Politics
in Science and Medicine

Why we lose the freedom to choose.

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INTRODUCTION

Why haven't I heard of this therapy before? If it really works, why aren't people everywhere using it? Why doesn't my doctor know about it? The answers to these questions are hidden in a complex economic system.

Possibly the biggest contributing factor is public perception: "There is more public confidence in the scientific and medical communities than in any other institutions in the U.S."[1] Another survey suggests that while "60-70 per cent of the public said that government is usually inefficient and wasteful, it also showed that 72-85 per cent trusted the U.S. Food and Drug Administration (FDA) to make the right decision."[2]

If this survey truly reflects public views, then there is little inclination to pick up one of the many books written that casts a negative light on these respected bodies. If there is no concept of something being broken, then it follows that nothing needs to be fixed.

There is a shadowy side to medicine and science - and a darker side to politics and governments - that endorse and bestow power to the medical and science establishments. But, these establishments don't answer to the public. Decisions are made, not on what is best for the patient and their care, but on what will give those involved the most profit. While the examples focus on North America, the issues are global. The medical establishment is world-wide; the profit-oriented health industry has dominated the globe and to maintain and increase profits they need to

protect their turf.

With global communication there is a renewed interest in the logic and simplicity of natural therapies. We are beginning to make different health choices. Natural therapies, such as indigenous medicine, acupuncture, and even electrotherapy have a long history. The resurgence of popularity for natural medicine in the last few decades, has been accompanied by a concerted push-back from the medical establishment.

It was only twenty years ago that physicians told us that the only result of taking supplements would be expensive urine. It seemed any potential benefits of natural therapies were ignored or ridiculed. Then something happened that turned the direction of natural and alternative medicine. A report was released in the mid-nineties showing that natural health products were a $27 billion dollar a year industry. It was revealed that there was more money spent on natural products than on medical visits to physicians. It was a small story, a blurb that didn't capture the attention of the public, but it did catch the attention of the medical industry.

Over the next decade, studies and news on natural health products took a new direction and was largely slanted toward the sudden danger of these products that had previously been used safely — for centuries in many cases. Regulators now took a special interest in exploring how to regulate natural products to "protect" the public. In early 2000, a United Nations food safety committee, called Codex Alimentarius, adopted the Food Supplements Directive in the European Union. This directive set highly restrictive upper limits of supplements and other natural products to prevent the sale of these substances

for curative, preventative or therapeutic purposes without a doctor's prescription.[3] Interestingly, at the same time, multi-national drug companies began buying up the largest of the natural health supplement companies. Was it possible that there were other reasons, financial reasons, for trying to control this popular industry?

We know that every aspect of our lives is tremendously affected by science and medicine. Who decides what theories are right and wrong, what health practices are allowed, and what medicine is good? Who decides how, where and why our tax dollars are spent in research? Who makes the decisions about what doctors can and can't prescribe? How did we come to the one-size-fits-all system that we have globally? There are at least two systems of medicine today, but only one is considered valid. Why? It is a hard journey to take to understand all the influences in our disease-care system because it breaks down many of our beliefs about how the world works. To begin, it is helpful to understand the difference between the two different models, how they came to be and what influences our current state.

RECOGNIZING TWO DIFFERENT MODELS OF HEALTH

The Medical Health Model

The Medical Health Model defines health as an absence of symptoms or clinical laboratory evidence. Disease is often viewed as something that we have no control over and randomly or genetically occurs. Genetics and microbiology are seen as primary causes of disease. Lifestyle and environment are slowly gaining some acceptance as contributing factors but not primary causes.

The Medical Health Model tends to view the body as a system of separate parts. For example, if cancer erupts in one part of the body and is treated, it isn't seen as a problem for the rest of the body. Physicians become experts on a particular disease or specific area of the body. In most cases the goal is no longer to restore health but to manage symptoms through three methods: drugs, surgery and radiation. Therapies that work for one individual must be able to consistently work for everyone with the same condition.

The gold standard for evidence of efficacy is based on multi-centered, placebo-controlled and double-blinded studies, which produce identical results. The Medical Health Model treats the symptoms of the disease rather than the cause.

Physicians are seen as the only authorities in health care, with individuals expected to follow the doctor's advice.

This advice will almost always include pharmaceutical intervention. In some cases, the physician may refuse to assist an individual if they are using a natural therapy. If the patient is a child, the physician, in many cases, will ask the state to step in and remove parental authority over the child's treatment if an alternative treatment is being used.

The medical establishment views the Medical Health Model as the only legitimate approach to health care. As a result, regulators favor this system and have established the Medical Health Model as the only valid form of health care.

The Natural Health Model

The Natural Health Model defines health as having abundant energy: physically, mentally, emotionally and spiritually. It views the body, mind and spirit as a whole. Disease is viewed as something that is created over time through our lifestyles, emotions, nutritional deficiencies and exposure to environmental toxins. When imbalance or illness occurs, the body is self-correcting and able to heal itself if given the proper tools. The key to helping one person may not be the same for another. Natural therapies seek to treat the underlying cause of dis-ease, each therapy providing a stepping stone to restoring balance in the body.

Natural health practitioners acquire education in one or several natural health therapies. Each individual is considered to be the 'expert' of their body and the role of the practitioner is determined by the individual. The practitioner may act as an authority, consultant, or facilitator. All forms of research and experience are accepted by those that follow the Natural Health Model; this includes scientific principles, theories, historical

data, case studies, intuition, testimonials and practitioner experience. The Natural Health Model encourages healthy lifestyle choices and taking responsibility for our own health.

A Place For Both Models

The Medical Health Model and the Natural Health Model approach health and dis-ease from very different principles. Despite this, both models have their place. The greatest strength of the Medical Model is in short-term, acute, emergency care and surgery. The strength of the Natural Health Model is in disease prevention, and in building, restoring, and maintaining long-term health.

POLITICAL AND ECONOMIC INFLUENCES

How and when did the Medical and Natural Health Models emerge? In the history of every scientific discipline there have been times of philosophical revolution, when scientists arrive at a crossroad and are faced with a decision that may significantly alter the future direction of their work. In current times, this is referred to as a paradigm shift. When this happens, there is great debate and division over which theory to follow. A theory is adopted as a scientific principle when it has what is considered significant scientific agreement - meaning that a greater number of scientists agree with the theory.

