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Despite the jab at Michael Moore's movie in the title, this article rarely mentions Moore and his movie. Instead, it attempts to analyze our current healthcare system, and argues why one kind of reform over another will benefit medical consumers. It does so based upon empirical evidence and reasoning, and without biases towards any political or economic philosophies.

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Single-Payer Fantasies of Sicko, Michael Moore

by Gary Krasner

I believe all documentaries are polemical to some degree. They present facts and then advance a point of view based on those facts. But what Michael Moore does is present what he claims to be facts, or he cherry-picks his facts, in order to advance his political agenda. We only find out later, after paying to see his "documentaries", that he takes liberties with the facts. It could be anything from making anecdotal incidents appear to be representative of the majority, to omitting or slanting the facts, to out-and-out falsehoods. If his new film is anything like his previous films (he calls them documentaries), I expect the facts will catch up to "Sicko", and websites and documentaries will start springing up to point them out.

Given that eventuality, it would be a waste of time to review the anecdotes he presents in Sicko. Instead, I'll attempt a serious analysis of what Moore and the film advocate: A government-run, single-payer medical system.

Let's begin with the patient, as Michael Moore does. He shows how private medical insurers (e.g. HMOs) maximize profits by limiting or denying patients proper and necessary treatments. Let's analyze that. There are two reasons why sick people are denied treatment. Both of them are common to all kinds of medical insurance plans anywhere in the world, including single-payer plans.

The first reason relates to cost, and is referred to as rationing. There is often no medical or technological limit to the measures taken which can keep someone alive or healthy. Under for-profit systems like the kinds Moore condemns, treatment can be denied because the cost will cut into the profits of the medical insurer. He's correct. But like so much of his work, he doesn't tell the whole story. Because all so-called not-for-profit single-payer plans are forced to establish similar limits on coverage. Governments simply cannot finance anything that is possible with regards to treatment of the sick. There *must* be limits, no matter who pays for it. Rationing is applied in Oregon's single-payer plan, as it is in every nation that has government-run medical insurance.

The second rationale for limiting or denying medical treatment relates to the term I used above: "Proper and necessary treatments." Who determines what treatment is necessary and proper? Today, there's only one entity that is bestowed with the legal authority to determine that: Allopathic medicine and medical insurers. In each state, the professional medical societies meet with the HMOs and decide what

is “standard medicine”. Doctors who do not employ the designated standard medical procedures or therapies risk losing their insurance coverage, or their license to practice in that state. So you can be denied coverage for a treatment, based upon supposed reasons of medical efficacy—even if you personally believe it will save your life. (I will explore this issue further in the section, “An Example of a Real Choice.”)

Thus, “standard medicine” is the second leg of our current managed care system. And like rationing, it’s also applied in single-payer government plans no matter where you look. It’s this component in managed care which determines which spectrum of drugs and procedures are appropriate for any given set of symptoms. If for no other reason, it minimizes the cost from malpractice claims.

I’m going to argue in this article that the pathology of high cost and low choices in our medical care system stems not just from the monopoly in how our money is spent, but also the monopoly in the school of health which dictates that only allopathic-trained physicians are acceptable, no matter the ailment. Our system would be just as perverted if it were chiropractors who displaced the other healing arts, and proclaimed vertebral subluxation as the source of all diseases.

Before I can examine how these two types of restrictions on freedom of choice operate under single-payer government monopoly versus private insurers in free competition, we need to understand the system of medical care we have now in the U.S.

The Pathologies of Our Current System

We don’t really have private insurers in free competition right now. Instead, what we have are private insurers that sell medical policies to employers on behalf of their employees. In other words, it’s your boss at work who ultimately decides which treatments you’ll obtain.

How this arrangement developed is a slice of history beyond the scope of this article. Suffice to say that our government considered all of us irresponsible children when it came to maintaining our health. So a portion of what we would ordinarily receive in wages is retained by employers to be invested in a group health plan of *their* choosing. So mark this up as a “low choice” system for us, and hold that thought.

In 1973 I took a series of college courses (it was a sub department of history) focusing on our medical care system, it was determined by the faculty that the inability to provide quality medical care to everyone stemmed from having for-profit suppliers of medical products and services being paid by a collectivist-type system. The latter being government (e.g. tax-supported Medicare; Medicaid) and private pre-payment plans (e.g. Blue Cross then, HMOs today). In other words, the money that created and supports the monstrous medical and drug establishment is taken from your wages or taxes. Payment for the medical services comes from you, but they’re not *directed* by you—the recipient of the service. It’s chosen by medical bureaucrats in the private and public sector. Since insurance companies and HMOs are for-profit beasts swimming in a capitalist system, the system as a whole has always been strong enough to resist government-imposed cost containment measures through price controls. Indeed, that is the worst way to control costs in a capitalist system. Thus, not only do we have a low choice system, it’s also high cost.

Michael Moore says single-payer will work fine by touting Medicare and Social Security as models of how our government produces low-cost medical care. Actually, to receive adequate coverage,

Medicare premiums can be very much higher than private HMO premiums and deductibles. But regardless, the reason people like Moore think Medicare is a “bargain” is because it’s being funded on the backs of low-paid younger wage earners. Ask young low-wage earners if they think it’s a bargain. If left to run as it is, this pyramid scheme will go belly up in 10-20 years. It will happen even after we plug the leaks from fraud and waste.

I discuss in the next section the proclivity of politicians to promise their constituents the moon and deny them nothing. But you can’t run a healthcare system without rationing. Conversely, private health insurance is high because of the opposite extreme: These businesses don’t have *enough* accountability to you—the ultimate purchaser of their services. This permits them to maximize profits and reduce services without the consequence of true competition—to compete for your dollars.

