four, I don't know which. She went to Dr. Revici and, thank God, after four years she's in complete remission.

So, he didn't hurt her.

However, if that lady had died, then Dr. Revici could have hurt his image and given ammunition to his adversaries.

So, what I'm going to say is that even though I respect him, and I even love him because he's a great guy, I don't want to see him hurt. I think we

have to go the route of legality and then give him the Nobel Prize that he deserves.

Thank you.  
(Applause.)

**THE CONGRESSMAN:** Thank you, Doctor. I'm pleased that you put forth that theory. I think it is something that I believe in pursuing, and that's the approach that I've taken.

A question that I was going to ask you even before you said that, just a hypothetical case, absent any other treatment, since you do radiotherapy, a patient who would receive radiotherapy through yourself and then be referred to Dr. Revici, this test would be somewhat easier, would it not, in dealing with the cancer that still might be in the system?

Well, let me put it another way. The reason I ask this is Burton surprised a lot of people by saying, "I want people to go to their own doctor, I want them to go and, if possible, have surgery"; and if they decide to come to him or his facility, he's dealing with something that's more controllable; most of the cancer may have been excised or whatever.

So, he's a strong believer of people going to their own doctor and following traditional medicine.

Like Dr. Revici, most cases he was getting were people who had signed the cross, "It's too late for you, we can't do anything else." The terminal cases went there, and that's what he was receiving.

**DR. BRENNER:** I might tell you that in this briefcase I have three patients. Two had squamous cell carcinoma of the lung, one had adenocarcinoma on the lung. All three were deemed inoperable or unresectable. The best single care for lung cancer is resectability. If they are not resectable, then the control rate varies from three to twenty percent.

All three patients had varying degrees of chemotherapy and radiotherapy before they went to Revici. I can tell you that radiation therapy alone cures inoperable adeno or squamous cell carcinoma in three to five percent of the patients.

All three of these patients are alive and well for three years.

So that the medical profession might say, "Well, he didn't do it, the radiation did it; he didn't do it, the chemotherapy did it."

But, I'm saying in order to show that he can do it, let's take people who are progressing in spite of radiation, in spite of chemotherapy. That's putting an added weight on his shoulder, because, as I said before, if I gave him an early cancer, I'm sure his opportunity for cure would be much better.

But I'm saying that this guy may have something that may even cure late cancer. Let's take that as stage one. If he cures late cancer, then we'll have the courage to give it to early cancer; and then we won't have adversaries, because if it cures Dukes' D, then he isn't going to say, "Well, don't give it to a Dukes' A."

So, we have to go, unfortunately, with the bad cases first so that we can get the support of our adversaries.

**THE CONGRESSMAN:** Thank you very much.  
(Applause.)

**THE CONGRESSMAN:** I've been advised that the audience here didn't want to miss any testimony, but that a number of people have requested that we take a break so that they can have a bite to eat and not miss testimony.  
Supposing we break a half hour. We'll resume at twenty minutes to three.  
(A luncheon recess was taken.)



**THE CONGRESSMAN:** The next group that's here to testify is the Rosenberg family. We have William Rosenberg at the right-hand extreme, in the middle is Howard Rosenberg, who came all the way from Ohio to be with us, and his father, Bernard, on the left extreme.

We're going to start off with William Rosenberg.

**W. ROSENBERG:** Thank you very much, Congressman Molinari.

I would first like to express my appreciation for your concern and humanitarianism on the part of cancer patients and their families and on the right of their free choice of what kind of therapy would be most effective.

I consider it an honor, a privilege and a tremendous responsibility to come and speak in front of this hearing.

My father, brother and I are here on behalf of my mother, who is a patient of Dr. Revici.

During the course of my mother's seventy three years of life, she has had to come face-to-face with the issue of her own mortality and imminent death on several occasions. As a refugee from Nazi Germany, my mother sought refuge in the United States for the freedoms and liberties that this country affords to all of its citizens.

These freedoms and responsibilities are protected by the Constitution of the United States, and it's a very important principal to be considered.

My mother, upon coming to the United States on the day that she became a citizen of this great country, felt it was her obligation and duty to enlist in the United States Army and volunteer for service in the European field to show how much she appreciated the opportunity and the rights afforded in the United States.

In October of 1987 my mother was given a second death sentence when she was diagnosed as having large cell carcinoma of the left lung in the mediastinum area.

At that time my family decided to go to the finest hospital in New York City and find the best physicians and specialists to treat my mother.

The physicians recommended, in October of 1987, a major surgical procedure called a thoracotomy, after they made the initial diagnosis.

Upon performing the operation, it was found that the tumor was too large; it was ten centimeters by six centimeters and too invasive in the vital organs in the mediastinum area to be resected.

At that point in time we continued and we followed normal recommendations of the orthodox medical community. We went to the next level, the next form of therapy, that being radiation therapy.

During the course of a six week period of time, when my mother received 4,600 rads of radiation, they found, unfortunately, that the cancer had metastasized to three large lesions in the liver.

The orthodox medical community had very little to offer us at that point in time, in terms of concrete therapy that would have an impact upon my mother's life, the length of that life, but more importantly the quality of her

life. The only possible recommendation that orthodox medicine had to offer to my family and my mother, because cancer is a family issue when a patient has it, was a clinical trial of interleukin 2 or interferon, with all of the common side effects that go along with that treatment, and the real possibility or likelihood that that treatment by itself offered no real viable possibility of improving the quality or the length of my mother's life.

The disease, the doctors told us, would progress very dramatically and in a speedy fashion, and my mother had only two to three months of life expectancy, as the doctors had indicated. The prognosis was not very good, to say the least.

At that point in time, the doctors also indicated to us how the disease would progress. What would happen is that the metastasis would go into the bones and probably into the brain and cause tremendous pain and heartache and really taking away whatever dignity my mother would have wanted for her last stage of life.

And that was the one part that my family wanted to maintain a degree of control over, my mother's dignity and the quality of her life, because that was the most important thing to us at this stage in the development of the disease.

The doctors said, "We have nothing really to offer. We can give you heavy doses of a morphine based narcotic to attempt to ease the tremendous discomfort" that my mother had in the chest and stomach area, and hopefully it would relieve the other problems. They could give tranquilizers to help my mother get through the day, and sleeping pills to attempt to sleep at night.

But that's not much of a quality of life, if that's life at all. That's really the beginning of the sequence of the death process.

My family, and my mother especially, was not willing to accept the doctors' conclusions, that within two to three months, unfortunately having gone through tremendous amount of pain, you're going to expire, and there's very little we can do.

My family decided we're not going to accept that ultimatum from the orthodox medical community; we were going to look for other possible avenues of treatment, not miracles or cures, but some other possible avenues of treatment that could help my mother's quality of life, because that was the most important thing to us at the time.

I heard remarkable stories about a Dr. Emanuel Revici on East 91st Street, right up the road from the hospital where my mother was a patient. Of course none of the doctors at the hospital would even talk to me when I brought up the subject, or even acknowledge that there was somebody twenty blocks up the road that might have something concrete to offer.

However, my family decided to investigate it further. We met with Dr. Revici on January 4th of 1988, not with the expectation of a cure or a miracle, but simply to see what this individual had to offer.

We spent an hour and forty-five minutes in Dr. Revici's office. He performed a thorough examination, reviewed all of the medical records that we had furnished, CAT scans, pathology reports, etc.

Afterwards, when my mother was out of the room for a moment, Dr. Revici turned to my father and I who were present, and he said, in a very concerned loving voice, "Does your mother," talking to me now, "know that she has very little time left on this earth? Does she understand and do you understand that if something is not done immediately, not only will the pain increase but she will die in a very short time."

We explained to Dr. Revici, "That's exactly what the orthodox medical community had told us, and that's why we came to see if he had anything else to offer."

At that point in time, Dr. Revici said, very simply, "I can help your mother. "I don't know at this point in time," Dr. Revici said, "If I can do anything directly on the cancer, to either cause the cancer to shrink in size, or to have total remission. However I can help her "I can help the excruciating pain that she still had with the morphine based derivatives. I can help her in terms of the quality of her life."

There was very little discussion amongst my father, my mother and myself on what to do. My mother had made the decision immediately. "This doctor is offering me a chance to have that quality of life that I wanted toward the end of my days on this earth."

My mother made the decision immediately in his office, "I'm going to accept Dr. Revici's therapy and give it a try, not that I believe there's a cure, but I want to see if somebody can offer me this quality of life."

This was approximately three months ago. I can tell you now that my mother's quality of life has improved enough that my brother, my father and I are comfortable sitting here leaving my mother at home alone, because she's able now to take care of herself and she's able not to require constant attention, the pain has been controlled.

Certain days, if I close my eyes and listen to my mother's voice, I can hear the voice of my mother before she was given the second death sentence in October of last year. And I can think to myself, "Maybe there is a possibility about this ninety-one year old doctor who everyone in the Medical Establishment is saying is a fraud and so forth, maybe God is watching over us and he put Dr. Revici in New York State to help the people in New York State and to help my family."

If the increase in the quality of my mother's life would be the only thing that this great gentleman and humanitarian has to offer, I would be indebted to him and I would love him for the rest of my days, and so will my family.

We hope and pray that not only will my mother have an increase in the quality of her life, but an extension of that increased quality also.

I can say that at times during the last three months, my family, and my mother especially, do feel that there is a possibility that something is going on here, and not just the qualitative aspect to the treatment, but something concrete, that maybe, in fact, she will have the extension of life, and be able to see her grandson Bar Mitzvahed next year and be able to see all of the fruits of her children and grandchildren as they grow up in this world.

When I decided to come and speak at the hearing, I didn't know what else I would say pertaining to this great individual, except for recounting the anecdotal story of my mother, and what he has given to me, to my family, and I've seen tons of patients that he's done the exact same thing, because he does not only treat a patient, he treats the family, because by helping a patient and improving the quality of life of a patient, you're helping and improving the quality of life of everybody who loves that patient.

I decided, let me see if there's any comparison in the literature to this great doctor, this person that I consider a combination of the intellect of Albert Einstein and the compassion of Albert Schweitzer. Is there anybody else who has ever lived in the past that I could compare him to?

So, I looked in the *Encyclopedia Britannica* last night and I looked up Hippocrates. I figured, "Who better to compare and to see if there's any connection and any similarity in their philosophical points of view and their concern for the patient."

I found that there were three basic points that Hippocrates mentions in his philosophy of caring for patients, that if I was putting in another name I could have put in Dr. Revici and it would have read exactly the same.

The three points are as follows: Hippocrates believed that the physician must assist Nature's own tendency to heal the sick and take great care that his treatment shall, at the very least, do no harm.

Was there any connection with this principal of trying to help the patient but at the very least to do no harm, with Dr. Revici's treatment? Absolutely<sup>o</sup>

His form of guided biological non-toxic chemotherapy offers the possibility, as I indicated in the case of my mother, to improve the quality of life and perhaps increase the length of that life, but with no detrimental side effects whatsoever, as opposed to orthodox medical procedures, who will go along with many intrusive types of therapy, as spoken about earlier today, that very well might not be effective, but might cause tremendous harm and deterioration in the quality of the patient's life.

That was the very point that struck me connecting this great doctor and Hippocrates.

The second point that they mention in this brief outline was that Hippocrates' fame through the ages rests almost as much on his moral character as on his scientific genius. Dr. Revici's moral character is beyond reproach.

The first time my family went into his office, what do you think he did when we were leaving? He gave us, as he does to all his patients, I later found out, his home telephone number, because he is not a doctor from nine to five, he is a doctor twenty-four hours a day every single day of the year. If he is in Europe, if he is in San Francisco, wherever he is, he is available to his patients.

The moral character of this doctor struck me in the mold of Hippocrates.

How does Dr. Revici categorize the importance of the work he does? The most important aspect that Dr. Revici sees is how his patient is reacting, and hopefully improving. The first question Dr. Revici asks me whenever I go in on behalf of my mother, who still is not strong enough to go into the clinic

herself, but has improved tremendously, is “How is your mother?” That’s his first concern.

After I explain how my mother is, physically and emotionally, then, he does the analysis and makes the determination of what kind of treatment to prescribe.

Let me just give a brief example of the nature of this doctor.

As I just indicated, my mother, unfortunately has not been able to get to his office in a month and a half, although she’s running around the apartment at days, reminding me how she had been.

I spoke to Dr. Revici last week, and I indicated to him my concern that he is not able to examine my mother. He said “I’ll tell you what, the examination of a patient is very important, obviously, but I, at times, can get a feel of how a patient is doing by what you’re telling me, how your mother feels, her emotional level and the analysis on the urine specimen” I might bring in.

So, he did not necessarily need to see my mother, but he thought a moment and he said, “You know, your mother’s life is very important to me. Your family’s devotion to your mother is very important to me. I will come out and see your mother. Where does your mother live?”

I could have told him she lived an hour or two hours away. It turned out she only lives forty-five minutes away, and, as you know, most doctors make house calls in this day and time, and of course they drive forty-five minutes to see a patient. Of course I’m speaking sarcastically.

This great doctor came out and spent an hour and a half examining my mother, afterwards he spent at least twenty minutes with my two sisters, who had never had the opportunity of meeting him, to explain to my sisters what he had told my father and myself upon the examination.

Afterwards, when the doctor was getting ready to leave, my father said, “Of course, Doctor, we want to pay you for your time.” My father offered to pay Dr. Revici a fee of \$200. It was not a fee that anybody had mentioned, it was something my father thought would be appropriate, at the minimum. Dr. Revici was almost insulted that my father had the indiscretion to offer him any money to come out and see his patient.

He came out to see his patient because of his love and concern for his patient, and his patient’s family. He absolutely refused to take any money.

Anybody who is a patient of Dr. Revici’s knows that if, in fact, they cannot afford to pay the nominal fee that he charges, all of which monies accrue back to the Institution for further research and none goes to Dr. Revici personally, they are never turned away. Money is not a determining factor.

The determining factor is can he help and how well is his patient resting.

The third point that I realized when I read this article about Hippocrates, is that I read a sentence from the Hippocratic Oath. The Medical Establishment is condemning this man for no valid reason, as I see it, and no valid reason that has ever been proven in a court of law. But, the irony is that the Medical Establishment that takes the Hippocratic Oath, if you read that Oath, and I’ll read one important sentence: “I will follow that system of regimen to

my ability and judgment I consider for the benefit for my patients, of my patients. Dr. Revici will put his lifetime reputation, and any other considerations aside, for his patients, because his patients are his life and his priority.

As he said, he's a ninety-one-year old gentleman and he's not in it anymore for his ego or any other reason. He's in it because he has a form of therapy that he believes, and many people are alive today who believe, will help a large number of cancer victims and other patients throughout the world.

It seems ironic to me that the established medical community is attempting to take away this great resource that we all need.

When did my mother ever abrogate her rights to the Board of Regents, to the State of New York or to any other attorney who comes before this hearing and let them decide my mother's ability to live or die. I don't want to allow anybody else in this world to make that determination, except for my mother and my family.

My mother has that right to choose the one doctor and source of treatment that affords her a possibility of living a longer life, and has already given her an improved quality of life.

I will not stand idly by and see somebody issue the ultimate death sentence to my mother. If they do that, may God have mercy on their souls.

I would just conclude by saying I appreciate tremendously, Congressman Molinari, the opportunity of speaking in front of you and in front of this hearing, and may God bless you and bless everybody else who is attempting to protect not only Dr. Revici, but all of the other patients and family of patients in New York State and throughout the world who can benefit from the therapy and love and the concern that this man has to offer.

(Applause.)

**THE CONGRESSMAN:** Do you want to add to that?

**H. ROSENBERG:** Congressman, I want to thank you for the opportunity to be here today. Yes, I flew in from Ohio, but the truth is I would have flown halfway around the world for Dr. Revici.

It's very hard to follow a statement like my brother's. I'm usually the one that's long-winded; I'm going to allow him that honor today. But, I have three quick points to make.

First, I'm an attorney. I don't practice anymore. I must tell you in all candor, the criminals that I represented seemed to have more rights than the patients in this room, and that's beyond my wildest imagination.

Second point: My current position, I'm the CEO of a chain of drugstores in the Midwest. I come into contact with physicians by the hour every day of the week.

I've never in my life met a man of the moral fiber of Dr. Revici. Never.

The third and last point I want to make, is I want to elaborate for the record on the progress that my mom's made. I know, as you indicated, you can't pass judgment on the medical merits on what the doctor has said, has done. I can.

**THE CONGRESSMAN:** Dr. Rudy Falk is the Director of Surgical Oncology at Toronto General Hospital. He's the author of 155 articles in peer review journals.

I think what we'll do is let Dr. Falk fill us in on the rest of his background, and then, Doctor, you can proceed as you wish.

**DR. FALK:** Thank you, Congressman. I'm here by invitation. I'm not part of the American Medical Association; I'm from the country up north.

I'm a surgeon by training, by profession, and in the last seventeen years, I've concentrated entirely on cancer.

I think it's fair to say that for about the first seven or eight years I concentrated on variations on the standard theme of cancer.

Like Seymour Brenner, I became fairly dissatisfied with the results.

I think it's fair to say when one reviews the results of cancer therapy over the past twenty-five or perhaps even fifty years, there has not been a great deal of progress.

The percentages, unfortunately remain very disappointingly the same. The incidence of the disease seems to be rising, despite a lot of things, and our treatments by and large remains inadequate.

Not only is it inadequate, but it's toxic, and it does not lead, by and large to a good quality of life.

It's time, therefore, that we look at alternative therapy, and I say alternative in the broadest sense, whether it be Dr. Revici's therapy, whether it be appropriately using the immune response, whether it be doing variations in surgical therapy, whether it be employing different types of chemotherapy protocols, but let us do different therapy, and let us not do it in the randomized trial situation, which we've all been brainwashed with, because that's costing us probably close to a billion dollars a year in North America.

It's time that we have variation in our treatment. Let me give you an example of what happens when we have intelligent variation of treatment.

My original interest in medicine was transplantation. I trained with Tom Starzle, and I was going to do transplantation, in fact, when I returned to the University of Toronto.

In transplantation, Tom Starzle started liver transplantation in 1964. As far as I know, Tom has never entered into a randomized study in liver transplant.

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That's really what I think we need in cancer.

I'm not going to say much more, except that we have spent too long in rigid thinking. The reasons for this are numerous, and there's really no point in stating any of the other reasons. I think there are a lot of outside interested groups, but it's time that we employ some intelligent variation.

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Because I've seen it. About ten weeks, or thereabouts ago, my nightmare came true. That was sitting in the kitchen with my brother and with my dad and with my mother holding hands, trying to help her get through the night because she couldn't take it anymore.

That was her telling her kids and her husband goodbye. That was her telling her kids and her husband that she had a good life, but it was over.

This morning, on the way to the hearing, I thought she was physically going to throw me out of the apartment. Thank God for Dr. Revici.

(Applause.)

**B. ROSENBERG:** Mr. Congressman, I would like to endorse, of course, everything my sons have said, and I will not be repetitive. I do want to indicate the depths of despair to which the medical community subjected our family to with the prognosis that they gave us.

The depths are evidenced by the fact that New Year's Eve, I sat down in our kitchen and I wrote my wife's obituary and my wife's eulogy, because this is such an unusual lady, not because she is my wife of over forty years, and the lady I love and have loved, but because of what she has done in our own little circle of life, to enhance the standard of living for many people who are not as fortunate as we are.

I would not allow anyone else to write her eulogy. So, that night I wrote the eulogy.

Four days later on January 4th, it was our good fortune to go into Dr. Revici's office, and that dark tunnel that we were facing, which by now would have found my wife either deceased or lying in a bed of pain, incontinent, unable to take care of her needs, that terrible darkness suddenly had a little light of hope at the end of it.

You referred to that in your remarks earlier today when you mentioned the word hope. That's what Dr. Revici gave us, and with each passing day that little ray of light at the end of the tunnel becomes a little brighter.

No one can tell us, Dr. Revici can't, we don't know whether we'll really reach the end of that tunnel and obtain the first sunlight of good health for my wife again.

But, at least we have hope. We have had a few months of decent life where my wife can converse with us. She can eat a little bit. This morning when we left, and my son just mentioned this but it's worth repeating, if the regular medical community would have had their way, my wife would be lying either in a bed of pain, incontinent, unable to take care of herself, or she would have been deceased. Instead of my being here today, I would be in the Temple of my religion reciting a Holy Kaddish, which is a prayer for the dead. I thank you, Congressman.

(Applause.)

**THE CONGRESSMAN:** Let me just briefly comment that I have professionally never heard such a moving and family tribute as you three did here today.

It's obvious your mother, your wife, is a very lucky person in many respects.

It's lucky that she got to see Dr. Revici, but also the love that pops out from the way you people described it, the depth of emotion that we've heard here today, the fact that you came long distance from Ohio to be with us has to have some meaning to all of us in the room.

One other point in observation that's important, as you pointed out, William, and that is that Dr. Revici does not have his hand out for money.

As we get into this area, historically what has happened is that the first charge that is made is the charge of money. Somebody is trying to make money off the misfortunes of the people out there who are suffering from this cancer scourge and are charlatans because they're promising something.

They can't make that claim here, can they? So that the very, very number one charge that's sometimes very difficult to meet head on is the charge that it's for money.

We've heard from yourself, we've heard from Dr. Revici that he lives off his Social Security check. So, that's not the case.

We are grateful to you. We have so many other witnesses. I would like to ask you some questions, but I think I am going to have to pass so we give others the opportunity.

I thank you for a very moving presentation, and I hope your mother continues to do well.

**B. ROSENBERG:** Thank you. (Applause.)

**THE CONGRESSMAN:** Dr. Rudy Falk is the Director of Surgical Oncology at Toronto General Hospital. He's the author of 155 articles in peer review journals.

I think what we'll do is let Dr. Falk fill us in on the rest of his background, and then, Doctor, you can proceed as you wish.

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In that sense, I support people like Revici, because I think they're doing that.

I've seen the case reports. I agree with what Dr. Brenner says.

I'm not here with any particular ax to grind except to say that I think it's time that in cancer therapy, we, as a profession, and I guess you as the government help us to do better.

Thank you.

(Applause.)

**THE CONGRESSMAN:** You have touched upon an area that surprised me, frankly, but also one that I have been involved, and that is with Dr. Starzle.

We had a young lady on Staten Island, seventeen, eighteen years of age, dying from a liver disease, and I read about it in the newspaper and we tried to get fund raising to help with the cost of the liver transplant, and, well, we just couldn't raise the money quick enough in order to save her life, a beautiful lady.

I got in touch with Dr. Starzle, talked to him a number of times.

We lost Denise Atilio. She didn't have the surgery and died.

However, as a result of becoming introduced to her and learning about cyclosporin and some of the other techniques that they are employing in greater numbers today, what I was able to do, Doctor, and this is why I think it's key to what we are doing here today, was to convince our State Health Department to pay, through Medicaid, for the cost of liver transplant surgical procedures in this State.

It plays a major breakthrough. I'm delighted that I was able to play that role. I know that we are saving a lot of lives in this State. Good news.

The bad news is that I've talked on the floor of the House of Representatives about what we were able to do in New York, and I was hoping that all the other states would follow us, maybe we could save hundreds and hundreds of them.

I went to the see the President. The President tried to save a young man in Texas, a young, fourteen, fifteen-month old boy, and they couldn't get a donor. He died.

I had a resolution that dealt with the subject, and they asked me to come to the White House.

President Reagan asked, he said he wished there was something more he could do. And I said, "There is."

He looked at me, like, shocked, and I said, "With your position and your radio program Saturday you could provide a tremendous amount of donors."

He was very concerned. I got out a program for his people. He went out and made another request, got 5,000 responses.

So that government working together with people such as yourself, we can sometimes report progress. Obviously not enough. We're dealing with a subject here that is very, very complex.

I want to thank you for coming down and sharing with us your testimony. I appreciate it very much.

(Applause.)

