

An Open Letter to Reed Powell

by Suzanne Somers and Burton Goldberg

Introduction: The following letter was inspired by the tragic death of Steve Jobs to cancer. The war on cancer is a failure. This letter explains the reasons why this is so. It also explains why the incidence of cancer is far greater today than at any time in human history, and tells what must be done if the war on cancer is truly to be won, including what factors—too often ignored by conventional oncologists—must be addressed, and which types of therapies can and should be used in combination with conventional cancer treatments to create the most effective integrative cancer care. It is addressed to Mr. Jobs' son, Reed Powell, who is dedicated to finding a cure for cancer.

Dear Mr. Powell,

Having recently completed reading Walter Isaacson's biography of your father, Steve Jobs, I learned that you are dedicating yourself to finding a cure for cancer. Therefore I want to take this opportunity to introduce myself and commend you for your bold commitment on behalf of humanity. However, as a medical researcher, I feel compelled to share with you facts that are often ignored by doctors in the ongoing "war on cancer."

As the "Voice of Alternative Medicine," I have spent the last four decades of my life traveling the world, researching firsthand the best that both conventional and alternative medicine has to offer. I am driven by a desire to find THE TRUTH and wherever it leads me, it leads me. Although this journey has included prevention/anti-aging strategies and treatment protocols for many forms of degenerative disease, my primary focus has been cancer.

Several years ago, my research unexpectedly became personal as I developed and subsequently beat cancer not once, but twice. As I wrestled with how to best treat my cancer in the safest and most efficacious way possible, I was forced to think outside the box instead of relying on conventional oncological wisdom. I naturally gravitated to a group of doctors and researchers in Germany and to a lesser extent in America and Mexico, who were achieving spectacular results. My cancer has now gone into complete remission. In fact, I have concluded that were it not for such so-called unapproved therapies, I most likely would not still be alive today let alone in a state of vigorous health I now enjoy at 85 years old.

Unfortunately, my years of experience have also taught me that economic and political realities of the medical/industrial complex can trump safer and more natural therapies in spite of their superior therapeutic outcomes. Then unexpectedly, my research became personal. As I wrestled with how best to treat my own ordeals with cancer, this sometimes-suppressed knowledge led me think outside the box instead of relying on conventional oncological perspectives. In my own journey with cancer, I beat it both times by implementing the discoveries I have made. I now devote my life to sharing this information with others.

Sadly, the information that saved my life is too often unknown, denied or ignored by oncologists and cancer researchers. As a result, despite ongoing claims that the war on cancer is at last starting to improve, the truth is that we are no better off than when President Nixon officially declared war on cancer in 1971. In fact, we are far worse off than ever before. At the time of Nixon's declaration, one out of every ten Americans developed cancer. Today, despite the trillions of dollars that have been

spent on cancer research in this country, that figure has risen dramatically. As of this writing, *one out of every two men, and well over one out of every three women in the US will develop cancer in their lifetime*. This rate has risen to such an extent that cancer is now the leading cause of death in the US for all persons 85 and younger. The reasons for this travesty are threefold:

1) There exists today a self-serving cancer establishment in this country. It is comprised primarily of Big Pharma, the American Cancer Society, the American Medical Association as well as elements of the federal government, the National Cancer Institutes (NCI) and the Food and Drug Administration (FDA). Collectively, they control what information and treatments about cancer are made available to the public.

According to these entities, only surgery, chemotherapy, radiation, and gene therapy should be used to treat cancer. Everything else has been branded “unapproved,” non-effective,” or “quackery” despite overwhelming evidence to the contrary.

To the cancer establishment, however, that doesn’t matter. It’s “their way, or the highway,” and the highway they are taking us down leads too often to needless suffering and death. Why? Because cancer is Big Business, and they are not interested in any approach that could potentially threaten their profits.

2) From a scientific perspective, the principal reason why the war on cancer has largely failed is due to an almost obsessive and myopic focus on targeting cancer cells and tumors at the expense of addressing the underlying factors that cause cancer in the first place. As a result, while oncologists now have an array of new and superior chemotherapeutic drugs and gene therapies at their disposal, the truth is that overall cancer remission rates are little changed from the 1950s. To make matters worse, cancer is now striking earlier than ever before. It is not uncommon for men and women who are only in their 30s to be diagnosed with prostate or breast cancer; a fact that was virtually unthinkable a decade ago.

