



**Nine**

## The Imperative of Radical Health Care Reform

*The crushing cost of health care . . . now causes a bankruptcy in America every 30 seconds. By the end of the year, it could cause 1.5 million Americans to lose their homes. In the last eight years, premiums have grown four times faster than wages. And in each of these years, one million more Americans have lost their health insurance. It is one of the major reasons why small businesses close their doors and corporations ship jobs overseas. And it's one of the largest and fastest-growing parts of our budget. Given these facts, we can no longer afford to put health care reform on hold.*

—President Barack Obama

*If reform fails again, we'll be on the way to a radically unequal society, in which all but the most affluent Americans face the constant risk of financial ruin and even premature death because they can't pay their medical bills.*

—Nobel Prize–winning economist Paul Krugman

**I**n October 2008, a group of protesters walked into the lobby of Cigna, one of the nation's largest health insurance companies. In a single stream, they moved toward the elevators that led to its executive offices. These protesters were determined

to confront the Cigna executives who had denied a liver transplant for a 17-year-old named Nataline, which led to her death. At the head of the group were Hilda and Krikor Sarkisyan, Nataline's aggrieved parents, accompanied by group of activist nurses, some of whom had been present the day Nataline died. The group alleged that the company first denied the transplant and then intentionally approved it too late to save their daughter. The protestors demanded an audience with the CEO, but as one might expect, the company instead sent out a PR manager to put them off.

One of the nurses who accompanied Nataline's parents, Donna Smith of the California Nurses Association, provides a chilling account of what happened next: "During the protest we all looked up to see a group of people looking over the mezzanine railings above us. They must have been looking down at us during the whole protest. Hilda called up, 'Do you work for Cigna?' And suddenly what we saw was too horrific to be believed. One of the young men 'flipped off' Hilda and Krikor—with gestures on both hands. We all let out a collective scream of disbelief. The young man quickly retreated from his perch. It was a moment I do not think any of us will ever forget. A Cigna employee obscenely gestures parents of a dead teenager and guess what? Cigna called the police to have the protesters removed from the lobby."<sup>1</sup>

This story graphically illustrates the extreme levels of conflict now built into our health care system. It shows almost cinematically that health care in the United States of America is a *commercialized, symptom-centric system* that traps all of the participants in its crazy logic—both the "victims" and the alleged perpetrators. I'll bet that whoever at Cigna pulled the plug on Nataline also feels ensnared by this logic. That's why it is *not enough* to simply blame Cigna—despite the sincerity of Nataline's supporters. Cigna may stand as an example of an insurance industry gone overboard with greed, but we need to go much deeper than simply blaming the Cignas, Aetnas, and Humanas of the world for our

health care problems when such corporations are simply serving their investors within the prevailing assumptions of the disease care system.

Step back and think about it.

Would it also make sense to blame "greedy" pharmaceutical and HMO executives for our health care mess? These people are acting within the law (or up to its outer margins), and their highest duty is to maximize shareholder returns. If they failed at that, their boards would just fire them and hire other executives who *could* deliver bigger profits.

Is it fruitful to blame mainstream physicians, most of whom are unwittingly caught up in the assumptions of the disease care industrial complex, beginning from their earliest days of training—and who look at alternative medicine and see little more than economic insecurity, unhelpful regulation, incomplete research, and political hassles?

Is it fair to lay the guilt for creating our horrid health care system at the feet of our legislators, who are simply doing what politicians usually do—responding to the most powerful voices among their constituencies and acting on those issues in a way that will keep them in office?

All of these parties are functioning within the confines of a system they did not create, but inherited.

Individuals or organizations here and there within the system may be more sensitive or more service oriented than others, but their behavior does not significantly alter the core problem: We need to put a graceful end to the commercialized disease care organism itself. This begins when we challenge its scientific assumptions *from the standpoint of the new integral medicine model*, while moving toward radically reforming its flawed systems of research, regulation, financing, and delivery. We say *radical* reform because the system is broken and because the lives and health of millions of families—like that depicted on this book's cover—are now at stake.

The current debate about health care reform misses much of this diagnosis. True, government-sponsored single-payer health insurance, or some equivalent—such as the so-called “public insurance option”—makes sense on its own terms, and we should all support it in principle. But even more advanced reform is needed. We have argued in this book that the structure of disease care is too often wasteful, counterproductive, inefficient, prone to corruption, and even lethal. Do we really want to pool the health care insurance premiums of the entire population so as to better finance *this* system while leaving its other assumptions unchallenged—especially if these assumptions drive up costs beyond all reason and don’t deliver wellness, prevention, and healing? And by the same token, do we really want to “automate” disease care with billions of government dollars now being targeted for information technology, when the very foundations of the industry itself need reconfiguring first?

America’s health care needs reform that is both *paradigmatic* and *institutional*, not just a reform of its financing mechanisms or computer tweaks in the flow of medical information. In short, we believe the nation needs radical health care reform based on the *integral-health medicine model*.

Aside from being informed by the integral worldview,<sup>2</sup> the new model should be dominated by a philosophy of prevention and wellness, and financed by a single-payer universal health insurance system. Integral-health medicine as a system would permit maximal freedom to choose one’s therapeutic approach according to personal preferences and the sacred bond between patient and physician. It would incorporate integrative or holistic approaches at every juncture—especially for reasons of cost-effectiveness—and it should robustly fund truly objective, comparative, and broad-ranging scientific research that’s not compromised by corporate influence. This futuristic approach to health care would train physicians to be humanistic, humble, compassionate, and spiritually aware. It would incorporate deep considerations about environmental, agricultural,

and even social and cultural influences on health. And it would insist on thorough reform of the FDA.

And that’s the short list!

The debate always continues, but we believe that such a composite of radical reforms would represent the systemic change we need and catalyze a genuine return to healing.

