

# MEDICAL GENOCIDE

PART ONE:

## PRESCRIPTION FOR DISASTER

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BY GARY NULL

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**T**he American health empire, which is in a state of collapse, threatens all of our lives. In this ongoing series of investigative articles, we will explore the problems, and suggest solutions to this deadly situation.

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By the late 1800s, the domination of commerce by trusts and other forms of monopolies was so damaging to the interests 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 marketplace to protect the consumer through competitively low prices and innovation.

Organized medicine—by which we mean the complex of doctors, national organizations such as the American Medical Association, hospitals, drug companies, insurance companies, and government agencies—has not been actively pursued by the government for restraint of trade and monopolization of an industry. On the contrary, government has supported organized medicine's continuing centralization of power. The result has been not only an out-of-control spiraling of costs, but also a collapse of service typical of a bloated monopolistic industry.

Recent publicity and the experiences of our children have made us all aware that public education in this country has collapsed. SAT scores have not improved in ten years, many teachers can't spell or otherwise don't know their subjects, illiterate students are given diplomas, and there are violence and drugs in many schools. National attention is now being focused on rebuilding public education.

What many of us are not aware of is that organized medicine is also in a state of collapse. While this problem will likely receive widespread attention within the next few years, the effects are with us now. These include:

- Each year, \$355.4 billion—about 11 percent of the gross national product—is spent on medical care, the cost of which is increasing at twice the rate of inflation. While this is the highest per capita cost in the world, the United States ranks about 15th in the world in infant mortality.

- Organized medicine operates as a virtually uncontrolled monopoly, able to dominate those government agencies that are supposed to regulate it, effectively barring competition. The soon-to-be-revived Pepper Bill would further strengthen this monopoly by extending regulatory control of the National Library of Medicine, which would in turn be able to dictate the legality of various products, services, and information.

- As changes in health and population patterns threaten medical profits, bizarre practices are introduced to sustain practitioners' incomes. There are now 500 coronary-bypass operations performed every day in the United States. It is the most common form of major surgery. Yet in over 80 percent of these cases, the surgery is ineffective and unnecessary. Twenty percent of all childbirths are now done by cesarean section. Yet studies show that over three-quarters of these cesareans are unnecessary and endan-

ger the health of the mother and baby. In the United States, childbirth has become a medical procedure, a disease. Yet in Sweden, the majority of all children are born at home attended by a midwife, and Sweden has about half the infant mortality rate of the United States. Midwives are harassed and even arrested in many states, and one doctor in New York lost his license when his home deliveries threatened the profits of a local hospital.

- Due to an oversupply of physicians and the high costs of practice, many doctors are using local peer-review boards to reduce competition. Typically, a young, well-educated doctor with a good bedside manner will move into a community and start to take patients away from the established doctors. Seeing their income threatened, the established doctors will form a peer-review committee to find the new doctor incompetent and remove his hospital privileges. The courts



Findings indicate that American surgeons perform nearly 2.4 million unnecessary operations each year, resulting in 11,900 deaths.



will not intervene, saying they are not able to judge medical competency. In many cases the good doctor, after exhausting his resources fighting alone, ends up leaving the profession, becoming dependent on drugs, or committing suicide.

- To build income, organized medicine now expends huge amounts of money and resources on artificial hearts, while surrounded by an utter orgy of media attention. These devices, even if they someday work, will never help more than a few people. Meanwhile, far simpler alternatives that could help millions, namely basic, good health practices such as proper nutrition and exercise, are being ignored.

- Malpractice insurance for many doctors now exceeds \$100,000 per year and is increasing rapidly. These premiums reflect the awards and settlements being paid by insurance companies.

Certainly we live longer today and enjoy greater health than at any previous time in our history. However, studies show that this is not due to medicine, but to general health practices. Let's take a look at what we call "modern medicine."