3) Of major significance, is the fact that we have, over the last few decades, poisoned our planet almost beyond recognition with highly volatile cancer-causing agents that are not only in our air, soil, and water supplies, but also in our food. Here, too, the quest for monetary profit trumps doing what is right for our planet and everyone upon it. We’ve known for decades that fluoride, chlorine, and the many other poisonous substances that are to be found in much of our nation’s drinking water supply are carcinogenic, yet nothing is being done about it. It’s also long been established that the plethora of pesticides, preservatives, and other additives found in are crop soils and foods increase cancer risk, but that’s being ignored too. And now we face the added danger of “Frankenfoods” and genetically modified seeds that are being foisted upon our nations farmers whether they want them or not by Monsanto and other companies with the full support of our government, despite the fact that not a single long-term safety study has ever been conducted on such GM foods and seeds.

There is only one word that explains why nothing is being done to change the above facts and that word is Greed. For far too long, the United States has gone from being “a government of the people, by the people, for the people” to one “of the vested interests, for the vested interests, by the vested interests,” with money and power for the elites who by and large own our elected leaders and the government agencies intended to protect us.

If we are truly to win the war on cancer, that must change and the change must begin now! We must get money out of politics and corporate influence must once and for all be stripped from our nation’s political process. And we must demand that an immediate and full-scale approach be taken to eliminate, or at least significantly reduce, the massive amounts of cancer-causing toxins that Big

Industry continues to pour into our environment. For make no mistake, Mr. Powell, the impact these toxins have on humanity is the number one reason why cancer rates have spiked so high over the last half-century.

In addition to those two measures, we also need to shift our focus move beyond a quest for “ray gun” therapies. We must additionally provide cancer patients with comprehensive integrative care that addresses, to the greatest extent possible, all potential causes of this complex disease. Right now, the focus of mainstream cancer care is to treat the disease, not the person. By contrast, my colleagues and other integrative cancer doctors do the opposite. They treat the person, not the disease!

This shift in treatment strategies makes a world of difference for the treatment of all chronic, degenerative disease, but most especially cancer. Currently, conventional oncologists still continue to rely on treatment protocols based on statistical outcomes. At best, these outcomes may show a 30% overall success rate. That’s all well and good for the patients who fall into that 30% group. But what about the 70% who don’t? The answer is that for this larger group, the treatment protocol will fail. Such a statistical-driven, symptom-based treatment protocol for cancer patients is “cookie cutter medicine” at its worst, and many of these “one size fits all” protocols work for far less than 30% of cases! This is another reason why the war on cancer continues to be a failure. And failure is the only word to describe it. For instance, are you aware that research has documented that when chemotherapy alone is used to treat stage-4 cancer patients, the five-year survival rate for such patients is a mere 2.5%? This is both a fact and a travesty. We must do better, and we can! My colleagues are already proving this.

By contrast, putting the emphasis on determining and then addressing each cancer patient’s unique needs produces far better outcomes. This is precisely the approach that is the heart of integrative cancer care, which combines the best that most alternative and conventional medicine has to offer, and then tailor makes it to each patient’s individual situation. It also means dealing with the causes of cancer, instead of simply targeting tumors. Chief among these causes, in addition to environmental toxins, are poor diet, nutritional deficiencies, subpar immunity, and chronic, unresolved stress, among others.

To fully cover each of these causes is beyond the scope of this letter to you. Briefly, let me address each one in turn.

Environmental Pollution: I firmly believe that the chief cause of the skyrocketing cancer rates of the last 50 years is the parallel proliferation of manmade toxins in our planet’s soil, air, water and food supplies during that same time. For economic and other reasons, including the fact that the heads of some of the biggest corporate polluters sit on many of the boards of cancer research firms and charities, this issue is for the most part being ignored, to the detriment of all. We must demand an end to such pollution, and just as importantly, doctors must do all they can to help their patients, especially those with cancer and other life-threatening disease, safely and effectively reduce the overall toxic burden of their bodies. There are a number of ways to achieve such detoxification that are effective both in terms of health and economic cost. As you further your study of medicine, it is my hope that you and your peers learn all you can about such methods.