What sort of harmful anomalies can emerge when a government regulatory entity interfaces with a market-oriented capitalist superstructure? My favorite vignette is described in more detail in *Another Bipartisan Multi-Billion Dollar Medical Boondoggle*, at <http://www.americandaily.com/article/4469>. I describe how the high cost of tort litigation had caused pharmaceutical companies to stop marketing childhood vaccines in the U.S. over thirty years ago. Under normal market conditions, a company that markets a product that holds a health risk will build the costs of compensation into the price of the product. Consumers will then make a free and informed cost/benefit decision on whether to purchase the product.

But instead, I describe how the drug companies used the public health community to pressure legislators to make the federal government underwrite vaccine-related injuries, based on the argument that vaccination is a public benefit. It really is not, but aided by such things as the court doctrine of “high medical authority” (see *Deliberation by Consensus* at <http://www.americandaily.com/article/1165>), consensus medical opinion cannot be challenged. As expected, the government felt constrained to underwrite vaccines developed by private companies, and enacted those provisions in the National Childhood Vaccine Injury Act of 1986. But I describe how the resultant system we have today ironically denies justice to people who deserve monetary compensation, and there’s a bill waiting in Congress now to reform the mess that many public health do-gooders had created back then.

But it will only be a patchwork remedy, essentially forcing the government to live up to the spirit of the tort guarantees. Because once indemnified from lawsuits—free of charge—by the government, drug companies sought to increase sales from vaccination products, borrowing from the Soviet style of inducing “demand”: Their friends at NIH and CDC increased the number of vaccines on the recommended schedule for childhood vaccinations, and sent block grants to state health departments to induce them to more vigorously enforce their ‘no shots, no school’ laws. The higher a state’s vaccination rates were, the more federal funds they were given.

As I wrote in my article (*Another Bipartisan Multi-Billion ...*), with this captive block of medical consumers, we had eliminated “*time-tested checks and balances by permitting the private sector to gladly accept profits, without assuming proportional risks, thereby ensuring that product safety would take a back seat.*” As indeed it has, as any parent can testify, who had one or more previously normal children, but who now sees that they regressed with some form of late-onset autism spectrum disorder, learning disability, or autoimmune disease. With the recent Bioshield legislation that provides vaccine developers with government indemnification for producing vaccines against biowarfare agents, I believe we’re compounding the original mistake we made 1986.

Fixing Our Low Choice, High Cost System

We need to move towards a high-choice, low-cost health care system. Michael Moore's film does an inept and dishonest job of evaluating our current system, let alone lead us to a more rational one. Sicko just gets people angry with HMOs and insurance companies. That's not hard to do.

Moore and the far left promote as a solution, a government-run single-payer plan. Their plan would collect money from everyone through taxes, and will not allow anyone to opt-out of the plan by not paying. In countries which have it, taxes that support the health care system can be quite high, and there still may be gaps in the coverage that requires out-of-pocket expenditures. On the other side, most Republicans believe that normal market forces can reduce the high costs of medical care, and propose that people voluntarily purchase health plans of their own choosing from private insurers, with steep tax-deductions for the purchaser. A variation of this plan is to permit consumers to create their own health savings accounts which are tax free, to be used exclusively for medical care. I'll refer to these collectively as the 'Republican plan'.

Let's return to Moore's primary complaint—denial of services. As I explained, managed care places limits on products and services in order to contain costs to maintain profits for the insurer. Expenditures are also controlled in a more subtle way through enforcement of standardized medical care.

Cost containment through rationing is necessary to some degree under any system of medical insurance. But advocates for single-payer think that rationing will be mitigated because the government will be in control of it, and because the government is not concerned about maximizing profits. They argue that removing the for-profit middleman—the insurer—will mitigate rationing. They also say that under a democratic government, the public would have more input in how the system is run, which would include how products and services would be rationed.

This is a whimsical expectation. All government-run medical plans ration services. Unlike private for-profit insurers, they don't do it to maximize profits. Instead, it's done to keep the system financially manageable, because without such controls, expenditures could easily escalate out of control.

To think that rationing under single-payer would be significantly reduced is unrealistic—particularly in the U.S. Market forces are what makes medicine expensive here. The insurers are merely one link in the chain. The cost of developing drugs is high. Malpractice insurance is high. The cost of a medical education is high. Do you expect doctors here will join the civil service like they do in the U.K.? Prices do not go down simply by will of the Secretary of Health and Human Resources. Instead, the private sector digs in its heels—like vaccine manufacturers had done 30 years ago—and the public sector bends to the economic realities of the free market.

Government-run, single-payer will not only have to yield to economic imperatives, it will also have to bow to political imperatives. Because once government becomes directly responsible for a service, giving the public what it demands becomes a matter of political survival for elected leaders. Did Congress have the guts to include a means test for Bush's prescription drug plan? Have Medicaid costs gone down? Have Social Security benefits been touched? Expect the same with single-payer. Public demands and high expectations could possibly expand the cost of medical care to comprise most of the federal budget.

We already have a model for this prediction: It occurs now under our current system. HMO's include coverage for popular elective treatments such as cosmetic and breast enhancement surgery. Breast cancer screening for women under 50 is also still covered, despite studies indicating it is not only inefficacious, but on balance, harmful. (Cancer risks from mammography's, plus women who are diagnosed as false-positive obtain toxic radio and chemo therapies that reduces their longevity.)

These treatments are covered solely because they're popular among the public, or particular consumer groups. Yet it drives up the costs of health insurance. Recently, conservative columnist Delroy Murdoch complained on MS-NBC's *Hardball* program that he had tried to find a health insurance plan in New York that would simply cover the medical expenses if he "got hit by a bus", and not be forced to pay premiums for all the other nonsense he didn't need. He couldn't. Not under the current system of huge HMO's. But under a genuine free market system, there would be room for smaller niche markets for affordable plans, which would cater to smart consumers, or those with simpler needs like Murdoch.