**THE CONGRESSMAN:** The next witness is somebody that you probably all know. If you don't know him personally, you know of him. He is somebody who I have followed, when I'm able to. He is a man who has spent an awful lot of his young lifetime investigating the area of alternative cancer methods, and he is one of the brightest people that I've heard talking about this area.

I think we all, those of us, those of you out there who are patients certainly, and people like myself in government who are searching for responsible people to try to guide us; Gary Null is somebody we all know, and we are happy to have him here today.

(Applause.)

**MR. NULL:** Thank you very much.

I'm going to take a little different approach, if I may.

When I originally thought about what I could share with you and these people, I thought about my own father, who came to New York when doctors had said he had only a matter of days to live, not months.

The bleeding was not able to be stopped, he was in excruciating pain. They had misdiagnosed his stomach cancer as indigestion for nine months.

His belly had gone out so large; it's inconceivable that would have happened, but it did.

I remember when I was going out to do my show one afternoon, as I was walking out the door of my building I saw this old man being wheeled in, and I just thought to myself, "How terrible it would be to have to be in that kind of pain as that man."

I got down the block; I realized that was my father. He was fifty-six years old. He looked ninety. That's what cachexia does.

Cachexia is the wasting away of the body from cancer. It's the primary cause of death for persons who have cancer.

Within a matter of twenty-four hours, Dr. Revici was able to stop the bleeding.

Within forty-eight hours all pain was gone.

Going from being completely immobile, Dr. Revici was able to help my father's cancer shrink where it would have metastasized into the pancreas, the stomach, the entire abdominal cavity, to where the cancer was the size of a pea.

Ironically, and this is the bitter part of this, after being in New York for almost seven weeks and improving to where we could go out for five and six mile walks daily, I received a call one day from a young surgeon, and my father's friend was the chief surgeon and had given the diagnosis. The young surgeon had called to ask about, you know, when my father had died.

I said, "My father didn't die. He's very much alive and almost in total recovery."

He wanted to see my father and speak with my father. It was one of those phone calls that I regretted.

My father spoke with him and he said, "Well, come on back down here.

**We want to examine you, you know, let's see what's going on."**

**I pleaded with my father all night not to go back. He did. He was not under Revici. He didn't take Revici's medication with him at home. But the young doctor who wanted to see him immediately didn't see him for about a month.**

**He was living alone and he became very depressed by the fact no one was seeing him. His phone had been disconnected when he came to New York, and I had no way of being in touch with him. When we finally got in touch with him, the cancer had started growing again. They insisted on treating him there, and it hastened his death.**

**So, I had a personal interest in this. But, that's not what I wanted to talk about today. Mine is a fundamentally different issue.**

**That is the issue of where does organized medicine obtain the power to dictate what medicine should be.**

**Who are these people who are coming in saying that Revici is—he's been called a mass murderer, he's been called a quack, a charlatan and a fraud, and consistently I see them saying that Revici is keeping people from proven therapies.**

**Fine. I accept that Revici should have no—other than any other doctor if, indeed, you can show me where traditional medicine is working.**

**So I thought, "Let's just take a look at the facts," the facts as stated from the medical community's own files, not one that I as an investigative journalist or health consumer reporter or health educator have made up. These are not my facts.**

**But, before we can judge Revici, before Revici's therapy should be judged, I say let us first judge those who are standing as judges, who are holding themselves out as right. Let's look at the real therapies.**

**Now, if the real therapies work and there's no need for this hearing, then there's no need for Revici.**

**In today's *New York Times*: Toll of two cancers is up among the elderly. A new study has found surprisingly sharp increases over fifteen years in deaths from two uncommon types of cancer in elderly white Americans.**

**They are brain cancer (Revici has patients who are surviving today twenty-four years after having been termed terminally ill with brain cancer), as well as multiple myeloma, a marrow cancer that can painfully destroy bone.**

**Dr. Revici has many successful patients with this cancer ten and fifteen years after accepting the case.**

**I tracked down over 200 of Dr. Revici's cases. I studied this man's work for fifteen years. I refused to write an article about him for ten years until I had absolute proof for my own investigation that patients had the cancer, had the condition, it was his treatment that put them into remission, and they were alive and well ten years later.**

**Those are the standards I chose before I even announced him to my radio audience.**

**So, it's not as if someone's just running around saying "Let's all get on the bandwagon."**

If Revici was doing such a bad job, what are they doing?

The fact is that every single statistic shows that cancer, the serious cancers are on the increase. Dr. Brenner made an important statement that there are some types of cancer traditional medicine does well with. There are many advances in cancer and in other conditions that we respect and honor.

But, if you're not coming up with a way to solve 450,000 people dying each year from cancer, please don't have the temerity or the arrogance to assume that no one else has the right to get into that effort as well. We shouldn't be depriving people, we should be opening up the avenue. That's part of democracy.

We have a democracy in our Constitution. It's provided. We have it in our political system. You can choose.

In medicine it is my personal observation that we do not have a democracy, and those who seek to choose an open forum are frequently ridiculed for their efforts unfairly.

It was the historian Jacques Resin who said of Voltaire, "Voltaire defined a doctor as a man who introduced substances he did not understand into bodies he understood less."

Well, Voltaire was an interesting character. Voltaire lived to a ripe old age. He wrote *Candide* and many other famous works. But he understood that he had to be in control of himself at all times.

I want to show, just for a few moments here, if I may, what the state of organized medicine is, so that we can then ask ourselves, "Should these be the sole arbiters, the sole judges of Revici?"

In 1973 Israeli doctors went on strike. In a one-month curtailment of their professional duties, their contacts with patients dropped by almost 90 percent, from a total of 65,000 doctor per patient contacts daily to 7,000. Israeli physicians attended to only the most urgent medical and surgical emergencies.

Surprisingly, as they took a holiday, so did Israel's death rate. There was a 50 percent plummet in Israel's death rate in the period of the strike.

In 1983, Israeli doctors again went on a protracted strike, this time for the months of March, April and May. Curiously enough, in Israel's official compilation of vital statistics for the year 1983, the death rate statistics for the entire year was suspiciously missing.

The same thing happened in Bogota, Columbia. All of Bogota's doctors went on strike for fiftytwo days. Medical care was available only in dire emergencies.

For the period of the doctors' strike, Bogota's death rate fell by 35 percent.

You may ask, it couldn't happen here. All right. In the same year as the Bogota strike, doctors in Los Angeles went on strike to protest against a large increase in malpractice insurance by certain physicians, doctors possibly who view a lot of what goes on in medicine as inaccurate.

Well, what happened was that the same statistics occurred again: The amount of patients who died dropped tremendously when the strike was on.

Unfortunately, the people in the media had a one dimensional portrayal of every physician. They project physicians as being honest, dedicated; and

unfortunately some physicians don't bear a resemblance to those credentials.

I have to ask, "What is it that we're actually providing people?"

Now, according to the testimony I've heard here today, and the statements I've heard, and everything I read in the medical journals, and everything I read in **The New York Times**, including **The New York Times** promotion of the news of an anti-cancer conference this past weekend in Utah, where they said that if you go to any alternative doctor, you're putting yourself in the hands of a quack. No one challenged who these people are.

Are we any better putting ourselves into your hands, you who accuse?

Well, according to the Office of Technology Assessment in the United States Congress, approximately—and this is important—90 percent of American medicine consists of unproven methods, 90 percent.

The Office of Technology Assessment further reports that only 10 to 20 percent of all medical remedies have ever been subjected to the controlled studies necessary to prove efficacy and safety.

Then why a double standard for him? Why is it that medicine in 90 percent of the cases does not work and calls itself the only way?

In addition, the other 90 percent remain unproven, including not only drugs, but also medical devices such as the artificial heart and almost every form of surgery. On almost every case the procedures investigated have been in standard practice.

Now, for those who think that all we're being given in medicine is what we should be given, heart disease is a big business. Thousands of people, hundreds of thousands, a million people a year succumb to some form of coronary heart disease. The methods to avoid, prevent and cure heart disease abound, but they're not practiced.

The most well-known treatment right now is coronary artery bypass. The controlled studies, when applied to coronary bypass, have shown, unfortunately, that it does not work in 75 percent of the cases. It should not even be given because there's as much as a 15 percent mortality rate in persons sixty years and older who undergo coronary bypass operations.

Yet, beta blockers and other medications or other procedures have been shown to work better and not be life threatening.

Yet, here was a practice, common in medicine, used by tens of thousands of surgeons, that was never put to a test. It was assumed that it worked because the physicians believed in it.

But the mere belief in something doesn't mean it will prove its efficacy, and when it was, it was disproven. Now, you would think that something that's been disproven, discredited, would be abandoned.

To the contrary. There hasn't been any decrease, there's been an increase, even after it was disproven.

I cannot understand that, and I cannot understand a person who is practicing anything that is real, real quackery, because when you continue to practice something that has been disproven, that causes death. When you don't examine your basis for continuing that practice, then that, to me, falls in the



guidelines, the legal guidelines, of quackery, promoting obvious deceptive therapy.

By the way, that's not the first. One of the first operations on the heart was called poudrage, p-o-u-d-r-a-g-e. Like bypass, it was carried out on patients with coronary artery disease. It comes from the French word poudre, or powder.

The operation consisted of opening up the chest and putting talcum powder on the outside of the heart in an attempt to stimulate growth of new blood vessels into the heart tissue. The operation, by the way, was widely acclaimed.

Finally, one group of surgeons did the controlled studies. Half the patients underwent the operation, the other half underwent a mock operation. The results were exactly the same in both groups, leaving the embarrassed doctors to abandon the surgery.

By the way, to many people, using talcum powder in an open wound sounds like a cure from the middle ages, but that operation was developed less than forty years ago.

Another operation was called synthe-ectomy, the surgical division of sympathetic nerve fibers. Certain nerves alongside the backbone are cut in an attempt to relieve angina and other diseases of the coronary blood vessels and improve circulation.

That operation was also submitted, belatedly, to a controlled study, in which it was shown that it absolutely had no benefit whatsoever. But that's after a lot of people had undergone that needless procedure, and their lives had been brought up to a critical point.

Doctors routinely offer vaccinations without ever once asking, "Has there ever been a controlled study to prove the efficacy and safety of these vaccines?" Not one single controlled study has ever been done on these substances, and yet they're routinely prescribed as if they were innocuous. In fact, the doctor will say, "Oh, there might be one in a hundred billion cases where someone might end up with a slight problem."

I went back to look at the medical literature to see how close that statistic was that I heard. To the contrary, I found out, from references from Dr. Gordon Stir of Glasgow, Scotland and Dr. Wolfgang Ergut of West Germany showed that there is no evidence that whooping cough vaccine offers any benefit.

There is, however, evidence of the incidence of epilepsy, convulsions, mental retardation, sudden infant death and cerebral palsy increase after taking the vaccine.

A doctor is only as good as his or her information. Unfortunately, too much of what we're getting is bad information.

When the Federal Centers for Disease Control says, "The chance of neurological damage is one in a million," then the doctor doesn't look further. However, statistics provided by Engerwood and Stewart of the U.S., as well as foreign countries, show that the incidence of severe neurological damage is as high as one in 7,000, and in the incidence of convulsions, it's one in a hundred as high, and yet no one is doing anything about that.

I'm concerned that the AMA's Lagden Report of 1973 showed that the measles vaccine could lead to a broad spectrum of neurologic damage, including minimal brain damage, that is, dyslexia and learning disabilities. Nothing was done about it.

The German measles, also known as rubella, the vaccine has always been controversial, and yet it's been regularly used here.

Did you know that in the United States, two-thirds of all the cases of polio in the last dozen years have been vaccine induced, with onethird occurring naturally? Dr. Jonas Salk testified to that. Polio disappeared in Europe without mass immunization, and of the twenty-five or so cases of polio that have turned up in the past few years, according to one expert on the subject, quote: "Virtually all were vaccine induced."

Apparently, according to this person, the only way you can get polio in this country is to stand next to the recently vaccinated child.

I think it's a very serious situation. It does not mean I am automatically opposed to vaccines. I am not. I am opposed to the fact that medicine traditionally takes on the position whatever it's offering is right, and it, therefore, has the right to stand in judgment of anyone else.

Just a few more thoughts.

By the late 1800's, the domination of commerce by trusts and other forms of monopolies were so damaging to the interest of consumers that the Sherman Antitrust Act was passed.

Over the next several decades, government strengthened its antitrust activities to permit the discipline of the market place to protect the consumer through competitive low prices.

Organized medicine, by which I mean the complex of doctors, national organizations, like the American Medical Association, hospitals, drug companies, insurance companies, governmental agencies, has not been actively pursuing the government's restraint of trade and monopolizing of medicine.

There is a virtual uncontrolled monopoly in medicine. If we were really that interested in dealing with disease, we'd deal with prevention. We're not.

Last year \$355.4 billion, approximately 11 percent of our gross national product, was spent on medical care. That's sickness care, that's not wellness care. That is twice the rate of inflation.

We're the highest in the world of per capita cost, and yet we rank fifteenth in the world in infant mortality.

Organized medicine operates as a controlled monopoly. People that dominate those governmental agencies are supposed to regulate them.

This gentleman who came in earlier, who sat here and said this was not a legitimate hearing, that you have no real critics, you have no one capable of offering counterpoints, I suggest that he or anyone else who wants to see a real song and dance show go down to Congress, and watch as the appropriations groups meet and have a parade of doctors come in with their credentials hanging down like a pedigree six feet long, and see how well the people on the other side who are being asked for money know how to ask the

questions. There is very little challenge. It is almost a rubber stamp policy. These people have never been cut back in their budgets.

And if it were the fact that you were being so selfish in the amount of money and attention and leeway that you're giving these people, then there is an opportunity to challenge you.

But the fact is that you have had an open purse and you've given them a blank check, and every year that amount has gone up. Someone quoted \$100 million in drugs, \$1.2 billion just for cancer alone, just this year.

\$15 billion has been wasted on the war on cancer. Where have we come with \$15 billion, 450,000 last year, 480,000 this year, 500,000 next year, almost a 2 percent increase in mortality from cancer each year?

They are dedicated. I am not questioning their integrity, I am not questioning their honesty; I do question the righthheadedness. You can have good intentions, but be off in the wrong direction.

If we put all of our cards in one area, if the same twenty-five organizations and the same small peer review group have controlled with a stranglehold all of cancer research for all these years, the fifty-six years of a conventional approach and a concerted effort since the war on cancer was begun by President Reagan, shouldn't we at least open it up to a new view?

If you had been given all the responsibility and you have failed, shouldn't someone else have a chance?

Yet these people refuse to relegate their power, refuse to deny that they're making mistakes, refuse to see that other people have ideas.

Here's how it works. I'm going to give you an oversimplification so people understand the politics.

Dr. Linus Pauling, the only American to win two unshared Nobel prizes, approached the National Cancer Institute for a small grant, under \$50,000, to study the relationship of Vitamin C and cancer.

Dr. Pauling was rejected eight times, eight times.

At the same time, funding for the most bizarre research you could ever imagine was given.

Over \$100 000 in one study was given to feed fish, two types of fish, one tequila and one gin, to see what the effects would be of the different types of alcohol and their behavior in the water.

We fund that. I don't fund that. I'm sure you don't fund that, but it's funded.

People get bizarre—there was a research [grant] over \$45,000 for a woman to dress in scanty outfits to drive through Chicago to see what the response of people in the streets would be to her.

The government's funding that? Yes, it did fund that.

They created a motorcycle that you had to ride laying down, to see what the effects would be, and yet Linus Pauling can't get a nickel, and yet we think that's proper priority.

What happens is is that it's an old boys club. The same group of people have controlled the peer review system. It's their likes and dislikes as to what is going to get funded.

In one year a substantial amount of the money that the National Cancer Institute gave out went to organizations that they were affiliated with. So, a person sits on the National Cancer Advisory Board, the Board is affiliated with the funding agency, they end up giving their university or institution money. They then are frequently a consultant to a chemotherapy company.

There are also peer reviewers in journals that articles are going to be published on. They are also affiliated with hospitals where clinical trials take place.

So, every single stage that a person might want to experiment with a new therapy, they have some measurement of control.

The idea that AZT was rushed through without having a scientific double blind study and is now the accepted and proven therapy —it has been totally disproven as a highly toxic medication and it was never proven to help the person who has AIDS—shows the failure of our FDA and our National Cancer Institute and the National Institute of Health in allowing alternative therapies to have a chance.

But we have even created a notion that anything alternative is negative, alternative is heretical, or alternative is quackery.

The American Cancer Society lists approximately fifteen criteria you must meet before it considers you a quack. Once you're considered a quack you go on to some unproven methods lists.

Dr. Revici does not meet one of those criteria, nor does Burton, Dr. Stanislav Burzynski, Dr. Joseph Issels, Dr. Joseph Gold in Syracuse, Dr. Virginia Livingston Wheeler, none of these people, Dr. Wolfgang Schaeff, none of these people meet any criteria for being a quack, yet they're on the unproven methods list.

That keeps them out of the respect, and it also keeps a journalist from writing about them.

If *The New York Times* was as interested in objectively writing about the work of Dr. Revici and these other people as it is in promoting the statements unchallenged from this antiquackery group, then we would have made progress in cancer a long time ago.

But, if you're a journalist and you get a call from any of the people who testified here today, even Dr. Brenner, with all of his qualifications, and he says "Look there's a guy, got a great cure for cancer," you're not going to go out on your own in most cases.

What you're going to do is you're going to contact someone who's either medical advisor to the paper station or network, or you're going to contact the American Cancer Society and say, "I've just got a call, I've got some information here on this Dr. Revici. Someone says he's getting great results."

"He's on our unproven methods list. He's a quack. Stay away from him."

You don't want to be responsible for promoting quackery, because it's going to come down on your head. The City editor, the health editor says, "You're right. No. We'll just spike it, forget about it," and that's what happens time and time again, because for fifteen years, I've been asking anyone who's going to be critical of Revici to test his therapy. Don't accept Revici, test him.

Unfortunately they don't.

These are the people who are turning around giving us therapies that are harming us, and nobody's asking why.

The last few things, and I know I'm running a little over; I'll get off: First off, what should we do about all the doctors who gave DES to millions of women when studies at the time showed that it didn't work?

What do we do when Eli Lilly gave us oraflex that was caused to have shown death, and that information was suppressed from the FDA, and they were given a slap on the wrist of a \$25,000 fine last year? They made millions of dollars. They kept information.

Eli Lilly gave us oraflex, Eli Lilly gave us DES.

I don't see this doctor or other people going after them. They're promoting conditions that have actually caused death and injury. Ask your daughters who have clear cell adenoma, ask the sons who have testicular cancer, ask the mothers who have breast cancer. Who's responsible?

Nobody says there's quackery. They continue to be respected. They can get access to any governmental agency they want to talk to about the drugs they're doing. No one says, "Well, hold on, you've got a track record here, friend, you lost. Joyce Bigler beat you in court."

One woman with one lawyer on one side of a courtroom, fifty lawyers and a hundred more behind for Eli Lilly on the other side. With all their lawyers, and all their briefs and all their might and all their money, Joyce Bigler, a woman who had no money, but who had the courage to see if right still won out, won out, and they were found guilty.

Now, my concern is that in this case we're accepting people as being responsible to guide us in medical decisions that should not and do not deserve that responsibility.

Even routine checkups are causing a lot of health problems.

Unnecessary surgery. We had a surgeon here today testify.

Evidence indicating unnecessary surgery is more widespread than suspected has emerged several times.

Example. Now, you talk about Revici: 2.4 million unnecessary operations each year in the United States, leading to 11,900 deaths from complications.

I don't see *The New York Times*, in a headline saying "12,000 people killed unnecessarily from 2.4 million unnecessary operations totalling billions of dollars."

Where are the doctors? Where's the person overseeing these people who are causing the death of people? Not a boo, and yet, they are the ones that we turn to.

260,000 women undergo unnecessary needless hysterectomies. Plus a million children undergo unwanted and unneeded tonsillectomies.

Cesarean sections were once performed only as a last minute emergency procedure. In 1962, 3.7 percent of all U.S. births were Cesarean. By this year it's up to 25 percent. Did God make a mistake? He didn't provide something, maybe a drawstring in women's bellies. 23 percent?

And yet in other countries Cesarean sections are very low, yet here, routine. Who's challenging these doctors, and who's saying, "What right do you have to stand in judgment of other people, when you're responsible for committing hundreds of thousands of unnecessary procedures?"

And that's just the tip of the iceberg, at a cost of \$4.5 billion annually.

Over twelve billion blood tests are performed each year. A survey by the University of Utah recently found no difference between the health of a person subjected to these tests and non-screened subjects.

In the absence of symptoms that may indicate heart disease, routine electrocardiograms are pointless, and therefore studies show that 60 percent of crewmen with EKG abnormalities were actually free of heart disease.

Studies performed by the Health Insurance Plan of New York and the Kaiser Permanent Foundation in California have indicated that members who were given annual physical examinations over a period of twenty-five years were no healthier and did not live longer than people who were not subjected to routine physicals, at a cost of from 150 to \$400 per.

Also, unnecessary tests, approximately, according to the Health Care Finance Administration, 50 percent of the laboratory tests in the United States are unnecessary period. I remind you, that's almost five billion tests, that's two billion tests that are unnecessary. Can you imagine the cost of that \$400 billion bill that that would eat up.

Drugs: In a study of carefully monitored hospital patients, the *Journal of the American Medical Association* showed that 0.9 per thousand were considered to have died as a result of drugs or groups of drugs period. Of the six billion doses of antibiotics consumed yearly in the United States, 22 percent were determined to be unnecessary, in fact, — — the administration of unnecessary antibiotics, an estimated 10,000 Americans die each year because of fatal reactions, and that's according to the Health Research Group in Ohio State University.

Every twenty-four to thirty-six hours, according to Dr. Ivan Ehlich, between 50 to 80 percent of the adults in America and Britain take a prescription drug. Wide spread drug use has increased the incidence of unwanted side effects, and nobody's saying boo to that.

It's no secret that drug industry profits outrank those of all other manufacturing industries.

We are now seeing the advent of iatrogenic disease, doctor induced disease.

Finally, health care should be open to the free market, both economically and intellectually, period. Consumers must have the right to choose their practitioners, whatever their orientation, and ideas must be allowed to stand or fall on their own merits, not on their conformity to strict orthodoxy.

When science and medicine prides itself in being orthodox, it ceases to be good medicine because good medicine is the doctor accepting an understanding, and first and foremost they are healers, healing a whole person, understanding the total etiology of that condition.

Dr. Revici has never looked at cancer as just a wayward cell. Dr. Revici

has never said cancer is just a lump in your breast, so remove the breast. He doesn't take a mechanistic approach, he takes a whole mind, a whole heart, because Dr. Revici is one of the few doctors that treats with his heart, not just with his mind.

Thank you.

(Applause.)

**THE CONGRESSMAN:** The first question, a facetious one, a moment of levity, what does a guy like you do when you get sick to get a doctor?

**MR. NULL:** I haven't been sick yet.

**THE CONGRESSMAN:** You better stay healthy.

Gary, you're a man who has spent probably more time than anybody else outside the medical field looking at the areas that we're discussing here today. I've read a lot of your work and am very impressed by the depth of research that you have spent, and you indicated yourself here before as writing some of the stories.

What do you think about this proposal that was advanced by Dr. Brenner here today and that I seem to be very excited about? You heard the proposal. From your own perspective.

**MR. NULL:** In the 1960's, there was another proposal similar to this. Jacob Javits, John Lindsay, Paul Douglas, all great Senators and Congressmen from different areas of the country, twenty-six Senators, supported the notion of studying an alternative therapy called Krebiazen.

The FDA and members of organized medicine were absolutely determined that that shouldn't be.

Unfortunately, the studies then were flawed.

I respect the integrity, the honesty, of Dr. Seymour Brenner. I also know that he would be very careful in allowing the people who would be a part of his group to not to come in with any hidden agenda or prebiased position. If that committee could meet and objectively, with a hands off no influence, do their work, I feel that it would not only once and for all vindicate Dr. Revici, it would allow each therapy to be held in the same scrutiny.