All the many details about such “health care change we can believe in” could fill another book, but in this chapter we will consider the debate about national insurance in the context of the overarching issues of paradigm change and institutional transformation, and in the light of the many ancillary issues discussed in this book.

But first, let’s review a few fundamentals about the costs and quality of the delivery of health care services.

### **A last look at the health care cost catastrophe**

The key reason for America’s health care cost dilemma should by now be clear: Disease care usually involves fighting the wrong war, or what might be called after-the-fact warfare. We are devoting vastly more resources to treating ill health than to health promotion and prevention—at least 25 times more. Essentially, we’re not focused on the true causes of our health problems.

Our lack of prevention services is dreadful: As many as half of all Americans do not even receive the most rudimentary preventive care, such as screens for diabetes, hypertension, or cancer—even blood pressure checks. A great deal of unnecessary illness and suffering results from this neglect, and worse, the trail ends with over 100,000 *preventable deaths* each year. Leaving aside the direr statistics on iatrogenic deaths cited in chapter 4, that figure still puts the United States at 19th in the category of preventable deaths worldwide—or *last place* among industrialized nations. Our deficit in preventive care and wellness orientation means that

far more money must be spent on helping these neglected people *after* their untreated conditions have become acute—that is, if they don't die first.

Of the more than \$2 trillion we pour into health care each year, “a frightening 75 cents of every dollar goes towards treating patients with chronic illnesses,” wrote Kenneth Thorpe, chair of the Department of Health Policy at Emory University, in the *Huffington Post* in February 2009. “In Medicaid, this figure is an even more regrettable 83 cents of every dollar; in Medicare, it's an astounding 96 cents.” He continued, “The outlook is grim for finding a solution to stem rising health costs short of helping Americans transform their unhealthy behaviors.”<sup>3</sup>

It is refreshing to see the rudimentary steps that the Obama administration is taking to emphasize prevention and comparative effectiveness research (i.e., independent comparisons of the effectiveness of the leading medical treatment options for each disease), but much more is needed if we are to obtain a reasonable return on our health care investment.

### **The moral problem with private health insurance**

Also by way of review, let's look one last time at America's health insurance numbers.

In all industrialized countries except ours, every citizen is automatically covered in some form of single-payer system. In our fragmented private-public insurance system, an unacceptable 15 percent of all Americans are entirely uninsured, and vast numbers are underinsured. As President Obama pointed out in the quote at the top of this chapter in his address to Congress on February 14, 2009, about a million Americans fall away each year from full coverage as their premiums go up, and it's no wonder: Premiums rose four times faster than wages during the years of the Bush presidency. Over the past five years, Obama also said, premiums have risen more than five times faster than the rate of inflation.

Many of these inflated costs occur at the meeting place of two implacable forces: our disease care obsession and our medical system's addiction to an expansion (in hospital and HMO settings) of new drugs, devices, tests, and procedures that might offer incremental or even no improvements to some, but which turn a high profit. A prime example: One major study of mainstream cardiology showed that angioplasties and stents do not prolong life or even prevent heart attacks in stable patients (i.e., about 95 percent of all such patients who receive them), and that bypass surgery prolongs life in less than 3 percent of patients. Yet these procedures cost \$100 billion per year! Medicare and most other private insurers cover these expensive and invasive treatments, but according to an article in the *Wall Street Journal*, “they pay very little—if any money at all—for integrative medicine approaches that have been proven to reverse and prevent most chronic diseases.”<sup>4</sup>

This illustrates, once again, that the kicker—the ultimate disgrace of disease care medicine—is our dismal and costly record of care for chronic conditions.

And even if disease care did deliver satisfactory results with the treatment of these conditions, it would be unable to distribute the results affordably. A 2008 study by the Commonwealth Fund compared adults with chronic conditions in seven major industrialized countries. A stunning 54 percent of the American respondents said they were likely to go without recommended care, finding it unaffordable, compared with just 7 percent of chronically ill patients in the Netherlands. Over 40 percent of the American patients spent more than \$1,000 on medical bills on average for a given chronic condition, compared with just 4 percent of British and 5 percent of French patients.

Such data on cost-effectiveness, in addition to the accompanying scary stories of personal misfortune, lead to a sobering conclusion: To the extent that disease care, with its focus on acute care or crisis intervention, has a place in any future system—which it

does in our integral-health medicine model—offering it affordably and universally is the right thing to do. America has a moral obligation to guarantee health care coverage for *all* Americans—or some sort of comprehensive health safety net. Access to care is well established worldwide as a basic right, and the majority of citizens in our country plus most physicians agree with this commonsense policy.

Of course, in our view, guaranteeing disease care coverage is a relatively small step in the right direction, when compared with the real elephant in the room.

### **The economic argument for universal health care**

Nonetheless, let's set aside the paradigm challenge for a moment. And let's further assume that for ideological reasons, one is not swayed by the *moral* argument for universal health insurance.

Even if so, the *economic* argument for universal insurance is alone compelling.

First of all, we have shown that when one compares our health costs with those of other countries also operating largely within the disease care paradigm, national health insurance is always found to be more cost-effective and is able to deliver higher quality.

Second, we already pay dearly for the uninsured and underinsured. Those without affordable access must go *somewhere* for treatment. All over America, we find such unfortunate people clogging our emergency rooms, often for nonurgent problems, but especially when their poorly treated chronic diseases, usually a result of poor prevention practices, take a catastrophic turn. All such costs are passed on in the form of higher delivery costs for everyone.

Next, there's the onerous administrative cost of private insurance. Insurance companies spend nearly \$100 billion alone just in marketing, underwriting, and billing for the varied insurance packages offered to employers, according to the McKinsey Global

Institute.<sup>5</sup> Compared with the costs of a single-payer system, this is pure waste and just one more example of many we have cited. No wonder the overall administrative cost of private insurance per person in the U.S. is double that of Canada.

So again, why not provide insurance for every citizen up front, thus lowering costs across the board by pooling all demand, in addition to saving money (and lives) through national programs that prevent expensive outcomes, promote healthy lifestyle, and foster integrative forms of delivery?