Thus, the concerns of my college professors—30+ years ago—about the efficacy of Senator Edward Kennedy's reform proposals seem to be as valid now as they were then—particularly given what we've learned over the subsequent 30+ years. That is, dropping a public sector agency in the middle of a capitalist economic system will not control costs and expenditures any more than a tail can wag a dog.

But people on the left are blinded to the specter of a government bureaucracy. Single-payer naturally appeals to the left because they think government is more responsive to public needs, and because it removes corporate profits from what they consider a right to be healthy.

I'll deal with the government responsiveness argument in the next section. But on the issue of the "right to be healthy", the left tends to ignore that there's a personal responsibility component to that. And a cost that society is expected to pay. For example, from reviews that I've read, *Sicko* doesn't focus much on people with degenerative and chronic diseases—which comprise the greatest expenditures in medical care. These are the kinds of illnesses that quite often can be prevented or delayed through proper diet and exercise. In other words, these are diseases that are, at least in part, related to our behavior and lifestyle.

I'm free to consume beer, white bread, hot dogs and milk. But do I have any "right" to expect other people to pay for the diseases that resulted from the free choices I've made? If you think I do have that right, then maybe you also wouldn't mind paying for my physical therapy for the next ten years after I ram my uninsured automobile into a tree? If you don't smoke, maybe you also wouldn't mind paying for a lung transplant for a guy with emphysema who smoked 2 packs a day for 30 years? Or pay for a cochlea transplant for a audiophile who blasted rock music on his headphones since he was a kid?

I'm guessing here, but I doubt you saw heart-wrenching examples of people like these in *Sicko*. And if we ever get government single-payer in this country, I'm sure Moore and the left will not highlight examples of clean-living, vegans who took control of their health by exercising everyday, but who must not only pay for the irresponsible lifestyles of others, but also pay for therapies they're not likely to prefer (in most situations) from the "drugging profession". Indeed, each year they would be paying part of the \$20 billion that this nation spends on the diseases associated with obesity. They'd be paying for Michael Moore's worst health habit—overeating and/or poor diet.

So if we do have control over preventing some disease and injury, then the argument that everyone has an equal right to obtain all the medical care that they need, becomes hard to defend. And if you accept my proposition about personal responsibility, to any extent, then you just endorsed some form of rationing—just like the evil HMOs.

Greater Choices Improves Quality of Healthcare

If single-payer won't reduce cost, will it at least enhance our choices? Once you obtain medical insurance, the power to choose the kind of care you receive is paramount—particularly for some people. There are two kinds of health consumers. There's one kind who think that their doctor is God, and who passively obey all the dictates of their medical insurance plan. The second type of health consumer ranges in degree—anywhere from wanting a second opinion, to demanding a treatment that *they deem* most efficacious, even if their doctor disagrees. The treatment may even fall outside the bounds of allopathic medicine.

The best way to test the resilience of health insurance plans on the matter of choice is to imagine how the second type of health consumer would fare under single-payer vs. the Republican plan. This is the most demanding, and hardest type of medical consumer to please. They're also the ones who sometimes run up against the sort of restrictions in medical coverage that are imposed by standardized care.

You'll notice that throughout this article, I used the terms "medical insurance", or "medical plans" (etc.). I only used the term "health care" when I meant it—to indicate all healing philosophies and health practices. This is because there are no health insurance plans being proposed by either political party that would break the exclusive monopoly of allopathic medicine. Although the Republican proposals do come the closest to it, because if consumers were able to vote directly with their own dollars, instead of being powerless and bullied by public or private sector health insurance bureaucrats, they would at least have some input and control in what gets rationed, as well as how integrated is the health coverage they get.

This aspect of exercising control through collective action—based on individuals making free personal choices—should not be underestimated. My experience only goes back about 35 years, but I have distinct recollections of the antagonistic attitudes of mainstream medicine towards chiropractic, homeopathy, dietary fiber to prevent colon cancer, etc. I recall one physician arguing with me that taking acidophilus pills were useless for good colon health because the bacteria is destroyed upon contact with stomach acid before it gets to the colon. (Actually, the pH of our stomachs can be quite alkaline unless there's protein being digested in them.) Today, you can't find a supermarket that doesn't sell milk, yogurt or cheese containing acidophilus. Efficacious or not, ideas once considered heretical later become popular after consumers show their preferences for them in a free marketplace.

It seems to me that acting on our preferences in the commercial free market would have greater success than bumping heads with a bloated, unresponsive government bureaucracy, bought and paid for by big pharma, and where public health officials think they know what's best for us. I'll focus more on this in the last section. But unlike most Republicans, I don't bring a free market ideological bias to this debate. I just observe what works and what doesn't. However, I do have certain biases towards greater choice, and to obtain genuine informed consent laws.

An example of how these factors intersect is well-illustrated by state childhood vaccination mandates. As I mentioned earlier, vaccinations for school children are mandated by law. Thus, you cannot find an example of a medical service that provides less choice than that. Given the excessive and still growing list of mandated vaccines for school, many parents desire a choice—that is, the choice to refuse vaccines for their children. As standards for exempting medically susceptible children have grown increasingly restrictive, parents have been forced to protect their children’s health by taking advantage of non-medical waivers, such as those based on philosophical or religious beliefs.

(Background information: With the increasing controversies over vaccination, the CDC has adopted the reasonable-sounding position of supporting the concept of “informed consent.” One can read about it in their literature and websites. But the term, “informed consent” implies that the patient has the right to *withhold* consent. Absent of that clause, the term is meaningless. Yet only 18 states have so-called “philosophical” exemption provisions from state-mandated vaccination requirements for school children. This is the only form of exemption which grants the waiver based on a mere simply-stated objection to vaccination. All other states have only medical or religious exemptions, which employ myriad mechanisms which restrict parents from withholding consent.)

