

Book Reviews

Why ObamaCare is Wrong for America: How the New Health Care Law Drives Up Costs, Puts Government in Charge of Your Decisions, and Threatens Your Constitutional Rights, by Grace-Marie Turner, James C. Capretta, Thomas C. Miller, and Robert E. Moffitt, softcover, 259pp, \$14.99, ISBN 978-006-207601-4, New York, N.Y., HarperCollins, 2011.

This book launches a campaign for Ryan roadmap health credits for all Americans, to replace ObamaCare tyranny, now law.

House Budget Committee Paul Ryan's foreword states, "Under ObamaCare, power is shifted from patients, doctors, businesses and states to dependency on the federal government. That will erode the doctor-patient relationship, lead to waiting lists for treatment and foster widespread dependency on government-run healthcare...."

"[R]epeal of ObamaCare, alone, will not be enough. We must also fix what's broken in health care without breaking what's working...."

"[W]e must transform our government dependency on defined benefits, which provide a false sense of security, to one of defined contributions, which provide the real security that comes with ownership, control, and flexibility."

As its advertising proclaims, the authors "demystify the convoluted plan that the Obama Administration and a Democratic Congress pushed through—providing essential information on what's in the new healthcare law, how it will affect you, and what you can do about it."

The book details the impact of ObamaCare on the young, seniors, the vulnerable, doctors, employers, taxpayers, and the U.S. Constitution, and how millions of Americans became politically active, many for the first time, because of ObamaCare. "They rightly saw

their freedom at risk," authors explain. The Mayo Clinic estimated that each of the law's more than 1,000 pages spawns 1,000 pages of regulations, with net effect that "the Secretary," with czar-like power, dominates patient, doctor, employer, insurer, and states.

In the days leading up to the vote, the switchboard of the U.S. Capitol had been in "near meltdown" as 100,000 calls an hour came in from citizens across the country. Thousands of citizens marched to the Capitol on a Sunday in March 2010, hoping one last time to stop passage of the bill. House Speaker Nancy Pelosi passed the demonstrators, as she and her entourage of committee chairmen linked arms and marched from the House office building to the Capitol. "She carried an oversized gavel to signal her determination and confidence that the bill would pass."

Never before, state the authors, had Congress passed and the President signed into law such sweeping legislation that was so strongly opposed by so many Americans.

The book points out the startling fact that a large part of the bill's financing depends on Americans becoming lawbreakers. Tens of billions of dollars in financing depend on a sufficient number of persons remaining uninsured and therefore paying a penalty for breaking the law. Although it is widely believed that the bill does not contain a "public option," the Kaiser Family Foundation categorizes the plans administered by the Office of Personnel Management as the "public plan option." Stuart Butler of the Heritage Foundation observed that this may actually open up a path to a much tougher public plan option that even the House advocates imagined.

Although calling Accountable Care Organizations (ACOs) a reinvention of managed care, the authors appear to

believe that "done right, ACOs could be a way to get coordinated care, avoid duplication of unnecessary services, and make care more efficient and less costly." But they do point out that ACOs could also be an invisible way for new oligopolies to make money by hiding from seniors the fact that doctors will be paid to skimp on care.

Despite the many court challenges, the administration is scrambling madly to issue regulations—so rapidly that Americans are not even being given an opportunity to comment on them. This hardly matches the President's promise to provide "an unmatched level of transparency."

The book could better expose the tyranny of ObamaCare by translating provisions into common English. For example, in just one section of PL 111-148, Sec. 2717, Ensuring the Quality of Care, A1, ObamaCare overrides the Hippocratic Oath's "I will not divulge secrets" with "the Secretary shall develop reporting requirements"—for putting secrets on line.

More tools for tyranny in this one section include: community rating, with its undermining of personal responsibility and thrift by spreading the wealth to the irresponsible; provider reimbursement rules, which ensure that your doctor is paid to do only what the Secretary orders; and "effective case management," which imposes standardized care, ignoring individual differences.

The book contains some 33 pages of notes with documentation, but no index. It details specific political actions that Americans must take to replace the ObamaCare takeover of American medicine. Liberty lovers should read how to replace centrally directed care, now law, with consumer-directed credits for all Americans, high risk pools, and lawsuit reform.

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Deadly Choices: How the Anti-Vaccine Movement Threatens Us All, by Paul A. Offit, M.D., hardcover, 70pp, \$27.50, ISBN 978-0-465-02149-9, New York, N.Y. Basic Books, 2011.

I should disclose that I have a personal interest in this book because I am listed in the index and referred to in the text as “a prominent anti-vaccine spokesperson.”