But, unfortunately, I don't see chemotherapy given for the brain cancer, which it hasn't, it's never been indicated, and lung cancer, in many cases, where it's not indicated; I don't see it being held up to the same standards.

You see, there's a double standard here. That's why I used these statistics.

Organized medicine is having hundreds of thousands of people die each year in its hands, of cancer, and yet it's not challenging the lack of efficacy in its own process or procedures. And even when it's shown that what it's doing is not right, it doesn't change. If you're able to sponsor something like that and you help that, you'd be doing such good.

There's one other point. One of the people who's going to give evidence here today is Leonard Steinman. He is a lawyer. He has been studying this for thirteen years.

He has done something that few people have done.

The doctor who spoke here earlier, the lawyer/doctor, used the fact that the American Medical Association denounced Revici's work because it had received a complete study.

Well, we took the time to spend two years full time investigating the background on that study, because that is the only document that exists that says Revici's therapy doesn't work. No other study has ever been done where Revici's critics have had an input.

Now no one ever admits that that was anything but objective.

We have got really surprising startling information about that CAG report, that if that is allowed to be entered, and people, journalists, investigative reporters, 60 minutes, 20/20, anyone taking the evidence that we have, they will rip that to shreds.

Therefore, there is nothing standing between Dr. Revici and his background, except false innuendos and smears by people, who, for whatever the reason, I do not know, I won't even intimate what their reasons are, kept him from having his proper acknowledgement.

But, that information exists. We have the report here today. It is not a long report. But we can show there is absolutely no legitimacy at all to that American Cancer Society statement and the AMA statement that the CAG was legitimate, Revici's therapy doesn't work, none whatsoever.

We can show you how we methodically, objectively can show that the entire report should be dismissed.

**THE CONGRESSMAN:** Gary, thank you. I'd like to ask you more questions, but we have so many others. We'll probably have an opportunity to reach you by phone and talk to you some more.

**MR. NULL:** Thank you very much.

**THE CONGRESSMAN:** Thank you. (Applause.)



**THE CONGRESSMAN:** We'll ask you to give us your name and home address first.

**MR. NUTTER:** My name is Ronald Nutter. My address is 489 Birkshire Circle. I live in Harleysville, Pennsylvania.

I am forty-two years old. I'm a programmer/analyst. I am presently on medical leave of absence from the Albert Einstein Medical Center in Philadelphia.

Dr. Brenner referred to a few cases, and one of interest to him was mine.

I am appreciative to be able to just highlight my particular case. It's not meant to be a testimonial. I brought with me my X-rays and also medical reports to show the before and after status of my condition.

My first experience with cancer was in 1976. It was a bone tumor. It was referred to as osteoblastoma, or a giant cell tumor that was in my left leg. It was biopsied.

As a result of bone tissue getting into fleshy tissue, there was a fungating, and it hastened action, resulting in an amputation of the left leg.

I was told that the characteristics of that particular type of cancer would not require any treatment, and that chemotherapy and radiation did not have a good track record with that particular type of tumor, as it was anyway. So, no action was taken.

I was encouraged to feel that I shouldn't expect any recurrence of the disease. This was in January of 1977 that the actual amputation took place and the statement was made.

However, in 1979, there was a spread of the disease to the lung. I became concerned at that time that when the disease had come back so quickly that maybe I wasn't told the truth and that this is going to go and spread, and I didn't want to go and have one operation after another as a means of keeping the disease under control.

So, I did go to Mexico and other places to attempt to see if there were alternative treatments. Well, I found nothing. I came back.

I had the lung operation. This was on my right lung and I had nodules removed.

Again I was told that there was a good possibility that I would not have any recurrence of the disease.

However, in 1980, a nodule appeared on the left lung. I hope I said right lung the first time, and left lung.

At the same time, I was also experiencing some other physical ailments that they did not associate with the tumor that they saw.

After some time, an IVP was taken and what was discovered was a mass in my right kidney of about ten by thirteen centimeters, and a mass in the left kidney of two by two centimeters. I was told by the physician that there were not good results in using chemotherapy on this type of tumor and that surgery was not a possibility.

So, I was advised that I was going to be made comfortable. This was at

the University of Pennsylvania, where I was being seen at this time, and this is where those tests were also taken.

I was to be made comfortable, and [I was told] that I had six months to two years to live. Judging from how I felt and the rapid deterioration in my condition, I wasn't judging it to be any longer than six months.

I hadn't at this point explored other alternative care, and did not at this point wish to give any consideration because I did not believe that they were going to be helpful. I was resigned to the matter of just being as comfortable as I can for the remainder of the time that I had.

I, however, did make a trip to a private physician who had just come back the day before from visiting Dr. Revici. He said that Dr. Revici has had some excellent results with patients. He said, "In your case, you have nothing to lose. Go up and see the man."

I waited for about a month. I was bedridden at the time. But, in October of 1980, I went to see Dr. Revici.

I will not add anymore to the personal testimony regarding the character and personality of Dr. Revici, but let this suffice for comments regarding that.

But, immediately, I accepted the treatment and within three weeks I was gaining weight once again, and I was active. At the time, my children were fourteen, ten, and eleven.

I have subsequently accomplished during those years a number of other things with my life that I would not have been otherwise able to accomplish, and of course my children still have a father that they would not have had.

I would like to conclude by saying that one thing I do regret was that I did not know about Dr. Revici's treatment before I had the initial amputation, because had I had that knowledge I would not suffer with the inconveniences that I experience today, and that's something I haven't heard much mention of today, but I would like to mention that, yes, people get sick from cancer and they do die.

But, they are also maimed by it. Some of us do survive the operations, and may go on to be considered what is cured, but it's the quality of life thereafter.

That also is another reason why alternative treatment such as Dr. Revici's should be looked at.

My experience in hospitals over the years have also led me to see young children mutilated. Their lives, they had many more years ahead of them to experience discomfort and pain from being debilitated from an operation such as mine.

So, I would like to make those my concluding remarks. I did not comment on one thing, and that is my present condition. I did mention that I was on a medical leave of absence.

The original disease that I had experienced in 1976, that was not what was in the kidneys, that was something totally different. Well, I had a recurrence of that in 1987, in August. Evidently this condition had developed over a couple of years in my right pelvis and hip, and it also caused muscle deterioration.

I went to other doctors, as well as immediately coming back to Dr. Revici.

again, being that this is a giant cell tumor, the reports that the radiologists prepared indicated the suspicion was that this was a metastasis of the giant cell tumor, that again, radiation was not being considered, or would not be considered, neither chemotherapy.

Again, the proposal or the action that would have been taken would have been radical surgery. The disease was pressing on my bladder, and though it was still located still pretty local in my left hip, nonetheless, this was in August, it had spread, and I would not be sitting here if it were not for Dr. Revici's treatment.

I could actually feel the tumors. My wife one day measured—we decided after a while, first we thought it was all muscle back there, because this thing developed over a couple of years, and being that I am an amputee, you have many other problems, so we did not realize that many of the problems that were really because of the tumor were felt to be because of the prosthetic device.

So, therefore, some conditions that existed were [felt] to be that.

The other tumor that was on my pelvis that I could feel, when my wife and I decided to measure it, it was five by three inches, and that was after a couple of months of being on Dr. Revici's treatment.

Those tumors are gone, the flesh has returned back to normal. I'm once again able to walk. I was not able to walk nor sit about two months ago.

So, I did not want to leave without telling that.

I am still presently under treatment. I think Dr. Revici's very pleased. I haven't recently said thank you, but I wish to do so now, Dr. Revici.

(Applause.)

**THE CONGRESSMAN:** There are many similar stories, but when I made notes, as you've talked of the various areas of your body that were afflicted by this spread of cancer, and then to see you before us in the apparent good state of health that you seem to be enjoying, I can appreciate the traumas that you went through.

Maybe I can't appreciate it. Maybe you have to really live them yourself in order to, but I'm grateful to you for being here and for telling the story that you did.

It's terribly important to us in creating this record.

**MR. NUTTER:** It's a pleasure to help.

**THE CONGRESSMAN:** Thank you.

(Applause.)

**THE CONGRESSMAN:** Would you please, for the record, give us your name and address?

**MS. SILVER:** Joan Silver, 16550 S-i-o-u-x Lane, Gaithersburg, Maryland, 20878.

**THE CONGRESSMAN:** All right, Joan, why don't you just tell us what happened to yourself, in your own personal way.

**MS. SILVER:** First of all, I want to thank you very much for allowing me the opportunity to do this. I've waited ten years to do this. I'm going to try to be brief.

I am one of the patients that Dr. Brenner was talking to you about earlier. It started in 1978. I was diagnosed as having a brain tumor, and the first, I guess, therapy that was recommended to me was radiation.

**THE CONGRESSMAN:** When was this?

**MS. SILVER:** This was 1978. Unfortunately, I was told by a very good neurologist who I had all my faith in and I still like him very much, but I was told that the radiation was not effective, it didn't do what it was supposed to.

Shortly after that, I was faced with, well, do we do chemo or do we do surgery?

Unfortunately, my tumor was first considered inoperable, and chemo, they weren't sure what type of chemo to use because they hadn't done a biopsy at that point.

There was a doctor in New York City who said that he could help, and what he did, he did operate, and what he did primarily was clean out the dead tissue that was created by the radiation. At that point, they could not take all the tumor out. The tumor was too deep.

They put me on a chemotherapy program that lasted about two weeks. My white cells were going the wrong direction.

After that, we didn't know what to do, frankly. We didn't know where to go, what to do. We went, decided to go down to Mexico for laetrile.

I went down there for three weeks and came back with laetrile, but no one would inject me with it. It was at that point that we heard of Dr. Revici.

I went to Dr. Revici one day and I told him where I had been, I brought all my records to him, and he said to me, "How do you feel?"

I said, "Well, I'm feeling okay."

And he said to me, "Well, if you don't feel good, come right back."

I told him I'm not going to wait until I don't feel good again. So, we started with therapy then.

At that point I had gone back to Atlanta where I was living originally. It was Dr. Fleischer who was the head neurosurgeon at Emory University who did the CAT scan. He walked into the room, and I was sitting there, and he

said, "This is incredible."

My response was, "Incredible, good or bad?"

And he said, "This is incredible good." He could not understand how a glioblastoma -actually it was not called that, it was a number three later. First it was glioblastoma, then they changed it to a number three, it was four to three -could disappear so quickly. I think this was only in a year and a half.

He also had studied under the doctor who did the surgery a long time ago.

That was ten years ago, 1978. That's my story and it's brief, but that's the whole thing.

**THE CONGRESSMAN:** That's quite a story. Let me ask you, Joan, how long have you gone, over the ten-year period, to see Dr. Revici?

**MS. SILVER:** I see him, maybe I'm in touch with him sometimes a couple of times in a year.

I do take preventative treatment. I have a CAT scan taken at least once a year, it's more like every eight months, under a neurologist at Georgetown University. The CAT scans have all been clean since 1978.

**THE CONGRESSMAN:** What do these doctors attribute the shrinking or disappearance of the tumor to?

**MS. SILVER:** I think they're puzzled. I think the neurologist that I use at Georgetown, I think I don't want to use her anymore because she refuses to be in touch with Dr. Revici, although I must tell you that my neurologist in New York City who I did start with told me that if I were his wife or sister he would not leave any leaf unturned, in other words, we know we can't help you and do what you think you want to do. He was very supportive of Dr. Revici.

Dr. Fleischer down in Emory wanted Dr. Revici's telephone number and his address to get in touch. Whether he did or not, I do not know.

So, it was mixed responses. There are doctors who just don't want to deal with it, they don't want to be victimized by the medical association, I'm sure.

And then there are doctors, "Look, there is something here" and maybe they're not willing to step forward like Dr. Brenner is, but I think that they are very willing to find out what the results would be.

**THE CONGRESSMAN:** Did any of these doctors who saw this somewhat incredible response ever contact you seeking to contact Dr. Revici for other patients?

**MS. SILVER?** No, but the doctor that Dr. Brenner did mention, the surgeon, that was my surgeon, and he apparently is interested at this point. But he did say, "I don't want to see you anymore. Goodbye."

**THE CONGRESSMAN:** Have any other people contacted you over the years,

who have heard of your recovery and asked you about it for themselves or relatives who might be afflicted with cancer?

**MS. SILVER:** The doctor, my neurologist in —

**THE CONGRESSMAN:** I'm not talking about doctors, other doctors.

**MS. SILVER:** People?

**THE CONGRESSMAN:** Just people.

**MS. SILVER:** People who know of my situation call me all the time, who are in the same situation. I get a lot of referrals, and so do my parents in New Jersey. They also get a lot of phone calls and do refer people to Dr. Revici.

When I was sick, I came up from Atlanta to New Jersey. I was only twenty-three at the time, and it was to my advantage to be back in my home. There were two other people on my block, on the block where I used to live, who also had brain tumors, and my parents just kept saying, "Please go to Dr. Revici." None of them would. They all died within two months. One had two tumors, a woman, whose daughter kept coming to my house and trying to find out more about Dr. Revici.

**THE CONGRESSMAN:** You were living then —

**MR. SILVER:** I had gotten sick when I was living in Atlanta. I was married four months.

**THE CONGRESSMAN:** Atlanta?

**MS. SILVER:** Georgia.

**THE CONGRESSMAN:** Georgia?

**MS. SILVER:** Yes.

**THE CONGRESSMAN:** And there were three of you then in a very small area?

**MS. SILVER:** In New Jersey.

**THE CONGRESSMAN:** This was New Jersey?

**MS. SILVER:** Yes. I was living in Atlanta when I got sick, but when I came up I had learned that two other people in a similar area also were suffering from brain tumors.

**THE CONGRESSMAN:** In New Jersey?

**MS. SILVER:** Yes. It must be the weather.

**THE CONGRESSMAN:** What section of New Jersey, may I ask?

**MS. SILVER:** Springfield is the town.

**THE CONGRESSMEN:** Just a question off the top of my head: Was your home located perhaps near any petrochemical industry?

**MS. SILVER:** Not that I really know of, but I am not surprised, you know, the coincidence is just too coincidental; there was something going on there. It may have been in the 1950 s, but it took all this time for all of us to show up with tumors.

**THE CONGRESSMAN:** Well, thank you very much. We appreciate your testimony.

**MS. SILVER:** Thank you. And I also want to, once again, since I'm not often in New York, I do want to thank Dr. Revici for me being here today. I also am the mother of a year and a half old baby and my life is wonderful.

**THE CONGRESSMAN:** That's great.  
(Applause.)

**THE CONGRESSMAN:** Please tell us your name and give your address to the stenographer.

**MS. HATHAWAY:** Dolores Hathaway, H-a-t-h-a-w-a-y. The address is 7 Blue Heron Drive, Staten Island, New York.

In September of 1986, I was diagnosed with having breast cancer. I might add I was devastated, the whole family. We just walked around like we were in a daze because like, you know, you don't get any warning with breast cancer, it just appears.

I went into a hospital on Staten Island, and as an outpatient went for a lumpectomy.

At the time, they told my husband, you know, we believe everything is clean and, you know, we'll get the reports, the biopsy back in about a week.

My doctor was on vacation, so instead of a week, we had to go through this two weeks.

When the biopsy came back, they said that the cancer had infiltrated the margins and that they didn't get the cancer. The whole thing.

I was all black and blue and whatever. He said to me, "We'll have to wait and then we'll decide what to do. Either I'll do the surgery again and also do a biopsy on the lymph nodes and then follow it up with radiation."

I might add I have a background in cancer. My mother had breast cancer twice, my two aunts both had breast cancer. The deaths they had had been hideous for me.

I was the strongest one in the family, so I was the one to drive down for their radiation treatments and everything. It was all on me. I went through this whole thing. I've seen my aunt hemorrhage in front of me as she took her last breath. I couldn't possibly go through that. I just couldn't handle it myself.

When the six weeks were up, I had an appointment in a very big hospital in Manhattan to have this surgery done. I called the hospital up and I cancelled it. I was told about Dr. Revici at that particular point.

My whole life changed around with this man. I mean, I was walking around thinking about wills, cemetery plots; I knew I was going to die because I had exactly what they had.

I've been with Dr. Revici a year and a half. The tumor has shrunk. I'm doing very well. He is the most—I'm so happy that in my life I have met this man. He is absolutely a completely dedicated man, Congressman. I can't—you know, his phone is open to you twenty-four hours a day, the compassion. I have to tell you I feel very comfortable when I'm with him, and I never had that.

In fact, I read my report at the hospital and they said anxiety attacks. That was putting it mildly. I was just shaking so bad there was no way they could stop me.

When I'm with Dr. Revici, it's comforting. I have a tumor in a place where I can feel my reaction to it, and he's just marvelous.



I feel as a patient I should have a right, after I've examined all the other therapy, that I should have a right to decide what I want to do, and I don't want to end up like all the people I've loved in my life have ended up.

I do thank Dr. Revici very, very much, and I do love him dearly.

Thank you very much.

(Applause.)

**THE CONGRESSMAN:** Don't leave yet. You come from our home turf. I must necessarily ask you one or two questions, without mentioning names.

**MS. HATHAWAY:** Yes.

**THE CONGRESSMAN:** Since you have made such a good recovery, have you gone back, have you been contacted by your original doctors, and have you shared with them how well you've done?

**MS. HATHAWAY:** Well, I have. I just want to also say, what encouraged me to go to Dr. Revici, when I had gone to this quote unquote cancer hospital in Manhattan, I was told to be comfortable and not to worry about it because the doctor there does between twenty-five and thirty-five breasts per week. I guess this was supposed to make me feel very, very comfortable.

On the other case, as I had said in another interview I am not into Burger King, so I really felt this didn't comfort me at all and that's really why I decided. I felt I was more than a breast. I had this disease because there was a reason why I had this disease. There was something wrong in my system that I got this disease with.

I lost the question. I'm nervous.

**THE CONGRESSMAN:** Of course you're nervous. The question really is, like most cases you wonder about the reaction of the doctors who originally saw you and the prognosis was so bad.

**MS. HATHAWAY:** Right.

**THE CONGRESSMAN:** Whether you had an opportunity to go back to them and they had an opportunity to see the progress that you've made and what their reaction was.

**MS. HATHAWAY:** Well, I did go for a CAT scan and I went for a liver scan, and they were negative.

As far as the doctors' reaction, he had sent me a special delivery letter and he even called my husband at work and said that if she doesn't do something, you won't have her in a year.

I even gave him different books on Dr. Revici. He just looked at me like I was from another planet. So, I really just gave up trying to convince them.

As long as I'm feeling well and I'm doing well, that's all.

I'm only here on Dr. Revici's behalf right now, because I would be devastated as a patient if he were to lose his license, you know, I really would.

**THE CONGRESSMAN:** I understand that.

**MS. HATHAWAY:** And I don't think I only speak for myself.

**THE CONGRESSMAN:** Thank you, Dolores.

**MS. HATHAWAY:** You're quite welcome, thank you.  
(Applause.)

**THE CONGRESSMAN:** Jane, why don't you be seated. I see that you are going to be joined by your mother. Would you give us your name and address.

**J. BRITT:** My name is Jane Britt. I live at 196 Dove Cote Lane, Central Islip, Long Island. I'm a little nervous.

**THE CONGRESSMAN:** That's okay.

**J. BRITT:** I don't usually get like this.

**THE CONGRESSMAN:** What's your name, mom?

**D. BRITT:** My name is Dorothy Britt, and I live at 186 Dove Cote Lane, Central Islip.

**THE CONGRESSMAN:** It's nice to have you both with us today.

**D. BRITT:** And we are very grateful to be here, sir.

**THE CONGRESSMAN:** Thank you.

Why don't you just tell us in your own way, Jane, what happened to you and your experiences.

**J. BRITT:** Well, in '82, I was diagnosed as having a brain tumor. Actually, I think my mother could better tell you than I can. I'm really nervous.

**THE CONGRESSMAN:** That's okay. We want to hear nervous people tell their story, because that's important. That's all a part of what you folks are going through.

If you can, try to bear with us, and if you find that you can't continue, then we'll have mom take over for you.

**J. BRITT:** Okay.

**THE CONGRESSMAN:** But, I think it's important that we hear it from you, if we can.

**J. BRITT:** In October, 1982, I was diagnosed as having astrocytoma, grade three on the borderline of four.

I went through all the conventional treatments and they told my mother, because they wouldn't even speak to me, they told my mother I had, I was terminally ill, and that I had two to six months and then after that a year and then five years to live, no more, no less.

I've outlived the five years and now live a normal life, you know, as best as—I'm sorry.

**THE CONGRESSMAN:** It's all right. Listen, I know you're going through the trauma of reliving what is not a happy experience. But, that's now six years ago. When did you first go to see Dr. Revici?

**J. BRITT:** 1983.

**D. BRITT:** '82.

**THE CONGRESSMAN:** Did you have any surgery before you went to see him?

**J. BRITT:** Yes, I did.

**THE CONGRESSMAN:** You did.

**J. BRITT:** Yes, I had surgery. They closed me back up. They couldn't remove all the tumor.

**THE CONGRESSMAN:** They didn't remove any portion of the tumor?

**J. BRITT:** Yes, they did.

**THE CONGRESSMAN:** They did? They couldn't get it all?

**J. BRITT:** That's right, they couldn't get it.

**THE CONGRESSMAN:** Okay. And then, mom, they sat down with you, the doctors, afterwards and gave you —

**D. BRITT:** Well, I couldn't speak to the doctor for two months; he wouldn't speak to me at all. I'm very serious about this. He was very concerned about Jane, and when I asked him what was wrong with her, he said, "I don't want to talk about it."

He just totally ignored me, until finally one of my older daughters, who is also a nurse, we confronted him, and he told us how seriously ill that she was. So then we decided —

**THE CONGRESSMAN:** What did he say to you?

**D. BRITT:** He said that the only thing possible for her at that point was to have radiation.

She had radiation. I spoke to the radiologist and he told me that she didn't have long to live.

So, my other daughter and I and the whole family, we decided, well, we were going to do something on our own.

So, we started the round of doctors, thirteen in all. We went to Sloan

Kettering, we went to Dr. Jeffrey Allen. He told us that they couldn't even experiment on her, they couldn't even give her chemotherapy she was so far gone.

Then he proceeded, after we spent five hours there seeing all these children with all their hair lost and dying and screaming and yelling, we sat there in horror. I don't drink at all, but after we left that hospital we both went out and got drunk. We were so horrified.

They said that there was nothing that they could do with her, just bring her home and let her die as comfortably as possible.

**THE CONGRESSMAN:** This was at?

**D. BRITT:** At Sloan Kettering, Dr. Jeffrey Allen, the pathologist, and two other doctors we saw in conference there.

**THE CONGRESSMAN:** He said there was nothing further that could be done?

**D. BRITT:** Yes. Then he said, "And under the circumstances, Mrs. Britt," he said, "We're not going to charge you anything." But, I got a bill from him about six months later. In fact, the collection agency is still after me because I refuse to pay it, because I feel he should have honored his word.

**THE CONGRESSMAN:** Can you give me the time when Sloan Kettering made that ultimate judgment?

**D. BRITT:** The statement? It was late in '82.

**THE CONGRESSMAN:** Then what happened?

**D. BRITT:** No. Wait. It was early in '82, and we went to Dr. Revici in April of 1982. And how I first heard of Dr. Revici was a friend of mine who was in the Navy and his commanding officer had a brain tumor and Dr. Revici had cured him. He was in the United States Navy.

Now, the young man that told me about this went off on some kind of a trip up into the Yukon to get some kind of land, and he's up there for three years and there's no way to communicate and to verify this story of how I first found out about Dr. Revici.

We came into Dr. Revici's office. We were very frightened. We had tried Dr. Sodilaro's diet. I had gotten information from Germany from doctors, on treatment.

Financially, it just—it wiped us out. I was in the midst of retiring, going away to Florida, I was going to live there. I had to sell my condominium, I sold my home. I went through about \$49,000 of my life savings. I have eleven children, I have fifteen grandchildren, and this left me devastated.