## MODERN MEDICINE: HAS IT BEEN A SUCCESS?

Our medical model of disease has led us to think of it as a random breakdown within, or an attack on, the body. Disease, however, actually follows definite social, cultural, and geographical patterns. Thus, in recent history, cholera and typhoid fever were a result of urban crowding, bad water, and poor sanitation. Tuberculosis was a result of nineteenth-century urban crowding, foul air, terrible working conditions in mines and factories, and malnutrition. Today's dominant diseases, heart disease and cancer, are the result of an affluent lifestyle—too little exercise, too much unresolved stress, processed food, and toxic pollutants in our food, water, and air.

Different cultures also have different approaches to healing. The approach of our industrial culture is known as "modern medicine." We have gotten into the habit of thinking of modern medicine as being synonymous with healing. We often think of all past forms of healing as pre-scientific mixtures of superstition and lucky guesses that were struggling toward what we have finally achieved. Modern medicine has certainly had some spectacular successes, but its claim to being the *only* valid approach may be exaggerated. In fact, we may right now be on the verge of a major revolution in holistic healing that will utterly transform many of our current assumptions.

What are the assumptions underlying modern medicine? Fritjof Capra, author of *The Tao of Physics*, describes the close relationship between modern medicine and mechanistic thinking:

"Our current medical model . . . sees the human body essentially as a machine made of separate parts, the organs. It sees disease as something coming from outside the body, attacking the body from outside. Through surgery or chemical intervention the doctor treats the affected parts. Usually this treatment is done without taking into account how the parts are interrelated. . . ."—*New Age*, May 1979

The industrial efficiency of today's medicine, symbolized by the coldness of the modern hospital, may be the price we have to pay for effectiveness. After all, we have seen dramatic improvements in health over the past hundred years. Infant mortality has been radically reduced, and cholera, typhus, typhoid fever, diphtheria, tuberculosis, smallpox, whooping cough, tetanus, measles, pneumonia, and other once-dreaded diseases have been either eliminated, greatly reduced, or rendered relatively harmless. In 1900, the average life expectancy was 47.3 years. In 1975, it was 71.9 years. The common assumption is that because these improvements are in the area of health, they must be attributable to medicine. Thomas McKeown, professor of social medicine emeritus at the University of Birmingham, England, has concluded that the contribution of



clinical medicine to the prevention of death has been smaller than that of other influences. He noted that in the past three centuries, conditions of life have improved drastically. Pure or treated drinking water, pasteurized milk, indoor plumbing, closed sewers, improved nutrition, central heating, clean and safe workplaces, shorter working hours, and other developments of the modern age probably deserve the primary credit for improvements in health and longevity.

"Medical interventions have not affected total mortality rates; at best they have shifted survival from one segment of the population to another. Dramatic changes in the nature of disease afflicting Western societies during the last 100 years are well-documented. First industrialization exacerbated infections, which then subsided. Tuberculosis peaked over a 50- to 75-year period and declined before either the tubercle bacillus had been discovered or anti-tuberculosis programs had been initiated. It was replaced in Britain and the United States by major malnutrition syndromes—rickets and pellagra—which peaked and declined and were replaced by diseases of early childhood, which in turn gave way to duodenal ulcer in young men. When that declined, the modern epidemics took their toll: coronary heart disease, hyper-

tension, cancer, arthritis, diabetes, and mental disorders. At least in the United States death rates from hypertensive heart disease seem to be declining. Despite intensive research, no connection can be demonstrated between changes in disease patterns and the professional practice of medicine."—Ivan Illich, *Towards a History of Needs*

Medicine may not be responsible for many of our health improvements, and we may not have experienced as many improvements as we would like to see. As Ivan Illich (also the author of *Medical Nemesis: The Expropriation of Health*, a major study of industrial medicine) points out, many diseases of the past are gone, but new diseases have replaced them. We may also question the significance of increased longevity. Much of the dramatic increase comes from a decline in infant mortality. But for people living to the age of 45, the statistical improvement in longevity has been much less dramatic. Having reached the age of 45, an individual once stood a better chance of living longer than the same person today. In essence, they were heartier. In fact, between 1960 and 1970 the longevity of a 45-year-old white male actually *decreased*.