Perhaps the pain isn't great enough yet.

Conditions are closing in fast, though, on those who are holding out against radical health care reform. A report in *Health Affairs* estimates that if the system is left unchanged, one of every five dollars spent by Americans in 2017 will go to health care. Half of all bankruptcies in America occur because families are unable to pay their medical bills, and this number too will rise.<sup>6</sup> With premiums shooting up about 10 percent each year, the insurance industry is pricing itself out of the market for an ever-larger part of the population.

Apparently, the insurance giants like it that way. Can we stand up to them?

It's going to be a huge battle.

"The private health insurance companies and the pharmaceutical industry completely and totally oppose national health insurance," said Steffie Woolhandler, MD, a founder of Physicians for a National Health Program (PNHP). "The private health insurance companies would go out of business. The pharmaceutical companies are afraid that a national health program will, as in Canada, be able to negotiate lower drug prices."<sup>7</sup> Woolhandler and many other commentators further point out that Canadians and the U.S. Department of Defense have negotiated a 40 percent reduction on the price of drugs.<sup>8</sup> Meanwhile, the rest of the U.S. has moved in the opposite direction: The corrupt Medicare Prescription Drug Act, passed in 2003 at the

behest of Pharma lobbyists, mandated that Americans pay *retail price* for drugs that are already overpriced.

It would seem that we're facing nothing less than a titanic economic struggle between the interests of a few large industries geared to profit and the health needs of the entire American population. And the bottom-line economic issue is the very concept of private health insurance. Simply put, a single-payer system diffuses costs and risk into a vast nationwide pool; insurance provided by several hundred private companies *fragments* the risk pool, skimming off the healthier part of the population and leaving the rest uninsured or underinsured.

Scores of lobbyists for the medical-industrial-insurance complex walk the halls of Congress bemoaning what might happen to their clients if we radically reform the health care system. And yet, according to a January 15, 2009, *CBS News/New York Times* poll, 59 percent of Americans surveyed said they favored single-payer insurance, almost double the 32 percent who said they were opposed. And a majority (49 percent versus 45 percent) said they would pay higher taxes to get universal coverage in a *NBC News/Wall Street Journal* poll.

America's future solvency is threatened by the absurdly high cost of privately financed health care to the nation and the federal budget. Seasoned journalist Joe Conason put it in perspective: "In the coming decades, [European countries, as well as Canada and Japan] will be able to invest their resources in energy and education, while we try to figure out how to borrow enough to keep our hospitals open. What they all have in common is that they do not devote a huge proportion of their health spending to the profits of insurance companies—and they negotiate budgets with health providers, such as pharmaceutical companies."<sup>9</sup>

## **Universal health insurance: a crucial debate of our time**

No doubt reform of some sort is coming. But at the time of this writing, the mainstream press and the new Obama administration are virtually ignoring the single-payer option.<sup>10</sup> And the only intellectually serious debate today is between advocates of single-payer government-provided universal health insurance and proponents of a few market-based alternatives now in vogue in Washington. These include a voucher system called the Guaranteed Healthcare Access Plan which allows all Americans to shop for a standardized basic package from competing private insurers, and an employer-based approach that preserves a central role for private insurance while creating a government-run pool for the uninsured that competes with private insurers (i.e., the "public option").

Let's compare these ideas with classic single-payer insurance. Senators Ted Kennedy and John Conyers—and the many cosponsors of HR 676, the United States National Health Insurance Act, which calls for universal coverage—like to call it "Medicare for all," a reminder that we already have a successful and popular single-payer program for the elderly. Single-payer plans typically involve a publicly administered fund that guarantees coverage for everyone. Private health insurers are eliminated, or their role is substantially reduced. Only government *insurance* will become public; all services, products, and delivery remain private. Patients go to the doctors and hospitals of their choice, and there are no exclusions based on ability to pay or prior conditions. As in all other developed countries, HR 676 would provide for uniform, comprehensive coverage for all citizens, including dental, vision, and long-term care.

"The great advantage of universal, government-provided health insurance is lower costs," wrote Nobel Prize-winning economist Paul Krugman in the *New York Times*. "Canada's government-

run insurance system has much less bureaucracy and much lower administrative cost than our largely private system. Medicare has much lower administrative costs than private insurance does. The reason is that single-payer systems don't devote large resources to screening out high-risk clients or charging them higher fees. The savings from a single-payer system would probably exceed \$200 billion a year, far more than the cost of covering all of those now uninsured." The biggest barrier to change, said Krugman, is the private insurance industry itself. "Bill Clinton's health care plan failed in large part because of a dishonest but devastating lobbying and advertising campaign financed by the health insurance industry. . . . And the lesson many people took from that defeat is that any future health care proposal must buy off the insurance lobby."<sup>11</sup> Nonetheless, Krugman—and a growing chorus of other economists that includes Nobel Prize winner Joseph Stiglitz—advocates that we face up to this self-interested lobby and go all the way to a single-payer system.

### Physicians favor a single-payer system

Among physicians too, the tide is turning. A 2007 survey by Indiana University found that 60 percent of physicians supported government legislation to establish national health insurance—a 10 percent increase in such support since 2002.<sup>12</sup>

An articulate physician speaking out for change is John Geyman, MD, professor emeritus of family medicine at the University of Washington and author of *Do Not Resuscitate: Why the Health Insurance Industry is Dying, and How We Must Replace It* (Common Courage Press, 2009). "Private health insurance is obsolete," said Geyman. "Over the past 40 years, private insurance has evolved from a not-for-profit activity into a \$300-billion-a-year, for-profit, investor-owned industry. The six biggest insurers made over \$10 billion in profits in 2006. They did so by enrolling healthy people, denying claims, and screening out the sick, who

are increasingly being shunted into our beleaguered public safety net programs. These for-profit companies have burdened our system with enormously wasteful administrative costs and skyrocketing CEO salaries, while leaving tens of millions uninsured and underinsured." Geyman continued, "The risk pool has been badly fragmented among more than 1,300 private insurers, defeating the goal of insurance, which is to provide coverage by sharing risk across a broad population."