At this point in time, I spent my life with Janie, twenty-four hours a day nursing her. She couldn't walk, she couldn't talk properly because at this point

she became a prescribed drug addict. She was on percodan, she was on morphine, she was on codeine.

There were numerous trips in the middle of the night in an ambulance to take her so she could get an injection right away because the pain was so intense.

We literally carried her into Dr. Revici's office, myself and my two sons and my friend at the time.

When we got there, one of the symptoms she had all this time and after the operation was she couldn't maintain a level of a good body temperature. She had this enormous heat within her body, and we slept in the wintertime with the windows open.

**J. BRITT:** And the air conditioner.

**D. BRITT:** And we had an air conditioner on.

When she took Dr. Revici's medicine for the first time after we got in there, after four hours her body temperature returned to normal, and she was cold, because we took her in a car and she didn't have any coat on. I had to take my coat off and put her coat on.

So, it was just horrendous.

**J. BRITT:** Also, when I first went in to Revici I was getting headaches at least three times a day. It was nerves that were pulling in my head, and I had so much pain that I couldn't, like I said before, I couldn't hold my head up, or my upper body up.

So, when I went into Revici and they brought me in and I was laying on the couch, Revici came out of his office, which no other doctor ever did. He came out of his office and he came up to me and he asked me how I was, what was the problem, and then later I went into his office and I sat down and he showed me my scans, which nobody would talk to me about. I finally knew what was wrong with me, and it kind of relieved me a little bit.

It also, when he gave me the medication, the headache subsided the full day until like 12:00 o'clock that night, and then slowly, gradually, as I went to Revici the headaches disappeared. I have no more headaches.

**THE CONGRESSMAN:** So, you almost got an instantaneous relief, then, from your first visit?

**J. BRITT:** Yes.

**THE CONGRESSMAN:** Now, how many times have you been back since then?

**J. BRITT:** Over a period of years —

**D. BRITT:** Well, the first two years we went there quite often. I don't remember the exact times.

I want to make one thing clear, and I don't mean to interrupt you, Jane. At that time, we had no money, and Dr. Revici treated Janie, and he never charged us a dime.

When Janie was taken to the hospital, and I would call him and I'd say, "I can't call you back because I don't have the money to make the phone call," he'd tell me, "Call me collect, my dear."

I would call him at 3:00 o'clock in the morning, 5:00 o'clock in the morning, and one instant I had the opportunity, when Dr. Revici wasn't feeling well, he had a sacroiliac nerve, I was taking care of him voluntarily, and I can attest to, I was there - -

**THE CONGRESSMAN:** Was he a good patient?

**D. BRITT:** No, he wasn't. That man never slept. I was exhausted. I kept saying, "He's eighty-six, he's eighty-seven years old, when is he going to sleep?"

I finally had to rip the phone out of my room so I could get some rest. He's like that in the office. I know.

I have worked as a receptionist for him on a volunteer basis and he sees sometimes up to fifty-five patients a day. I can tell you honestly, I don't think he gets paid for half of them.

In fact, the people in the office, we're always after him, because we don't know how we are going to keep this place open if we don't start charging people.

**THE CONGRESSMAN:** I understand. We've heard that before today.

**D. BRITT:** And that's true.

**THE CONGRESSMAN:** Well, Jane, you look pretty well from up here, I'll tell you that. We know you've been through a lot. I know that you are nervous being here. Yours is an important story, and I just hope that you continue. The way you look right now, I see no reason why you shouldn't continue to feel better.

Certainly it was a very valuable story that you've had to tell us today.

**J. BRITT:** Well, I want to say one thing.

**THE CONGRESSMAN:** Yes, please.

**J. BRITT:** I always said if Revici couldn't cure me, at least he made me feel better enough to live a halfway decent life.

**THE CONGRESSMAN:** That's important.

**J. BRITT:** It is. It's very important, because it helped me live a good life, and, like, three years ago I said to the newspaper, "If I die tomorrow, I felt better today."

**THE CONGRESSMAN:** Now, I want you to go into that in a little more detail for us, because that goes to the heart of this entire thing.

**D. BRITT:** We were campaigning up in Albany for Dr. Revici. They were trying to revoke his license, and we had the opportunity.

At one time Jane went for her medicine, and she walked in the office, and they had suspended his license for two weeks, and it devastated my daughter.

The stress that are put on these cancer patients, I mean, they not only know that they're going to die, well, let them die with dignity. But we had to listen to all the stress from the Board of Regents, from all these politicians that are after Dr. Revici, and the doctors, they're always after him; they're always trying to do something to him.

The message that we would like to put across to people: Don't let us die. And this is what we ran up. This is for my daughter. "I don't want to die. I have the right to live in dignity."

We feel by having this hearing, quite possibly that might be able to happen now.

**THE CONGRESSMAN:** Thank you.

(Applause.)

**THE CONGRESSMAN:** Jane, you touched on something that is very, very important, and that is the whole business of the trauma that you first experienced when you were told you had cancer. It's a dreaded word that we all dread.

Then you made the point that even if he didn't help you that you saw benefits.

I'd like you just to go into that a little more in your own words what you meant by that.

**J. BRITT:** When I first went to him, like I said, the headache disappeared, and I couldn't believe it. Because it's not a headache in a sense, it's the nerves that are pulling in your head. Did you ever get, like, a sharp pain in your chest?

**THE CONGRESSMAN:** All the time.

**J. BRITT:** Because the nerve was pinched or something? It's like a pinched nerve, and it's constantly pulling in your head.

This is the type of headaches I had, so severe that I did ask the doctor, he asked me one time, this Chinese man asked me, it was a doctor, he said to me, "What can I get you, my dear?"

I told him, I said, "You can get me a gun," and I used words that weren't really nice to say, but I said it to him, "You can get me a gun so I can blow



my head off. I don't want to live anymore."

But when I went to Revici, the headaches subsided, slowly but surely. They also got gradually less painful.

**THE CONGRESSMAN:** Did you have difficulty getting off the medication that your mom described before?

**D. BRITT:** Three weeks after she started Dr. Revici's medicine, she ceased all prescribed drugs.

**J. BRITT:** I stopped it all.

**D. BRITT:** And then she started to gain weight, because she hadn't eaten up to that point.

**THE CONGRESSMAN:** No after effects at all?

**J. BRITT:** No.

**D. BRITT:** None whatsoever.

**J. BRITT:** I weighed ninety pounds when I went into the hospital. When I came out of the hospital I weighed 105. When I went to Revici I went up to 135.

**THE CONGRESSMAN:** Tell him not to be too good to you.

Well, thank you so much. It's a pleasure to hear your story.

**D. BRITT:** Thank you.

(Applause.)

**THE CONGRESSMAN:** The next witness is a witness that's quite famous, that is, Dr. Robert Atkins. Everybody knows him. Dr. Robert Atkins is a cardiologist and an expert in diet and nutrition and author of one of the best selling diet books around.

I am delighted to have you with us, Doctor.

**DR. ATKINS:** My remarks really center around my experience, not only as a physician, but, in a sense, a journalist, or at least a radio broadcaster, as an author, all of which has had me look into the field, panorama of the healing arts.

In so doing, it was about ten years ago that I realized that orthodox medicine was not the only medicine.

But, I pursued a direction in my career which led me to espouse the doctrine of a complementary medicine. The term "complementary medicine" was something that we adopted after considering the whole idea of alternative medicine.

But, by definition, alternative medicines were everything that was not orthodox. By the other definition, a complementary medicine is one that includes what orthodox medicine can contribute, and includes what the alternatives can contribute, which would make it the complementary whole.

Thus, I began to pursue this sort of medicine, of which I feel that Dr. Revici's work plays very much a part in a complementary medicine.

Dr. Revici's work is, however, unique in that he has a system which has to be analyzed, not the individual components of the system, which just happens to be one of the weaknesses of the orthodox approach.

The orthodox approach is mechanistic. It looks at the components of the system rather than the whole of the system, which is the characteristic of a complementary medicine, or how complementary medicine differs from orthodox medicine, in that it looks at the entire system and the individual is analyzed as an individual rather than given a diagnosis and pigeonholed into that diagnostic category.

That is one of the weaknesses of orthodox medicine.

The greatest weakness of orthodox medicine, however, is probably its greatest strength, that it demands proof, and that is its greatest weakness, because in demanding proof it stays twenty years behind its own advance guard.

And that's what's happening. Medicine is playing down to the least common denominator, and all that happens to patients are that which the least of the physicians can administer.

Dr. Revici's work is an excellent example of the advance guard of something which is beyond the scope of orthodox medicine.

The thing that disturbs me most of all is the political reality, where there are two kinds of medicine, but only one has the privilege to make judgments as to what is competency, and in the eyes of that one medicine, competency is only that one medicine. This is the problem that we all face.

Now, as a complementarist, and when I suffer through the indirect

experience of what Dr. Revici must be suffering with these hearings and this persecution/prosecution, I think, "What would happen if I were called upon to have to defend my body of clinical work?"

Here's the frustration: Due process of law does not exist in this type of hearing.

I would say, if somebody complained, and probably the complaint about me would probably come from some other physician, I doubt if it would come from a patient, and I think that's probably true in Dr. Revici's case and true of all the people who are doing a good job in the complementary approach, and so if a physician complains to the Board, the Board analyzes his work in light of their own mediocrity, if you will, and judges them, judges the person to be incompetent.

Now, in a court of law, where we first have the right to summarily dismiss a juror who is already prejudiced, we would have a chance.

I would not hesitate to defend my work, nor would, I believe, Dr. Revici hesitate to defend his work in a court of law where, first of all, a prejudiced witness is not a witness, or a prejudiced juror is not a juror.

Then, to mount a defense is the most important thing.

My defense, and, I believe, Dr. Revici's defense, would be to parade in other patients with a similar story who had a good result, which in turn would show the efficacy of the protocol.

This does not exist in our body of law.

The reason that I'm here is because what I think what's needed is something new in the law, the law which at least allows for that sort of legal privilege.

That I think is my main thing.

Now, what I want to say is that the scope of complementary medicine is far beyond the treatment of cancer. I direct what I believe is, what I assume is the largest center of complementary medicine in America. We see about 3500 new patients a year. We see about 100 new and old patients a day, and they have a full spectrum of illness; cancer, yes, but also ALS, multiple sclerosis, heart disease, people who have been told they need bypass surgery, people who can't walk because of peripheral vascular disease. We've treated 7,000 cases of hypertension and an equal number of diabetics, and all sorts of other illnesses which have been, which can be approached by this individualized approach rather than the diagnose and then pigeonhole approach, which is characteristic of the medicine we all are taught in medical school and our teaching hospitals.

I believe from this, because I've seen multiple sclerosis patients get up out of their wheelchairs, I've seen ALS, which is supposed one of the worst neurological conditions, get better, I've seen cancer of the pancreas, so-called terminal heart disease all respond to a complementary approach.

So, it is wide spread, and in all cases the nutritional medicine has at least found some answers for just about every example. I've come to the conclusion that there is no such thing as an incurable illness. There are incurable people.

But, there is an approach to just about every illness if we could use the

early detection systems, if we could get our hands on these illnesses when they're in their incipient stages, not what Dr. Revici usually has, which is somebody who's been worked over, have the immune system destroyed by the orthodox interventive technique, but the real answer is to use this complementary medicine at a point when the illness may be recognizable by the physician in his laboratory tests and isn't even recognizable by the patient.

That strategy is the strategy for wiping out the incurable illnesses, cancer and AIDS and every form of neurological and cardiovascular diseases that we've mentioned.

I now welcome any questions that you might have.

(Applause.)

**THE CONGRESSMAN:** Having heard you make the statement, and others before you today, not long ago I saw a program that fascinated me, and it was a program about medicine, the medical approach, diagnostic approach, in China.

I don't know if any of you folks out there might have caught the program, but the patient goes to a clinic or a hospital, and they have, it would have been on one side they have the old Chinese doctors, the herbal medicine approaches, and then you have the westernized doctors on the other side of the bed.

Interestingly enough, they both go about their own system of diagnosing. There is no cross current where they disagree with each other. They respectfully defer to each other's opinions.

Then, at the conclusion of the examination the old Chinese practitioners would prescribe a whole different set of herbs, and they'd take you to a factory, this tremendous factory, where they dole out this, and then the western style doctors would prescribe generally some kind of pill form.

The fact is that over there they seem to be more and more likely to get that American pill to take, rather than no pill.

But, the conclusion was fascinating to the extent that they found one system didn't help any more than the other. They were both pretty much on a par in terms of its effectiveness in dealing with whatever malady was affecting their patient.

But, listening and seeing them work together as a team over there and recognizing what one school of medicine might not help, maybe the other would.

Can you imagine something like that occurring in this country? No, you couldn't imagine it.

**UNIDENTIFIED FEMALE:** What were the side effects of the herbs?

**DR. ATKINS:** I actually do believe that a single physician can learn the alternatives and add that to his background of orthodox medicine. That's what I've had to do. It took me an extra ten years to learn it, but I think it's been

well worth it.

I think we can teach other people, if only the profession would recognize there is something very valuable to be gleaned from the alternative side of complementary medicine.

**THE CONGRESSMAN:** Let's take a moment on that, if we can. What approaches have you had from the medical profession to review what you've been doing; have you had any?

**DR. ATKINS:** Well, you're asking me whether they have approached me or whether what we —

**THE CONGRESSMAN:** Either.

**DR. ATKINS:** There's been very, very little intercommunication. We pretty well assumed that it was an enmity arrangement, because they started with me in 1972 for doing something which I thought was rather orthodox which was writing a book about the other dietary approach which I got out of JAMA, the AMA journal, and began to expand on that.

They thought that that was unacceptable because it wasn't the party line.

So, I've more or less felt that I had to proceed on my own and my basic contact with orthodox physicians who I interview to become members of our staff, because we think these orthodox physicians make wonderful complementarists, once they've learned the additional material that you have to learn about and beyond your medical training.

**THE CONGRESSMAN:** So that you have your own training, that you give to the doctors that join your staff?

**DR. ATKINS:** That's right. It takes a long time. I really believe that the body of knowledge that I work with is 20 percent orthodox medicine and 80 percent things that I had to learn on my own which are not readily available in the mainstream of medical teaching, yet they're in the medical journals.

**THE CONGRESSMAN:** How long would it take, then, for you to be able to pass this information on to a doctor?

**DR. ATKINS:** Well, spoon-feeding them, we can get it done in a year, after their, let's say, four years of internal medical treatment, because I think we can just show them protocols that we've worked with.

I think it can be done in less than a year. I now have physicians who know nothing about complementary medicine who are, after about two months apprenticeship, really sitting by my side, able to begin to treat patients in a complementary fashion, to the point where they don't have to rely on prescription drugs, but can do it with a nutritional pharmacology.

That happens to be our system. It is not Dr. Revici's system, but our system is based on a nutritional pharmacology, mainly, not exclusively, because our system also includes what the Europeans call biologic medicine, which really involves peptides and extracts of various organs, in other words, the thymus, the liver, the spleen.

This part of it, particularly the German science, originated in through the work of Dr. Niehigh.

So, this biologic medicine added to the nutritional pharmacology is our system.

I have great respect for Dr. Revici's system, which I am not going to describe how it works because that's not for me to do.

**THE CONGRESSMAN:** Have you at all had any problems with the State Department of Health, the Board of Regents or anybody, with yourself or any of the doctors working for you?

**DR. ATKINS:** We do feel, I haven't had anything serious, but we do have a feeling that there is saber rattling going on, that there is a poise for a strike, so much so that a group of New York physicians formed a new group called the Foundation for the Advancement of Innovative Medicine, which is called FAIM, literally. I'm president of that group right now.

FAIM has doctor members, people who practice in complementary medicine. It is our hope to influence legislation, to have a public relations campaign, to develop a strategy for insurance carrier reimbursement, which is a major problem; there are an awful lot of patients who are being rejected on the grounds that the physician is alleged to be practicing something experimental, yet there's not a single one of the complementary physicians who experiments. We all are out to do, what, in our judgment is the best approach for that patient.

Yet that's classified as an experiment, because of all the remarks I made at the beginning, the fact things which are not proven become, in their view disproven, or in at least experimental; which is not true.

It's just a question of using the best available therapy and analyzing its value, based on whatever availability is available to the physician at the time that the patient comes into his office.

The doctors in FAIM, however, have reported to me minor squirmishes. All of us have the sense that something major might happen.

We all look with great concern over Dr. Revici's matter, because we feel that this might lead to a precedent which could damage the rest of the community of innovative physicians.

**THE CONGRESSMAN:** One last question. I have to move on, obviously, for lots of others, but have you at all been contacted by OTA, the Office of Technology Assessment?

**DR. ATKINS:** I personally, no.

**THE CONGRESSMAN:** Anybody from your facility?

**DR. ATKINS:** No.

**THE CONGRESSMAN:** Well, they should be looking at it, really, being the size it is. Obviously that's one. It's going to take them years, really, but they're starting.

What they're doing now is establishing simply the protocols for assessment, and just establishing those protocols is going to take a substantial period of time, and then the actual assessment; I really don't at this point don't have any idea.

But, any major work along this line in the country I would hope would be contacted or in turn would contact us so that we can be sure that they're brought under that same umbrella.

This may be our opportunity to have programs taken a good look at and hopefully, hopefully that we'll see some kind of a breakthrough.

It maybe take some years, but I think even today we've got some things that I want to get in to.

I thank you very much for being with us.

**DR. ATKINS:** Thank you for this opportunity from all of us. We all appreciate it.

(Applause.)

**THE CONGRESSMAN:** The next witness to testify is Patrick McGrady, Jr., who is the director of CanHelp, former bureau chief of Moscow, Newsweek.

You'd spoken with us when we had that hearing on the Burton Clinic, Mr. McGrady, did you not?

Why don't you give us some background, your name and address, so we have it on the record and we can see you in the future.

**MR. McGRADY:** The name is Patrick McGrady, Jr. I live in Port Ludlow, Washington, 3111 Paradise Bay Road, Port Ludlow, Washington, 98365. The phone number is 206 area code 437-2291.

I also live in New York City. My number here is 212 area code 724-6990.

**THE CONGRESSMAN:** It's great to have you back. You've been here all day, I assume.

**MR. McGRADY:** After the last meeting, I thought you'd consider me a trouble-maker and never be asked back.

**THE CONGRESSMAN:** Heavens, no. We had one earlier today.

**MR. McGRADY:** I saw how he was disposed of.

**THE CONGRESSMAN:** We try to be fair. If we're going to gain anything at these hearings, obviously we want everybody to be heard.

I wish, and I mean this in all sincerity, I wish that we could have had people from NCI and from the Cancer Establishment to be here and to give us their views so that we have the other side on the record. The comparison on the record becomes all important as we go down the road to try to do something to help.

Why don't you proceed as you will.

**MR. McGRADY:** As director of CanHelp, which is a cancer patient information referral service, I talk to about 2,000 cancer patients a year.

What I try to do is to put myself in the shoes of the cancer patient to try and understand his desperation, his loneliness, his terrible loneliness out there.

What I try to do is find the very best doctors and therapies that I can find for the patient at that stage of whatever type of cancer he or she has.

In the course of this I've grown wary of doctors with terrific reputations, present doctors excepted, of course.

I want to congratulate Dr. Atkins on the cogency of his political and philosophical reflections. They were very much to the point and cut right to the core of the issue that is confronting you legislators.

What I do basically is to review the medical records. I search the National Library of Medicine and my own computer data banks. I talk to oncologist consultants all over the world before I make a report to a patient.



I probably refer as many patients to Dr. Revici as to any other doctor in the world.

Doctors with great reputations often are gravely deficient. One doctor who is supposed to be the leading expert in gynecologic neoplasms tells his patients that he will drop them if they look for a second opinion to his.

His patients, the ones that I have talked to, are absolutely terrified of the man.

One of the leading experts in GI tract cancers routinely tells his patients to give up because nothing is going to help them. I wonder how he became an expert.

By my guess, thousands of doctors with a direct pipeline to the fates, tell their patients exactly how many days and weeks they have left to live and to make the most of that time.

At first I had a lot of trouble understanding Dr. Revici, and so do some of my clients, and I take pains to prepare them for the fact that this is a different kind of doctor.

He sometimes appears forgetful, almost as forgetful as doctors a half century younger than he. He will often change prescriptions a dozen times in the course of a consultation. He has no hospital affiliations, so they damn well have to stay well.

The State of New York, and the American Cancer Society have expressed an interest in borrowing his medical license, indefinitely, and sometimes his waiting room looks like Old Ellis Island in the good old days, during the rush hour.

Now, you may not understand Revici's words right away, but after one session you will learn one thing: You will know that you are in the hands of a real doctor, one who cares about you, who will commit his genius and his compassion to you, and who will care very much whether you get better or you don't get better, and he will never abandon you.

Part of that care is empathy and part of it is a sublime arrogance, a fierce pride in his work and pride in his success and his achievements.

Unlike so many of his peers in the medical profession, and happily for you and me, his patients, he does not equate success with money.

And you must understand, too, as you do if you've seen other doctors at work, that he is a paradigm of a dying breed of physicians. There are probably more passenger pigeons and great auks around than Emanuel Revici.

What you probably have understood after all the testimony you've heard is his specialness, his special mission, his special connections to the Great Healer who, curiously enough, never seems to confide in Revici the dates of his patients' demises as he does with other doctors.

You will have learned about his special perceptions of our well being and our illnesses, his special arts of diagnosis and prescription that make it possible for so many of us to be here who otherwise would not be here.

We've all come here to explore an issue as well as a man. The issue is quackery. The man is Dr. Emanuel Revici. Both of these bear on the law and

on legislation.

The man and the issues bear on the laws that prevail, which are essential to the medical system we now have, and they bear on changes that ought to be made to improve that system, which is so clearly unsatisfactory and extravagant and invidious to the interests of the sick.

One of the major problems attended by any discussion of cancer treatment is that people look at the situation from quite different perspectives. There are two different interest groups: There are cancer patients and there are the rest of us.

I suggest that we listen very carefully to the cancer patients in this room. They know the disease as we will never know it, unless we get the disease. I mean, they really know it.

Their lives are at stake in a discussion that is really almost academic for the rest of us, and through bitter experience, they know what quackery is and what it is not.

They know about the cost of treatment as we shall never know.

The current issue of Life Magazine illustrates this dichotomy with a story about a cancer patient who is given just one night to live by his doctor.

As I recall the story, he came home to his wife and asked her if they might have one last tryst to celebrate their union, to memorialize their love.

The wife said no. "I'm sorry" she said, "I'm just too pooped, I'm exhausted. Not tonight."

"Please, implored the husband, "Just one more time. It'll be wonderful. You'll see."

"That's easy for you to say," she said, "You don't have to get up in the morning."

Now, what surprises me is that the medical powers-that-be in our society have not heeded more caringly the testimony of these people who may not get up one morning, one of these days soon, and I am astounded that the issue of punishment for regulation infraction should prevail over the prospect of patient survival.

By indulging the wish to disenfranchise a dissident man of medicine, it is easy to perceive that in the process patients may be disenfranchised from their life saving medication and their right to survival.

These rights have been brilliantly set forth by attorneys Samuel Abady and Anthony Denaro.

Clearly the issue presented by Emanuel Revici is one of medical dissidence, not so much as being out of step with mainstream clinical oncology, but of being decades ahead and for the insult of making his peers looking retarded by comparison, they have chosen to punish him with a vengeance.

Back in the '40s, when Revici began to explore in his animal research and clinical practice new ways to treat otherwise untreatable cancers, the concepts he wrote about sounded a bit strange. The research of others which showed dramatically increased uptake of vital trace elements and micronutrients in cancerous tissues, he interpreted as a summons to assist Mother Nature.

The case histories that you heard here today constitute ample testimony that he was correct.

In a literature search I did the other day, I found in journals as esteemed as **Cancer Research**, **Cancer Letter**, **Carcinogenesis**, **Annals of the New York Academy of Science**, **Medical Hypotheses**, **Clinical Etiology**, material that could have been early research for Revici's magnum opus, **Research in Physiopathology as Basis of Guided Chemotherapy**, published by Van Nostrand in the early '60's.