This is an example of how greater choices for the consumer—in this case, the option for parents to make responsible and conscientious medical decisions for their own children—has benefited not only their children, but also everyone else’s. Because when state legislatures cave in to the fanaticism of public health officials, and mandate nonessential or questionable vaccines, eventually it culminates in a public backlash. That had occurred this year in several states over the attempt to mandate Merck’s heavily promoted HPV vaccine—Gardasil—which Merck claims will prevent cervical cancer. Some years before that, states mandated hepatitis b vaccinations for young children not even at risk of getting that disease. That triggered a parent rebellion that continues to this day.

But enabling parents to decide which vaccines are given to their own children, permits normal market forces to kick in, which reigns in legislative excesses. The risk of seeing a decline in vaccination rates would become real. As a result, over time, legislatures will take greater care by mandating only necessary and better tested vaccines, or else risk the loss of public confidence in vaccination policy entirely, and perhaps other public health measures.

When considering a medical insurance system, this is a relevant vignette in two respects: It shows how the inclusion of market forces (i.e. permitting the public greater choices as consumers of medicine) helps to improve public health policy, as well as the quality and safety of the medical product in question. In the example here, it operates in the following sequence:

Public health agencies of government are chartered to maximize vaccination rates among children. There are also monetary incentives from the federal government for them to do so. But state vaccination mandates and the one-size-fits-all vaccination schedules for children minimizes—or outright denies—individual susceptibilities to adverse reactions. It is therefore left up to individual parents to (collectively) represent a counterforce to the fanaticism that takes hold of government health agencies which <1> are given absolute powers, <2> believe their own dire press releases about disease outbreaks, and <3> are unduly influenced by vaccine developers.

In short, true competition and free market forces works best for the buyers—the recipients of goods and services. Government monopolies and powerful bureaucracies works well solely for the sellers.

Obtaining Genuine Choices

This is an article about health insurance—not health. But since my definition of “greater choices” for health consumers includes all kinds healing disciplines, I’m constrained to mention some caveats on safety before I continue.

Having greater choices requires greater responsibility and caution. There can be serious adverse health consequences for people who choose the incorrect treatment for themselves from among any of the healing philosophies, be it from mainstream allopathy, or from the so-called alternatives such as ayurvedic, homeopathic, herbal, or chiropractic, etc. Even the most effective and safest of all—Natural Hygiene—may pose a risk if a fast, for example, is not properly conducted. Whenever children are involved, parents who choose any health or diet regimen that is not within mainstream acceptance, and something goes wrong, could also face unpleasant consequences from family court. [note: To learn how to safely supervise a fast for a child, go to www.rawfoodexplained.com/]

However, while all schools of healing may pose a risk to health, in the right situation, for the right illness, and appropriately applied, each can demonstrate efficacy. Indeed, most therapeutic approaches can legitimately claim success when they’re chosen in the right situation, for the right illness and patient.

Therefore, for people who wish to exercise choices to this extent, I suppose they would do well if they learn as much as they can from many sources, and not become too doctrinaire by adhering to any single diet or healing philosophy—particularly when children are involved. Illnesses can involve complicated processes, and treatment outcomes do not share the certainty we expect from say, the physical sciences. Remain open to all options and take an eclectic approach by selecting from a consensus of opinion. Get an accurate differential diagnosis from allopathic medicine, then decide which healing philosophy you feel best expresses the problem and the solution. Take care not to ignore differences that clinicians observe across race and ethnic backgrounds. The change in overall health and fitness among populations over time may also be an important factor to consider.

With that said, I’ll argue how maximizing consumer choices improves the health care system, and how single-payer plans reduces the span of our choices in products and services.

I’ll start with the supposition (i.e. my opinion) that the integration into mainstream medicine of the safest and most effective treatment modalities from among alternative healing disciplines would improve the quality of our health care system. It’s beyond the scope of this article to demonstrate this, so it will have to be accepted as given for now. I’ll refer to any non-medical treatment that falls outside standardized allopathic medicine as “alternative”.

Shortly after the turn of the century, the German allopathic school of medicine began its hegemony over the other healing arts in the U.S. through superior financing and organization, utilization of the scientific method in the understanding of biology, physiology, and disease, and enforcement of standardization of diagnosis and treatment, as well as education, training and codes of conduct throughout the profession.

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Thereafter, the problem for any promising treatment that did not include chemical drugs or surgery was that there was no venue within the allopathic system for adopting them. Even if a substance seemed to conform to one precept of medicine—say, symptom suppression—if it didn’t suggest a mechanism of

cure that conformed to allopathy's theory of disease, it was not accepted. Goodbye Chiropractic and Homeopathy. Same thing if it didn't conform to the "single cure for single disease" paradigm. Goodbye to proper diet or Natural Hygiene.

You get the idea. Medicine was, and still is, highly discriminatory and suspicious of alternatives, if for no other reason, to keep practitioners faithful to the discipline itself. After all, certainty and uniformity of care was what made allopathy popular from the beginning. Health insurers and government officials today understandably share the same biases and concerns. They're responsible for the treatments being covered—on assurance of safety and efficacy, as well as the control of costs.

It had been a long time—after lengthy litigation I might add—before employees saw chiropractic included in their health plans. Today, there are a few small private insurers that cover various non-allopathic (i.e. non-medical) therapies. But beyond small inroads like this, whenever someone refers to "choices" and "options" with regards to government health plans or large private insurers, they're most assuredly not referring to alternative health disciplines. Instead, they're just talking about coverage for a second opinion; an additional test; a more expensive type of surgery or procedure; or just getting a private hospital room.

But many feel that for medical care to improve, it must incorporate drastically different ideas and approaches in a few areas where it is deficient, or outright wrong. The acceptance that good diet and nutrition to improve health is an example of a relatively minor and innocuous inclusion that has found some acceptance. Massage, chiropractic, and acupuncture may be other examples that have gained acceptance to a degree. There's even an association of homeopathic clinicians who are also medical doctors. So we know there's a market for alternatives. But without the necessary leverage, there's no pressure being felt by these large bureaucracies who represent the middlemen in our medical care system—the insurers.