Another major environmental threat and significant cause of cancer is the proliferation of nuclear power plants that has occurred since the 1950s. Since their inception, nuclear power plants and bomb facilities have been emitting fission products through accidental releases and through regular allowable emissions that the government classifies as below regulatory concern. Research such as the “Tooth Fairy Project,” which has examined the first teeth of children after the teeth fall out in

preparation for their adult teeth to grow in, has found that the teeth of children who live within 100 miles of such nuclear facilities have much higher concentrations of the radioactive carcinogen strontium-90, leaving the children in these areas at far greater risk of developing cancer in their lifetimes than other

children. This fact was proven years ago by Dr. Jay Gould, Director of the Radiation and Public Health Project (RPHP) and author of *The Enemy Within: The High Cost of Living Near Nuclear Reactors*. By analyzing 50 years of US National Cancer Institute data, Dr. Gould proved that, “of the 3,000-odd counties in the United States, women living in about 1,300 nuclear counties (located within 100 miles of a reactor) are at the greatest risk of dying of breast cancer.” The Tooth Fairy Project grew out of Dr. Gould’s research, yet his findings and that of his fellow researchers continues to be ignored by the mainstream media, and denied outright by the cancer establishment.

Diet: There is no doubt that our modern diet is another major factor in the rising incidence of cancer around the world. Much of the information attesting to this is doubtless familiar to you; so let me focus on just one dietary element—sugar. It’s long been established that cancer cells feed on sugar (glucose), and this fact is what makes PET scans so effective for determining whether cancer is present in the body. During such scans, radioactive glucose is first administered to the patient, to settle in the body’s tissues and organs. If cancer is present, the signals in the affected area(s) of the body will be stronger than in surrounding tissues, since more of the glucose will be absorbed in those areas. Yet most oncologists and other doctors today fail to warn their cancer patients about the dangers of sugar-laden foods and beverages, and in some cases even go so far as to offer sugary cookies and candies in their waiting rooms after chemotherapy treatments. This must stop.

In addition, as with cancer treatments themselves, when it comes to diet, there is no “silver bullet.” Each of us has different dietary needs based on our metabolic type. Though your father was a vegan, for example, it is highly likely that this was not an optimal diet for him. Knowing a person’s metabolic type allows doctors to guide their patients towards diets that are most suitable for each of them individually. For some people, this may indeed be a vegan or vegetarian diet, but for others, a diet containing an abundance of organic animal foods may be far more appropriate. Doctors and patients alike need to be educated about this.

Nutritional Supplementation: While nutritional supplements alone are not a complete answer to treating cancer, they can significantly improve survival rates when judiciously combined with chemotherapy and radiation. This fact has been extensively documented by cancer researchers such as Patrick Quillin, PhD, whose book *Beating Cancer With Nutrition* should, in my opinion, be required reading for all med school students. So why are nutritional supplements still largely ignored by the cancer establishment? Worse, why do oncologists still insist on telling their patients that the use of nutritional supplements in conjunction with chemotherapy and radiation treatments interferes with the effectiveness of such treatments when nothing could be further from the truth? Just the opposite is true—the proper use of nutritional supplements can both increase the success rates of chemotherapy and radiation, and decrease their otherwise all-too-common side effects.

Don’t take my word for it. Take the word of Dr. Charles Simone, former medical oncologist with the National Cancer Institute, who served as President Reagan’s physician. Dr. Simone has for years taught doctors and patients alike of the importance nutritional supplements have in supporting primary cancer treatments, including chemotherapy and radiation, and his research and clinical experience treating cancer patients proves the importance that nutritional supplementation, along

with proper diet has for both preventing and reversing cancer. To tell patients otherwise is criminal and must stop.

Please note, too, that in some cases oral supplementation of nutrients may not be enough for patients whose cancers has progressed. In such cases, the use of I.V. supplementation may be necessary to assist with other treatment protocols.

Immune Dysfunction: Over the last decade or so, mainstream cancer research has increasingly focused on the genetic causes of cancer. While genes certainly play an important role, equally—perhaps even more—important is how well a person’s immune system is functioning. Yet, for the most part, immunity is not only being ignored by oncologists, but even dismissed as unimportant. Again, nothing could be further from the truth. Where is the research that says this is so?

I have witnessed first hand on numerous times how cancer patients’ begin to recover once their immune function improves. As with all of the other measures I am recommending here, immunotherapies are not expensive and should be a mandatory complement to all conventional cancer treatments, just as they are in integrative cancer protocols. (The obvious exception to this rule is with regard to bone marrow transplants, but such procedures would become exceedingly rare if the recommendations I am making were to become more mainstream.)