I shall make the verbatim abstracts available for the record, but inside these abstracts you read such Revician statements, as from **Cancer Research** in 1977: "Membrane fatty acid modification also may serve potential value as a therapeutic approach, designed to augment the cytotoxicity of other antineoplastic therapies."

From the National Cancer Institute, three years ago: "In cancer, supplementation is recommended for the cancer patient who requires long parenteral support, since clinically relevant deficiency states have been described." And it further lists such micronutrients as including iron, selenium, zinc and copper.

From, once again, the National Cancer Institute and **Cancer Research**, 1986: "The interaction of two forms of selenium, selenocystine and sodium selenite with glutathione suggest an intriguing potential role for them in cancer therapy." The National Cancer Institute!

From the University of Idaho in Moscow, researchers in clinical experimental immunology, 1986, reported: "Recent evidence suggests that oral selenium supplementation may impede oncogenesis, but the mechanism of that action is currently unknown."

They should ask Revici how it works.

From **Carcinogenesis** in 1984: "Serum selenium concentrations also showed a tendency to follow the outcome of the disease; an increase in patients with remission, a decrease in patients with progressive disease, probably because of nutritional reasons," and on and on and on.

What we've done is create a Kafkaesque system which punishes the humanitarian, innovative physician, and glorifies and entrenches the dissident and aloof practitioner; it discourages innovation and gives permits only to colossally rich pharmaceutical houses and the government, patronizes the bedside physician and reserves treatment decisions for non-playing coaches in Bethesda and Washington; it alienates the physician and patient from each other and tells them to solve their disputes by expensive litigation and, worst of all, I think, promotes the notion that medical practice is an academic gamesmanship club for the fellowship of like-minded physicians, and for which the patients' lives and welfare are virtually an irrelevance.

The question of quackery must be addressed. By the laws of the State of New York and the laws of many other states, Dr. Revici is a quack.

These laws hold that a doctor is guilty of malpractice if he treats patients differently from the mainstream of physicians in his or her community. Think of doctors held in high esteem in your community, the so-called top doctor

in his field, the doctor who has an excellent reputation, the so-called very best doctor in his field.

Does this Rumanian immigrant have anything at all in common with them? Look at the sorry pattern of his professional practice.

In no special order, let me list several particulars of the indictment: Number one, he blatantly lists his telephone number. I'm talking about his home telephone number. Not only is it there in the directory for everybody to see, but he actually encourages patients to call him directly any time of day or night, for any reason whatsoever.

He's only one doctor, you say, but can you imagine what would happen if all doctors listed their home phone numbers for their patients? Hundreds, thousands of answering services would go out of business, and the practice of medicine today would be quite different from the way we know it now.

Two: This may not be a chronic pattern in behavior, but I know that when I once asked him, on behalf of a dying patient, to make a house call, he agreed. Then I told him that the house call would be in Philadelphia. Second prize. Philadelphia. He asked, "When would I be leaving?"

When I told the host physician in Philadelphia that Dr. Revici was willing to consult with him, he, of course, recognized the bad manners and blatant quackery inherent in such a ploy and refused to receive him.

Understandably, I mean, if every cancer doctor decided to make house calls, it would set clinical oncology back at least thirty years.

Three: He himself confesses to failure. Now how many clinical oncologists do you know who confess to failure? Well, of course, some do, and in one way or another all do, but there are tried and true ways of confessing to failure.

When most doctors confess to failure, it is usually only at the point when their treatment has so compromised the patient that anything any other physician might try to do is sure to fail too.

Radiation has turned the body into leather, the tissues so fibrotic that no biological or chemical agent can penetrate the tumor anymore. And the bone marrow is so burned out by radiation, that its immune system is now useless.

Your regular doctor tends to admit failure when he has to with a considerate statement such as, "Sorry, you're a non-responder, a therapy failure. You have six weeks to live. Hey, can I make a suggestion? Why don't you put your affairs in order and take a cruise around the world. Have a ball."

Dr. Revici confessed failure while he was treating me for a testicular abnormality. I can't call it cancer because I never had it biopsied.

But doctors at University Hospital in Seattle and Roosevelt/Saint Lukes in New York said it was incurable. The testicle had become swollen to five or six times its normal size. It was extremely painful. Antibiotics were of no avail.

I was scheduled for orchietomy at the Urology Clinic at the University of California, San Diego. My urologist friend, Tom Schulte said I had no other option, the thing would spread to the other one and then I'd be left with no family jewels at all.

In desperation, I consulted Revici. He tried some oral drops and said that

if they were going to work, they'd work in a couple of days.

They didn't work. The swelling and pain persisted. He admitted failure, not that I was a therapy failure, but that he had failed.

"I am sorry," he said, "But I have failed. My therapy isn't working. Would you like me to try something else?"

At the risk of delaying "approved" and "conventional" surgery another week, I said yes.

This time Revici's stuff did work, and today, four years later, they work, both of them, fine, very well, thank you.

But, it is humiliating to have been cured by a quack.

If the other signs don't convince you that the guy's a quack, his bungling of financial opportunities and mishandling of money ought to.

Now, can you believe he really doesn't give a damn about money, or whether a patient pays his fee or not?

I once apologetically asked him if he would see a patient who would probably require long-term care and had no money at all. We all know what mainstream physicians would do in such a case. They have special hospitals for the poor and special doctors too.

But, curiously, Revici did not turn him away or refer him there. Instead he said, "Send him to me, by all means. I do not want to know who he is, but ask him afterwards if he wasn't treated like a millionaire," and I did, and he said that's just the way he had been treated.

Now, this kind of dollar negligence is an insult to conventional practice. It is unquestionably non-mainstream. It is almost unAmerican.

This is a man who does not subscribe to *Medical Economics*, the most popular medical journal of all. He has no golf club membership. He has no yacht. He doesn't have a car. He doesn't even have a motorcycle.

He has just a handful of shiny black suits and black ties. He wears them day after day. The shine does improve from day to day, and once his medical license is taken away, I suggest he be sent back to Communist Rumania where he belongs.

Five: There is, as you know, a debate in the medical community about whether physicians should be allowed to dispense and sell medicines themselves, dispensing with the dispensary, as it were, or the pharmacy.

Some have challenged this as unfair to pharmacies and pharmacists. They say it creates a conflict of interest.

Now, Revici, in his incredible effrontery not only dispenses his own medications, he refuses to take payment for them. I mean, they are scot-free, and when you need more, you just come and get the medicine for nothing, all of it, not just those freebie samples that the drug companies entice you with, but anything he has got on the shelf.

If this is not a violation of orthodox standards, I don't know what is. I just thought you might want to hear the other side of this dreadful story.

I'd like you to hear a statement that my father, the late Pat McGrady, Sr., made while he was still Science Editor of the American Cancer Society.

Implicitly he was talking about Dr. Emanuel Revici, the case for alternative medical therapies, medical dissidents and the trouble with our system.

He noted in a letter to his literary agent:

“I can’t help but be critical of present progress. It seems to me that science has attained literally a golden age, where dollar values dominate systems which operate on a forty hour a week basis and protocols of team think. In the prevailing medical caste system, significant work by highly qualified researchers is suppressed or overlooked.

“My files contain abundant correspondence representing my mainly futile efforts to persuade the top administrative and scientific echelons of the cancer bureaucracy, primarily the American Cancer Society and the government’s National Cancer Institute, to investigate claims of superior treatment results being achieved abroad.

“This hierarchy, which disburses several hundreds of millions of dollars of public funds annually, deters science from obtaining its full potential.”

Emanuel Revici resembles, in many ways, another great doctor I once was privileged to know, one who boasted the same disdain for and abuse of money, the same fervor for scholarship, the same consarned originality that peeves the garden variety of physician and outrages the bureaucrat. His name was Max Wolf.

Max made enzyme therapy respectable, and was sought after by all of Wall Street, all of Hollywood and all of the Jet Set before Peoples Express Airlines ruined the thing.

Max cured almost anybody of almost anything and everything.

I once asked Max when he felt it might be permissible for him to ignore or violate one of the hallowed tenets of the County Medical Society or the AMA or the FDA, and Max gave me an answer I since have determined is the only correct answer a great doctor can give.

He said, “Every chance I get.”

This magnificent hubris, this denial of any priority higher than the patient’s welfare and survival and quality of life is severely punished in our society. It’s always been that way, to be fair.

This independence has been chastised by the powerful; but today as the powerful adopt the superstition that human beings may be treated as statistics or points on a curve, the inspired, iconoclastic empathic physician has scarcely a change to survive.

How fortunate we are to have such a physician to call our very own.

Thank you so much for hearing him and us.

(Applause.)

**THE CONGRESSMAN:** You certainly haven’t lost any of your writing skills, Patrick, or your sense of humor.

**MR. McGRADY:** Thank you.

**THE CONGRESSMAN:** A very excellent presentation. A question that I would have: In your earlier remarks, you mentioned that you probably refer more people to Dr. Revici than any other physician.

**MR. McGRADY:** As many as anybody else.

**THE CONGRESSMAN:** I'd like you, if you would, describe briefly how you go through that evaluating process and under what circumstances or criteria would you make a decision that the patient should go to Dr. Revici, as opposed to somebody else.

**MR. McGRADY:** Dr. Revici's my cleanup hitter. I almost try to avoid sending him patients. I know how many he has. I know how many he can handle, can't handle.

If a doctor is expert at the treatment of glioblastomas, I will send him there first. I always make more than one recommendation. I can't play God to the extent of saying, "I think these four or five physicians are the best in the world."

I say, "Here are the best I've been able to find, and here's why I think they are good."

I don't have reliable statistics of patient followups that I wish I had to make a really firm judgment as to their chances.

So, a lot of it is instinct as well as occasionally an interesting paper that they've published or whatever.

Most important is patient feedback. If I get patient feedback that the doctor's been unkind to them, abrupt, doesn't answer questions, they go off the list altogether. There's no point in sending any patient to a doctor who doesn't really care about his patients to that extent.

So, there are a number of factors. A lot of them are ineffable, a lot of it is instinct.

But, I depend heavily on the patients, their survival and their interest in their doctor and their liking him, to make referrals.

**THE CONGRESSMAN:** Thank you very much. It's been a delight to have you back with us again.

**MR. McGRADY:** Thanks so much.  
(Applause.)

**THE CONGRESSMAN:** The next witness we're going to have is Dr. Raymond Brown. As he's taking a seat, Dr. Brown is known for his work on the alternative therapies and worked at Sloan Kettering, is what the card says.

Doctor, you apparently are going to talk about a sister of yours, or a family member who was a patient of Dr. Revici's?

**DR. BROWN:** Yes.

**THE CONGRESSMAN:** Why don't you start off by giving your name and address, and you take it in any direction you want.

**DR. BROWN:** I'm Dr. Raymond Brown. I'm at 140 West 69th Street, New York 10023.

I was at Sloan Kettering for two years in the director's office.

My job primarily there was looking at the alternative therapies.

While I was there, my sister was diagnosed as having cancer of the breast. She was slated for surgery, then radiation.

I had gotten interested in Dr. Revici before that. So, I took her to him. The fact that I was at Sloan Kettering, her doctor agreed to put off the operation for a month.

She saw Dr. Revici once. He put her on medication, which she took every day.

When she went in for her operation, there was no cancer. There was degenerated tissue.

**THE CONGRESSMAN:** Over what period of time?

**DR. BROWN:** A month to six weeks. Different parts of the thing have actually convinced me that it saved her life. She still has her breast. She's been healthy, and that was over fifteen years ago.

Someone mentioned how threatening it is to doctors when they have patients who do well on alternative therapies.

When my sister was being operated on, I waited with her husband, and waited and waited and waited.

Finally the surgeon came down and said, "I'm sorry, something's wrong in the Pathology Department," they couldn't read the specimen. So, I just took the lump out. So, we'll reschedule her for Monday, when the regular pathology reading comes through." This was on Friday.

On Sunday the doctor walked into my sister's room and said, "You have no cancer," turned on his heel and walked out and never came back. He sent his nurse to do the discharge.

**THE CONGRESSMAN:** This was after —

**DR. BROWN:** After they had taken the lumpectomy. She was scheduled for



a radical mastectomy.

The pathologist I talked to later said he had never seen anything quite like it. The specimen showed obviously cancerous tissue, but it was all degenerated, and other features were very interesting.

The very interesting thing is while he was given her—she took shots, once a day from the nurse next door, who gave her the shots. My sister knows nothing about medicine, but she said, “You know, it’s a funny thing, about a half hour after I get my shot, I feel a drawing in my breast, on the lump, and also up on the neck I get another feeling the same way,” and she said, “There’s a little spot in my right breast that feels exactly the same; in about a half hour it pulls and draws.”

This is what has been reported with Coley’s toxin, which right now is recognized as a valid biologic approach to cancer.

Coley’s toxin lights up, in the 15 percent of the cases it’s effective in; it lights up anywhere there’s a metastasis, or another portion. This incident confirmed that.

As far as I’m concerned, had my sister had conventional therapy and then radiation, she would not have had a local recurrence, she would have had another breast show up a year or two years later.

Evidence is that radiation does depress the immune system a good bit.

Because of that I then worked for about six months with Dr. Revici. I would like to go on record that I consider him the closest, most like a genius of anyone I’ve ever been privileged to know.

(Applause.)

I think that someday people will mind his papers, his work, his book and all that he has, even his thoughts, which are far beyond cancer.

Cancer is the Mt. Everest that everyone is trying for.

He has a system of all biology that is overwhelming. I don’t understand it all myself. I do not understand how the system works. There are others it fits into.

It was a privilege to know Dr. Revici. That’s about it.

**THE CONGRESSMAN:** Let me ask you about one or two questions.

**DR. BROWN:** Yes, sir.

**THE CONGRESSMAN:** Going back to your opening statement, you were employed for a couple of years precisely to look at alternative therapy at Sloan Kettering.

How were you brought on board first?

**DR. BROWN:** Well, I was for twenty years a general practitioner in the middle of the country in Virginia, and I have a rather loose mind and am interested in a number of different things, so I became a self-taught allergist, because we had no allergist in the area where I was.

I ended up being very interested in the defense system in the body, specifically the reticuloendothelium system, which is the overall defense mechanism, especially in the use of non-specific bacterial vaccines.

I had some very interesting results, including with cancer, very much on the order of Dr. Coley, who is now recognized as the father of cancer immunology, and yet up until ten years ago he was considered a charlatan and a quack.

He has been rehabilitated. He's been removed from the unproven methods [list].

**THE CONGRESSMAN:** Did you apply for the position there, or did they ask you to come?

**DR. BROWN:** No. I had a fellowship at the University of Pennsylvania for a year. Then I moved from there.

I had a fellowship then that took me to Sloan Kettering for about two years. The new regime had come in with Dr. Goode, and the emphasis then was on new approaches, so that I was there in the director's office and was kind of a liaison.

I was instrumental in getting Dr. Hans Nieper from Germany to come in. Dr. Virginia Livingston came in and lectured. We had Linus Pauling.

There were a number of ones, so from that I got a fairly good start of what was going on.

Then, after that I, until two years ago, was affiliated with a foundation in Canada, a large philanthropic foundation, whose interest was in alternative medicine.

So, I was able to look around. I did some writing and I have some projects I do. I see a few patients on a consulting basis, and I've kept up the thing.

So, I've kept up with Dr. Revici. I did spend six months with him, working with him, so I'm fairly conversant with what he does.

**THE CONGRESSMAN:** Was it while with your tenure at Sloan Kettering that you learned of Dr. Revici?

**DR. BROWN:** Yes.

**THE CONGRESSMAN:** So, your sister's problem arose, you knew of him through that working period?

**DR. BROWN:** Well, no. I had known of him before then.

At one time I got very interested in Dr. Revici and felt that he should be investigated.

So, I got three doctors and two Ph.D.'s, or M.D.'s, young, on the staff of Sloan Kettering, in their spare time on Saturdays, to go around and see Dr. Revici and go over his reports, see what he's doing, see a few patients.

We had a date set to go, and then two of them at once backed out. They had been told by the heads of their respective departments, "If you dare set foot in that man's office, you will never set foot in Sloan Kettering again."

**THE CONGRESSMAN:** Not surprising.

**DR. BROWN:** So, that is the, you might say, general attitude.

**THE CONGRESSMAN:** Doctor, I want to thank you very much for sharing your experiences with us. It certainly adds to the very important picture here.

Thank you very much.

(Applause.)

**THE CONGRESSMAN:** Joyce Eberhardt. Joyce, would you please give your name and address for the stenographer?

**J. EBERHARDT:** Joyce E-b-e-r-h-a-r-d-t, 6 Myrtle Street, Bloomfield, New Jersey.

**A. EBERHARDT:** My name is Andrew Eberhardt. I'm her husband. What you just witnessed, Joyce walking from the wheelchair to this chair, was not supposed to happen.

Four years ago, she was supposed to have been dead. She had a, has a brain tumor.

It was diagnosed as a chordoma, the size of a lemon. It was lodged in her brain stem.

We were in New Jersey when this was first recognized, and they said at that time that there was nothing they could do.

They tried radiation, then they said there was one possibility, "You can try to have it operated on. There isn't much hope." It was so large and it was in such a —

**THE CONGRESSMAN:** Would you mind giving us a time frame?

**A. EBERHARDT:** Yes. That was in October of 1983. We went to NYU, and we met up with some good doctors there that did operate.

After six hours, they told us that they had removed 90 percent of the tumor, and that the remaining 10 percent was in an area that was too difficult to reach, and that they were going to treat it, the rest of it, with radiation, which they did.

She had twenty-eight treatments, after which time she began to improve.

We went to the Rusk Institute in the hospital and had some therapy.

But then, I guess about a month or two after the therapy began, she began to get worse.

They took her in and had some CAT scans done and they told us that the tumor had grown back (this was after the radiation), and that it was just as large as it was before the operation.

At that time, I was told to take her home, make her comfortable and she would probably have three months to live.

She was thirty-years old at that time. That was 1984.

While we were making plans to take her home, we made friends with some people that had friends that were going to Dr. Revici. The woman had breast cancer, and she was doing very well with Dr. Revici.

These people in the hospital said: "What have you got to lose. Call him up. Make an appointment. See him, and I did."

We brought our records with us. We took Joyce into the hospital. She couldn't sit up.

I think it's important for me to tell you that at that time she could not speak, she could not eat unless she was being fed through a gastrotomy tube, she

could not hold her right arm or leg, couldn't even sit up in a chair. We had to have her head propped up with pillows. The tumor was growing at the time at an alarming rate. She was slowly dying. The tumor was going to press on enough nerves within the brain cells to eventually close off her ability to breath.

She was not able to swallow either.

So, we took her into Dr. Revici in this condition, and he knew right away, after looking at the X-rays, the severity of the problem.

He was very understanding. We could tell right away that he cared a great deal, you know, felt sorry for us, but he said: "I'll try to help you. I will try to help you. I will do the best I can. I am not going to make you any promises and I don't guarantee anything, but I will do all I can to help."

He put her on medication. We followed it to the letter.

There were nights where we stayed up all night long giving her medication. She didn't respond immediately, but gradually she did.

About a year after his treatments, we went and again had a CAT scan, and we found, to our delight, that the tumor was dead. The blood cells in the tumor had died. It was not getting any more nourishment. So, it was not growing. It was in remission.

In our household, it is without question that this is due to Dr. Revici.  
(Applause.)

**A. EBERHARDT:** I just wanted to add that she is continuing to do better, with Dr. Revici's help. We are still seeing him, we are still taking his medication for over three years now; all the therapists she's seeing and Dr. Revici feel that she will soon walk on her own.

Thank you.

**THE CONGRESSMAN:** You have both been through an awful lot, and it's nice to hear the progress that she's making today.

Again, the question that I must ask is, what about these doctors that originally made such doleful diagnoses? Have they been apprised of the progress that she's been making?

**A. EBERHARDT:** Yes.

**THE CONGRESSMAN:** If so, what kind of reaction have they given to it?

**A. EBERHARDT:** We still have, every year we have an MRI done now. They are still very impressed with the fact that it is in remission, but they claim that it's due to the radiation that they gave her after the operation. They said that, you know, the effects of the radiation have destroyed the tumor.

**THE CONGRESSMAN:** How often does Joyce go to see Dr. Revici now?

**A. EBERHARDT:** Go ahead.

**J. EBERHARDT:** About every three months, because most of the time my husband goes in for the medication, because it's very cumbersome.

**THE CONGRESSMAN:** Yes, I can understand that, sure. Go ahead. Do you want to say something?

**J. EBERHARDT:** Well, I know you have a lot of testimony here, but we brought pictures that show me when I was about five months out of the hospital till this year Christmas.

**A. EBERHARDT:** You can have those. They are rather self-evident.

**THE CONGRESSMAN:** Very compelling pictures, Joyce. We congratulate you on your courage.

**J. EBERHARDT:** That's why it's so important that I continue to see him, because I am not quite there yet.

The things that have been done for me were never supposed to enter into the possibilities of the picture.

His continuing treating me is important, not only for me, but for the others like me, because a year ago it would have been impossible for me to even come here to speak and sit at all.

I am sure there are many others who would have loved to be here today, but just can't.

**THE CONGRESSMAN:** Well, I've seen the pictures, and I will be looking at them even more closely. They are certainly compelling evidence of where you were; and seeing you and hearing you here today, obviously we can see the tremendous improvement that has occurred.

I know that you are going to continue on the road to recovery and continued improvement.

I wish you both well. Thank you so much for being with us.

**A. EBERHARDT:** Thank you.

(Applause.)

**THE CONGRESSMAN:** Next we have Suzanne White. If you're here, you might want to start coming forward.

Welcome, Suzanne. Everybody, I notice that sits down gives that loving look over to that gentleman over there in the seat of honor.

Suzanne, why don't you please, for the stenographer, give your name and address.

**MS. WHITE:** I'm Suzanne White. I live at 1221 30th Street, Northwest, Washington, D.C.

**THE CONGRESSMAN:** Suzanne, why don't you tell us your story.

**MS. WHITE:** In August of 1983 I was diagnosed with breast cancer. I had a tumor that was six centimeters in my left breast and suffered a left mastectomy, at which time all of my lymph nodes were removed from my left arm channel.

Nine out of seventeen of the nodes were cancerous.

I then underwent chemotherapy for six months, with three drugs, adriamycin, cytoxin and 5 fluorouracil. I was told it was state of the art therapy at that time.

I suffered all the concurrent things that happened to one during this treatment: loss of hair, and nausea—to this day, I'm still unable to use even red mouthwash, because adriamycin is a red drug. They call it "The red devil."

After the chemotherapy treatment, I then had six weeks of radiation. I don't remember the exact number of rads, but it was the limit that one can have.

I then went on my way feeling I had done a good job and was cured.

One and a half years later I had a lymph node come up, supraclavicular, on the left side. I had it taken out. It was cancerous.

My doctor, my oncologist, said to me, "You are incurable, and you have a long way to go yet, but you will die of cancer."

He suggested that I immediately go on the drug Tamoxifen.

I decided to step back and look at alternative therapies.

I decided to go to England. I went for two months and stayed with an osteopath who I see when he comes here to treat patients in this country.

It was a diet, dietary treatment with coffee enemas.

When I returned here, I returned just two years ago, I felt terrific.

I then went and had a bone scan, and it showed a spot on my sternum.

I was devastated, but still tenacious and holding to the idea of not going along with the theory of not going in, going back to allopathic medicine, taking one drug until it works, getting, taking another drug, having it not work; I still was holding onto my theory, "There's got to be something more out there."

I then started seeing a Chinese doctor, and took Chinese herbs for a period of two or three months, and had daily acupuncture.

I also went on the Max Gerson diet, which you may know about.

I'm bringing you to June 1986. A series of tumors erupted on my left chest wall, probably between twenty-five and thirty.

At this point I went back to my oncologist, my original oncologist. He said, "Suzanne, that is breast cancer that is untreated. Get on this drug, tamoxifen, immediately," and I did.

In two months the tumors receded. The drug worked for me for about six months.