"Life expectancy *past the age of 45* has not increased appreciably in this or

any other country in the world in the last 80 years. Not only that, but the gains in expectancy-at-birth that have been made in this century—from 47 years in 1900 to 71.9 in 1975—have actually stayed roughly static over the last 25 years (the 1955 rate was 69.5 years) and seem likely to remain so. . . ."—Kirkpatrick Sale, *Human Scale*

#### IS MODERN MEDICINE A THREAT TO HEALTH?

Modern medicine is changing very rapidly. As recently as 1950, 90 percent of medical school graduates went into family practice. By 1970, only ten percent went into family practice, the rest becoming specialists. Gigantic hospitals and medical centers have sprung up, thousands of new and highly complex drugs have been introduced, and even diagnostic procedures have become invasive and dangerous.

Powerful drugs and invasive medical techniques that were once reserved for the sick are now applied routinely across the board. In the 1940s and 1950s, millions of pregnant women were given the synthetic hormone DES—diethylstilbestrol—to prevent miscarriages. Later studies showed that DES did not prevent miscarriages, that many sons of DES mothers developed abnormal genitals,

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that many daughters of DES mothers developed vaginal cancer, and that many grandchildren of DES mothers were spontaneously aborted. In the 1970s, millions were vaccinated for what the Centers for Disease Control anticipated would be a swine-flu epidemic. No such epidemic occurred, but as a result, a hundred people died from the vaccine and several hundred were paralyzed. In the 1950s, some mothers given thalidomide as a tranquilizer gave birth to children with flippers for arms. Thalidomide is no longer on the market, but the point is that the dangers of American medicine are not from an occasional harmful drug that gets by. The dangers are endemic. Amphetamines were popular as diet pills in the 1960s. When the FDA finally began to get them under control, they were replaced by tranquilizers.

"Every minute of every day modern medicine goes too far, because modern medicine *prides itself* on going too far. A recent article, 'Cleveland's Marvelous Medical Factory,' boasted of the Cleveland Clinic's 'accomplishments last year: 2,980 open-heart operations, 1.3 million laboratory tests, 73,320 electrocardiograms, 7,770 full-body X-ray scans, 210,378 other radiologic studies, 24,368

surgical procedures.'

"Not one of these procedures has been proved to have the least little bit to do with maintaining or restoring health. And the article, which was published in the Cleveland Clinic's own magazine, fails to boast or even mention that any people were helped by any of this expensive extravagance. That's because the product of this factory is not health at all."—Robert S. Mendelsohn, M.D., *Confessions of a Medical Heretic*

"The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportions of an epidemic. *Iatrogenesis*, the name for this new epidemic, comes from *iatros*, the Greek word for 'physician,' and *genesis*, meaning 'origin.'"—*Medical Nemesis*

"All other things being equal, the *fewer* doctors there are in a population the *lower* is the mortality rate. . . . [Also] whenever there is a doctors' strike—as there have been in recent years in the United States, Canada, England, and Israel—the death rates in the affected areas actually *fall* . . ."—*Human Scale*

In a study conducted by Dr. Herschel Jick of the Boston University Medical Center, *The New York Times* reported, it was estimated that 300,000 people are hospitalized in the United States annually because of a drug reaction, making this one of the leading causes of hospital-

ization.

Even routine annual checkups for healthy individuals may be dangerous, except for those in certain high-risk situations.