This was based on a very brief television appearance in 1999 on ABC’s *Nightline* with Ted Koppel. I referred to the Nuremberg Protocol, according to which patients have the right to give or withhold informed consent for medical procedures, and reported that some parents had been threatened with having their child taken away from them because they had declined consent for a vaccine. Edited out of the tape was my question to Dr. Samuel Katz, who denied this would happen, about whether he would take any action if it did. He did not answer then, or after a follow-up letter.

Apparently, ABC received quite a number of calls from parents after the program concerning threats from Child Protective Services.

In actuality, neither AAPS nor I have ever taken an anti-vaccine stand. We have stated that all medical interventions have risks and benefits, that physicians should assess and explain these to patients to the best of their ability, but that they need to respect the patients’ right to refuse.

Not all physicians share this view. As Offit notes, an increasing number of pediatricians refuse to accept patients whose parents do not comply with the vaccine schedule.

Offit lumps everyone who has any dissenting opinion or concern about any vaccine with the “anti-vaccine movement.” To him, such persons are all indistinguishable from the anti-smallpox vaccine activists in Britain, who warned that children would start behaving like cows if they received vaccine made from cowpox lesions. I’m certain that the anti-vaccinationists were never able to produce a single example of a child who grew horns and started grazing on grass, for any reason whatsoever, although one in 150 American children (or more) have been

reported to have autism in the U.S. today for a reason that has yet to be determined.

Interestingly, although Offit never admits that the early smallpox vaccine did cause some deaths, American first responders who would like to have smallpox vaccine today as a precaution against a biological attack are not able to obtain it—because the vaccine is reportedly too dangerous!

Offit does admit that some vaccines have had problems. For example, rotavirus vaccine—an earlier one, not the one that he patented—was withdrawn from the market by the Centers for Disease Control and Prevention (CDC). He cites this as an example of how well the system works, but does not mention the hot controversy that preceded the decision. A collection of quotations from documents released as a result of a Freedom of Information Act request of Oct 4, 1999, is available on the AAPS website (www.aapsonline.org/testimony/foiarota.htm). Reports of intussusception following vaccination were mounting, but action was delayed. One official wrote in an email: “There is going to be something here and we quickly are going to get clobbered.” Around this time, “Quackwatchers” banned me from an internet discussion group for suggesting that the proper statistical methodology was to look at the time distribution of events rather than just the frequency.

The history of the American “anti-vaccine” movement is treated in some detail. Offit blames a television program entitled *Vaccine Roulette* and the book *A Shot in the Dark*, which focused on cases of permanent brain damage attributed to diphtheria/tetanus/pertussis vaccine. Offit devotes much of the book to attacking Barbara Loe Fisher, whose son was affected. Fisher is among the most effective advocates in what she would call the “vaccine safety” movement. While admitting that the whole-cell pertussis vaccine was crudely made and contained more than 3,000 pertussis proteins, Offit tells nothing of the saga of replacing this with the much safer acellular vaccine, a story told in detail by David and Mark Geier.¹ As to the permanent neurological damage, Offit notes that a couple of patients who received compensation for

seizures and retardation attributed to pertussis vaccine turned out to have Dravet’s syndrome. That’s a genetic disorder resulting from a mutation occurring at the time of conception.

Other vaccine problems have included the contamination of the yellow fever vaccine with hepatitis virus from human serum in the early 1940s. Failure to fully inactivate the polio virus in the Salk vaccine resulted in 70,000 children suffering mild polio, 200 cases of severe permanent paralysis, and 10 deaths. Offit is confident that our current regulatory system will protect us from future such problems. He says nothing about the contamination of polio vaccine with SV-40.

The biggest concern today appears to be the possible role of vaccines in the epidemic of autism and also of various auto-immune diseases including Type 1 diabetes, food allergies, asthma, and eczema. Offit criticizes the studies that suggested an association, and states that the “overwhelming” evidence is against any connection, particularly between the measles/mumps/rubella (MMR) vaccine and autism. Although he has nearly 40 pages of notes, a large percentage of them come from news media, and even those from scientific journals are not necessarily studies. The methodology of studies is not discussed. As far as I know, the MMR/autism studies have been ecologic studies, not even case-controlled studies, much less prospective randomized controlled trials.

Offit is extremely critical of the use of “anecdotes”—except when he’s using them himself. Apparently, the 5,000 cases of autism that have been brought before vaccine court are all anecdotes. The court consolidated the whole question into omnibus autism proceedings involving just three cases, to be decided by special masters. The court records were many thousands of pages long. Offit focuses his attack on a few of the plaintiff’s expert witnesses, whose credibility does appear dubious, and cites the special master’s opinion that the respondents, in contrast, “offered world class experts.”