Geyman believes the savings from a single-payer system would be far greater than the \$200 billion claimed by Krugman: "The administrative savings alone would be \$350 billion a year, enough to cover all of the uninsured and underinsured."<sup>13</sup>

In just one month in 2008, over 5,000 U.S. physicians, organized by Geyman and others, signed an open letter calling on Washington "to stand up for the health of the American people and implement a nonprofit, single-payer national health insurance system. . . . The incremental changes suggested by most Democrats cannot solve our problems; further pursuit of market-based strategies, as advocated by Republicans, will exacerbate them," they wrote. "What needs to be changed is the system itself."<sup>14</sup>

### Creating health and wellness through national prevention policies

But the system may more ideologically entrenched than most of us can fathom.

For example, ask yourself: Why did President Bush in late 2007 twice veto a bipartisan bill that would have increased cigarette taxes to fund health care for ten million uninsured children?<sup>15</sup> Who in their right mind would decide *not* to insure our children in order to keep down the price of a product that has been proved to cause cancer, emphysema, asthma, fetal damage, heart attacks, strokes, and many other serious medical diseases, and which costs our health care system billions of dollars every year? One might

pin this crazy decision on the person of the president himself, but we would submit that it reflects something far deeper—a systemic problem in America’s political culture. (In a happy reversal, the new Democratic Congress and the Obama administration passed a similar bill early in 2009.)

To give a narrower example, why do we spend up to \$100,000 for the care of premature babies with low birth weights when we do relatively little to address the main cause of this difficulty—smoking by pregnant women? One estimate found that a program to help pregnant women to quit would cost just \$50 per woman.

Ask yourself also: Why has the federal government not taken steps to clean up the FDA and empower it to regulate pharmaceutical drugs more effectively and responsibly, even though the FDA’s ability to do its job, by its own admission, has collapsed? Why has Congress protected Big Pharma from fair and proper regulation of prices and quality even though innumerable congressional investigations have shown that the FDA is riddled with conflicts of interest and incompetence?

*Just follow the money, as the old saying goes.*

Confident that sanity will eventually win out over corruption, we offer the following Five-Point Plan—a modest set of preventive and regulatory measures that could greatly reduce costs by making America healthier. We believe that such programs should precede or at least accompany any effort to universalize health care insurance:

**1. Fund programs that make exercise universally available and attractive.** Do we really want to reduce health care costs and improve the well-being of all Americans? Our epidemic of obesity and Type 2 diabetes has become a national emergency, and we know for a certainty that regular exercise helps prevent these maladies as well as heart disease, stroke, hypertension, fractured bones in old age, depression, and so much more. To avert such costly diseases

and maintain peak health, every child and adult should have at least *an hour a day* reserved for appropriate exercise.

- Our first priority should be to greatly upgrade the physical education and health education requirements and capabilities in all public schools; no child should be “left behind” when it comes to acquiring fitness habits that can bless him or her for a lifetime.
- As a second priority, let’s make exercise more available and more attractive to every adult by providing free or inexpensive exercise facilities in every locality—in parks, recreation centers, government buildings, and businesses—and let’s give incentives to citizens to use these facilities or take exercise classes in these spaces.
- Other obvious methods include incentives linked to health insurance, expansion of competitive sports, and subsidies for private-sector enterprises targeting wellness and exercise.

America can find creative and inspiring ways to motivate the population to exercise throughout life; with a relatively tiny expenditure of government funds, we can save vast amounts of money on managing diseases while also improving the physical and mental health of our people.

**2. Tax junk food; subsidize sustainable agriculture, healthy foods, and supplementation.** We all know that Americans are increasingly overfed and yet undernourished, and that obesity, diabetes, heart disease, cancer, and mental health problems are directly linked to diet. One way to scale back the incidence of these diseases is to *include the social and health costs* of a food in its price. We already address the cost to society of alcohol and tobacco products by adding a hefty tax to their retail price, and we ban street drugs because of their social cost and even lock up millions of people for simply using them. Why not extend this principle to

the regulation of unhealthy foods and beverages that wreck the health of our children and a large percentage of adults? Here are a few methods for carrying this out:

- The first priority would be to abolish junk food in schools and hospitals, or add a “health tax” to each purchase in such locations, using these revenues to educate students and hospital patients.
- Healthier eating habits could be supported for the entire population through pervasive public education that demonstrates how eating whole foods is less expensive than consuming processed food over time. This is especially important now that the cost of fresh fruits and vegetables is climbing faster than inflation rates, making junk food relatively cheaper.<sup>16</sup>
- A more aggressive approach entails finding ways to provide for a *reduction* in purchase price for demonstrably healthy foods. This might be accomplished by laws or subsidies that favor organic agriculture, through trade policy, or even by offering some form of direct subsidy to consumers of health food (or perhaps food supplements).
- Toxic residues in our foods from chemical fertilizers, pesticides, and animal drugs have disastrous effects on human health, and conclusive evidence shows that factory farming has led to a decrease in the nutrient contents of fruits and vegetables. This is another strong reason for government support of organic farmers and sustainable agricultural practices, favoring them over corporate agribusiness.
- Along the same lines, let’s promote or subsidize inexpensive food supplementation for the whole population. We know that nutrients such as vitamin D have indisputable disease-prevention effects. One authority called vitamin D deficiency “a national emergency” and claimed that if all

Americans simply supplemented with 1,000 IU of vitamin D<sub>3</sub> each day this could save thousands of lives and tens of billions of dollars.<sup>17</sup>

Once legislative initiatives like the ones listed above got started, incentives would be in place for American industry to step up production of health-promoting products. There would be political resistance to all these ideas from industries that profit from unhealthy products, but one could also imagine support for such a program from more enlightened members of the insurance industry, fruit and vegetable producers, organizations for health promotion and prevention, the health food industry, organic farmers, and many business organizations—not to mention physicians’ organizations.