Last January, January of 1987, I detected a very small lump in my breast. I had a lumpectomy. It was cancer. They did not clean the margins. I had to go back and have more work done on that area.

At this point my oncologist said, "You have to have, you should have a mastectomy."

I said, "I refuse to do that."

"If you don't want to have a mastectomy, you have to have radiation, and you really should have more chemotherapy."

He said, "You have a long way to go yet before it gets to your liver."

I said, "Hey, it's not getting to my liver."

At that point it was March 31st of last year. I went to see Dr. Revici. I've been seeing him for a year. I go about once a month. For a period of time I was going every couple of weeks.

I feel good. My bone scan shows I still have cancer in my sternum. I do have some tumors on my chest wall.

Dr. Revici has explained to me why they are changing in color and size and texture. I understand what he's doing.

I have complete confidence that I will be 100 percent recovered, at which point I will then go back to my oncologist, who told me when I was coming to see Revici, "You know, Suzanne, he's a quack and a charlatan. I know who he is. Here is the name of someone to speak to who has seen him."

I called this woman up. She said, "Yes, I did see Dr. Revici," she said.

She said, "I have discontinued seeing him because I'm too sick to get to New York. I cannot continue going up there."

She said, "But, what you're doing is hopeful. What I'm doing is not hopeful."

She's since died.

I'd like to conclude by saying in a lighter and saner medical world, Dr. Revici would have a lab at NIH.

(Applause.)

**THE CONGRESSMAN:** Well, thank you very, very much. I guess we're hearing repeatedly the same pattern of stories, the trauma that everybody has suffered. You're telling a story much like some of the others that we've heard before, where you must have had one series of bad reports after another, and everytime you thought you might have had the thing beat, then you get a reversal.

I marvel at the tenacity and courage and strength in so many of you folks who have been here today tell your stories.



I listen and I say, "My God, what they've been through."

To be able to come here and sit down and dispassionately tell your story, as you have, I think it isn't testimony to yourself, but it's also a testimony to Dr. Revici. Obviously, to those who have spoken before, you share your feeling about the man, and also your optimism about the future.

I want to thank you for being with us and wish you well.

**MS. WHITE:** Thank you.

**THE CONGRESSMAN:** We're now up to Marie Steinmeyer. Marie is by the notes I have, President and Chair of the Board of the International Association of Cancer Victors and Friends, and holder of an honorary doctorate in humanities in the World Health Organization, for the education of cancer patients, and fourth term serving as President of the East Point Georgia Chapter of the American Association of Retired Persons.

Let me tell you, that's a powerful group.

**MS. STEINMEYER:** Yes, it is.

**THE CONGRESSMAN:** We hear from them all the time.

**MS. STEINMEYER:** In addition, I formed the Georgia Womens Coalition for Medical Freedom to help women with breast cancer, and worked with the Informed Health Care Center in Georgia to educate our legislators.

**THE CONGRESSMAN:** Please, would you mind, first, Marie, giving us your name and address for the record?

**MS. STEINMEYER:** I'm sorry. It's Marie Steinmeyer, S-t-e-i-n-m-e-y-e-r. I live at 3955 Lynfield Court, L-y-n-f-i-e-l-d, College Park, Georgia, Rural Route 6, zip code 30349. I'm a country bumpkin.

**THE CONGRESSMAN:** You don't know Mr. Lavidus, former Congressman?

**MS. STEINMEYER:** Yes, I do.

**THE CONGRESSMAN:** I spoke to him today, a dear friend of mine.

**MS. STEINMEYER:** Very active human being.

I want to express my appreciation for the opportunities you present for those to speak today at your hearing.

We were denied that right at the FDA sponsored conference in Kansas City, as you well know. That was not law at its very best when we were denied a right to speak, speak out, circulate, discuss, or even tape a conference held by our tax dollars.

Most of what I would have said today I think patients have already said, and there's no point in repeating over and over again the things, except to say I came well poised until I had to relive the horrifying treatments I got in 1979 by the licensed oncologists of Georgia, and then the loss of my husband to the quackery of modern medicine that refused him care.

I feel there's a well organized conspiracy in this country, that whatever we as patients might benefit from, will be denied because it doesn't conform to the pattern of the AMA, Cancer Society, the FDA, and all the rest of the bureaucracy that have been guiding this country in their own direction.

As we know, it's a total violation of anti-trust laws, to say nothing of the violation of human rights and our rights by the Constitution of the United States.

The Food and Drug Administration's purpose was to give us pure foods and safe drugs, and we have neither, which most of us don't appreciate.

I will shorten my message and just give, if I may, the message that was given to me before I left home.

The black community, whose cancer rate is rising, has said, "Tell that committee "Freedom of choice and anything concerning my body belongs to me, not the government'."

They claim their civil rights riots were perpetrated because they were denied their rights by the Constitution, and they do not intend that medicine should continue it.

The womens' groups surely mention the US Supreme Court has ruled on the woman's right to control her body. It didn't say except if you have breast cancer. But that's exactly what happens.

Those of us who work with cancer patients simply say, "The courts have already ruled us our legal right of self-determination. We can legally be wrong in our judgments, but it's our right to make that decision."

The agencies and the doctors, the Cancer Society and all the rest, they have suppressed us for wrong in what they do.

I'd like to ask this panel, this hearing, one thing: Who is the American Cancer Society? Were they elected by the people or appointed by you?

Then why do they speak for what is blacklisted that I can't have?

And who is the AMA? Is it not a contrived union of doctors that have pretty much seized control in this country? Isn't it really the doctors? It certainly isn't something really truly beneficial to a lot of us.

I belong to the National Cancer Advisory Board at Moorehouse College in Georgia. At a recent hearing we had there, Dr. DeVita was present. He asked for our input. The biggest declaration I could make was to compare my physician's training with my veterinarian's training.

Why are doctors not trained comparable to veterinarians, where they know that nutrition is a treatment in the prevention of diseases in animals?

What do we funnel millions of dollars into medical schools to push the drug cult that is going on in this country?

I completed a course in gerontology at Georgia State in 1986, and I did so working with older persons to better understand their conditions.

Drug induced nutrient deficiencies are the biggest cause of the Medicare fraud we have. We have warehouses for old people who are there because the nutrients have left their systems due to drugs. You have studies by Rutgers, by Cornell, and by Harvard to prove this. But no one seems to care.

I asked Claude Pepper, in one of my conferences with him, to introduce an amendment, the Older Persons Protection Act.

In the section that says that no old person shall suffer malnutrition, amend it to include: If a doctor prescribes a drug of long-term use for older Americans,

he must also prescribe the nutrient to replace that lost by the drug.

The reason cancer patients lose their lives is because they are deprived of essential nutrients.

Chemotherapy will rob you of folic acid; radiation will rob you of B-6. You cannot survive without either one.

If they zap you with radiation and chemotherapy, you go down the tubes.

I'm a living example of the horror experienced through a Board certified radiologist, who decided to use me for a guinea pig. He sent me for 15,000 rads of radiation, at the rate of 600 rads a day, three times what the FDA will allow, and that equal to those in the outskirts of Hiroshima, Tokyo, that we bombed. He's still in practice.

**UNIDENTIFIED FEMALE:** Kill him.

**MS. STEINMEYER:** Killing the doctor is not the way, although I thought about it.

I want to change laws. I want to benefit this country in that other people don't suffer what I suffered.

My remarks at the OCAR hearings, of breast cancer, were not too kind. If you look them up, you'll find why I'm still aggravated after all these years.

But the person who saved my life was another elderly person, Dr. Livingston, who saw the need to give me intravenous nutrition. My blood count was 2.1 and 2.2. When I went for a bone marrow transplant at both Johns Hopkins and Stanford, I was told I didn't qualify for the treatment, my diagnosis was an error, I never had cancer, but I would die from radiation induced leukemia, lung cancer or bone cancer.

I wonder sometimes who are the quacks.

(Applause.)

**THE CONGRESSMAN:** Are you finished?

**MS. STEINMEYER:** Yes, sir.

**THE CONGRESSMAN:** Let me make a point, if I may. You started off by asking a question about who's the AMA.

Talking about the FDA, I had an experience about two months ago, where a constituent of mine, his wife was dying, given a month to live.

He made a request that we try to get some experimental drug from the FDA freed up so that his wife would have that chance.

I put a call in. I called again and again. It was maybe three or four weeks before I got a return call.

The day before I got the return call, I noticed in the newspaper, in the obituary, the woman had died.

It didn't surprise me in the least, at least I kind of expected that that might happen. But, that's not the point I want to make. The point I want to make

is: In this country of ours, with all its riches and all its imperfections, I think that we have a great deal of stamina and fortitude among our people. We've proven that time and time again, particularly when the chips are down.

We've been exposed to world wars and we're not, perhaps, prepared for them and whatnot; we manage somehow to be able to dig into the reserve and stand up to it.

I'm not going to talk about my own experiences, but I have played the role of Don Quixote on many occasions, and knocked the damn windmill down somehow.

So, I'm not suggesting that we are going to win this thing right away, but what I am suggesting to you is this:

That if we have the type of people that we heard speak all day here today, and we have the backing up with the medical testimony on top of the empirical data we have heard in patient after patient after patient, certainly there's one thing that seems to cry out, and that's for honest evaluation, not only of Dr. Revici's particular techniques, but others as well.

And I can't sit here and listen to your stories and sit back and say that I'm going to be silent, because I won't be.

**MS. STEINMEYER:** We're glad.

**THE CONGRESSMAN:** I won't be silent. I am not in a position to make the judgment call, but if you people out there would go back to your own members of Congress, and I know some of you have tried and some of you have been frustrated, and we talked about that before, but you mention to them that we're embarking on this effort.

Mention my name. This is what happened last time. We received many, many contacts from members of Congress from all over the country.

That became very important to us, because, as we try to get, frankly, what anybody in this room is looking for, an honest test, we want to save his license, but more than that, and the doctor himself said that today; he said he's ninety-one. You want to yank his license? For him, so what, but where it does become important to him, as he so well articulated, is his feeling for the people that he's treating, and for that reason his license becomes all important.

But, I think that there is another avenue here that we are looking at, and that is if Dr. Revici and the therapy that he's employed has been so successful, then are we not permitting society to lose sight of something that might well be one of the answers to the problems that could have eliminated so much suffering for those in this room and so many others to come?

So that what I say to you, Marie, and to the others in the room, is that I fully intend to stay in there myself. I've had that door shut in my face.

I had it shut in my face when I went to the Bahamas. I'll tell you what I did there: I went right to the hotel manager in the hotel that I was staying at in Freeport and asked him to call a press conference.

At the press conference, I blistered the Bahamian Government, and

particularly the Minister of Health in what I thought was a terrible slap in the face for a trip that was sponsored by our State Department, set up by the State Department, not by myself. I went to the State Department.

The protocols were such that now we saw what happened there.

I talked to the doctors from the Pan American Health Institute. They came to my office. We spoke at length.

We took time. That place is open, the doors are open again and people are there.

So, there was, I guess you could say a victory in that particular case, but more important than whether you open that facility or whether we keep Dr. Revici's license is the permanency of what he has to offer.

Again, I am in a position to be able to make that judgment call. We have heard some very interesting offers made here today by Dr. Brenner and others.

I intend to pursue that.

**MS. STEINMEYER:** That's wonderful.

**THE CONGRESSMAN:** So, don't get discouraged.

**MS. STEINMEYER:** I'm not.

**THE CONGRESSMAN:** None of you people get discouraged. You've been here all day, and we're going to be getting thrown out of here in about fifteen minutes.

So, I am going to cut my own statement short. I would have probably said this a little later on. But, I want you to know that for myself, and what we intend to do.

There are other avenues that we can explore. But, it is terribly important, my friends, that all of you go and convey the message that I've been hearing here all day to your own members of Congress, and it doesn't have to be the Congressman, you can even talk to maybe their staff people.

**MS. STEINMEYER:** And through the health agents.

**THE CONGRESSMAN:** If you can get to a good staffer and they can give you the time that you can tell your story—of course, I must tell you that one isolated instance means one thing, but when you hear it all day, as we have today, it becomes more profound, obviously.

Thank you very much.

**MS. STEINMEYER:** Thank you, and Governor Maddox said thank you too. (Applause.)

**THE CONGRESSMAN:** Do we have Andrew Hamilton? State your name and address, please.

**MR. HAMILTON:** My name is Andrew Hamilton. My address is 6703 Carol Highlands Road, Sikesville, Maryland.

I am presently twenty-three years old. I came to—well, let me back up a little.

I had had headaches since I was ten years old. By the age of fifteen, I had had such massive headaches that I almost passed out at school one day.

So, I started seeing several different doctors, where it was determined that I had a benign tumor, the size of a lemon.

Three-fifths of the tumor was removed at the Memorial Hospital in Baltimore, Maryland.

Two weeks after the operation, I was followed up with six weeks of radiation at Johns Hopkins Hospital, and non-toxic chemotherapy.

I forgot to give you the dates. I went in the hospital in February, had the operation in March, followed up with radiation at Johns Hopkins.

I went home, went back in in July for tests, where they determined that the radiation was not able to remove the other two-fifths of the tumor.

The tumor was growing at twice its original rate. That was in July of 1980.

In August of 1980, I came, along with my parents, to Dr. Revici's office.

At the time, three-quarters of the right side of my body was paralyzed, due to the pressure of the tumor.

I had about as much energy as—I don't know what just. I remember I laid on the couch in the little reception area, and when it was my turn to go in the back, I tried to sit down in the chair, and Dr. Revici could sense that I just wasn't able to sit in a chair.

So, he had me lie down on this —whatever you call it— table.

I can remember him saying, and I just can't forget it—my parents wanted me to be well so bad, and I myself, I'm a fighter, and he says -my mother's the kind of person to say, "Well, can you do something? When's it going to happen?"

And in the dearest voice Revici says, "I will do my best, my child," and he did.

During the hearings at LaGuardia Airport with the State of New York, my father had brought all his financial, along with medical, papers concerning my treatment with Dr. Revici.

Our phone bills—excuse me. Let me rephrase that. Our long distance phone bills overexceeded the fee that was asked by Dr. Revici, and I will stress that word asked, not required, not demanded.

He's a heck of a man and I owe my life to him.

When I saw him, I just came up and gave him a big hug and a woman says to me, "You sure must like him."

I said to her, "Well, you would to if you were a foot away from being six foot under at one time."

It's just not like—he was nowhere like any of the doctors that I had run into at Hopkins or at Union Memorial or even the family physician at the time.

He truly cares.

**THE CONGRESSMAN:** Let me interrupt you.

**MR. HAMILTON:** Sorry. Am I repeating myself?

**THE CONGRESSMAN:** No, you're not repeating yourself.

**MR. HAMILTON:** I'm digging a hole?

**THE CONGRESSMAN:** No. You're repeating what we've heard a lot of today, and I think we have plenty of record to the love of Dr. Revici.

**MR. HAMILTON:** Yes, sir.

**THE CONGRESSMAN:** What I would like to do, because of the shortage of time, is to ask you, in August of '80 we heard that you went to Dr. Revici and that at that time three-quarters of your right side was paralyzed.

**MR. HAMILTON:** That is correct.

**THE CONGRESSMAN:** Can you tell us what happened? I am interested, for the record, in showing what happened at that point.

What did he give you and what kind of recovery did you have?

**MR. HAMILTON:** When I came to see him in August, I had to be fed, and all the rest.

As far as medicine, he had so many different things for the different types I couldn't just—T-Sel, Scol.

**THE CONGRESSMAN:** You didn't care what it was, you took it, whatever?

**MR. HAMILTON:** Right. Whatever it was I took it and didn't argue.

I was able to start with home tutoring that fall. I was receiving, depending on the urologist, one to two oil base shots, along with oral medication.

I would say by February of—yes, yes, my God, yes! February of 1981 I was a whole lot better.

As a matter of fact, gee, I feel guilty saying it, but my father and mother took me up the road, bought me a dirt bike, which was something I had wanted as a kid, but knew that—we could never foresee.

So, from August of '80 to February, and I remember that night, I was riding around the property. I live out in the country.

Let's see. September, October, November, December, January, February—in six months he had me on a motorcycle. By August of '81 I had a driver's license.



When I walked into his office, threequarters of my body paralyzed —

**THE CONGRESSMAN:** You have it no more?

**MR. HAMILTON:** Where I didn't even know what was going on around me.

**THE CONGRESSMAN:** You have no paralysis remaining in your system today?

**MR. HAMILTON:** Would you define paralysis for me?

**THE CONGRESSMAN:** Well, I probably can't.

**MR. HAMILTON:** I just want to give you an exact answer. Do I have headaches?

**THE CONGRESSMAN:** Instead of paralysis, why don't I ask you what residual effects do you have today, as opposed to what you had then? What problems do you have today?

You said you were three-quarters paralyzed on the right side.

**MR. HAMILTON:** No. Everything's fine. They both work. (Indicating.)

**THE CONGRESSMAN:** You couldn't do that with your right —

**MR. HAMILTON:** Yes. I have no side effects, no regrets. Everything's in working order—working order. Working condition. I'm alive. I'm happy. I'm fat.

**THE CONGRESSMAN:** Which sometimes go together, doesn't it?

**MR. HAMILTON:** Really.

**THE CONGRESSMAN:** That's great. We appreciate you being here.

We're going to ask you to move aside, because we promised two others that we'd get them in.

Thank you so much.

(Applause.)

**THE CONGRESSMAN:** We have Leonard Steinman here, who's a trial lawyer and investigative journalist and co-author with Gary Null on a number of articles relating to the subject that we're talked about here.

We'd like him to come up. Thank you very much. I apologize for bringing you on at this late date, but I appreciate the fact that you stayed all day.

**MR. STEINMAN:** Thank you, Congressman Molinari. I understand you're running out of time here, and I'll try to shorten my presentation, which originally would have taken perhaps twenty minutes, but I understand we have a time problem here and I'll do my best to try to keep it brief.

I'd like to address myself to some remarks that an adversary of Dr. Revici made here a few hours ago.

He addressed himself to a record, apparently, that was published in *JAMA*, *The Journal of the American Medical Association*. It was a report with which I am familiar. It was the report of the Clinical Appraisal Group.

The contention is, of course, Congressman, that there's really no necessity for an appraisal, for a critical appraisal of Dr. Revici's work at this time, inasmuch as the CAG, the Clinical Appraisal Group, has already ran an appraisal, and they have concluded that Dr. Revici's work was useless.

I will, therefore, like to give you an analysis of the Clinical Appraisal Group's report. The analysis is mine. However, the work upon which it is based is the work of Dr. Robert Fishbein, who was an associate of Dr. Revici's.

I'm very indebted, of course, to Dr. Fishbein's report, and I'm sure you will a full copy of Dr. Fishbein's report. If you haven't got one now, I will make it my business to send it to you.

In any event, it was back—I'd like to say at the very outset that this adversary of Dr. Revici's, who for my purposes shall remain nameless, contended that there was a Dr. Haagensen on the panel of the CAG, and that this Dr. Haagensen, as a matter of fact, was a very good friend of this adversary of Dr. Revici's, and that he had joined in this critical report of the CAG.

I have before me, Representative Molinari, the minutes of the second meeting of the Clinical Appraisal Group, which was authored by a monitor of the Clinical Appraisal Group, one of two monitors.

His name was David Lyle, M.D. He's the chairman.

On page three of the minutes of the second meeting of the Clinical Appraisal Group appears this paragraph: For a number of reasons, Dr. Haagensen felt he did not wish his name to appear as a member of the group, and that further, he would not wish to associate himself with any reports made by this group.

So, that even though Dr. Haagensen was originally a member of the panel, he completely disassociated himself with the panel at the very end.

I would now like to address myself to a very brief analysis of the CAG report, a copy of which is in my possession.

That report is entitled *An Evaluation of the Treatment of Cancer by the Method of Emanuel Revici.*"

I hope you'll pardon me if I refer to my notes on Dr. Fishbein's work.

On his own initiative, Dr. Revici, in January 1963, reached agreement with a group of physicians and surgeons from the NYU and Columbia medical schools permitting them to examine and evaluate his method of treating cancer. These medical schools were and remain the bastions of education of physicians in the conventional treatment of cancer by surgery, radiation and chemotherapy.

In all, nine physicians, including one pathologist, Dr. Stoudt, made up the panel. Two of these doctors, Dr. David Lyle, an attending surgeon, and Dr. Steven Schwartz, an assistant attending physician at University Hospital, were assigned to monitor selected cancer cases treated by Dr. Revici at Trafalgar Hospital.

The group, for which Drs. Lyle and Schwartz were acting as monitors, called itself the Clinical Appraisal Group, or the CAG.

The trial period commenced in February 1963. The choice of patients, according to the CAG report, was the responsibility of the CAG group. It selected all of these patients.

Contrary to what this adversary of Dr. Revici said, none of the patients were Dr. Revici's own patients, or had come to him of their own volition, but were referred by such hospitals as Delafield Hospital [associated with Columbia Presbyterian], NYU, and so forth.

This is what the CAG report says, and I'm quoting, "Dr. Revici, however, retained the right to exclude from evaluation any patient if his reasons were satisfactory to the group.

"Only cases not amenable to conventional therapy, that is, surgery radiation, chemotherapy, or in which conventional methods had failed were to be selected.

"Only hormone independent, solid tumors certified by tissue diagnosis and subject to direct observation were to be considered for direct evaluation."

There then followed a list of seventeen of the most refractory types of cancer known to medicine. Their treatment by Dr. Revici was to be the object of the CAG's consideration.

The CAG report states that it selected a total of thirty-three cases for study, and that these, quote "formed the basis for our conclusions."

The report goes on. The youngest patient was thirty-six, the oldest eighty-two.

The shortest period of treatment was three weeks, the longest fifteen months.

In fact, Congressman Molinari, analysis of table 5 of the CAG report shows that some 42 percent of the thirty-three cases were under Dr. Revici's treatment for less than three months, and 33 and 1/3 percent of the total cases for two months or less.

According to the CAG report, quote, "at the outset, a maximum of four months of therapy was considered a reasonable period of trial," a criterion, which, in my opinion itself is open to the most serious question, considering that all the cases selected by the CAG were terminal, refractory, unamenable

to traditional treatment, that the size of the sample was too miniscule to use any interpretable result, that if the trial sought to measure the effectiveness of Dr. Revici's treatment in the treatment of cancer generally, the restriction of cancer types, the inadequate size of the sample, the failure to compensate for the 18 percent of patients who proved to have life expectancies of less two months from the start of Revici's treatment, then the trial did not measure what it was supposed to measure, and therefore did not constitute a reliable valid test of the effectiveness of Revici's method in the treatment of cancer.

According to the CAG, the absence of a biopsy disqualified inclusion of a case as a specified type of cancer.

I'd like to skip, in consideration of time, Congressman Molinari, to something that I consider important.

On June 20, 1964, Henry Otten, seventy-four years old, was referred to the Institute by Delafield Hospital.

In September 1960, Delafield had operated on him for carcinoma of the rectum.

In 1961 a mass appeared on the right peritoneum area and was biopsied at Delafield. The pathology report found a recurrence.

Otten was examined periodically at Delafield, and then at the Institute of Applied Biology, or Trafalgar Hospital.

On July 2, 1963, after treatment at the Institute of Applied Biology, Dr. Suweltz of the Institute wrote that pain in the peritoneum area disappeared, that the mass had shrunk, and on August 5th, and 13th wrote: "Mass difficult to palpate."

In January 1964, CAG panelist Dr. Frederic P. Herter found only a thickening of the tissues where the tumor had been originally.

This information was transmitted to Dr. Lyle, who, up to then, had been — — — of the existence of the patient Otten.

On March 13, 1964, Dr. Lyle examined Otten and indicated that he found a tumor five centimeters in diameter in the peritoneum area between the coccyx and the ischium.

On March 31st, Dr. I— — a, a famed physician at the Institute, that is, at Trafalgar Hospital, brought a letter from Dr. Herter which stated that he could now palpate a mass with great ease, and this made him wonder whether his focus had been on the right area in January.

