

# Book Reviews

***The Wild Life of Our Bodies: Predators, Parasites, and Partners That Shape Who We Are Today*** by Rob Dunn, hardback, 290 pp, \$26.99, ISBN 978-0-06-180648-3, New York, N.Y., HarperCollins Publishers, 2011.

“...the worms are just the beginning. In our bodies are thousands of species...”

“...you are descended from a long line of individuals who escaped being eaten.”

“...our bodies and our lives only make sense in the context of other species.”

—Rob Dunn

In *The Wild Life of Our Bodies*, Rob Dunn, professor of biology at North Carolina State University, examines how we moved from our origins to our clean homes of today. He shows how our relationships to our predators, parasites, and mutualists have changed, and how we have adapted to these changes.

He describes the recent discovery of *Ardipithecus ramidus*, believed to be one of our earliest primate ancestors, who lived 4.4 million years ago, along with its parasites and predators, in a tropical woodland that is now the Afar desert in Ethiopia. It used only sticks as tools. A million years later, *Homo erectus* was using crude stone tools. By 200,000 years ago, Neanderthals and early humans tied their stones to sticks. But nearly everything that makes us different as humans happened during the past 28,000 years, after Neanderthals became extinct.

Over many thousands of generations of killings and near escapes, our fear module developed to help us survive. Dunn believes this may be one underlying cause of today's chronic anxiety states, stress, phobias, and mental illness.

The transition from hunter-gatherer to farmer was one of our greatest achievements, he writes. The invention of agriculture allowed more of us to survive lean times. It also allowed us to grow our small villages into cities and to develop civilization. But it changed our original diet to one largely of grains, and this may be one reason for our increased incidence of diabetes, obesity, and digestive disorders.

Around 9,000 years ago, when we first domesticated cattle, a beneficial genetic mutation occurred that enabled adults for the first time to digest the lactase in milk. This allowed more of us to survive lean times. Interestingly, the same genetic change occurred anew on at least three different occasions at three different places in Africa, around 7,000 years ago when we domesticated cattle for the second time.

Dunn explains that our appendix, a medical mystery for more than 200 years, plays an important role in protecting our guts. That it is not merely a vestigial appendage was suggested by the fact that ours is larger and more elaborate than those of most other primates. Recent studies have revealed that it is filled with lymphatic tissue, IgA antibodies, and bacteria. It serves as a safe house for the bacteria that can recolonize the gut after an intestinal disease, such as cholera, has wiped it clean. The IgA antibodies also provide a substrate that allows our mutualist bacteria to form the biofilms that line and protect the colon and appendix.

Our immune system, which protects us from the diseases to which we are exposed, can also harm us. Dunn believes that living without our worms may have led to some of our current autoimmune and allergic diseases, including Crohn's disease, ulcerative colitis, asthma, allergies, rheumatoid arthritis, lupus, diabetes, and multiple sclerosis.

Crohn's is a global epidemic in the developed countries, but is rare in developing countries, where as many as a billion people are still infected with two species of hookworm. In the 1930s and '40s when the disease was extremely rare, nearly half of American children had worms such as the tapeworm *Ascaris*, or the whipworm *Trichuris trichuria*. These since have been all but eradicated while Crohn's disease steadily has increased until today around 600,000 of us suffer from it.

Apparently the presence of the worms activates cells that regulate the immune system so it doesn't attack the lining of the intestine. Dunn describes a study done in

1999, when the bowels of 25 patients seriously ill with severe Crohn's disease were repopulated with whipworms. After 24 weeks an astonishing 24 of the 25 patients were improved, while 21 were in complete remission. Larger studies, he writes, are ongoing for Crohn's, as well as for ulcerative colitis, multiple sclerosis, psoriasis, and Type I diabetes.

This and more fascinating information in *The Wildlife of Our Bodies* gives the reader a deeper understanding of the role our past commensals, parasites, and predators—the diversity and contexts of our pasts—play in our diseases of today.

**Jerome C. Arnett, Jr., M.D.**  
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***Beating Obamacare: Your Handbook for the New Healthcare Law*** by Betsy McCaughey, Ph.D., paperback, 176 pp, \$14.95, ISBN 978-1621570790, Regnery, 2013.

This book is subtitled *Your Handbook for Surviving the New Health Care Law*. The author has tirelessly fought this law, and does a good job of simple explication in this book. Mostly, she presents clear simplification of what Obamacare means; it is a work of translation of a very obtuse 2,700 pages of legalese.