**3. Fund comparative assessment research of treatments and legally require disclosure of all treatments backed by scientific evidence, including CAM approaches.** Another key prevention technique—one that goes beyond a related proposal in the Obama administration’s health care plan at this time of writing—is legislation that mandates funding for basic research to support the comparative assessment of *all* treatments (both mainstream and CAM) that are known from evidence to be beneficial for specific diseases. This legislation would require disclosure of these findings to health care practitioners, insurers, and the public. In particular, such a law should *mandate* disclosure of all reasonable options to patients diagnosed with specific maladies. The goal of such legislation would be to support the *right to know*—a key premise of truly integrative medicine. Using such research to cut across all known mainstream and alternative techniques could be a fatal blow to the parochialism that besets the disease care model. Of course, fostering such an expansion in the nation’s medical treatment repertoire is a colossal challenge, but consider these facts and issues:

- Most heart bypass surgery can be avoided by offering lifestyle programs. Such programs are widely used in Europe and have been proved effective in the United States. But very few patients in the U.S. are made aware of this option before they make decisions about cardiac interventions. Given our dire crisis in the cost of health care, why shouldn't such low-cost healthy-heart programs be widely promoted to doctors and the public, supported by insurance coverage, or in some cases possibly be mandated?<sup>18</sup>
- Thousands of years of experience with herbs and acupuncture in the Orient have culminated in the worldwide movement for evidence-based Chinese medicine, now typified by peer-reviewed, scientific journals such as *Chinese Medicine* and the World Health Organization's promotion of the Global Strategy for Traditional Medicine, which not only fully document the success of Oriental remedies for myriad diseases, but also recommend implementation of these healing strategies worldwide. Why aren't Americans given the option for routine access to these proven treatments, along with insurance coverage for them? *Indeed, insurance companies should be required to reimburse for health care services delivered by any health care practitioner who is licensed by the state.*
- Similarly, it is widely known that patients suffering from musculoskeletal pain respond well to massage, stretching exercises, chiropractic adjustment, and better diet—not to mention emerging technologies such as the photonic stimulator we use at the Health Medicine Center. We've discussed in this book the known risks of Big Pharma's painkillers used so widely to manage musculoskeletal and other forms of pain. The lack of access by these patients to preventive options or other proven therapeutic options leads to innumerable injuries and deaths every year from the unnecessary use of painkillers.

**4. Broadly support preventive screens.** Let's make preventive screens for such conditions as high blood pressure, diabetes, and cancer routinely available and inexpensive for all citizens. Doing such tests *before* clinical disease sets in can help stop silently progressing and potentially lethal health problems in their tracks. Advanced screens have the potential to uncover important occult disease, as we saw in the cases of Pete Wilson and Tim Russert in chapter 6. At the Health Medicine Center, we routinely offer breast thermography, extremity arterial testing, heart rate variability testing, oxidative stress testing, dark field microscopy, Bio-Energy Testing, and other tests as preventive measures. Why not subsidize or fully insure tests like these for all Americans or even mandate them for certain groups, to greatly lower the cost of health care and save lives? Why not get to the true causes of a disease before the horse gets out of the barn? Recall also the importance, discussed also in chapter 6, of measuring the reserve function of our organ systems—a superior approach compared with simply screening for symptoms of advanced disease.

**5. Ban DTC ads for drugs; advertise healthy lifestyle.** We've noted that America remains the only country besides New Zealand that allows direct-to-consumer (DTC) TV advertising of medications. This has virtually doubled the share of today's health dollar devoted to pharmaceuticals, with up to 50 percent of prescriptions now due to patient request rather than a professionally determined need.<sup>19</sup> We need to turn this phenomenon on its head, perhaps with TV and radio ads that encourage and support a *healthful lifestyle*. To fund this, DTC ads by pharmaceutical companies could be taxed to contribute to a fund (perhaps matched by public funds) that would deliver equally attractive *health-promotion messages* through the same media channels. Or perhaps better yet, DTC ads should be abolished outright for being intrinsically deceptive and unethical.

Again, this is a short list; so much more can be done to boost prevention. Underlying all such measures is the paradigm shift we have discussed in this book—our rediscovery that there is no need to fight Mother Nature. It is far easier, less expensive, and more productive to adapt to what nature has provided over eons to help us deal with our health challenges. “Favoring” nature, for example, entails prioritizing our body’s innate self-healing capacity, as advocated by Beauchamp in the debate between him and Pasteur that we summarized in chapter 3. Remember, the best-known precursor of our epidemic of chronic diseases is chronic inflammation. Thus, pursuing detoxification and living a healthy lifestyle using natural foods and treatments remains the best approach for both preventing and treating inflammation. Public health programs that creatively present this simple message to our citizens need to be expanded.

In line with this principle, in chapter 4 we noted that the methodology of Health Medicine requires that the least invasive therapy is the place to start. We’ve shown in this book why this approach, so essential to the integral model of medicine, is cost-effective and can be lifesaving. This *hierarchy of treatment modalities* bears repeating:

- Lifestyle strategies such as diet, exercise, adequate sleep, stress reduction, weight control, avoidance of toxic exposures, and securing emotional and spiritual balance in life are the *first line of defense*.
- Noninvasive complementary and alternative (CAM) services such as acupuncture, herbal medicine, chiropractic, bodywork, homeopathy, and energy medicine are *the next line of defense*.
- Natural-medicine approaches based on the latest advances in orthomolecular medicine, functional medicine, and bioenergetic research—and inclusive of the more advanced forms of testing—are a *further line of defense*.
- Very careful and sparing use of pharmaceutical drugs, surgery, and other invasive strategies are *the last line of defense*.