"Medical-testing laboratories are scandalously inaccurate. In 1975, the Centers for Disease Control reported that its surveys of labs across the country demonstrated that ten to 40 percent of their work in bacteriologic testing was unsatisfactory, 30 to 50 percent failed various simple clinical chemistry tests, 12 to 18 percent flubbed blood grouping and typing, and 20 to 30 percent botched hemoglobin and serum electrolyte tests. Overall, erroneous results were obtained in more than a quarter of all the tests."—*Confessions of a Medical Heretic*

## HEALTH IN AMERICA

Despite the fact that we spend over \$355 billion a year on health care, averaging \$900 per person, according to Kirkpatrick Sale, the United States still has major health problems:

- One-third of Americans are totally unserved by a doctor; an additional one-third are inadequately served.
- The United States ranks 15th in the world in infant mortality.
- The United States ranks 16th in the world in female life expectancy.
- The United States ranks 35th in the world in male life expectancy.

## DOCTORS' SPECIAL POWERS

Doctors have very special powers. Imagine how you would feel if your accountant would not let you participate in your own financial affairs, would not tell you how much money you had, or reveal how it was invested because he had decided that the average person had neither the financial knowledge nor the emotional stability to handle his or her own money. Imagine also that your accountant used technical terms you could not understand and wrote in a hand you could not decipher, and that you were unable to find out much about the world of finance even if you wanted to. Furthermore, imagine that you could not conduct financial transactions, could not even open a bank account, without your accountant's written approval. And to top it all off, imagine that despite the fact that you were a professional with three years of graduate training, your accountant earned five times as much money as you did. The remarkable thing about the medical profession is that not only has it accumulated these exceptional powers, but it has done so in such a way that we do not even question it. Things were not always this way. The American Medical Association has patiently and carefully built its position in our society.

"There were many doctors in this country at the turn of the century, about one for every 750 people. They were trained on a two-year apprenticeship model and earned, on the average, the

same salary as a mechanic—between \$750 and \$1,000 a year. College education was not a prerequisite; a medical career was accessible to the child of a factory worker."—Howard Berliner, *International Journal of Health Services*, 1975

"Treatment philosophies and homeopaths predominated, followed by herbalists and, finally, a small number of German-trained allopaths who believed in large doses of medicine and heavy bleeding regimens. This latter group organized the American Medical Association in 1847.

"In 1910, the Carnegie Foundation . . . sponsored the Flexner Report, which changed the whole picture. It took medical education out of the hands of its pluralistic practitioners and centralized it in universities under the direction of the allopaths. The Flexner Report demanded four years of college and four years of medical school with a heavy reliance on basic science. The social dimensions of health were reduced to technical problems. The economic context of disease was ignored and replaced with a scientism comparable to the 'scientific management,' 'scientific agriculture' and 'domestic science,' which corporations had come to believe were compatible with productivity. Medicine became increasingly specialized and fragmented, with an unstated, ever present conception of the body as a machine."—"The Caesarean Epidemic," Gena Corea, *Mother Jones*, July 1980

"The American Medical Association is seldom regarded as a labor union. And it is much more than the ordinary labor union. It renders important services to its members and to the medical profession as a whole. . . . For decades it kept down the number of physicians, kept up the cost of medical care, and prevented competition with 'duly apprenticed and sworn' physicians by people from outside the profession—all, of course, in the name of helping the patient. . . . Physicians are among the most highly paid workers in the United States."—Milton and Rose Friedman, *Free to Choose*

The authoritarian position doctors have assumed may be starting to wear on doctors themselves. Marilyn Ferguson writes in *The Aquarian Conspiracy*: "Not long ago, when physicians represented the pinnacle of status and humanitarian service, proud mothers spoke of 'my son, the doctor.' Pity the poor doctor now: 30 to 100 times likelier than the general population to be addicted to drugs. . . . More often sued—and suicidal."

#### MEDICAL GENOCIDE?

No one has looked at all the parts of this puzzle because they are so diverse, diffuse, and difficult to obtain. In presenting the findings of scientists and scholars in the field, we hope to shed light on this problem. Until we recognize its severity, nothing can be done to correct it, be it through legislation or antitrust litigation.