She points out the self-serving, outrageous misrepresentations by Barack H. Obama, accusing surgeons of amputating the legs of diabetics simply to make money—\$30,000 to \$40,000, according to him, whereas the actual Medicare “reimbursement” is \$740 to \$1,140, 40 times less. She also recognizes physicians' contributions and advances, and points out the shocking campaign of vilification directed at physicians.

In my view, McCaughey should be tougher. The concluding chapter states, “The Obama health law pursues a worthy goal: expanding health insurance coverage to those who cannot afford it.” The actual goal of the law is total control over sovereign American citizens, who are to be rendered livestock on a government

ranch. Government ranch hands would have the power of life and death over 305 million people. The book also announces that "The health care law will roll out as written." I always say, with Yogi Berra, "It ain't over till it's over."

The book includes a clear basic glossary of terms, which readers will find useful. The first chapter gives five major pieces of bad news lurking unheralded in this monstrous bill, including federal government control over how physicians treat patients, even those privately insured, loss of access to medical care, a huge expanse in medical bureaucracy, and taxes. A timeline provides a look at what to expect ahead, and a list of winners and losers emphasizes that the bill has nothing to do with the "general welfare." The bill's "individual mandate" and its effect on employer-provided pre-paid medical benefits are briefly explained. The author discusses the "health insurance exchanges" and why they are nothing like the marketplace they purport to be. The sorry story of Medicaid expansion, forced changes in private insurance, the fate of those dependent upon Medicare, and Obamacare taxes help round out the book.

The chapter called "Physicians Diagnose Obamacare" mentions the AMA and Docs4PatientCare, but inexplicably neglects AAPS.

Other chapters include a discussion of legal challenges to Obamacare, and a valuable debunking of the lame rationalizations for "health reform" emanating from D.C.

We must insist upon making the distinction between medical care and the financing of medical care. They are two completely different things, but you would never know that from the language generally used.

A short afterword advances interstate purchase of medical insurance, the establishment of state medical courts to deal with tort accusations, high-risk pools, and the COBRA subsidy for continuing job-related insurance for a time after leaving a job.

This is a useful, readable book, especially for the lay public, but its encapsulation of the issues provides clarity that even professionals in health-related fields may well find helpful. It does not lay out a strategy for resistance to really beat Obamacare, or address the blatant fact that nothing in the Consti-

tution authorizes the government to interfere in the medical care of millions, or that nothing is less suited than the medical care of American individuals to such un-Constitutional government interference.

**Tamzin Rosenwasser, M.D.**  
Venice, Fla.

***Theodore and Woodrow: How Two American Presidents Destroyed Constitutional Freedom*** by Judge Andrew P. Napolitano, hardcover, 320 pp, \$24.99, ISBN 978-159555-351-5, Nashville, Tenn., Thomas Nelson, 2012.

Judge Andrew Napolitano is a prominent commentator on legal issues at Fox News Channel. He was the youngest-ever tenured Superior Court Judge in New Jersey and has authored eight books.

The title of his latest book speaks for itself concerning his view of the conduct of presidents Theodore Roosevelt and Woodrow Wilson. He described how these two presidents, who enjoy a good reputation generally, defined imperial presidency. Their ambition and aggressive pursuit of a new order of things had devastating effects on the Constitution, which was originally intended to assure a limited government by consent of the citizenry.

Like most Americans, I had a benign or even affectionate view of Teddy, who was applauded and given historical significance because of his charming and energetic ways, his erudition (he spoke and read many languages), and his talents, personal courage, and accomplishments. Woodrow too was treated well by historians as a tragic and virtuous figure, who promoted the League of Nations and was rejected by a narrow-minded and allegedly isolationist opposition.

So what's the real story, according to Andrew Napolitano? He views Teddy as aggressive character intent on pursuing a statist government that would change forever the relationship between the citizens and their government. An ideologue who had a socialist bent for taking down capitalists and making the government the major player with the power to determine winners and losers, Roosevelt was a tyrant in attitude.

In addition, Roosevelt thought that government should decide how land was to be used, promote compulsory education, and knock down major business interests and prominent business figures,

using the excuse of fighting monopolies and robber barons. He, like most tyrants and demagogues, encouraged antagonisms between classes. He promoted an aggressive xenophobic and racist foreign policy that pursued ex-pansion and was based on elitist intolerance of the lesser nations. Napolitano makes a convincing presentation of the historical evidence for his view.