Once again, the new medicine does not and cannot exclude today’s high-tech miracles. Quite to the contrary, the integral model of medicine supports them as long as they remain in their place in the treatment hierarchy. The very concept of integral-health medicine reserves high-tech medicine as a backup for those times when wellness and prevention and less-invasive natural therapies fail.

### **Integrative health care and federal health policy**

For the most part, the public is driving the paradigm shift to the new medicine. This is evidenced by the way it spends its dollars—almost all of them out of pocket—on preventive measures in daily life, on integrative clinics and spas, on scores of alternative and natural treatments, on organic and fresh foods, on food supplements, and on other products and services of the burgeoning wellness market. It is far past time for Washington and the health policy establishment to catch up with this huge and growing mass of pioneers who are mapping the future of health care—and who are often their most affluent and thoughtful constituents.

Fortunately, many physicians and nurses have also caught the trend. Those now in early stages of training grew up amid the grassroots shift to holistic health and integrative medicine, and they are showing strong interest in these alternatives. As evidence of this, many medical students are requesting courses in CAM, and most medical schools are now at least providing some elective CAM courses. Students at some medical schools have even formed organizations to foster the development of a medical curriculum that offers a wide range of CAM services. Among nurses, the acceptance of the American Holistic Nurses Association by the American Nurses Association as a recognized specialty society is another sign of the times.

Andrew Weil, MD, has developed a two-year postgraduate program in integrative medicine at the University of Arizona’s Health Sciences Center, which has grown substantially over the past

decade and is now producing physicians who are becoming leaders nationwide, including taking positions as professors at some prestigious medical schools. Weil's books and TV shows have had a major impact on the acceptance and growth of integrative medical practice, as has the work of many other integrative physicians, such as Rachel Naomi Remen, James Gordon, Richard Kunin, Dean Ornish, Mehmet Oz, Mark Hyman, Martin Rossman, Keith Block, and scores of others.

Integrative and CAM centers are becoming more common nationwide, especially in affluent areas. Most major cities in the U.S. have several integrative medical centers that are popular and even financially solvent. Some major teaching medical centers and a few private hospitals are now offering CAM services such as bodywork, guided imagery, chiropractic, acupuncture, and Chinese herbal therapies. Notable among these are Beth Israel Medical Center's new Department of Integrative Medicine, Duke Medical Center, the University of Michigan, UCSF, and California Pacific Medical Center.

This movement is becoming substantive, yet most CAM services provided by these centers are not insured. *Now is the time to modernize insurance coverage so that it extends the integrative medicine revolution to everyone.*

Over many years, I've witnessed a painfully slow but steadily growing trend in the medical insurance industry to reimburse CAM services and products; chiropractic and acupuncture are the most notable examples. Even Medicare is beginning to offer reimbursement for some CAM services. But for innumerable healing modalities and supports such as herbs, supplements, most forms of natural medicine, and many other noninvasive natural therapies such as meditation, biofeedback, bodywork, and guided imagery, the changes in insurance policy are still far behind the science and the market demand.

Much more needs to happen in this regard, and soon. And policymakers need to impress upon the insurance industry, both

publicly funded and privately run, that it is tardy in accepting the science and the empirical experience that now validates much of CAM. One quick fix to get the ball rolling could be uniform standards nationwide; reimbursed CAM services now vary substantially from company to company and from state to state.

There can be no doubt about it: Reimbursement for evidence-based integrative health care services of every kind must be liberalized, and research needs to be a high priority. Toward this end, *we need to greatly accelerate federally funded research (including comparative assessment research) into CAM at the NIH's National Center for Complementary and Alternative Medicine*, whose work is still an embarrassingly small portion of the NIH's overall budget. As we noted in chapter 5, such public funding is crucial, because the private sector will only fund medical research that lends itself to patents or to profits. The NIH in this respect remains far behind the paradigm shift that has already occurred among the American population.

All across the board, the evolution of institutions that embody the new medicine is proceeding somewhat more slowly than the unfolding of the worldview shift to integrally informed health care. And this is no doubt because of the hegemonic practices of the disease care system. Further evidence for this delayed institutional evolution is the fact that the majority of integrative and CAM centers are simply locations where practitioners of different disciplines locate their offices, as we've noted. There are only a few that are truly integral—that is, that actually practice collaboratively as we do at the Health Medicine Center. But business models like ours for creating sustainable clinics that embody the best innovations of integral medicine are waiting in the wings.

In the final analysis, the institutional changes we need are delayed by politicians still fiddling with incremental changes while the state of America's health care burns to the ground. Activists, progressive politicians, and thoughtful health policy

makers will have to step in and organize the popular will needed to get federal support for integrative care for *all* Americans. The long-term success of integrative methodologies will depend, at a minimum, on their efforts to expand prevention, fund publicly funded research into CAM, and institute universal insurance coverage. In time, innovations such as integrative clinics and Healing Circles will spread everywhere throughout the health care system, bringing advanced benefits to millions of Americans and reducing costs.

### Radical reform of the FDA is urgently needed

A landmark article about the FDA, “Ending the Atrocities,” appeared in the March 2009 issue of *Life Extension*, written by William Faloon, director of the Life Extension Foundation. LEF, a large membership organization and manufacturer of supplements, is our nation’s longest-running and most courageous critic of the FDA. In this devastating piece, Faloon called for urgent and radical reform of the FDA in order to stop its “state-sponsored carnage of the American citizenry.” Sounds a bit shrill, no? It does indeed, until you learn about the FDA’s appalling record of fraud and abuse and its actual admission of its own incompetence, which we mentioned in early chapters. Let’s consider some key elements of Faloon’s indictment of the FDA.