Dr. Revici requested Dr. I— — a to show him the mass found by Dr. Herter.

"I do not palpate any obvious mass," stated Dr. I— — a in writing.

Dr. Schwartz of the CAG was asked to examine the patient on behalf of the CAG, and to draw a picture of his findings.

Admitting he had previous knowledge that Lyle had reported the presence of a tumor, Schwartz now also reported the presence of a tumor.

But this alleged tumor, Dr. Fishbein points out, appeared to be identical with a coccyx bone appendage, which, of course, occurs naturally in all of us.

On April 28, 1964, Otten was examined by Dr. Arthur Glick, chief of surgery at Trafalgar and surgical consultant to the neoplastic service at Montefiore

Hospital.

His report stated that no tumor was present.

Several months later, Lyle admitted to Dr. Fishbein that he could find no tumor and speculated that perhaps it had all been removed at the time it was biopsied at Delafield, prior to the onset of treatment by Dr. Revici.

Otten continued to visit Trafalgar biweekly, to be examined. He was also examined at Delafield by Dr. Herter.

Several months later, Dr. Revici again stated that no lesion was present. Dr. Lyle now agreed that no lesion could be demonstrated, but again speculated that perhaps it had all been excised at the time of the Delafield biopsy.

But the CAG reported as follows, in table 5, item number 23, that is, in the CAG report which I have with me, referring to the patient Henry Otten by the initials H. O.: "Gradual increase in size of tumor mass during course of therapy."

I would urge you to see table 5 of the CAG report. It's entitled, "An evaluation of the treatment of cancer by the method of Emanuel Revici, M.D.

Let's go to the section of cases, an exploratory laparotomy on Sheila Katz, fifty-eight, was performed at New Rochelle Hospital on May 18, 1964, because of weight loss, hematemesis, duodenal ulcer, and an abdominal mass.

The findings were, "Metastatic papillary adenocarcinoma infiltrating the omentum, probably of pancreatic origin with extensive ascites.

The patient was not aware of the seriousness of her condition, but her son was.

According to Dr. Fishbein, no orthodox therapy for her condition was available.

Under the auspices of the CAG, she was referred to the Institute for treatment. Therapy was started at Trafalgar Hospital on June 5, 1964.

In November 1964, Mrs. Katz was examined by Drs. Lyle, Schwartz and Fishbein. She was found to be well, with normal appetite and weight and freedom from pain.

The son confided to Dr. Fishbein that after the exploratory in May, he had been advised by the surgeon, Dr. Heimlich, that his mother might live for six months, that there was no treatment that could be of any help.

The CAG pathologist, Dr. A. Purdy Stoudt, was advised of the clinical results, and the slides of Mrs. Katz' tumor was shown to Dr. Stoudt.

After Dr. Stoudt's review of the slide, Dr. Revici was advised that the tumor was not pancreatic in origin, but ovarian.

Ovarian tumors were excluded from the CAG study by the protocol. The laparotomy report of May 18th, however, had stated that, "The ovaries were entirely normal."

This presented an enigma, how to reconcile Dr. Stoudt's interpretation of the slides with Dr. Heimlich's surgical report of May 18th.

Further inquiry revealed Dr. Stoudt's impression had been transmitted to Dr. Lyle, who then conveyed it to a Mr. Gregg, who in turn delivered the message orally to Dr. Revici.

Dr. Revici inquired of Mr. Gregg how Dr. Stoudt arrived at the diagnosis of ovarian carcinoma when Dr. Heimlich's own laparotomy report stated that the ovaries were entirely normal; Gregg responded that Dr. Stoudt was an authority beyond question.

Gregg, a layman, unable to evaluate the significance of certain medical information, was Dr. Revici's only representative to the CAG.

Dr. Fishbein reports that, "It is apparent to us that Dr. Stoudt had probably not been made aware of Dr. Heimlich's operative report, that Stoudt's opinion was based on incomplete information. This was later verified."

Dr. Fishbein informs us further: Usually when slides are sent to a pathologist for interpretation, the clinical data is sparse, being limited to the patient's age and time and type of operation performed.

On January 6, 1965, Dr. Revici wrote Dr. Lyle, asking him to explain why Mrs. Katz had been eliminated from the study after she had been accepted.

Dr. Lyle responded: "Mrs. Katz was eliminated because originally we had had a diagnosis of carcinoma of the pancreas. When the slides were made available to Dr. Stoudt, it appears that this tumor is a papillary carcinoma of the ovary, and as such, is not to be included in the study."

Dr. Fishbein made an appointment to meet with Dr. Stoudt on January 15th, two days away. Dr. Stoudt's secretary —

**THE CONGRESSMAN:** Let me help you out. Gary's —

**MR. STEINMAN:** Telling me about the time, correct.

**THE CONGRESSMAN:** We're about to be locked in or thrown out.

Let me suggest this to you people, because what you have to say is very important.

We are running ten minutes over our deadline. What I suggest to you people is this: submit to us, any of you that wanted to speak —let me ask you this. A show of hands, how many people wanted to speak today and weren't afforded the opportunity to do so?

(Audience responds.)

We have about fifteen or seventeen.

What I would suggest, if you could write up what you were going to say, we will incorporate it into the body of this testimony, so that we can include everybody's remarks.

I don't want anybody cut off.

We will wind up with a report similar to this (indicating) that will be disseminated.

So, therefore, you'll have an opportunity to expand upon it.

**MR. STEINMAN:** Thank you.

**THE CONGRESSMAN:** If we cut you short of something that's very

important, I don't want to do that.

Depending upon a review of where we're at, and I'll be doing that in the next couple of weeks, it may be that we'll try to reconvene another hearing, in order to afford those who haven't had the opportunity to speak to be able to do so.

(Applause.)

However, the more important goal is Dr. Revici's license.

I think we're going to look at that. I've talked to some people here today about a cooperative effort. So, we may be able to cut through some of the veracity and try to get some answers.

I want to thank you all. It's been amazing that you people would stay here all this time. Very frankly, I would stay until whatever time period. I am accustomed to working long hours. It doesn't bother me at all.

But, we may want to get this room back again sometime in the future, and in order to do so, we have to abide by the requirements that they have.

You want to say something? Please.

**UNIDENTIFIED FEMALE:** Just a suggestion.

**THE CONGRESSMAN:** Yes.

**UNIDENTIFIED FEMALE:** I think we should invite Nancy Reagan.

**THE CONGRESSMAN:** I've been told that the attorney for Dr. Revici is here, Anthony Denaro.

**THE CONGRESSMAN:** We don't have much time.

**MR. DENARO:** I'll make it very brief.

**THE CONGRESSMAN:** Would you please state your name and address?

**MR. DENARO:** My name is Anthony Denaro. I'm an attorney. I'm a former senior professional conduct investigator with the State Education Department.

My responsibility in that position was to conduct investigations against so-called health frauds, medical quacks, and so on.

I worked in that office between 1976 and '78, so I have some inside information as to how that office functions and what they do with health practitioners in any field that are deviating from accepted medical practice.

Before I go any further, Congressman Molinari, I want to point out that we are extremely gratified that you took the initiative. You have an enormous amount of intelligence and courage and sensitivity to take initiative for the OTA, and you should be commended for that.

(Applause.)

I promise I'll make it brief.

We had a hearing recently. A lot of discussion took place outside of the hearing room. There were cancer patients present. I didn't have an opportunity to speak to them. They left somewhat dispirited.

What they don't know, or they probably haven't realized, the extent of the discussions that took place behind the closed doors, when I walked out of that room the most important issue that emerged was something that I recognized as apartheid in medicine, and that's what happens here.

My adversary, the prosecution, accused me of raising a two tier system of medicine.

My point was quite simple. The two tier system that my adversary raised and that the Regents raised in closed session emerged as the most important issue in the legal case against Dr. Revici, not because I made it so, but because they made it so in the system, and everything else in all the hearing made it most important, the issue of apartheid medicine.

There is a two tier system. My adversary in that sense is correct.

But, Dr. Revici is the victim of a two tier system. He wants entree into the Medical Establishment. He fought for it all of his life. He was relegated to that role by the opposition. It makes no more sense to blame the black people for being on the other side of the fence of this wall that divides them. They're the victims of the two tier system.

So far as the principal legal issues of our concern, I feel that under no circumstances can the State ever, they don't have a legal authority to take away Dr. Revici's license simply because the Education Law was designed. It's true. The Regents are mandated to remove from the profession unqualified and incompetent physicians and other professionals; they're required to do that.

But nowhere in the legislation was it the legislative intent to exercise this



power and this authority where it results in really a death sentence to the patients who are critically dependent upon Dr. Revici, who sustains them and their lives.

Dr. Revici is sui generis. Congressman Molinari, you understand what that means as an attorney?

It's one of a kind. He's their universe. If you take away Dr Revici, they, that is the patients, who are critically dependent upon him for their treatment and their medicine and their lives themselves, could lapse into a catastrophic illness, irreversible illness, and perhaps die.

Given that circumstance, which is generally unique, it was that reciprocal and mutual right linking the patient's right to the physician's right. They gave us the power, the authority to intervene directly in a license revocation proceeding, which we did two years ago in a similar case.

We brought together some six patients, cancer patients.

At first there was some resistance by the State Supreme Court Justice. When I asked him to sign the order to show cause, his first question was, "Well, where's your standing to sue? This is a license revocation proceeding, counsellor," he informed me.

"Where do you get the authority to intervene in a license revocation proceeding when you represent the patients?"

And I, of course, advanced the argument, that their rights are reciprocal, they're interlinked to the right of the physician to practice medicine, and you can't separate one out from the other.

After a while I thought about it and realized we needed some language to characterize or describe the doctrine.

A very dear friend of mine contacted a Latin scholar from Loyola University and he suggested a very, very powerful concept which we're going to hear an awful lot about.

"The right to heal is the right to be healed." It's a reciprocal right, an enormously powerful right.

It's as powerful a right as the freedom of press, when one considers on the other side of the press there is a readership; you take away the right of the reader to read a paper, their rights have been deprived, and you also deprive the press of their freedom.

So, the media has a stake in this too, this reciprocal right.

That's all I have to say, Congressman.

**THE CONGRESSMAN:** I deeply appreciate it.

Let me just close, again, by thanking you all. Again, you've been very patient. The intensity level was there all day today; it's been a long hearing.

But, there's a lot of fine people out there, Dr. Revici, I think this was not only a hearing today, but it was a testimonial to you, sir.

I'm still not in the position to make any conclusions, and I wouldn't dare to do so.

But, there's a lot of love and affection for you in this room, and I'm sure

there's a lot of others who wanted to express similar sentiment. So, I'm grateful for you being here.

We're going to see what we can do about trying to shed some light on this very important subject.

**UNIDENTIFIED FEMALE:** Would you give us your address, Congressman?

**THE CONGRESSMAN:** Sure.

**MR. DENARO:** I have a brief announcement to make.

**THE CONGRESSMAN:** Sure. Please listen.

**MR. DENARO:** That is a request that those people listening today, if they have any sympathy, to evidence any sympathy for the issues that are being raised here, Dr. Revici and his patients, that they write their Congressman or they write to Congressman Molinari, but they write letters and become active, actively involved.

**THE CONGRESSMAN:** Let me pick up on that, if I may, because you raised a very important point.

If you're a New York State resident, I would strongly suggest that you get off a letter as quickly as possible to Governor Mario Cuomo, Albany, New York, and express in a somewhat abbreviated statement your own experiences and what Dr. Revici means to you.

We just had two local fights in Staten Island where the power of the people, people power, as we call it there, expressing themselves in large numbers, succeeded in winning two battles for us.

So, I cannot impress upon you how important it is. The Governor is not going to read it, but the Governor's people will read it.

They will then compile a composite and give their own analysis of what it is they're reading.

I can tell you I have talked to Dr. Axelrod this week on another matter. He is very close with the Governor.

So, if you're able to put forth collectively a compelling argument, the staffers will then send their report in to the Governor; and it's conceivable that the Governor is going to call Dave Axelrod, and say, "Hey, slow down a little bit, I have some information here that's quite disturbing."

Don't underestimate it, the power of that.

We'll be talking to you people. All those wonderful people that were witnesses here today and shared their sentiments with us, I appreciate it.

As far as my address is concerned, it's just Guy Molinari, c/o the U.S. Naval Station—it used to be Fort Wadsworth, U.S. Naval Station—Staten Island, New York, 10305.

We've had a lot of letters from you people already. I had an opportunity

to read most of them, and I'll read the rest of them as soon as time per

Once again, thank you so much for being with us tonight.

(Applause.)

(Whereupon the hearing was concluded at 6:55 p.m.)

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December 8, 1987

Honorable Mario Cuomo  
Governor  
State of New York  
Executive Chamber  
Albany, New York 12224

RE: Dr. Emanuel Revici

Dear Governor:

It is my understanding that the Regents of the State of New York are about to make a final determination in the proceeding against Dr. Revici. As I have said, Dr. Revici has been an outstanding leader in the community against the fight of drug abuse and also in developing techniques for drug addiction rehabilitation. He has gained a reputation of honesty and sincerity in the community.

It is my further understanding that at the present time there are several investigations of Dr. Revici occurring, one of which is going to be completed in approximately three months. The Friends of the Institute of Applied Biology have indicated to me that if Dr. Revici's license is revoked prior to final determination of the investigations that irreparable harm would come to terminal patients who are presently under his care.

While I do not have any expertise in this area, it seems to me that attention should be focused on the concern raised by Dr. Revici and his friends before any final determination is made. I am taking the liberty of attaching some communications that were sent to me with this request.

Thank you so much for your attention to this very important matter.

Sincerely,  
CHARLES B. RANGEL  
Member of Congress

613 North 11th Street  
Falls Church, VA 22046  
February 22, 1988

The Honorable Guy Molinari  
Naval Station NY  
Building 203  
Staten Island, NY 10305

Dear Congressman Molinari:

I am writing to express my enthusiastic support for the interest you have shown in the work of Dr. Emanuel Revici, MD, of New York City.

I have been a cancer patient of Dr. Revici's since April, 1987.

I was diagnosed in March, 1987 at Georgetown Hospital as having a rare form of cancer in my jaw, and initially offered little hope of survival. A subsequent consultation at Sloan Kettering resulted in a recommendation that I have major surgery to my head and face. Having known of Dr. Revici through a former patient, I also consulted with him, and chose his treatment in lieu of surgery. I have been under his treatment for almost a year, and as a result my tumor has decreased in size by over fifty percent, and I have not been subjected to either deforming surgery or the adverse impact of radiation or traditional chemotherapy. Dr. Revici's medication has caused me no adverse side effects. At 51 years of age, I continue to be physically active (I swim and lift weights regularly), and I continue to hold down a responsible position as director of the Section 202 housing program for the elderly and handicapped at the U.S. Department of Housing and Urban Development in Washington, D.C.

I am one of many whose life has been threatened by cancer, and who has found in Dr. Revici a method of treatment that offers hope and health where the traditionally accepted forms of treatment offer little of either.

I do not dispute that the traditional approaches to cancer have been helpful to some cancer patients. I am appalled, however, at not only the lack of interest, but outright hostility of most of the medical establishment in this country toward Dr. Revici's pioneering work. I applaud your interest in his work, and am prepared to help in any way that I can to support his work. I can be contacted at the above address.

Sincerely,  
Robert W. Wilden



612 S Street  
Alexandria, VA 22314  
March 4, 1988

Hon. Guy Molinari  
Naval Street N.Y.  
Bldg 203  
Statton Island, NY  
10305

Dear Representative Molinari,

As a three time cancer patient who at last has hope of living a cancer free-life, I'm writing to give my enthusiastic support for Dr. Emanuel Revici and his treatments. I feel fortunate to have learned about Dr. Revici and have been under his care for the past two years.

My last reoccurrence of breast cancer three years ago and the extensive damage to my chest both from surgery and from radiation burns resulted from five military doctors' misdiagnosis of my case. Had I been under Dr. Revici's meticulous care an earlier detection could have avoided the painful, permanent disfiguration I have experienced. Dr. Revici's requirement of frequent daily records of changes in my system and weekly discussions with me about these changes keep him well aware of my physical condition enabling him to alter my treatment accordingly.

I have the utmost faith in Dr. Revici's treatment, because I feel and look better than I have in years. Presently, I am a Realtor, a part-time sales associate with American Airlines and am finishing a Master's Degree program in Human Resource Development at Marymount University. With Dr. Revici's continued medical treatment, I am now planning for my new profession and future life beyond my forty-seven years.

Dr. Revici is one of the geniuses of our time; his contributions to medicine and to humanity will be treasured forever.

Sincerely yours,  
Jackie Dickerson Reese

[Ms, Reese's letter is handwritten. This is a true typewritten copy.]

Schroeder Graphics  
248 Springvale Road  
Great Falls, VA 22066

March 4, 1988

The Honorable Guy Molinari  
Naval Station New York  
Staten Island, NY 10305

Dear Congressman,

Please count two more people who support Dr. Emanuel Revici and his medical practice in New York City, New York.

We believe that Dr. Revici's Guided chemotherapy in the treatment of cancers (and other diseases) is pioneering work that can completely revolutionize treatment. As it presently is practiced, conventional cancer treatment is often more hazardous to patients than the disease. Dr. Revici's treatment allows the patient's own body to regain its balance and fight the cancer itself. When treatment is over the patient has a strong immune system to LIVE with, not one that is dangerously depleted.

I (Beverly) was treated by Dr. Revici in 1980-1981 for non-Hodgkins lymphoma (poorly differentiated, lymphocytic). I have been symptom-free since February 1981 and I remain in excellent health.

Please do your best to ensure that Dr. Emanuel Revici's license remains intact.

Sincerely,  
S. Beverly Schroeder  
Peter S. Schroeder

703-759-2961

\* \* \* \* \*

April 20, 1988

The Honorable Congressman  
Guy Molinari  
Naval Station New York  
Building 203  
Staten Island, NY 10305

Jane Carlick  
58 St. Marks Pl.  
New York, NY 10003  
  
(212) 473-6462

Dear Sir:

This letter is to thank you for the hearing on behalf of Dr. Emanuel Revici and to add the comparative stories of my mother, Mrs. Amelia Hughes of Philadelphia and my aunt, Mrs. Marjorie Danko of Harrisburg to the Congressional record with their permission.

In April of 1985, both my mother and my aunt were diagnosed within two weeks of one and other as having Adenocarcinoma of the right breast with positive lymph node involvement. Both my aunt's tumor and my mother's tumor were four centimeters in size. Both women are petite, small breasted, post menopausal. Both women had modified radical mastectomies of the right breast. Remarkable differences begin here where remarkable chronological similarities co-exist.

In addition to the radical mastectomy, my mother followed up by submitting herself to three months of toxic chemotherapy only after dealing with a severe staff infection due to (shabby?) surgical procedures. During the three months of taking the toxic chemotherapy, my mother dealt with: total hair loss, nearly constant nausea, severe weight loss; in short, a very diminished quality of life physically and emotionally.

In the meantime, my aunt Marjorie, (also after the radical mastectomy) submitted herself to two treatments of toxic chemotherapy which very nearly killed her. It was only after her physician discovered her severe allergic reaction to the chemotherapy that they discontinued its use and proceeded with a battery of radiation treatments.

In late Summer of 1987 my aunt Marjorie was told by her physician that the cancer returned under the right chest wall muscle. More surgery was followed by further batteries of twenty-eight treatments of radiation therapy, which ended the week of October 19, 1987.

On October 6, 1987, my mother was told her cancer returned in the form of recurrent breast neoplasm under the right chest wall at the mid-clavicular line above the previous incision. This was pronounced as being inoperable. Again, my mother's physician recommended toxic chemotherapy and radiation treatment. My mother declined the toxic chemotherapy at that time and opted for radiation treatment. External radiation therapy began on October 23, 1987, using mega voltage radiation administered by (I'm told) a linear accelerator. Six thousand rads were delivered to the immediate area with five thousand rads administered to a more general area. These treatments continued through December 8, 1987.

In the period of relative peace that ensued between approximately August of 1985 and the Summer of 1987, I had the extreme good fortune to stumble upon Gary Null's excellent work. As a result, I acquired a small knowledge of the five best cancer specialists on the planet. Dr. Revici appealed to me, not only as another resident of New York City with the obvious geographical problems being solved, but also as a man of grace, creativity and talent with remarkable scientific results that go back decades before I was born. I learned more of the man and his work in this twelve part interview/broadcast Mr. Null did with Dr. Revici as a part of his ongoing research into alternative cancer therapies.

When I was informed of my mother's inoperable situation I told her of Dr. Revici's work and supplied her with all the information I could get my hands on and cassette tapes of Mr. Null's work on the subject. I detached myself

at this point and allowed her to make her own informed decision and suggested that she do the same with my aunt Marjorie. In December of '87 my mother decided to see Dr. Revici. Just before Christmas of '87 she came to New York after completing the above mentioned radiation and we visited Dr. Revici together. Amazingly enough, the good Doctor allowed me to sit in at my mother's examination.

My mother found Dr. Revici to be both concerned and tender as opposed to the cool indifference of some of her other traditional physicians. My mother took Dr. Revici's drops, visited him once a month ever since that first visit and has had around-the-clock access to the Doctor by phone. This is a precious and rare comfort in these times.

By extension, I'd like to say here that I've found Dr. Revici and his staff excellent at dealing with almost hysterically worried family members like myself. This is indeed a rare thing. This Doctor was exceedingly kind when I felt compelled to call him at home mid-afternoon last New Years Eve on a question of the amount of my mother's medicine. His staff has also been very kind and most efficient in terms of their availability by phone.

My aunt Marjorie has not fared as well in spite of the fact that we offered her the same amount of information on the Doctor, accommodations for her stay here in New York at my home, etc. As a trained nurse she felt compelled to follow traditional modalities. Since the end of October 1987 my aunt has submitted herself to cobalt treatments, experimental hormonal receptor therapies (i.e. Tamoxifen) as well as percodan and now morphine for the pain. The seemingly endless side effects she's experienced are: vaginal bleeding due (we're told) to the now discontinued cobalt treatments and/or the hormonal receptors, blood clotting for the same reasons especially in the lungs. She's experienced the nausea and loss of appetite that comes with drugs like morphine and percodan. She is now being given a blood thinning drug called Lumiden to stop the clotting. She has been in the Polyclinic Hospital in Harrisburg until a few days ago she'd all of the stuff mentioned above. My mother feels she'd been released from there with very little in the way of hope. My aunt is, she tells us, thinking of coming to New York to see Dr. Revici.

My mother, on the other hand, has not had much physical pain since seeing Dr. Revici. Earlier this month my mother went to her traditional physician at home, Dr. Granick, for a check-up and blood work. He saw no sign of cancer in his tests. My mother looks excellent, she's on her feet, able to travel for pleasure within reason, she runs a household, takes care of her husband and my grandmother who live in the same town, and she's been known to travel to Harrisburg from the suburbs of Philadelphia to see to my aunt Marjorie. My mother also has an active social life that she enjoys with her friends and husband. We think she's doing marvelous in spite of some rather bleak news with regard to my younger sister, Karen.

We have been informed over the last eight weeks that my sister has shown signs of "severe dysplasia" in six of six gynecological needle biopsies. She is due to have yet another surgical biopsy known as a "cone" on Tuesday,

April 26, 1988. My sister is only 23 years old, she is my only sister. Marjorie is my mother's only sister. Either this is an outrageous example of the inefficiency of these biopsies, or extreme caution on the part of my sister's physicians. I'll find out soon enough. My sister is an intelligent creature as well as a trained and practicing nurse and she's agreed to see Dr. Revici should her situation call for it and if Dr. Revici is able to see her. Considering Dr. Revici's age, patient population, and all of the scary political maneuvering happening now, I am worried SICK.

I am generally a strong person. All of this has taken its toll on ALL of us however. I am sure EACH FAMILY MEMBER OF EACH OF Dr. Revici's current patients and the patients themselves feel as drained by this as I do. I do not write this letter out of pity for my self, my family or all those others, but out of a very real belief that strength does come in numbers and the belief in the hearings and Dr. Brenner's work as well.