Napolitano treats Wilson just as harshly. Woodrow had a complicated, comprehensive agenda that was a product of his lifelong academic interest in politics and policy making. He was an arrogant and intolerant elitist who expected, since he was former president of Princeton, his to be the last word. Wilson wanted to diminish the Constitution and expand government. To this end he supported creation of the Federal Reserve, the institution of the income tax, and the popular election of Senators that changed the structure of government. Wilson was the most ardent of advocates for the "living Constitution" and condemned the idea of conforming to the inconveniences created by the anachronism written by men long dead.

Wilson had no compunctions about using force or intimidation to stifle dissent. During the campaign for his reelection he campaigned as a pacifist/isolationist, but after a German U-boat sank the *Lusitania*, a British ship with 128 Americans aboard, Wilson was full speed ahead with intentions to impose United States hegemony in Europe, and to pursue the League of Nations after the war. He also had a personal hand in the hardheaded provisions of the Treaty of Versailles.

Napolitano reports that during the war Wilson stifled dissent with propaganda machines and even street thugs. He encouraged passage of the "Espionage" Act that put dissenters on a list of government targets. He formed a propaganda committee to denigrate and spread intolerance of Germans.

In Napolitano's litany of sins initially committed by Teddy and Woodrow that plague the Republic now and make the Constitution a disappearing factor in public policy debates, he makes the following points:

1. Public education is a tool of the statist and is the reason the populace is poorly informed and also socialist in outlook.
2. The regulatory/administrative state is the path to tyranny and slavery.

3. The Federal Reserve is a printing press/inflation institution that debauches the currency for political purposes and is destructive of the economy.
4. The destruction of the federal compact assumed by the Constitution and formalized with emphasis in the 9<sup>th</sup> and 10<sup>th</sup> amendments may be lost forever, beginning with popular election of Senators (17<sup>th</sup> amendment) but finished by federal overreach and intimidation as well as manipulation.
5. Racism and eugenics are tools of the elites and tyrants and are to be condemned.
6. Conscription into military service is slavery by another name.
7. Labor law is governed by political power games, leaving property at risk from rampant unionism.
8. Prohibition is an example of overreach into personal behavior that creates unintended consequences and violates basic principles of liberty.
9. International overreach and aggressive and uninformed foreign policy is created when government becomes too enchanted with international dominance—the product is dead Americans with no discernible benefit in many cases.
10. The federal income tax was the big leap into government intimidation and control, and also created a reliable method for confiscation of citizen assets for government ambitions.

Napolitano is an insightful and learned writer, and his descriptions of the origins of our statist Leviathan are well worth reading. He properly attributes much of the energy that created the welfare state monster to these two presidents, who are usually are thought to be benign and friendly characters.

Even if these two were mistaken but well-intentioned, they are emblematic of what the author says is the problem in the administrative welfare state. He quotes C.S. Lewis, iconic moralist author, who wrote in *The Screwtape Letters*:

The greatest evil is not now done in those sordid “dens of crime.” ... It is conceived and ordered (moved, seconded, carried, and minuted) in cleaned, carpeted, warmed, and well lighted offices by quiet men with white collars and cut fingernails and

smooth-shaven cheeks, who do not need to raise their voice. Hence, naturally enough, my symbol for hell is something like the bureaucracy of a police state or the offices of a thoroughly nasty business concern.

Lewis also wrote, “Of all tyrannies, a tyranny sincerely exercised for the good of its victim may be the most oppressive.... Those who torment us for our own good will torment us without end for they do so with the approval of their own conscience.”

Teddy and Woodrow sincerely believed they were superior—a most vicious, malignant character flaw. Humility is essential to good character and virtue.

**John Dale Dunn, M.D., J.D.**

Brownwood, Texas

**Assume the Physician: Modern Medicine's ‘Catch-22’** by John F. Hunt, M.D., paperback, 386 pp, \$17.95, ISBN 978-0-9859332-0-3, [www.readjohnhunt.com](http://www.readjohnhunt.com), 2012.

The teaching hospital has progressed from *The House of God* and *Mount Misery* by Samuel Shem to the Sheep Pen in this novel. I didn't think I wanted to take the time to read this book, but then I started it. I recommend it as therapy. Not only did I laugh out loud in public while reading it, I continued to do so hours or days later when thinking of some of the scenarios.

I think that Dr. Hunt is probably a very good and kind doctor, one that you would choose for yourself or for any children that you love. He knows his medicine, and he loves on his patients, but he is absolutely merciless to bureaucrats and administrators. The protagonist, Dr. Eddie Marcus, as well as the director of the residency program (“Dr. Blow”) would probably be sent to disruptive physician re-education camp after less than a day at your hospital.