*Medical fraud.* "In 1982, Medicare paid out \$48.3 billion and Medicaid \$38.2 billion. It is estimated that crooked medical care providers skimmed a total of \$11 billion of federal and state taxpayers' money from this \$81.5 billion total."—Ralph C. Greene, *Medical Overkill*

It is not unheard of for doctors to bill the government for unnecessary or unperformed surgery. The government is also billed for prescriptions for expensive brand-name drugs while pharmacists substitute generic drugs that cost a fraction as much. Los Angeles hospital officials, when investigated by the FBI, were found to have accepted "favors" from laboratory owners which did not appear on record as income.

*Escalating costs.* Over the last decade, personal health spending has doubled, and government spending for health has nearly quintupled. However, according to Dr. Robert P. Whalen, the former New York State commissioner of health,

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the gain in longevity has been rather small, and further gains seem unlikely in the future.

In *Medical Nemesis*, Illich notes that there is a significant trend toward high-cost hospital care. Since 1950, the cost of keeping a patient for one day in a community hospital has risen by 500 percent. Hospital construction costs run in excess of \$85,000 per bed. Two-thirds of that amount buys equipment that, according to Illich, becomes obsolete within less than ten years. He adds, "Most of today's skyrocketing medical expenditures are destined for the kind of diagnosis and treatment whose effectiveness, at best, is doubtful."

*Unnecessary surgery.* Evidence indicating that unnecessary surgery is more widespread than suspected has emerged from separate studies. According to Boyce Rensberger, in a front-page story in *The New York Times*, the findings indicate that American surgeons are performing an estimated total of nearly 2.4 million unnecessary operations each year, in which 11,900 patients die as a result of complications. For example, it is estimated that each year 260,000 women

undergo needless hysterectomies and half a million children undergo unwarranted 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 1978, the percentage had climbed to 13.9, and it continues to rise. When trying to account for the dramatic increase, one finds it difficult to overlook the fact that the cost of a cesarean section is about three times greater than the cost of a vaginal delivery. And obstetricians, who are the specialists most frequently involved in malpractice litigation, run less risk of being sued after imperfect deliveries when cesareans are performed.

*Unnecessary tests.* There is overwhelming evidence that most diagnostic tests are performed too often; many of these tests should not be performed on symptom-free people at all. In fact, according to the Health Care Financing Administration, up to 50 percent of laboratory tests may be unnecessary.

Each year, too many people are exposed to unnecessary damage from X rays. Dr. John Bailar, formerly of the National Cancer Institute, thinks that mammography, since it must be repeated annually in women under 45, can increase the danger of radiation-induced cancer.

There is no hard evidence linking the Pap test for cervical cancer to a decline in the disease, yet American women are routinely advised to have this test annually or even semiannually. Those who can capitalize on the test's overuse have done so by inflating the fear of cancer in women.

At a cost of \$4.5 billion annually, over 12 billion blood tests are performed each year. A survey by the University of Utah recently found no difference between the health of persons subjected to these tests and nonscreened subjects. In the absence of symptoms that may indicate heart disease, routine electrocardiograms are pointless; an Air Force study showed that 60 percent of crewmen with EKG abnormalities were actually free of heart disease.

Studies performed by the Health Insurance Plan in New York and the Kaiser Permanente Foundation in California have indicated that members who were given annual physical examinations over a period of 25 years were no healthier, and did not live longer, than people who were not subjected to routine physicals. Checkup costs vary between \$150 and \$400.

*Drugs.* In a study involving carefully monitored hospital patients, *The Journal of the American Medical Association* showed that 0.9 per 1000 were considered to have died as a result of a drug or group of drugs. Of the six billion doses of antibiotics consumed yearly in the United States, 22 percent were determined to be unnecessary. In fact, following the administration of unnecessary



antibiotics, an estimated 10,000 Americans each year die or suffer potentially fatal reactions, according to studies conducted by the Health Research Group and Ohio State University.