> *"All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident."*
>
> Arthur Schopenhauer, German philosopher (1788-1860)

Over time, these theories are accepted by society as truth because we trust scientists are working in the public interest. We forget that theories are only opinions that are shared by a number of people at a given point in time. In truth, an opinion isn't right or wrong, it is just an opinion. However in science and medicine, these opinions lending to scientific agreement are often influenced by economics.

When popular opinions are challenged, there is an expected outcome for the challenger. There are many examples in medical science of whistle-blowers and others

who speak up against the status quo or who propose new ideas and new research. In almost all cases, they are personally and professionally, viciously attacked, and in many cases their careers are devastated.

There are two theories that were developed in the late 19th century and early 20th century that influenced the Medical and Natural Health Models:

Germs: Outside or Inside?

Louis Pasteur, was a scientist with good political connections in the scientific community and a charismatic spokesperson for the monomorphic germ theory. This theory states that germs are responsible for creating disease, and that germs originate solely from outside of the body. Human beings are seen as being germ-free in their natural state and are at the mercy of these disease-causing germs. In order to get well a particular germ is identified and killed through drugs. It was noted by medical historian Harris Coulter,[4] that there were financial benefits for doctors to agree with Pasteur's theory. It supported the idea that only the physician, rather than the patient, had the knowledge and the power to combat the disease.

Today's Natural Health Model supporters reject Pasteur's germ theory and they continue to follow the terrain and pleomorphic theories of Pasteur's contemporaries, Claude Bernard and Antoine Bechamp. Bernard's theory was that the body had an ability to heal itself and that it was dependent on the general condition of the internal terrain. This meant that dis-ease only occurred when the internal environment was weakened and became favorable to disease. If Pasteur was wholly correct, this means that everyone that was exposed to a germ would become ill,

while Bernard observed that only some people became ill. Bechamp supported and built on Bernard's theory, strongly disagreeing with Pasteur. He discovered microorganisms that existed in all living things and were present whether the host was living or dead. He found they could take on many forms within the body during the host's life cycle. He believed that in a state of health, these microorganisms act harmoniously, but in a state of disease these same microorganisms changed their function and become harmful. While Pasteur took these microorganisms to be external germs attacking the host, Bechamp believed they arose from the body's natural metabolic processes. This would indicate that we may have some responsibility in maintaining the health of our own internal environment.

Although today the body is acknowledged to harbor millions of beneficial and harmful microbes — in fact, outnumbering our own cells — Pasteur's germ theory continues to dominate modern medicine.

Empiricism or Rationalism?

Studies that are chosen and conducted today are based on approaches that were decided a hundred years ago. Another scientific rift developed between the theories of Empiricism and Rationalism. Both theories go back to the time of Hippocrates. Empiricism, as applied to medical therapies, was experimentation without pre-conceived ideas - knowledge gained through sensory experience. By comparison, Rationalism meant gaining knowledge by reason and common sense, without the sensory experience. It meant that if an idea could not be logically explained, using accepted theories, it wasn't rational. Rationalism came into prominence in North America in the early part of the 20th century.

For Empiricists, it was not as important to know why or how a therapy worked – proof of efficacy was in the sensory experience. For example, if a person felt ill, tried a therapy and then felt better, the therapy was deemed to be a success for that person even if the how's and why's could not be explained.

In contrast, for Rationalists, how and why are of primary importance. It did not matter that the person no longer felt ill. That alone was not proof of efficacy. A rational explanation must be found in order to determine efficacy. The Rationalist theory is used by the Medical Health Model. The Natural Health Model considers evidence that is rational or empirical.

A recent example is electrotherapy. In the early decades of the twentieth century, empirical evidence showed repeatedly that it was an effective therapy for many conditions. However, according to the Rationalists, there was no reasonable (rational) explanation of how it worked. This is largely because the electrical nature of the body was not known at the time. Eventually, therefore, most electrotherapies were rejected by the Medical Health Model. Even today, physical medicine has not caught up with the science of biophysics and so skepticism about the principles of electrotherapy remains. Rationalism is the reason that regulators have such a hard time accepting natural products, therapies and technologies in the marketplace; regulators are educated to accept which science is good and which is bad. Even though empirical evidence is sound science, the medical establishment associates anything based on empirical evidence as quackery.

At their inception, the American Medical Association's (AMA) code called upon physicians to "expose frauds and empirics to the public because 'victims' and lay medics could not be expected to have knowledge of potential hazards."[5] This same attitude prevails today and it is one of the reasons that so many useful therapies have been forced off the market. Manufacturers of these products are continually harassed by authorities despite the fact that empirical data attests to their safety and efficacy. The safety of most of these products has also been determined by the test of time. Even more telling is when there are no consumer complaints about the products. The 'complaints' usually come from the regulators themselves.

MEDICAL ASSOCIATIONS AND THEIR INFLUENCE

The practice of medicine was a true free market throughout most of the 19th century and into the first decade of the 20th century. Individuals could freely choose from a wide variety of health disciplines such as electrotherapy, native medicine, eclectic medicine, homeopathics and allopathics. Allopathics were also called Rationalists. Today we refer to them as orthodox or conventional medical doctors, or simply as physicians.

The 19th century saw a turf war among these doctors, but it was mainly an intense philosophical and economic rivalry between homeopathics and allopathics. Each called the other quacks. In fact, in the 19th century the allopathics were the underdogs. Their drastic surgical treatments, blood letting, and bad-tasting, pain-inducing drug cocktails were unpopular among the public. Out-of-work allopathics consequently turned to homeopathic or eclectic practice in order to make a living.

As a result, a few prominent allopathic physicians, led by N.S. Davis, saw the need for a federal organization of doctors that would be able to lay down the foundation for standardized medical education and promotion of their allopathic/surgical methods. Davis believed that with standardized medical education, the public would be able to tell "regular" doctors from "irregular" doctors who practiced a different system of medicine.[6] In addition, this would drastically reduce the number of doctors, thereby enhancing the financial well-being of their members. Today, entrance into medical schools is still tightly

controlled by medical associations.