An Example of a Real Choice

In this section, I will describe an example of a therapy that arguably deserves insurance coverage, and why it will never have a chance of receiving coverage under our current system, or under single-payer. It is a so-called nondrug, nontoxic approach to a disease, so I will obviously be appealing to a large extent to my friends in the holistic movement who may be under the delusion that single-payer is the answer to their frustrations.

But to fully understand the case I'm going to make, one needs to understand the front-end barrier to non-medical approaches to health and healing. It's a process that most medical consumers are totally unaware of—even after they learn from firsthand experience that their insurance policy was useless when they got sick in a state that was not where they resided.

In each state, representatives from the medical societies and health insurance companies decide which treatments will receive coverage for which symptoms and test results. Any medical physician licensed to practice in that state is free to reject insurance coverage, and instead obtain out-of-pocket fees directly from the patient. Under those conditions, such a physician would have greater latitude in choices of treatment, but would still be confined by general bylaws of his profession and specialty, as well as regulation from state health authorities. (In some states, the latter can be very specific with respect to treatments that are, and are not permitted.)

However, a physician that accepts medical insurance must rigidly adhere to the insurance codes established for that state. Patients with symptoms or tests indicating “X”, must be prescribed with drug or medical procedure “Y”. No exceptions are allowed. That’s the essence of managed care. One physician in Syracuse decided to treat a type-2 diabetic using diet. She based her decision on medical studies and her clinical assessment. She would not have had any problem, had she not filed for payment from the patient’s insurance company. But she had billed the insurance company solely for the office visit (physical exam and tests). Obviously, she didn’t bill for any drugs, because she didn’t prescribe any drugs. But by not even prescribing the drug treatment designated by the HMO, she had gone “off-code” and was charged with insurance fraud.

Her license was suspended by the State Office of Professional Medical Conduct, despite having successfully treated that patient. Her suspension was later lifted on appeal by the 3rd Department of the Appellate Division. But it’s still an effective tool that the medical establishment uses to keep doctors in line—especially those who appear to be crusaders for alternatives to standard treatments, like for cancer, AIDS, or infectious disease (i.e. vaccinations). By contrast, I’ve been informed that there is far too little oversight and enforcement for poor performance, or for infractions that do not threaten vested pharmaceutical interests.

Thus is the technical barrier to free consumer choice in medicine, and one which medical consumers will find the most daunting to terminate under single-payer system. With that tidbit of background information, I will establish a nexus between the Republican-proposed free market health care system, and greater access to type of medical care based on consumer preference and affordability:

There are some ideas that may never be integrated into mainstream medicine. For example, theories that challenge one of the cornerstones of allopathic medicine—the conventional theory of infectious disease—will not find a home in medicine. The commerce in vaccines, antipyretics and antibiotics are too profitable, and the mythologies that have been fabricated to support it, are too entrenched. Sacred cows die hard.

However, some ideas that take a different approach to standard medicine might find a niche for affordable insurance coverage, but only if we adopt a free market system without a medical bureaucracy with a vested interest in one philosophy of healing (allopathy). Such a system would represent a dramatic change towards genuine choice for medical consumers.

Let’s examine one of these areas: oncology. Radiation and chemotherapy (“cut and burn”) are based on simplistic responses to a complex process—if cells, tissues or organs falter, then poison them or remove them. For a long time, there have been doctors and health reformers who think that the poisoning should be stopped, to enable normal self-repair mechanisms of our cells to stop the cell mutation process.

In 1980, I first discovered Foundation for Advancement in Cancer Therapies Ltd. (F.A.C.T.), when I assisted them in computerizing their operation. Health and education organizations like F.A.C.T. have the capacity to demonstrate the safety and efficacy for new approaches to disease, thereby enabling the mainstream discipline to integrate it into standardized care. Sure, it would disrupt profits that rely on the existing treatment paradigm. But enhancing immunity and cellular repair would not be rejected by the public if they learned the significant progress against cancer it has had, and have the power to buy their own health insurance.

F.A.C.T. works in conjunction with medical clinicians, and educates cancer patients on the efficacy of nontoxic, holistic approaches to help their bodies regain normal stasis. It doesn't engage in the stage-migration game, or the tumor-reduction sham, or the 5-year survival fraud. Instead, it stresses natural raw diets, and recommends some specific clinical modalities such as colonics or systemic (i.e. whole-body) thermal therapy to simulate fever.

I only mention these few details to distinguish what F.A.C.T. does, against what is commonly referred to as “alternatives” to mainstream medicine. It would be more appropriate to think of F.A.C.T.'s approach as nontoxic; that it views cancer as a natural and systemic cellular process in response to long-term malnourishment; and that reversing the process requires a holistic (i.e. systemic), long-term, prevention-oriented approach, rather than the mainstream's short-term, toxic, treatment (of the tumor)-oriented approach.

Not all advocates or practitioners of alternative (from allopathy) approaches to disease exercise the same caution and discipline that F.A.C.T. does. There are alternative cancer treatments which are either useless or extremely dangerous. But F.A.C.T. has earned the respect of some mainstream oncology institutions for its careful and safe work, collaborating with doctors and researchers outside the limelight. F.A.C.T. can boast about achieving true lifetime survival rates, rather than the 5-year criteria used by the mainstream cancer establishment—which just “happens” to also be the baseline length of time which most untreated cancer patients live.