Every 24 to 36 hours, according to Illich, between 50 and 80 percent of adults in America and Britain take a prescription drug. Widespread drug use has increased the incidence of unwanted side effects and the chances of ingesting counterfeit or contaminated drugs, dangerous combinations, or drugs that contribute to the breeding of virulent strains of bacteria.

It is no secret that drug-industry profits outrank those of all other manufacturing industries. Drug prices are controlled and manipulated: A product that sells for a certain price where it faces competition may sell for six times as much in a poorer country where it does not. Additionally, markups are phenomenal. For example, one frequently prescribed drug sells for 140 times more than it does under its generic name.

Sales efforts of drug producers are not directed at the consumer but toward doctors, who prescribe, but do not pay for, the products. To promote one of its products, one major drug company spent \$200 million in ten years, and commissioned 200 doctors each year to produce scientific articles. The entire drug industry spent an average of \$4,500 per practicing physician for advertising in 1973.

*Iatrogenesis.* Illich coined this term for doctor-inflicted illnesses, and even the U.S. Department of Health, Education and Welfare (since reorganized) admitted that seven percent of patients suffer compensable injuries while hospitalized. Says Illich: "The pain, dysfunction, disability, and anguish resulting from technical medical intervention now rival the morbidity due to traffic and industrial accidents and even war-related activities, and make the impact of medicine one of the most rapidly spreading epidemics of our time. Among murderous institutional torts, only modern malnutrition injures more people than iatrogenic disease in its various manifestations."

*Incompetence and the professional veil of silence.* Rensberger, in his report on incompetence among physicians for *The New York Times*, said, "Although incidences of careless treatment are well known amongst the medical community, doctors are traditionally reluctant to criticize their colleagues. Medicine's disciplinary bodies are weak, and officials of medical societies and licensing agencies claim that the 'veil of silence' is extremely detrimental to proper regulation of the profession.

"Dr. Robert Derbyshire, who is regarded as an authority on the discipline of unfit doctors, states that 'the philosophy apparently is that a man's reputation is more important than the welfare of his patients.'"

#### THE NEED FOR A TOTAL CHANGE

Modern medicine has done well with infectious diseases, and can work miracles with traumatic injuries. But it has had virtually no effect on the major degenerative diseases of our time—heart disease, cancer, and arthritis.

These diseases will be conquered the same way that the major diseases of the past were conquered, not by invasive medical procedures, but by improved health practices.

We are at a point today where we must entirely rethink health. Organized medicine as we know it, after being drastically scaled back in size, should remain for emergency care and for the treatment of traumatic injuries, such as automobile accidents. But it has proven itself entirely ineffective in the overall management of health, and must be totally removed from this area of concern. Organized medicine as we know it today must be entirely dismantled, just as the huge monopolies and trusts were dismantled by the anti-trust legislation of the early twentieth century.

An entirely new health system must emerge. It should have the following areas of focus:

- The emphasis should be on health and not disease, prevention and not cure. Most of today's degenerative diseases, such as cancer, are difficult to cure, and that may always be the case. However, more research may prove them relatively easy to prevent.

- Health care should be decentralized as far as possible, ultimately into the hands of the family and the individual. Modern technologies already make this possible. For example, a woman no longer needs a doctor with a huge overhead to send a test to an expensive laboratory to find out if she is pregnant. She can instead use a simple home-test kit.

- Procedures that work with nature and with the body in helping it maintain health and fight disease should be encouraged. Invasive procedures that work against nature and against the body should be used only as a last resort.

- Finally, the health field should be opened up to the free market—both economically and intellectually. 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 a restrictive orthodoxy. ◻

*Editor's note: In coming months we will examine in detail several aspects of America's health crisis. Reprints of this and future articles are available to readers free of cost. Please send a self-addressed, stamped envelope to: Editorial Department, Penthouse Magazine, 1965 Broadway, New York, N.Y. 10023-5965. The author wishes to acknowledge the research contributions of John Lobell and the editing assistance of Susan Borey in preparing this article.*