- **Fraudulent approval of the drug Ketek.** The FDA approved Ketek to treat pneumonia, disregarding the fact that it can also cause sudden and very serious liver damage—even approving a pediatric clinical trial of the drug involving infants as young as six months. To persuade an outside scientific advisory committee to recommend full approval, the FDA knowingly allowed a fraudulent safety study to be presented, according to a Senate investigative committee. FDA employees literally presented fake data to this committee, even as a separate criminal investigation

discovered that the clinic where the study occurred was *closed* during the time it supposedly took place! Soon thereafter, the person who conducted the nonexistent “study” was criminally indicted and sentenced to almost five years in jail. Yet the FDA continued to cite this data publicly long after the principal investigator admitted it was fraudulent.

- **An unethical ban of the safest form of estrogen.** In 2008, the FDA banned the safest form of estrogen, known as *estriol*. Amazingly, the FDA had no qualms about publicly stating that its ban on estriol was based on a petition filed by Wyeth, the maker of dangerous drugs that directly *compete* with estriol—Premarin and Prempro—which we examined at the close of chapter 6. Wrote Faloon: “The FDA openly seeks to protect Wyeth’s market share by denying American women access to natural estriol.”
- **A revolving door and a clogged approval process.** A 2008 Associated Press report cited by Faloon revealed that a record number of FDA employees have been leaving the agency to go to work for pharmaceutical companies. According to the AP, these FDA staffers have been resigning in order to go into the “more lucrative side” of the business. The FDA’s brain drain and revolving-door problem are key reasons among many, said Faloon, that explain “why the FDA drug approval process has always been a bureaucratic quagmire, where life-saving medications languish for years, decades, and sometimes forever. The drug pipeline has been ‘clogged’ for almost 50 years.” Faloon cited *Wall Street Journal* data showing that the number of new drug approvals has fallen dramatically. The FDA approved just 16 new drugs in 2007 and 24 in 2008, down from 139 in 1996. A mixed blessing, from another point of view.
- **A lethally slow response to Paxil.** The same Senate committee uncovered yet another study with falsified data that was used to support the approval of a popular antidepressant

drug called Paxil in 1991. It found that the maker of Paxil improperly put people who had previously attempted suicide into the placebo group in its clinical study. This made it appear that the Paxil group would have a suicide rate that was the same as or even lower than that of the placebo recipients. But because of FDA foot dragging, it took until 2006 for the manufacturer to send a letter to doctors admitting—once the data was rectified—that the risk of suicidal behavior was actually almost *seven times higher* in study subjects taking Paxil compared with placebo.

- **The FDA wasted millions on a broken computer system to track side effects.** Postapproval surveillance of a new drug is critical to identifying side effects not detected in the clinical trials because of the short duration of most trials. Yet the FDA squandered \$25 million on a failed computer system to track side effects of approved drugs. As a result, says Faloon, “the FDA will have to rely on the previous dysfunctional system to track what are record-breaking numbers of adverse reports being made about drugs the agency previously approved as safe.”

In 1994, the Life Extension Foundation established the FDA Museum to document how the FDA’s failings were responsible for “the needless deaths of millions of Americans.” Every assertion the foundation made about the FDA back then, said Faloon, “has been validated by third parties and the FDA itself.”

With the FDA’s credibility at its worst ever, there has never been a better time to enact legislation to reform it from the ground up. Among the key initiatives to do so is the work of the people at Life Extension, who are partnering with the American Association for Health Freedom, a coalition of integrative physicians, health care consumers, and health freedom activists committed to a complete reform of the FDA. Its Reform FDA Petition is available for signing at [ReformFDA.org](http://ReformFDA.org).

## Making medical freedom a constitutional right

A closely related issue that must be tackled, hopefully long before we get to single-payer universal health care, is the patients’ *right to freedom of choice*. We’ve already broached this issue just above under the rubric of *the right to know*, and also in chapter 7 in terms of patient-centered care—one of the core principles of Health Medicine. It’s well worth stating again: Whom are we kidding when, because of monopolistic practices, patients are not informed of all the treatments known from evidence to benefit their condition? What’s the point of extending insurance to all Americans if they’re blocked from making choices outside the disease care paradigm—indeed, services and products that much of the population now demands and believes in?

America is “the land of the free,” yet the public is largely unaware of the state of affairs relating to medical freedom issues. Most people are shocked when they learn that it is a felony in California for a medical doctor to prescribe a nutritional therapy as a treatment for cancer. Technically, it is even a felony for a physician to treat a patient for cancer using prayer. The only legal therapies permitted for treatment of cancer in California are surgery, radiation, and chemotherapy. This flies in the face of all logic and voluminous scientific literature.

Some therapies must, by law, be administered against people’s will, despite personal or religious beliefs that may be different from mainstream thinking. Health authorities can and do take children from their parents when certain therapies are refused. They can be placed into the custody of the state, put in foster homes, and forcibly administered those therapies deemed to be essential for life.

The case of HIV-positive children is a clear example of this. If as a parent you refuse to administer the drug AZT to your child, child protective services has the right to take your child from you, put him or her in a foster home, and then forcibly administer

the drug. And it's not as though the treatment is harmless. Some children die from it; AZT is a poison as well as a treatment. Even though the rationale for using this therapy is controversial, treatment of these children is still mandatory because AZT is the accepted mainstream treatment for this condition.

Similar tactics occur with certain types of cancer when they afflict children. Not only is treatment with chemotherapy mandated by law in these cases, but also alternative therapies are forbidden. A case in point is medulloblastoma, a cancer of the brain that is poorly responsive to surgery, radiation, and chemotherapy. These unfortunate children almost uniformly die within a few months to a couple of years with or without treatment. Parents who do their homework often conclude that there are sound alternatives, or that conventional chemotherapies are ineffective, toxic, and likely to traumatize their children in their final months of life. Yet, parents usually have no option except to go along with this therapy or face having their child removed and the treatment forcibly administered.