There is a huge amount of money at stake. Offit emphasizes the financial interests of the plaintiffs, but does not

that if the special masters had decided in favor of the 5,000 children, the costs could have been as high as \$4.5 billion, wiping out the reserve funds in the Vaccine Injury Compensation Program (VICP). The purpose of this program was to keep dissatisfied parents from suing vaccine makers directly, and thereby “threatening the availability of vaccines for American children.” A number of vaccine makers had gone out of business because of previous litigation, which had persuaded a lot of courts.

Offit is extremely critical of physicians who “peddled hope, not opinions grounded in science and medicine.” While disparaging both the diagnostic procedures and therapeutic methods used by physicians who try to help autistic children, Offit does not have any suggestions about potentially successful treatments. He also comments that “many in the autism community were angry that anti-vaccine activists had diverted so much attention away from the real cause or causes of autism,” although he makes no suggestions as to what those real causes might be. Maybe there’s something like Dravet’s syndrome waiting to be discovered, along with some factor capable of increasing its frequency a thousand-fold or more.

Not stopping at ad hominem attacks on physicians such as Andrew Wakefield, Offit is also very critical of parents. Part of the problem, he thinks, is ignorance: “Children are suffering and dying because some parents are more frightened by vaccines than by the diseases they prevent.” Worse, he says, is the “selfishness” of parents who want to protect their precious children from the rare side effects of vaccines, while taking advantage of the herd immunity offered by the majority of children being vaccinated.

Offit thinks we have reached a tipping point for public health, and “it’s time to put an end to this.” He thinks that allowing the incidence of preventable disease to rise so high that parents accept immunization is “too awful to imagine.” The elimination of religious and philosophical exemptions to vaccines is unlikely because of the American legal system, though he probably favors it. We need a change in

culture, and if we can’t get people to trust those who license, recommend, produce, and promote vaccines, the tide may turn only when parents start to speak up and use peer pressure, he suggests. Apparently, that is happening. There is, for example, a program titled “Ruining It for the Rest of Us.” Parents suggest shunning children who are not vaccinated, and spreading scary stories about death from chickenpox as well as from measles and meningitis.

Parents desperately need clarity and reason, and unbiased information about both vaccines and the diseases they are meant to prevent. You will not find it in this book. What you will find is selective evidence, condescension, character assassination, and argument from authority. Not an effective way to restore trust, in my opinion.

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1 Geier D, Geier M. The true story of pertussis vaccination: a sordid legacy? *J History Medicine Allied Sciences* 2002;57:249-284.

The Physicians’ Crusade Against Abortion, by Frederick N. Dyer, hardcover, 354 pp, \$39.95, ISBN-13: 978-0881353785, Sagamore Beach, Mass., Science History Publication/USA, 2005.

Dyer begins with an astonishing calculation, which concludes that 72 percent of the readers of this book owe their lives to the crusade led by Horatio Robinson Storer to oppose the dramatic increase in abortion that occurred in the middle of the 19th century. He believes that about 72 percent of the current population of the U.S. has at least one of “Storer’s survivors” as an ancestor. Those whose ancestors were primarily Protestants can be fairly certain that they owe their existence to Storer and his colleagues. Protestant ministers generally did not take a position against abortion, whereas the Roman Catholic Church consistently condemned it.

The first evidence of the campaign appeared in February 1857, soon after a Georgia physician, Jesse Boring, published an article that stated:

If I am not wholly mistaken, it will be seen that, of all the varieties

of murder, that of the embryonic human being is the most atrocious and indefensible. It is a wanton, unprovoked, and cruel deprivation of a human being, of the existence which God alone gave, and can of right, take away, and that being is not only inoffensive, but utterly helpless.

Hippocrates is cited as the earliest known physician to oppose abortion. Thomas Percival’s 1803 book *Medical Ethics* is also quoted: “To extinguish the first spark of life is a crime of the same nature... as to destroy an infant, a child, or a man.”

In 1817, a New York physician, John Broadhead Beck, argued against the concept that life began at quickening—the basis for treating abortion as a less serious crime at the early stages of pregnancy in England and many other countries. Before quickening, Beck argued, the fetus must be either dead or alive. It is evidently not dead as decomposition and putrefaction do not take place. Therefore, it must be alive. The physician crusaders made the case that the unique human life begins at conception, and that no other concept could be scientifically supported.

At this time, it was not only “irregular physicians,” referred to as “quacks,” or non-physician practitioners who were the abortionists, but also regular physicians, who were referred to as being “worse than Herod.” Abortion was in high demand, even by married women, who sought physicians to aid them in their “trouble.” Many young physicians felt pressured into accommodating them, despite moral reservations, because patients would most often seek help elsewhere and be lost to the physician’s practice for good.

