

//

Ch.1 - Introduction: 0:00 - 8:55
Ch.6 - Texas Med Bd: 34:57 - 48:03

Ch.2 - Jodi Fenton: 8:55 - 14:04
Ch.7 - The FDA: 48:03 - 1:13:42

Ch.3 - Jessica Ressel: 14:04 - 22:10
Ch.8 - NCI & PhRMA: 1:13:42 - 1:30:18

Ch.4 - Kelsey Hill: 22:10 - 28:48
Ch.9 - The Patents: 1:30:18 - 1:39:02

Ch.5 - NCI & FDA Intro: 28:48 - 34:57
Ch.10 - Conclusion: 1:39:02 - 1:44:06

***This full transcript is for "Part 1", released in 2010/2011
0:00 - 8:55 - *Interactive and sourced transcript***

START:

ARCHIVAL FOOTAGE: Congressional Subcommittee hearing, Feb. 29, 1996. Sgt. Ric Schiff and daughter:

My name is Sergeant Ric Schiff. I am an eleven-year veteran of the San Francisco police department. I hold the department's highest medal of honor for bravery—that used to mean a lot more to me than it does now. What I'd like to talk to you about today is—my now 7 year old daughter. This is an identical twin, her sister is now dead. Her sister, when she was 4 years old, Crystin—developed a highly malignant brain tumor that had spread throughout her spine and her brain. The doctors told us that we had really two options—take her home and let her die, or bring her in for massive dosages of chemo and radiation simultaneously. In either event she was going to die, they were quite certain of that—and very quickly.

Believing her only chance to be the standard route, we gave her the chemo and radiation. It burnt her skull so bad she had second degree burns and her hair never came back. To change her diapers we had to wear rubber gloves because her urine was so toxic and it burned her.

At the end of 6 months, miraculously she survived the standard treatment, although there was a high expectation that she wouldn't. She still had cancer. We were told "sorry, we've done everything we can, now she's going to die, probably within a couple of months." My wife and I choosing not to except that, started reading—the first book I picked up, the third chapter, discussed Dr. Burzynski.

As you may guess, I have some expertise in fraud, in fact I'm quite certain there are enough attorneys in the room that I could be voir dire'd as an expert in fraud—and, I conducted my own investigation. I have no doubt the man is not a fraud. I have no doubt that he does what he does out of earnest belief that his medicine works. Now, you are in a position to judge for yourselves whether it works or not—but it's well established by the FDA, that it's non-toxic.

Eighteen months later, we took my daughter off the Antineoplaston—she had not died. She had no signs of tumor, she remained free for eighteen months of cancer. Within a month, her cancer was wide-spread in her brain. We put her back on Burzynski's—by the way at the objections of our doctors who for some reason felt that it had failed her. We put her back on—within nine weeks the tumor was completely gone. She died last July, of neurological necrosis—her brain fell apart from the radiation. The autopsy showed that she was completely cancer-free. Out of fifty-two cases of that disease ever, no one died cancer-free, just Cryssie.

So she didn't die of a terminal illness—she died of my inability to care for her properly and she died from bad advice. She died because there is a government institution, that disseminates false information, and is not looking out for the welfare of the people. You know, ladies and gentlemen I swore an oath eleven years ago and I think most of us in this room swore it at one time or another to uphold the constitution? It says "life" right in the beginning.

Update: Watch a recent 2011 interview with Sgt. Ric Schiff with Dr. Mercola [[click here to watch](#)].

BURZYNSKI (main title)

Dr. JULIAN WHITAKER - on camera interview:

I first heard of Dr. Burzynski back in the late 1980's when he was in a battle with the Texas Medical Board and the FDA regarding his innovative approach to cancer. I wasn't surprised by that—anyone who is innovative in medicine creates waves in the medical system. However, in his case, I was continually surprised that they didn't put him out of business. I kept hearing about him. So in the mid 1990's I said "Dr. Burzynski, I want to come down and visit your clinic and find out what you're doing, it's very new to me."

When I arrived, he had seven charts ready for me to review—that had been reviewed by the National Cancer Institute who also made a site visit the year before. The National Cancer Institute reported that these seven patients were either in complete remission, or there was substantial improvement.

[[SOURCE: "Review of Brain Tumor Cases Treated with Antineoplastons"; National Cancer Institute \(NCI\) Internal Memorandum; 10/31/91; Letter from D Macfarlane, MD to S Burzynski MD, PhD; pg3 - Prefaced with 11/15/91 NCI Internal Memorandum from Chief, Investigational Drug Branch Michael J. Hawkins, MD to NCI's Decision Network Team](#)].

Highlighted text within on-screen 1991 National Cancer Institute internal document:

"The previously seen tumor parenchyma is no longer present."