The Rise of Medical Associations

In 1847 the American Medical Association (AMA) was formed. Part of its mandate was to "enlighten and direct public opinion in regard to the duties, responsibilities, and requirements of medical men."[7]

The AMA began a public smear campaign against other systems of medicine. They used the media to help define for the public what should be accepted as scientific, Rational medicine. To gain public trust, they stopped some of their more unpopular therapies such as bloodletting and giving massive doses of drugs and even adopted some of the more popular homeopathic therapies.

The American Civil War was key in advancing the allopathic physicians' system of medicine such as surgery and the use of pharmaceuticals. After the war, the mass marketing of drugs began for the first time with the new pharmaceutical companies courting the AMA. At the AMA conventions, promotional material for drugs were made available with physicians buying the drugs at a discount. As well, drug advertising almost solely supported the AMA Journal. All of these practices still occur today. Prior to the formation of the U.S. Food and Drug Administration (FDA), it was a matter of course that pharmaceutical companies sought the approval of the AMA. A symbiotic relationship developed and as both the AMA and the drug companies' profits grew, so did their political influence. The AMA is now one of the top lobbying entities in the U.S.

In Canada, the Canadian Medical Association, was founded in 1867 for "the purpose of adopting some

concerted action on the subject of medical legislation." According to the plan, the CMA would "direct and control public opinion in regard to the duties and responsibilities of physicians." In the 1950s, the CMA became a major force in federal and provincial politics. By the 1980s, "one federal minister described it as 'one of the strongest, if not the strongest, trade union in Canada'..." A few years ago, the CMA was the most successful medical association in the world with more than $9 billion in assets."[8] Its success continues. As of 2011 its financial arm administered over $21 billion for CMA members. The CMA is one of the top lobbying entities in Canada.

In 1947 the World Medical Association began. One of its missions is "shaping public health policy." In 1948, the United Nations set up the World Health Organization, which has been known as a "rat's nest of political patronage" and "petty corruption." In recent years it has been accused of going too far in partnering with the pharmaceutical industry. Big Pharma has even negotiated a WHO seat at the table when policy is made.[9]

Since the inception of organized medical associations there has always been an air of arrogance[10] in their conduct and beliefs. The following is part of an AMA Journal letter of 1901, instructing doctors on their role, as quoted in Harris Coulter's Divided Legacy:

> *"... When he fails to exert his influence for the elevation of his profession and for increasing its sphere of usefulness, he cannot excuse his course with the plea that the demands made on him by his patients are paramount in importance to the duty he owes his profession."* [11]

That attitude seems to be no different today. One school of medicine said, "Medicine itself, and the very process of medical education, can foster the development of arrogance in the physician." It goes on to say, "Arrogance destroys professionalism in three ways. First, it reduces the physician's ability to think for himself or herself. Second, it makes empathy for the patient difficult. Third, arrogance destroys professionalism by removing the beneficial role of self-doubt."[12]

Medical associations rule their members with an iron fist. They have strict rules of conduct, that include no advertising, so as not to create competition among physicians. They ensure the financial well-being of their members by controlling enrollment into medical schools. Government gives medical associations unusual powers in health care, without making them accountable to the public. In Canada, in order to practice medicine, a licensed physician must be a member in good standing of a medical association. The Association has the power to withdraw hospital and prescription privileges, and even revoke a physician's license if the physician steps outside the boundaries of accepted orthodox practice.

MEDICAL EDUCATION IN NORTH AMERICA

Prior to 1910, medical education in North America was diverse and encompassed a wide variety of therapies. Sweeping changes in medical education came immediately following the release of a 1910 report entitled "Medical Education in the United States and Canada." This report was funded by the Rockefeller and Carnegie Institutes and recommended the closure of 124 schools including five out of seven African American schools, the only three women's institutions, electrotherapy and homeopathy colleges as well as other alternative practice schools.

The author of the report was Abraham Flexner, an unemployed high school principal who had no background in science or medicine and had previously never set foot inside a school of medicine. Nevertheless, he was well connected as his brother Simon was a physician and the director of the Rockefeller Institute.

The Rockefeller Institute, one of the funders of the report, could not claim to have an unbiased interest in its outcome. In the early 1900s, the Rockefeller family, headed by oil tycoon John D., had heavily invested in the rapidly growing pharmaceutical industry. It was a doubly profitable connection for the Rockefellers, as the pharmaceutical companies relied on petroleum products as bases for their medicines. Rockefeller was no stranger in knowing how to monopolize a market and create huge industry. At the turn of the century, the Rockefeller and Carnegie Institutes for Medical Research were established.

These philanthropic institutes were supporting many medical schools that existed at the time, so it is easy to see how they used their influence to guide policy and procedures.

The American Medical Association concealed their involvement in the Flexner report claiming the endeavor was a non-biased effort even though Flexner was accompanied on his medical school visits by a member of the AMA who would provide him with the results of the AMA's earlier evaluations. In fact, the AMA had requested the project of the Carnegie Institution. Not surprisingly, the final controversial Flexner report was identical to the AMA's own conclusions and received a glowing review in the Journal of the American Medical Association. The JAMA wrote:

> *"This report is evidently the result of an enormous amount of painstaking work and is worthy of the most careful study. Coming from an agency outside and independent of the medical profession. It is sure to have a most profound influence on medical education in general, and claims of partiality or prejudice cannot be made against it."* [13]

As a result of the Flexner report, every medical school and hospital in the country needed to be licensed. The government granted the AMA responsibility for appointing state licensing boards. All proprietary (for-profit) schools were ordered closed. The Rockefeller and Carnegie Institutes gave only AMA-approved schools generous grant and research dollars. To be AMA-approved meant the school had to have a pharmacology department and a pharmacology research department. Schools of electrotherapy, homeopathy, herbology, etc., either had to change the whole structure and curriculum of their

institutions or, through lack of AMA approval and philanthropic funding, they eventually had to close.

Abraham Flexner along with his brother Simon and their friend, Dr. William Welch of the John Hopkins Medical school, became three of the most powerful men in the politics of medicine. After 1910, they were closely involved in awarding Rockefeller grants as well as being given involvement with the important operational aspects of the approved schools.[14]

The Flexner Report drastically reduced the number of schools and doctors. The report also led to increased medical costs and bolstered doctors' incomes. The report closed the door to other types of practice and medical systems.