Too many of my favorite places are marked to recount them here, but here is a sample: The author describes the ACGME work rules under which residents only have ownership of their patients for the hours that they are on duty as “one of the many components of the conversion of medicine from a profession into the equivalent of a toll collector on a highway.”

A new insight I gained concerned who is the real audience for those pharmaceutical company presentations in which

doctors and other staff are wined and dined at an upscale restaurant. It is not the attendees, as physicians are no longer the real customers who need to be persuaded. It is rather the speaker himself, who is probably on some guidelines writing committee.

Dr. Hunt has excellent insight into how Large Pharma Corporation, Inc., manages to prove by evidence-based medicine that Esgetbeteral is superior to out-of-patent Getbeteral. He writes that it takes only a shockingly small study to prove that there is a “statistically significant” better outcome for one drug than another when the new drug is importantly better. Companies know that the less useful a new drug is, the larger the clinical studies that will have to be done to prove its “worth.” In the very large study, the type that young physicians are taught to believe is the only important kind, tiny differences can be shown to be statistically significant.

Dr. Hunt also exposes the truth about quality measures, “core competencies” (especially “professionalism”), and electronic medical records.

He goes beyond medicine into various environmental scams. For example, he writes that the only thing that ethanol is good for is the treatment of methanol poisoning. He writes, “What it does for a methanol-intoxicated human is the exact opposite of what ethanol does in an internal combustion engine, which is to increase the amount of toxins, foul the gasoline, gum up the carburetor, destroy the rubber hoses and gaskets, and take a perfectly good engine and make it fail miserably, all while making big Agra business wealthy.” There are some facts and figures too: “It takes 1.06 gallons of gasoline to manufacture one gallon of ethanol, which is only 80% as efficient a fuel source as gasoline.”

Dr. Hunt is clearly familiar with the works of Frédéric Bastiat, as well as the Uncle Eric series of books by Richard Maybury.

Dr. Eddie Marcus knows what it would take to fix the system. During the finale, he proposes it. It almost looks as though it might have worked, until the sheep crawled back into the pen.

Hunt understands that it is not possible to start a revolution in the way that his hero does it, but the principles are good and they will succeed if implemented one doctor at a time. He is

seriously employing a powerful weapon. As the quotation by Mark Twain on the frontispiece says: "Against the assault of laughter, nothing can stand."

**Jane M. Orient, M.D.**  
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***Overhauling America's Healthcare Machine: Stop the Bleeding and Save Trillions***, by Douglas A. Perednia, M.D., hardcover, 369 pp, \$34.99, ISBN-13 978-0132173254, Saddle River, N.J., 2011.

In many ways, this book is a complement to Dr. Richard Fogoros's book *Fixing American Healthcare: Wonkonians, Gekkonians, and the Grand Unification Theory of Healthcare*, which was reviewed in the Fall 2012 issue. Indeed, the plan itself is borrowed, with attribution, from Dr. Fogoros.

There is unfortunately the same basic fallacy that the calculus of medical value is based on the Quality Adjusted Life Year (QALY). Quality is visualized as a linear function with values from 0 to 1. This completely overlooks the enormous discontinuity between life and no life. It is determined only by mobility or other abilities or factors related to health. A "quality" life appears to have nothing to do with the virtuous life, the happy life, or the purposeful life. This radical utilitarian, materialistic view of human life is perhaps inevitable if that life is to be sustained through a system of third-party payment, a pool of resources belonging to the collective.

Perednia's idea that we need to "simplify, simplify, simplify" is very appealing. Administrative machinery is intolerably complex and laden with mindless busywork. It could of course be radically simplified, and in most cases vanish altogether, were it not for the third-party payment system.

In contrast to insurance, medicine is not a machine, and it is unavoidably complex because it is more like a living organism. This book, like most writings on "reform," tends to conflate coverage with care, or insurance with the practice of medicine.

Ironically, for all his calls for simplification, Perednia calls for assembling "complete, accurate, and current QALY data," a task that he says "might be more challenging than landing on the moon." He

notes that it would require a total investment of hundreds of billions of dollars and years to complete, and that ongoing funding would be needed to continually update and disseminate the information gathered. He believes that the federal government is "the only organization with the ability to finance this work, and it is proper and appropriate that it should do so." I would argue that, unlike landing on the moon, the task is impossible, and while the federal government could well pour billions of dollars into the task, the idea that it could do so with transparency and without pervasive corruption is contrary to all previous experience.