In the closing of this letter I do feel compelled to say here that IF Revici's license is revoked, or his therapies threatened in a way that may possibly destroy if not THREE, then ONE of my much loved family members, I definitely will feel the strong need to seek legal redress; I will look into this either individually or as a part of a group of grieved family members of Revici's patients. And I will do this tirelessly for the rest of my life.

Thank you Congressman Molinari for your help on this very important issue.

Sincerely,  
Jane Carlick

\* \* \* \* \*

February 17, 1988

The Honorable Guy Molinari  
Naval Station New York  
Building 203  
Staten Island, New York 10305

Dear Congressman Molinari,

Our daughter, Lisa Champlin, (1416 Green Run Lane, Reston, Virginia, 703/435-0605) underwent two major brain tumor surgeries in June 1983 and December 1985. The type of brain cancer is Glioblastoma Multiformae, which is considered by the medical community as being 'universally fatal.' By the summer of 1986 she had surpassed the medical statistics and doctor's expectations— but was losing the battle. CAT scans one month apart (July and August 1986) clearly showed a large increase in mass of the tumor, indicating rapid growth.

In September 1986, we went to New York to try an unconventional treatment with Dr. Emanuel Revici at the Institute of Applied Biology. The frequent seizures stopped completely, even when he discontinued the anti-seizure

medicine (Dilantin), and her headaches decreased in intensity and frequency even as the steroids were decreased. Lisa had been paralyzed on the left side in July 1986 because of the tumor and was not supposed to be medically able to walk without the aid of a walker. With Dr. Revici's treatment, she began to walk on her own without using her leg brace or limping as she had been.

We were very happy that we made the right decision to 'go it alone' with an unconventional treatment. (Those of us who 'take the risk' have a hard time finding moral support and are generally discouraged by the medical establishment.)

Although there are still ups and downs and we have not seen a dramatic complete remission, Lisa continues to fight for her life. There is **no question** that Dr. Revici's unconventional treatment is the reason she is still with us.

It will be five years in May, of this year, since the original diagnosis. The prognosis at that time was nine months to live, if she survived surgery—this from Lisa's neurosurgeon, Dr. Hugo Rizzoli, former Chief of Neurosurgery at George Washington University Hospital. A leading oncologist from Georgetown University Hospital recently told us there is basically a zero percent chance of a patient with Lisa's type of tumor to live more than two years beyond the original diagnosis.

We are concerned about lack of support of those who chose unconventional approaches and the criticism of anything outside the current medical establishment approach to treatment of cancer.

It is our opinion that medical progress is being stifled.

Sincerely,  
Glen E. Nielsen  
Linda C. Nielsen  
1416 Green Run Lane  
Reston, Virginia 22090

\* \* \* \* \*

25 Valley View road  
Great Neck, N.Y. 11021

March 23, 1988

The Honorable Congressman Guy Molinari  
Naval Station New York, Building 203  
Staten Island, New York 10305

Dear Sir:

Thank you for giving Dr. Revici and his patients an opportunity to finally be heard after being denounced or ignored, and mistreated for four years. I would like to focus on the humanitarianism of Dr. Revici.

My widowed sister Evelyn Keisch has asked me to speak on her behalf.

She has a 32-year old son, Cerebral Palsied, confined to a wheelchair, wholly dependent on her. They live in a small three-room apartment. He constantly begs:

**“Mom, please don’t die!”** and when wheeled into Dr. Revici’s waiting room when his mother is there to get her treatment, Jerry insists on seeing Dr. Revici to plead with the doctor to help his mother **“live a long time!”** As busy as Dr. Revici is (there may be 30 patients waiting to see him) he is never too busy to reassure him that he will do whatever he can to help her.

And indeed, Dr. Revici is helping her! He has been keeping her in remission since 1979, when she first came to him. How did she come to Dr. Revici? She had a radical mastectomy in 1974—metastasized to two nodes followed by twenty-six cobalt treatments.

Four years later her doctors became concerned about “hot spots” appearing on her bone scans and other complications. She conferred with the head radiologist of the large hospital where she received radiation following her mastectomy.

He advised immediate conventional chemotherapy. She refused. He actually told her she had **“better have a good excuse when she meets St.Peter!”** She had been a volunteer nurse’s aide for the Red Cross and was aware of the affects of conventional chemotherapy. . .

She agonized—not so much for herself, but for her son. What would happen to him? Where would he go? How would he be able to fend without her? She then spoke of her dilemma to her son’s psychologist. He referred her to Dr. Revici.

She came to Dr. Revici in 1979. After her examination he gave her a phone number to call if needed at any time. The first time she called was in the middle of the night. She expected to be connected to an answering service—but Dr. Revici personally answered! How many doctors are immediately available 24 hours a day, year round? Only one, Dr. Revici. He truly is unique!

Not only is he accessible, his treatment is affordable. She is on a social security limited budget. Incidentally, Dr. Revici has never presented a bill to anyone in the office or mailed a bill for services and/or phone conferences.

Evelyn repeated her scans, etc. in 1984 and again in 1987 with good results. She visits her doctors and they are amazed at her good condition and advise to **“continued whatever (she) may be doing”** that is keeping her in remission!

Dr. Revici was accused of not making referrals—not so! in my own case he absolutely refused to medicate me until I had a colonoscopy and he saw the pathology report. The proctologist believed my polyp **“benign”**. Dr. Revici diagnosed **“cancer”**. The pathologist’s report proved Dr. Revici correct!

Carolyn Gitman

March 31, 1988

The Honorable Mario Cuomo  
Governor of New York  
Executive Chamber  
Two World Trade Center  
57 floor  
New York, New York 10047

Dear Governor Cuomo:

My wife has multiple myeloma anemia. Without medical treatment she will die. It is her right to live, to pursue happiness. In the present circumstances it is her right to choose that physician whom she believes will best treat her so that she can continue to live, to be happy, to be a loving wife and mother. That physician is Emanuel Revici.

He is not like most doctors. He says, "I will do the best that I can do". He says, "call me at home, anytime". He does not say, "You have six months or an 80% chance to live five years." His charges are modest, and his medicine is included. His treatment is patterned for each patient and changes continually as the disease progresses. His treatment causes no trauma to the body. It does not destroy the immune system or cause loss of hair, nausea and pain.

My wife tried the current standard treatment involving chemotherapy first. As a result, within six weeks her immune system was severely compromised and her blood so weak that she could not nourish her own tissues. She had to go to the hospital to recuperate and then convalesced at home. It cost \$12,000, which would pay for ten years of Dr. Revici's treatment. And had she continued the usual treatment, the chances are, she was told, she would very likely end up in the hospital an unknown additional number of times. Instead, with Dr. Revici, she actually has led a happy, painless, productive life for eighteen months. She enjoys her work. She looks terrific and feels wonderful.

By what right does the medical establishment threaten to revoke Dr. Revici's license to practice medicine and thereby endanger my wife's life? Who are they to set the standard, conduct the tests, act as jury and judge. Especially considering that it is their jobs, their equipment and facilities and their exorbitant charges which are threatened by the type of treatment Dr. Revici practices: a non-traumatic, re-enforcing, individually structured system. In fact the medical establishment has already conducted some studies that point in the direction of just this sort of medicine.

And in all logic dealing with the underlying conditions of good health, seeing where these conditions are off balance and re-establishing them is obviously a better way to go about healing than cutting, burning or poisoning could ever be. All three procedures have more to do with eliminating an already developed tumor than dealing with the conditions that led to its development in the first place. In this connection it is worth noting that Dr. Revici integrated his



medical degree with studies in biochemistry.

His success with many types of cancer, as well as myeloma, was made strikingly clear at a hearing conducted by Congressman Molinari on March 18th\*. In excess of three hundred people were present, and some stood for hours watching the proceedings. More than one hundred were patients or former patients. Some gave incontrovertible evidence describing the alleviation, often the virtual disappearance of cancerous symptoms. Most "should" have died years ago according to the oncologists they initially consulted.

Surgery, radiation and chemotherapy are non-discriminate as presently used. They are inefficient in that good cells are destroyed and bad ones are missed. They produce immense trauma, both physical and emotional. They are self-limiting; only so much can be cut, radiated or poisoned before the treatment itself causes death. The side-effects are often as bad as the disease. The expense is unbelievable. The outcome unsatisfactory. Too often it is death. And whether life is or is not prolonged is moot. The investment of people, building, equipment in all of this is in the tens of billions of dollars. Who but the medical establishment itself prospers?

And this is the institution which is going to judge Dr. Revici, because when its patients die that is okay because it is in the institutionally approved manner . . . not if I have anything to say about it. And I hope you will be inclined to express like feelings about this matter.

Sincerely yours,  
Richard E. Grunebaum

. . . . .

42 Gilbert Lane  
Plainview, NY 11803  
March 12, 1988

Hon. Guy V. Molinari  
Naval Station New York  
Building 203  
Staten Island, NY 10305

Dear Congressman Molinari,

I want to thank you for your interest in the cause of helping to find a cure for cancer. For the past fifty years with billions of dollars spent, the conventional doctors and researchers keep telling us that a cure is just ahead. Surgery, radiation and chemotherapy have not given us the promised results.

There are researchers and clinicians such as Dr. Burton, in the Bahamas, whose treatments are getting promising results. I greatly appreciate your efforts on behalf of Dr. Burton and thank you for him and for all his patients.

I am now writing specifically to encourage you in supporting Dr. Emanuel Revici's right to continue the non-toxic therapy that is helping so many terminal patients. Dr. Revici is a brilliant physician whose work should be studied and funded and verified. Other younger doctors should be encouraged to study with him to insure the continuity of his methods at a time when he can no longer continue to practice. I have personally heard testimony from many of his patients who were diagnosed as terminal by conventionally oriented physicians. These patients are alive and well today because of the treatment by Dr. Revici. It is of utmost importance that their cases be studied and that their testimony be heard by those people who are making a determination on whether or not Dr. Revici be allowed to continue his practice.

I, personally, have great confidence in Dr. Revici's methods. I have investigated the therapies of many practioners. I was in Kiev, in the Soviet Union, immediately following the tragic nuclear melt-down in Chernobyl. I was tested at Brookhaven National Laboratory with a whole body counter. There were definitely elavated levels of radiation. Where was I to turn for help? Fortunately, I had known of Dr. Revici's work for many, many years and happened to hear him on Gary Null's radio show on WBAI-FM, where he spoke of his treatment for radiation sickness. Upon testing by him, it was determined that I did not require treatment, I was reassured by this and very thankful that I had the freedom of choice.

I encourage you to listen to the testimony of Dr, Seymour Brenner, radiologist in N.Y.C., who has studied Dr. Revici's work and finds it efficacious.

Dr. Revici is a great genius, a beautiful person, and a great humanitarian. At 92 years old, he is certainly deserving of being honored and revered and encouraged for his contributions. It is a scandal and an outrage that even one ounce of his energy is wasted in legal battles to fight for his right to save lives.

I am planning to attend the public hearing on March 18, 1988 and again thank you for the wonderful work you are doing.

Sincerely yours,  
Edith Jason

2931 Brighton 7th Street  
Brooklyn, NY 11235  
February 25, 1988

Honorable Guy Molinari, US Representative  
Naval Station New York  
Building 203  
Staten Island, NY 10305

Dear Mr. Molinari:

I'd like to bring to your attention the positive experience I've had with Dr. Revici since I first consulted him for treatment last August.

I'm afflicted with Crohn's disease, a condition which started more than 14 years ago as a moderate case of ulcerative colitis and became progressively worse through the years. About two years ago my internist considered having my colon removed but decided against it when, after consultation with other doctors, he concluded that such a step wouldn't help me anyway. since then I sought advice from one doctor after another, despite medical opinion that my disease is incurable. I might also add that at least five of my relatives are medical doctors.

At first Dr. Revici's remedies failed to help me —but before I could become discouraged once again, he produced a treatment which suddenly worked miracles. This treatment is in the form of drops which I take on a piece of bread —and Dr. Revici did not hesitate to tell me, when I asked him, exactly what these drops contained. What a relief to find something other than steroids which can help me!

Although Dr. Revici did not promise to cure me, when I asked if he means simply to keep me in remission, he replied, "I hope to do better for you than that." And I believe that he will.

Sincerely,  
Barbara Sarnelli

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*The letter which follows discusses irregularities involved in the negative report made by the Clinical Appraisal Group on Dr. Revici's treatment for cancer.*

*A summary of that report was published in JAMA in 1965; it has since served as the principal weapon in indictments (legal and otherwise) of Dr. Revici and his therapy.*

*Dr. Harvey Wachsman, who testified at this hearing in the morning, referred to it in justification of his accusation that Congressman Molinari was promulgating a kind of fraud by holding such a hearing.*

*Leonard Steinman delivered a rebuttal in the afternoon session.*

*The sharpest brief rebuttal, however, appear to be the letter appended here, dating from the year of the CAG report.*

*Certainly, the credentials of the author, as given in his letter, are in no way inferior to those offered by Harvey Wachsman with regard to qualifications, public service and civic mindedness.*

#### Law Offices

Laurence H. Eldredge  
Three Penn Center Plaza  
Philadelphia 2

June 14, 1965

Frederic P. Herter, MD  
155 Sherman Avenue  
Dobbs Ferry, New York

Dear Dr. Herter:

The evident sincerity of your handwritten letter of June 9th impresses me. The Revici situation is one of the most challenging and puzzling problems which has confronted me in years. I have read the protocol of the Clinical Appraisal Group and also of the Delafield Study Group. One of Dr. Revici's complaints is that both protocols were flagrantly violated. His most serious complaint is that the report itself distorts and misstates the clinical evidence. He claims that Dr. Lyall has at all times refused to permit him to see the evidence and has suppressed photographs which would prove that some of the statements in the report are untrue.

I am trained to examine and appraise evidence in many different fields and I find some of the evidence I have already examined to be impressive in supporting Dr. Revici.

The Clinical Appraisal Group's report is practically a sentence of professional death to Dr. Revici. Particularly in view of its seriousness, I find it completely incredible that he did not receive any preliminary draft of the report and was not given any opportunity to comment upon it. That procedure is repugnant to every sense of decency and fair play. The further fact that the report itself was concealed from him until after it had been widely distributed certainly looks like one purpose of the report, at least, was to destroy the man rather than to find the truth.

I find it difficult to understand why five Delafield cases were included in the Clinical Appraisal Group's report, when the two protocols were different and no report was to be made under the Delafield protocol until a minimum of twenty Delafield cases had been studied.

I have not the slightest interest in just taking Dr. Revici's case and making a fee for myself. I am interested in finding the truth and being an instrument of justice. I will not reach any final conclusions until I have thoroughly examined all available evidence and I am hoping to get to New York in the very near future to discuss the matter with the President of the Board of Trafalgar Hospital and other people I am anxious to interview.

There is no doubt about it, there are trained scientists who have faith in Revici and his methods. Unsolicited letters written to Dr. Revici by such men as Dr. Maisin of Belgium, copy of which I sent to the editor of the American Medical Association Journal, just cannot be shrugged off.

Dr. Revici was brought to me by Andre Girard, who is not only a sensitive artist but a shrewd, sagacious Frenchman, who was one of the leaders of the French underground and who received the highest decoration the United States government can award a civilian. Mr. Girard is a friend and neighbor of Dr. Haagensen, so you may have heard of him. Mr. Girard has been my friend for many years. He completely believes in Dr. Revici and was first impressed with results Dr. Revici obtained in France during World War II which were personally observed by Mr. Girard. He turned to me to see if I could do anything to help.

If Dr. Revici's unorthodox methods do get positive results in some types of cancer and if they do eliminate pain and prolong life in cases in which the cancer may not be completely eliminated, then, a result of the publication of this report and acceptance of it will result in people dying who might otherwise remain alive. That is even more serious than the destruction of Dr. Revici's reputation. I look upon Dr. Fishbein as exhibit A of a man who had an operation to remove a malignant tumor in his brain, whose life expectancy post-operatively was measured in weeks, and who was saved by going to Dr. Revici.

You can check my background in *Who's Who*, where the editor lists me with a triple classification of "Lawyer, educator, author." For the past thirty-five years, I have been engaged in helping expose all sorts of frauds that prey upon the gullible public through my work with the Better Business Bureau of Philadelphia, of which I am General Counsel and have twice been President. I have worked closely with doctors in hospitals most of my professional life. For several years I was a director of the Delaware Valley Hospital Council. During the years I was President of the Episcopal Hospital I worked closely with the medical board in connection with my chairmanship of the committee on medical affairs. As chairman of the building committee of the Magee Memorial Hospital, I had charge of building that hospital, which Dr. Howard Rusk told me was one of the finest rehabilitation centers in the eastern seaboard. I have given my lectures on medical jurisprudence to the senior class

of the University of Pennsylvania Medical School for many years.

So you can see, Dr. Herter, that I fully appreciate the importance of exposing medical quackery in order to protect a gullible public. Nobody could pay me enough money to get me to represent a person I believe to be a quack. On the other hand, I hate injustice and I will fight to the death for a cause I believe to be just, regardless of whether I get paid or not.

I don't know whether you saw the first letter I wrote to the American Medical Association Journal but rather suspect you did not from one or two things said in your letter. I enclose a copy of it.

Sincerely yours,

(This copy of the letter bears no signature.)

**Congressman Molinari,**

**My name is Robert DeBragga. I reside at 26 Flanders Road, Stonington, Ct.**

**For the past 9 years, I have been a patient-advocate of freedom of choice in medicine, and I have worked with several members of Congress during this period. I consider it a special privilege, Sir, to have this opportunity to share my feelings with you today, and I commend you and your staff for providing this exceptional forum.**

**As far as I know, Congressman, I am one of the longest surviving lung cancer patients in the nation. In October, I will celebrate 10 years of life after diagnosis, and in less than one week my 48th birthday—something I never thought possible, even a few years ago.**

**In previous testimony, you have heard extraordinary comments regarding my doctor's ability to diagnose, his accessibility, compassion, strength, understanding; the list goes on. As one of his long term patients (6 years), I can personally attest to them all. I have not only been his patient over the years but his friend as well. A great honor indeed!**

**Before recounting my experience as his patient, I would like to enlarge a little on my activity as an advocate of alternative concepts in health care, particularly in the field of cancer research and treatment.**

**In mid 1979, after reviewing a significant portion of the medical literature, it became increasingly clear to me that innovators in cancer therapy had no real communication vehicle to reach practitioners in mainstream medicine.**

**Even Linus Pauling and Albert Szyent Gyorgi had been refused funds by the National Cancer Institute. It seemed that most members of the scientific community had closed their minds regarding these Nobel laureates once these two men had departed from the major research routes. I reasoned that these great thinkers and their colleagues might fare better, perhaps, if cancer research and treatment (or lack thereof), were made national political issues.**

**Accordingly, I started a grass roots movement in Conn., which ultimately grew into what is now an important national organization, with members in every Congressional district in America.**

**My efforts to politicize the cancer issue were not isolated. Many of our most respected scientific journalists and medical investigators had similar feelings; and in 1979, a group of us met in New York City. Attending as well were several aides of Christopher Dodd, then a Congressman from Conn.**

**This meeting established a rapport with an important segment of the scientific press and served as the stimulus for many subsequent discussions concerning innovation in cancer research and clinical application.**

**Several of these professionals have testified here today.**

**During 1980, I had the opportunity to work with Senator George McGovern's staff when the Senator was Chairman of the Senate Subcommittee on nutrition.**

**In 1981, I was invited to work with Senator Paula Hawkins' staff during her oversight hearings on the National Cancer Institute.**

**My participation in the initiation of the Office of Technology Assessment study of alternative cancer therapy, which you have championed so successful-**

ly, I regard as my greatest contribution to patient-advocacy.

To be part of this monumental movement as it emerges has been a revelation to me.

Today is one of this movement's finest hours.

My patient history begins in October, 1978. I was diagnosed as having squamous cell carcinoma of the lung, with metastases to the lymphatic system. My prognosis was extremely poor—possibly a year, with the median survival at 36 weeks (using the best of conventional treatment protocols).

After 6,000 rads of radiation, and 5 courses of chemotherapy, I left traditional treatment. The radiotherapy had helped to reduce the lesion in my lung, and I had decided that if I were going to survive this was the moment to consider all options.

At that time, I was not aware of Dr. Revici and I opted for a nutritional program.

The program appeared to preserve my health, but two years later my insurance company cancelled my insurance; and in February 1982, X-rays and tomographs revealed two lesions in my right lung and one in my left.

By this time, because of my political activity, I was familiar with nearly all alternative treatment regimens. I decided to seek out Dr. Revici.

Our first meeting took place March 4, 1982. By midsummer, the lesions were gone. My radiologist (who is still a good friend), said, "Whatever you're doing, keep it up."

Needless to say, I did.

It should be noted, however, and clearly, that a long term survivor of a grave type of cancer constantly battles the disease. Physically, psychologically, it is war.

Recurrences are common. I've had two. And long term side effects of previous treatment (radiation in particular), can produce serious problems. During September of 1986, I hemorrhaged from the lung for seven consecutive days and nearly died. It was one of Dr. Revici's medications—an alcohol preparation—that finally stopped the bleeding.

I would like at this point to turn from my case and focus instead on several characteristics which make Dr. Revici so special.

In an illness such as cancer, the doctor-patient relationship becomes exceptionally delicate—the patient feels more like a child and tends to view the doctor as a trusted parent. Dr. Revici has always understood this.

Emanuel Revici, himself, is far stronger than sight suggests, and yet so gentle and empathic. That may surprise casual observers; but as a patient one constantly draws strength from his strength. If you are in pain, he is in pain: you can see it in his eyes.

And you have no doubt that he cares. When he was in Mexico City during the Second World War, some American doctors attributed his successful treatment of cancer to his impressive "bedside manner."

This was intended as a "put down," but there was more than a germ of truth in it. As Dr LeShan testified earlier, Dr. Revici has always recognized the con-



nection between psychology and disease. And what we call “visualization” and “positive attitudinal healing” — techniques used increasingly these days in cancer management—have always been part of his basic pharmacopoeia.

Since December 1983, the ties between Dr. Revici and his patients have been subjected to increasing strain.

Three malpractice cases were filed against him, the first in his 65-year-career. Each one threatened to close the Institute if successful, because Dr. Revici carries no malpractice insurance. (Its cost to alternative practitioners, where obtainable, is prohibitive.)

The State Health Department, using the same patients as the plaintiffs in the civil actions, began an administrative proceeding to decide on his fitness to remain in practice. Their recommendation to the State Board of Regents, who will make the final determination, is to revoke our doctor’s license; and the dread created by the possibility of revocation has produced almost unimaginable stress. It is my belief, recalling recent experience, that panic may ensue if the license is taken.

During the 19 hearings conducted by the Office of Professional Medical Conduct, the attorney for the Health Department, John Shea, cross examined many of the patients testifying on behalf of Revici in a manner more befitting convicted felons than victims of disease. It was almost inconceivable actually to hear him assault cancer patients — already under a sentence of death— while the panelists and the presiding officer sat with deaf ears to this “legal” abuse.

Although the Department of Health finds Dr. Revici guilty of incompetence and negligence, it must be noted that one of the law suits against him has gone to trial, and the verdict to date is, “Not guilty of fraud. Not guilty of malpractice!”

In my opinion, it is not unlikely that the remaining civil case will end with the same decision.

If that happens after the Regents should revoke, then the lives of Dr. Revici’s patients may be put at risk simply because of the enormous pressure to act that is now being exerted by the Health Department on the Regents.

Before any decision is made, it seems to me that much more thought is required if we are to avoid the tragedy which occurred in the Bahamas 3 years ago.

In a life and death matter, 20/20 hindsight amounts to blind sight; we have heard here today Dr. Seymour Brenner proposing a study of Revici’s medication and method — a study which could ultimately be of help to all humanity.

How wasteful of human life it would be to take Dr. Revici’s license, only to discover that Brenner’s study validates Revici’s lifework!

Congressman, please help us!

Thank you.