Donations

Donations remain the life blood of medical schools. Corporate foundations fund schools, apparently under the guise of good will and public relations. At the end of the day, these donations give huge returns. The money that is donated is tax-free and in addition comes back to the donors with a profit as a result of the research of their products at the medical schools. Ed Griffin in his book World Without Cancer, sums up the goal: " …foundations are precision tools designed to further monopolies and cartels…for expanding the wealth of those who control them…"[15]

Publicly, it appears as though these corporations are altruistic, when in fact, they are influencing how medical institutions are run. A new type of education sponsorship was studied by a group called Public Citizen. They report that medical education sponsorship has become an

effective way for pharmaceutical companies to reach the minds of medical students. Medical Education Services Suppliers (MESS) cite their purpose is to give objective information to physicians and residents. One example of a MESS communication to their clients is: "Medical education is a powerful tool that can deliver your message to key audiences, and get those audiences to take action that benefits your product."[16] Pharmaceutical companies also directly sponsor student workshops, give students generous gifts such as free lunches/dinners, doctor bags, and tickets to various events. Despite their claim of objectivity, in practice, MESS acts in the best interests of their clients of which 76 per cent are pharmaceutical companies.

Curriculum

Medical school curriculums compress an enormous amount of information into a five year schedule. Students will be carefully screened for entrance. To succeed, typical medical students will be competitive, disciplined achievers who will endure long hours of study.

It's important to remember though, that these aren't schools of free thought. These are also schools of business and students are taught about specific products and who the suppliers are. They learn only the Medical Health Model. As a result most medical students have little to no understanding of the Natural Health Model.

A sad example is illustrated by some interesting statistics. In one survey, "74 per cent of first year medical school students considered nutrition to be important to their future careers. After two years of medical school, only 13 per cent still considered nutrition important."[17]

Students are very aware from the beginning of their training and throughout their practice, what it takes to stay in the good grace of the medical associations.

One doctor turned mother and homemaker said, "They (med students) are given advice about the right and wrong career moves and this is reinforced by the example of people whose careers are not progressing because of some transgression from the expected path."[18]

PHARMACEUTICAL INDUSTRY INFLUENCE

Up until the American Civil War, drug prescriptions were mixed by the pharmacist or physician. At that time, the AMA frowned upon patented medicine; their 1847 code of ethics stated that "...It is reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."[19] This attitude was a challenge for many companies who needed doctors to use their products. One company found a way around the AMA's ethical dilemma by introducing proprietaries. This was a line of popular family medicines that differed from patentables because the ingredients were known. This new style of marketing was rapidly copied, and after the American Civil War, the first mass production of proprietary pharmaceuticals began. Immediately the market was flooded with new drugs.[20]

Massive advertising and fierce competition between pharmaceutical firms began. For the first time, companies began sending representatives to visit doctors with free samples of their products, a practice that continues today. Now doctors only had to memorize the names of specific compounds and prescribe them for disease, they no longer had to compound the medicines themselves. This was very significant because the introduction and control of new drugs passed from the medical professional to the drug manufacturer.[21]

By the end of the 1930s, major pharmaceutical companies were making millions. All but one of the 250

medical journals that were published by the turn of the century were completely dependent on pharmaceutical advertising.[22] Today, medical journals continue to make the bulk of their revenues from drug advertising, and in North America this exceeds $440 million a year.[23] Pharmaceutical companies spend an astronomical 39-40 per cent of their revenues on marketing and administration. This is far more than any other industry. Rather than being self-serving, they defend this activity as a necessary educational function.[24]

The pharmaceutical lobby PhRMA (Pharmaceutical Research and Manufacturers' Association) is the largest and most powerful in the U.S. Currently, there is an army of approximately 1100 registered industry lobbyists. In only one year, the industry spends upward of $155 million on lobbying and campaign contributions in the U.S. Between 1998 and 2006 they spent $855 million in order to influence members of government to protect their interests.[25] Many of the registered industry lobbyists are either former members of Congress, former Congressional staff members or government employees. A 2009 segment by the television program, 60 Minutes, cited the incestuous relationship between Congress and the pharmaceutical Industry.[26] More interesting but disturbing statistics can be found at the Center for Responsive Politics (opensecrets.org). In 2011, three of the top six lobbyists were the AMA, American Hospital Association, and PhRMA. In comparison, there was only one oil company lobbyist in the top ten. By industry, the Pharmaceuticals/ Health Products are at the number one lobbyist position in the U.S. alone. This only accounts for their lobbying efforts towards politicians. It doesn't take into account their lobbying of hospitals, doctors, medical associations,

non-profits, insurance companies and bureaucrats, to name a few.

DO REGULATORS ACT IN OUR BEST INTEREST?

Throughout the twentieth century the U.S. FDA has had close ties with the AMA, NGO's and big industry. As a result of blunders by pharmaceutical manufacturers that led to highly publicized deaths in the early 1900s, the public easily accepted broadening the scope and the power of the FDA's mandate to include requiring manufacturers to submit evidence of safety testing for drugs prior to being allowed on the market.

This seemed sensible, but over a few short years, the FDA also gained the ability to prohibit and remove products from the market. Again, to the public, it may not have seemed a bad idea. Some believed, however, that giving a government agency this much power opened the doors to favoritism and conflict of interest. As Ed Griffin points out in his book World Without Cancer, most drugs could be taken off the shelves for safety reasons, but it is very evident that, "the process by which some are removed and some are allowed to remain is not always a scientific one."[27]

In the 1960's the FDA's power expanded again giving them the ability to also ban any product it claimed was ineffective. There were so many similar drugs hitting the market that the FDA felt there needed to be a way to tell which were the most effective. To the average citizen, this seems very logical as no one wants to buy products that don't work. Unfortunately the FDA's reasoning on what does and doesn't work is very prone to corporate interference. The only acceptable methods of proof are million dollar, multi-centered, placebo-controlled, double-

blinded studies. Even with the million dollar studies that show efficacy, a company still has no guarantee that they will be able to market in North America.

FDA Bias

What do you think would happen if thousands of people reported that a certain product caused them to behave in an unusual manner and that hundreds of people had attempted to kill themselves after using it? If you assumed the product would be removed from the market, you would be wrong.