While continued genetic research must be continued, it is important to realize that it is not cancer genes themselves that are important, but whether or not they become triggered to initiate cancer. After all, humanity has had the same genes for millennia, yet cancer itself has only become widespread over the last 50 or so years. As I mentioned above, only 40 short years ago, only 10% of all Americans developed cancer, while today that figure is on the way to exceeding 50% for both men and women. During that same time, our environment has become increasingly polluted, our diets have become dramatically unhealthier, and our lifestyles have become ever more fraught with stress. These are the factors that are triggering cancer genes and gene therapy alone will not change that. In an increasingly polluted, stress-filled world, the importance of a healthy immune system has never been greater. Doctors must recognize this and do everything they can to educate their patients on improving immunity.

Stress: Obviously, upon receiving a diagnosis of cancer, a patient’s stress level can significantly rise. Taking care to help patients cope with the mental and emotional responses to their diagnosis is extremely important. But even more significant is help them to address and resolve ongoing sources of stress in the lives, since, according to researchers such as Bruce Lipton, PhD, chronic stress is a primary causative factor in over 95% of all diseases, including cancer. Helping patients to deal with the associated emotions of a cancer diagnosis, such as fear, depression, anger, or despair, is also vitally important. There are many effective stress-management modalities available to patients, as the fields of psychoneuroimmunology (PNI) and neuroimmunology attest to.

Proper attention to the above factors can significantly enhance cancer care. I know this from my own personal experience and from the many years I’ve devoted researching cancer therapies and interviewing cancer patients who have benefited from them. It is my hope that people like you who represent the next generation of physicians and researchers will take them seriously.

Now I wish to turn your attention to specific facts about your father I read about in his biography. According to the book, your dad from time to time enjoyed ice cream and pumpkin pie, and also ate a

lot of fruit and drank fruit juices. Had he worked with an integrative cancer specialist, he would have been warned away from such foods and juices because of their sugar content. Yes, even organic fruits and fruit juices can be detrimental for cancer patients, especially in cases of pancreatic cancer, because of the sugar they contain.

I also read that your father suffered from toothache. Unfathomable as this may seem to you, this could have been another underlying factor contributing or exacerbating his disease. I know this from my many years of study what is known as biological dentistry, which recognizes that each tooth in the mouth corresponds to one of the meridians, or energy pathways, and the meridian's respective organ system. This understanding forms the basis of acupuncture and traditional Chinese medicine. Blockages and other disturbances in the teeth, gums, or jaw, can negatively impact the organs they are associated with. Teeth also connected to the body's nervous system, and nerve interference related to dental issues can also be a factor. Dental issues such as misaligned teeth, dental fillings, cavitations, and root canals can all play a significant role here. In fact, research has shown that as much as 50% of the reversal of cancer has to do with the oral cavity, while German research has found dental factors to be involved in 95% of all breast cancer cases. A biological dentist would have examined your father's toothache from this perspective.

I read with sorrow of the way your father wasted away in the months before his passing. This is an all-too-common occurrence with stage 4 cancer, known as cachexia. Your father could have been spared this had he and his doctors known about hydrazine sulfate, an inexpensive substance that has been scientifically proven to prevent and reverse cachexia in cancer patients. However, thanks to the cancer self-serving cancer establishment, this substance is neither widely known nor available in this country. In fact, this same self-serving cancer establishment did everything it could to ensure that clinical trials intended to test its merits would fail before they even began by ignoring the very strict protocols for its use that have been established by the man who discovered the anticancer properties of hydrazine sulfate, Dr. Joseph Gold. The fact that the self-serving cancer establishment succeeded in doing this is a crime against humanity, but nothing has been done about it, to the detriment of everyone who has or who will in the future develop cancer.

Your father's biography also shares that he spent \$100,000 have both his normal DNA and tumor genes sequenced. I've no doubt that in the near future, this will become a standard procedure and be made available to the public at much less cost due to ongoing developments and innovations in medical research and technology. However, for a fraction of the cost your father spent on this, people today can make use of the understanding scientists have already gained from the Human Genome Project to know if they are moving into a precancerous condition or already have cancer much earlier than conventional diagnostic tools can now determine. This can be done via a blood test known as BioFocus, which I continue to use to ensure that, at 85 years of age, I remain cancer-free.

The benefit of the BioFocus test is of vital importance because it allows physicians to screen for circulating cancer cells that can lead to metastasis and otherwise escape detection until it is too late. It also enables oncologists to tailor-match chemotherapy drugs that most closely match each patient's genetic makeup and to treat both primary tumors and the circulating cancer cells. Conventional oncologist often fail to do the latter, focusing only on primary tumors. Even when such tumors are successfully removed or killed, so long as circulating cancer cells remain floating in patients' bloodstreams the danger of recurrence and metastasis remains high. Failing to detect circulating cancer cells in time is one of the main reasons cancer does so often recur, usually more aggressively than when it first appeared. The BioFocus test goes a long way to reversing this dangerous trend.