I don't know if all the modalities employed by this approach will ever become “standard medicine”. But much of it is not new or unknown. F.A.C.T.'s kind of approach—holistic, non-toxic, and passive (i.e. doing things that enable the body to produce normal cells again)—has been advocated and practiced in one form or another throughout the last century, and for most of the century prior to that. The great legacy of the Hygienic practitioners—Sylvester Graham, Dr. William Alcott, Dr. Mary Gove, Dr. Isaac Jennings, Dr. Russell Trall, Dr. John Tilden, and Herbert Shelton—is documented (at www.soilandhealth.org, for example.), and all had relied on the underlying philosophy that our bodies are self-cleansing, self-healing and self-maintaining.

The modern Natural Hygienists of that era, as well as the ones practicing today, believe that the things you do to *prevent* illness—diet, sleep, exercise, and mental poise—are the same things you must do to *treat* illness. By contrast, “prevention” for allopathy means an aspirin a day for your heart (which carries risk), a vaccination (which carries risk), pap smear or mammography (which carries risk), and an annual checkup. In other words, you're advised to take a few tests, do nothing substantive to change your behavior, and you hope for the best.

One must question why, after all this time, as inexpensive as it is, in which the traditions of this approach to disease predates allopathy, that nothing from Natural Hygiene has ever been covered by medical insurers? The answer is that the purchasers of *medical* care (i.e. HMOs, government and private insurers), and the suppliers of *medical* care (i.e. doctors and hospitals) and government regulators of *medical* care (local departments of health, CDC, NIH, HHS, FDA etc.), all seem to prefer, surprise—surprise, *medical* care!

They all have economic incentives, plus professional and career loyalties to maintain *medical* care. There's no monetary incentive for drug companies, radiologists or oncologists to support what F.A.C.T. does. (Indeed, their treatments render the body too weak to perform what her therapy

requires—to repair and recover.) Their brethren in government health agencies have the same biases, and they will be the ones in charge of single-payer, national health insurance.

As successful as any given therapy may happen to be, it doesn't get integrated into medical practice through a public plebiscite, or through whatever influence you may think you have with your Congressman. (Besides, the drug companies will always have more to counter with.) Having a single-payer will not enable you or organizations like F.A.C.T. to influence medicine any more than the current system has. You don't convince people who are being paid not to be convinced.

Our government is not as responsive as liberals might imagine—certainly not to the extent it would have to be to be a conduit for reforming medical practice. Sure, you get to vote. So what? There are never assurances that your Congressman will endorse provision X in bill Y. In a representative republic, we make our preferences known very indirectly and imprecisely. Under single-payer, no one in government will know or care that you want to have insurance coverage for X therapy for Y disease. As responsive as our government can be, it never responds to that level of precision. Obtaining greater choice under a government health insurance system will be unattainable, or else would bust the budget. That's the inconvenient truth in any country that has government-run, government-financed healthcare.

The Wisdom of the Crowds

But there is a system that can be that precise: The free market system. And it shouldn't be a surprise. Where there is free competition, what you do with your money is registered loud and clear with people who want your money.

For over half a century, “healthcare reform” has always been merely about how we pay for it. Such discussions were rarely in conjunction with diagnosing problems with the structure, character, and functioning of medicine, and prescribing remedies for it. I'll pay tribute to just two books which were assigned to me in college, which had focused on those neglected areas, and suggested how medicine might serve patients better. I still recommend them, among several others I could list:

The Cultural Crisis of Modern Medicine, edited by John Ehrenreich (Monthly Review Press)
Medical Nemesis: The Expropriation of Health, by Ivan Illich (Pantheon Books)

Today, with the internet and digital technology, health reformers and organizations of all types now have the means to make a greater impact than ever before. Because if we establish one of the Republican plans, such as personal health saving accounts, then reformers like these could bypass the middlemen—the healthcare bureaucrats who decide what's best for us—and make their case directly to the consumers of healthcare. Why liberals—who tend to want reform—would have it stifled by leaving the same unresponsive (as I've argued) and elitist bureaucracy to stand between them and their healthcare choices, is beyond me. I'd prefer to try to educate or persuade real people than gray suits sitting on a committee any day.

Granted, not everything that's popular is good for us. There will be concerns that patients may choose unsafe and ineffective treatments, if they can obtain insurance for it. There was a similar concern, you'll recall, when we were debating whether or not to permit doctors and hospitals to advertise their services. In the end though, the free market works these things out. There are also a number of ways that this risk can be minimized. We should also be aware that the vast majority of drugs and medical procedures in

use today have not demonstrated safety and effectiveness. (2)(3)(4) We don't even take extra care to make vaccines for children safe. (5) So mainstream medicine would be hardpressed to point fingers at the less organized alternatives.

But we shouldn't jump to conclusions that health professionals and government bureaucrats make better decisions than the public at large. A good case in support of the efficacy of decisions made by large numbers of ordinary people—which describes free market forces—was a critically-acclaimed book by New Yorker business columnist James Surowiecki, titled: *The Wisdom of Crowds* (2005, Anchor; 2004, Random House). (Subtitle: *Why the Many Are Smarter Than the Few and How Collective Wisdom Shapes Business, Economies, Societies and Nations*)

Most of us were led to believe that the opinion of the crowd is always inferior to that of the expert or professional in the field in question. Henry David Thoreau wrote: “*The mass never comes up to the standard of its best member, but on the contrary, degrades itself to a level with the lowest member.*” But Surowiecki builds a case for the seemingly counterintuitive notion that under proper conditions, and on any given subject, large groups of people are smarter than a fewer elite, well-educated and trained experts. This augments a characteristic of market forces—that has always indicated a popular choice—with a new one: that indicates a smart and correct choice.

Surowiecki starts with the success of public and internal corporate markets as evidence that a collection of individuals with varying points of view, but having the same motivation (to guess correctly) can produce an accurate aggregate prediction. He argues that the aggregate predictions have shown to be more accurate than the output of a think tank. The book uses anecdotes and case studies from diverse fields as business, social psychology, sports, popular culture, ant biology, artificial intelligence, and politics.