As of 1991, there had been16,899 reported cases of adverse reactions from the use of Prozac, a commonly-prescribed anti-depressant; today that number is around 50,000 with over 200 lawsuits filed against Eli Lilly, the manufacturer of the drug. The drug continues to be widely prescribed.[28] In 2010 over 24.4 million prescriptions were written for this drug in the U.S. alone. Bias within the FDA is obvious as they would ban a natural product entirely for a tiny fraction of this damage. All that is required of Prozac and drugs like it, is a "black box" warning that the product may cause an increased risk of suicide for those patients under 25 years old.[29] Sadly, there are many other examples including the drug VIOXX. In the early 2000's, it was considered the worst health disaster in America - a drug that killed 30,000 to 50,000 Americans alone.

In sharp contrast, there is the case of Jay Kimball, manufacturer of Liquid Deprenyl Citrate (LDC), a natural derivative of the ephedra plant. He presented the FDA with 3000 case studies from the University of Toronto proving the product's efficacy and safety. The FDA admitted that in ten years there was not one complaint

about the product, and in spite of having thousands of names and phone numbers of customers, the FDA could not produce one witness to speak against him or the product. After nine grand juries, he was convicted in October 2000 for mislabeling a dietary supplement and frauding the FDA. He was handcuffed, waist-chained, leg-ironed, and sentenced to 13 years in prison.

Many companies have performed countless studies only to have them rejected. Most often these involved therapies that were not pharmaceuticals. In practice, the FDA has a tendency to relentlessly pursue small operators for selling items such as herbal pillows that are advertised to help promote sleep, colloidal silver, or electrotherapy products. Even walnuts stating the health benefits on their label becomes an unapproved drug. None of these products are dangerous, but the FDA maintains their claims have not been proven by rationalist scientific methods. The public is then denied access to the product.

Attack on Freedoms Over False Dangers

The FDA is well aware that natural products are not patentable, so there is no economic benefit to the sponsor to do the studies. In this way, regulators eliminate the consumers' freedom of choice. David Kessler, attorney, physician, and former head of the FDA was quoted in an article by James Bovard, "First Step to an FDA Cure," The Wall Street Journal, in 1994: "If members of our society were empowered to make their own decisions...then the whole rationale for the [FDA] would cease to exist." In 1962 the U.S. Congress indicated:

> *"To the extent that any freedom has been surrendered by the passage of the legislation which bans from the marketplace*

drugs that have not been proven to be effective, that surrender was a rational decision which has resulted in the achievement of a greater freedom from the dangers to health and welfare represented by such drugs." [30]

Similarly, Health Canada validates their imposition on freedom by referring to the case, Regina c. Thomas Lipton Inc. that states, "The existence of a risk to health and of potential harm to the consumer provides a sufficient rationale for the limitation imposed on the freedom of expression."[31] Health Canada further interprets the Food and Drugs Act to, "...ensure that members of the public do not self-diagnose or self-treat diseases for which there are no known (Medical Model) cures, or for which early treatment by a physician is considered essential."[32]

The danger, according to the opinion of not only the U.S. and Canadian authorities, but many western regulatory agencies including the UK, Australia, and New Zealand, is that consumers may choose an ineffective therapy instead of consulting with their physician, or in more extreme cases, when traditional treatment has failed, the consumer may be exploited by unscrupulous companies or alternative health practitioners selling 'false' hope. In a double standard, physicians routinely treat third and fourth stage cancers with chemotherapy and radiation knowing full well these treatments are ineffective in the latter stages of the disease and are very dangerous as well. They do so because in their often-used words, "the public would have no hope otherwise."

Regulators want to ensure that individuals are going to receive properly prescribed drugs from a licensed physician for their pain. They make that decision for us even though the prescribed drugs may be ineffective and a natural

therapy such as a pulsed magnetic field may be more effective.

Questionable Enforcement Activity

To ensure continuing public support, the FDA, in conjunction with the U.S. Federal Trade Commission (FTC), and sometimes the U.S. Postal Service, spreads misinformation using mainstream media to wage smear campaigns and vilify any company or individual working outside of the Medical Health Model system. The public has no idea, or at best, only a superficial understanding of these natural health companies and the politics behind the FDA's actions. As a result it seems the FDA is doing the public a service. When the FDA boast about their crack-downs, the public usually has no idea of the true circumstances of those cases. If they did, they would likely be shocked and appalled at the coercive tactics these special police forces use on average citizens. In fact, even seasoned law enforcement personnel as well as government prosecutors may be shocked at the FDA/FTC's enforcement activities.

In most cases the victims of FDA/FTC's abuse of power are those small companies unable to defend themselves financially against a government department with hundreds of lawyers and millions of taxpayer dollars. One investigator in the Texas Attorney General's office reported:

> *"During the eight years I was an investigator, I had numerous occasions to work with the FDA on cases involving potential health fraud. I repeatedly saw cases against large corporations go unchallenged...instead, the agency chose to pursue cases against alternative health care providers and minor companies...Chinese herbalists, health*

food stores, and chiropractors were among their favorite targets." [33]

The FDA pays special attention to any person or company claiming to have a treatment of varying success, for cancer. Several well-documented cures have been forcibly suppressed through AMA political interference, FDA strong-arm tactics, and even interference through entities like the National Cancer Institute.

Alternative Cancer Therapies are Viciously Attacked

The Hoxsey herbal cancer cure is one example. In the 1950s, public court records prove the FDA and AMA knew and admitted to the fact that the Hoxsey herbs cured some cancers. The AMA offered to buy the rights to the formulas but Harry Hoxsey refused. After repeatedly throwing him in jail, regulators finally drove Harry Hoxsey out of the U.S. into Mexico.[34]

"Modern Medicine would rather you die using its remedies than live by using what physicians call "quackery"."

Dr. Robert Mendelsohn, M.D.

A well-known modern example of the double standard the FDA has with those treating cancer through alternative means, is the case of Stanislaw Burzynski, a Texas physician and clinical researcher. He developed, researched and treated patients for approximately thirty years with an experimental, non-toxic therapy for cancer called Antineoplaston treatment. In 1983 the FDA attempted to stop Burzynski's treatment despite the success of the therapy. He was the subject of four federal grand jury investigations with no indictments. His clinic at one time

was raided and patient records confiscated. When the FDA failed to get a conviction, they turned their attention to falsely charging him with shipping the drug across state lines. When they consistently failed at getting him out of the cancer business, the Texas State Medical Board took over the witch hunt. They have been trying to remove his medical license. Many patients however, came forward with their personal survival stories and their whole-hearted support of Dr. Burzynski. Despite this, his persecution continues.

