"Follow the money," words written by William Goldman and uttered by “Deep Throat” in the movie *All the President's Men*, were Bob Woodward’s key to unraveling the Watergate scandal in 1976. Since then the phrase has become a ubiquitous part of our vocabulary, naming a television show, repeated in movies, and verified as the direct approach in solving other mysteries. “Follow the money” could also be used to explain why Stanislaw Burzynski, MD, PhD, has been harassed by the U.S. Food and Drug Administration (FDA), the National Institutes of Health (NIH), and the State of Texas, according to the recently released documentary, *The Burzynski Movie*.

Dr. Burzynski discovered a new peptide he dubbed antineoplaston, present in the urine of people without cancer and absent in those with the disease. He hypothesized that this peptide, if given to those with cancer, would cure the disease. Seems like a simple premise. To test this he extracted the peptide from urine, tested it in the worst cancer cases, those that were almost surely fatal, and watched some of those patients completely recover. Unlike chemotherapy and radiation, there were no harsh side effects or lasting bodily harm from his treatment.

This was in the 1970s. One would think that the National Cancer Institute (NCI) of the NIH would have rushed to fund and test this new treatment, the FDA would grant immediate approval if the clinical trials proved successful, the State of Texas would laud their healthcare pioneer, and the millions of patients who suffer from chemotherapy and radiation would have a more gentle and perhaps more efficacious treatment option. What happened was the complete opposite.

Cancer is big business in the U.S. The clinicians, pharmaceutical and biotech companies, researchers, and the non-profit executives of large cancer organizations in the U.S., all reap significant financial rewards. In 2010, there were 700 cancer drugs under development compared with 147 for cardiovascular disease, the number one cause of death in the U.S., cancer is second (Wood, 2011). On September 12, 2011, the FDA announced a reorganization, creating an additional division to deal with the abundance and complexity of oncology applications. In the hematology group, there are now three divisions to deal with cancer and only one to deal with all the other hematological diseases (FDA, 2011).

DOI: 10.4018/ijudh.2012100113
U.S. sales for cancer drugs average $200 million per product per year versus $45.6 million for cardiovascular drugs (Wood, 2011). The 2010 budget for NCI was $5.1 billion, more than any other institute at the NIH (NIH Almanac). That research money was supplemented by more than $1.5 billion from the American Cancer Society, Susan B Komen Foundation, and like organizations (Wood, 2011). In 2010, 32,700 doctors (about half from outside the U.S.), pharmaceutical representatives, and others attended the American Society of Clinical Oncologists in Chicago (ASCO, 2010). These are just some of the statistics showing the dominance of cancer treatment and profits.

So what drives all this attention? Fear. And the belief that spending more and more money on research will solve the problem. No one can deny the fear factor. According to a survey by Met Life, 41% of Americans feared cancer, ranking it the highest of all the diseases they surveyed (Harris Interactive, 2011). However, it is relatively easy to dispute that more money and more of the same research are the answers to saving lives and ensuring a good quality-of-life for the survivors.

In 1971 President Nixon signed the National Cancer Act significantly increasing funding for cancer research in what was commonly called the ‘war on cancer.’ Despite the many billions spent during the last 30 years on research and new treatments, the incidence and death rate from cancer is just slightly lower than in the 1970s with the mortality rate of some cancers decreasing and others increasing (Kohler, 2011). There have been a few notable treatment successes, but many new cancer drugs add only a few months of life at a great fiscal and physical cost to the patients (Johnson, 2009). And the U.S., unlike other countries does not factor in the cost per quality-adjusted-life-year when approving treatments. But the public illusion remains. Thousands walk the streets, adorned with hats and t-shirts, thinking that their five miles will make a huge difference in life-saving therapies.

The oncologists, researchers, U.S. government, industry, and non-profits continue to join together in a well-oiled, money-making, and some would say, myth-making machine. So it is easy to see why someone like Dr. Burzynski, who has a treatment that works differently, perhaps more effectively in some cases, is a threat. He could remove profits, prestige, and credibility from the current players. His treatment, if used widely, would be putting a stick in the machine’s gears causing it to clank and sputter.

The FDA might have imagined these consequences. Perhaps that’s why they seized Dr. Burzynski’s medical records, convened four grand juries and held several congressional investigative meetings, apparently fishing for an indictment. There was no dispute that his treatments had clear efficacy, the medical records clearly demonstrated that, so the FDA had to fault him on something else. They accused him of sending his drugs across state lines, although, from his perspective and according to his lawyers, he had been granted dispensation through the compassionate use law. After two trials, Dr. Burzynski was acquitted of all charges.

After the meetings with the FDA, Dr. Burzynski agreed to create a series of clinical trials so that his patients would be treated under those protocols. While the NIH didn’t help fund his research, as they often do for promising treatments, they did assist with the clinical trials, they assumed control of them. They then proceeded to change the protocols over Dr. Burzynski’s objections, changes that resulted in reducing the dosages so that the patients who received his treatments received so little drug they were sure to fail the protocol. Dr. Chen, a former contractor for the NCI, bravely explains in the movie that money talks and any alternative treatment trials done by the NCI are changed so they are sure to fail.

Money continued to talk at the NCI through a patent battle. Because Dr. Burzynski knew that it would be easier for him to gain FDA approval and market his treatments with the help of a pharmaceutical company, he signed a licensing agreement with Elan Pharmaceuticals. Just when Dr. Burzynski thought he’d found a way to get his treatment to market, Elan abruptly
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