The dynamic in taking a large enough group of diverse, independent people, and task them with making a prediction or judgment, is that the errors each of them makes in coming up with an answer will cancel themselves out. Each individual brings to the problem some valuable and unique knowledge or perspective, with any errors in that knowledge or perspective being balanced off against those of others in the group. The resultant collective wisdom of the group is likely to be highly accurate and knowledgeable.

By “Crowd” in the title, he doesn't mean a monolithic group of like-minded kinds of people. What seems to make the “crowd” smart is when the group is large, and comprises people of disparate interests, experiences, preferences, etc. In other words, with a random sampling of independent individuals, you get your ‘collective intelligence’.

For the crowd to be wise, and produce better outcomes than a small group of experts, it has to satisfy four specific conditions—even if, Surowiecki says, “*members of the crowd don't know all the facts or choose, individually, to act irrationally.*” “Wise crowds” need <1> diversity of opinion (to bring in different information, even if it's eccentric); <2> independence of members from one another (each are not unduly influenced by any one single opinion leader); <3> decentralization (people will draw on their knowledge and not subjected to groupthink); and <4> a good method for aggregating opinions (some mechanism exists for turning private judgments into a collective decision).

Conditions 1 through 3 are consistent with the population indicating a preference in their healthcare coverage, and the private sector competing to meet that demand. Surowiecki's 4th condition would be the action step that would enable Americans to reclaim their right to make decisions about their own health. The best healing philosophies for any given illness will emerge from the choices that millions of medical consumers make. Insurers will have to provide the coverage that health consumers want, or pay a market penalty for ignoring them.

One of the four situations where Surowiecki says that the wisdom of the crowds doesn't work is the situation that may seem similar to our current healthcare system, as well as a would-be single-payer plan. He describes a situation known as *information cascade*, which occurs when the decisions of a few individuals have a disproportionately strong effect on the behavior of the group as a whole. Surowiecki writes, "*The fundamental problem with an information cascade is that after a certain point it becomes rational for people to stop paying attention to their knowledge—their private information—and to start looking instead at the actions of others and imitate them.*"

That pretty much describes our healthcare system today. There's no greater area in our lives where we defer to the experts to the degree and extent we do about our health. This has been our problem all along, and not "profits" per se. Who knows, maybe the New York Times might agree. This excerpt from its review of *The Wisdom of the Crowds* read, "*A socialist might draw some optimistic conclusions from all of this, but Surowiecki's framework is decidedly capitalist.*"

On that note, I'll conclude with a short excerpt by Rudy Guiliani during the first Republican Presidential debate: "*the problem with our health insurance is it's government and employer dominated. People don't make individual choices.*"

His plan would make available major tax deductions for people who buy their own health insurance. In addition, people would be able to start their own health savings accounts to put money aside to pay for ordinary (low cost) medical-related expenses not covered by their insurance. He said, "*health insurance should become like home owners insurance, or like car insurance. You don't cover everything in your home owner's policy. If you have a slight accident in your house, if you need to refuel or change the oil in your car, you don't cover that with insurance, but that is covered in many insurance policies because they're government dominated, and they're employer dominated.*"

Guiliani concluded, "*there's a man in California who said to me, 'When we make health insurance free, just wait and see how expensive it will become.' And the reality is that we need a free market. We need 100 million Americans making different decisions that will bring down the cost of health insurance, it will bring down the cost of prescription medicines—free market principles are the only things that reduce costs and improve quality. Socialized medicine will ruin medicine in the United States.*"

Michael Moore disagrees. On July 11, 2007, he complained to CNN's Larry King that profits are the source of the problem with our system now. But he forgets that waste is endemic in all government bureaucracies.

Moore described how government used to be efficient and actually accomplish things: "*government announced it would put a man on the moon within the decade—and it did.*" But he forgets that it was private, for-profit contractors that designed and built all the hardware that brought them to the moon.

Moore continued, “*it was our government under Roosevelt which won World War II in 4 years, yet under Bush in the same amount of time, we can’t even secure the airport in downtown Baghdad.*” But he forgets that the rules of engagement during ‘Bush’s war’ forced our pilots to obtain permission from JAG officers before they could blow up an Iraqi tank if it was stationed near a schoolhouse. Moore also forgets that Roosevelt ended his war with Fat Man and Little Boy—something I’m sure Moore is ashamed about, despite the fact that it probably saved the lives of one million Americans.

Moore forgets a lot of things. There may be a pill for that someday.

In the interest of full disclosure:

The author does not currently have any health insurance, nor had he been subscribed to one since 1979, with the exception of mandatory insurance for owning an automobile.

Footnotes:

(1) The Origins of Modern Medicine in a Nutshell:

Over two centuries ago, among the many healing philosophies in America were Natural Hygiene and the German Allopathic school. The allopathic school was the discipline that employed chemical substances—intentionally toxic to the body—based on observations that poisons in sub-lethal doses seemed to trigger responses by the body which they deemed positive. The response could be say, an increase in pulse rate, or the visual suppression of symptom associated with disease. These physicians would even keep drinking water away from the sick patient. They believed that air, water, and light itself brought disease, or exacerbated illness. To prove that treatment was more powerful than disease, it followed that the more dangerous a drug or procedure, the more powerful a remedy it would be. For example, blisters, induced by mustard plaster, were a common treatment for many diseases. It was used intensively, even though it was known to lead to convulsions, gangrene, and death. Calomel—a toxic mercury salt—was the common drug for most illnesses. Extreme bloodletting, sometimes to the point of loss of consciousness and pulse, was the most common medical procedure of these early allopaths.