FDA Bans Books

To further illustrate just how far the FDA/FTC will go, not only do they regulate medical devices and drugs, they take great liberty in banning information. Three times, the FDA has ordered destruction of books. In 1956 the FDA literally burned several tons of publications by Wilhelm Reich regarding his orgone generator and its reputed health benefits.[35] The second time was in 1962 with the book *Calories Don't Count* [36] that touted the benefits of safflower oil pills, and most recently in the late '90s with books called *The Stevia Story*, and *Cooking With Stevia*.[37] Stevia is a warm-climate perennial that has been used by native tribes for hundreds of years. In Japan and other countries it was used as a sugar substitute for decades. While the FDA approved the dangerous synthetic, sugar-substitute aspartame, it banned Stevia, a 1500 year old plant, as an unsafe food additive. In 2008 the FDA finally lifted its ban of Stevia - coincidentally around the same time that large, corporate manufacturers produced a patented form of it to replace the use of aspartame.

FDA Conflict of Interest

The FDA's involvement with pharmaceutical companies has been called the most notorious "revolving door" in Washington. Upon retirement, about 65 -75 per cent of FDA employees go to work for drug companies.[38]

In ninety-two percent of the FDA advisory committee meetings, at least one member had a direct conflict of interest. The experts are supposed to be independent and objective, but in many cases, they have a direct financial interest in the drug or topic they are asked to evaluate. These pharmaceutical experts, about 300 on 18 advisory committees, make decisions that affect the health of millions of Americans and billions of dollars in drugs sales. With few exceptions, the FDA follows the advisory committees' advice.[39]

A General Accounting Office (GAO) study of FDA in 1975 revealed that 150 FDA officials owned stock in the companies they were supposed to regulate.[40]

Over the years, there have been several Congressional inquiries and Senate committee hearings into the nefarious activities of the FDA. In 2004, twenty year FDA veteran, Dr. David Graham testified before the Senate Finance committee. He said the FDA was incapable of protecting America from unsafe drugs because the same people who approve the drugs also oversee post-market activity. When there is an obvious safety problem, it is met with denial and rejection by the regulators, because otherwise, how could they explain why the drug was approved in the first place. It is an "inherent conflict of interest."[41]

The modus operandi of the FDA was summed up by former FDA commissioner Dr. Ley who said, "The

thing that bugs me is that the people think the FDA is protecting them. It isn't. What the FDA is doing and what the public thinks its doing are as different as night and day."[42]

THE FALLIBILITY & MANIPULATION OF SCIENCE

Science "is the systematic study of the nature and behavior of the material and physical universe, based on observation, experiment, measurement, and the formulation of laws to describe these facts in general terms."[43] Scientific study must be approached objectively without a pre-conceived end result.

Science in general persistently resists reviewing accepted theories, alternative views and new theories. As Nobel prize winner, Einstein said, "...in the interest of science it is necessary over and over again to engage in the critique of these fundamental concepts, in order that we may not unconsciously be ruled by them."[44]

It can be argued the dogmatism and conservatism of science act as gatekeepers, preventing us from embracing new ideas too readily that may have detrimental effects to ourselves or our environment. At this time in our history, we are gaining new knowledge on a fast-forward rate. A cautious approach offers balance, but over-reliance on the precautionary principle does not serve society well and it certainly is not used consistently. We miss out on timely new innovation. Inherently safe technologies and therapies are not legally allowed on the market, or are currently under hostile scrutiny. At the same time, an alarming double standard exists. With little science to back their use, and no evidence for safety and effectiveness, radiation and chemotherapy are the only therapies allowed for most cancers and their use is unrestrained and rampant in the Western world.

It isn't just scientists upholding the status quo or being steadfast to their own ideas. Every community has its own politics and the scientific community is no exception. Progress in science is also held back or thrust forward, not because of sound science, but because of the financial interests involved. Scientists rely on government and private grants for their work. This is heavily influenced by industry. To receive a grant involves the rigorous scrutiny of a project that must be peer reviewed and approved. Rarely do scientists stray from the desired outcomes of their benefactors because they risk losing future opportunities and advancement in their fields.

MANIPULATION OF RESEARCH

Science and medicine require specialized and directed training and education. The rules of research are made complex and it becomes difficult for the average person to evaluate the merits of research. Every study is first evaluated for the scientific merit, ethical considerations and regulatory concerns. Each of these areas are also influenced by politics and industry.

The regulators and industry sponsors of research uphold their methods and theories as the only entirely correct way of investigation. In truth, there are many critics of how research is conducted but the public doesn't hear of it. At the end of the day, the public simply wants to know, "Did the therapy work, or didn't it?"

If we don't understand the process, we empower the proclaimed experts from the medical establishment and government regulators to determine if the research had value. If the research passes peer review inspection, then it is printed in medical journals. Medical journals are the primary source of information for doctors prescribing drugs and for regulators to determine what products will be allowed on the market. Unfortunately, the rules are not applied fairly and again a great deal of industry influence becomes apparent. As reported in the British Medical Journal, the review process has been peer reviewed and found to be "prone to bias, open to abuse and conflict of interest."[45]

Statistics

Regulations regarding human trials are necessary because

all drugs are toxic and have side effects. The studies are to prove to the public "safety" of the product. For regulators, however, the studies are to prove that the accepted level of death and adverse effects from any drug is not too high. Industry uses very tricky and deceptive formulas to prove safety and efficacy of their products. Questionable ways of reporting statistics are wholly accepted and used by regulators as well. In his book, Healing is Voltage, Dr. Jerry Tennant, a respected and renowned physician and scientist explains the difference between Absolute Risk and Relative Risk and the difference it makes in understanding the true outcome of a study:

> *"If taking a new drug reduces the number of disease deaths from 6 out of 100 (6%) to 4 out of 100 (4%), the Relative Risk Reduction is 33% because 4% is 33% less than 6%. The Absolute Risk difference is 2%. However 33% sounds much better than 2%."*

Dr. Tennant notes that almost all medical studies are now reported using Relative Risk instead of Absolute Risk;[46] this skewed data is what physicians use to determine a drug's effectiveness.