Despite the proven benefits the BioFocus test offers cancer patients, only a handful of doctors in the US are aware of it, and fewer still provide it, and to get it, patients have to use the services of a company in Germany. Yet the BioFocus test was offered to the National cancer Institute years ago for

free. At the time, the NCI indicated a willingness to examine it, yet so far they have not done so. This too needs to change.

Nor is the BioFocus test the only nonconventional test physicians should be using. It takes many years for cancer cells to grow into a detectable tumor. Yet tests exist that can help doctors determine if their patients are in a pre-cancerous state years before tumors appear. Such early detection would dramatically reduce the incidence of cancer by allowing doctors to guide their patients back to a non-pre-cancerous state, something that is relatively easy to do without the need for expensive drugs or other medical interventions.

One such test that helps doctors accomplish such early screening is the Cancer Profile Test, developed by Dr. Emil Schandl and available from his company, American Metabolic Laboratories in Hollywood, Florida. Given its importance, I feel it should be part of a yearly annual physical.

Another test I highly recommend, one that has been approved by the FDA, is the Ex Vivo Analysis—Programmed Cell Death (EVA-PCD), developed by Dr. Robert Nagourney, an oncologist in Long Beach, California. This drug tests biopsy specimens to determine tumor sensitivity to various cancer drugs and drug combinations, as well as various molecularly targeted agents and potentially viable alternative cancer agents. Using this test allows doctors to most effectively match their cancer treatments to each patient's unique individual needs, rather than depending on percentages based on impersonal trials. By doing this, chemotherapy's effectiveness can dramatically be increased while the serious side effects that chemotherapy can otherwise cause can significantly be reduced, thereby improving patient outcomes. The EVA-PCD test has been used effectively to determine the proper course of treatment for a variety of cancers, including pancreatic cancer, yet despite FDA approval and the fact that Dr. Nagourney is a mainstream oncologist, it continues to be ignored by the conventional medical profession. This is shameful.

In conclusion, let me state that neither I nor my colleagues are opposed to the use of chemotherapy or radiation to treat cancer. Rather, we oppose the indiscriminate use of these highly toxic procedures when safer and far more effective methods of use for them already exist. By first using noninvasive tests such as the BioFocus or the EVA-PCD tests, oncologists can quickly learn which specific type of chemotherapy is most likely to prove effective for each of their patients. By doing so, they will move away from cookie cutter medicine to true personalized and individualized treatment plans that have a much higher chance of achieving long-term remission.

Just as importantly, the use of such tests will also allow doctors to administer chemotherapy in much lower doses, thereby greatly reducing chemotherapy's well-known side effects. Targeted, low-dose chemotherapy in conjunction with an overall treatment plan that addresses both primary tumors and circulating cancer cells, along with complementary therapies that improve diet, nutritional status, immunity and detoxification, is what is needed to save patients lives. I know, because it was this type of approach that saved my life!

There is a lot more I could share with you about successful cancer treatments, such as the use of insulin potentiation therapy (IPT), which combines insulin with very low-dose chemotherapy (usually doses that are only 10% of chemotherapy used conventionally) to target cancer cell receptor sites. IPT drives the low dose chemotherapy specifically inside cancer cells, killing them more effectively, while greatly reducing and in most cases eliminating the possibility of chemotherapy side-effects. The innovative advantage to IPT is that it kills cancer cells by using the very same mechanisms that cancer cells use to kill people. This therapy has been available since the early 1930s, yet the cancer establishment refuses to acknowledge its effectiveness. I know that it works because I have seen it do so firsthand.

Other cancer therapies that also deserve your attention are dendritic cell therapies, full body hyperthermia, and the use of autologous vaccines (vaccines produced from the patients' own bodies), yet these too are ignored or marginalized by the cancer establishment. Additionally, some of my colleagues are achieving great success treating cancer without the use of chemotherapy, yet they too are ridiculed or attacked by the cancer establishment. As a result of their influence, many American cancer patients are forced to look outside the US to get the help they need. That is both a pity and a disgrace.

I hope, Mr. Powell, that what I've shared with you here will help you in your quest to find a cure for cancer. If I can be of help to you along your journey, please consider me at your service.

God bless,

Suzanne Somers
Burton Goldberg