In response to their own failures, and competition from other healing approaches, these regular physicians resorted to even greater doses of their therapies, believing that any change in a patient's gross symptoms was a good sign. This was the medical orthodoxy going into the 19th century, when the greatest degree of public dissatisfaction with it had developed. Thomas Jefferson called them an "*inexperienced and presumptuous band of medical tyros let loose upon the world.*" Allopathic medicine's greatest success and influence occurred later on, in the 20th century. Today, medicine's antipyretic and antipruritic drugs are far less toxic, but are still responsible for the bulk of iatrogenic injury and death.

Natural Hygienists, on the other hand, interpreted symptoms differently than the allopaths: The familiar catarrhal symptoms of say, runny nose (sinus exudate), cough, fever, diarrhea, muscle fatigue or stiffness, and the numerous kinds of rashes, swellings, lesions, and eruptions through the skin are all manifestations of the same cause—the buildup of uneliminated metabolic waste in our blood and cells, or in organs like the tonsils or appendix. This "crisis of elimination", through abnormal channels of our bodies (i.e. skin or lungs), is an emergency effort by the body to preserve health, and may be triggered from among a number of different types of traumas or stress events. Uncomfortable as it is, this purging of waste must proceed free from symptom-suppressing effects of drugs, food and herbs. (A good analogy would be to close off the entrances to a burning building, while allowing those inside to escape.)

Hygienists and sanitary reformers since the mid-19th century—such as Florence Nightingale—believe microbes are transmissible, but not the diseases that are attributable to them. Pathogenic bacteria, for example, proliferates on waste—not healthy cells—and acts in the vital role as scavengers to attack and devour weakened, injured and dead cells. Allopathic drugs and poisons kill good and bad bacteria, as well as debilitate the body to the point where it can't continue to expell waste through abnormal avenues—the symptom suppression effects we see when we take an aspirin or other antipyretic.

The Hygienic and naturopathic philosophy of “remedy” was asepsis, rather than allopathy’s antiseptics. The former cleans the environment of waste (i.e. “morbid” matter; or dead things that will decay and devolve into the kind of bacteria—“pathogenic”—that excretes waste that is toxic). The latter involves the application of germicides to kill bacteria. The asepsis approach requires that you clean the dishes to keep roaches away. The antiseptics approach requires that you spray insecticide on the dirty dishes. The asepsis approach is to fast on distilled water to enable your liver and kidneys to focus exclusively on processing waste for elimination (i.e. cleaning the host environment). The sepsis approach is to take sublethal doses of poisons (i.e. drugs) that kills cells and bacteria, and weakens the body sufficiently to check elimination of waste (i.e. disease symptoms).

According to hygienic theory, even an aseptic (i.e. clean) projectile or bullet is capable of starting the abnormal evolution of the living intracellular elements to produce pathogenic bacteria, solely by way of the mechanical action that kills cells (which will decay) and which alters the normal state of the environment. Hygienists remove the foreign object, clean the wound and allow air to get to it. They believe inflammations, swellings, fevers (etc.) are neither good or bad things. They’re just necessary. Under allopathic medicine, specifically designed chemicals terminate these normal processes. When general antibiotics and other germ killers are used, they adversely affect the delicate balance of bacteria, including the strains at the end stages of digestion which convert the residues of what you ate into waste for elimination.

By logic, it’s a “cure” when you successfully treat what’s causing the disease. For medical doctors, the “cure” is marked by the disappearance of clinical symptoms of catarrhal diseases. But symptoms are merely the effects, and obviously a cause and an effect cannot be one in the same. When you stop the body from discharging waste, you are not treating the disease; you are merely stopping the effects of the disease. There is no healing philosophy that may claim responsibility for “curing” inflammatory or catarrhal diseases. Because the symptoms themselves—the remedial actions initiated by our own bodies—represents the actual “cure”.

Pidoux expressed the theories of microbiologists Antoine Bechamp and Jules Tissot (but to the annoyance of Louis Pasteur) most succinctly when he wrote: *“Diseases are born of us and in us.”*

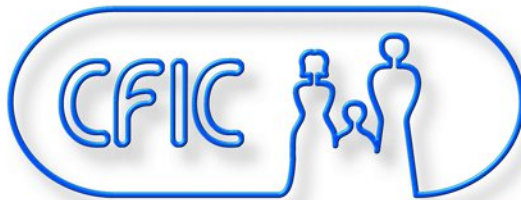
- (2) In September 1978, the Office of Technology Assessment of the U.S. Congress issued a report entitled, Assessing the Efficacy and Safety of Medical Technologies which stated in part, *“It has been estimated that only 10 to 20 percent of all procedures currently in medical practice have been shown to be efficacious by controlled trial.”*
- (3) Determining More Good Than Harm Is Not Easy, JAMA, 14 July 1993: Editorial admitted that, *“Randomized controlled trials are Medicine’s gold standard, but there is not enough of this gold to go around. Most medical procedures have never been proven to be effective, let alone cost-effective in randomized controlled trials.”*
- (4) Hitt, Jack, Evidence-Based Medicine, New York Times, 9 December 2001. Quote: *“Some experts estimate that only 20 percent of medical practices are based on rigorous research evidence.”*

(5) Public Health Service Act, Section 2122, Direct Warnings: Contained in The National Vaccine Injury Compensation Act of 1986:

“No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after the effective date of this part (1986) solely due to the manufacturer’s failure to provide direct warnings to the injured party (or the injured party’s legal representative) of the potential dangers resulting from the administration of the vaccine manufactured by the manufacturer.”

Ironically, neither drug companies nor physicians, who profit from the administration of vaccines, are required by law to directly warn parents of acknowledged side effects, breakthrough rates, or lack of studies to establish suspected delayed effects. But by merely having these warnings printed in the Physician’s Desk Reference, or the vaccine product inserts—which parents don’t normally see—doctors and drug companies are indemnified by the federal government for all damages derived from vaccination. Some believe this inadequate system of informed consent may be a violation of the Nuremberg Codes.

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“For a successful technology, reality must take precedence over public relations, for Nature cannot be fooled” ...Richard P. Feynman