Engineer and scientist, Sang Whang, also simplified the complicated world of research. (Abridged)

> *"Medical science deals with statistics of the phenomena while natural science deals with the principles of the phenomena. Famous physicist Issac Newton sought the answer of why the apple fell out of the tree. In doing this he discovered the principle of earth's gravitational force which pulls everything that has mass. He also discovered that if he didn't want the apple to fall down, he had to support it with an equal and opposite force. He again discovered*

that if he supported the apple with a force greater than the gravitational force, the apple would fly. Applying this principle, we make airplanes fly, and we have even reached the moon. In today's world, if Isaac Newton were a medical researcher, he would have to verify that another apple also fell. If another fell, he would then mark 1,000 randomly selected apples to see how many apples would fall. Assuming 997 apples fell because birds ate two of them and one dried up. Now he had a statistic of 99.7 per cent of apples falling. That doesn't mean that other fruit will fall down with the same probability. So, he would have to mark 1,000 pears, 1,000 oranges, etc. The point here is that if the principle isn't known, samples must continue to be taken to establish statistics. This is medical science, and statistics are easily manipulated." [47]

Whang leaves us with his thoughtful opinion that when the medical industry starts paying some attention to the scientific principle rather than statistical data collection, we will see revolutionary progress in medicine.

Universities and Research

There is a current discussion of the growing dependence of universities on industry or corporate-funded research. Social scientists have pointed out that it is becoming increasingly difficult for scientists and researchers to exercise their ethical obligations in reporting full results of clinical trials. Up until a few years ago, a researcher always signed a confidentiality document with the industrial partner (commonly a pharmaceutical company) that prohibited the researcher from releasing information regarding the trial.

Researchers exercising their ethical duty in reporting

serious problems with the focus of a research or clinical trial, have found themselves in legal battles. In most cases, the university institutions do not support the researcher and instead back the funder. In most cases, the funder donates generously to the university. The result is that clinical trials financed by drug companies overwhelmingly produce a favorable result.[48] Whistle-blowers find their careers ended quickly.

Research Manipulation Through Study Design

Until recent years, university researchers were mostly responsible for designing clinical trials. In most cases, that role has now shifted to the corporations seeking the research. Interviews with one investigator indicate that a corporation's marketing department had to rule on a study design and declined to fund clinically important studies because the results might reduce sales of the drugs.[49]

In many, if not the majority of cases, study designs are skewed to favor specific products. For example, a study may enroll subjects that are younger and healthier than the market population that are likely to receive the new drug. The outcome of a study is to show the regulators why they should release another drug onto the market, so frequently studies show a comparison of a new drug to an existing drug. This is called a comparison study. In one analysis it was found that in 48 percent of trials, an inadequate dose of the competing drug was used to compare against the new drug. The results obviously favored the new drug.

Another nasty habit in the medical research world is the bias of researchers in picking their best results and discarding the inconvenient ones that don't fit with their hypotheses. The New England Journal of Medicine printed

an article that showed non-profit research reached negative conclusions about cancer drugs in 38 percent of the studies, while only 5 percent of pharmaceutical- sponsored studies showed unfavorable conclusions.[50]

Internationally renowned Canadian lung specialist and medical philosopher, Dr. Peter Macklem, emphasized that the way a study is designed can "maximize benefits or maximize toxicity." Results are reported honestly, he says, but results depend on study design."[51] In the same interview, he also said that it is a common practice of pharmaceutical companies to offer doctors exorbitant sums of money to enter patients in trials. For example, a doctor may receive as much as $500,000 to $1 million a year for entering patients into a trial.

THE PHYSICIAN'S PRACTICE

To compound these issues further is the individual doctor's vulnerability to the influence of drug marketing. Pharmaceutical companies visit their offices and offer free drug samples, dinners, trips, and other gifts. The public tends to think that doctors are prescribing medicine for them based on pure science. Not only are doctors reading propaganda rather than science, but surveys have also shown that doctors are more likely to prescribe the more expensive, look-alike drugs that have been presented to their practice by pharmaceutical representatives.

Doctors wrote three billion prescriptions in 2002 in the U.S. alone. That number is growing. Pharmaceutical companies know a prescription will be written at 60 per cent of all doctors visits. Pharmaceutical companies argue that doctors, working a minimum of 54 hours a week, don't have the time to review hundreds of new studies and familiarize themselves with new drugs, so the company representatives provide vital education.

SUMMARY

A Monopoly Hurts Us All

When events don't make sense, a journalist's rule of thumb is to follow the money. The common thread through all these systems is the pharmaceutical industry. We hang on to a false notion that pharmaceutical companies at their root are altruistic and looking for cures. If we have any sense of business, especially multi-national corporate business, that notion becomes ludicrous. Pharma is only interested in long-term disease management as this is the only way they can continue to make large profits. Even though pharma brags that a cure to cancer is right around the corner, there is no cure in sight from this industry and there never will be. The pharmaceutical industry is in the centre of all the historical and current influences on our disease care systems.

Pharma has an outrageous level of influence in all corners of our society – politics, regulations, media, the medical establishment, research, education, and influencing the individual doctor's practice. They spend billions to keep it that way. A way to break or limit their seemingly indestructible empire seems overwhelming.

Think about it, we pay them for the drugs out of our net income, and we pay them for research and other initiatives from our gross income through our taxes. Then we turn around and donate money to the very societies and non-government organizations that they helped to establish as another way to promote their products, and get research

money through the back door.

We Allow Government to Protect Us and it Does Not Work

Do we really believe that our government protects our interests? Despite half-hearted attempts to protect citizens, we are being killed by modern medicine at a rate greater than that in any war. Naturopath Eli Wallach notes that there are more people killed every year in the U.S. by pharmaceuticals and the medical profession (malpractice) than the ten year total of soldiers killed in Vietnam. By their own figures, prestigious medical journals have admitted to over 100,000 deaths in hospitals every year from properly prescribed pharmaceuticals. There are no figures of this same cause of death outside hospitals nor does it include accidental overdosing which is also common. It also doesn't take into consideration that adverse events are known to be under-reported. This would conservatively place pharmaceuticals as the fourth leading cause of death in the U.S.[52] Further, an estimated 25 per cent of all hospital admissions are because of adverse drug reactions.[53]

Regulators' attempts to guarantee safety and efficacy have failed. They enforce an imperfect process that is fraught with conflict of interest and industry influence. In addressing an FDA public meeting, one expert said, "significant scientific agreement is mythical. Information only evolves over time, not over a few studies. Government cannot regulate or legislate an environment without risk."