What makes this more tragic is that a well-evidenced alternative exists. A doctor named Stanislaw Burzynski long ago discovered and documented a nontoxic, safe, and often effective treatment for children with medulloblastomas, as detailed in a chapter called "The Fiercest Battle" in Daniel Haley's book *Politics in Healing*.<sup>20</sup> One brave family, we learn, filed a lawsuit against the physicians who failed to inform them about Burzynski's alternative treatment of brain cancer for their daughter. After these physicians performed surgery and administered radiation therapy, the family heard about the Burzynski Research Institute and its success in treating this type of brain tumor. They decided to take the child to Burzynski's clinic in Texas, and the cancer was then successfully treated. Unfortunately, however, it is reported that the child later died from the effects of the radiation previously given by her mainstream doctors.

The original physicians apparently knew about Burzynski's clinic but failed to inform the family of this option.

Now, all of us would agree that our medical authorities are well-intentioned individuals who are motivated to help us, not to hurt us. But what if, after you had researched an alternative therapy intensively, you preferred to use this therapy instead of what is required by law? You and your child or loved one would be out of luck. That's why freedom of choice is high on the agenda of radical health care reform and should even rise to the level of a constitutional right. As we have argued, genuine freedom in these matters calls for greatly expanded research into CAM, including comparative assessment, full disclosure to patients of all treatments supported by science, and insurance coverage for all such remedies—and not just for treatments supported within a disease care paradigm marred by conflicts of interest and questionable science.

### **Revisiting freedom of choice and "evidence-based" medicine**

The story of the Burzynski clinic highlights another reason why medical freedom is essential: the mainstream paradigm's bogus claims to "solid science," which we examined in chapter 3.

Let's think about this logically. If these treatments are so solid, why do these so-called evidenced-based therapies often change drastically? For example, how many ballyhooed drugs have come and gone, often withdrawn because they didn't work or produced severe side effects? How many surgical procedures are no longer used for whatever reason? How many procedures, as we saw in the case of the earlier-cited studies of cardiology, simply don't work? How many other vaunted remedies worked because of their placebo effect, which later wore off? If all this advanced research is correct in the first analysis, shouldn't it be correct always? And if modern medicine is so advanced and "scientific," why do we have so many uncontrolled chronic diseases, not to mention hundreds of thousands of iatrogenic deaths each year?

A prime example of the need for humility is the way that mainstream medicine has managed breast cancer. The Halsted radical mastectomy is a classic example. This is a mutilating surgery that was practiced in mainstream medicine for nearly three-quarters of a century as the gold standard for breast cancer treatment. Eventually, studies proved that it offers no survival advantage over simple removal of just the breast cancer lump itself—a lumpectomy. Tragically, this surgery is still used on rare occasions.

Today, the Halsted radical mastectomy is considered bad medicine. Yet tens of thousands of women were unnecessarily subjected to it, all under the assumption that “this is the best therapy for breast cancer.”

What much of evidence-based medicine turns out to mean is that treatments are based upon what we *think* we know and what we *hope* may not be counterproductive or injurious, within the confines of today’s reductionist, disease care paradigm. It is more ethical to acknowledge that some guesswork is involved in medicine. It is more honest to bear in mind that knowledge evolves and current science is never “final.” It is indeed a great irony that mainstream medicine holds health care disciplines that are outside its domain to overinflated standards of scientific research that it erroneously assumes are being used in its own research. In the future, when the integral model is better understood and applied, and when health care regulation is more enlightened, medical science will be based upon a pluralistic method. Such a method will consider all possibilities from all healing systems, test them impartially with an eye to their safety and cost-effectiveness, systematically inform the public of research results, cover the best-evidenced treatments with universal insurance, and permit patients the right to choose from among many reasonable options in an imperfect world.

### **The ultimate front line of health care: profit versus service**

The old and dying paradigm of disease care medicine is deeply rooted in our culture, which currently elevates the profit motive over the simple desire to serve—even over scientific truth and professional integrity. It will probably remain so until we become oriented to honoring service before material gain and truth over self-aggrandizement. We will always face economic issues in health care; but if we find the inspiration to work together, with our highest goal being to provide service, reform will evolve naturally and appropriately.

Health care has become an enormous business, and the proper goal of businesses is to sell products and services to make money for shareholders. Private industry and commerce have a real place in health care, and properly regulated markets are a blessing to humankind. But “free markets” don’t work when it comes to providing public utilities like roads and fire departments. They are far less efficient when it comes to disseminating public goods such as preventive education for healthy lifestyle, health insurance, medical choice, and the best-evidenced health care treatments. We have demonstrated in this book that overly commercialized medical care, privatized health insurance, and the untrammled worship of free markets—combined with a materialist and reductionist model of human health that leads to a war on nature—are directly responsible for causing America to slide nearly to last place worldwide among advanced nations in the overall quality of its health care. And it is literally bankrupting the American government.

We simply cannot allow this tragic state of affairs to continue.

It is therefore time for us to take clear and powerful action. It is time to come together as peaceful warriors whose mission is to rescue the soul of medicine, fighting for what we believe in, struggling in noble service to others—even our opponents. We

can fight with our votes to transform the legislation that regulates our health care industry. With our determination to find a solution to skyrocketing health care costs. With our compassion to find a better way to practice medicine. With our willingness to take back responsibility for living a healthy lifestyle. And with our commitment to bringing the *care* back to health care.

Who will step forward with the solution for our dilemma? Many open-minded healer-physicians are courageously riding the crest of a tidal wave that is sweeping across America, exposing its narcissistic, profit-driven disease care system for what it is. Their willingness to return to healing leads these caring physicians and practitioners to serve with a whole heart. It even opens a sacred space of authentic meeting with their patients and colleagues. All across this land, genuine healers are joining in partnership with humanitarians and activists who have made it their purpose in life to radically reform the institutions of health care and build a sustainable civilization. Together these leaders boldly acknowledge the importance of treating body, mind, and spirit—the imperative of caring for the whole person, not just the disease. They are choosing prevention, wellness, natural solutions, and the integrative model—and they are blazing the path to the integral-health medicine of the future.