Dr. JULIAN WHITAKER - on camera interview (continued):

I was astounded. Dr. Burzynski had MRIs of brain tumors, known to be almost universally fatal, that had simply disappeared. It was obvious to me, that Dr. Burzynski had made the most important discovery in cancer treatment—ever. It's what we have been looking for.

NARRATOR:

A Polish native, named Stanislaw Burzynski, attended Lublin Medical University where he graduated first in his class at age 24—and then received his PhD in biochemistry the following year. [[SOURCE: Sworn Affidavit from Lublin Medical Academy](#)]. While undergoing his research to acquire his PhD, Dr. Burzynski made a profound discovery. He found a strain of peptides in human blood and urine, that had never before been recorded in biomedical research. As his curiosity in these peptides evolved, he made another profound observation—people who were inflicted with cancer, seemed to lack these newly discovered peptides in both their blood and urine—while those who were healthy and free of cancer appeared to have an abundance of these peptides.

Dr. Burzynski theorized that if he could somehow provide a way to chemically extract these peptides from the blood and urine of healthy donors, and administer these peptides to those with cancer—perhaps it would be useful in treating the disease. [[SOURCE: Drugs Exp Clin Res. 1986; 12 Suppl 1:19](#)]

Dr. JULIAN WHITAKER - on camera interview:

Now discovering something in the urine at that time, that had not been discovered before, is like finding a whole bunch of islands ten miles off the coast of Miami, it came as a big surprise. [[SOURCE: Anticancer Res. 2007 Jul-Aug;27\(4B\):2427-31](#)]

Highlighted text within on-screen document:

“Aetna considers antineoplaston therapy (auto-urine therapy)...” [[SOURCE: Aetna.com](#)]

Dr. JULIAN WHITAKER - on camera interview (continued):

All of the sudden he was besmirched as the urine doctor. We forget that extracting things from the urine is an established medical modality. Tens of millions of women have been swallowing extracts of horse urine, Premarin [[SOURCE: Premarin Wiki](#)], for decades—but all of the sudden it was abhorrent to our sensitivities. Well, Dr. Burzynski now synthesizes all of the Antineoplastons. [[SOURCE: NCI](#)

] [[SOURCE: BRI](#)]

[Extra SOURCE \(not in film\): 8/5/87 Congress of Pharmacology Antineoplaston presentation, Australia](#)

NARRATOR:

Dr. Burzynski’s manufacturing facility in Stafford, Texas, where his Antineoplastons are now synthesized, is a multi-million dollar, 46,000 square-foot facility, which staffs five engineers, four chemists, three pharmacists, four medical doctors, and four researchers. [[SOURCE: BRI](#)]

Dr. STANISLAW BURZYNSKI - on camera interview:

From where we started in the 1970's, is now forming a completely new approach to cancer treatment—which is called “gene-targeted therapy”. Antineoplastons are medicines which work on the genes that are causing cancer, and now, there are 25 medications which belong to the family of gene-targeted therapy which are approved by the FDA in the United States. [[SOURCE: NCI](#)]

The problem with these medicines is that they don't cover as many genes as Antineoplastons, many of them simply work on single genes, and this is not enough to have long-term responses. A single medicine is not going to do it, it's not enough. Antineoplastons work on close to one hundred different genes. [

[SOURCE: Biz Wire](#)

]

NARRATOR:

Our bodies contain two categories of genes that allow cancer to flourish: oncogenes, and tumor suppressor genes. When someone has cancer, they have a higher level of oncogenes switched on, with a higher level tumor suppressor genes switched off. The goal is to tell the body to both switch back on the tumor suppressor genes, and turn off as many oncogenes as possible. [[SOURCE: Amer Cancer Soc](#)

]

Dr. STANISLAW BURZYNSKI - on camera interview:

Statistically, every day, one out of 10,000 cells in our body may develop in the wrong way, and some of these cells may become cancerous cells. But why we don't develop cancer, all of us, is because we have a protective system—we have Antineoplastons that will immediately force these malignant cells to die, by working on the genes: by turning on the genes which fight cancer, and turning off the genes which promote cancer, as long as we have the proper amount of Antineoplastons in our system we should not develop cancer, if we are deficient—then we can develop cancer.

This means that I put together the theory of the second quote/unquote immune system in our body.

NARRATOR:

Today, Dr. Burzynski is permitted by the FDA to treat cancer patients using Antineoplastons in FDA-approved clinical trials. Since brain cancer is one of the most difficult kinds of cancer to treat, he places a heavy focus on brain cancer in his clinical trials. [[SOURCE: Center Watch,](#)

[Texas](#)

]

[Extra SOURCE \(not in film\): The Royal Society Of Medicine Certificate, Burzynski](#)

[[Proceed to Chapter Two 8:55 - 14:04](#)]