Why does Canada, the U.S., and other countries with similar systems, have such little success with disease and have such staggering drug-induced death figures? Perhaps

the regulators spend far too much time protecting the public from non-toxic therapies and too much time furthering the profits of drug companies and medical organizations. Employment of regulators and industry scientists continually interchange between corporations and government. Their bias and conflict of interest should be a concern for each of us.

Pharma is Changing the Game But it is Business as Usual

Back to the Natural Health model. Information on natural therapies has evolved over a very long time, yet herbs, minerals and vitamins, and electromagnetic therapies are still branded as quackery and those promoting their use are seen as liars, preying on the feeble-minded and elderly.

Despite all this, the public is awakening to the notion of self-health through natural means. As reported by www.disabled-world.com, the World Health Organization estimates that up to 80% of the world's population is relying on naturopathic or homeopathic medicine as their primary form of health care. Another survey showed that 36 percent of U.S. adults use some form of complementary and alternative medicine and that 74 percent of the American population desire a natural approach to health care. More out-of-pocket money goes to holistic health care providers than to physicians. In this regard it seems that history is repeating itself as this is similar to what happened in the mid-1800s.

Pharma and a dogmatic medical establishment sees these figures and is making a concerted effort to exert their influence into, and control the natural health industry rather than try to eliminate it. More medical schools

are offering holistic education courses and insurance companies are covering some natural treatments. The American Medical Association is promoting its resolution #514 to encourage their members to become better informed about holistic medicine. Pharmaceutical companies are buying up the largest food supplement businesses so that they can once again keep control of their financial positions. Is this a good trend for consumers?

The Result Equals More Regulations, Higher Prices and Exploitation

The medical establishment and the pharmaceutical corporations have manipulated us for a century. Can we trust them when they change sides? Will their focus now be about cures and health promotion instead of disease management?

To keep their monopoly they move in to control the largest properties. They work with government to increase regulations that small companies can't possibly meet financially. Natural substances can't be patented, but Pharma is working on licensing deals with 2nd and 3rd world countries to have exclusive right to their indigenous herbs. As a result those countries will see a generous kickback from profits after new products are developed. It is referred to as bio-piracy and it results in overharvesting and habitat destruction. If Pharma can alter the plant structure a bit, then they can patent and forever limit any opportunity we have of accessing the raw material.

The end result is that our choices are limited, innovation is stifled, product prices dramatically increase in order for companies to recoup the greater regulatory costs, and we as taxpayers, pay for greater monitoring regulations. This

is all developed for products that have caused no harm. Does this make sense? Is this a free market in a democratic system?

Do We Stay With This Diseased System?

We can now see the problems. Antibiotics that were proclaimed to be the saving grace of the world only a few years ago are rapidly becoming useless as new super bugs mutate as a result of over-use. Major pharmaceutical companies have closed down their antibiotic research and development departments and are shifting their focus. We are becoming part of a new marketing plan for vaccinations for all manner of diseases, genome research for custom designed drugs, genetically modified food, and perhaps genetically modified people. When pharma monopolizes natural substances too, we have no idea of how adulterated those products will become. We only know they don't have a good track record ethically.

We have the illusion of choice. In reality, we are not allowed to self-treat serious disease - not because the regulators stop us, but rather they stop the doctors and companies that are trying to provide us choices. There is no company or no person that is allowed to treat cancer with any other method other than the century old surgery, radiation and chemotherapy. In Canada there have been over 20,000 products taken off the shelves and only about five percent of those were because of pseudo-safety concerns. The U.S. regulators are also on board with the EU directive of controlling safe and natural products.

"It is no measure of health to be well adjusted to a profoundly sick society."

J. Krishnamurti

This is being done so gradually and quietly that the public is not aware that we are being manipulated and losing our freedoms with each passing decade.

Do We Take Responsibility and Change the System?

There are many that have a broader vision of health care. These physicians, holistic practitioners, researchers, small companies, and members of the public, want to embrace the concept of a society with true wellness rather than disease management. They are visionaries that seek to dramatically reduce health care costs while dramatically improving health. How can we help ourselves and each other?

We need to acknowledge the Medical Health Model has given us effective medications that have saved a lot of suffering and in an emergency we wouldn't want to be without. The medical establishment performs the best of acute, emergency, and surgical care. We don't want them to disappear. At the same time, they have had a detrimental impact in other areas of health, especially with chronic disease. There are two models of health and neither needs to have a monopoly. Both can work together complementing each other's strengths and challenges.

Taking responsibility for our own physical, emotional and spiritual health is the first step in the right direction. We need to understand our own bodies and discover what works best for us individually. It isn't the same answer for everyone. In self-health we realize that we contribute to our own state of dis-ease and wellness through our lifestyle and emotions. The second step is researching the numerous, very simple methods to maintain and gain health through diet and nutrition, understanding there are

many tools to help us when we get out of balance and that gentle and natural intervention nudges us back on track. We can take back our power.

After we take care of ourselves, then we can look at the system that has brought us to this very ill society. We have allowed a system where absolute power has abused absolutely. Politicians allowed themselves to be compromised by campaign contributions. Bureaucrats are in clear conflict of interest with industry. Regulations are not a one-size-fits-all solution and they can't regulate perfect safety. Science does not determine truth. The bottom line is that government, medical associations nor industry, can be allowed to make our health choices for us. We must remove the extraordinary power of Medical Associations and stop supporting corporate charities that work for the benefit of industry. We must recognize the corruption in order to change the system. There are many barriers to overcome, but it all starts with the changes we must make within ourselves and create a society where we all have the freedom to choose.

So how can we help ourselves and help each other? Again, the number one step is to become responsible for your health. Then become aware of the influences behind the news stories that are carefully hand-picked for you by unseen forces. Read between the lines of government health initiatives, especially when they specifically address our safety. Addressing our safety usually goes hand-in-hand with losing some freedom that if given the choice and the whole picture, you may choose not to lose the freedom. Once information is learned, no matter what you do, you can't unlearn it. Then you can take an active part in writing politicians to help educate them. Don't allow more power to be given to unelected bureaucrats. Finally,

support those companies that provide you choices at their own peril. It is only through a change in ourselves that we can affect the change of the world.

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