Many women in the upper classes in the late 1800s did not wish to bear children, or to bear very many children, sometimes because it interfered with social obligations or travel to Europe. Abortion was clearly being used as a method of contraception, apparently with no greater moral reservation than today’s women have with respect to taking oral contraceptives.

Many physicians counseled their patients against abortion. They explained

that the child really was alive even in the early stages of pregnancy, but focused on what was felt to be a more persuasive argument, the danger to the mother herself. Even though abortions were not done in back alleys, and the methods described in the book do not make use of a coat hanger, painful complications, sterility, and even death were not uncommon.

Though now deplored as barbaric in the context of partial-birth abortion, craniotomy was often resorted to.

Procedures that probably induced abortion were often used for other stated reasons, such as “stopped menses.” One difficulty in enforcing some laws against “criminal abortion” was the need to prove that the pregnancy had been established before the procedure was done. In those days there were no good methods for positive identification of pregnancy during the first few months. It was also required to prove that the abortion had been “unnecessary.” At that time, a necessary abortion was one physicians believed to be required to save the life of the mother, say because the pelvic inlet was too small to permit birth.

Many popular periodicals carried advertisements for abortions, using various euphemisms. Physicians said that these advertisements legitimized abortion in the minds of the public.

The war against “criminal abortion” was carried out in medical journals and professional societies, in the public forum, and in the legislature. An 1870 letter to the Gynaecological Society referring to a case against an abortionist, stated:

The Society has in its power to create, or control, public sentiment by bold action in a case like this. If it leads the van bravely in the good fight, scores will join its ranks who now stand aloof from sheer cowardice—men whose consciences have long tormented them for culpable inaction.

The work of these crusaders has now been mostly undone, and the rate of abortion is probably even higher now than it was then, despite contraception and “comprehensive sex education.” What medical society today would dare use

terms such as “that grim Moloch to whom our children are being yearly sacrificed in numbers that would seem incredible to those not familiar with the statistics of the abominable rite”?

What Storer and his colleagues called “criminal apathy” extends well beyond the abortion debate today. The extensive quotations from the professional literature of the late 1800s throw into stark relief the stunning change in physicians’ culture and conscience in these modern and postmodern times.

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Brainwashed: How Universities Indoctrinate America's Youth, by Ben Shapiro, paperback, 240 pp, ISBN 0785261486, Thomas Nelson, 2004.

The author of *Brainwashed* recently graduated from the University of California at Los Angeles, where he was a student since age 16, studying political “science.” He voices some complaints about the place, which you will understand if you read the book.

Had I been in his place, I might well have left, but he may have been entranced by the political pathology there. Perhaps the field of study should be termed “political pathology.” He is to be commended for his contribution to the literature showing that many American universities harbor people with no idea of scholarship or integrity.

The book tends more toward the reportorial than the analytic, and covers the diet of moral relativism, political bias, socialism, victim mascots, degradation of sex to anonymous acrobatics, religious environmentalism, attacks on belief in God, anti-American screeds, Mohammedan apologetics, anti-Semitism, and the skewed distribution of funds to certain favored student groups.

The book presents plenty of quotations from professors at various universities, things nobody would have imagined from any serious person until recently. There are also examples of “coursework.” For example, the students of one class were told the final exam would be their own created “work of porn-

ography.” Shapiro ends his chapters with pithy little observations, such as “God is no longer welcome on campus. Unless He disguises himself as a professor.”

Shapiro is on shakier ground when it comes to analysis of the causes and solutions of the problem. I do not agree that “from its very inception, the goal of higher education has been to challenge the authority structure.” The goal was inquiry, and transmittal of knowledge. It did happen that the university confronted error accepted by society at large, but that is not the same thing.

As to why students parrot the faculty instead of resisting indoctrination, it is not just youthful naiveté as the author says. They may lack the tools, skills, and knowledge to challenge their professors. They may be taking things at face value, as he opines, but that is a reflection of the deficiencies of their prior schooling, laziness, and lack of intellectual curiosity. They could learn without professors, and learn to challenge the professors, if not for those three factors. Their parents are at fault, and so are they. The students have been infantilized and zombified in modern America. Because we have been so lucky, for so long, people think there will be no harm if we just pretend to study, if we destroy rather than create, but that is incorrect.

The actions the author proposes, such as refusing to contribute to these institutions, are part of the solution; but another is refusing to attend them, and getting enough guts to call trash what it is, to the professors’ faces.

College rankings by conservative organizations, and hiring of graduates from places like Hillsdale College, which takes no tax money and does not spew forth a statist line, would help, as the author states.

The book shows the author’s lack of experience, but he had the pluck to write it, and experience will come. I recommend he fill in the gaps left by UCLA with our Founders, Frederic Bastiat, Ludwig von Mises, and Andrew Galambos. We will look forward to his next book.

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