Can we or should we "develop an exhaustive list of condition-treatment pairs"? He admits that the task would be daunting, but thinks that if we could only review just half of the various medical conditions and treatments and calculate the cost/benefit ratios on QALY, a considerable benefit could be derived. How many such potential pairs exist? A thousand? Millions? What about treatments that we don't know about yet? As a general internist, I have found that a substantial fraction of the "conditions" I encounter might be described as "I'm not sure what's going on here." And the treatment option is often "wait and see." Perhaps Perednia's experience is different from mine—he is also an internist, and in addition a dermatologist. These days, doctors are under a lot of pressure to write down a diagnosis code to five significant figures, and to write some sort of prescription from a drop-down menu. Perhaps, having become accustomed to doing this, we have unconsciously assimilated the concept.

When physicians disagree with the prescription for reform that politicians and policy makers are trying to force upon us, there is always a demand to come up with a comprehensive prescription ourselves. I think that Perednia has taken the bait, but we need to resist this temptation.

While I disagree with Dr. Perednia's answer, he certainly asks a lot of the right questions and presents much useful data. For example, he notes that the physician salary ratio between the U.S. and Canada is only 1.43 for specialists and 1.51 for general practice physicians. However, physician charges in the U.S. are roughly six times higher than the equivalent fees in Canada for the same period. What happened to the rest of that money?

Perednia notes that about one-quarter of our hard-earned healthcare dollars simply vanish into thin air, and they disappear without providing a single medical good or service. Others consider this a gross underestimate.

In 1971, the U.S. had about three administrators for every four practitioners. Just 15 years later, Perednia states, there were almost 5.5 administrators for every four practitioners. There are 5 million people whose jobs consist of doing paperwork rather than providing any care.

The process of credentialing, Perednia observes, to reassure the public that medical professionals are competent and not frauds or imposters, has come "to resemble paranoia at best, and institutionally incited panic at worst." One of my favorite sections in chapter 7 is entitled "Gilding the Lily, The Multibillion Dollar Certification Industry." The book also has a good discussion of the AMA's process of updating the relative value scale—which is determined not by any patient need or market-based economic consideration, but by "what amounts to political horse-trading by RUC members."

While he is a supporter of computerization, Perednia has an excellent critique of existing systems, and points out that it has been necessary to add a new medical term to the dictionary: "E-iatrogenesis." Thirty percent of electronic medical records systems purchased by private practices end up being scrapped. He calls it inconceivable that 1 out of every 4 cars, copiers, pieces of accounting software, or cell phones would be scrapped so readily.

Perednia gets a lot of the principles right. He thinks that no matter how well intentioned, we should never create regulations, programs, or policies that interject themselves into the actual provision of medical care. He also believes that we should never mandate the use of any healthcare technology. He questions the value of collecting data for its own sake. Unfortunately, his answer to the role of government in medical care is not the same as ours; he evidently believes it should be substantial.

Despite these caveats, Perednia makes a valuable contribution to the discussion of healthcare reform, and I am glad to have a much marked-up copy on my shelf.

**Jane M. Orient, M.D.**  
Tucson, Ariz.

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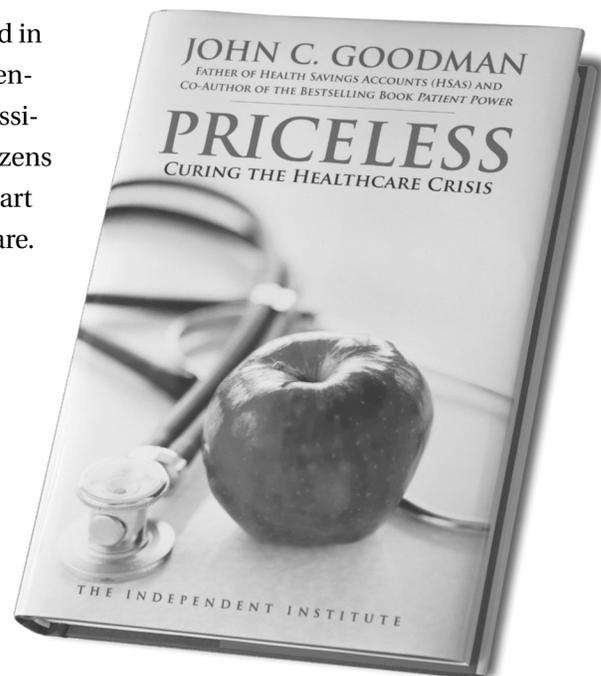
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